



**May 2022
Update
Four-Year Area Plan on Aging
PSA 28**

July 1, 2020 to June 30, 2024

aaans.org

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2020-2024 4-YEAR AREA PLAN REQUIRED COMPONENTS CHECKLIST

**To ensure all required components are included, “X” mark the far-right column boxes.
Enclose a copy of the checklist with your Area Plan; submit this form with the Area Plan due 5-1-20 only**

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

AREA PLAN UPDATE (APU) CHECKLIST

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

Use for APUs only

AP Guidance Section	APU Components (To be attached to the APU)	Check if Included	
	➤ <i>Update/Submit A) through I) ANNUALLY:</i>		
n/a	A) Transmittal Letter- <i>(requires <u>hard copy</u> with original ink signatures or official signature stamp-no photocopies)</i>	<input checked="" type="checkbox"/>	
n/a	B) APU- <i>(submit entire APU electronically only)</i>	<input checked="" type="checkbox"/>	
2, 3, or 4	C) Estimate- of the number of lower income minority older individuals in the PSA for the coming year	<input checked="" type="checkbox"/>	
7	D) Public Hearings- that will be conducted	<input checked="" type="checkbox"/>	
n/a	E) Annual Budget	<input checked="" type="checkbox"/>	
10	F) Service Unit Plan (SUP) Objectives and LTC Ombudsman Program Outcomes	<input checked="" type="checkbox"/>	
18	G) Legal Assistance	<input checked="" type="checkbox"/>	
	➤ <i>Update/Submit the following only if there has been a CHANGE or the section was not included in the 2020-2024</i>	Mark Changed/Not Changed (C or N/C) C N/C	
5	Minimum Percentage/Adequate Proportion	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5	Needs Assessment	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	AP Narrative Objectives:	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	• System-Building and Administration	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	• Title IIIB-Funded Programs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9	• Title IIIB-Transportation	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	• Title IIIB-Funded Program Development/Coordination (PD or C)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	• Title IIIC-1	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	• Title IIIC-2	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	• Title IIID	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20	• Title IIIE-Family Caregiver Support Program	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	• HICAP Program	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12	Disaster Preparedness	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14	Notice of Intent-to Provide Direct Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15	Request for Approval-to Provide Direct Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16	Governing Board	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17	Advisory Council	<input checked="" type="checkbox"/>	<input type="checkbox"/>
21	Organizational Chart(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

AAA Name: Napa/Solano Area Agency on Aging

PSA 28

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. _____
Brad Wagenknecht

Signature: Governing Board Chair ¹

Date

2. _____
Richard White

Signature: Advisory Council Chair

Date

3. _____
Elaine Clark

Signature: Area Agency Director

Date

¹ Original signatures or official signature stamps are required.

SECTION 1. MISSION STATEMENT

Area Agencies on 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.

Napa/Solano AAA: The mission of the Napa/Solano Area Agency on Aging is to advocate for and enhance the quality of life, health, independence, and dignity of older adults in Napa and Solano counties.

The N/S AAA Advisory Council on Aging developed the above mission statement, and it was approved by the Oversight Board. The mission statement reflects the values and priorities of the Napa/Solano Area Agency on Aging.

DRAFT

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

Demographics

PSA 28 is comprised of two counties, Napa and Solano. The two-county PSA has a total area of 1,570 square miles with 12 cities and the remainder being rural, unincorporated areas including vineyards, farmland and industrial areas.

Total older adult population 60+ 152,639 (California Department of Aging, 3/2022)

- Napa 36,326 Update 2022: 39,362
- Solano 104,407 Update 2022: 113,277

Napa County has a total population of 139,623 (American Community Survey 2019 data.census.gov) Napa County is bordered by Solano County to the east and Sonoma County to the west. It is adjacent to Lake and Yolo Counties to the north. The percentage of older adults in Napa County is 25%. Latinos are the largest minority population making up over 12% of the older adult population. The county has 5 cities with the largest, the city of Napa, having a population of over 80,000 residents. Over 4 in 5 (82%) of Napa County seniors live in the cities of American Canyon (45%) and Napa (37%). Napa County has unincorporated/rural areas with a population of over 26,000 people. There are 1,000 residents living at the Yountville Veterans home.

Solano County has a total population of 441,829 (American Community Survey 2019 data.census.gov) Solano County is bordered by Napa and Sonoma Counties to the west and Sacramento County to the east. It is adjacent to Yolo County to the north and Contra Costa County to the south. The percentage of older adults in Solano County is 22%. Solano County has a diverse racial and ethnic population with those over 60 being 18.6% Asian, 13.7% African American and 12.3% Latino. The county has 7 cities with the largest, Vallejo, having a population of over 120,000 people. In Solano County, one-third of seniors live in Fairfield, 20% live in Vallejo and almost an equal proportion live in Vacaville (14%) and Benicia (12%). Over 20,000 people live in the unincorporated/rural areas. Solano County also has an active military base, Travis Air Force Base. This has resulted in a large number of military veterans living in Solano County.

Both Napa and Solano counties are projected to have a significant increase among the 60+ age group. By 2024, Solano is projected to see a 23% increase and Napa is projected to see a 16% increase in the population of adults age 60 and older.

The mean household income for seniors age 60 or older in Napa is about \$103,000 and in Solano it is about \$83,000. Almost 8% of seniors in Napa and 7% of seniors in Solano live below the federal poverty line (\$17,000 for a household of 2 people). According to the Elder Economic Security Index (2015), a Napa resident single-renter would require \$24,780 in annual income and a similar Solano resident would require \$23,244 in order to meet their monthly living expenses including rent, transportation, healthcare, food and other miscellaneous expenses.

Resources and Constraints

Community surveys and focus groups indicate similar needs among older adults living in the PSA's two counties. Both counties include rural areas lacking adequate transportation alternatives, and the need for emergency preparedness. Both counties have economically diverse populations, and both have aging populations in need of low-cost housing supports.

Service Delivery

The N/S AAA contracts with local service providers for Older Americans Act services and programs through a network of community-based providers. Funding allocations for contracted services are based on the percentage of the population of older adults in each of the two counties. The August 28, 2018, Joint Exercise of Powers Agreement between Napa County and Solano County states as part of the annual budget approval process the parties shall consult and change, if necessary, the percentages for each subsequent fiscal year.

- For FY 19-20, the funding formula specified Napa County contracts receive 26.51% and Solano County contracts receive 73.49% of the total AAA funding.
- For FY 20-21, the California Department of Aging intrastate funding formula of December 4, 2019 specified the funding for Napa County contracts should be receiving is 26.17% and Solano County contracts should be receiving 73.83% of the total AAA funding.
- For FY 21-22, the California Department of Aging intrastate funding formula of February 11, 2021 specified the funding for Napa County contracts should be receiving is 25.81% and Solano County contracts should be receiving 74.19% of the total AAA funding.
- For FY 22-23, the California Department of Aging intrastate funding formula of March 3, 2022 specified the funding for Napa County contracts should be receiving is 25.79% and Solano County contracts should be receiving 74.21% of the total AAA funding.
- The N/S AAA oversees two separate Long-Term Care Ombudsman programs – one for Napa County and one for Solano County. Programs are separate and are administered by different nonprofit agencies. Update 2022: Office of the State Long Term Care Ombudsman will work with the AAA to evaluate the effectiveness of utilizing two Ombudsman providers for the PSA.

Service providers are selected through a Request for Proposal (RFP) process conducted by Solano County procurement staff. Advisory Council on Aging members from both Napa and Solano Counties participate in the RFP scoring and review. The ACOA makes recommendations to the Oversight Board for final funding approval.

The AAA has established collaborative relationships with:

- CARA (California Alliance for Retired Americans)
- Carquinez Village
- HAPI (Healthy Aging Population Initiative) in Napa
- Interfaith Housing Coalition
- Kinship Center focused on services to grandparent caregivers
- Napa Commission on Aging
- Rianda House UpValley service coordination meeting (St. Helena)
- Solano County COAD (Community Organizations Active in Disaster)
- Solano County Senior Coalition
- Solano County Transportation Authority
- Solano Fall Prevention Partnership
- Solano Pride Center
- Vibe Solano focused on livable communities and healthy aging

- Update 2022
 - ILC partnerships with Disability Services and Legal Center (Napa) and Independent Living Resources (Solano)
 - CalFresh Outreach/Food Bank of Contra Costa and Solano (Solano)

The newly designated Napa/Solano Area Agency on Aging has been successful establishing structure for the service delivery system including contract compliance, reporting, evaluation, monitoring and technical assistance. The AAA has been challenged to identify new providers for service system gaps including the Napa Ombudsman and Family Caregiver Services for Grandparents. The AAA is challenged by limited staffing to establish new policies and procedures for AAA operations. As time allows new policies and procedures for AAA operations will be established.

The AAA has expanded contracts with local nonprofits to offer services historically provided directly by the former AAA. These services include:

- Information and Assistance
- Family Caregiver
- Evidence-based health promotion classes
- Fall Prevention services

The AAA will continue outreach and system development efforts in the new Area Plan cycle.

Newly established programs include:

- Breakfast meal program Napa
- CDA Google Home device pilot Napa and Solano
- Culturally appropriate congregate meals for Pacific Islander older adults (Vallejo). This program is on hold until Public Health rules allow.
- Emergency housing support Napa and Solano
- Grocery program Solano
- Healthy Rx program Solano
- LGBTQI case management and outreach Solano
- Nutrition program snack sack; Napa and Solano
- Packaged emergency kits Napa and Solano
- Senior Emergency Food program Solano

Update 2022

- Health RX pilot program – medically tailored meals and exercise program for older adults living in low-income senior housing. Program to expand to additional sites including.
- Cash Material Aid – emergency safety items including 4-day supply of food, water, masks, etc.
- CalFresh – Food Smarts includes line dancing as a statewide evidenced based pilot program
- Website upgrades including translation ability and expanded resource guide.
- Printed resource guides in English and Spanish.

N/S AAA Funded Categories and Programs		
Title IIIB – Supportive Services		
Service Type	Service Details	Location
Case Management	Short-term assistance and follow-up	Napa and Solano
Cash/Material Aid	Housing support and health care	Solano and Napa
Disaster Preparedness	Emergency resources	Solano and Napa
Health	Healthy RX	Solano
Home Visiting	Regular home visits to support vulnerable elders	Solano
Information and Assistance	Short-term service coordination via telephone, walk-in, Solanocares4seniors.com, napanai.org Printed resources guides in English and Spanish	Napa and Solano
Legal Services	Legal consultation and representation for housing and other legal issues	Napa and Solano
Outreach	Outreach to the LGBTQI and adults with disabilities re: services to seniors	Napa and Solano
Peer Counseling	Counseling support to vulnerable elders	Solano
Registry	Assistance to hire screened in-home care providers	Napa
Telephone Reassurance Programs	Regular phone contact to support vulnerable elders	Napa and Solano
Transportation	Volunteer Driver	Napa and Solano
	Voucher program	Napa
Title IIIC -Senior Nutrition		
Congregate Meals	Hot meals served in a congregate setting	Napa and Solano
Home-delivered Meals	Meals delivered to vulnerable elders at home. Wellness on Wheels. Medically tailored meals.	Napa and Solano
Nutrition Education	Education to increase nutritional awareness	Napa and Solano
Title IIID – Health Promotion		
Fall Prevention	Evidence-based health promotion/disease prevention programs approved by the CDC	Napa and Solano
	Community Education about falls and fall prevention	Napa and Solano

Title III-E – Family Caregiver Support Program		
Alzheimer's Support	Support to family caregivers	Napa and Solano
Caregiver Resources	Information and referrals for family caregivers	Napa and Solano
Other Elderly Relative	Information and referrals for other elderly relative caregivers	Solano
Respite	Respite care for vulnerable elders to support family caregivers	Napa and Solano
Title VII- Elder Abuse Prevention		
Community Education	Informational materials and community meetings to recognize and prevent elder abuse	Napa and Solano
HICAP – Health Insurance Counseling and Advocacy Program		
Memorandum of Agreement with Sonoma County AAA serving as the lead agency for Sonoma, Marin AAA, Mendocino/Lake AAA, and Napa/Solano AAA		
Long-Term Care Ombudsman		
Ombudsman Services	Support to residents of licensed facilities	Napa and Solano
Cal-Fresh		
Cal-Fresh Healthy Living	Evidence-based exercise classes	Napa and Solano
	Nutrition education	Napa and Solano
	Systems change interventions	Napa and Solano
Dignity at Home		
Home Modifications	Home modifications and supports to reduce falls and the fear of falling	Napa and Solano

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

The Napa/Solano Area Agency on Aging (N/S AAA) is a Joint Exercise of Powers Agreement between Napa County and Solano County, designated as Planning and Service Area (PSA) 28. The Solano County Department of Health and Social Services provides the staffing and organizational infrastructure for the AAA.

In April 2018, the Area Agency Serving Napa and Solano, a nonprofit organization, notified the California Department of Aging that it would be relinquishing its designation as the Area Agency on Aging (AAA) for the Planning and Service Area (PSA 28), effective June 30, 2018. The California Department of Aging operated the AAA from July 1, 2018 to December 31, 2018.

