



FY 2024-28 Four Year Area Plan

May 2024

Napa/Solano Area
Agency on Aging PSA 28



Napa
Solano

AREA AGENCY ON AGING
assistance ► advocacy ► answers

The logo for the Napa Solano Area Agency on Aging features a large white letter 'A' with two horizontal brushstrokes, one yellow and one blue, passing through it. The text 'Napa Solano' is positioned above the 'A', and 'AREA AGENCY ON AGING' is below it, with the tagline 'assistance ► advocacy ► answers' in a smaller font underneath.

Table of Contents

- OVERVIEW/TABLE OF CONTENTS** 1
- 2024-2028 4-YEAR AREA PLAN REQUIRED COMPONENTS CHECKLIST** 2
- AREA PLAN UPDATE (APU) CHECKLIST 3
- TRANSMITTAL LETTER 4
- SECTION 1. MISSION STATEMENT 5
- SECTION 2. DESCRIPTION OF THE PLANNING AND SERVICE AREA (PSA) 6
- SECTION 3. DESCRIPTION OF THE AREA AGENCY ON AGING (AAA) 12
- SECTION 4. PLANNING PROCESS & ESTABLISHING PRIORITIES 14
- SECTION 5. NEEDS ASSESSMENT & TARGETING 16
- SECTION 6. PRIORITY SERVICES & PUBLIC HEARINGS 21
- SECTION 7. AREA PLAN NARRATIVE GOALS & OBJECTIVES 23
- SECTION 8. SERVICE UNIT PLAN (SUP) 28
- SECTION 9. SENIOR CENTERS & FOCAL POINTS 57
- SECTION 10. FAMILY CAREGIVER SUPPORT PROGRAM 58
- SECTION 11. LEGAL ASSISTANCE 61
- SECTION 12. DISASTER PREPAREDNESS 65
- SECTION 13. NOTICE OF INTENT TO PROVIDE DIRECT SERVICES 68
- SECTION 14. REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES 69
- SECTION 15. GOVERNING BOARD 70
- SECTION 16. ADVISORY COUNCIL 71
- SECTION 17. MULTIPURPOSE SENIOR CENTER ACQUISITION OR CONSTRUCTION
COMPLIANCE REVIEW 73
- SECTION 18. ORGANIZATION CHART 74
- SECTION 19. ASSURANCES 75

2024-2028 4-YEAR AREA PLAN REQUIRED COMPONENTS CHECKLIST

To ensure all required components are included, “X” mark the far-right column boxes.
 Enclose a copy of the checklist with your Area Plan; *submit this form with the Area Plan due 5-1-24 only*

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

AREA PLAN UPDATE (APU) CHECKLIST

Check one: FY25-26 FY 26-27 FY 27-28

Use for APUs only

AP Guidance Section	APU Components (Update/Submit A through G) ANNUALLY:	Check if Included
n/a	A) Transmittal Letter- <i>(submit by email with electronic or scanned original signatures)</i>	<input type="checkbox"/>
n/a	B) APU- <i>(submit entire APU electronically only)</i>	<input type="checkbox"/>
2, 3, or 4	C) Estimate- of the number of lower income minority older individuals in the PSA for the coming year	<input type="checkbox"/>
6	D) Priority Services and Public Hearings	<input type="checkbox"/>
n/a	E) Annual Budget, should match Org. Chart	<input type="checkbox"/>
8	F) Service Unit Plan (SUP) and LTC Ombudsman Program Outcomes	<input type="checkbox"/>
11	G) Legal Assistance	<input type="checkbox"/>

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

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

AAA Name: 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.

Signature: Joelle Gallagher, Governing Board Chair ¹

Date

Signature: Richard White, Advisory Council Chair

Date

Signature: Elaine Clark, Area Agency Director

Date

¹ Original signatures or electronic signatures 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 mission statement was approved by the Oversight Board. The mission statement reflects the values and priorities of the Napa/Solano Area Agency on Aging.

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 that include vineyards, farmland and industrial areas.

Total PSA Older Adult population 60+	150,188 (California Department of Aging, 2/2024)
Napa	39,050
Solano	111,138

Napa County

- Napa County is bordered by Solano County to the south and Sonoma County to the west. It is adjacent to Lake and Yolo Counties to the north.
- Total population 138,091(2020 Decennial Census data.census.gov)
- The percentage of the total population over 60 years old in Napa County is 26.2%
- The county has 5 cities, the city of Napa is the largest.
- Approximately 20% of the total county population live in unincorporated/rural areas.
- There are 1,000 residents living at the Yountville Veterans home.

Solano County

- Solano County is bordered by Napa County to the North, Yolo County to the North and East, and Sacramento County to the east. It is adjacent Contra Costa County to the south and West.
- Total population 453,491 (2020 Decennial Census data.census.gov)
- The percentage of the total population over 60 years old in Solano County is 24%.
- The county has 7 cities, the city of Vallejo is the largest.
- Approximately 4% of the total county population live in unincorporated/rural areas. Solano County also has an active military base, Travis Air Force Base. This contributes to a significant number of military veterans living in Solano County.

Napa/Solano Older Adult Population Data			
	Solano	Napa	TOTAL
Population 60+			
2020	106,750	39,017	145,767
2040	132,692	43,819	176,511
Population under 18			
2020	97,769	28,879	126,648
2040	92,583	23,389	115,972
Poverty Adults 60+			
	Solano	Napa	

2019	7.6%	8.8%
2021	7.8%	7.3%
2022	9.5%	9.2%
American Indian or Alaska Native	11.3%	n/a
Asian	5.4%	5.7%
Black or African American	16.7%	n/a
Latino	10.3%	12.2%
Native Hawaiian or other Pacific Islander	11.6%	n/a
White	6.9%	5.8%
2020		
White	48%	72%
Black	13%	2%
Latino	15%	15%
Asian	22%	9%
2040		
White	42%	63%
Black	14%	2%
Latino	22%	25%
Asian	21%	9%
2060		
White	37%	55%
Black	15%	2%
Latino	26%	33%
Asian	20%	1%

Source: American Community Survey 2022

- In both counties, over 9% of older adults live below the federal poverty line (2024: \$15,060 for a single person; \$20,440 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

As described above, Napa and Solano counties share similar resources while having some profoundly different characteristics. Napa has a higher percentage of older adults. Solano is the more diverse. Both counties will experience increased population growth among people 60 and older and corresponding decreases in younger populations, especially children under 18.

The Community Assessment Survey of Older Adults (CASOA) survey results indicate that in the PSA, the largest challenges are in the areas of housing, physical health, and information about older adult services.

Service System

The N/S AAA contracts with local service providers for Older Americans Act services and other funded 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 Joint Exercise of Powers Agreement (JEPA) 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.

- FY 24-25: the California Department of Aging intrastate funding formula of February 2024 determined the funding for Napa County contracts at 26% and Solano County contracts at 74% 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.
- Service providers are selected through a Request for Proposal (RFP) process conducted by Solano County procurement staff.
 - The RFP review and scoring is governed by the County of Solano procurement guidelines requiring subject matter experts from outside the county as raters.
 - AAA Staff present funding recommendations to the ACOA.
 - The ACOA recommendations are provided to the Oversight Board for final funding approval.

Local System Development

Challenges:

- The AAA continues to look for opportunities for advocacy and collaboration with local initiatives that will expand services to older adults, people with disabilities and their caregivers.
- Service providers have struggled with funding and staffing shortages.
- Solano County is the most ethnically diverse county in the San Francisco Bay Area, making it challenging to reach all persons.
- Solano County is one of the poorest and least philanthropic counties in the San Francisco Bay Area, resulting in greater needs and fewer nonprofit funding resources.
- The AAA faces staffing challenges due to increased programmatic, fiscal, and monitoring requirements.

Successes:

- The N/S AAA continued assisting service providers in reopening sites after COVID-19 shutdowns. Many congregate meal participants were reluctant to return to congregate settings. Likewise, Volunteer Visiting programs were slow to transition from phone calls to in-person visits, as volunteers who are older, and clients were reluctant to resume in-person visiting. Evidence-based exercise programs successfully transitioned to in-person. Volunteer transportation services continued delivering groceries to homebound seniors and regular transportation services to healthcare appointments resumed.
- “Designation” status was awarded to the Aging and Disability Resource Connection (ADRC) of Solano. The ADRC is a joint program with the Independent Living Resource Center of Solano and Contra Costa Counties. ADRC Solano served over 600 individuals in the first two months of operation.
- The N/S AAA printed new Senior Resource Guides in English and Spanish. Guides were made available to County staff to give to clients, sent to senior centers and AAA service providers, and low-income senior living facilities.
- The pilot Line Dance curriculum for the CalFresh Healthy Living program (SNAP-Ed), which the N/S AAA was asked to create, was accepted by the California Department of Aging. The new evidence-based curriculum includes instructor materials, videos and class handouts. Program materials are now available and being used state-wide.
- N/S AAA distributed 1,700 iPads with 12-months of AT&T internet service, as well as funds to train older adults how to use the devices. In Solano County, iPads were given out through the new Aging and Disability Resource Connection to introduce the community to the ADRC.
- Advisory Council to the N/S AAA took on a more active role in community outreach by attending three separate community tabling events, giving out resource materials and explaining how to connect with services.
- AAA staff held statewide leadership and advocacy positions with ADRC, CDA and C4A.
- ACOA conducted a four-month study of the congregate dining programs in both Napa and Solano Counties and presented their findings and suggested next steps to the Oversight Board.

