



**AREA AGENCY ON AGING**  
**AREA PLAN UPDATE 2022-2023**

**Living Well in Kern County**

**Kern County Aging and Adult Services Departments**  
**5357 Truxtun Avenue**  
**Bakersfield, CA 93309**

**Issuance Date: April 18, 2022**



**AREA PLAN UPDATE 2022-2023**  
**Message to the Community**

The Kern County Aging and Adult Services Department (KCAASD) serves as the local Area Agency on Aging (AAA). The AAA's mission is to provide services that protect, preserve the dignity, and support the independence and safety of all older adults and individuals with disabilities through innovative and technological solutions. The older adult population continues to increase in size with the Census estimating in 2020 that there were over 141,000 age 60 or greater older adults in Kern County.

The AAA has continued to partner with individuals, groups, and organizations that care about the emotional and physical health of the older adult population in Kern County. Partnerships with other agencies such as the Kern County Department of Human Services, Kern County Libraries, Kern Behavioral Health & Recovery Services and others have allowed the AAA to navigate effectively through the changes that have been required to deliver services to our older adult population safely and effectively during the COVID-19 pandemic.

The AAA and the Independent Living Center of Kern County (ILCKC) partnered to create the Kern County Aging and Disability Resource Connection (KC-ADRC). KC-ADRC was recognized as a "Designated ADRC" by the State of California Department of Aging in December 2021. The AAA and ILCKC Aging & Disability Resource Connection provides a more coordinated system for older adults and people with disabilities who seek reliable information and access to LTSS (Long-Term Services and Supports).

The AAA's contracted providers continue to play a critical role in the delivery of much needed services for our Kern County older adult population. Together with the AAA, and other stakeholders, contracted providers continue to be essential partners in meeting the Master Plan on Aging's goals of improving the lives of older persons and persons with disabilities, and building a better system of care and more inclusive communities for tomorrow.

Food insecurity has been associated with negative health outcomes and health disparities. Feeding America estimated that in 2019 California's overall food insecurity rate was 10.2% and that Kern County had an even higher overall food insecurity Rate of 13.7%. Given the current inflationary environment, Kern's already high rate of food insecurity may increase as rising food prices create an additional challenge for Kern County's lower-income older adults, many of whom live on fixed incomes. The AAA's Senior Nutrition Program's dedicated staff will continue to provide Kern County older adults with delicious and nutritious lunchtime meals that can help them reduce their risk of becoming food insecure.

According to the Centers for Disease Control (CDC), elder abuse is common and about 1 in 10 persons aged 60 or greater who live at home experience elder abuse. The Kern County Board of Supervisors, and the AAA's Advisory Board, Commission on Aging (COA), actively support the Department's effort to reduce the risk of elder abuse by continuing to co-sponsor the AAA's Elder Abuse Prevention Conference. Kern County Aging and Adult Services is currently evaluating opportunities to host its annual Elder Abuse Prevention Conference virtually during FY 2022. The Kern County Commission on Aging, Kern County Board of Supervisors, community groups, volunteers, and other stakeholders continue to provide a remarkable level of support for our older adult population. I am confident the AAA will continue to meet the challenges faced by our growing Kern County older adult population.

Sincerely,

Jeremy Oliver  
Interim Director

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APPROVED

**AREA PLAN UPDATE (APU) CHECKLIST**

**PSA #33**

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

*Use for APUs only*

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

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

**AAA Name:** County of Kern Aging and Adult Services Department

**PSA #33**

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

1. (Type Name) Zack Scriver

\_\_\_\_\_  
Signature: Governing Board Chair <sup>1</sup>

\_\_\_\_\_  
Date

2. (Type Name) Yolanda Prado

\_\_\_\_\_  
Signature: Advisory Council Chair

\_\_\_\_\_  
Date

3. (Type Name) Jeremy Oliver

\_\_\_\_\_  
Signature: Area Agency Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
<sup>1</sup> Original signatures or official signature stamps are required.

## **SECTION 1. MISSION STATEMENT**

Mission statement for all 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.”

The Mission of Kern County Aging and Adult Services Department

Our mission is to provide services that protect, preserve the dignity, and support the independence and safety of all older adults and individuals with disabilities through innovative and technological solutions.

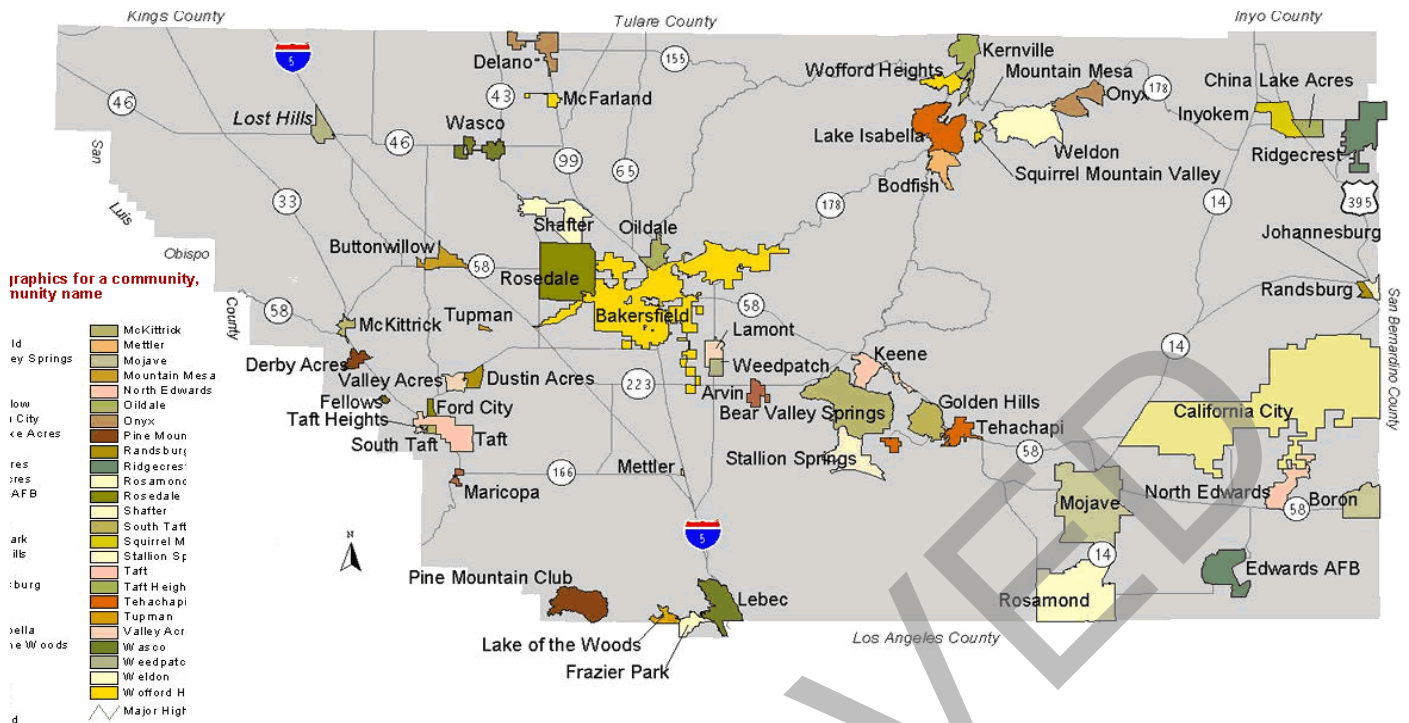
The fundamental functions and responsibilities of Aging and Adult Services are to:

- Support seniors and disabled adults with the opportunity to remain self-sufficient and independent in their homes for as long as possible through contracted and direct services
- Assist seniors and disabled adults by providing the opportunity for optimal health through contracted and direct services in the provision of homemaker services, legal services, senior nutrition services, Health Promotion activities, Information and Assistance, and the Health Insurance Counseling and Advocacy Program
- Provide seniors and disabled adults with a safe environment through successful intervention of Adult Protective Services

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

Kern County is Planning and Service Area (PSA) 33, a single County service area, situated in south-central California and occupying 8,170.3 square miles (5,228,992 acres, of which 11,720 are water). It is the third largest County in area in the contiguous United States. Within California, Kern County is the third largest County only behind San Bernardino and Inyo County. Kern County is larger than the states of Delaware, Connecticut and Rhode Island combined, or of the entire states of Massachusetts or Hawaii.

Three distinct geographical regions divide the County. The eastern third of the County is in the Mojave Desert, the middle section straddles the Southern Sierra Nevada Mountains and the Transverse Ranges (the Tehachapi and San Emidio Mountains), while the western portion of the County is in the San Joaquin Valley. Climate varies with situation and elevation.



Kern County shares borders with eight other counties (Los Angeles, San Bernardino, Inyo, Tulare, Kings, San Luis Obispo, Ventura and Santa Barbara) with a ninth, Monterey, being within a mile and a half of Kern County's northwestern corner. The County has eleven incorporated cities (Arvin, Bakersfield, California City, Delano, Maricopa, McFarland, Ridgecrest, Shafter, Taft, Tehachapi and Wasco).

The County's economy is resource based to a great extent. Kern County is among the top oil producing areas in the nation, with 70 percent of the oil production in California being extracted from Kern County oil fields in 2018. Although, the amount of oil produced in Kern as a percentage of California's total oil production has decreased from 71% in 2014. Oil production and allied occupations provide a significant employment base and a major source of revenue to the County. Due to the ideal growing climate of the San Joaquin Valley, agriculture is the other major industry in Kern County. The Federal Central Valley Project's, Friant-Kern Canal, and the State Water Project's California Aqueduct transport much of the irrigation water from the north.

Kern County is central within the transportation network of California and the west coast. Major intra and interstate routes cross the County. The Bakersfield region is centered between Interstate 5 and State Route 99, California's two main north-south transportation corridors. Rail transportation is also highly developed with main lines connecting to major cities in the State. In Kern County, there are airports located near almost every incorporated city. Scheduled passenger service is provided at Bakersfield and Inyokern.

The aging services system within the County is geographically driven. The major portion of Kern County is in the San Joaquin Valley (example: from the City of Arvin to the City of Delano is 55 miles). The major mountain ranges (which include communities with significant proportions of older adults) are nearly an hour from Greater Bakersfield. The large desert area, which includes the City of Ridgecrest, is over two hours from Greater Bakersfield. Such scattered population distribution has required a system of service delivery that provides services to seniors directly in their local communities.

## Demographic characteristics of the PSA

The 2010 Federal Census data has been used as the primary tool to define the demographic characteristics of the PSA. When available, other sources such as the American Community Survey (part of Federal Census) and data provided by the State Department of Finance has been used to provide the most current information. Because of the various sources, data is difficult to measure precisely, as some sources have age 60-64 available and others do not.

Based on the 2016-2020. American Community Survey (ACS) 5-Year Estimates (S0101), the total number of 60 and older individuals in Kern County is 141,654, or 16% of the total County population, and the total number of 65 and older individuals is 97,864, or 11% of the total County population. The numbers and proportions of older individuals by racial/ethnic composition, poverty levels, family caregivers, geographical locations and individuals with functional impairments for potential clients within PSA 33 is presented in the following brief summary and detailed in Attachments 1 – 3. The information provided is from the 2016-2020, or 2015-2019 American Community Survey 5-Year Estimates, or other American Community Survey estimates where indicated.

The United States Census, 2016-2020 American Community Survey 5-year estimate for Poverty Status of Kern County seniors in the past 12 months (S1701) indicates that for Kern County, out of 139,338 seniors over age 60 for whom poverty status is determined, 20,723 (15%) are at or below the Federal Poverty Level (FPL). Because the federal poverty rate does not adequately measure the true costs of senior experience in Kern County, the number of seniors experiencing poverty like conditions is likely much higher (please see Attachments 4 and 5 Kern Elder Security Indices). Detailed information, by Race and Ethnicity, is provided for seniors age 65 and over in Kern County, for whom poverty status is determined and is shown below utilizing the 2016-2020 American Community Survey 5-year estimate for Kern County seniors' Poverty Status in the past 12 months:

- White Alone, Not Hispanic or Latino persons who are 60 and above represent 79,639 or 57.2% of all Kern County seniors who are over age 60.  
8,410 White Alone, Not Hispanic or Latino seniors are at or below 100% of the Federal Poverty Level, or over 10.6% of White Alone, Not Hispanic or Latino seniors are below 100% of poverty level

A total number of 12,313 age 60 or greater seniors, or 59.4% of seniors in PSA 33 who are at or below the federal poverty level are low-income minority individuals. Minority populations for the Kern County planning and service area are composed of the following persons:

- Hispanic or Latino persons who are 60 and above represent 42,122 or 30.2% of all Kern County seniors who are over age 60.  
8,912 Hispanic or Latino persons or 21.2% of Hispanic or Latino seniors over age 60 are below 100% of poverty level
- Black or African American persons who are 60 and above represent 5,996 or 4.3% of All Kern County seniors who are over age 60.  
1,362 Black or African American persons or over 22.7% of Black or African Americans over age 60 are below 100% of poverty level
- American Indian/Alaskan Native persons 60 and above represent 1,596 or 1.1% of All Kern County seniors who are over age 60.