Effective August 28, 2018, the Joint Exercise of Powers Agreement (JEPA) between Napa and Solano County was approved by both the Napa and Solano County Boards of Supervisors. The JEPA established joint operation of the Napa/Solano Area Agency on Aging. Solano County Health and Social Services is the administrating agency for the Napa/Solano Area Agency on Aging.

The N/S AAA serving Planning Service Area (PSA) 28, is governed by a 7-member Oversight Board that is responsible for providing advice and review of AAA activities and reports; approval of contracts, grants, RFP awards and conducting at least one annual public hearing. Membership is comprised of one member from each County Board of Supervisors; one member from a city council in each county; one member of the older adult (60+) community in each county; one member at large from each County rotating annually. Alternate members are also appointed to represent each county. All Oversight Board members are appointed by the Board of Supervisors in the respective counties. The Oversight Board is governed by an approved set of bylaws.

The JEPA established an Advisory Council on Aging composed of 16 members equally representative of Napa and Solano counties appointed by the Board of Supervisors in each county. The majority of the Advisory Council members are 60 years of age or older, serve as advocates for the needs of all older adults, including ethnic and racial representation; health care providers; supportive services providers; private and voluntary organization leaders; elected officials; family caregivers and the general public. The Advisory Council has four sub-committees: Planning; Communications; Legislative and Executive. The Advisory Council is governed by bylaws approved by the Oversight Board. The Advisory Council makes recommendations to the Oversight Board and works with the community and AAA staff to meet requirements of the Older Americans Act and the Older Californians Act.

The N/S AAA staff consists of the **AAA Director** who is the Health Services Administrator for the Older and Disabled Adult Services Bureau in the Public Health Division of Solano County Health and Social Services. The **AAA Project Manager** is responsible for the daily operations, program planning and program monitoring activities. The Project Manager is the staff to the Oversight Board and the AAA Advisory Council. The **Staff Analyst** develops and monitors the AAA budget and provides budget information for program development and evaluation. The **Accountant** is responsible for all fiscal documentation and monitoring related to the AAA. Update: Effective June 2021, the AAA Project Manager was designated the Executive Director.

The N/S AAA provides leadership on issues of aging through funding for services to support the independence, health, safety, and dignity of older adults, people with

disabilities and their caregivers. The AAA utilizes community-based organizations in Napa and Solano Counties to deliver these services. The AAA also provides leadership by participation in community activities related to older adults. The ACOA meetings and the Oversight Committee meetings are publicized so that community members may attend and provide public comment.

The AAA has diligently restructured the service delivery system for Older Americans Act services since the historic AAA was a direct service provider. The current N/S AAA contracts out all services. The new AAA structure has required an expanded number of nonprofit organizations as service providers. The AAA has implemented new services with the Solano Pride Center, Redwood Caregiver Resource Center, Share the Care (fall prevention) and the Solano Transportation Authority. The Ombudsman Services of Contra Costa and Solano will implement a new home visiting program targeting frail elders and those living in long-term residential care facilities (RCFE&SNF). Molly's Angels will be the host agency for the Napa Ombudsman services beginning in FY20-21. The AAA will continue to strategize with community providers and County partners on the development of needed services and supports for older adults and caregivers.

Update 5/2021: The AAA has continued to expand critical services to older adults through adding contracts with new service providers. These include the Food Bank of Contra Costa and Solano and Innovative Health Solutions. The AAA is conducting RFP for services that are new or to replace service providers no longer offering AAA programs.

Update 5/2022:

The AAA is developing a local Master Plan on Aging. The Advisory Council on Aging created a quarterly update and shares the report with the Oversight Board and the Napa and Solano Boards of Supervisors. Both Napa and Solano counties, with the support of the Oversight Board and Advisory Council are preparing to seek the designation to become Age-Friendly counties.

The AAA has been designated an emerging ADRC for Solano County in partnership with Independent Living Resources (Solano ILC). The AAA has met with Disability Services and Legal Center (Napa County ILC) for a preliminary discussion of ADRC development in Napa County.

Innovative Health Solutions produced an evaluation report: "HealthRx - Food, Movement and Nature: Utilizing trauma-informed and client-centered care improve health outcomes for older adults during a pandemic." The report shows the effectiveness of the program interventions.

The ACOA has developed a quarterly newsletter that is distributed through an email blast to over 21,000 individuals.

SECTION 4. PLANNING PROCESS / ESTABLISHING PRIORITIES

- Needs Assessment

To fully understand the health status and needs of the senior community and the drivers that influence health in the older adult population, the Public Health Departments in Napa and Solano counties collaborated on a comprehensive senior needs assessment. The assessment findings are used by agencies, organizations and the community to collectively work to address both long-term and short-term actionable solutions to ensure that seniors remain healthy and full participants of society.

The comprehensive senior needs assessment included focus group discussions, key informant interviews, a survey, mortality data analyses and data from publicly available resources for additional information.

The focus groups included a AAA Service Menu Prioritization worksheet. 123 participants completed the worksheet. The written survey also included the AAA Service Menu Prioritization worksheet.

- Public Involvement

Public comment on issues of concern is available at the Oversight Board meetings as well as on the ACOA regular meeting agenda. The Oversight Board includes elected officials (both city and county) and has input in N/S AAA activities.

The N/S AAA Advisory Council is committed to holding a series of community meetings to hear from local residents about their needs and concerns. Information about available services and supports will also be shared in the sessions. Advisory Council members will convey the knowledge gained to the ACOA membership and the N/S AAA staff. Recommendations will be made to address identified needs and concerns.

The N/S AAA staff and ACOA attend community meetings in both Napa and Solano Counties. The goal is to both participate in community planning related to older adults and to understand local residents' specific concerns for their geographic location. Additionally, it is an opportunity to share information about AAA resources and services.

The N/S AAA regularly holds service provider meetings. At the Service Provider meetings participants are encouraged to offer information about needs of their service population. Additionally, service providers suggest changes to AAA priorities and offer innovative ideas for program development.

SECTION 5. NEEDS ASSESSMENT

- Needs Assessment Process

The Solano and Napa County Public Health officers constructed a comprehensive needs assessment of older adults. The questionnaire consisted of key items to develop a clearer understanding of the needs and concerns of older adults. The survey was administered in multiple formats including in person, on paper and online. Focus groups were also held in both counties. The Older Adults Questionnaire guided the development of goals, activities and funding priorities for this four-year plan.

A total of 15 focus groups were conducted throughout Napa and Solano counties. Three focus groups were held with service providers, 10 were held with residents and two were with combined residents and service providers. Six sessions were held in Napa County in the cities of Calistoga, St Helena and Napa. Eight sessions were held in Solano County in the cities of Dixon, Fairfield, Rio Vista, Vallejo and Vacaville. Two of the focus groups were conducted in Spanish, two specifically focused on LGBTQI+ seniors and three were with low income seniors. Specific outreach was also made to licensed facilities and family caregivers to participate in the focus groups.

Eighteen key informant interviews were conducted. Seven interviewees represented Napa County; 10 represented Solano County and one worked equally in both counties. All members of the Napa/Solano Advisory Council on Aging were asked to participate in a phone interview. Other individuals who hold key positions in both counties were identified and asked to participate.

Community surveys were also distributed. A total of 809 questionnaires were completed and returned. Napa County residents returned 295 surveys. Solano County residents returned 502 surveys. A comprehensive survey to assess the needs of seniors and disabled adults throughout Napa and Solano counties was developed by Solano County Public Health. Questions were collected from nationally validated surveys, similar surveys administered by neighboring counties, and prior surveys conducted by county agencies. The survey was vetted by Public Health staff in both counties and subject matter experts in nutrition, transportation, and emergency services. The AAA Program Manager participated in vetting the survey with specific focus on AAA needs assessment parameters.

The survey was open for online submissions from May 15 through July 15, 2019. Paper copies of the questionnaire were also distributed through both counties and were accepted through July 15, 2019. Both the online and paper versions were available in English, Spanish, and Tagalog. Phone numbers were provided that were answered by bilingual staff who were available to answer questions, provide additional accommodations, or administer the survey over the phone. Several community organizations were collection points for the survey. Surveys could also be mailed or dropped off at county offices.

- LGBTQI+ Elders

Two focus groups were held with LGBTQI elders. The issue of “heterosexism” was brought up numerous times by focus group participants. The older adults expressed feeling unwelcomed in the community, senior centers, healthcare settings, faith-based communities and senior living facilities. Prejudice and prior negative experiences including bullying and hostility make it challenging to live authentically. Some participants talked about receiving

health care in another county or living back in the closet in order to protect their safety.

- Needs Assessment Results

The results of the focus groups and the surveys combined identify the AAA needs assessment priorities:

1. Transportation
2. Housing
3. Nutrition
4. Access to Services/Resources

Top Five Needs Identified for Napa and Solano Counties

County of Napa	County of Solano
1 Transportation provision or assistance	1 Transportation provision or assistance
2 Home-delivered meals	2 Senior center activities
3 Assistance in locating housing	3 Home-delivered meals
4 Cash/material aid	4 Education on senior topics and help linking to available resources
5 Education on senior topics and help linking to available resources	5 Assistance in locating housing

These identified priorities will be integrated into the AAA funding priorities for the FY 2020-2021 funding cycle. The priorities will also guide AAA advocacy with local decision-makers and legislators.

Update 5/2021: There is no formal update to the Needs Assessment priorities. However, it is clear that social isolation is an area of priority within the category of Access to Services/Resources. The N/S AAA is focused on expanding services to homebound elders and those profoundly impacted by Shelter in Place. The AAA will build on the technology-based resources for isolated/homebound seniors.

Update 5/2022: The Needs Assessment priorities continue to be critical needs for older people in Napa and Solano counties.

1. The AAA and Independent Living Resources (Solano County ILC) worked together and submitted the application to become an ADRC in Solano County. The project was granted emerging ADRC status in January 2022. Planning will continue in FY 22-23 for the development of the Solano ADRC. Napa County ADRC planning will follow as resources allow. Napa is served by a different ILC, Disability and Legal Resource Center. An introductory meeting has been held with no further AAA action at this time.
2. The ACOA supported the legislative proposal to include HIV status be added to the “greatest social need” aspect of service delivery. Services to individuals living with HIV will be added to the future Needs Assessment and survey.

SECTION 6. TARGETING

- Vulnerable Populations

Survey Participants were asked if there were any groups of seniors who were more vulnerable or who would need extra assistance. The most frequently identified groups included: Older seniors • People of color • Rural residents • Non-English speakers and immigrants • Black and Latino seniors (particularly undocumented immigrants) • Seniors with low socioeconomic status or limited financial resources • Those who are homebound or who have mobility limitations that limit their ability to leave home. Other vulnerable populations include: • Veterans • Homeless • LGBTQ seniors • Seniors with few social or community connections • People with cognitive impairments (including Alzheimer's). Update 2022: People living with HIV

One key informant stated that we likely do not know who the most vulnerable seniors are because they are not likely to be interacting with any services or organizations. It was suggested that the AAA work with non-traditional partners such as law enforcement and EMS to identify and proactively seek out those at high risk.

- Race/Ethnicity

In Napa county, non-Hispanic whites account for 77% of adults 60 years or older and people of color account for 22% in the same age group. In Solano County, 53% of 60+ adults are non-Hispanic whites and those that identify as a person of color are 45%.

Racial/Ethnic Breakdown of Adults 65+	Napa	Solano
White	77.9%	50.4%
Black/African American	1.3%	12.5%
American Indian and Alaska Native	0.2%	0.3%
Asian	6.5%	18.9%
Native Hawaiian and Other Pacific Islander	0.1%	0.8%
Some Other Race	2.3%	3.3%
Hispanic or Latino	10.6%	11.3%
Two or more races	1.1%	2.5%

- LGBTQI

It is estimated that over 5% of older adults in the PSA identify as LGBTQI. (UCLA Williams Institute <https://williamsinstitute.law.ucla.edu/>) Outreach to the LGBTQI older adult community is a service priority for the N/S AAA. The AAA has contracted with the Solano Pride Center with the goal of creating a safe and accepting environment in traditional senior centers and living facilities as well as through community forums. The N/S AAA has also prioritized LGBTQI representation on the Advisory Council.

- Rural; Economic and Social Need (low income minority)

Upper Napa Valley and Far East Solano County are examples of geographically isolated rural areas in both counties. Lack of services, especially transportation,

healthcare, and emergency services in both locations are examples of similar needs. Providing home delivered meals that include a wellness check and socialization opportunities are critical in isolated areas. In Upper Napa Valley, where a high concentration of Spanish-speakers live, and where fire danger is high, providing materials in both English and Spanish is critical. Additionally, effective outreach to the Latino community must occur outside of the traditional senior center setting as Latino elders are less likely to engage in senior center activities. The AAA will continue to work with UpValley groups to expand access to the Latino population.

The N/S AAA is collaborating with a local faith organization in Vallejo to develop programs including housing, nutrition and social supports for low-income minority elders including those who are African American and Pacific Islander.