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	Napa and Solano
Disaster Preparedness	Emergency resources	Napa and Solano
Home Modification	Fall Prevention	Napa and Solano
Information and Assistance	Short-term service coordination via telephone, walk-in, Solanocares4seniors.com; SolanoScamCenter.org; Napa I&A Printed resource guides in English and Spanish and available on the aaans.org website	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 LGBTQI vulnerable elders	Solano
Senior Meal Boxes	Shelf stable foods	Solano
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 Exercise for Arthritis Matter of Balance Bingocize	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	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
Cal-Fresh Expansion	Benefits for older adults	Napa and Solano
Aging and Disability Resource Connection		
ADRC	Enhanced I&A; options counseling; short-term case management; transitions assistance	Solano
Connectivity Program		
Digital connectivity and training support	Internet connection and iPad training	Napa and Solano
Local Aging and Disability Action Planning Grant		
Age-Friendly Community	Age-Friendly community plan development	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.

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 Advisory Council on Aging (ACOA) is composed of 20 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: Executive, Legislative, Nutrition, Outreach. 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 **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 Executive Director** is responsible for the daily operations, program planning and program monitoring activities. The AAA Executive Director is the staff to the Oversight Board and the AAA Advisory Council. The **Administrative Assistant** provides support for AAA operational needs. 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. New positions are proposed for FY 24-25. One position to perform data reporting and analysis. One position to focus on planning and outreach.

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 Board meetings are publicized so that community members may attend and provide public comment. The ACOA newsletter, *AgeWell*, is distributed to over 20,000 people throughout both counties to increase awareness of AAA activities and community needs. The AAA website provides links to AAA programs, ACOA initiatives, ADRC, [SolanoCares](#) resource information and [Napa I&A](#).

The AAA is located within Solano County Health and Social Services Older and Disabled Adult Services Bureau (ODAS). The Executive Director coordinates, through the Health Services Administrator, with ODAS on resources and outreach. The AAA Executive Director also attends internal staff and management meetings increasing AAA access to County services and initiatives.

N/S AAA and the Independent Living Resources Center (ILRC) were designated as an ADRC effective December 2023. The cumulative planning and implementation of ADRC Solano County services includes information and assistance; short-term case management; LTSS options counseling and transitions services. The ADRC also provided distribution of iPads and connection to training and connectivity resources.

SECTION 4. PLANNING PROCESS & ESTABLISHING PRIORITIES

Planning

The AAA utilized the Community Assessment Survey for Older Adults (CASOA) and the Napa Older Adults Assessment (NOAA) to provide primary data to further identify the needs of the older adults in both Napa and Solano counties. The NOAA included key informant interviews as well as multiple representative focus group discussions.

The AAA also utilized the Solano Local Aging and Disability Action Planning process to garner a broad cross section of input on priority development for the local Master Plan for Aging.

The Solano Community Health Improvement Plan (CHIP) (January 2023) included AAA staff on the advisory committee. The needs of older adults are included in the identified goals.

1. Behavioral Health: Ensure all Solano County residents feel safe, supported, and well in their communities.
2. Access to Care: Eliminate inequities in access to preventive services and health care across Solano County.
3. Health: Improve the well-being of BIPOC women, infants, children, and families.
4. Housing Stability: Ensure all Solano County residents have access to safe, stable, and affordable housing.

Public Involvement

The AAA and the N/S AAA Advisory Council on Aging (ACOA) held community meetings and listening sessions in both counties focused on the interests and concerns of older adults, people with disabilities and their caregivers. The ACOA met with the Hispanic Chamber of Commerce and a rural Latino church congregation to specifically hear about unique needs and concerns.

The ACOA continues to hold community meetings to hear from local residents about their needs and concerns. Information about available services and resources is shared in the sessions. The ACOA Outreach Committee members report on the knowledge gained at the ACOA meetings. The N/S AAA staff and ACOA members regularly attend community meetings in both Napa and Solano Counties.

Public comment on issues of concern is part of the ACOA monthly meeting agenda and the Oversight Board meetings. The Oversight Board includes elected officials (both city and county) and older adult representatives.

The N/S AAA schedules Service Provider meetings for AAA contractors. At the Service Provider meeting participants share information about needs they encounter when providing services to older adults. Additionally, service providers offer innovative ideas for program development.

Priorities

The priority areas resulting from information gathered throughout the needs assessment process are:

1. **Housing:** availability; cost; home maintenance, safety
2. **Isolation:** digital divide; accessible programs; elder abuse prevention
3. **Transportation:** rides to medical care and social activities
4. **Remaining at Home:** knowledge of services and resources: disaster and emergency support
5. **Health:** food; exercise; falls; caregiver needs

Targeting; Prioritization; Adequate Proportion

The AAA continues to identify and focus services on older adults with the greatest needs and the least access to services.

Services are prioritized by community needs and available funding resources as well as service provider capacity.

Adequate proportion amounts were determined based on the needs assessment findings; ACOA and Oversight Board review and the results of public hearing/public comment.

SECTION 5. NEEDS ASSESSMENT & TARGETING

Process and Methods

Community Assessment Survey for Older Adults (CASOA)

The CASOA survey instrument and its administration are standardized to assure high quality survey methods and comparable results across communities.

- Households with an adult member 55 years or older were selected at random. Multiple mailed contacts gave each household more than one prompt to participate.
- A total of 3,560 older adult households were randomly selected to receive the survey. These households first received a half-page postcard inviting them to complete the survey online, followed by a mailed hard copy survey packet which included a cover letter, a copy of the questionnaire and a postage-paid return envelope.
- A total of 287 completed surveys was obtained, providing an overall response rate of 8.17% and a margin of error plus or minus 6% around any given percent and one point around any given average rating for the entire sample (e.g., average number of caregiving hours).
- Results were statistically weighted to reflect the proper demographic composition of older adults in the entire community.

Community Readiness Chart		
Dimension	Community Livability Topics	Score (out of 100)
Overall Community Quality	<ul style="list-style-type: none"> • Place to Live and Retire • Recommend and Remain in Community 	65
Community Design	<ul style="list-style-type: none"> • Housing • Mobility • Land Use 	42
Employment and Finances	<ul style="list-style-type: none"> • Employment • Finances 	27
Equity and Inclusivity	<ul style="list-style-type: none"> • Equity • Community Inclusivity 	46
Health and Wellness	<ul style="list-style-type: none"> • Safety • Physical Health • Mental Health • Health Care • Independent Living 	38
Information and Assistance	<ul style="list-style-type: none"> • Quality of Older Adult Services • Information on Available Older Adult Services 	28
Productive Activities	<ul style="list-style-type: none"> • Civic Engagement • Social Engagement • Caregiving 	44

- In addition to the random sample "probability" survey, an open participation survey was conducted, in which all older adults 55 years or older were invited to participate. The open participation survey instrument was identical to the probability sample survey. This survey was conducted entirely online.

A total of 394 surveys were completed by open participation survey respondents. The open participation survey results were combined with responses from the probability sample survey, for a total of 681 completed surveys. With the inclusion of the open participation survey participants, it is likely that the precision of the responses would be even greater (and thus the margin of error smaller). Results were statistically weighted to reflect the proper demographic composition of older adults in the entire community.

Napa/Solano Area Agency on Aging | Community Assessment Survey for Older Adults November 2023

The Napa County Older Adults Assessment (*NOAA is funded, in part, by the Napa County Board of Supervisors and by Napa County Health and Human Services through Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) funds. It is one of several MHSA programs implemented by the Napa County Behavioral Health Division, which strives to improve mental health outcomes for individuals and families throughout the community*).

- March-October 2023 data collection conducting an on-line non-scientific survey, focus groups, and Key Informant Interviews who live in or serve as a caregiver in Napa County.
- Respondents were any interested community member 60+ or a caregiver for a 60+ adult.
- The survey resulted in 1530 responses.
- 8 focus groups 18 Key Informant Interviews.
- Survey respondents were 78.4% white; 11.1% Latino/a/e.

NOAA results indicated six priority areas for strategic planning and action to support older adults to thrive: Health & Wellness, Housing, Transportation, Community Engagement & Connectedness, Caregiving, and Equity & Inclusion.

NOAA Survey Results	
Priorities	Solutions
Finances and Employment	Economic stability to support a thriving life
Healthcare	Physical and mental health Access to food, Independence
Housing	Affordable, safe housing Physically, emotionally, socially supportive living environments
Transportation	Ability to access critical services and stay socially connected Private and public mobility options
Information and Assistance	Ease of access, Emergency awareness
Community Engagement and Connectedness	Social Supports, Volunteerism Participation in civic activities
Caregiving	Affordability, Equitable pay Support to age in place

Target populations

Within the PSA, their characteristics, locations, needs, and the methods used to identify them. how the needs of targeted populations will be addressed.