430 American Indian/Alaskan Native persons or 26.9% of the American Indian/Alaskan Natives over age 60 are below 100% of poverty level

- Asian persons who are 60 and above represent 8,364 persons or 6.0% of All Kern County seniors who are over age 60.  
1,377 Asian persons or 16.5% of Asians over age 60 are below 100% of poverty level
- Native Hawaiian or Other Pacific Islander persons who are 60 and above represent 123 persons or 0.1% of All Kern County seniors who are over age 60.  
48 Native Hawaiian or Other Pacific Islander persons or 39.0% of Native Hawaiian or Other Pacific Islanders over age 60 are below 100% of poverty level
- Seniors who identify themselves as of Some Other Race Alone who are 60 and above represent 11,624 persons or 8.3% of All Kern County seniors who are over age 60.  
2,222 persons or 19.1% of those identifying as Some Other Race Alone who are over age 60 are below 100% of poverty level
- Seniors who identify themselves as of Two or More Races who are 60 and above represent 6,918 persons or 5.0% of all Kern County seniors who are over age 60.  
1,338 persons or 19.3% of those identifying as Two or More Races who are over age 60 are below 100% of poverty level

It is important to note that the federal poverty level may understate the actual cost of living of the senior community in the County of Kern. The Elder Economic Security Standard Index, developed and updated by the University of California, Los Angeles, Center for Health Policy Research provides a more realistic assessment of the needs of seniors in Kern County. The Elder Index indicates the amount of income needed to meet basic needs based on locality-specific measures of the cost of living. The Elder Index for Kern County indicates that Kern County seniors, including grandparents raising grandchildren, face significantly higher costs than are accounted for by the federal poverty guidelines (see Attachments 4 and 5).

The number and proportion of the potential client population in greatest social need are those who are isolated due to the size and rural composition of the PSA 33 geographic area. Using data from the 2007 California Health Interview Survey, (CHIS 2007), it is calculated that approximately 40% of all Kern County seniors over age 65 live in rural areas.

The 2016-2020 American Community Survey 5-Year Estimates for Kern County (see Attachment 6) indicates that 68.4% of seniors 60 years of age and older speak English only, and 31.6% speak a language other than English, while 20.0% speak English less than very well. Further detail is provided for language spoken at home and ability to speak English for the population 65 years and over is discussed next.

The number of our potential client population who are 65 and older and have limited English-speaking abilities is 6,245 persons, with an additional 6,521 reporting no English-speaking abilities (see Attachment 7). Of this number, the greatest percentage 87.0% (6,007) of non-English speaking potential client speak Spanish, and 4,424 or 64.1% of seniors who are 65 and over with limited English-speaking abilities speak Spanish and 1,075 or 15.6% speak Asian and Pacific Island languages. Attachment 7 also shows details on the primary languages of other limited or non-English speaking potential client populations who are over age 65.

Many grandparents have grandchildren living in the home with them. There are 2,477 seniors in

our potential client population that have caregiver responsibilities of a grandchild, and 18% of these grandparents that have taken responsibility for their grandchildren have income below the federal poverty level. Please see Attachment 5 for the additional costs that caring for a grandchild can bring. Attachment 8 provides additional details regarding the grandparents in Kern County with caregiver responsibilities.

The Feeding America organization through its feedingamerica.org website provides data regarding the rate of food insecurity in counties across the United States. Feeding America reports that in 2017 the level of food insecurity in Kern County was 13.4%, or 117,000 food insecure persons, across all age groups. Kern County's high rate of Food Insecurity means that more Kern County seniors are potentially at risk for nutritionally related chronic diseases.

Based on the California Department of Finance data, by 2020, Kern County's 60 and over population is projected to be at 156,351 persons, which is a 17% increase from 2016. The overall Kern County senior population age 60 and over is expected to increase by 52% between 2020 and 2040. Please see Attachment 10 for 2020 through 2040 population projections by race and ethnicity and corresponding percentage of increase. Attachment 10 reflects the increasing racial and ethnic diversity of our Kern County seniors.

ATTACHMENT 1

<b>Kern County Population 60 and Over - By Sex</b>		
	Kern County Population 60 Years and Over - By Sex	Percent of Kern County Population 60 Years and Over - By Sex
Female	75,502	53.30%
Male	66,152	46.70%
Total	141,654	100.00%
From 2016-2020. American Community Survey 5-Year Estimates (S0102)		

ATTACHMENT 2

<b>Kern County Population 60 and Over - By Race and Hispanic or Latino Origin</b>		
	Kern County Population 60 Years and Over - By Race	Percent of Kern County Population 60 Years and Over - By Race
One race	134,571	95.0%
White	106,382	75.1%
Black or African American	6,233	4.4%
American Indian and Alaska Native	1,558	1.1%
Asian	8,499	6.0%
Native Hawaiian and Other Pacific Islander	142	0.1%
Some other race	11,616	8.2%
Two or more races	7,083	5.0%
Hispanic or Latino origin (of any race)	42,780	30.2%
White alone, not Hispanic or Latino	80,884	57.1%
From 2016-2020. American Community Survey 5-Year Estimates (S0102)		

ATTACHMENT 3

<b>Kern County Population 60 and over for whom Poverty Status is Determined - By Race</b>			
<b>KERN COUNTY POPULATION - BY RACE/ETHNICITY</b>	Kern County Over 60 Population below Poverty Level by Race/Ethnicity:	Total Kern County Over 60 Population by Race/Ethnicity:	Percent Below Poverty Level - By Race
White Alone (Includes Hispanic or Latino)	13,946	104,717	13.3%
Black or African American	1,362	5,996	22.7%
American Indian And Alaska Native Alone	430	1,596	26.9%
Asian Alone	1,377	8,364	16.5%
Native Hawaiian And Other Pacific Islander Alone	48	123	39.0%
Some Other Race Alone	2,222	11,624	19.1%
Two or More Races	1,338	6,918	19.3%
Total (any race or ethnicity):	20,723	139,338	14.9%
White Alone (Not Hispanic or Latino)	8,410	79,139	10.6%
Hispanic-Latino	8,912	39,660	22.5%

From 2020. American Community Survey 5-Year Estimates (B17020A- B17020I)

ATTACHMENT 4

<b>Kern County, CA Elder Index, 2019</b>						
<b>Elder Index Per Year, Annual Comparisons, and Basic Information Regarding Monthly Expenses and Income for Selected Household Types</b>						
	ELDER PERSON			ELDER COUPLE		
	Owner W/O Mortgage	Owner W/Mortgage	Renter, One Bedroom	Owner W/O Mortgage	Owner W/Mortgage	Renter, One Bedroom
<b>Income Needed to Meet Basic Needs</b>	\$17,436	\$28,524	\$20,568	\$25,572	\$36,660	\$28,704
	<b>ANNUAL COMPARISON AMOUNTS</b>					
<b>Federal Poverty Guideline (2019 DHHS)</b>	\$12,490	\$12,490	\$12,490	\$16,910	\$16,910	\$16,910
<b>% of Federal Poverty Elder Index divided by (/) Federal Poverty Guideline</b>	140%	228%	165%	151%	217%	170%
<b>SSI Payment Maximum, California 2019</b>	\$11,181	\$11,181	\$11,181	\$18,770	\$18,770	\$18,770
<b>SSI Income Gap [SSI Payment Maximum minus (-) Elder Index]</b>	(\$6,255)	(\$17,343)	(\$9,387)	(\$6,802)	(\$17,890)	(\$9,934)

From 2019 CHIS Elder Index Data

ATTACHMENT 5

**Kern County, CA Grandparents Raising Grandchildren: Additional Costs  
2011 Annual Elder Index, Additional Costs for Grandchildren, and Monthly Cost Component  
Example**

	Annual Elder Index for Elder(s) Only					
	ELDER PERSON			ELDER COUPLE		
	Owner W/O Mortgage	Owner W/Mortgage	Renter, One Bedroom	Owner W/O Mortgage	Owner W/Mortgage	Renter, One Bedroom
<b>Income Needed to Meet Basic Needs</b>	\$15,191	\$26,217	\$18,781	\$22,729	\$33,755	\$26,319
	<b>Additional Cost</b>					
<b>Add for 1 Grandchild</b>	\$5,280	\$5,280	\$5,280	\$5,145	\$5,145	\$6,646
<b>Total Needed</b>	\$20,471	\$31,497	\$24,061	\$27,874	\$38,900	\$32,965
<b>2011 FPL <sup>1</sup></b>	\$14,710	\$14,710	\$14,710	\$18,530	\$18,530	\$18,530
<b>Total Income Needed as % of FPL</b>	139%	214%	164%	150%	210%	178%
<b>Add for 2 Grandchildren</b>	\$10,430	\$10,430	\$11,931	\$10,034	\$10,034	\$11,535
<b>Total Needed</b>	\$25,621	\$36,647	\$30,711	\$32,763	\$43,789	\$37,854
<b>2011 FPL <sup>1</sup></b>	\$18,530	\$18,530	\$18,530	\$22,350	\$22,350	\$22,350
<b>Total Income Needed as % of FPL</b>	138%	198%	166%	147%	196%	169%
<b>Add for 3 Grandchildren</b>	\$15,322	\$15,322	\$16,822	\$14,665	\$14,665	\$20,318
<b>Total Needed</b>	\$30,513	\$41,539	\$35,603	\$37,394	\$48,420	\$46,637
<b>2011 FPL <sup>1</sup></b>	\$22,350	\$22,350	\$22,350	\$26,170	\$26,170	\$26,170
<b>Total Income Needed as % of FPL</b>	139%	214%	164%	150%	210%	178%

From the 2011 Kern County Elder Index - Grandparents Raising Grandchildren: Additional Costs

ATTACHMENT 6

**Language Spoken at Home and Ability to Speak English for the population 60 and greater**

	Total	60 Years and Over
Population 5 Years and Over	823,391	141,654
English Only	56.10%	68.40%
Language other than English	43.90%	31.60%
Speak English less than "very well"	18.20%	20.00%

From 2016-2020 American Community Survey 5-Year Estimates (S0102)

ATTACHMENT 7

<b>Age by Language Spoken at Home by Ability to Speak English for the population 65 and greater</b>					
Ability to speak English	Speak Spanish:	Speak other Indo-European Languages:	Speak Asian and Pacific Island Languages:	Speak other Languages:	Totals
Speak English "Not Well"	4,424	704	1075	42	6,245
Speak English "Not At All"	6,007	312	162	40	6,521
From 2016-2020 American Community Survey 5-Year Estimates Kern County (B16004)					

ATTACHMENT 8

<b>Grandparents as Caregivers</b>				
Total Grandparent responsible for own Grandchildren under 18 years:	Grandparent 60 or over responsible for own Grandchild	Percent of Total Grandparents over age 60	Grandparent 60 or greater below Poverty level in last 12 months and responsible for own Grandchild	Percent of total Grandparent 60 or older below poverty level responsible for Grandchild
8,148	2,477	30%	451	18%
From 2016-2020 American Community Survey 5-Year Estimates (B10059) Universe: Grandparents living with own grandchildren under 18 years for whom poverty status is determined. * The Elder Economic Index for a single renter raising a grandchild in 2011 was \$24,061, while the 2011 Federal Poverty Level was \$14,710.				

ATTACHMENT 9

<b>Disabilities</b>	
Total Kern County 65 and older population for whom Disability status is determined	99,984
65 and older with a disability	39,323
Percent of 65 and older with a disability	39%
65 and older with a disability and income in the past 12-months below poverty level	6,664
Percent 65 and older with a disability with income in the past 12-months below poverty level	17%
From 2019 American Community Survey 1-Year Estimates (B18130) Universe: Civilian noninstitutionalized population for whom poverty status is determined	

ATTACHMENT 10

<b>Projected Increase/Decrease by Decade of Seniors over 60 By Ethnicity Kern County</b>				
	Year: 2020 Projections	Year: 2030 Projections	Year: 2040 Projections	2020 – 2040 Percent Increase
White	89,106	99,675	101,564	14%
Hispanic	49,072	77,829	108,319	121%
Asian	8,273	10,554	12359	49%
Pacific Islander	166	220	254	53%
Black	7,026	9,462	11,189	59%
American Indian	1,605	1,859	1,900	18%
Multirace	1,103	985	1,285	17%
<b>Overall Totals:</b>	156,351	200,584	236,870	51%
From State of California, Department of Finance, Report P-3: Population Projections Race/Ethnicity and Sex by Individual Years of Age, 2010 to 2060. Sacramento, CA, as of July 2020.				

**Resources and Constraints of the PSA**

Kern County Aging and Adult Services is strongly supported by its governing body, the Kern County Board of Supervisors. The Board recognized that, consistent with the State and the nation, the older adult population of the County is growing rapidly. The Board encourages and supports the development of strategies to address the increasing service demands within Kern County. The adopted Kern County Strategic Goals and Objectives, which is a general guide for future County resource allocation and policy formation decisions, focuses on senior issues in several areas. Although the County continues to face economic challenges, the Kern County Board of Supervisors has proactively supported programs and services that positively affect the health and wellbeing of seniors. The challenges brought on by decreased oil related revenues and greater need for services that help to keep our Kern County seniors safe and healthy will continue to have a large impact on the AAA's efforts to maintain the programs and services it administers for Kern County seniors and adapt to providing new forms of services and programs.

The climate of cooperation among public and private agencies providing service to seniors continues to improve. The establishment of the Kern County Senior Network is an indicator of the strength and partnership amongst the private, public, and non-profit providers of senior services in the community. The Senior Network is a collaborative of non-profit, private, faith-based, and public organizations working together to deal with the issues confronting seniors in our community.

The Service delivery system in Kern County is geographically driven, by virtue of the size of the area (8,170 square miles). Transportation services in the geographic area consist mainly of bus services with some door-to-door service. Most seniors are dependent upon friends and relatives for transportation; not taxis or buses, and as such are limited in their access to services. The Area Agency on Aging continues to explore new and more effective transportation solutions for our

senior population, many of whom have described transportation as one of their greatest needs and concerns.