- **Social Isolation; Severe Disabilities; At Risk of Institutional Care**

The N/S AAA contracts with Collabria Care to provide case management and outreach to elders at risk of institutionalization and their caregivers. The AAA also collaborates to support the respite care programs in Napa and Solano counties. The AAA has established a coordinated relationship with the North Bay Regional Center and NAMI Solano (National Alliance on Mental Health), as well. County Behavioral Health offers case management to focus on older adult mental health issues, including depression. These services and programs enhance the AAA funded contract providers efforts to support older adults' independence.

- **Non-English Speakers**

Of seniors age 65 or older in Solano county, 29% speak a language other than English at home and 15% of seniors speak English less than "very well". Over 10,000 seniors in Solano speak Asian languages (primarily Tagalog), and about 5,000 seniors speak Spanish. In Napa County, 18% of seniors speak a language other than English at home and 10% of seniors speak English less than "very well". About 2,000 seniors in Napa speak Spanish, and about 1,500 seniors speak Asian languages (primarily Tagalog) (U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates; table S1601)

The N/S AAA staff and Advisory Council will continue to emphasize services be provided in Spanish, Tagalog and other represented languages. The N/S AAA will prioritize translating outreach materials into Spanish and Tagalog. N/S AAA service providers will continue to provide non-English speakers with bilingual Information and Assistance about services to older adults in the PSA.

- **Alzheimer's Disease/Dementia**

Leading causes of death in adults age 80 years or older, Napa County, 2015-2017

	Cause of Death	Number (3 years)
1	Heart Disease	795
2	Cancer	775
3	Stroke	203
4	Alzheimer's disease	188
5	COPD	156
6	Unintentional injuries	109
7	Diabetes	92
8	Influenza/pneumonia	78
9	Liver disease	31
	TOTAL DEATHS	3321

Leading causes of death in seniors age 60 years and older, Solano County, 2015-2017

	Cause of Death	Number (3 years)
1	Cancer	1876
2	Heart disease	818
3	Stroke	608
4	Alzheimer's disease	569
5	COPD	448
6	Diabetes	354
7	Influenza/pneumonia	216
8	Hypertension	207
9	Unintentional injuries	175
10	Kidney Disease	108
11	Liver Disease	88
12	Parkinson's disease	71
13	Septicemia	51
	TOTAL DEATHS	7571

Alzheimer's Disease and other dementias are a growing concern in Napa and Solano Counties as the population ages. Mortality data identified Alzheimer's Disease as the 4th leading cause of death of the over 60 population in Napa and Solano Counties. The AAA objectives include development of more options for information and services available to older people and their families. The N/S AAA focus on Alzheimer's Disease and other dementia includes a contract with the Alzheimer's Association and Collabria Care to conduct public outreach and community education. The AAA also funds Information and Assistance and Respite services to address the need for support.

Collabria Care, the Alzheimer's Day Care Resource Center, received a federal Administration on Aging grant to establish a Dementia-Capable program in Napa County. The services provided through the Dementia-Capable program will:

- Identify people living with Alzheimer's disease or other related dementias in Napa County, many of whom live alone, and ensure they receive appropriate services.
 - Support family members with the tools they need to manage difficult behaviors and conditions that accompany dementias.
 - Provide training for first responders, community leaders, members of the faith-based community, and others who have frequent contact with people with dementias so they have the tools and strategies to identify them and make the appropriate referrals.
 - Collaborate with and support the staff of Queen of the Valley Medical Center in becoming a dementia-capable hospital (https://napavalleyregister.com/news/local/collabria-care-awarded-million-grant-for-dementia-services-in-napa/article_ff773ec4-8c59-5c55-b210-d8dc4a0ea4af.html).
- Caregivers
Survey response on Caregiving • 10% of respondents report being a caregiver for someone else aged 55 years or older. • The majority (75%) of caregivers report that none of their caregiving hours are paid. More than a quarter report doing more than 40 hours per week of unpaid caregiving work. • In-home respite care was the type of support respondents said would be most useful in their caregiving situation.

The needs of caregivers were highlighted in the responses to the Needs Assessment. It is clear with the increasing numbers of older adults in Napa and Solano counties, that resources for caregivers are a critical need. In response, the N/S AAA has expanded grants to the Alzheimer's Association, Redwood Caregiver Resource Center and Collabria Care to include training opportunities and support groups for caregivers. A N/S AAA objective is to coordinate with kinship agencies to provide service to grandparent caregivers.

Update 2022

- HIV status

The AAA plans outreach to service providers and individuals living with HIV to increase awareness of services. The AAA has an existing contract with the Solano Pride Center. The AAA has initiated contact with the LGBTQ Connection in Napa County to begin discussions to coordinate outreach and awareness of AAA services.

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SECTION 7. PUBLIC HEARINGS

At least one public hearing must be held each year of the four-year planning cycle. CCR Title 22, Article 3, Section 7302(a)(10) and Section 7308, Older Americans Act Reauthorization Act of 2016, Section 314(c)(1).

Fiscal Year	Date	Location	Number of Attendees	Presented in languages other than English?² Yes or No	Was hearing held at a Long- Term Care Facility?³ Yes or No
2020-2021	April 27, 2020	Solano County Board of Supervisors Chambers with remote access	23	No	No
2021-2022	April 26, 2021	Oversight Board (Zoom meeting)	17	No	No
2022-2023	April 5, 2022	ACOA meeting			
2023-2024					

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

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

The Area Plan Update was posted on the AAA Website. The APU public hearing was held in conjunction with the Advisory Council on Aging meeting. The APU was presented at the Oversight Board for public comments on April 25, 2022. Due to the timing, this was not included in the Area Plan as an official public hearing.

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

- 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:

- Summarize the comments received concerning minimum percentages of Title IIIB funds to meet the adequate proportion of funding for priority services.
- List any other issues discussed or raised at the public hearing.
- Note any changes to the Area Plan which were a result of input by attendees.

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

³ AAAs are encouraged to include individuals in LTC facilities in the planning process, but hearings are not required to be held in LTC facilities.

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SECTION 8 - IDENTIFICATION OF PRIORITIES

The Needs Assessment utilized the Bay Area Regional Health Inequities framework for reducing health inequities. The frameworks of social determinants of health (SDoH) and equity and the Bay Area Health Inequities Initiative (BARHII) model (below) were used in developing and facilitating the focus group discussions and key informant interviews and in developing the questionnaire. The World Health Organization defines SDoH as “the conditions in which people are born, grow, work, live, and age. These circumstances are shaped by the distribution of money, power and resources at the global, national and local levels” and PolicyLink defines equity as “the just and fair inclusion into a society in which all can participate, prosper, and reach their full potential.” (<https://clearimpact.com/how-to-create-effective-community-health-improvement-strategies/>) The BARHII model demonstrates the connection between social inequities and health and how addressing the upstream issues of social and institutional inequities through strategic partnerships, advocacy and policy affect the living conditions and the more downstream issues of health behaviors, disease, injury and mortality.



The current Area Plan is the first for the newly designated Napa/Solano Area Agency on Aging. In order to fully assess the community needs and the expectations of services to older adults, the planning process included focus groups in each county, surveys and key informant interviews as well as public comment. These sources of community input combined with Oversight Board and ACOA review, discussion and consideration have been used to identify the N/S AAA priorities for the FY 2020-2024 Area Plan. The results of the planning process established the following priorities:

- Transportation
- Housing
- Nutrition
- Access to Services/Resources

Each of the priorities is highlighted below with AP objectives supporting the Needs Assessment identified Issues, Challenges, Barriers and Solutions from the focus group and survey respondents.

Transportation	
✓ <i>expand to new providers</i>	✓ <i>outreach to rural areas</i>
✓ <i>attract more volunteers</i>	✓ <i>increase transportation services</i>
✓ <i>develop specialized transportation information resource</i>	✓ <i>advocacy to expand services to older adults</i>
<p><i>Issues, Challenges, Barriers:</i></p> <ul style="list-style-type: none"> ➤ Current options do not meet the need and seniors remain isolated. ➤ Rural options are limited. ➤ Difficult to access care in other cities or in another county because of transportation issues. ➤ Lack of transportation for non-medical reasons, i.e. church, library, social events. 	<p><i>Solutions:</i></p> <ul style="list-style-type: none"> ➤ Expand current transportation services to take seniors to non-medical appointments and social events. ➤ Subsidize on-demand transportation. ➤ Assist in booking rides. ➤ Coordinate with healthcare providers to schedule long-transit patients on the same day. ➤ Napa and Solano transportation authorities maintain a fleet of wheelchair accessible vehicles for nonprofits to borrow for free.

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Housing	
✓ publicize legal services housing assistance	✓ develop shared housing program
✓ coordinate development of specialized housing information resource	✓ advocacy to address older adult housing issues
<p><i>Issues, Challenges, Barriers</i></p> <ul style="list-style-type: none"> ➤ Lack of affordable housing. ➤ Shortage of Section 8 housing and a long waiting list that can take months to years. ➤ Increasing homelessness due high cost of housing. ➤ Seniors are aging out of their homes and are living in large homes that they cannot maintain, and many cannot afford to downsize. ➤ Lack of smaller homes that accommodate a senior with limited mobility. ➤ Limited rental properties due to natural disasters, like the fires. ➤ Senior housing facilities and shelters are not always accessible to seniors in wheelchairs, walkers or with other mobility issues and certain health conditions. 	<p><i>Solutions:</i></p> <ul style="list-style-type: none"> ➤ Home share with college students to provide help in exchange for reduced rent. ➤ Create communities that allow families to stay together. These communities would be broadly inclusive and provide housing for caregivers, young families, and seniors. ➤ Modify existing facilities that seniors frequent to be friendly to those with limited mobility. ➤ Modify senior care facilities to accommodate senior couples who may require different levels of care. ➤ Incorporate aging-friendly and walkable communities into the city general plans. ➤ Reduce the regulatory burden on care facilities so they can afford to expand to serve more seniors. ➤ Incentivize the construction of smaller, single story homes with wide doorways and other senior-friendly features. ➤ Provide subsidies or rebates for seniors to renovate their current homes with features such as grab bars, improved lighting, and emergency alert systems.

Nutrition	
✓ expand culturally appropriate meals	✓ offer snack sacks
✓ offer emergency meals	✓ expand the number of congregate dining sites and home-delivered meals
<p><i>Issues, Challenges, Barriers</i></p> <ul style="list-style-type: none"> ➤ About 38% of respondents report being unable to afford one or more of their basic necessities in the past year. ➤ Respondents in both counties indicated the need for home-delivered meals in the top five requested AAA services. 	<p><i>Solutions:</i></p> <ul style="list-style-type: none"> ➤ Increase capacity to provide nutrition services to seniors in both Napa and Solano County. ➤ Increase nutrition options for seniors ➤ Provide nutrition resources during disaster response and community emergencies.

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Access	
✓ reduce Information and Assistance wait time	✓ establish more walk-in Information and Assistance locations
✓ create LGBTQI specific resources	✓ outreach to underserved population including those in residential care
✓ printed I&A tools including translation into non-English languages	✓ expand fall prevention resources
✓ develop emergency preparedness resources	✓ create age-friendly communities
<p><i>Issues, Challenges, Barriers</i></p> <ul style="list-style-type: none"> ➤ Lack of a well-coordinated and collaborative partnerships. ➤ Perceived lack of coordination among counties, cities, medical community and community organizations to ensure that the needs of seniors are met. ➤ Lack of coordination with medical discharge plans and follow-up plans, especially among seniors who are discharged home. ➤ The ability of seniors to navigate services and find information about resources is a challenge. ➤ Seniors without access to technology are often excluded from communications and they have a difficult time finding services. ➤ Service providers are often unaware of services that the city, county or others in the community are offering. 	<p><i>Solutions:</i></p> <ul style="list-style-type: none"> ➤ Develop senior navigator positions that can connect seniors to available resources and provide a paper format resource directory for seniors without access to technology. ➤ Foster collaboration among the counties, cities, health care providers and non-profits to address all of a senior's needs. ➤ Create a one-stop shop in each city for seniors to obtain all the information they need. ➤ Provide job training for young adults to work in service positions that serve seniors. This will build the available pool of caregivers, develop intergenerational relationships, and provide well-paying jobs. Ensure paths for advancement exist. ➤ Coordinate a culturally appropriate and sensitive training for providers that includes how to provide service to seniors, those with disabilities and those who are LGBTQI+. ➤ Hold regular meetings among different organizations and service providers, like the Family Resource Center, library, clinics, churches, police, etc., to provide an update on the services that are available and talk about issues that not only face seniors but the whole community. ➤ Coordinate the availability of clinics that are open at night and on weekends and of pharmacies that are open longer.

- Adequate Proportion

Title 22 of the California Code of Regulations requires that "Each AAA shall identify the minimum percentages of applicable Title IIIB funds that it intends for annual expenditure throughout the four-year plan period for each of the following categories: 1) Access 2) In-Home Services 3) Legal Assistance.