A description of the barriers that targeted groups encounter when attempting to access existing services

- The AAA has identified the following older adult population groups as potentially vulnerable and in need of specialized focus for service delivery.
 - 85+
 - People of color
 - Rural residents
 - Non-English speakers and legal immigrants
 - Undocumented immigrants
 - Low income/limited financial resources
 - Homebound with mobility limitations
 - Veterans
 - Unhoused
 - Socially isolated
 - Cognitively impaired/dementia (including Alzheimer's)
 - Living with HIV
 - No access to technology or the internet

- Race/Ethnicity

In Napa County, 72% of 60+ are white and 28% are people of color. In Solano County, 47.7% of 60+ adults are white and 50% are people of color. Outreach to increase service delivery to underserved populations is a priority for the AAA.

“However, within the same county lines is a lower-income, often Latino/a/e community that faces disproportionate physical and economic challenges. These challenges are deeply rooted in barriers to economic security, healthcare, housing, transportation, and community information.” (NOAA)

- LGBTQI

Outreach to the LGBTQI older adult community continues to be a service priority for the N/S AAA. The ACOA has included LGBTQI individuals in membership representation. The ADRC Advisory Committee and the Solano Master Plan Advisory Committee membership includes LGBTQI representation, as well. The AAA contracts with the Solano Pride Center to include case management as well as telephone reassurance and peer counseling. The goal is to create a safe and accepting environment in traditional senior centers and living facilities as well as through community forums, outreach and education.

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

Upper Napa Valley and eastern Solano County are geographically isolated rural areas in both counties. There is a need for access to services, especially transportation, healthcare, and

emergency services in both locations. Home delivered meals including wellness checks and socialization opportunities are critical in isolated areas. Up Valley Family Center incorporates Information and Assistance into onsite services. Additional outreach and service development is a AAA priority.

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

The newly designated ADRC provides enhanced information and assistance, options counseling, short-term care coordination and transitions assistance. The N/S AAA contracts with Collabria Care/Providence Community Health Napa Valley to provide case management and outreach to elders at risk of institutionalization and their caregivers. Through Choice in Aging, the AAA coordinates with PEAS (Prevention and Early Access for Seniors Program) focused on behavioral health support to address depression, anxiety and isolation. Also, through Choice in Aging, the ADRC coordinates with MSSP. The AAA has established a coordinated relationship with the North Bay Regional Center and NAMI Solano (National Alliance on Mental Health), as well as County Behavioral Health.

- Non-English Speakers

In Napa County, about 19% of seniors speak a language other than English at home and 11% of seniors speak English less than “very well.” About 2,800 seniors in Napa speak Spanish, and about 1,400 seniors speak Asian languages (primarily Tagalog). Of seniors age 65 or older in Solano County, about 30% speak a language other than English at home and 15% of seniors speak English less than “very well.” About 12,500 seniors in Solano speak Asian languages (primarily Tagalog), and about 7,000 seniors speak Spanish. (Source: U.S. Census Bureau, 2018 – 2022 American Community Survey 5-Year Estimates; tables S1601; S1603; B16002) (data.census.gov (tables S1601, S1603, & B16002))

The AAA has prioritized increasing access to information and assistance in languages other than English. AAA website provides content translation through Google translate to increase access to services and resources. The Senior Resource Guide is published in both English and Spanish.

- Alzheimer’s Disease/Dementia

Through the needs assessment process, it is clear that older adults and their family members are in need of more resources to support those with Alzheimer’s Disease and other dementias. Collabria Care/Providence Community Health Napa Valley, the Alzheimer’s Day Care Resource Center, provides specialized services to people with dementia and their families and caregivers. The AAA also contracts with the Alzheimer’s Association to provide information and assistance, caregiver outreach and counseling.

- Caregivers

The needs of and for caregivers were highlighted in both the CASOA and NOAA reports.

“A total of 52.2% of respondents report they would definitely or possibly use caregiver services in the future. 16.8% of respondents report they would not use caregiver services and 23% of respondents did not know that caregiving support services exist in Napa County.” (NOAA)

The AAA contracts with Redwood Caregiver Resource Center and Collabria Care/Providence Community Health Napa Valley to provide respite care programs in Napa and Solano counties. The ADRC also provides assistance to caregivers.

- HIV status

The AAA coordinates outreach to older adults living with HIV through Solano County Public Health and Solano Pride Center to inform about AAA services.

Targeted priorities

Resulting from the sources the N/S AAA utilized to provide needs assessment information, the following priorities areas address the needs of targeted populations.

Housing: availability; cost; home maintenance, safety

Isolation: digital divide; accessible programs; elder abuse prevention

Transportation: rides to medical care and social activities

Remaining at Home: knowledge of services and resources: disaster and emergency support

Health: food; exercise; falls; caregiver needs

SECTION 6. PRIORITY SERVICES & PUBLIC HEARINGS

2024-2028 Four-Year Planning Cycle

Funding for Access, In-Home Services, and Legal Assistance

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

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

Access:

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

2024-25 33% 25-26 _____% 26-27 _____% 27-28 _____%

In-Home Services:

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

2024-25 15% 25-26 _____% 26-27 _____% 27-28 _____%

Legal Assistance Required Activities:³

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

2024-25 11% 25-26 _____% 26-27 _____% 27-28 _____%

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

Adequate proportion amounts were determined based on the needs assessment findings; ACOA and Oversight Board review and the results of public hearing/public comment.

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

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

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

Fiscal Year	Date	Location	Number of Attendees	Presented in languages other than English? ⁴ Yes or No	Was hearing held at a Long-Term Care Facility? ⁵ Yes or No
2024-2025	April 1, 2024	ACOA meeting	TBD	No	No
2025-2026					
2026-2027					
2027-2028					

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

- Summarize the outreach efforts used in seeking input into the Area Plan from institutionalized, homebound, and/or disabled older individuals.
- 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
- 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 that were a result of input by attendees.

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

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

SECTION 7. AREA PLAN NARRATIVE GOALS & OBJECTIVES

Goal #1

Goal: Increase awareness of resources, access to services and supports for older adults and family caregivers.

Rationale: Availability and knowledge of long-term services and supports (LTSS) is identified survey participants and community responses as key to enhancing quality of life for older adults.

MPA goal: Inclusion and Equity, not isolation. Affording Aging.

Objective	Projected Start and End Dates	Type of Activity and Funding Source⁶	Update Status⁷
Objective 1: Promote dissemination of information about safe driving and transportation options for older adults and adults with disabilities. Annually, distribute 500 brochures, publish 4 articles about transportation options, and participate in NVTAs and STA meetings.	7/1/2024-6/30/2028	IIIB	
Objective 2: Enhance information and assistance (I&A) program by expanding access through web, phone and in-person response and integrate the I&A function in Solano County into ADRC Solano through an integrated referral and follow-up system.	7/1/2024-6/30/2028	IIIB	
Objective 3: Collaborate to expand online tools and printed materials about available services and resources for older adults. Create and implement an annual outreach and education campaign targeting underserved communities and focusing on emergency services preparedness.	7/1/2024-6/30/2028	IIIB	
Objective 4: Provide current resource information for LGBTQI older adults and seniors living with HIV through collaboration with local agencies and stakeholders.	7/1/2024-6/30/2028	IIIB	

Goal #2

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.

Rationale: Health issues are included as a critical concern noted by survey participants and community responses. Providing options for older adults to enhance their access to food, exercise, fall prevention.

MPA Goal: Health Reimagined.

Objective	Projected Start and End Dates	Type of Activity and Funding Source ⁶	Update Status ⁷
Objective 1: Expand Fall Prevention Programs through collaboration with the provider organizations, county services, and healthcare providers to create an identified community resource for fall assessments, referrals, and follow-up protocols in both Napa and Solano counties.	7/1/2024-6/30/2028	IIIB	
Objective 2: Collaborate with county, city, and community providers to build a digital equity eco system that addressed digital inclusion for older adults that facilitates the use of digital devices to connect with telehealth, friends, and family in order to reduce isolation.	7/1/24 – 6/30/28	C	
Objective 3: Support digital training sites in 5 senior centers and three low-income senior housing complexes.	7/1/24 – 6/30/28	C	
Objective 4: Assist in creating and maintaining a resource that identifies locations offering free internet access and disseminate the information.	7/1/24 – 6/30/28	C	
Objective 5: Assist in creating an intergenerational digital training program for older adults.	7/1/24 – 6/30/28	C	
Objective 6: Attend monthly community meetings with housing representatives to share information about housing availability for older adults.	7/1/24 – 6/30/28	C	
Objective 7: Attend monthly emergency preparedness community meetings to share information about emergency and disaster planning for older adults.	7/1/24 – 6/30/28	C	

Goal #3

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.

Rationale: Policy, program development and advocacy for community needs including housing, disaster response/emergency preparedness.

MPA Goal: Housing for all ages and stages. Affording Aging.