The increasing number of elder and functionally impaired adults at or below the poverty guideline will continue to strain available County resources and challenge effective distribution of these resources throughout the County. However, the County continues to pursue opportunities for creative activity and cooperative partnerships within communities to achieve common goals. Collaborative efforts conducted by the Area Agency on Aging continue to be a priority and allow the achievement of results that would not have been possible without the support of our community and other public and private organizations.

Kern County's economy is based primarily on agriculture and oil. Agriculture as one of the primary employment sectors in the County is seasonal, traditionally low paying, and is generally not appropriate for our senior population especially those over 65, 39% of whom have some form of disability (see Attachment 9). Kern County and other Central Valley counties have had to endure substantial unemployment during the great recession that began in December of 2007, with unemployment rates consistently in the double-digits. In February 2020, Kern's unemployment rate remained high at 9.1%, compared to 3.9% for California and 3.5% for the nation. According to the Employment Development Department, Kern County's February 2022 unemployment rate was 8.3 percent. This was higher than the State unemployment rate of 5.4%, and the national unemployment rate of 3.8%.

Overall, Kern County's geography poses challenges in serving seniors particularly in rural areas where many of Kern County seniors 65 and older live. The support of our community, Commission on Aging, the Kern County Board of Supervisors, and other interested groups have allowed us to navigate through the downturns in the national economy. The relatively higher unemployment rate of Kern County and the increased health, safety, and nutritional needs of seniors will continue to challenge the Area Agency on Aging.

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

The Kern County Aging and Adult Services Department is the Area Agency on Aging (AAA) for Kern County. Kern County Aging and Adult Services (previously referred to as Office on Aging) was designated as the Area Agency on Aging by the California Department of Aging in 1980. Office on Aging became the Aging & Adult Services Department on July 1, 1999. Through a series of actions taken by the Kern County Board of Supervisors, in accordance with the Older Americans Act, the AAA has been designated as the Lead Agency for Community-Based Systems of Care.

As the Area Agency on Aging, the Kern County Aging & Adult Services Department serves those in the community 60 years of age and older with the primary goal of assisting the individual to remain in their home and live an independent lifestyle. Aging & Adult Services has the leadership and mandated responsibility to meet the service needs of the target populations in the Planning and Service Area (PSA) 33.

The five elected members of the Kern County Board of Supervisors serve as the Board of Directors for the Aging & Adult Services Department in its capacity as an Area Agency on Aging. The Director of Aging & Adult Services is appointed by and reports directly to the Kern County Board of Supervisors.

The Kern County Commission on Aging serves as an Advisory Council to the Board of Supervisors as well as to Aging & Adult Services. Commission members are selected by the Board of Supervisors (each appoints two Commissioners), and by agencies receiving funding through the AAA. Kern County's two members of the California Senior Legislature by virtue of their office serve as members of the Commission. The committees of the Commission on Aging include the California Senior Legislature, Transportation, Volunteer Recognition, Senior Center Advisory, Long-Term Care, Triple-A Council of California (TACC), Bylaws Committee, Nomination Committee, IHSS Advisory Committee, Employee Recognition, Commissioner Appointment, Sunshine, Marketing and Orientation Committee, and the Executive Committee.

In addition, seven Kern County department heads or their representatives, and the Independent Living Center of Kern County, serve as non-voting members of the Commission. This representation provides an opportunity for coordination among Kern County's various departments, which provide services to the aging. Aging and Adult Services Department also coordinates with the Kern General Services Department, local cities, and park districts with regards to the utilization of senior centers in the County where many of our nutrition sites are housed and operated.

Through the Kern Senior Network, participants from private, local non-profit, and public agencies collaborate to discuss issues concerning the seniors in every community in Kern County. The Kern County Board of Supervisors and Kern County departments are very supportive of the Kern Senior Network and the leadership of the Aging & Adult Services Department in that network.

The AAA's Adult Protective Services (APS) staff facilitates the Dependent Elder Adult Review (DEAR) Team. This team is comprised of various organizations such as the Long Term Care Ombudsman, Law Enforcement, Kaiser, Kern Medical Geriatrician, Financial Institutions, District Attorney Victim Witness Program, and Behavioral Health representatives. This multi-disciplinary team analyzes cases and issues related to elder abuse death and/or abuse. The AAA continues to look for opportunities for coordination and collaboration with other organizations in its effort to provide a community based system of services. During the COVID-19 pandemic, face to face investigations continue to be conducted for seniors at imminent risk.



## **SECTION 4. PLANNING PROCESS / ESTABLISHING PRIORITIES**

The 2020-2024 Kern County Area Plan, “Living Well in Kern County” was developed to reflect the AAA’s activities in terms of how it intends to serve the older individuals, their families, and caregivers in the community. Consistent with Older Americans Act (OAA) and the Older Californians Act (OCA), the Area Plan provides the format and structure to address the needs and concerns of the target population it serves.

The Area Plan was initially discussed with the following internal AAA staff members, and Commission on Aging members:

Lito Morillo	AAA Director
Fidel Campos	AAA Administrative Services Officer
Kim Crabtree	AAA Accountant
Mayte Olivas	AAA Accountant
Michele Timmerman	AAA Administrative Coordinator
Aaron Flucker	COA Board Member
Norma Jackson	COA Board Member
Stephanie Lynch	COA Board Member
Sandy Morris	COA Board Member
Yolanda Prado	COA Board Member

Various topics of concern in the PSA were discussed at meetings of the Kern County Commission on Aging, AAA Contracted Providers, and Aging and Adult Services management and Staff. Issues included those affecting Kern County’s senior population such as transportation, supportive services, health, housing, long-term care, community networks, financial matters, and home meal deliveries. The groups also discussed engaging seniors through multiple outreach methods and designed to attract seniors. The planning team was to develop the 2020-2024 Area Plan content that would capture issues and activities provided throughout the planning process.

The next step of the Area Plan 2020-2024 planning process also included discussing the requirements with the Commission on Aging (the AAA’s advisory committee). The information shared included but was not limited to issues of LGBT seniors, Baby Boomers, caregivers, and limited English speaking. The information that was provided to the council assisted them in understanding the requirements and contents needed for the Area Plan. Additionally, the monthly Commission on Aging meeting provided a public forum for audience members to share their thoughts, needs, and concerns on services as well as the Area Plan. The meetings were held at various cities throughout Kern County as a way to outreach to seniors and disabled adults, including those in greatest need that reside in the rural areas of Kern County.

The Area Plan will continue to be revisited by the Commission on Aging, Kern Senior Network, and Providers Meeting on a regular basis to ensure the services being provided are adequate and appropriate in meeting the current needs as wells as the needs identified in the four year (2020-2024) planning cycle.

The Board of Supervisors, as the governing board for the AAA, must approve the plan and sign the transmittal document presenting the Area Plan to CDA. The planning process also affords Aging and Adult Services the opportunity to share the Area Plan with other stakeholders in the community.

**SECTION 7. PUBLIC HEARINGS**

**PSA 33**

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

<b>Fiscal Year</b>	<b>Date</b>	<b>Location</b>	<b>Number of Attendees</b>	<b>Presented in languages other than English?<sup>2</sup> Yes or No</b>	<b>Was hearing held at a Long-Term Care Facility?<sup>3</sup> Yes or No</b>
<b>2020-2021</b>	6/15/20 At 1:00 PM	Online via Zoom platform	17-25	No	No
<b>2021-2022</b>	4/19/21 At 1:00 PM	Online via Zoom platform	17-25	No	No
<b>2022-2023</b>	4/18/22 At 1:00 PM	Online via Zoom platform	17-25	No	No
<b>2023-2024</b>					

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

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

In addition to the above public hearings, the AAA conducted focus groups and distributed surveys as a way to receive input for use in the Area Plan. English and Spanish language surveys were distributed to seek input from the community including those seniors that were homebound and/or disabled. Survey respondents included individuals from rural areas, those with limited English speaking ability, and seniors who were disabled. Additionally, three focus groups were conducted throughout the PSA, including rural areas. Two focus groups were conducted in English, and 1 in Spanish. The public hearing was announced via a public hearing notice in placed in the Bakersfield Californian. The AAA’s contracted service providers each have a representative who serves on the Commission on Aging and were notified of the public hearing via their representatives.

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

Yes. Go to question #3



## **SECTION 8 - IDENTIFICATION OF PRIORITIES**

**PSA #33**

The Area Plan, Healthy Aging in Kern County, was structured around the principles and assurances set forth in the OAA and CCR. The Goals and Objectives within this plan were derived from the information gathered throughout the planning process including focus groups, surveys, contracted provider meetings, and Commission on Aging meetings that were conducted throughout Kern County.

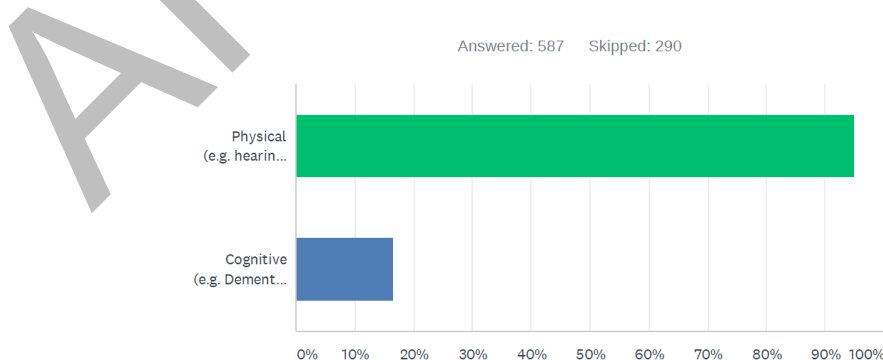
Seniors, disabled, and caregivers alike are often unaware of the services available in the community or confused about how to access them. The system of care is fragmented often requiring consumers to be referred to multiple agencies. Both providers and customers need a more coordinated, collaborative effort in order to leverage resources and maximize their utilization. Language is also a barrier to service for many in the minority community. The sheer size of Kern County creates a geographic isolation factor for many of our seniors, over 39% of which reside in rural areas. Limited funding for certain services, such as homemaker and home delivered meals, also constitutes a barrier to service.

The downturn in the economy has particularly impacted the seniors and disabled in our communities many of who have income that does not meet their needs. Transportation continues to be an area where it seems to be difficult to satisfy client needs given the large rural senior population. Based on the information gathered, the service gap identified is not only the lack of the transportation, but also the appropriateness and/or convenience of the transportation method. Most seniors/disabled are not using the available services primarily due to the limitations of fixed route services and their own physical limitations.

### **Chart 2: Impairments**

As shown in the chart below, a total of 557 respondents to the 2020 Kern County Senior Needs Assessment survey indicated they have a physical impairment (e.g., hearing, vision, mobility), and 30 respondents indicated they have a cognitive impairment (e.g., Dementia, Alzheimer's). 67 survey respondents (already counted in the 557 respondents with a physical impairment, and in the 30 with a cognitive impairment) indicated they have both a physical and a cognitive impairment.

The following chart shows the type of impairment for the 587 survey respondents that indicated they had either a physical or cognitive impairment. 290 survey respondents skipped this question.



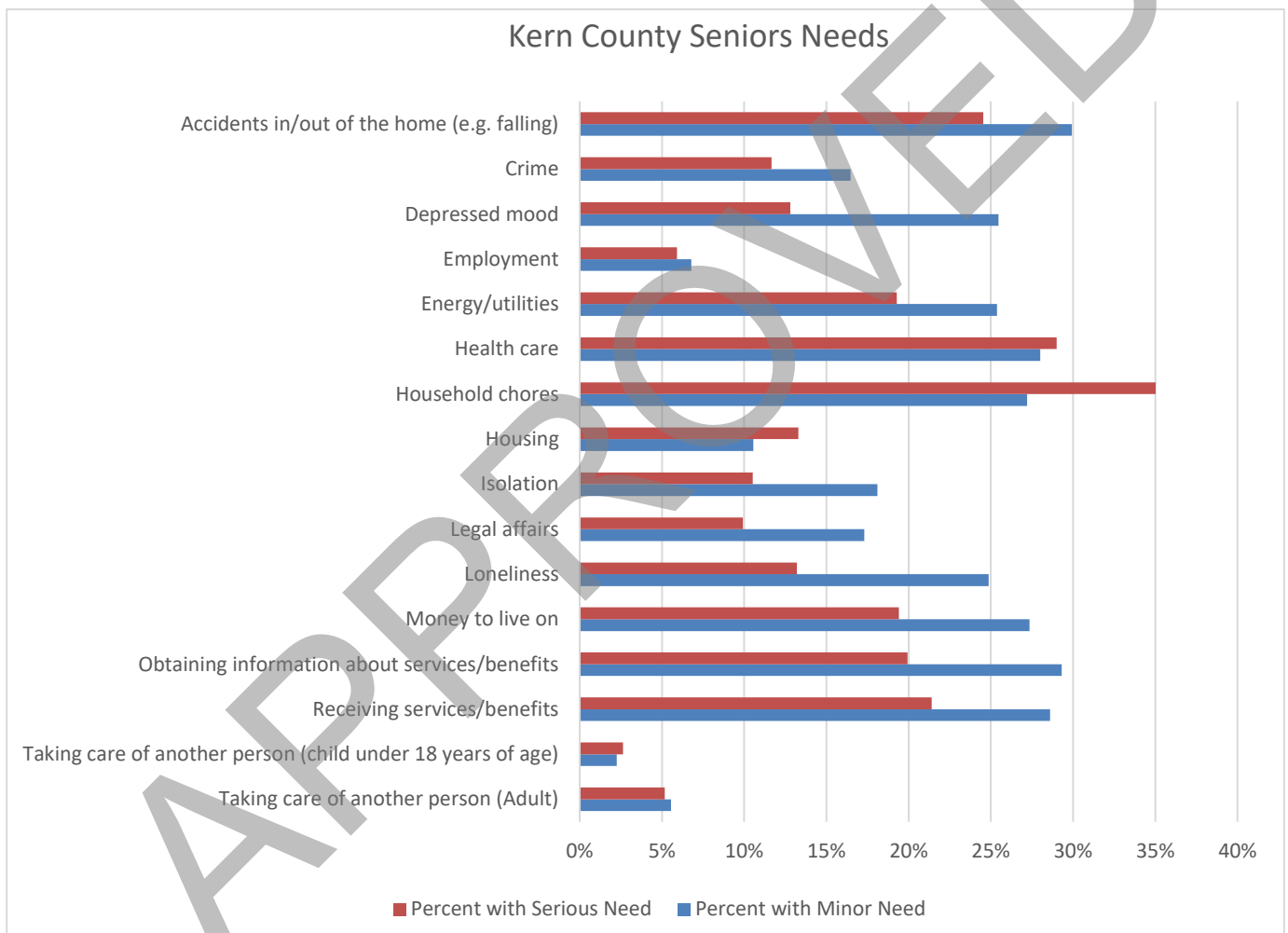
ANSWER CHOICES	RESPONSES
Physical (e.g. hearing, vision, mobility)	94.89% 557
Cognitive (e.g. Dementia, Alzheimer's)	16.52% 97
Total Respondents: 587	

### Chart 3: Seniors Needs

Senior survey respondents reported that the following were also among their top areas of greatest need, expressed as either a minor or serious problem: energy/utilities, obtaining information about services, crime, depressed mood, loneliness, and housing, and other concerns as shown below.