For the upcoming Plan cycle, the N/S AAA has identified the following allocation:

- 1) Access: 33%
- 2) In-home services: 15%
- 3) Legal Assistance: 11%

N/S AAA Adequate proportion determination made based on:

- Senior Needs Assessment
- ACOA and Oversight Board review/discussion
- Public hearing/public comment

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SECTION 9 - AREA PLAN NARRATIVE GOALS AND OBJECTIVES

Goal # 1

Goal: Increase awareness of resources and access to services and supports for older adults and family caregivers.			
Rationale: Availability and knowledge of LTSS services and supports was identified by survey participants, community members and decision-makers as key to AAA functions and priorities.			
Objective 1: Promote dissemination of information about safe driving and transportation options for older adults and adults with disabilities. 2021 Update: not carried out last year due to reallocation of funding and service priorities due to COVID and fires 2022 Update: incomplete due to pandemic related reallocation of funding and service priorities	Projected Start and End 7/1/20-6/30/24	Title IIIB Funded PD or C⁴	Update Status⁵ Continued
Objective 2: Enhance information and assistance (I&A) program by reducing response time to one business day. 2021 Update: not carried out last year due to reallocation of funding and service priorities due to COVID and fires 2022 Update: incomplete due to pandemic related reallocation of funding and service priorities	7/1/20-6/30/24		Continued
Objective 3: Using existing I&A providers establish walk-in information and assistance (I&A) locations in least 2 low-income housing locations in both Napa and Solano counties. Year 2: Determine best locations for office hours and possibly establish zoom hours. Year 3: Secure at least 2 non-AAA funded services to participate in office hours at each location. Year 4: add 2 more service providers. Program is established and providers continue serving clients. 2021 Update: No walk-in locations last year due to COVID 2022 Update: Not funded. Will be cancelled in 2022-23 Plan.	7/1/20-6/30/24		Cancelled
Objective 4: Collaborate to create online tools and printed materials about available services and resources for older adults. 2021 Update: worked with ACOA and COAD to create and update website 2022 Update: continued work by ACOA with COAD to serve vulnerable populations	7/1/20-6/30/24		Continued
Objective 5: Provide current resource information for LGBTQI older adults through collaboration with local agencies and stakeholders. 2021 Update: Connected I&A providers with LGBTQI organizations to update resources. Hosted meeting with ACOA and LGBTQI providers. 2022 Update: Continue outreach to various organizations.	7/1/20-6/30/24		Continued
Objective 6: Coordinate with low-income senior housing organizations and Family Resource Centers to conduct outreach activities to reach the LGBTQI and non-English speaking seniors. 2021 Update: not carried out last year due to reallocation of funding and service priorities due to COVID and fires 2022 Update: Not funded. Will be cancelled in 2022-2023 Plan.	7/1/20-6/30/24		Cancelled

Objective 7: Create and distribute outreach materials specifically targeted for seniors living with HIV in collaboration with local service providers.	7/1/22-6/30/24		New
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Goal # 2

<p>Goal: Enhance safety, physical and mental health and wellbeing of older adults and family caregivers through coordinated long-term services and supports (LTSS) emphasizing livable communities and healthy aging.</p>			
<p>Rationale: Health issues were among the greatest concerns noted by participants in the Senior Needs Assessment. Providing options for older adults to enhance their health reduces healthcare costs, allows people to live independently, and improves social engagement.</p>			
<p>Objective 1: Expand fall prevention program to include evidence-based exercise programs, home modifications, and community presentations and collect pre- and post-client fall data on all participants to monitor health outcomes/success of the program efforts over four years. Year 2: Establish pre- and post-data collection process, desired outcomes. Year 3: Review data from all sources and evaluate progress – fewer falls? Reduced fear of falling? Year 4: Review pre/post data and adjust services as needed. Program finalized, and providers integrate outcome measurements into programs.</p> <p>2021 Update: not carried out due to reallocation of funding and service priorities due to COVID and fires 2022 Update: Not funded. Will be cancelled for 2022-2023.</p>	<p>Projected Start and End Dates</p> <p>7/1/20-6/30/24</p>	<p>Title IIIB Funded PD or C⁴</p>	<p>Update Status⁵</p> <p>Cancelled</p>
<p>Objective 2: Work with Vibe Solano and Rianda House, which are not funded by AAA, to reduce isolation and improve health outcomes for seniors who are not typically reached by current providers.</p> <p>2021 Update: not carried out due to reallocation of funding and service priorities due to COVID and fires. 2022 Update: Not funded. Will be cancelled for 2022-2023.</p>	<p>7/1/20-6/30/24</p>		<p>Cancelled</p>
<p>Objective 3: Collaborate with the Fall Prevention Partnership of organizations, county services, and healthcare providers to create a robust referral program for fall assessments, referrals, and follow-up protocols. Year 2: Develop Fall Prevention Assessment form. Year 3: Market the online form and referral service, refine, track referrals. Year 4: Engage healthcare partners to refer patients. Program is running and needs little assistance. Lead provider assumes role.</p> <p>2021 Update: Fall Prevention Partnership folded when the Senior Coalition was defunded. 2022 Update: Refine assessment process and improve referrals.</p>	<p>7/1/20-6/30/24</p>		<p>Revised</p>

<p>Objective 4: Working with COAD and the County of Solano, create an ongoing emergency preparedness materials distribution plan, protocols, PSPS information site, and distribute emergency preparedness kits including food to homebound seniors and family caregivers. Year 2: Create connections, distribute 200 kits, website created. Year 3: Finalize protocols, minimum 5 organizations making referrals, distribute 200 kits. Year 4: Update website, revise protocols/referrals. Refine and find lead organization to take over program.</p> <p>2021 Update: Updated website with emergency information, purchased emergency backpacks for distribution, attending COAD meetings in Napa and Solano. 2022 Update: Not funded. Cancelled for 2022-2023.</p>	7/1/20-6/30/24		Cancelled
<p>Objective 5: Participate in UpValley, Napa Commission on Aging, Vibe Solano, and Solano Senior Coalition meetings to promote “age friendly” initiatives and ensure access to housing, transportation and civic life are included in programs sponsored by each of these organizations as they plan their five-year strategies.</p> <p>2021 Update: Regular attendance at UpValley meetings, presentation at Napa Commission on Aging and Senior Coalition meetings. Senior Coalition was defunded in July 2021 by the Board of Supervisors. 2022 Update: Not funded. Cancelled for 2022-2023.</p>	7/1/20-6/30/24		Cancelled

Goal # 3

<p>Goal: Establish partnerships with service providers, local agencies, elected officials and stakeholders to promote collaboration and advocacy for increased countywide and cross-county resources to address the needs of older adults and their family caregivers.</p>			
<p>Rationale: Policy, program development and advocacy for community needs and benefits.</p>			
<p>Objective 1: Collaborate and provide technical assistance to identify and develop programmatic needs of older adults and adults with disabilities with local agencies, decision-makers and stakeholders.</p>	<p>Projected Start and End Dates</p>	<p>Title IIB Funded PD or C⁴</p>	<p>Update Status⁵</p>
<p>2021 Update: Met with emerging providers in Vallejo and Lions Clubs. 2022 Update: Continue to meet with outside organizations.</p>	7/1/20-6/30/24		Continued
<p>Objective 2: Participate in HAPI transportation workgroup and Solano Transportation Authority meetings to review current transportation services and make recommendations to meet the transportation needs of older adults and adults with disabilities living in Napa and Solano Counties.</p>	7/1/20-6/30/24		Cancelled
<p>2021 Update: not carried out last year due to reallocation of funding and service priorities due to COVID and fires 2022 Update: Not funded. Deleted for lack of funding for 2022-2023.</p>			
<p>Objective 3: Develop relationships with Solano and Napa County Family Resource Centers and Resource Connect Solano to help coordinate and disseminate housing information.</p>	7/1/20-6/30/24		Cancelled
<p>2021 Update: Met with Benicia Family Resource Centers and developed agreement to disseminate emergency resources during COVID 2022 Update: Not funded. Discontinued for 2022.</p>			

<p>Objective 4: Explore the development of a shared housing program for older adults and determine the feasibility of creating a shared housing program including a funding mechanism. Year 1: Create an emergency resource for housing. Year 2: Create a list of different housing programs and identify Shared Housing programs in different areas. Year 3: Interview Shared Housing programs and create list of best practices. Year 4: Identify potential Shared Housing provider and startup costs. RFP for a Shared Housing provider.</p> <p>2021 Update: not carried out last year due to reallocation of funding and service priorities due to COVID and fires 2022 Update: Not funded. Discontinued for 2022.</p>	7/1/20-6/30/24		Cancelled
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Goal # 4

<p>Goal: Expand services to underserved, at risk older adult populations and their caregivers through focused services and supports.</p>			
<p>Rationale: Identified need for inclusive planning and service provision for at-risk and vulnerable population groups.</p>			
<p>Objective 1: Attend LGBTQI Interfaith meetings, establish a liaison with LGBTQ Connection Napa to promote AAA services and establish a list of LGBTQI-friendly resources and outreach list.</p> <p>2021 Update: not carried out last year due to reallocation of funding and service priorities due to COVID and fires 2022 update: Not funded. Discontinued for 2022.</p>	<p>Projected Start and End Dates</p> <p>7/1/20-6/30/24</p>	<p>Title IIIB Funded PD or C⁴</p>	<p>Update Status⁵</p> <p>Cancelled</p>
<p>Objective 2: Collaborate with Ceres Community Project to determine feasibility of creating medically tailored and/or ethnic meals for target population in Solano County. Year 2: Define the need/scope of work, protocols, desired outcomes. Year 3: Secure written commitments and begin pilot. Year 4: Review health outcomes, determine ongoing need/costs. Finalize program requirements, funding source going forward, and RFP for contract.</p> <p>2021 Update: Working with service provider, implemented pilot program delivering medically tailored meals to 65 seniors and including exercise to measure possible improvement in hypertension. Awaiting final report. 2022 Update: Not funded. Discontinue for 2022 – 2023.</p>	7/1/20-6/30/24		Cancelled
<p>Objective 3: Collaborate with nutrition providers to increase the number of congregate and home delivered meals.</p> <p>2021 Update: many more meals delivered. Also created contract with Food Bank to increase senior nutrition boxes during COVID 2022 Update: Continue to review different nutrition options.</p>	7/1/20-6/30/24		Continued
<p>Objective 4: Work with members of HAPI, Solano Senior Coalition, UpValley Coalition, and Vibe Solano, Family Resource Centers, and Senior Centers to identify gaps in service.</p> <p>2021 Update: not carried out last year due to reallocation of funding and service priorities due to COVID and fires 2022 Update: Not funded. Cancelled for 2022 – 2023.</p>	7/1/20-6/30/24		Cancelled

<p>Objective 5: Collaborate with legal services providers, Long-Term Care Ombudsman organizations, and other interested stakeholders to coordinate and promote elder abuse prevention. 2021 Update: not carried out last year due to reallocation of funding and service priorities due to COVID and fires 2022 Update: Disseminate lunch and learn meetings re: elder abuse prevention.</p>	<p>7/1/20-6/30/24</p>		<p>Continued</p>
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- ⁴ Indicate if Program Development (PD) or Coordination (C) is the objective (cannot be both). If a PD objective is not completed in the timeline required and is continuing in the following year, any objective revision must state additional tasks.
- ⁵ Use for the Area Plan Updates only to indicate if the objective is New, Continued, Revised, Completed, or Deleted.