Objective	Projected Start and End Dates	Type of Activity and Funding Source ⁶	Update Status ⁷
<p>Objective 1: Collaborate and provide technical assistance to identify programmatic needs of older adults and adults with disabilities with local agencies, county departments, decision-makers and stakeholders.</p>	7/1/2024-6/30/2028	C	
<p>Objective 2: Lead local Master Plan for Aging strategic plan development and implementation including coordinating work with the MPA Advisory Committee, community members, and elected officials on development of Solano MPA action plan.</p>	7/1/2024-6/30/2028	C	
<p>Objective 3: Coordinate with local Master Plan for Aging activities in Napa through support of the Napa Older Adult Assessment project and implementation.</p>	7/1/2024-6/30/2028	C	
<p>Objective 4: Coordinate advocacy to increase access to affordable, accessible housing.</p>	7/1/2024-6/30/2028	C	

Goal #4

Goal: Expand services to underserved, at risk older adult populations and their caregivers through focused services and supports.

Rationale: Identified need for inclusive planning and service provision for at-risk and vulnerable population groups.

MPA Goal: Inclusion and Equity, not isolation.

Objective	Projected Start and End Dates	Type of Activity and Funding Source ⁶	Update Status ⁷
Objective 1: Collaborate with nutrition providers and elected officials to identify nutrition gaps; opportunities to enhance meal quality, identify additional non-AAA funded nutrition resources and programs.	7/1/2024-6/30/2028	C	
Objective 2: Collaborate with legal services providers, Long-Term Care Ombudsman organizations, Solano and Napa County older adult services, and other interested stakeholders to coordinate and promote elder abuse prevention and increase participation in MDT meetings.	7/1/2024-6/30/2028	IIIB	
Objective 3: Collaborate with ADRC Solano to develop 4 extended partners and 20 referral agencies.	7/1/2024-6/30/2028	IIIB	
Objective 4: Coordinate with Solano County IT to create digital inclusion strategy to reach older and disabled adults.	7/1/2024-6/30/2028	C	

Goal #5

Goal: Provide services to support family caregivers and care receivers to maintain a healthy, safe lifestyle in the home setting.

Rationale: Caregiving is routinely identified in needs assessment and community feedback as a critical need for support and expanded services.

MPA Goal: Caregiving that Works.

Objective	Projected Start and End Dates	Type of Activity and Funding Source ⁶	Update Status ⁷
<p>Objective 5.1: Collaborate to strengthen resources for family caregivers through periodic (6 month) individual assessments, referrals and monitoring.</p>	<p>7/1/2024-6/30/2028</p>	<p>IIIE</p>	

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

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

SECTION 8. SERVICE UNIT PLAN (SUP)

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

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

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

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

Personal Care (In-Home)

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	0		
2025-2026			
2026-2027			
2027-2028			

Homemaker (In-Home)

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	0		
2025-2026			
2026-2027			
2027-2028			

Chore (In-Home)

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	0		
2025-2026			
2026-2027			
2027-2028			

Adult Day Care/ Adult Day Health (In-Home)

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	0		
2025-2026			
2026-2027			
2027-2028			

Case Management (Access)

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	375	2; 4	2.2; 4.3
2025-2026			
2026-2027			
2027-2028			

Assisted Transportation (Access)

Unit of Service = 1 one-way trip

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	0		
2025-2026			
2026-2027			
2027-2028			

Transportation (Access)

Unit of Service = 1 one-way trip

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	2,000	1;4	1.1; 4.3
2025-2026			
2026-2027			
2027-2028			

Information and Assistance (Access)

Unit of Service = 1 contact

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	4,000	1; 2;3;4;5	1.1, 1.2, 1.3, 1.4; 2.3, 2.6, 2.7; 3.4; 4.3, 4.4; 5.1
2025-2026			
2026-2027			
2027-2028			

Outreach (Access)

Unit of Service = 1 contact

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	6,000	1;2;3;5	1.1, 1.2, 1.3, 1.4; 2.2, 2.3, 2.7, 3.4; 5.1
2025-2026			
2026-2027			
2027-2028			

Legal Assistance

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	3,000	4	4.2
2025-2026			
2026-2027			
2027-2028			

Congregate Meals

Unit of Service = 1 meal

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	33,000*	4	4.1
2025-2026			
2026-2027			
2027-2028			

Home-Delivered Meals

Unit of Service = 1 meal

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	320,000	4	4.1
2025-2026			
2026-2027			
2027-2028			

Nutrition Counseling

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	0		
2025-2026			
2026-2027			
2027-2028			

Nutrition Education

Unit of Service = 1 session

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	500**	4	4.1
2025-2026			
2026-2027			
2027-2028			

*Congregate meal numbers are significantly less than in previous years due to fewer people returning to congregate sites after COVID.

** Reduction in Nutrition Education due to reclassifying education units as a single message.

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

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

Title IIIB, Other Priority and Non-Priority Supportive Services

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

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

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

Other Supportive Service Category **Unit of Service**

In-Home Caregiver Registry

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (If applicable)
2024-2025	0 – no longer a funded service		
2025-2026			
2026-2027			
2027-2028			

In-Home Visiting

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (If applicable)
2024-2025	0 – no longer a funded service		
2025-2026			
2026-2027			
2027-2028			

Peer Counseling

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (If applicable)
2024-2025	150	1; 3	1.4; 3.1

2025-2026			
2026-2027			
2027-2028			

Telephone Reassurance

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (If applicable)
2024-2025	7,500	2	2.1, 2.5
2025-2026			
2026-2027			
2027-2028			

Cash/Material Aid

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (If applicable)
2024-2025	50	2; 3	2.1, 2.7; 3.1
2025-2026			
2026-2027			
2027-2028			

Public Information

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (If applicable)
2024-2025	20*	1; 2; 3	1.1; 2.1, 2.6, 2.7; 3.4
2025-2026			
2026-2027			
2027-2028			

*Reduction is service units due to reclassification of service unit definition.

Residential Repairs/Maintenance

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (If applicable)
2024-2025	250	2	2.1

2025-2026			
2026-2027			
2027-2028			

Community Education

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (If applicable)
2024-2025	1,000	1, 2,3,4,5	1.1,1.4; 2.1; 3.1; 4.4;5.1
2025-2026			
2026-2027			
2027-2028			

3. Title IIID/Health Promotion—Evidence-Based

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

Evidence-Based Program Name(s): Tai Chi: A Matter of Balance and Bingocize
Add additional lines if needed.

Unit of Service = 1 contact

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (If applicable)
2024-2025	676	2	2.1
2025-2026			
2026-2027			
2027-2028			

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

2024-2028 Four-Year Planning Cycle

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

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

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

Outcome 1.

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

Measures and Targets:

A. Complaint Resolution Rate (NORS Element CD-08) (Complaint Disposition). The average California complaint resolution rate for FY 2017-2018 was 73%. **Complaint Resolution Rate (NORS Element CD-08) (Complaint Disposition).** The average California complaint resolution rate for FY 2021-2022 was 57%.

Fiscal Year Baseline Resolution Rate	# of partially resolved or fully resolved complaints	Divided by the total number of Complaints	= Baseline Resolution Rate	Fiscal Year Target Resolution Rate
2022-2023				
Napa	74	92	80%	100%
Solano	182	263	69%	100%
2024-2025				
2026-2027				
2027-2028				

Program Goals and Objective Numbers: 2;4

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

<p>1. Napa: FY 2022-2023 Baseline: Number of Resident Council meetings attended <u>48</u> FY 2024-2025 Target: <u>45</u> Solano: FY 2022-2023 Baseline: Number of Resident Council meetings attended <u>3</u> FY 2024-2025 Target: <u>10</u></p>
<p>2. FY 2023-2024 Baseline: Number of Resident Council meetings attended _____ FY 2025-2026 Target: _____</p>
<p>3. FY 2024-2025 Baseline: Number of Resident Council meetings attended _____ FY 2026-2027 Target: _____</p>
<p>4. FY 2025-2026 Baseline: Number of Resident Council meetings attended _____ FY 2027-2028 Target: _____</p>
<p>Program Goals and Objective Numbers: <u>2:4</u></p>

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

<p>1. Napa: FY 2022-2023 Baseline: Number of Family Council meetings attended <u>0</u> FY 2024-2025 Target: <u>1</u> Solano: FY 2022-2023 Baseline: Number of Family Council meetings attended <u>1</u> FY 2024-2025 Target: <u>5</u></p>
<p>2. FY 2023-2024 Baseline: Number of Family Council meetings attended _____ FY 2025-2026 Target: _____</p>
<p>3. FY 2024-2025 Baseline: Number of Family Council meetings attended _____ FY 2026-2027 Target: _____</p>
<p>4. FY 2025-2026 Baseline: Number of Family Council meetings attended _____ FY 2027-2028 Target: _____</p>
<p>Program Goals and Objective Numbers: <u>2:4</u></p>

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

<p>1. Napa: FY 2022-2023 Baseline: Number of Instances <u>160</u> FY 2024-2025 Target: <u>300</u></p>
<p>1. Solano: FY 2022-2023 Baseline: Number of Instances <u>1456</u> FY 2024-2025 Target: <u>500</u></p>