The chart shown below provides the relative percentages of survey respondents identifying a particular need.

For each need identified, the percentage of respondents indicating the need is minor, and the percentage of respondents indicating the need is serious are indicated in the chart below.

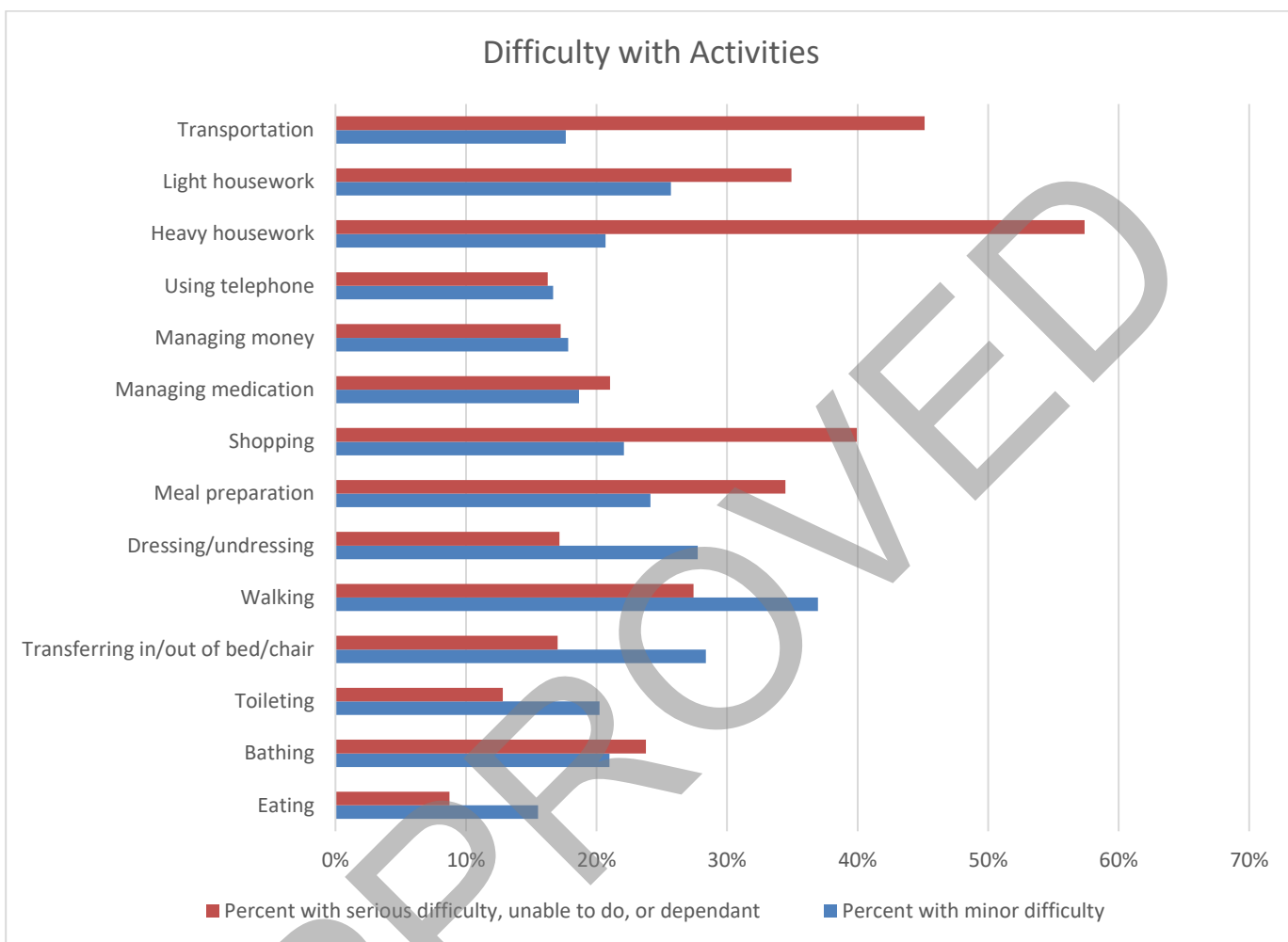


Given the number of impairments our Kern County seniors must contend with, it is understandable that they would select Household chores, Accidents, and Healthcare as their top three needs.

### Chart 4: Difficulty with Activities

The following chart shows the relative percentages of seniors reporting needs with an activity. In addition to the areas of greatest need shown above, survey respondents indicated some degree

of difficulty with the following top ten activities that were difficult for them: heavy housework, transportation, light housework, shopping, meal preparation, walking, bathing, managing money, managing medication, and using the telephone.



Respondents indicated the most serious difficulty with Heavy household chores, followed by transportation. That heavy housework is a serious difficulty for many seniors is not surprising considering the amount of seniors that may live with some sort of physical or cognitive impairment.

Seniors also rated Transportation as the activity that they have the second most difficulty with. Transportation is an activity that the Area Agency on Aging is concerned with and one that will continue to be addressed. In addition, Shopping was the activity that Kern County Senior Survey respondents experienced the 3<sup>rd</sup> most difficulty with.

After analyzing these issues, and in an effort to integrate the Area Plan with Kern County’s overall Strategic Plan, the AAA was able to categorize these issues into four main categories.

**Goal I -** Promote collaboration with providers, non-profits, and other organizations and individuals in the community to improve access to services and resources for older adults and adults with disabilities

- Goal II -** Provide for the Safety and Health of older adults and adults with disabilities within the Area Agency on Aging.
- Goal III -** Improve the wellbeing of older adults and adults with disabilities in Kern County.
- Goal IV -** Enhance service levels and quality of service delivery for our increasingly diverse customers using technologically and culturally appropriate methods.

The Goals above are reflective of the target population's needs. It provides the framework and overarching guide in the AAA's effort to develop a comprehensive system of care that involves the community, partners, providers, the Commission on Aging, Board of Supervisors, and other stakeholders.

The Area Plan's objectives to accomplish these goals are based on funding levels currently allocated. However, it is important to note that because of the current economic climate the AAA's level of funding may impact whether and how the objectives are accomplished. The AAA will continue to work closely with all members of the community, including clients, providers, partner groups, non-profits, and agencies to leverage all resources that will be made available for its use.

The goals and objectives developed for this 2020-2024 Area Plan were developed from priorities identified by the AAA based upon the needs assessment and taking into consideration funding constraints, targeting mandates, and adequate proportion/minimum percentage requirements for Title IIIB Priority Services, as required by the CCR Article 3, Section 7300 (c).

The objectives reflect activities that create, expand, enhance, or otherwise improve services that the AAA provides with OAA and OCA funds, either directly or through contracts with other organizations. As authorized by the California Department of Aging, the AAA is conducting an RFP process with all of its contracted providers in FY 2020. Changes or amendments that may come as a result of the RFP process will be reflected in the Area Plan as part of the annual update process.

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**SECTION 9 - AREA PLAN NARRATIVE GOALS AND OBJECTIVES     PSA #33**

**Goal # 1**

**Promote collaboration with providers, non-profits, and other organizations and individuals in the community to improve access to services and resources for older adults and adults with disabilities.**

**Goal:** Provide a system of support for organizations and individuals who assist older adults and adults with disabilities, by collaborating with stakeholders in the community to build an equitable and accessible integrated system of care for older adults, their family caregivers, and adults with disabilities within the County, utilizing methods that safeguard health during service delivery.

**Rationale:**

- Nearly 1/4 of Kern’s population is considered part of the Baby Boomer generation or older. Approximately 200,000 represent Kern County’s Baby Boomers
- 2014-2018 American Community Survey 5-Year Estimates indicate minorities represent 40 percent of Kern’s older adult population
- There is a need to strengthen partnerships within the community in order to leverage resources and maximize utilization
- Kern County Aging and Adult Services and other stakeholders will continue to enhance and expand existing organizational relationships in order to leverage available resources for the benefit of older adults and adults with disabilities.
- There is also a need to look for opportunities to make it more cost effective for seniors to remain in their home
- The Older Americans Act mandates that each Area Agency on Aging (AAA) provides services to seniors that allow them to remain independent for as long as possible. The Older Americans Act further specifies that low-income, frail, minority seniors be targeted

<b>OBJECTIVES</b>	<b>Projected Start and End Dates</b>	<b>Title IIIB Funded PD or C4</b>	<b>Update Status5</b>
<p>1. The AAA continues to strive to enhance its existing relationships with providers and to seek out new relationships with other organizations and stakeholders to benefit our Kern County older adults. The AAA delivers some services directly, such as the Elderly Nutrition Program, Disease Prevention, Information and Referral, Health Insurance Counseling and Advocacy Program, and the CalFresh Healthy Living Program. In addition, the AAA’s partnership with its contracted providers allows older adults to receive services such as Supportive Services, Family Caregiver Support Program services, Elderly Nutrition Program services, and Ombudsman services, throughout various areas of Kern County. In 2020, the AAA reevaluated its existing service delivery as part of the Request for Proposal (RFP) process and the then current contracted providers’ suggested goals for the 2020-2024 Area Plan cycle are shown under Goal Numbers 1 through 4.</p> <p>1.1 Legal assistance will also be provided through a contracted provider in Kern County, including in the rural areas outside of the Bakersfield metro area.</p> <p>1.2 The AAA has partnered with the Kern County Library in the creation of the innovative Feed the Read program, where the Library makes available books to Title IIIC Home Delivered</p>	<p>7-1-20 6-30-24</p>		<p>Continued</p> <p>Continued</p> <p>Continued</p>



OBJECTIVES	Projected Start and End Dates	Title IIIB Funded PD orC4	Update Status5
Meals (HDM) participants. For HDM recipients who choose to participate, their driver will deliver their selected book at the time of their meal delivery. The program has been well received in the Bakersfield area and soon will be expanded to the Kern River Valley area as well as in the Ridgecrest area.			
2. The AAA collaborates with the Commission on Aging, contracted providers, and other stakeholders to market the AAA's services to the older adults that are in need of these essential services. The AAA and its contracted providers will continue to reach out to older adults with low income, older adult minorities, and older adults who reside in rural areas to inform them of available services and encourage participation.	7-1-20 6-30-24		Continued
3. The AAA will continue to partner with local agencies and work with the Kern Senior Network to market services. The AAA will continue to write articles that are published in the local publications. The AAA will also continue to publish its Kern County CalFresh Healthy Living Newsletter for Kern County Older Adults. 3.1 In 2021, the Kern County Commission on Aging assisted with the update of the Aging and Adult Service's System of Systems Senior Resource Directory and paid for laminating 1,200 directories that were disbursed to seniors in Bakersfield, Lake Isabella, Arvin, Delano, Lamont, McFarland, Shafter, Taft, Tehachapi, Wasco, Ridgecrest, Rosamond, Cal City and Mojave via Meals on Wheels delivery drivers.	7-1-20 6-30-24		Continued
4. HICAP continues to try and recruit HICAP volunteers, although currently this is more difficult because of the COVID-19 pandemic. HICAP currently has two volunteers in the Bakersfield area and one in Ridgecrest. While following COVID-19 related guidelines, HICAP will continue to recruit and train volunteers in rural areas such as Tehachapi and Kern River Valley in order to reach seniors in these areas. HICAP will also work to recruit Spanish-speaking volunteers in areas like Delano, McFarland, and Shafter that have large numbers of Spanish-speaking seniors.	7-1-20 6-30-24		Continued
<b><u>FAMILY CAREGIVER SUPPORT PROGRAM:</u></b> An RFP was issued for the 2020-2024 categories of Title IIIE services listed below.			
5. <u>Information Services</u> – With the new reality of COVID-19, the AAA and its contracted providers will endeavor to provide information about available resources to caregivers regarding the Family Caregiver Support Program by sharing written materials, providing a web presence where possible, and utilizing new technology where practical to do so. AAA contracted providers will continue to provide caregivers,	7-1-20 6-30-24		Continued