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SECTION 10 - SERVICE UNIT PLAN (SUP) OBJECTIVES**TITLE III/VIIA SERVICE UNIT PLAN OBJECTIVES
CCR Article 3, Section 7300(d)**

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

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

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

Personal Care (In-Home)**Unit of Service = 1 hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	0		
2021-2022	0		
2022-2023	0		
2023-2024			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	0		
2021-2022	0		
2022-2023	0		
2023-2024			

Chore (In-Home)**Unit of Service = 1 hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	0		
2021-2022	0		
2022-2023	0		
2023-2024			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	250,000	4	3
2021-2022	250,000	4	3
2022-2023	320,000	4	3
2023-2024			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	0		
2021-2022	0		
2022-2023	0		
2023-2024			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	375	1; 4	1.6; 4.4
2021-2022	375	1; 4	1.6; 4.4
2022-2023	375	1; 4	1.6; 4.4
2023-2024			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	0		
2021-2022	0		
2022-2023	0		
2023-2024			

Congregate Meals**Unit of Service = 1 meal**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	50,000	2,4	2.4; 4.2; 4.3
2021-2022	50,000	2,4	2.4;4.2;4.3
2022-2023	50,000	2,4	2.4;4.2;4.3
2023-2024			

Nutrition Counseling**Unit of Service = 1 session per participant**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	0		
2021-2022	0		
2022-2023	0		
2023-2024			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	2,000	1;3	1.1; 3.2
2021-2022	2,000	1;3	1.1;3.2
2022-2023	2,000	1;3	1.1;3.2
2023-2024			

Legal Assistance**Unit of Service = 1 hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	3,000	4; 3; 1	4.5; 3.3; 1.6
2021-2022	3,000	4; 3; 1	4.5; 3.3; 1.6
2022-2023	3,000	4; 3; 1	4.5; 3.3; 1.6
2023-2024			

Nutrition Education**Unit of Service = 1 session per participant**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	5,000	4	4.3, 4.4
2021-2022	5,000	4	4.3, 4.4
2022-2023	7,000	4	4.3, 4.4
2023-2024			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	4,000	1	1.2; 1.3; 1.4; 1.5; 1.6
2021-2022	4,000	1	1.2; 1.3; 1.4; 1.5; 1.6
2022-2023	4,000	1	1.2; 1.3; 1.4; 1.5; 1.6
2023-2024			

Outreach (Access)**Unit of Service = 1 contact**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	6,000	1; 4	1.4; 1.6; 4.4; 4.5
2021-2022	6,000	1;4	1.4; 1.6; 4.4; 4.5
2022-2023	6,000	1;4	1.4; 1.6; 4.4; 4.5
2023-2024			

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

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

Title IIIB, Other Priority and Non-Priority Supportive Services

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

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

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

Other Supportive Service Category

Unit of Service

In-Home Caregiver Registry			
Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2020-2021	200	2	
2021-2022	200	2	
2022-2023	200	2	
2023-2024			
In-Home Visiting			
Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2020-2021	2,000	2	
2021-2022	2,000	2	
2022-2023	2,000	2	
2023-2024			
Peer Counseling			
Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2020-2021	150	2	
2021-2022	150	2	
2022-2023	150	2	
2023-2024			

Telephone Reassurance			
Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2020-2021	12,000	2	
2021-2022	12,000	2	
2022-2023	12,000	2	
2023-2024			
Cash/Material Aid			
Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2020-2021	50	2	1;4
2021-2022	200	2	1;4
2022-2023	200	2	1;4
2023-2024			
Health			
Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2020-2021	40	2	1;4
2021-2022	60	2	1;4
2022-2023	0	n/a	n/a
2023-2024			
Disaster Preparedness			
Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2020-2021	800	2	1;4
2021-2022	0		
2022-2023	0		

2023-2024			
Public Information			
Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2020-2021	0		
2021-2022	500	2	3,4
2022-2023	500	2	3;4
Residential Repairs/Maintenance			
Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2020-2021	0		
2021-2022	250	2	3
2022-2023	250	2	3
Community Education			
Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2020-2021	0	0	0
2021-2022	1,000	1, 2,3,4	1, 4,5, Goal 1; 2, 4, Goal 2; 2 Goal 3; 1, 5 Goal 4
2022-2023	1,000	1, 2,3,4	1, 4,5, Goal 1; 2, 4, Goal 2; 2 Goal 3; 1, 5 Goal 4

3. Title IIID/Health Promotion—Evidence Based

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

Unit of Service = 1 contact

Evidence-Based Program Name(s): Tai Chi: A Matter of Balance:

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (Required)
2020-2021	676	2	2.1; 2.2; 2.3
2021-2022	676	2	2.1; 2.2; 2.3
2022-2023	676	2	2.1; 2.2; 2.3
2023-2024			

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

Napa Ombudsman

2020-2024 Four-Year Planning Cycle

As mandated by the Older Americans Act Reauthorization Act of 2016, the mission of the LTC Ombudsman Program is to seek resolution of problems and advocate for the rights of residents of LTC facilities with the goal of ensuring their dignity, quality of life, and quality of care.

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

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

Complete all Measures and Targets for Outcomes 1-3;

Outcome 1. The problems and concerns of long-term care residents are solved through complaint resolution and other services of the Ombudsman Program. Older Americans Act Reauthorization Act of 2016, Section 712(a)(3), (5)]

County Measures and Targets:

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

<p>1. FY 2018-2019 Baseline Resolution Rate: Number of complaints resolved <u>23</u>+ number of partially resolved complaints <u>85</u> divided by the total number of complaints received <u>126</u> = <u>86%</u> Baseline Resolution Rate FY 2020-2021 Target Resolution Rate <u>86%</u></p>
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<p>2. FY 2019-2020 Baseline Resolution Rate: Number of complaints partially or fully resolved <u>77</u> divided by the total number of complaints received <u>88</u>= Baseline Resolution Rate <u>87.5%</u> FY 2021-2022 Target Resolution Rate 90%</p>

3. FY 2020 - 2021 Baseline Resolution Rate:
 Number of complaints partially or fully resolved 69 divided by the total number of complaints received 83 = Baseline Resolution Rate 83%
 FY 2022-2023 Target Resolution Rate 90%

4. FY 2021-2022 Baseline Resolution Rate:
 Number of complaints partially or fully resolved _____ divided by the total number of complaints received _____ = Baseline Resolution Rate _____ %
 FY 2023-2024 Target Resolution Rate _____

Program Goals and Objective Numbers: Goals 2: 4

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

- FY 2018-2019 Baseline: Number of Resident Council meetings attended 36
 FY 2020-2021 Target: 15

2. FY 2019-2020 Baseline: Number of Resident Council meetings attended 7
 FY 2021-2022 Target: 15

3. FY 2020-2021 Baseline: Number of Resident Council meetings attended 27
 FY 2022-2023 Target: 25

4. FY 2021-2022 Baseline: Number of Resident Council meetings attended _____
 FY 2023-2024 Target: _____

Program Goals and Objective Numbers: Goals 2: 4

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

1. FY 2018-2019 Baseline: Number of Family Council meetings attended: 0
 FY 2020-2021 Target: 4

2. FY 2019-2020 Baseline: Number of Family Council meetings attended 16
 FY 2021-2022 Target: 10

3. FY 2020-2021 Baseline: Number of Family Council meetings attended 5
 FY 2022-2023 Target: 5

4. FY 2021-2022 Baseline: Number of Family Council meetings attended _____
 FY 2023-2024 Target: _____

Program Goals and Objective Numbers: Goals 2: 4

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 2018-2019 Baseline: Number of Instances 251
 FY 2020-2021 Target: 275

2. FY 2019-2020 Baseline: Number of Instances 439
 FY 2021-2022 Target: 300

3. FY 2020-2021 Baseline: Number of Instances <u>494</u> FY 2022-2023 Target: <u>300</u>
4. FY 2021-2022 Baseline: Number of Instances _____ FY 2023-2024 Target: _____
Program Goals and Objective Numbers: Goals <u>2; 4</u>

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

1. FY 2018-2019 Baseline: Number of Instances <u>1328</u> FY 2020-2021 Target: <u>1400</u>
2. FY 2019-2020 Baseline: Number of Instances <u>1340</u> FY 2021-2022 Target: <u>1400</u>
3. FY 2020-2021 Baseline: Number of Instances <u>595</u> FY 2022-2023 Target: <u>1400</u>
4. FY 2021-2022 Baseline: Number of Instances _____ FY 2023-2024 Target: _____
Program Goals and Objective Numbers: Goals <u>2; 4</u>

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

1. FY 2018-2019 Baseline: Number of Sessions <u>5</u> FY 2020-2021 Target: <u>12</u>
2. FY 2019-2020 Baseline: Number of Sessions <u>1</u> FY 2021-2022 Target: <u>10</u>
3. FY 2020-2021 Baseline: Number of Sessions <u>5</u> FY 2022-2023 Target: <u>10</u>
4. FY 2021-2022 Baseline: Number of Sessions _____ FY 2023-2024 Target: _____
Program Goals and Objective Numbers: <u>2; 4 Objective 4.5</u>

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

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

Progress and goals must be separately entered each year of the four-year cycle in the appropriate box below.

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

Enter information in the relevant box below.

FY 2020-2021

FY 2020-2021 Systems Advocacy Effort(s): (Provide one or more new systems advocacy efforts) Attend COAD and HAPI meetings. Explore creating MOUs with law enforcement throughout Napa County.

FY 2021-2022

Outcome of FY 2020-2021 Efforts: Participated in virtual meetings of COAD and HAPI. Progress on MOU with law enforcement was limited due to pandemic restrictions and shifted priorities. Created MOU with Bay Area Legal Services (senior legal services provider).

FY 2021-2022 Systems Advocacy Effort(s): (Provide one or more new systems advocacy efforts) Explore creating MOUs with law enforcement throughout Napa County. Develop partnership with Legal Services of Northern California (new legal services provider).

FY 2022-2023

Outcome of FY 2021-2022 Efforts: Participated in virtual meetings. Created MOU with Legal Services of Northern California.

FY 2022-2023 Systems Advocacy Effort(s): (Provide one or more new systems advocacy efforts) Evaluate effectiveness of two separate Ombudsman providers for PSA with OSLTCO and AAA.

FY 2023-2024

Outcome of 2022-2023 Efforts:

FY 2023-2024 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 2016), Section 712(a)(3)(D), (5)(B)(ii)]

Measures and Targets:

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

1. FY 2018-2019 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint 6 divided by the total number of Nursing Facilities = 6 Baseline 100%

FY 2020-2021 Target: 100 %

2. FY 2019-2020 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint 0 divided by the total number of Nursing Facilities = 6 Baseline 0%

FY 2021-2022 Target: 100%

3. FY 2020-2021 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint 0 divided by the total number of Nursing Facilities = Baseline 0%

FY 2022-2023 Target: 100%

4. FY 2021-2022 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint divided by the total number of Nursing Facilities = Baseline _____ %

FY 2023-2024 Target: _____ %

Program Goals and Objective Numbers: Goals 2; 4

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

1. FY 2018-2019 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint 32 divided by the total number of RCFEs 36 = Baseline 89%

FY 2020-2021 Target: 100%

2. FY 2019-2020 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint 0 divided by the total number of RCFEs 37 = Baseline 0%

FY 2021-2022 Target: 100%

3. FY 2020-2021 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint 2 divided by the total number of RCFEs 36 = Baseline 6%
 FY 2022-2023 Target: 100%

4. FY 2021-2022 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint _____ divided by the total number of RCFEs _____ = Baseline _____ %
 FY 2023-2024 Target: %

Program Goals and Objective Numbers: Goals 2; 4

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

1. FY 2018-2019 Baseline: 2.24 FTEs
 FY 2020-2021 Target: 2.24 FTEs

2. FY 2019-2020 Baseline: 1.96 FTEs
 FY 2021-2022 Target: 2.24 FTEs

3. FY 2020-2021 Baseline: 2.62 FTEs
 FY 2022-2023 Target: 2.62 FTEs

4. FY 2021-2022 Baseline: _____ FTEs
 FY 2023-2024 Target: _____ FTEs

Program Goals and Objective Numbers: Goals 2; 4

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

1. FY 2018-2019 Baseline Number of certified LTC Ombudsman volunteers 9
 FY 2020-2021 Projected Number of certified LTC Ombudsman volunteers 8

2. FY 2019-2020 Baseline: Number of certified LTC Ombudsman volunteers 8
 FY 2021-2022 Projected Number of certified LTC Ombudsman volunteers 8

2. FY 2020-2021 Baseline: Number of certified LTC Ombudsman volunteers 9

3. FY 2022-2023 Projected Number of certified LTC Ombudsman volunteers 8

4. FY 2021-2022 Baseline: Number of certified LTC Ombudsman volunteers _____
 FY 2023-2024 Projected Number of certified LTC Ombudsman volunteers _____

Program Goals and Objective Numbers: Goals 2; 4

Outcome 3. Ombudsman representatives accurately and consistently report data about their complaints and other program activities in a timely manner. [Older Americans Act Reauthorization Act of 2016, Section 712(c)]

Measures and Targets:

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

Some examples could include:

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

Develop and implement a case review process to obtain consistent and complete information to be in compliance with OSLTCO standards and regulations.

Update 2021: Continue to develop and implement a case review process to obtain consistent and complete information to be in compliance with OSLTCO standards and regulations.

Update 2022: Refine case review process and review data from past years to ensure compliance with current OSLTCO standards and regulations.

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

Solano Ombudsman

2020-2024 Four-Year Planning Cycle

As mandated by the Older Americans Act Reauthorization Act of 2016, the mission of the LTC Ombudsman Program is to seek resolution of problems and advocate for the rights of residents of LTC facilities with the goal of ensuring their dignity, quality of life, and quality of care.