2. FY 2023-2024 Baseline: Number of Instances _____ FY 2025-2026 Target: _____
3. FY 2024-2025 Baseline: Number of Instances _____ FY 2026-2027 Target: _____
4. FY 2025-2026 Baseline: Number of Instances _____ FY 2027-2028 Target: _____
Program Goals and Objective Numbers: <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. Napa: FY 2022-2023 Baseline: Number of Instances: <u>1020</u> FY 2024-2025 Target: <u>1000</u>
1. Solano: FY 2022-2023 Baseline: Number of Instances: <u>1456</u> FY 2024-2025 Target: <u>1300</u>
2. FY 2023-2024 Baseline: Number of Instances _____ FY 2025-2026 Target: _____
3. FY 2024-2025 Baseline: Number of Instances _____ FY 2026-2027 Target: _____
4. FY 2025-2026 Baseline: Number of Instances _____ FY 2027-2028 Target: _____
Program Goals and Objective Numbers: <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. Napa: FY 2022-2023 Baseline: Number of Sessions: <u>4</u> FY 2024-2025 Target: <u>10</u>
1. Solano: FY 2022-2023 Baseline: Number of Sessions: <u>3</u> FY 2024-2025 Target: <u>15</u>

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

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

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

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

FY 2024-2025
<p>FY 2024-2025 Systems Advocacy Effort(s): (Provide one or more new systems advocacy efforts)</p> <p>Napa: Expand Ombudsman services and Residents’ Rights awareness by delivering program brochures to new admissions to every (6) skilled nursing facility in the County.</p> <p>Solano: Empowered Aging will focus additional efforts on addressing improper discharges and transfers. Both issues have been demonstrated to lead to an increase in the number of older adults who become homeless or are at an increased risk of becoming homeless.</p>
FY 2025-2026
<p>Outcome of FY 2024-2025 Efforts:</p> <p>FY 2025-2026 Systems Advocacy Effort(s): (Provide one or more new systems advocacy efforts)</p>
FY 2026-2027

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

Outcome 2.

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

Measures and Targets:

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

<p>1. Napa: FY 2022-2023</p> <p>Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint <u>6</u> divided by the total number of Nursing Facilities <u>6</u> = Baseline <u>100%</u> FY 2024-2025 Target: <u>100%</u></p>
<p>Solano: FY 2022-2023</p> <p>Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint <u>2</u> divided by the total number of Nursing Facilities <u>8</u> = Baseline <u>25 %</u> FY 2024-2025 Target: <u>100%</u></p>
<p>1. FY 2023-2024 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint _____ divided by the total number of Nursing Facilities _____ = Baseline _____ % FY 2025-2026 Target: _____</p>
<p>2. FY 2024-2025 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint _____ divided by the total number of Nursing Facilities _____ = Baseline _____ % FY 2026-2027 Target: _____</p>

3. FY 2025-2026 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint _____ divided by the total number of Nursing Facilities _____ = Baseline _____ %
FY 2027-2028 Target: _____

Program Goals and Objective Numbers: 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. Napa: FY 2022-2023

Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint 35 divided by the total number of RCFEs 35= Baseline 100%
FY 2024-2025 Target: 100%

Solano: FY 2022-2023

Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint 12 divided by the total number of RCFEs 147= Baseline 8%
FY 2024-2025 Target: 100 %

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

FY 2025-2026 Target: _____

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

FY 2026-2027 Target: _____

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

FY 2027-2028 Target: _____

Program Goals and Objective Numbers: 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.

<p>1. Napa:</p> <p>FY 2022-2023 Baseline: <u>2.62</u> FTEs</p> <p>FY 2024-2025 Target: <u>2.62</u> FTEs</p> <p>Solano:</p> <p>FY 2022-2023 Baseline: <u>2</u> FTEs</p> <p>FY 2024-2025 Target: <u>2</u> FTEs</p>
<p>2. FY 2023-2024 Baseline: _____ FTEs</p> <p>FY 2025-2026 Target: _____ FTEs</p>
<p>3. FY 2024-2025 Baseline: _____ FTEs</p> <p>FY 2026-2027 Target: _____ FTEs</p>
<p>4. FY 2025-2026 Baseline: _____ FTEs</p> <p>FY 2027-2028 Target: _____ FTEs</p>
<p>Program Goals and Objective Numbers:</p> <p><u>2:4</u></p>

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

<p>1. Napa:</p> <p>FY 2022-2023 Baseline: Number of certified LTC Ombudsman volunteers <u>6</u></p> <p>FY 2024-2025 Projected Number of certified LTC Ombudsman volunteers <u>7</u></p> <p>1. Solano:</p> <p>FY 2022-2023 Baseline: Number of certified LTC Ombudsman volunteers <u>0</u></p> <p>FY 2024-2025 Projected Number of certified LTC Ombudsman volunteers <u>2</u></p>
<p>2. FY 2023-2024 Baseline: Number of certified LTC Ombudsman volunteers _____</p> <p>FY 2025-2026 Projected Number of certified LTC Ombudsman volunteers _____</p>
<p>3. FY 2024-2025 Baseline: Number of certified LTC Ombudsman volunteers _____</p> <p>FY 2026-2027 Projected Number of certified LTC Ombudsman volunteers _____</p>
<p>4. FY 2025-2026 Baseline: Number of certified LTC Ombudsman volunteers _____</p> <p>FY 2027-2028 Projected Number of certified LTC Ombudsman volunteers _____</p>
<p>Program Goals and Objective Numbers: <u>2:4</u></p>

Outcome 3.

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

Measures and Targets:

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

Some examples could include:

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

Napa: Initiate new activity review process using training techniques for volunteers at monthly In Service to accurately capture data and document each activity in the NORS reporting system.

Solano: The program will continue to recruit new interns and volunteers to help with capacity and to meet OSLTCO standards relating to routine visits, data reporting and case resolution.

TITLE VII ELDER ABUSE PREVENTION
SERVICE UNIT PLAN

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

<input type="checkbox"/>	Ombudsman Program
<input type="checkbox"/>	Legal Services Provider
<input type="checkbox"/>	Adult Protective Services
<input checked="" type="checkbox"/>	Other (explain/list) Providence Community Health Napa Valley (Collabria Care)

TITLE VII ELDER ABUSE PREVENTION SERVICE UNIT PLAN

The agency receiving Title VII Elder Abuse Prevention funding is: Providence Community Health Napa Valley

Total # of	2024-2025	2025-2026	2026-2027	2027-2028
Individuals Served	50			
Public Education Sessions	0			
Training Sessions for Professionals	0			
Training Sessions for Caregivers served by Title III E	0			
Hours Spent Developing a Coordinated System	0			

Fiscal Year	Total # of Copies of Educational Materials to be	Description of Educational Materials
2024-2025	500	Brochures
2025-2026		
2026-2027		
2027-2028		

TITLE III E SERVICE UNIT PLAN

CCR Article 3, Section 7300(d)

2024-2028 Four-Year Planning Period

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

Direct and/or Contracted III E Services

CATEGORIES (16 total)	1	2	3
Family Caregivers - Caregivers of Older Adults and Adults who are caring for an individual of any age with Alzheimer’s disease or a related disorder with neurological and organic brain dysfunction.	<i>Proposed</i> Units of Service	<i>Required</i> Goal #(s)	<i>Required</i> Objective #(s)
Caregiver Access Case Management	Total hours	<i>Required</i> Goal #(s)	<i>Required</i> Objective #(s)
2024-2025	0		
2025-2026			
2026-2027			
2027-2028			

Caregiver Access Information & Assistance	Total Contacts	<i>Required</i> Goal #(s)	<i>Required</i> Objective #(s)
2024-2025	0		
2025-2026			
2026-2027			
2027-2028			
Caregiver Information Services	# Of activities and Total est. audience (contacts) for above:	<i>Required</i> Goal #(s)	<i>Required</i> Objective #(s)
2024-2025	# Of activities: 0 Total est. audience (contacts) for above:		

2025-2026	# Of activities and Total est. audience (contacts) for above:		
2026-2027	# Of activities and Total est. audience (contacts) for above:		
2027-2028	# Of activities and Total est. audience (contacts) for above:		
Caregiver Respite In-Home	Total hours	Required Goal #(s)	Required Objective #(s)
2024-2025	2000	5	5.1
2025-2026			
2026-2027			
2027-2028			
Caregiver Respite Other	Total hours	Required Goal #(s)	Required Objective #(s)
2024-2025	0		
2025-2026			
2026-2027			
2027-2028			
Caregiver Respite Out-of-Home Day Care	Total hours	Required Goal #(s)	Required Objective #(s)
2024-2025	0		
2025-2026			
2026-2027			
2027-2028			
Caregiver Respite Out-of-Home Overnight Care	Total hours	Required Goal #(s)	Required Objective #(s)
2024-2025	0		
2025-2026			
2026-2027			
2027-2028			