OBJECTIVES	Projected Start and End Dates	Title IIIB Funded PD orC4	Update Status5
<p>potential caregivers, and other stakeholders with information to assist them to gain access to services for caregivers. The AAA will continue to encourage contracted providers make use of technology to more effectively reach out to actual or potential caregivers in a way that they want to be communicated with, whether via phone, social media, website, email, or in person when safe to do so.</p> <p>5.1 The AAA and its contracted providers will continue to its outreach to rural and of lower income caregivers by:</p> <p>a) Interacting and collaborating with rural health clinics,  b) placing articles in local publications, and  c) marketing services for caregivers including trainings, community resources, support groups, and education, and sponsored events. Alzheimer's Disease Association of Kern County (ADAKC) will continue to provide In Service trainings for rural areas (Lake Isabella&amp; Shafter) and PSA's Radio spots will be shared via TV, radio, print, social and digital media events volunteers.</p>	7-1-20 6-30-24		Continued  Revised
<p>5.2 Valley Caregiver Resource Center (VCRC) will distribute, through electronic means or otherwise, a quarterly newsletter to family caregivers, nutrition sites, senior centers, local health clinics, and discharge planners. When possible to do so VCRC also plans to distribute its quarterly newsletter at community events, faith communities and other community organizations. VCRC will promote awareness of the FCSP program, especially to lower-income caregivers in rural areas targeting and those 60 years or older. VCRC will also present at local community events, health clinics, nutrition sites, senior centers, and other community organizations. Ridgecrest Regional Hospital (RRH) presents at local health fairs, the senior center, IWV collaborative and community events to inform persons about services.</p>	7-1-20 6-30-24		Revised
<p>5.3 Valley Caregiver Resource Center (VCRC) expects to provide Title IIIE services in the South-East Desert and Ridgecrest areas. Following the COVID-19 guidelines, VCRC will provide services to the Ridgecrest and Inyokern Senior Center/Nutrition sites. In addition, VCRC will also provide information, electronically or through hard copy, to other agencies such as The Indian Wells Valley Collaborative, and the United Way office, etc.</p>	7-1-20 6-30-24		Continued
<p>5.4 VCRC will update and maintain its website with information on FCSP services available to prospective FCSP clients in the Rosamond, Mojave, California City, Tehachapi, Inyokern and Ridgecrest areas. In addition, VCRC will utilize social media when appropriate to reach out to prospective FCSP clients in these areas as well. RRH – Senior Services</p>	7-1-20 6-30-24		Revised

OBJECTIVES	Projected Start and End Dates	Title IIIB Funded PD orC4	Update Status5
<p>will continue to update its website with information regarding the services that are provided. RRH will continue to utilize social media platforms such as Instagram, Twitter, and Facebook to reach out to prospective clients and to provide helpful informative updates regarding areas such as: community outreach programs, fraud concerns, abuse and neglect, etc.</p> <p>5.5 VCRC will participate in local health fairs to disseminate information on FCSP services to prospective clients in the Rosamond, Mojave, California City, Tehachapi, Inyokern and Ridgecrest areas. RRH will participate in local health fairs, church support groups, IWV Collaborative group, Journey to Happiness, etc. to ensure that seniors in Ridgecrest and surrounding communities are aware of services provided.</p> <p>5.6 RRH will provide homemaker services and case mgt. services for older adults in Ridgecrest and Inyokern. VCRC will continue to provide homemaker services to older adults in need of such services in the outlying areas of Kern River Valley and Shafter, Delano, and Tehachapi. RRH will continue to provide homemaker services for seniors where assistance with grocery shopping, basic homemaking skills, meal preparation and companionship. RRH will continue to provide case management services to individuals who may have a difficult time completing tasks such as: paying bills, scheduling medical appointments and coordinating services.</p>	<p>7-1-20 6-30-24</p>		<p>Continued</p> <p>Continued</p>
<p>6. <u>Access:</u></p> <p>6.1 The AAA will continue to provide Information and Assistance (I &amp; A) outreach in metropolitan Bakersfield, as well as in more rural areas of the county. The AAA will recruit and train volunteers to provide I &amp; A services in Kern River Valley. RRH will provide I&amp;A services in Eastern Kern.</p> <p>6.2 Kern Around the Clock Foundation (KATCF) will provide guidance/assistance to help caregivers access services and support for their caregiving situation.</p> <p>6.3 VCRC will provide interpretation to help caregivers access services and support their caregiving needs.</p>	<p>7-1-20 6-30-24</p>		<p>Continued</p> <p>Continued</p> <p>Continued</p>
<p>7 <u>Caregiver Support:</u></p> <p>7.1 The ADAKC will continue to provide comprehensive assessments to determine caregivers' needs and provide services. ADAKC expects to continue to provide In-service trainings regarding the needs of caregivers.</p> <p>7.2 The ADAKC Family Services Manager will work on the plan for the needs of both the Care Receiver and Caregiver.</p>	<p>7-1-20 6-30-24</p>		<p>Continued</p> <p>Continued</p>

OBJECTIVES	Projected Start and End Dates	Title IIIB Funded PD orC4	Update Status5
7.3 The KATCF Program Manager will develop a care plan assessing the needs of caregiver and care recipient.	7-1-20 6-30-24		Continued
7.4 KATCF will continue Caregiver Support Groups, once COVID restrictions are lifted. KATCF Program Manager will complete individual phone or in person support in lieu of group support sessions. KATCF Program Manager will develop a care plan assessing the needs of caregiver and recipient and provide comprehensive assessments to determine and address caregiver's needs. Program Manager will provide in home training to caregivers.			Continued
7.5 VCRC will conduct educational classes/workshops on a quarterly basis for FCSP clients in the Rosamond, Mojave, California City & Tehachapi areas (currently offered via zoom.			Revised
7.6 VCRC will refer caregivers by maintaining and sharing a listing of all support groups in Kern County in addition to those facilitated by VCRC. Support groups will provide the caregivers with a forum to exchange "histories", information, encouragement, hope and support.			Continued
7.7 VCRC will conduct a minimum of a combined 36 hours of support group in Tehachapi and California City. Caregiver Training & Education offered by VCRC is designed to provide caregivers the information and tools that will lead to higher quality and appropriate care for their loved ones.			Continued
7.8 VCRC will continue to conduct a monthly Caregiver Support Group at the Ridgecrest Senior Center. The group provides an opportunity for caregivers to share experiences, new ideas, relate, and improve the quality of life for themselves and their loved-ones (currently offered via zoom.			Revised
8. <u>Respite Care</u> : Respite Care is offered through the provision of in-home care or out-of-home care.			7-1-20 6-30-24
8.1 Due to CARES Act funds being depleted, KATCF will no longer provide Respite to caregivers.	Deleted		
8.2 VCRC will provide group respite in Tehachapi for rural caregivers three times a month utilizing the increase in IIIE baseline funding. VCRC provides breaks for caregivers to attend a support group or training, run errands, or attend a special event while their loved one is cared for. (The Tehachapi group respite is currently on hold at this time in response to the COVID-19 pandemic. VCRC is providing in-home respite to caregivers so they may attend a support or training, run errands, or attend a special event while their loved one is cared for).	Continued		
8.3 In an effort to help lower income families in Kern County to afford services, ADAKC will offer one day of respite at the Bakersfield, and Lake Isabella respite sites as well as Support Groups in the Shafter community (note: efforts underway to implement a respite site in Shafter by 2023).	Revised		

OBJECTIVES	Projected Start and End Dates	Title IIIB Funded PD orC4	Update Status5
<p>ADAKC expects to apply for grants, and also hold fundraisers, to help Kern County Families who cannot financially afford to receive these much-needed services.</p>	<p>7-1-20 6-30-24</p>		
<p>9. <u>Grandparents Raising Grandchildren.</u>            Greater Bakersfield Legal Assistance, Inc. (GBLA) will assist 60 seniors age 55 and older with caretaker issues associated with raising grandchildren including but not limited to obtaining guardianships. Services will be provided through the use of technology, and social distancing, where practical. This program is available throughout Kern County.</p> <p>a) GBLA will provide individuals with consultation and advice regarding the duties and responsibilities of guardians, and answer questions of potential guardians. GBLA prepares guardianship petitions, assists with filing of documents, and represents caretakers during these proceedings.</p> <p>b) GBLA will provide services after a guardianship has been granted such as preparing the Orders and Letters of Guardianship after the hearing.</p> <p>c) To the extent possible under COVID-19 guidelines, GBLA will continue to be involved in collaboratives with partner agencies such as Department of Human Services (DHS), and community organizations such as Family Resource Centers that provide services to grandparents raising grandchildren and assist grandparents to obtain services.</p> <p>d) GBLA expects it will continue to educate collaborative members and provide pamphlets detailing their services and contact information to agencies such as the Kern County Courts, Child Protective Services, Kern County Children's Network, the Kern Elementary and High School Districts and the Kern County District Attorney's Office to encourage referrals from those agencies.</p> <p>d) GBLA expects it will continue to educate collaborative members and provide pamphlets detailing their services and contact information to agencies such as the Kern County Courts, Child Protective Services, Kern County Children's Network, the Kern Elementary and High School Districts and the Kern County District Attorney's Office to encourage referrals from those agencies.</p> <p>e). GBLA will continue to educate the various communities in Kern County such as Mojave, Ridgecrest, Delano, Arvin, Lamont, Shafter and Wasco and provide pamphlets detailing our services and contact information through outreach events such as community health fairs, street fairs and going to senior centers to name a few, as time permits.</p>	<p>7-1-20 6-30-24</p>		<p>Continued</p>

**Goal # II**

**Provide for the safety and health of older adults and adults with disabilities within Kern County.**

**Goal:** Improve safety and health of older adults and adults with disabilities within the County by providing access to services, volunteer opportunities, and support in a technologically and culturally appropriate manner.

**Rationale:**

- The 2018 American Community Survey 1-Year Estimate indicates that out of the 96,483 total Kern County 65 and older population for whom Disability status is determined 35,808 are disabled, and of these, 5,310 are below poverty level.
- The UCLA Center for Health Policy Research reports that based on 2007 California Health Interview Survey data, (CHIS 2007), Kern County’s over 65 population has a higher than average number of person’s with one or more chronic health conditions.
- The national Council on Aging (NCOA) states that estimates of elder financial abuse and fraud costs to older Americans range from \$2.9 billion to \$36.5 billion annually.
- The California Department of Justice has estimated that more than one of every 20 elders is a victim of neglect, or physical or psychological abuse.
- The National Center for Elder Abuse states that approximately one in three U.S. adults aged 65 and over have a disability, and that having a disability makes both disabled women and disabled men more likely to be a victim of elder abuse.

<b>OBJECTIVES</b>	<b>Projected Start and End Dates</b>	<b>Title IIIB Funded PD or C<sup>4</sup></b>	<b>Update<sup>5</sup> Status</b>
1. Although it has modified or temporarily suspended some of its previous service delivery methods, the AAA will continue to provide information regarding available services and link individuals to available services in the community, such as the Kern County Department of Public Health, Gleaners, Community Action Partnership of Kern (CAPK) Food Bank, and Consolidated Transportation Service Agency (CTSA), among others. The AAA has established a shopping delivery service for older adults who are not able to shop online and will maintain based on the stay at home order and availability of staff.	7-1-20 6-30-24		Continued
2. APS is exploring opportunities to host its annual Elder Abuse Prevention Conference EAC virtually during FY 2022 due to the COVID-19 physical distancing guidelines. APS plans to resume the Elder Abuse conference when safe to do so, perhaps adding a virtual option to facilitate participation. The Kern County BOS and COA sponsored Conference is designed to assist service professionals to gain new knowledge regarding Elder Abuse. In 2019, the primary presenter for the Conference was a former prosecutor and current estate planning attorney who discussed how proper estate planning can protect seniors and their loved ones. Other topics related to Elder Abuse were also discussed. APS staff will continue to attend and speak about Elder Abuse at rural community collaborative meetings.	7-1-20 6-30-24		Revised

OBJECTIVES	Projected Start and End Dates	Title IIIB Funded PD or C <sup>4</sup>	Update Status <sup>5</sup>
<p>2.1 APS expects to provide training for organizations about elder abuse, in rural communities, senior centers, and in other areas of the County as possible.</p> <p>2.2 APS will also provide training to Meals on Wheels drivers, partner organizations, caregivers, and service professionals in rural communities.</p> <p>2.3 APS will continue to develop and distribute brochures regarding Elder Abuse, Financial Abuse, and understanding Abuse and older adults.</p>	7-1-20 6-30-24		Revised  Continued  Continued
<p>2.4 Due to COVID-19, as possible, APS will also host and facilitate meetings of the DEAR team (the Dependent Elder Abuse Review team) that meets monthly to review and discuss cases of suspicious deaths. The multidisciplinary DEAR team includes members from the Coroner's office, law enforcement, the Long Term Care Ombudsman, APS staff and other concerned community agencies. APS is servicing older adults over age 60 effective January 2022.</p> <p>2.5 KATCF will continue to work with Adult Protective Services (APS) both in a consultative manner and by referral of situations requiring their examination.</p>	7-1-20 6-30-24		Revised    Continued
<p>3. HICAP and I&amp;R, due to COVID-19, are currently conducting counseling and referral over the telephone, or via webcam and Microsoft Teams for clients who chose to go to the department's office and interact with their counselor via video conference. HICAP will continue to search for opportunities to partner with other organizations in an effort to recruit volunteers, with a continued emphasis on low-income, minority seniors. HICAP will continue with its efforts to recruit members of the Kern County Baby Boom generation in order for them to serve as volunteers. Recruitment activities will include presentations at community organizations, and referrals from current volunteers, to the extent possible in light of the pandemic.</p>	7-1-20 6-30-24		Revised
<p>4. The AAA will partner with local law enforcement, community organizations, and speakers to offer seminars on topics such as self-defense and home safety. The AAA and its contracted provider KATCF have implemented a fall prevention program for older adults who are at or below eighty-percent of the area median income.</p>	7-1-20 6-30-24		Continued
<p>5. The AAA elderly nutrition program will continue to offer nutrition education to seniors at congregate elderly nutrition program sites throughout Kern County. Nutrition education will also be provided to homebound seniors who receive home delivered elderly nutrition meals.</p>	7-1-20 6-30-24		Continued