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

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

Complete all Measures and Targets for Outcomes 1-3;

Outcome 1. The problems and concerns of long-term care residents are solved through complaint resolution and other services of the Ombudsman Program. Older Americans Act Reauthorization Act of 2016, Section 712(a)(3), (5)]

County Measures and Targets:

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

1. FY 2018-2019 Baseline Resolution Rate:
 Number of complaints resolved 207+ number of partially resolved complaints 105
 divided by the total number of complaints received 348 = Baseline Resolution Rate
90% FY 2020-2021 Target Resolution Rate 90%

2. FY 2019-2020 Baseline Resolution Rate: Number of complaints partially or fully resolved <u>307</u> divided by the total number of complaints received <u>347</u> = Baseline Resolution Rate <u>88%</u> FY 2021-2022 Target Resolution Rate <u>90%</u>
3. FY 2020 - 2021 Baseline Resolution Rate: Number of complaints partially or fully resolved <u>428</u> divided by the total number of complaints received <u>439</u> = Baseline Resolution Rate <u>97%</u> FY 2022-2023 Target Resolution Rate <u>100%</u>
4. FY 2021-2022 Baseline Resolution Rate: Number of complaints partially or fully resolved _____ divided by the total number of complaints received _____ = Baseline Resolution Rate _____ % FY 2023-2024 Target Resolution Rate _____
Program Goals and Objective Numbers: Goals <u>2: 4</u>

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

1. FY 2018-2019 Baseline: Number of Resident Council meetings attended <u>19</u> FY 2020-2021 Target: <u>20</u>
2. FY 2019-2020 Baseline: Number of Resident Council meetings attended <u>7</u> FY 2021-2022 Target: <u>20</u>
3. FY 2020-2021 Baseline: Number of Resident Council meetings attended <u>3</u> FY 2022-2023 Target: <u>20</u>
4. FY 2021-2022 Baseline: Number of Resident Council meetings attended _____ FY 2023-2024 Target: _____
Program Goals and Objective Numbers: Goals <u>2: 4</u>

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

1. FY 2018-2019 Baseline: Number of Family Council meetings attended <u>2</u> FY 2020-2021 Target: <u>5</u>
2. FY 2019-2020 Baseline: Number of Family Council meetings attended <u>16</u> FY 2021-2022 Target: <u>5</u>
3. FY 2020-2021 Baseline: Number of Family Council meetings attended <u>1</u> FY 2022-2023 Target: <u>5</u>
4. FY 2021-2022 Baseline: Number of Family Council meetings attended _____ FY 2023-2024 Target: _____
Program Goals and Objective Numbers: Goals <u>2: 4</u>

K. 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 2018-2019 Baseline: Number of Instances <u>265</u> FY 2020-2021 Target: <u>500</u>
2. FY 2019-2020 Baseline: Number of Instances <u>439</u> FY 2021-2022 Target: <u>500</u>
3. FY 2020-2021 Baseline: Number of Instances <u>914</u> FY 2022-2023 Target: <u>500</u>
4. FY 2021-2022 Baseline: Number of Instances _____ FY 2023-2024 Target: _____
Program Goals and Objective Numbers: Goals <u>2; 4</u>

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

1. FY 2018-2019 Baseline: Number of Instances <u>871</u> FY 2020-2021 Target: <u>1,300</u>
2. FY 2019-2020 Baseline: Number of Instances <u>312</u> FY 2021-2022 Target: <u>1,300</u>
3. FY 2020-2021 Baseline: Number of Instances <u>818</u> FY 2022-2023 Target: <u>1300</u>
4. FY 2021-2022 Baseline: Number of Instances _____ FY 2023-2024 Target: _____
Program Goals and Objective Numbers: Goals <u>2; 4</u>

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

1. FY 2018-2019 Baseline: Number of Sessions <u>10</u> FY 2020-2021 Target: <u>15</u>
2. FY 2019-2020 Baseline: Number of Sessions <u>1</u> FY 2021-2022 Target: <u>15</u>
3. FY 2020-2021 Baseline: Number of Sessions <u>6</u> FY 2022-2023 Target: <u>15</u>
4. FY 2021-2022 Baseline: Number of Sessions _____ FY 2023-2024 Target: _____
Program Goals and Objective Numbers: <u>2; 4 Objective 4.5</u>

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

One or more new systems advocacy efforts must be provided for each fiscal year Area Plan Update. In the relevant box below for the current Area Plan year, in narrative format, please

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

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

FY 2020-2021
<p>FY 2020-2021 Systems Advocacy Effort(s): (Provide one or more new systems advocacy efforts) Coordinate monthly webinar focusing on elder abuse and elder justice covering topics ranging from case coordination, working with adults with disabilities, and prosecuting elder abuse cases.</p>
FY 2021-2022
<p>Outcome of FY 2020-2021 Efforts: Implemented monthly webinars on elder justice topics. FY 2021-2022 Systems Advocacy Effort(s): (Provide one or more new systems advocacy efforts) Continue monthly webinar series focusing on elder abuse and elder justice covering topics ranging from case coordination, working with adults with disabilities, and prosecuting elder abuse cases.</p>
FY 2022-2023
<p>Outcome of FY 2021-2022 Efforts: Conducted monthly webinars on elder justice topics. FY 2022-2023 Systems Advocacy Effort(s): (Provide one or more new systems advocacy efforts) Expand webinar series outreach and topics.</p>
FY 2023-2024
<p>Outcome of 2022-2023 Efforts: FY 2023-2024 Systems Advocacy Effort(s): (Provide one or more new systems advocacy efforts)</p>

Outcome 2. Residents have regular access to an Ombudsman. [(Older Americans Act Reauthorization Act of 2016), Section 712(a)(3)(D), (5)(B)(ii)]

Measures and Targets:

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

1. FY 2018-2019 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint 9 divided by the total number of Nursing Facilities 9 = Baseline 100 %
FY 2020-2021 Target: 100 %

2. FY 2019-2020 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint 0 divided by the total number of Nursing Facilities 9 = Baseline 0 %
FY 2021-2022 Target: 100 %

3. FY 2020-2021 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint 9 divided by the total number of Nursing Facilities 9 = Baseline 100 %
FY 2022-2023 Target: 100 %

4. FY 2021-2022 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint _____ divided by the total number of Nursing Facilities _____ = Baseline _____ %
FY 2023-2024 Target: _____ %

Program Goals and Objective Numbers: Goals 2: 4

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

1. FY 2018-2019 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint 92 divided by the total number of RCFEs 128 = Baseline 72 %
FY 2020-2021 Target: 100 %

2. FY 2019-2020 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint 0 divided by the total number of RCFEs 132= Baseline 0%
FY 2021-2022 Target: 100%

3. FY 2020-2021 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint 68 divided by the total number of RCFEs 136= Baseline 50%
FY 2022-2023 Target: 100%

4. FY 2021-2022 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint _____ divided by the total number of RCFEs _____ = Baseline _____ %
FY 2023-2024 Target: _____ %

Program Goals and Objective Numbers: Goals 2: 4

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

1. FY 2018-2019 Baseline: 3.04 FTEs
FY 2020-2021 Target: 3.35 FTEs

2. FY 2019-2020 Baseline: 3.31 FTEs
FY 2021-2022 Target: 3.35 FTEs

3. FY 2020-2021 Baseline: 2 FTEs
FY 2022-2023 Target: 2 FTEs

4. FY 2021-2022 Baseline: _____ FTEs
FY 2023-2024 Target: _____ FTEs

Program Goals and Objective Numbers: Goals 2: 4

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

1. FY 2018-2019 Baseline: Number of certified LTC Ombudsman volunteers 3
FY 2020-2021 Projected Number of certified LTC Ombudsman volunteers 7

2. FY 2019-2020 Baseline: Number of certified LTC Ombudsman volunteers 0
FY 2021-2022 Projected Number of certified LTC Ombudsman volunteers 7

3. FY 2020-2021 Baseline: Number of certified LTC Ombudsman volunteers 2
FY 2022-2023 Projected Number of certified LTC Ombudsman volunteers 2

4. FY 2021-2022 Baseline: Number of certified LTC Ombudsman volunteers 0
FY 2023-2024 Projected Number of certified LTC Ombudsman volunteers 0

Program Goals and Objective Numbers: Goals 2:4

Outcome 3. Ombudsman representatives accurately and consistently report data about their complaints and other program activities in a timely manner. [Older Americans Act Reauthorization Act of 2016, Section 712(c)]

Measures and Targets:

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

Some examples could include:

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

Review, update and revise, as needed, existing case documentation procedures for compliance with OSLTCO standards and regulations.

Update 5/2021: Continue to review, update and revise, as needed, existing case documentation procedures for compliance with OSLTCO standards and regulations.

Update 5/2022: Refine case documentation policies and procedures. Review for compliance with current OSLTCO standards. Hire and train additional volunteers.

TITLE VIIA ELDER ABUSE PREVENTION SERVICE UNIT PLAN OBJECTIVES

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

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

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

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

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

- **Public Education Sessions** –Indicate the total number of projected education sessions for the general public on the identification, prevention, and treatment of elder abuse, neglect, and exploitation.
- **Training Sessions for Professionals** –Indicate the total number of projected training sessions for professionals (service providers, nurses, social workers) on the identification, prevention, and treatment of elder abuse, neglect, and exploitation.
- **Training Sessions for Caregivers Served by Title III E** –Indicate the total number of projected training sessions for unpaid family caregivers who are receiving services under Title III E of the Older Americans Act (OAA) on the identification, prevention, and treatment of elder abuse, neglect, and exploitation. Older Americans Act Reauthorization Act of 2016, Section 302(3) 'Family caregiver' means an adult family member, or another individual, who is an informal provider of in-home and community care to an older individual or to an individual with Alzheimer's disease or a related disorder with neurological and organic brain dysfunction.
- **Hours Spent Developing a Coordinated System to Respond to Elder Abuse** –Indicate the number of hours to be spent developing a coordinated system to respond to elder abuse. This category includes time spent coordinating services provided by the AAA or its contracted service provider with services provided by Adult Protective Services, local law enforcement agencies, legal services providers, and other agencies involved in the protection of elder and dependent adults from abuse, neglect, and exploitation.

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

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

TITLE VIIA ELDER ABUSE PREVENTION SERVICE UNIT PLAN OBJECTIVES

The agency receiving Title VIIA Elder Abuse Prevention funding is: Collabria Care

Fiscal Year	Total # of Public Education Sessions
2020-2021	2
2021-2022	2
2022-2023	2
2023-2024	

Fiscal Year	Total # of Training Sessions for Professionals
2020-2021	2
2021-2022	2
2022-2023	2
2023-2024	

Fiscal Year	Total # of Training Sessions for Caregivers served by Title III E
2020-2021	0
2021-2022	0
2022-2023	0
2023-2024	

Fiscal Year	Total # of Hours Spent Developing a Coordinated System
2020-2021	0
2021-2022	0
2022-2023	0
2023-2024	

Fiscal Year	Total # of Copies of Educational Materials to be Distributed	Description of Educational Materials
2020-2021	500	Fact sheet about elder abuse prevention
2021-2022	500	Fact sheet about elder abuse prevention
2022-2023	500	Fact sheet about elder abuse prevention

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

Fiscal Year	Total Number of Individuals Served
2020-2021	500
2021-2022	500
2022-2023	500
2023-2024	

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TITLE III E SERVICE UNIT PLAN OBJECTIVES**CCR Article 3, Section 7300(d)****2020-2024 Four-Year Planning Period**

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

Direct and/or Contracted III E Services

CATEGORIES	1	2	3
Family Caregiver Services Caring for Elderly	<i>Proposed</i> Units of Service	<i>Required</i> Goal #(s)	<i>Optional</i> Objective #(s)
Caregivers of Older Adults			
Information Services	# of activities and Total est. audience for above		
2020-2021	# of activities: 6 Total est. audience for above: 60	1; 4	
2021-2022	# of activities:6 Total est. audience for above:60	1;4	
2022-2023	# of activities:6 Total est. audience for above:60	1;4	
2023-2024	# of activities: Total est. audience for above:		
Access Assistance	Total contacts		
2020-2021	1000	1; 4	4.4
2021-2022	1000	1;4	4.4
2022-2023	1000	1;4	4.4
2023-2024			

Access Assistance	Total Contacts		
Support Services	Total Hours		
2020-2021	385	1;4	4.4
2021-2022	385	1;4	4.4
2022-2023	385	1;4	4.4
2023-2024			
Respite Care	Total Hours		
2020-2021	600	1;4	4.4
2021-2022	600	1;4	4.4
2022-2023	600	1;4	4.4
2023-2024			
Supplemental Services	Total Occurrences		
2020-2021			
2021-2022			
2022-2023			
2023-2024			

Direct and/or Contracted IIIE Services

Other Elderly Relative	Proposed Units of Service	Required Goal #(s)	Optional Objective #(s)
Information Services	# of Activities and Total est. Audience for		
2020-2021	# of Activities: 6 Total est. audience for above: 60	1;4	4.4
2021-2022	# of Activities:6 Total est. Audience for Above:60	1;4	4.4
2022-2023	# of Activities:6 Total est. Audience for Above:60	1;4	4.4
2023-2024	# of Activities: Total est. Audience for Above:		

Other Elderly Relative	<i>Proposed</i> Units of Service	<i>Required</i> Goal #(s)	<i>Optional</i> Objective #(s)
Access Assistance	Total Contacts		
2020-2021	45	1;4	4.4
2021-2022	45	1;4	4.4
2022-2023	45	1;4	4.4
2023-2024			
Support Services	Total Hours		
2020-2021	0		
2021-2022	0		
2022-2023	0		
2023-2024			
Respite Care	Total Hours		
2020-2021	0		
2021-2022	0		
2022-2023	0		
2023-2024			
Supplemental Services	Total Occurrences		
2020-2021	0		
2021-2022	0		
2022-2023	0		
2023-2024			

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

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

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

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

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

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

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

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

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

HICAP Legal Services Units of Service (if applicable) ⁶

Fiscal Year (FY)	3.1 Estimated Number of Clients Represented Per FY (Unit of Service)	Goal Numbers
2020-2021	Sonoma County AAA is the lead agency for HICAP	
2021-2022	Sonoma County AAA is the lead agency for HICAP	
2022-2023	Sonoma County AAA is the lead agency for HICAP	
2023-2024		

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

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

⁶ Requires a contract for using HICAP funds to pay for HICAP Legal Services.