Caregiver Supplemental Services Assistive Technologies	Total Occurrences	Required Goal #(s)	Required Objective #(s)
2024-2025	0		
2025-2026			
2026-2027			
2027-2028			
Caregiver Supplemental Services Caregiver Assessment	Total hours	Required Goal #(s)	Required Objective #(s)
2024-2025	367	5	5.1
2025-2026			
2026-2027			
2027-2028			
Caregiver Supplemental Services Caregiver Registry	Total Occurrences	Required Goal #(s)	Required Objective #(s)
2024-2025	0		
2025-2026			
2026-2027			
2027-2028			
Caregiver Supplemental Services Consumable Supplies	Total occurrences	Required Goal #(s)	Required Objective #(s)
2024-2025	0		
2025-2026			
2026-2027			
2027-2028			
Caregiver Supplemental Services Home Modifications	Total occurrences	Required Goal #(s)	Required Objective #(s)
2024-2025	0		
2025-2026			
2026-2027			
2027-2028			

Caregiver Supplemental Services Legal Consultation	Total contacts	Required Goal #(s)	Required Objective #(s)
2024-2025	0		
2025-2026			
2026-2027			
2027-2028			
Caregiver Support Groups	Total sessions	Required Goal #(s)	Required Objective #(s)
2024-2025	250	5	5.1
2025-2026			
2026-2027			
2027-2028			
Caregiver Support Training	Total hours	Required Goal #(s)	Required Objective #(s)
2024-2025	0		
2025-2026			
2026-2027			
2027-2028			
Caregiver Support Counseling	Total hours	Required Goal #(s)	Required Objective #(s)
2024-2025	431	5	5.1
2025-2026			
2026-2027			
2027-2028			

Significant service unit and service type changes over previous years are a result of the realignment of service categories from California Department of Aging and the focus on directing funding to assessments, respite hours, counseling and support groups.

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

CATEGORIES (16 total)	1	2	3
Older Relative Caregivers	<i>Proposed Units of Service</i>	<i>Required Goal #(s)</i>	<i>Required Objective #(s)</i>
Caregiver Access Case Management	Total hours	<i>Required Goal #(s)</i>	<i>Required Objective #(s)</i>
2024-2025	0		
2025-2026			
2026-2027			
2027-2028			
Caregiver Access Information & Assistance	Total hours	<i>Required Goal #(s)</i>	<i>Required Objective #(s)</i>
2024-2025	320	5	5.1
2025-2026			
2026-2027			
2027-2028			
Caregiver Information Services	# Of activities and Total est. audience (contacts) for above	<i>Required Goal #(s)</i>	<i>Required Objective #(s)</i>
2024-2025	# Of activities:3 Total est. audience for above:60	5	5.1
2025-2026	# Of activities: Total est. audience for above:		
2026-2027	# Of activities: Total est. audience for above:		
2027-2028	# Of activities: Total est. audience for above:		
Caregiver Respite In-Home	Total hours	<i>Required Goal #(s)</i>	<i>Required Objective #(s)</i>
2024-2025	0		
2025-2026			
2026-2027			
2027-2028			

Caregiver Respite Other	Total hours	Required Goal #(s)	Required Objective #(s)
2024-2025	0		
2025-2026			
2026-2027			
2027-2028			
Caregiver Respite Out-of-Home Day Care	Total hours	Required Goal #(s)	Required Objective #(s)
2024-2025	0		
2025-2026			
2026-2027			
2027-2028			
Caregiver Respite Out-of-Home Overnight Care	Total hours	Required Goal #(s)	Required Objective #(s)
2024-2025	0		
2025-2026			
2026-2027			
2027-2028			
Caregiver Supplemental Services Assistive Technologies	Total Occurrences	Required Goal #(s)	Required Objective #(s)
2024-2025	0		
2025-2026			
2026-2027			
2027-2028			
Caregiver Supplemental Services Caregiver Assessment	Total hours	Required Goal #(s)	Required Objective #(s)
2024-2025	0		
2025-2026			
2026-2027			
2027-2028			

Caregiver Supplemental Services Caregiver Registry	Total Occurrences	Required Goal #(s)	Required Objective #(s)
2024-2025	0		
2025-2026			
2026-2027			
2027-2028			
Caregiver Supplemental Services Consumable Supplies	Total occurrences	Required Goal #(s)	Required Objective #(s)
2024-2025	0		
2025-2026			
2026-2027			
2027-2028			
Caregiver Supplemental Services Home Modifications	Total occurrences	Required Goal #(s)	Required Objective #(s)
2024-2025	0		
2025-2026			
2026-2027			
2027-2028			
Caregiver Supplemental Services Legal Consultation	Total contacts	Required Goal #(s)	Required Objective #(s)
2024-2025	0		
2025-2026			
2026-2027			
2027-2028			
Caregiver Support Groups	Total sessions	Required Goal #(s)	Required Objective #(s)
2024-2025	0		
2025-2026			
2026-2027			
2027-2028			

Caregiver Support Training	Total hours	<i>Required Goal #(s)</i>	<i>Required Objective #(s)</i>
2024-2025	0		
2025-2026			
2026-2027			
2027-2028			
Caregiver Support Counseling	Total hours	<i>Required Goal #(s)</i>	<i>Required Objective #(s)</i>
2024-2025	0		
2025-2026			
2026-2027			
2027-2028			

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

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

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

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

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

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

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

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

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

SECTION 1: STATE PERFORMANCE MEASURES

HICAP Fiscal Year (FY)	PM 1.1 Clients Counseled (Estimated)	Goal Numbers
2024-2025	Sonoma County AAA is the lead agency for HICAP	
2025-2026		
2026-2027		
2027-2028		
HICAP Fiscal Year (FY)	PM 1.2 Public and Media Events (PAM) (Estimated)	Goal Numbers
2024-2025	Sonoma County AAA is the lead agency for HICAP	
2025-2026		
2026-2027		
2027-2028		

SECTION 2: FEDERAL PERFORMANCE MEASURES

HICAP Fiscal Year (FY)	PM 2.1 Client Contacts (Interactive)	Goal Numbers
2024-2025	Sonoma County AAA is the lead agency for HICAP	
2025-2026		
2026-2027		
2027-2028		
HICAP Fiscal Year (FY)	PM 2.2 PAM Outreach (Interactive)	Goal Numbers
2024-2025	Sonoma County AAA is the lead agency for HICAP	
2025-2026		
2026-2027		
2027-2028		

HICAP Fiscal Year (FY)	PM 2.3 Medicare Beneficiaries Under 65	Goal Numbers
2024-2025	Sonoma County AAA is the lead agency for HICAP	
2025-2026		
2026-2027		
2027-2028		

HICAP Fiscal Year (FY)	PM 2.4 Hard to Reach (Total)	PM 2.4a LIS	PM 2.4b Rural	PM 2.4c ESL	Goal Numbers
2024-2025	Sonoma County AAA is the lead agency for HICAP				
2025-2026					
2026-2027					
2027-2028					

HICAP Fiscal Year (FY)	PM 2.5 Enrollment Contacts (Qualifying)	Goal Numbers
2024-2025	Sonoma County AAA is the lead agency for HICAP	
2025-2026		
2026-2027		
2027-2028		

SECTION 3: HICAP LEGAL SERVICES UNITS OF SERVICE (IF APPLICABLE)⁸

HICAP Fiscal Year (FY)	PM 3.1 Estimated Number of Clients Represented Per FY (Unit of Service)	Goal Numbers
2024-2025	Sonoma County AAA is the lead agency for HICAP	
2025-2026		
2026-2027		
2027-2028		
HICAP Fiscal Year (FY)	PM 3.2 Estimated Number of Legal Representation Hours Per FY (Unit of Service)	Goal Numbers
2024-2025	Sonoma County AAA is the lead agency for HICAP	
2025-2026		
2026-2027		
2027-2028		
HICAP Fiscal Year (FY)	PM 3.3 Estimated Number of Program Consultation Hours Per FY (Unit of Service)	Goal Numbers
2024-2025	Sonoma County AAA is the lead agency for HICAP	
2025-2026		
2026-2027		
2027-2028		

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

SECTION 9. SENIOR CENTERS & FOCAL POINTS

COMMUNITY SENIOR CENTERS AND FOCAL POINTS LIST

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

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

Designated Community Focal Point	Address
Solano Aging and Disability Resource Connection	490 Chadbourne Road, Suite B Fairfield, CA 94534
Comprehensive Services for Older Adults	650 Imperial Way, Suite 101 Napa, CA 94559
Joseph Nelson Community Center	611 Village Drive Suisun City, CA 94585

Senior Center	Address
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 Center (Vallejo)	333 Amador St., Vallejo, CA 94590
Fairfield Adult Recreation 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 10. FAMILY CAREGIVER SUPPORT PROGRAM

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

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

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

Family Caregiver Services

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

Older Relative Caregiver Services

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

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

1. Provider name and address:
 - Innovative Health Solutions PO Box 183 Benicia, CA 94510
2. Description of the service(s) they provide (services should match those in the CDA Service Category and Data Dictionary):
 - IIIIE Older Relative program provides a robust kinship program for Solano County. FosterLuv Kinship, a 30-year-old program based at Solano Community College, is the subcontractor.
 - Napa County still lacks a provider.
3. Where are the service provided (entire PSA, certain counties, etc.)?
 - Entire PSA
4. How does the AAA ensure that the service continues to be provided in the PSA without the use of Title IIIIE funds?
 - This agency is listed in our Information and Assistance Resource File as a non OAA community-based organization. The AAA updates the I&A resource file annually. During this process, the AAA calls the agency to confirm information is still accurate and up-to-date.
5. Additional referrals for Supplemental Services are made to multiple service providers including:

- ADRC: 490 Chadbourne Road, Suite B, Fairfield, CA 94533 (Solano)
- Benicia Family Resource Center: 150 East K Street, Benicia, CA 94510 (Solano)
- Share the Care Napa Valley: 162 S. Coombs Street, Napa, CA 94559 (Napa)

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.