OBJECTIVES	Projected Start and End Dates	Title IIIB Funded PD or C <sup>4</sup>	Update Status <sup>5</sup>
<p>6. In an effort to reduce the incidence of chronic disease affecting our Kern County Senior population, the AAA through a SNAP-Ed grant from the California Department of Aging is providing exercise classes and virtual nutrition education for seniors. The program is emphasizing learning while adhering to COVID-19 guidelines, and will be available at various senior centers, senior apartment complexes in low-income areas, and other sites where low-income, limited English speaking seniors congregate across Kern County when COVID-19 guidelines permit.</p>	<p>7-1-20 6-30-24</p>		<p>Revised</p>
<p>7. The AAA will provide evidence-based health promotion classes that help to prevent falls for seniors. Among the programs that are planned to be provided are the Staying Healthy through Education and Prevention (STEP) program and, after appropriate training is received from Maine Health, the Matter of Balance Program. Each of these two programs has been accepted as evidence-based programs by operating division of the U.S. Department of Health and Human Services (HHS): STEP (AHRQ) and Matter of Balance (ACL).</p>	<p>7-1-20 6-30-24</p>		<p>Continued</p>
<p>7.1 Due to COVID-19, the AAA postponed its 2020 Annual Health Fair which now is expected to be held in collaboration with the AAA's community partners when COVID-19 guidelines permit. The Annual Health Fair provides seniors with opportunities to learn more about available community resources that can benefit them. The AAA plans to resume the Health Fair when safe to do so.</p>			<p>Continued</p>
<p>8. The LTC ombudsman will continue to recruit more Baby Boomers in an effort to increase the number of volunteers. This is mainly accomplished through the use of media outlets and through attending community events. The National economy continues to challenge the program's volunteer recruitment and retention activities. Therefore, retention activities such as volunteer recognition events, ongoing-certification classes and close technical assistance and supervision to these volunteers, in addition to ongoing recruitment activities, are crucial to successful volunteer management. Volunteer recruitments are held periodically to bring on and train even more volunteers. Program activities require the skillful juggling of program priorities with limited staffing and resources.</p>	<p>7-1-20 6-30-24</p>		<p>Continued</p>
<p>8.1 The LTC ombudsman contracted provider, GBLA will continue conducting outreach to and training for service professionals and the community on mandatory reporting requirements, rights of residents, and long term care</p>			<p>Continued</p>



OBJECTIVES	Projected Start and End Dates	Title IIIB Funded PD or C <sup>4</sup>	Update Status <sup>5</sup>
<p>professionals and the community on mandatory reporting requirements, rights of residents, and long term care options. The toll-free number residents and their family members can call before and after business hours and on holidays is maintained by the State Ombudsman office. The number of residential care facilities for elderly and adult residential homes in Kern County has grown by 120% in the last 10 years and the program has seen increased complexity of complaints and issues brought to the Ombudsman.</p> <p>8.2 GBLA will provide Consumer information and advocacy to the residents of long- term care facilities and their family members who seek their guidance. The program director and volunteers act as community educators, facilitators and brokers for services for long-term care residents or their representative.</p> <p>8.3 GBLA's Ombudsman staff and volunteers will coordinate efforts utilizing senior care networks and interdisciplinary team approaches and strategies in resolving concerns of long-term care residents. In 2016-2017, coordination increased with meetings held between Adult Protective Services, Kern Regional Center, District Attorney's Office, and the local FBI office. Ongoing meetings with the District Attorney's Office have led to a civil case filed against an owner of unlicensed facilities.</p> <p>8.4 GBLA will continue to provide a consumer oriented website which provides substantial information and links related to long-term care, facilitating remote access to information. Program staff and volunteers continue to receive current information on aging issues and changes in the law affecting the elderly by taking advantage of statewide and nationwide Webinars for special training on topics conducted by the National Ombudsman Resource Center (NORC), the National Legal Services Corporation Justice in Aging, Center for Healthy Aging, and the California Advocates for Nursing Home Reform (CANHR). Topics such as Evictions in Long Term Care, MediCal Eligibility, Financial Elder Abuse, unlawful admission agreements, and the new skilled nursing facility regulations, have recently been addressed. Besides webinars, in-person Ombudsman training continues to be held bi-monthly. Four new Ombudsman representatives received 36 hours of certified training. The local office is looking into the possibility of certifying and training new volunteers who live in the remote areas we serve. Ombudsman Data</p>	<p>7-1-20 6-30-24</p>		<p>Continued</p> <p>Continued</p> <p>Continued</p>

OBJECTIVES	Projected Start and End Dates	Title IIIB Funded PD or C <sup>4</sup>	Update Status <sup>5</sup>
<p>Integration Network (ODIN) continues to be the database for entering cases and activities.</p> <p>8.5 The Ombudsman program plans to continue its outreach activities to promote access to its services. Skilled nursing facility and/or residential facilities are monitored to ensure that mandatory posters providing the telephone number and the address of the program are hung in each facility. The toll-free number which long-term care residents or their family members can call during non-business hours, weekends or holidays continues to be maintained by the State Ombudsman office. Both the Ombudsman Director and the Case Manager carry cell phones for immediate access.</p>	<p>7-1-20 6-30-24</p>		<p>Continued</p>
<p>8.6 The Ombudsman staff and volunteers continue to participate in annual community outreach events conducted by the AAA as well as those held by local agencies. These include the AAA's annual Health Fair (which was cancelled in 2020 due to the COVID-19 pandemic) and the CSUB Conference on Aging, and Senior Day at the Kern County Fair. Volunteers and staff plan to attend the annual Elder Abuse conference normally held each June, the workshops of the local Alzheimer's Day Care Association and the meetings of the Kern County Mental Health Collaborative. The Ombudsmen attend the Kern Medical Center's geriatric lectures on topics relevant to aging and health care issues of the elderly and the Kern County Transition Collaborative quarterly meeting to improve care transitions from the hospitals. The Program director continues to speak to specialized groups such as the California Association of Health Facilities (CAHF) consisting of nursing home administrators and staff for the South Central Valley area. The program coordinator also continues to participate in the Kern Senior Network and the DEAR team. The Coordinator conducts specialized training for skilled nursing or residential facility staff each year related to elder abuse, mandatory reporting, residents' rights, and appropriate implementation of the Physician's Order for Life Sustaining Treatment form consistent with the use of Advance Health Care Directives. Facility staff and managers who received training include Hallmark Assisted Living and Around the Clock management team, Kern Rehabilitation and Sub-Acute Center, Lifehouse Parkview SNF, Delano District Skilled Nursing Facility, Delano Regional Medical Center Sub Acute unit, San Joaquin Hospital case managers, Kern Medical Center, Kern Valley Health Care District, Mercy Homemaker Program, the Delano Regional Occupational</p>	<p>7-1-20 6-30-24</p>		<p>Continued</p>

OBJECTIVES	Projected Start and End Dates	Title IIIB Funded PD or C <sup>4</sup>	Update Status <sup>5</sup>
<p>Hospital, Valley Caregiver Resource Support Group, Aimes Residential staff, HICAP volunteers, Rosewood Skilled Nursing staff, St. John Manor residents, Bakersfield Health Care Center staff, California Dept. of Public Health Licensing staff. These efforts resulted in training sessions and public education activities enabling many individuals to receive information about long term care and elder abuse. Subsequent to activities such as these, our program has seen an increase of reports from mandated reporters.</p> <p>8.7. The Ombudsman program plans to continue its outreach activities to promote access to its services. Skilled nursing and residential facilities will continue to be monitored to ensure that mandatory posters are located in a visible area and have telephone number and the address of the program. The program also plans to ensure that all Ombudsman posters have the toll-free number which long-term care residents or their family members can call during non-business hours, weekends or holidays. The program has made it more convenient for new Ombudsman to begin certification training by using the new online Ombudsman training. Since the program now has a dedicated full-time Volunteer Coordinator, she will focus on recruiting &amp; plans to significantly increase the number of volunteers and facility presence in long-term care facilities. GBLA will continue to provide a consumer oriented website which provides substantial information and links related to long-term care. Program staff and volunteers continue to receive current information on aging issues and changes in the law affecting the elderly by taking advantage of statewide and nationwide Webinars for special training on topics conducted by the National Ombudsman Resource Center (NORC), the National Legal Services Corporation Justice in Aging, Center for Healthy Aging, and the California Advocates for Nursing Home Reform (CANHR).</p>	<p>7-1-20 6-30-24</p>		<p>Continued</p>
<p>8.8. In April of 2020, the Kern County Long-Term Care Ombudsman Program launched a community outreach project called Cards to Warm Hearts in response to the COVID-19 pandemic. Cards to Warm Hearts prepares handwritten notes and cards to give residents in LTC facilities and provides comfort to residents who are isolated due to the pandemic. The first delivery of Cards to Warm Hearts went to two skilled nursing facilities in May 2020. Since that first delivery, Cards to Warm Hearts has grown exponentially and 400 cards were delivered to residents for Valentine’s Day 2021. In late November 2021, nearly 1,300 handwritten cards of comfort were delivered to, 100% of the</p>	<p>7-1-20 6-30-24</p>		<p>New</p>

OBJECTIVES	Projected Start and End Dates	Title IIIB Funded PD or C <sup>4</sup>	Update Status <sup>5</sup>
<p>residents in fifteen skilled nursing homes throughout the Kern River Valley, Ridgecrest, Arvin and Bakersfield. The greatest impacts occurring through this heartwarming project are that community groups are learning about the plight of isolated greatest impacts occurring through this heartwarming project are seniors in the long term facilities and our Ombudsman program and residents are not feeling forgotten. The Ombudsman Program plans to continue working with community partners and growing the Cards to Warm Hearts cards project to reach more residents throughout Kern’s long-term care facilities. Kern County has over 4,000 long- term care beds. The Ombudsman Program also plans to identify and assist isolated older adults in long-term care facilities by donating a digital pet to minimize depression and loneliness that resulted from mandated facility lockdowns and COVID-19 outbreaks.</p>			

APPROVED

**Goal # III**

**Improve the wellbeing of older adults and adults with disabilities in Kern County.**

**Goal:** Collaborate with providers, partners, and other stakeholders to deliver accessible and innovative services that engage Kern County older adults and adults with disabilities and improve their quality of life.

**Rationale:**

- Nearly a third of all boomers – comprising more than 25 million people – volunteered for a formal organization in 2005. (U.S. Bureau of Labor Statistics)
- The AAA will enhance the wellbeing of older adult population in Kern County by utilizing a variety of methods and new technologies, as appropriate, to engage Baby Boomers, minority older adults, disabled older adults, and other older individuals.

<b>OBJECTIVES</b>	<b>Projected Start and End Dates</b>	<b>Title IIIB Funded PD or C<sup>4</sup></b>	<b>Update Status<sup>5</sup></b>
1. The AAA will continue to search for outreach opportunities that will allow it to connect with ethnic communities where there can be technological, language or cultural barriers that deter access to services. The AAA will encourage the use of technology, and cultural and economic sensitivity to help bridge the digital divide in a way that facilitates the use of technology where possible, while ensuring that services are provided equitably for all older adults and adults with disabilities. The AAA will develop outreach materials in English and Spanish, as well as for online or telephone-based delivery of services where appropriate. The AAA also is providing the Active Choices telephone based physical activity counseling Health Promotion program in an effort to reach older adults isolated due to the COVID pandemic.	7-1-20 6-30-24		Continued
2. The AAA will continue to refine classes offered to older adults, including online health promotion classes and potentially classes that will allow them to learn how to navigate the internet, and also Microsoft Word.	7-1-20 6-30-24		Continued
3. The AAA will work with community partners such as the Golden Empire Gleaners, Community Action Partnership of Kern, Senior Centers, and others to make referrals for older adults to access emergency fruits, vegetables, and other food. Information regarding senior farmer’s market coupons and CalFresh will also be provided to seniors including those seniors who are food insecure.	7-1-20 6-30-24		Continued
4. APS will provide elder abuse training in rural communities, and when in senior centers, as well as in other areas of the County. Training will be provided to partner organizations, rural communities, caregivers, and service professionals, as possible during the pandemic.	7-1-20 6-30-24		Revised
5. North of the River (NOR) Recreation and Park District, continues to provide nutritious meals to home delivered older adult participants, and congregate meals when safe to do so under COVID-19 guidelines.	7-1-20 6-30-24		Revised



<p>7.1 BSC will continue to host its Annual Evening of Jazz, Gospel and More Christmas Fundraiser. Access for Better Healthcare &amp; Prevention a FREE Diabetes Class will be given 4 times a year to people with diabetes and prediabetes. This Diabetes Empowerment Education Program is designed to reduce hospital visits. Tentative Fundraiser will reconvene hopefully by 2nd Quarter of 2022. We continue to pursue grants to help with operations and services to BSC low income, underserved seniors.</p>	<p>7-1-20 6-30-24</p>		<p>Revised</p>
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APPROVED

**Goal # IV**

**Enhance service levels and quality of service delivery for our increasingly diverse customers using technologically and culturally appropriate methods.**

**Goal:** Improve service delivery and develop departmental assets and skills to deliver services that bridge the digital divide and respect cultural differences to allow for an equitable distribution of services

**Rationale:**

- The AAA’s Call Center continues to provide a safe, convenient, and effective point of entry for Kern County seniors who seek assistance with eligibility or securing benefits.
- The AAA’s website continues to serve as a focal point where, even from remote locations, seniors can find information and gain access to available services.
- A single point of entry is needed to ensure that seniors, caregivers and the public are aware of the services that are available to them.
- The AAA can serve as a highly visible point where seniors can turn to as they attempt to navigate the range of services that are available to them.