SECTION 11 - FOCAL POINTS**COMMUNITY FOCAL POINTS LIST**

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

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

Designated Community Focal Point	Address
Comprehensive Services for Older Adults	650 Imperial Way, Suite 101 Napa, CA 94559
American Canyon Senior Center	2185 Elliot Dr. American Canyon, CA 94503
Napa Senior Center	1500 Jefferson St. Napa, CA 94559
St. Helena Senior Center (Rianda House)	1475 Main St. St. Helena, CA 94574
Benicia Senior Center	1201 East 2nd St., Benicia, CA 94510
Florence Douglas Senior Center (Vallejo)	333 Amador St., Vallejo, CA 94590
Joseph Nelson Community Center	611 Village Drive Suisun City, CA 94585
Fairfield Senior Center	1200 Civic Center Dr. Fairfield, CA 94533
Vacaville Senior Center (McBride)	91 Town Square Pl. Vacaville, CA 95688
Dixon Senior Center	201 S. 5th St. Dixon, CA 95620
Rio Vista Senior Center	25 Main St. Rio Vista, CA 94571

SECTION 12 - DISASTER PREPAREDNESS

Disaster Preparation Planning Conducted for the 2020-2024 Planning Cycle Older Americans Act Reauthorization Act of 2016, Section 306(a)(17); 310, CCR Title 22, Sections 7529 (a)(4) and 7547, W&I Code Division 8.5, Sections 9625 and 9716, CDA Standard Agreement, Exhibit E, Article 1, 22-25, Program Memo 10-29(P)

1. Describe how the AAA coordinates its disaster preparedness plans and activities with local emergency response agencies, relief organizations, state and local governments, and other organizations responsible for emergency preparedness and response as required in OAA, Title III, Section 310:
 - Coordination around disaster response occurs through the Advisory Council on Aging and AAA providers participating in COAD (Community Organizations Active in Disaster) in each county.
 - AAA staff review and discuss response to PSPS (Public Safety Power Shut offs) at Service Provider meetings.
 - Home Delivered Meals emergency meal kits are being distributed in both counties.
 - PPE distribution
 - AAA website addition of emergency services information (language translation feature added)
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
Leah Greenbaum	Napa County OES Coordinator	707.299.1867 (office)	leah.greenbaum@countyofnapa.org
Don Ryan	Solano County OES Manager	707.784.8155 (office) 707.580.5919 (cell)	dryan@solanocounty.com

3. Identify the Disaster Response Coordinator within the AAA:
 - Elaine Clark, AAA Project Manager
 - 707.784.8792 (o)
 - 707.718.0091 (c)
 - eclark@solanocounty.com

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

Critical Services	How Delivered
Nutrition	Home Delivered meal delivery Emergency meal kits Meal pick-up at congregate sites
Information and Assistance	Phone and online
Case Management	Phone contact

5. List any agencies with which the AAA has formal emergency preparation or response agreements.

Solano County Department of Health and Social Services

6. Describe how the AAA will:

- Identify vulnerable populations
 - Service Provider client lists
 - County IHSS and other aging services
 - Emergency service providers/County EOC
 - COAD in both Napa and Solano
- Follow-up with these vulnerable populations after a disaster event
 - Phone calls from I&A, visiting, case management providers, and transportation providers.
 - Visits or calls from senior nutrition providers.

SECTION 13 - PRIORITY SERVICES**2020-2024 Four-Year Planning Cycle****Funding for Access, In-Home Services, and Legal Assistance**

The CCR, Article 3, Section 7312, requires the AAA to allocate an “adequate proportion” of federal funds to provide Access, In-Home Services, and Legal Assistance in the PSA. The annual minimum allocation is determined by the AAA through the planning process. The minimum percentages of applicable Title III B funds⁷ listed below have been identified for annual expenditure throughout the four-year planning period. These percentages are based on needs assessment findings, resources available within the PSA, and discussions at public hearings on the Area Plan.

Category of Service and the Percentage of Title III B Funds expended in/or to be expended in FY 2020-21 through FY 2023-2024

Access:

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

2020-21 33% 21-22 33% 22-23 33% 23-24 _____%

In-Home Services:

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

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

Legal Assistance Required Activities:⁸

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

2020-21 11% 21-22 11% 22-23 11% 23-24 _____%

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

- Determined through Senior Needs Assessment and planning process
- Review and discussion by Advisory Council on Aging and the Oversight Board

⁷ 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.

⁸ Legal Assistance must include all the following activities: Legal Advice, Representation, Assistance to the Ombudsman Program and Involvement in the Private Bar.

SECTION 14 - 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.

<u>Check applicable direct services</u>	<u>Check each applicable Fiscal Year</u>			
Title IIIB	20-21	21-22	22-23	23-24
<input type="checkbox"/> Information and Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Case Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Outreach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Program Development	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Coordination	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Long Term Care Ombudsman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Title IID	20-21	21-22	22-23	23-24
<input type="checkbox"/> Disease Prevention and Health Promo.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Title IIIE⁹	20-21	21-22	22-23	23-24
<input type="checkbox"/> Information Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Access Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Support Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Title VIIA	20-21	21-22	22-23	23-24
<input type="checkbox"/> Long Term Care Ombudsman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Title VII	20-21	21-22	22-23	23-24
<input type="checkbox"/> Prevention of Elder Abuse, Neglect, and Exploitation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

- Planning process has determined specific outreach and services to target population
- ACOA and Oversight Board review
- Program monitoring
- Service Provider meetings

⁹ Refer to PM 11-11 for definitions of Title III E categories.

SECTION 15 - REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES

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

Complete and submit for CDA approval a separate Section 15 for each direct service not specified in Section 14. The request for approval may include multiple funding sources for a specific service.

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

Identify Service Category: _____

Check applicable funding source:¹⁰

IIIB

IIIC-1

IIIC-2

IIID

IIIE

VIIA

HICAP

Request for Approval Justification:

Necessary to Assure an Adequate Supply of Service OR

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

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

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

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

¹⁰ Section 15 does not apply to Title V (SCSEP).

¹¹ For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs agree.

SECTION 16 - GOVERNING BOARD**GOVERNING BOARD MEMBERSHIP
2020-2024 Four-Year Area Plan Cycle**

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

Total Number of Board Members: **7**

Term Expires		Term Expires	
Chair: County Board of Supervisors Napa Supervisor Brad Wagenknecht	4-year term Expires 11/2022	Alternate County Board of Supervisors Napa Supervisor Ryan Gregory	4-year term Expires 11/2022
Vice-Chair County Board of Supervisors Solano Supervisor Monica Brown	4-year term Expires 11/2022	Alternate County Board of Supervisors Solano Supervisor Erin Hannigan	4-year term Expires 11/2022
City Council Napa Councilwoman Liz Alessio	4-year term Expires 12/2022	Alternate City Council Napa Councilman David Oro	4-year term Expires 12/2022
City Council Solano Mayor Robert McConnell (Vallejo)	4-year term Expires 11/2022	City Council Solano Mayor Ronald Kott (Rio Vista)	4-year term Expires 11/2022
Community Member 60+ Napa Mary Palmer	6-year term Expires 12/2024	Alternate Community Member 60+ Napa	6-year term Expires 12/2024
Community Member 60+ Solano Steve Sillen	6-year term Expires 12/2024	Alternate Community Member 60+ Solano County Delphine Metcalf-Foster	6-year term Expires 12/2024
Member At Large Napa Vacant	6-year term Expires 12/2024	Alternate Member At Large Napa Vacant	6-year term Expires 12/2024
Member At Large Solano Beatryce Clark	6-year term Expires 12/2024	Alternate Member At Large Solano County	6-year term Expires 12/2024

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

- Chair rotates annually between Napa and Solano County
- Alternate member rotates annually between Napa and Solano County
- New 60+ representative for Napa County
- Napa Member at Large position is vacant

The Oversight Board shall consist of seven (7) members as follows:

- One (1) member from each County Board of Supervisors, or its designees, and an alternate to attend and vote at meetings of the member in his or her absence.
- One (1) member from a City Council in each County, appointed by the respective city selection committee established pursuant to Section 50270 of the Government Code, and an alternate to attend and vote at meetings of the member in his or her absence.
- One (1) member of the senior (60+) community in each County, appointed by the respective Board of Supervisors, and an alternate to attend and vote at meetings of the member in his or her absence.

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SECTION 17 - ADVISORY COUNCIL

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

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

Total Council Membership (include vacancies) 20

Number of Council Members over age 60 14

Race/Ethnic Composition	<u>% of PSA's 60+Population</u>	<u>% on Advisory Council</u>
White	<u>59%</u>	<u>66%</u>
Hispanic	<u>12%</u>	<u>7%</u>
Black	<u>10%</u>	<u>20%</u>
Asian/Pacific Islander	<u>18%</u>	<u>0%</u>
Native American/Alaskan Native	<u>1%</u>	<u>7%</u>
Other	<u>Less than 1%</u>	<u>0%</u>

Name and Title of Officers:

Office Term Expires:

Richard White, Chair	June 30, 2022 ACOA term June 2024
Verneal Brumfield, Vice-Chair	June 30, 2022 ACOA term June 2024
Susan Ensey, Secretary	June 30, 2022 ACOA term June 2024

Name and Title of other members:	Office Term Expires:
Donna Altes, Napa	June 30, 2024
Jerry Castanon, Solano	June 30, 2023
Linda Chandler, Solano (second alternate)	June 30, 2023
Shellie Coleman, Solano alternate (first alternate)	June 30, 2024
Solano - Vacant	June 30, 2023
Solano - Vacant	June 30, 2023
Donna Harris, Solano	June 30, 2024
Cheryl Johnson, Solano	June 30, 2024
Arnold Koenig, Napa	June 30, 2024
Tony Provine, Solano	June 30, 2023
Dane Reeves, Napa	June 30, 2023
Fran Rosenberg, Napa alternate (first alternate)	June 30, 2024
Julie Spencer, Napa	June 30, 2023
Fern Yaffa, Napa	June 30, 2024
Vacancies: 2 from Solano, 3 from Napa	

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

Yes No

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

Explain any "**No**" answer(s): There are no ACOA representatives for low-income or disabled. ACOA will specifically recruit for these positions when there are future vacancies. Elected officials serve on the Oversight Board.

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

- New members were added in 2021.
- Bylaws changes were approved by the Oversight Board revising membership terms to

two years with additional two potential two-year terms. Terms are staggered to expire on alternate years. Two alternate members are designated from each county to vote in the absence of the member to ensure adequate representation from both counties.

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

The Napa/Solano Advisory Council on Aging (ACOA) is appointed by the Board of Supervisors in each County to advise them on all matters associated with the planning, development and administration of programs relating to older adults. The ACOA is staffed by representatives of the Napa/Solano Area Agency on Aging (N/S AAA).

The ACOA consists of sixteen members and four alternates (two alternates from each county). Total ACOA membership is twenty members, ten residing in Napa County and ten residing in Solano County. Membership is determined by application and appointment. Fifty percent of the ACOA must be age 60 and above. The ACOA strives to represent or 'mirror' the diversity of the county's population with attention to the following factors: geography, economics, racial, cultural and ethnic origin, language, ability/disability, sexual orientation, age.

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SECTION 18 - LEGAL ASSISTANCE

2020-2024 Four-Year Area Planning Cycle

This section must be completed and submitted annually. The Older Americans Act Reauthorization Act of 2016 designates legal assistance as a priority service under Title III B [42 USC §3026(a)(2)] ¹²

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

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

1. Based on your local needs assessment, what percentage of Title IIIB funding is allocated to Legal Services? **Discuss:**
 - 11% is reflective of the Needs Assessment responses.