SECTION 11. LEGAL ASSISTANCE

2024-2028 Four-Year Area Planning Cycle

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

Discuss: The percentage of Title IIIB funding allocated is 11%.

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

Discuss: Local needs have not changed in the past year.

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

Discuss: The AAA and LSP/Legal Services of Northern California (LSNC) contract for services requires use of the California Statewide Guidelines for OAA Legal Services.

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

Discuss: The AAA and the LSP/LSNC collaborate to identify priority issues for legal services based on the current needs assessment, community responses and legal services provider experience/service demands. The top 4 priorities are housing instability and lack of affordable housing; access to/maintenance of public benefits; elder abuse prevention and response; consumer issues.

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

Discuss: Collaboration with the LSP/LSNC occurs through RFP terms and contract negotiations. The targeted population and mechanism for reaching targeted groups includes targeting vulnerable older adults who face the greatest social or economic need. The LSP/LSNC screens callers for eligibility (age and residence) and gathers financial information. The LSP/LSNC does not turn away older adults due to income levels, however, the LSP/LSNC may provide more extensive services to low-income adults who would not be able to afford assistance from other sources. The decisions on the level of service the LSP/LSNC provides to a client are made by the Managing Attorney at the office's weekly case review meeting.

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

Fiscal Year	# of Legal Assistance Services Providers	Did the number of service providers change? If so please explain
2024-2025	1	N/A
2025-2026		
2026-2027		
2027-2028		

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

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

Discuss: The LSP/LSNC uses multiple forms of outreach. Community partner outreach includes creating referral partnerships with community partners who serve older adults. Working with senior centers to share information. The LSP/LSNC attend community events for older adults. Additionally, flyers/other materials about LSNC’s services are distributed to community partners so they are available to older adults throughout various sources the community. The LSP/LSNC staff attend community meetings on topics relevant for legal issues of older adults. LSP/LSNC participate in Multi-Disciplinary Teams (MDT) in both counties.

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

Fiscal Year	Name of Provider	Geographic Region covered
2024-2025	Legal Services of Northern California	Napa & Solano
2025-2026	a. b. c.	a. b. c.
2026-2027	a. b. c.	a. b. c.
2027-2028	a. b. c.	a. b. c.

9. Discuss how older adults access Legal Services in your PSA and whether they can receive assistance remotely (e.g., virtual legal clinics, phone, U.S. Mail, etc.).
Discuss: Most clients reach LSNC by either calling the office or coming to the office in person. LSNC offers both remote and in person appointments. Additionally, if a client has a need to get paperwork to the LSP (e.g., documents for review or documents the client needs to sign), but the client does not use technology and is homebound, LSNC staff will make a home visit to accommodate those needs. Some legal services clients reach LSNC through referrals from community partners. In these situations, staff does a “warm hand off” so the client can have as easy of a transition as possible from the referring agency to the LSP. LSNC holds virtual clinics, such as an estate planning clinic. In this situation, LSNC works with clients ahead of time to get documents and answers to questions about their estate planning goals. Then, virtual appointments are scheduled with the pro bono attorney through the clinic. LSNC has encountered situations when a client prefers communication in writing, such as email, (e.g., due to a hearing impairment), and those requests are accommodated.
10. Identify the major types of legal issues that are handled by the Title IIIB legal provider(s) in your PSA (please include new legal problem trends in your area).
Discuss: LSNC handles landlord/tenant matters including evictions, repair issues, subsidized housing issues and more. LSNC also handles public benefits issues including IHSS eligibility and number of assessed IHSS hours, CalFRESH, Medi-Cal, Social Security matters. Additionally, LSNC handles health care matters including Medi-Cal eligibility and denial of services under Medi-Cal. LSNC handles a number of elder abuse matters including restraining orders. LSNC also assists clients with consumer issues including credit card debts, credit counseling, and homeownership.
11. What are the barriers to accessing legal assistance in your PSA? Include proposed strategies for overcoming such barriers.
Discuss: Barriers include knowledge of the services LSNC provides, and the services not provided. The strategy for addressing this barrier is to continue current outreach activities, including expanded office hours in senior centers and in low-income areas. In particular outreach in isolated areas such as UpValley Napa County are important. Additionally, presentations about legal services will be made to service groups and faith communities. Coordination with the Solano ADRC will also assist with accurate knowledge of legal services. LSNC will make presentations at Lunch and Learn events at congregate dining location. LSNC staff will continue to attend community meetings to share information about available legal services. Another barrier to accessing legal assistance is missed appointments. The strategy for addressing this barrier is to implement an appointment reminder system that will contact clients with a reminder the day prior to their appointment. Also, if a client does not show up for an in-person appointment, LSNC will implement protocols to call the client and conduct the interview by phone, if necessary.

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

Discuss: LSNC coordinates services with the local Multi-Disciplinary Teams (MDTs) for both Solano and Napa. LSNC also coordinates services with local health care centers and clinics (e.g., La Clinica). Additionally, important is coordination with other service providers including Meals on Wheels, Independent Living Resources, and the Ombudsman, for example, and advocacy groups, such as Fair Housing Advocates of Northern California and Fair Housing Napa Valley.

SECTION 12. DISASTER PREPAREDNESS

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

1. Describe how the AAA coordinates its disaster preparedness plans, policies, and procedures for emergency preparedness and response as required in OAA, Title III, Section 310 with:
 - local emergency response agencies
 - AAA is based in County government and coordinates with County OES
 - relief organizations
 - AAA has relationships with local providers through emergency response planning meetings
 - state and local governments, and
 - AAA is based in County government and coordinates with County OES
 - other organizations responsible
 - AAA participates in COAD in both Napa and Solano counties

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

Name	Title	Telephone	Email
Brieanna Jones	Napa County OES Coordinators	(707) 253-4477	brieanna.jones@countyofnapa.org
Angel Hernandez		(707) 299-1575	angel.hernandez@countyofnapa.org
Kendra Bowyer		(707) 299-1637	kendra.bowyer@countyofnapa.org
Robin Rains	Solano County OES Manager	(707)784-1616	rlrains@solanocounty.com

3. Identify the Disaster Response Coordinator within the AAA:

Name	Title	Telephone	Email
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Elaine Clark	AAA Director	Office: (707)784-8792 Cell: (707)718-0091	eclark@solanocounty.com
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4. List critical services the AAA will continue to provide to the participants after a disaster and describe how these services will be delivered (i.e., Wellness Checks, Information, Nutrition programs):

Critical Services	How Delivered?
A Nutrition	A Home Delivered meal delivery Emergency meal kits Meal pick-up at congregate sites
B Information and Assistance	B Phone and online
C Case Management	C Phone contact and in-person at designated location or in the client's home

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

Critical Services	How Delivered?
A. Cyber Attack	A. Coordinate with County OES and IT
B. Fire at bldg./provider bldg.	B. Coordinate with County OES, fire and emergency response providers
C. Site Evacuation	C. Coordinate with County OES
D. Employee needs	D. Coordinate with County OES

6. List critical resources the AAA needs to continue operations.
- Internet access
 - Cell phone
 - Connection with county OES for emergency response resources and locations
7. List any agencies or private/non-government organizations with which the AAA has formal or non-formal emergency preparation or response agreements. (contractual or MOU)
- Solano County Department of Health and Social Services
 - Independent Living Resource Center/ADRC
8. Describe how the AAA will:
- Identify vulnerable populations: Service Provider client lists
 - Coordinate with service providers
 - County IHSS and other aging services
 - Coordinate with County OES and HSA
 - Emergency service providers/County EOC
 - Existing relationships with County OES; HSA EOC procedures
 - COAD in both Napa and Solano
 - Committee member of COAD

- Identify possible needs of the participants before a disaster event (PSPS, Flood, Earthquake, ETC)
 - The AAA distributes emergency backpacks: Contents include four-day supply food; water/water purification tablets; light sticks; whistle; hand warmers; masks; gloves; cane; poncho; blanket; tent; personal care items; knife; rope; matches and other supplies.
 - Follow up with 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.
9. How is disaster preparedness training provided?
- AAA to participants and caregivers
 - Provider responsibility through contract requirements
 - To staff and subcontractors
 - Staff participate in County emergency response training
 - Providers are contractually required to provide emergency response training to their staff

SECTION 13. NOTICE OF INTENT TO PROVIDE DIRECT SERVICES

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

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

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

<u>Check applicable direct services</u>	<u>Check each applicable Fiscal Year</u>			
	24-25	25-26	26-27	27-28
Title IIIB				
<input type="checkbox"/> Information and Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Case Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Outreach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Program Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Coordination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Long Term Care Ombudsman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Title IIID				
<input type="checkbox"/> Health Promotion – Evidence-Based	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Title IIIE⁹				
<input type="checkbox"/> Information Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Access Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Support Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Respite Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Supplemental Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Title VII				
<input type="checkbox"/> Long Term Care Ombudsman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Title VII				
<input type="checkbox"/> Prevention of Elder Abuse, Neglect, and Exploitation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Target populations will continue to be served throughout the PSA through contracted service providers provision of AAA funded services. The “C” coordination funding will increase outreach capacity for the AAA.