OBJECTIVES	Projected Start and End Dates	Title IIIB Funded PD or C <sup>4</sup>	Update Status <sup>5</sup>
1. The AAA will continue to meet the challenge of providing services and relevant information to seniors remotely through its call center, and by appointment utilizing virtual technologies such as Microsoft Teams.	7-1-20 6-30-24		Continued
2. The KCAASD and Independent Living Center of Kern County (ILCKC) ADRC provides a more coordinated system for older adults and people with disabilities seeking reliable information and access to LTSS (Long-Term Services and Supports). The ADRC will expand the KCAASD and ILCKC partnership and add a wide array of partner organizations.			Revised
3. The AAA will continue to identify and pursue additional funding streams to provide more needed services and programs to seniors and Baby Boomers. The AAA intends to pursue several grant opportunities during the 2020-2024 planning cycle. KCAASD’s innovative Digital Divide program targets isolated seniors and teaching them to use technology available to them.	7-1-20 6-30-24		Continued
4. The AAA will continue to work to enhance its website and provide links and information that is of interest to Kern County seniors, such as health and nutrition information. Providing information on topics of interest will encourage repeat visitors to the website and build trust regarding available information among site visitors. The AAA has updated its website to include sections that focus on Care Providers' needs, and Title IIID and CalFresh Healthy Living remotely accessible classes.	7-1-20 6-30-24		Continued
5. The AAA will continue to provide administrative, technical, and staff support to all Title III/VII contracted providers utilizing technology that is supportive of physical distancing where possible.	7-1-20 6-30-24		Continued



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

**PSA #33**

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

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

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

**Homemaker (In-Home)**

**Unit of Service = 1 hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
<b>2020-2021</b>	3,600	1 3	5.6 6
<b>2021-2022</b>	3,600	1 3	5.6 6
<b>2022-2023</b>	3,600	1 3	5.6 6
<b>2023-2024</b>	3,600	1 3	5.6 6

**Home-Delivered Meal**

**Unit of Service = 1 meal**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
<b>2020-2021</b>	230,000	2	5
<b>2021-2022</b>	230,000	2	5
<b>2022-2023</b>	230,000	2	5
<b>2023-2024</b>	230,000	2	5

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

**Unit of Service = 1 hour**

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

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
<b>2020-2021</b>	250	1 3	1 1
<b>2021-2022</b>	250	1 3	1 1
<b>2022-2023</b>	250	1 3	1 1
<b>2023-2024</b>	250	1 3	1 1

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
<b>2020-2021</b>	149,000	2 3	5 7
<b>2021-2022</b>	149,000	2 3	5 7
<b>2022-2023</b>	149,000	2 3	5 7
<b>2023-2024</b>	149,000	2 3	5 7

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
<b>2020-2021</b>	3,600	1 3	1.1 1
<b>2021-2022</b>	3,600	1 3	1.1 1
<b>2022-2023</b>	3,600	1 3	1.1 1
<b>2023-2024</b>	3,600	1 3	1.1 1

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
<b>2020-2021</b>	12,900	2	5
<b>2021-2022</b>	12,900	2	5
<b>2022-2023</b>	12,900	2	5
<b>2023-2024</b>	12,900	2	5

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	21,000	1	6
2021-2022	21,000	1	6
2022-2023	21,000	1	6
2023-2024	21,000	1	6

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

Each **Title IIIB** “Other” service must be an approved NAPIS 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 NAPIS categories. (Identify the specific activity under the Other Supportive Service Category on the “Units of Service” line when applicable.)

**Title IIIB, Other Priority and Non-Priority Supportive Services**

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

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

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

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

**3. Title IIID/Health Promotion—Evidence Based**

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

**Unit of Service = 1 contact**

**Evidence-Based Program Name(s): Staying Healthy Through Education and Prevention**

(STEP), SAIL Fall Prevention Program, Active Choices, Walk With Ease, Bingocize, Active Living Every Day, or Arthritis Foundation Exercise Program.

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (Required)
<b>2020-2021</b>	2,000	2	7
<b>2021-2022</b>	2,000	2	7
<b>2022-2023</b>	2,000	2	7
<b>2023-2024</b>	2,000	2	7

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

**2020-2024 Four-Year Planning Cycle**

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

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

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

Complete all Measures and Targets for Outcomes 1-3;

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

**Measures and Targets:**

A. **Complaint Resolution Rate** (NORS Element CD-08) (Complaint Disposition). The average California complaint resolution rate for FY 20172018 was 73%.

1. FY 2018-2019 Baseline Resolution Rate: Number of complaints resolved <u>227</u> + number of partially resolved complaints <u>39</u> divided by the total number of complaints received <u>386</u> = Baseline Resolution Rate <u>68.9</u> %
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FY 2020-2021 Target Resolution Rate <u>80%</u>
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2. FY 2019-2020 Baseline Resolution Rate: Number of complaints partially or fully resolved <u>231</u> divided by the total number of complaints received <u>291</u> = Baseline Resolution Rate <u>79%</u>
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FY 2021-2022 Target Resolution Rate <u>80</u>
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3. FY 2020 - 2021 Baseline Resolution Rate: Number of complaints partially or fully resolved <u>190</u> divided by the total number of complaints received <u>243</u> = Baseline Resolution Rate <u>78</u> %
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FY 2022-2023 Target Resolution Rate <u>80%</u>
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4. FY 2021-2022 Baseline Resolution Rate:  
 Number of complaints partially or fully resolved \_\_\_\_\_ divided by the total number  
 of complaints received \_\_\_\_\_ = Baseline Resolution Rate \_\_\_\_\_ %  
 FY 2023-2024 Target Resolution Rate \_\_\_\_\_

Program Goals and Objective Numbers: \_\_\_\_\_

For **FY 2018-19** the program exceeded the projected Target Resolution Rate of 65%.

For **FY 2019-2020** the program was able to meet 79% close to the target rate of (80% projected rate) since partially and fully resolved cases was measured under ODIN2020 as one “disposition” code.

For **FY 2020-2021** the program was able to meet 78% close to the target rate of (80% projected rate) since partially and fully resolved cases was measured under ODIN2020 as one “disposition” code.

For **FY 2021-2022** the Target Resolution Rate projected at 80% is expected to be met.

For **FY 2022-2023** the Target Resolution Rate will continue to be projected at 80% since partially and fully resolved cases will be measured under ODIN2020 as one “disposition” code.

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

FY 2018-2019 Baseline: Number of Resident Council meetings attended 4  
 FY 2020-2021 Target: 4

FY 2019-2020 Baseline: Number of Resident Council meetings attended 0  
 FY 2021-2022 Target: 4

FY 2020-2021 Baseline: Number of Resident Council meetings attended 1  
 FY 2022-2023 Target: 2

2021-2022 Baseline: Number of Resident Council meetings attended \_\_\_\_\_  
 FY 2023-2024 Target: \_\_\_\_\_

Program Goals and Objective Numbers: \_\_\_\_\_

For **FY 2018-19** the program exceeded the projected Target of 3.

For **FY 2019-2020** the program was not able to meet the projected target goal since facilities shut down due to COVID-19 pandemic. During the mandatory shutdown, visitation restrictions were imposed, social gatherings were no longer taking place and residents were quarantined in their rooms.

**FY 2020-2021** the Target Rate projected at 4 was not able to be met since long-term care facilities encountered COVID-19 outbreaks and resident council meetings did not take place. Ombudsman were also not allowed to visit facilities with COVID-19 outbreaks. Currently, COVID-19 cases are declining and facilities are slowly re-opening. However, Ombudsman Representatives are still frequently meeting with the Resident Councils via-phone or when safe, in person.

For **FY 2021-2022** the Target Rate projected at 4 is not expected to be met since long-term care facilities encountered multiple waves of COVID-19 and resident council meetings were canceled. Ombudsman Representatives will continue to frequently meet with the Resident Councils via-phone or when safe, in person. However, Ombudsman Representatives are only able to attend upon invitation from residents in the council.

For **FY 2022-2023** the Target Rate is projected at 2 since the multiple waves of COVID-19 has brought challenges for resident councils to meet. Ombudsman Representatives will continue meeting with the Resident Councils via-phone or when safe, in person. However, Ombudsman Representatives are only able to attend upon invitation from residents in the council.

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

FY 2018-2019 Baseline: Number of Family Council meetings attended <u>0</u> FY 2020-2021 Target: <u>1</u>
FY 2019-2020 Baseline: Number of Family Council meetings attended <u>1</u> FY 2021-2022 Target: <u>1</u>
FY 2020-2021 Baseline: Number of Family Council meetings attended <u>0</u> FY 2022-2023 Target: <u>2</u>
FY 2021-2022 Baseline: Number of Family Council meetings attended _____ FY 2023-2024 Target: ____

Program Goals and Objective Numbers: \_\_\_\_\_

For **FY 2018-2019** the program was not able to meet the projected target goal. Family councils are difficult to establish and maintain. These groups have short-term participation or length of existence in a nursing home because family members tend to leave the group once their loved one passes on or leaves the facility. These groups are difficult to organize due to lack of consistent interest or attendance or family members' fear of retaliation when/if they challenge facility procedures or policies. However, the program will plan a meeting to which families of long-term care residents will be invited to determine if the families are interested in having a council, and, if so, to begin the process of organizing.

For **FY 2019-20** the program met the projected Target of 1.

For **FY 2020-21** the program did not meet the projected Target of 1. Family councils are difficult to establish and maintain. These groups have short-term participation or length of existence in a nursing home because family members tend to leave the group once their loved one passes on or leaves the facility. These groups are difficult to organize due to lack of consistent interest or attendance or family members' fear of retaliation when/if they challenge facility procedures or policies. However, the program will plan a meeting to which families of long-term care residents will be invited to determine if the families are interested in having a council, and, if so, to begin the process of organizing.

For **FY 2021-22** the program expects to meet the projected Target of 1. In 2021, the program secured grant monies from the Cynthia Lake Charity Trust towards Family Councils. The Program organized and presented trainings on Family Councils which have generated interest in families of long-term care residents to begin the process of organizing a family council.

For **FY 2022-2023** the Target Rate is projected at 2 since the program secured grant monies for Family Councils. The program has identified one facility where families of long-term care residents are interested in starting a Family Council. Even though Family Councils are difficult to establish and maintain, COVID-19 has generated more interest within family members. The long term goal is to establish Family Councils in all 19 nursing homes in Kern County.

**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.

FY 2018-2019 Baseline: Number of Instances <u>349</u> FY 2020-2021 Target: <u>350</u>
FY 2019-2020 Baseline: Number of Instances <u>732</u> FY 2021-2022 Target: <u>450</u>
FY 2020-2021 Baseline: Number of Instances <u>183</u> FY 2022-2023 Target: 300
FY 2021-2022 Baseline: Number of Instances _____ FY 2023-2024 Target: _____
<p>Program Goals and Objective Numbers:</p> <p>For <b>FY 2018-19</b> the program exceeded the projected Target of 300 due to program receiving a greater amount of calls from facility staff with questions on Ombudsman witnessing Advanced Healthcare Directives and conservatorship referrals.</p> <p>For <b>FY 2019-2020</b> the program exceeded the projected Target rate of 350 due to program receiving a greater amount of calls and emails from facility staff with questions on resources, voting rights, new guidance and available Ombudsman services during COVID-19 pandemic for long-term care residents and their families.</p> <p>For <b>FY 2020-2021</b> the program did not meet the projected Target rate of 350 since the program lost volunteers and experienced COVID testing challenges which resulted in the reduction of facility visits that generated Information and Assistance to Facility Staff.</p> <p>For <b>FY 2021-2022</b> the Target rate projected at 450 is not expected to be met since program has experienced staffing shortages, reduction in volunteers and COVID testing delays which resulted in the reduction of facility visits that generated Information and Assistance to Facility Staff.</p> <p>For <b>FY 2022-2023</b> the Target rate projected is 300 since the program purchased 30 min. COVID self-testing kits for staff and volunteers to comply with State testing requirements and resolve issues in COVID testing delays. Facility visits are expected to increase with the quick 30 min. testing, hence generating Information and Assistance to Facility Staff. The program also has a variety of up to date resources available online for facility staff.</p>

**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.

FY 2018-2019 Baseline: Number of Instances <u>1,747</u> FY 2020-2021 Target: <u>1,200</u>
FY 2019-2020 Baseline: Number of Instances <u>1,298</u> FY 2021-2022 Target: <u>1,200</u>
FY 2020-2021 Baseline: Number of Instances <u>1202</u> FY 2022-2023 Target: <u>1200</u>
FY 2021-2022 Baseline: Number of Instances _____ FY 2023-2024 Target: _____
Program Goals and Objective Numbers: _____
<p>For <b>FY 2018-19</b> the program exceeded the projected Target of 750 due to volunteer Ombudsman regularly meeting with newly admitted residents, families, and witnessing Advanced Health Care Directives during facility coverages.</p> <p>For <b>FY 2019-2020</b> the program exceeded the projected Target goals of 900 due to volunteer Ombudsman and program staff meeting with newly admitted residents and families during facility coverages (prior to COVID-19 pandemic). Program staff received an increase of calls and emails from families and residents requesting information on placement information, discharge rights and visitation rights for long-term care residents (during COVID-19 pandemic).</p> <p>For <b>FY 2020-2021</b> the program was able to meet the Target rate of 1,200 since program staff received a great amount of calls and emails from families and residents requesting updates on visitation rights, placement information, Ombudsman witnessing of medical powers of attorney and discharge rights for long-term care residents.</p> <p>For <b>FY 2021-2022</b> Target rate is projected at 1,200 is not expected to be met since the program has experienced staffing shortages, reduction in volunteers and COVID testing delays which resulted in the reduction of facility visits that generated Information and Assistance to Individuals.</p> <p>For <b>FY 2022-2023</b> Target rate is projected at 1,200 since the program purchased 30 min. COVID self-testing kits for staff and volunteers to comply with State testing requirements and resolve issues in COVID testing delays. Facility visits are expected to increase with the quick 30 min. testing, hence generating Information and Assistance to Individuals. The program's Volunteer Coordinator will focus on recruiting additional volunteers. The Volunteer Coordinator will also ensure Ombudsman Representatives contact newly admitted residents and Resident Councils to educate residents and their families on long-term care ombudsman services and resident rights.</p>

- 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.