2. Specific to Legal Services, has there been a change in your local needs in the past four years? If so, please identify the change (include whether the change affected the level of funding and the difference in funding levels in the past four years). **Discuss:**
 - Increasing number of older adults seeking legal assistance
 - Primary issues:
 - Housing scarcity
 - Increased cost of traditional housing
 - Lack of availability of Section 8 or subsidized housing
 - Evictions
 - Financial elder abuse
 - Update 2021
 - Housing scarcity
 - Low-income housing availability
 - Evictions
 - Homelessness
 - Rental assistance
 - Update 2022
 - Evictions
 - Housing conditions
 - Rental assistance
 - Rental Increases

3. Specific to Legal Services, does the AAA's contract/agreement with the Legal Services Provider(s) (LSPs) specify that the LSPs are expected to use the California Statewide Guidelines in the provision of OAA legal services? **Yes; Discuss:**
 - Required within the N/S AAA contract language

4. Does the AAA collaborate with the Legal Services Provider(s) to jointly establish specific priorities issues for legal services? If so what are the top four (4) priority legal issues in your PSA? **Yes Discuss:**

- Housing Assistance
 - Financial elder abuse/fraud/scams
 - Community Education/Awareness
 - Advocacy
-
- Update 2022
 - Preservation and production of affordable housing
 - Enforcement of tenant rights
 - Accessibility of housing stock
 - Elder abuse

5. Specific to Legal Services, does the AAA collaborate with the Legal Services Provider(s) to jointly identify the target population? **Yes Discuss:**

- Target populations
 - Low-income vulnerable older adults
 - Minority and under-served older adults

6. Specific to Legal Services, what is the targeted senior population and mechanism for reaching targeted groups in your PSA? **Discuss:**

- Target populations
 - Low-income vulnerable older adults
 - Minority and under-served older adults
- Outreach methods
 - Community workshops
 - Legal advice clinics
 - On-site legal assistance
 - Home visits
 - Information and Assistance referrals
- Update 2021: Virtual workshops and meetings were held due to COVID restrictions.
- Update 2022: Virtual workshops and meetings, self-help materials, pro-bono hotlines

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

Fiscal Year	# of Legal Assistance Services Providers
2020-2021	2
2021-2022	1
2022-2023	1
2023-2024	<i>Leave Blank until 2023</i>

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

8. What methods of outreach are Legal Services providers using? **Discuss:**

- Community education
- Legal clinics
- On-site legal assistance
- Phone and virtual access

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

Fiscal Year	Name of Provider	Geographic Region covered
2020-2021	a. Legal Services of Northern California b. Bay Area Legal Aid	a. Solano County b. Napa County
2021-2022	a. Legal Services of Northern California	a. Solano County b. Napa County
2022-2023	Legal Services of Northern California	a. Solano County b. Napa County
2023-2024	<i>Leave Blank until 2023</i>	<i>Leave Blank until 2023</i>

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

- Phone calls and virtual access to the Legal Services offices
- On-site access at local service provider locations (limited access due to County PH guidelines)
- On-site visits to Legal Services offices
- Home visits/ Virtual home visits

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

- Housing-related concerns
- Update 2021: evictions and need for housing assistance
 - Elder financial abuse
- Advance healthcare directives

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

- Barrier: Lack of knowledge or awareness of services
 - Strategy: Increased outreach and publicity; collaboration with N/S AAA service providers
- Barrier: Lack of transportation
 - Strategy: Home visits; referral to N/S AAA funded transportation services

- Barrier: Increased demand for services
 - Strategy: Establish partnerships with local legal providers; advocacy for increased legal resources
- Barrier: Lack of internet access
 - Strategy: Internet access training for those with computers/smartphones
 - Strategy: Identify no or low-cost computers/phones/internet access

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

- Local service providers
- Local Bar Association
- Law schools
- MDT
- Adult Protective Services
- Ombudsman Services
- Napa Commission on Aging

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SECTION 19 - MULTIPURPOSE SENIOR CENTER ACQUISITION OR CONSTRUCTION COMPLIANCE REVIEW¹³

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

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

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

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

¹³ 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 20. FAMILY CAREGIVER SUPPORT PROGRAM

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

2020-2024 Four-Year Planning Cycle

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

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

Family Caregiver Services

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

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

Other Elderly Relative Services

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

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

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

Family Caregiver Services

Supplemental Services are not being provided because the Senior Survey did not indicate a need for these services. In prior years a provider offered these services and had difficulty spending the funding.

Referrals for Supplemental Services can be made to multiple service providers including:

Meals on Wheels Solano, 95 Marina Center, Suisun, CA 94585

Benicia Family Resource Center, 150 East K Street, Benicia, CA 94510

Share the Care Napa Valley, 162 S. Coombs Street, Napa, CA 94559

All of these organizations have funding available to support supplemental services if needed. Examples of supplemental services include fall prevention assistive devices, home modifications, or emergency alert devices.

Other Relative Caregiver Services

Support, respite, and supplemental services are not being funded because the Senior Survey did not indicate a need for these services. Regionally, Kinship Center in Napa is providing these services to people in Napa and Solano counties.

- Provider name and address of agency
 - Kinship Center (kinshipcenter.org), Kinship Supportive Services, 3299 Claremont Way, Suite 3, Napa, CA 94558.

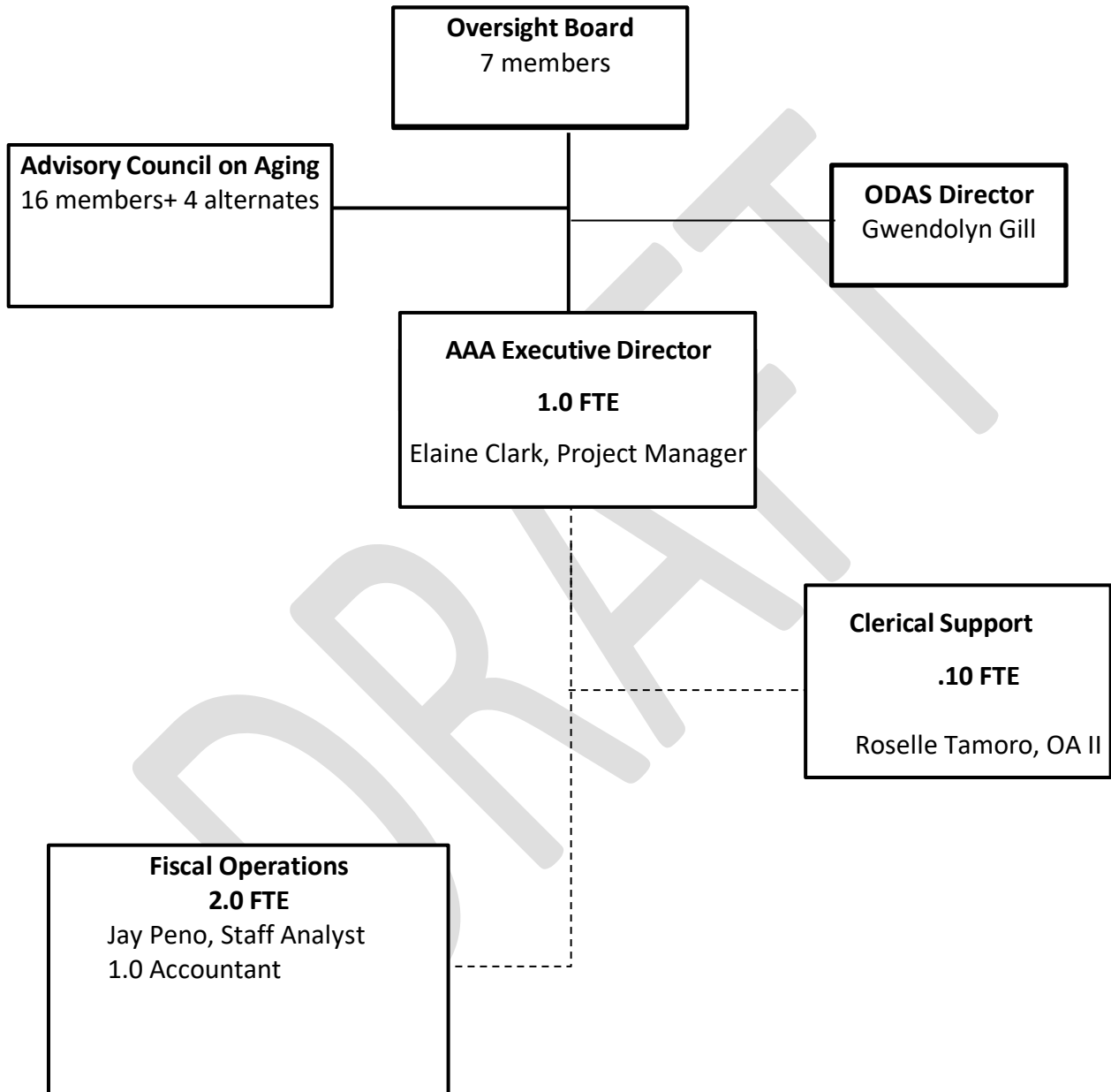
- Description of the service

- Kinship Center provides support services to relatives caring for family members' children when birth parents are unable or unwilling to provide that care because of illness, drug addiction, imprisonment, or death. The goal of these services is to increase the chances for children's success by building the capacity of kin caregivers to meet their health, financial, social, emotional, and child rearing challenges. Kinship Center is particularly noted for its in-depth [education](#) and [support](#) for parents and caregivers.
- Kinship Center offers Out-of-Home Caregiver Respite and In-Home Caregiver Respite. Kinship Center has a referral service for assistive devices to Share the Care Napa Valley which can provide free of charge, gently used items such as walkers, transfer benches, and other durable medical equipment.

- Where the service is provided (entire PSA, certain counties, etc.)
 - Both Napa and Solano counties
- Information that influenced the decision not to provide the service (research, needs assessment, survey of senior population in PSA, etc.)
 - Difficulty with outreach to target population
 - Difficulty identifying local provider
- How the AAA ensures the service continues to be provided in the PSA without the use of Title III E funds
 - Collaboration and coordination with Kinship Care
 - Will evaluate effectiveness of new service through program monitoring and discussion with the provider
- 2022 Update: Kinship Center is no longer providing services. The AAA is advocating for a new provider in Napa County. Innovative Health Solutions continues to provide services in Solano County.

SECTION 21 - ORGANIZATION CHART

Napa/Solano Area Agency on Aging



SECTION 22 - ASSURANCES

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

A. Assurances (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;

1. OAA 306(a)(2)

Provide an adequate proportion, as required under Older Americans Act Reauthorization Act of 2016 Section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services—

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

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;

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

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

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

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

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

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

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

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

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

Use outreach efforts that —

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

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

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

7. OAA 306(a)(5)

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

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

(A) Provide assurances that the Area Agency on Aging, in carrying out the State Long-Term 52

Care Ombudsman program under 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2019 in carrying out such a program under this title;

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

9. OAA 306(a)(11)

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

(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, 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.

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

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

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

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

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

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

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

11. 306(a)(14)

Provide assurances that preference in receiving services under this Title 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;

12. 306(a)(15)

Provide assurances that funds received under this title will be used— 53

(A) to provide benefits and services to older individuals, giving priority to older individuals identified in Section 306(a)(4)(A)(i); and

(B) in compliance with the assurances specified in Section 306(a)(13) and the limitations specified in Section 212;

13. OAA 305(c)(5)

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

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

(B)

i (i) no individual (appointed or otherwise) involved in the designation of the State agency or an Area Agency on Aging, or in the designation of the head of any subdivision of the State agency or of an Area Agency on Aging, is subject to a conflict of interest prohibited under this Act;

ii (ii) no officer, employee, or other representative of the State agency or an Area Agency on Aging is subject to a conflict of interest prohibited under this Act; and

iii (iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

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

i (i) enter into contracts with providers of legal assistance, which can demonstrate the experience or capacity to deliver legal assistance;

ii (ii) include in any such contract provisions to assure that any recipient of funds under division (i) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and

iii (iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis.

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

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

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

To the extent practicable, that legal assistance furnished under the plan will be in addition to any legal assistance for older individuals being furnished with funds from sources other than this Act and that reasonable efforts will be made to maintain existing levels of legal 54

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

assistance for older individuals; and

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

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

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

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

20. OAA 307(a)(15)

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

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

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

- (i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and
- (ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effective linguistic and cultural differences. (A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;
- (B) are patients in hospitals and are at risk of prolonged institutionalization; or
- (C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

21. OAA 307(a)(18)

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

22. OAA 307(a)(26)

Area Agencies on Aging will provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care. 55

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

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

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

(b) A comprehensive and coordinated community-based system described in paragraph (a) of this section shall: (1) Have a visible focal point of contact where anyone can go or call for help, information or referral on any aging issue;

(2) Provide a range of options:

(3) Assure that these options are readily accessible to all older persons: The independent, semi-dependent and totally dependent, no matter what their income;

(4) Include a commitment of public, private, voluntary and personal resources committed to supporting the system;

(5) Involve collaborative decision-making among public, private, voluntary, religious and fraternal organizations and older people in the community;

(6) Offer special help or targeted resources for the most vulnerable older persons, those in danger of losing their independence;

(7) Provide effective referral from agency to agency to assure that information or assistance is received, no matter how or where contact is made in the community;

(8) Evidence sufficient flexibility to respond with appropriate individualized assistance, especially for the vulnerable older person;

(9) Have a unique character which is tailored to the specific nature of the community;

(10) Be directed by leaders in the community who have the respect, capacity and authority necessary to convene all interested persons, assess needs, design solutions, track overall success, stimulate change and plan community responses for the present and for the future.

24. CFR [1321.53(c)]

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

25. CFR [1321.53(c)]

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

26. CFR [1321.53(c)]

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

27. CFR [1321.53(c)] 56

Assure access from designated focal points to services financed under the Older Americans Act.
CFR [1321.53(c)]

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

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

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

29. CFR [1321.61(d)]

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

30. CFR [1321.69(a)]

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

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