⁸ Refer to CDA Service Categories and Data Dictionary.

SECTION 14. REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES

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

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

Identify Service Category: _____

Check applicable funding source:⁹

IIIIB

IIIC-1

IIIC-2

IIIE

VII

HICAP

Request for Approval Justification:

Necessary to Assure an Adequate Supply of Service OR

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

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

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

Provide: documentation below that substantiates this request for direct delivery of the above stated service¹⁰:

The AAA will utilize IIIB funds to hire staff whose responsibilities will include outreach and coordination of non-AAA funded services to reach underserved and at-risk populations.

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

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

SECTION 15. GOVERNING BOARD

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

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

Total Number of Board Members: _____

Name and Title of Officers:	Office Term Expires:
Joelle Gallagher, Chairperson	12/31/26
Monica Brown, Vice Chairperson	12/31/26

Names and Titles of All Members:	Board Term Expires:
Liz Alessio	12/31/26
Ron Kott	12/31/26
Mary Palmer	12/31/24
Steve Sillen	12/31/24
Beatryce Clark	12/31/24
Ryan Gregory	12/31/24
Wanda Williams	12/31/26
David Oro	12/31/26
Alma Hernandez	12/31/26
Delphine Metcalf-Foster	12/31/24

Explain any expiring terms – have they been replaced, renewed, or other? Elected members are replaced at the end of their government term. Interested members have had their terms renewed. The chair position rotates between the Napa and Solano Board of Supervisors.

SECTION 16. ADVISORY COUNCIL

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

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

Total Council Membership (include vacancies) 20

Number and Percent of Council Members over age 60-- 17 100% Council 60+

Race/Ethnic Composition	% Of PSA's 60+Population	% on Advisory
White	55%	82%
Hispanic	16%	6%
Black	10%	12%
Asian/Pacific Islander	18%	0
Native American/Alaskan Native	1%	0
Other	Less than 1%	0

Name and Title of Officers:

Office Term Expires:

Richard White, Chairperson	6/30/26
Riitta DeAnda, Vice Chairperson	6/30/26
Susan Ensey, Secretary	6/30/26

Name and Title of other members:

Office Term Expires:

Lynne Baker	6/30/25
Verneal Brumfield	6/30/24
Linda Chandler	6/30/24
Olga Curtright	6/30/25
Donna Harris	6/30/24
Cheryl Johnson	6/30/24
Cathy Kahn	6/30/24
Michelle Marin	6/30/25
Elizabeth Murphy	6/30/25
Anne Payne	6/30/25
Fran Rosenberg	6/30/24
Neill Watter	6/30/24
Alan Werblin	6/30/25

Fern Yaffa	6/30/24
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Name and Title of other members: N/A Office Term Expires:

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

Yes No

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

Yes No Additional Other (Optional)

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

Explain any “No” answer(s): No applicants from Supportive Services, Tribal or Veteran status. Elected officials serve on the Oversight Board.

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

Advisory Council member terms are for two years. If a member leaves prior to the end of their term, a search is conducted to find a replacement for the duration of the term. Members may serve two consecutive terms.

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

The ad hoc membership committee of the Advisory Council interviews candidates and brings their recommendations to the full Advisory Council for discussion and recommendation. Once recommended, the applicant is forwarded to the Board of Supervisors in the appointing county for approval. Once approved, the candidate is then appointed to the Advisory Council.

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

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

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

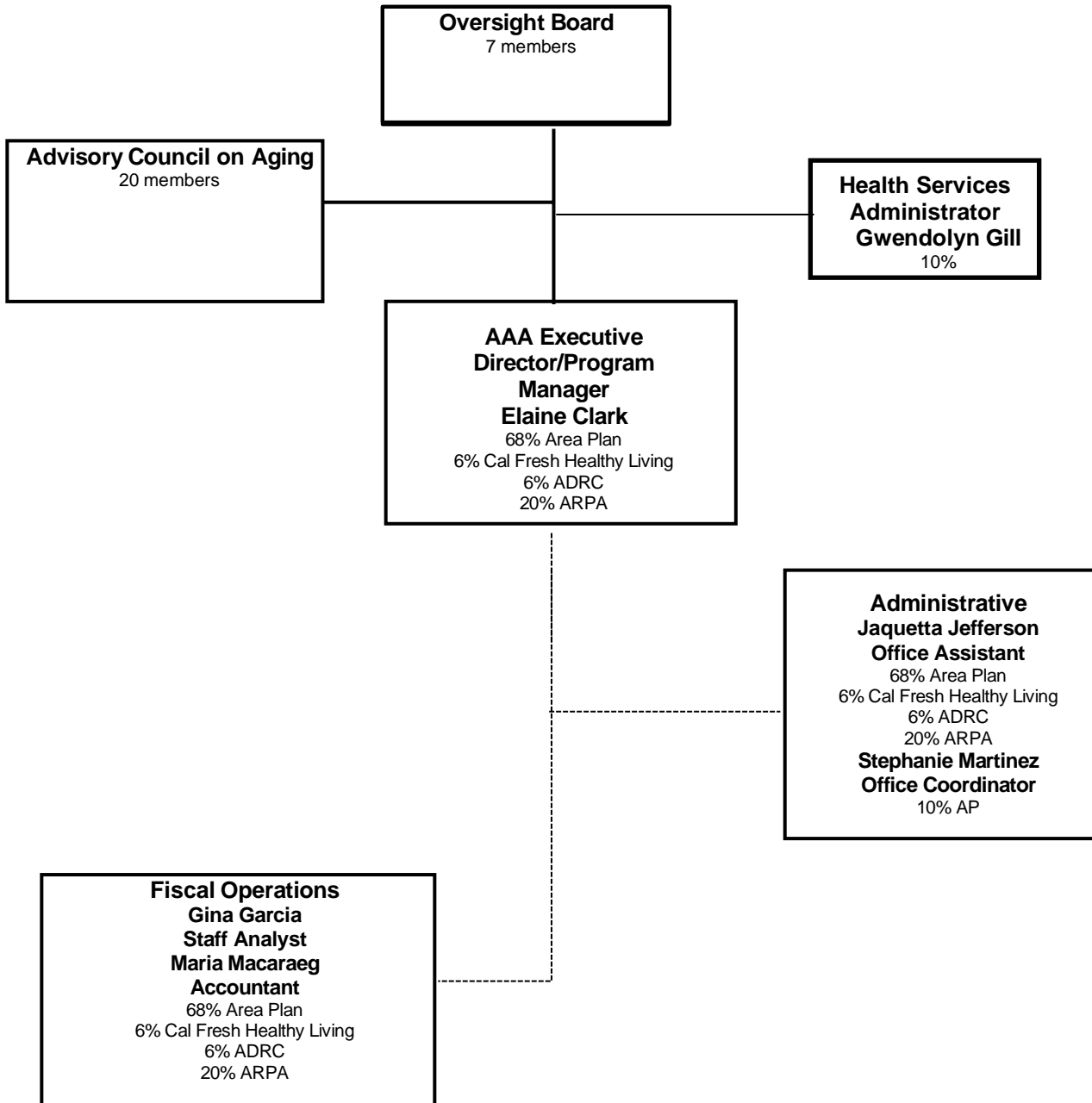
Title III Grantee and/or Senior Center (complete the chart below):

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

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

SECTION 18. ORGANIZATION CHART

Napa/Solano Area Agency on Aging



SECTION 19. ASSURANCES

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

A. Assurances

1. OAA 306(a)(2)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Use outreach efforts that —

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

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

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

7. OAA 306(a)(5)

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

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

Describe the mechanism(s) for assuring that each Area Plan will include information detailing how the Area Agency will, to the extent feasible, coordinate with the State agency to

disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals.

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

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

10. OAA 306(a)(11)

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

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

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

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

12. 306(a)(14)

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

13. 306(a)(15)

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

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

14. OAA 305(c)(5)

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

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

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

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

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

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

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

Secretary, that any grantee selected is the entity best able to provide the particular services.

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

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

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

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

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

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

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

21. OAA 307(a)(15)

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

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

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

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

22. OAA 307(a)(18)

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

- (A) reside at home and are at risk of institutionalization because of limitations

on their ability to function independently;

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

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

23. OAA 307(a)(26)

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

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

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

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

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

(1) Have a visible focal point of contact where anyone can go or call for help, information or referral on any aging issue;

(2) Provide a range of options;

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

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

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

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

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

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

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

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

25. CFR [1321.53(c)]

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

26. CFR [1321.53(c)]

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

27. CFR [1321.53(c)]

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

28. CFR [1321.53(c)]

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

29. CFR [1321.53(c)]

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

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

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

31. CFR [1321.61(d)]

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

32. CFR [1321.69(a)]

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