FY 2018-2019 Baseline: Number of Sessions <u>8</u> FY 2020-2021 Target: <u>3</u>
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FY 2019-2020 Baseline: Number of Sessions <u>9</u> FY 2021-2022 Target: <u>10</u>
FY 2020-2021 Baseline: Number of Sessions <u>15</u> FY 2022-2023 Target: <u>7</u>
FY 2021-2022 Baseline: Number of Sessions _____ FY 2023-2024 Target: ____
Program Goals and Objective Numbers: _____  For <b>FY 2018-19</b> the program exceeded the projected Target Goal of 7.  For <b>FY 2019-2020</b> the program did not meet Target Goals projected at 12. The program received cancellations from scheduled community events and speaking engagements due to COVID-19 pandemic.  For <b>FY 2020-2021</b> the projected Target rate was set at 3 since community events were discouraged and cancelled due to COVID-19 pandemic. However, many agencies and groups used online platforms such as Zoom for events and speaking engagements, thus resulting in exceeding the projected Target rate.  For <b>FY 2021-2022</b> the program is expected to meet the projected Target Goal since many agencies and groups continue to use online platforms such as Zoom for events and speaking engagements.  For <b>FY 2022-2023</b> the Target rate is projected at 7 since many agencies are preparing to resume in person community events and speaking engagements.

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

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

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

## **FY 2020-2021**

### **FY 2020-2021 Systems Advocacy Effort(s):**

Facilities continue to use the Medicare Skilled Nursing Facility Advanced Beneficiary Notice (SNFABN) or denial letter as their facility discharge notice. Facilities have received guidance on sending required transfer/discharge notices to the Kern County Long Term Care Ombudsman Program, and reminded to issue their own discharge notice to residents. Unfortunately, facilities still continue using the (SNFABN) or denial letter as their facility discharge notice. Thus resulting in unnecessary, inappropriate and untimely transfers and discharges.

The systemic advocacy effort for 2020-2021 is to reduce unnecessary, inappropriate and untimely transfers and discharges by working with the Department of Public Health and Kern County District Attorney's Office. The focus is to ensure safe and orderly transfers or discharges and prevent inappropriate, unnecessary and untimely transfers and discharges in all 19 facilities. The program plans to convey quarterly meetings with the Department of Public Health and Kern County District Attorney's Office to address the issue and ensure facilities get into compliance. The program plans to visit newly admitted residents to educate on their transfer/discharge notices and rights. The program also plans to reach out to all resident councils in facilities to schedule presentations. Presentations will focus on transfer/discharge rights as well as appealing a transfer or discharge in long-term care facilities.

## **FY 2021-2022**

### **Outcome of FY 2020-2021 Efforts:**

The systemic advocacy effort for 2020-2021 to reduce unnecessary, inappropriate and untimely transfers and discharges resulted in the program receiving a reduction of calls and complaints concerning inappropriate, unnecessary and untimely transfers and discharges in facilities. The collaboration with the Kern County District Attorney's Office resulted in the creation of a "task force" that sued the nation's largest senior living home operator, alleging the company misled consumers on quality ratings and broke laws intended to protect patients when they are discharged from a facility. The suit centered on Brookdale Senior Living Inc.

### **FY 2021-2022 Systems Advocacy Effort(s):**

Family councils can be a powerful force for positive change in a nursing home. When a council is family-run, and strong, it can lead to direct improvement in resident care and quality of life. The systemic advocacy effort for 2021-2022 is for the program to actively encourage the establishment of family councils. Currently, there is one facility with an active family council.

The program will plan a meeting to which families of long-term care residents will be invited to determine if the families are interested in having a council, and, if so, to begin the process of organizing. The purpose of the meeting is to provide families with information about family councils, generate enthusiasm for a council, and identify a few family members to assist in planning the first council meeting. The goal of creating more family councils is for families, as a group, to influence the quality of care and life for the residents. By presenting a united voice with mutual goals and concerns, members are more willing to speak out and are less afraid of being isolated and threatened, and they can address the problems of all residents, rather than a few.

**FY 2022-2023**

**Outcome of FY 2021-2022 Efforts:**

The systemic advocacy effort for 2021-2022 for the program to actively encourage the establishment of family councils resulted in the program securing grant monies from the Cynthia Lake Charity Trust towards Family Councils. The program organized and presented trainings on Family Councils which have generated interest in families of long-term care residents to begin the process of organizing a family council. The program has identified one facility where families of long-term care residents are interested in starting a Family Council. Even though Family Councils are difficult to establish and maintain, COVID-19 has generated more interest within family members. The program's goal is to establish Family Councils in all 19 nursing homes in Kern County with the grant monies from the Cynthia Lake Charity Trust.

**FY 2022-2023 Systems Advocacy Effort(s):**

The program's experience with the Assisted Living Facility evacuation during the French Fire in 2021 identified a huge response gap regarding assisted living facilities that most likely exists throughout the State. The local level emergency management organizations such as Office of Emergency Services and Kern Public Health Department have virtually no interaction with long-term care facilities. These local emergency responding organizations have limited knowledge of the unique issues related to facility administrators' not consenting to evacuate long-term care residents under an Evacuation Warning or Evacuation Order, facility emergency plans or their capability to tactically implement emergency plans. The systemic advocacy effort for 2022-2023 is to develop a local government response guidance to disaster events that impact residents in long-term care facilities, and also recommend the Long-Term Care Ombudsman program be included as a stakeholder organization in guidance development.

**FY 2023-2024**

**Outcome of 2022-2023 Efforts:**

**FY 2023-2024 Systems Advocacy Effort(s):** (Provide one or more new systems advocacy efforts)

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

**Measures and Targets:**

- A. Routine Access: Nursing Facilities** (NORS Element S-58) Number of nursing facilities within the PSA that were visited by an Ombudsman representative at least once each quarter **not** in response to a complaint. 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>FY 2018-2019 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint <u>16</u> divided by the total number of Nursing Facilities <u>19</u> = Baseline <u>84.3</u> %  FY 2020-2021 Target: <u>85%</u></p>
<p>FY 2019-2020 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint <u>0</u> divided by the total number of Nursing Facilities <u>19</u> = Baseline <u>0</u> %  FY 2021-2022 Target: <u>40%</u></p>
<p>FY 2020-2021 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint <u>3</u> divided by the total number of Nursing Facilities <u>19</u> = Baseline <u>16</u> %  FY 2022-2023 Target: <u>70%</u></p>
<p>FY 2021-2022 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint _____ divided by the total number of Nursing Facilities _____ = Baseline _____ %  FY 2023-2024 Target: <u>85%</u></p>
<p>Program Goals and Objective Numbers: _____</p> <p>For <b>FY 2018-19</b> the program exceeded the projected Target Goal of 39% since the program continued to have either an Ombudsman volunteer or someone from the staff provide required coverages.</p> <p>For <b>FY 2019-2020</b> the program was not able to meet the projected Target goal of 85% since facilities shut down due to COVID-19 pandemic. During the mandatory shutdown, visitation restrictions were imposed, and residents were quarantined in their rooms. Ombudsman Representatives were also not allowed to visit during COVID-19 outbreaks.</p> <p>For <b>FY 2020-2021</b> the program did not meet Target goal of 85% since long-term care facilities encountered COVID-19 outbreaks. During the mandatory shutdown, visitation restrictions were imposed, and residents were quarantined in their rooms. Ombudsman Representatives were also not allowed to visit facilities with COVID-19 outbreaks.</p> <p>For <b>FY 2021-2022</b> The projected Target rate is not expected to be met since the program encountered staffing shortages, issues with COVID testing delays and lost volunteer Ombudsman during the COVID-19 pandemic due to State PPE requirements. However, Volunteer Coordinator will focusing on recruiting volunteer Ombudsman that are willing and able to complete requirements to visit long term care facilities to ensure ongoing presence in nursing facilities is completed.</p> <p>For <b>FY 2022-2023</b> Target rate is projected at 70% since the program purchased 30 min. COVID self-testing kits for staff and volunteers to comply with State testing requirements and resolve issues in COVID testing delays. Facility visits are expected to increase with the quick 30 min. testing. The program's Volunteer Coordinator will continue to focus on recruiting additional volunteers.</p>

**B. Routine access: Residential Care Communities** (NORS Element S-61) Number 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. NOTE: This is not a count of *visits* but a count of *facilities*. In determining the number of facilities visited for this measure, no RCFE can be counted more than once.

1. FY 2018-2019 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint 8 divided by the total number of RCFEs 132 = Baseline 6.1%  
 FY 2020-2021 Target: 4 %

2. FY 2019-2020 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint 0 divided by the total number of RCFEs 129 = Baseline 0 %  
 FY 2021-2022 Target: 2 %

3. FY 2020-2021 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint 0 divided by the total number of RCFEs 128 = Baseline \_\_\_\_\_ %  
 FY 2022-2023 Target: 2 %

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

Program Goals and Objective Numbers: \_\_\_\_\_

For **FY 2018-19** the program exceeded the projected Target Goal of 2% since Ombudsman volunteer assignment coverages focused on RCFEs with the most citations.

For **FY 2019-2020** the program was not able to meet the projected Target goal of 2% since facilities shut down due to COVID-19 pandemic. During the mandatory shutdown, visitation restrictions were imposed, and residents were quarantined in their rooms. Ombudsman Representatives were also not allowed to visit during COVID-19 outbreaks.

For **FY 2020-2021** the program was not able to meet the projected Target goal of 4% since long-term care facilities encountered COVID-19 outbreaks. During the mandatory shutdown, visitation restrictions were imposed, and residents were quarantined in their rooms. Ombudsman Representatives were also not allowed to visit facilities with COVID-19 outbreaks.

For **FY 2021-2022** the projected Target rate is not expected to be met since the program encountered staffing shortages, issues with COVID testing delays and lost volunteer Ombudsman during the COVID-19 pandemic due to State PPE requirements.

For **FY 2022-2023** the Target rate is projected at 2% since the program purchased 30 min. COVID self-testing kits for staff and volunteers to comply with State testing requirements and resolve issues in COVID testing delays. Facility visits are expected to increase with the quick 30 min. testing. The program's Volunteer Coordinator will continue to focus on recruiting additional volunteers.

**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.

FY 2018-2019 Baseline: <u>1.89</u> FTEs FY 2020-2021 Target: <u>4.0</u> FTEs
FY 2019-2020 Baseline: <u>4.0</u> FTEs FY 2021-2022 Target: <u>4.0</u> FTEs
FY 2020-2021 Baseline: <u>5.0</u> FTEs FY 2022-2023 Target: <u>4.0</u> FTEs
FY 2021-2022 Baseline: _____ FTEs FY 2023-2024 Target: <u>3.8</u> FTEs
Program Goals and Objective Numbers: _____
For <b>FY 2018-19</b> the program met the Target rate of 1.89 since the program continued to have a full-time Program Director and part-time Case Manager.
For <b>FY 2019-2020</b> the program's funding increased exceeded the Target rate projected of 2.77. The program has added a full-time Volunteer Coordinator, Administrative Assistant and Case Manager.
For <b>FY 2020-2021</b> the programs FTEs increased to 5.0 since the program hired multiple staff for the Case Manager position. For multiple months the Case Manager position was vacant, and the program had a full-time Program Director, Volunteer Coordinator and Administrative Assistant.
For <b>FY 2021-2022</b> the program will decrease FTEs to 3.80 since the Volunteer Coordinator requested to be switched to part-time at 30 hours per week.

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

FY 2018-2019 Baseline: Number of certified LTC Ombudsman volunteers <u>15</u> FY 2020-2021 Projected Number of certified LTC Ombudsman volunteers <u>30</u>
FY 2019-2020 Baseline: Number of certified LTC Ombudsman volunteers <u>11</u> FY 2021-2022 Projected Number of certified LTC Ombudsman volunteers <u>20</u>
FY 2020-2021 Baseline: Number of certified LTC Ombudsman volunteers <u>13</u> FY 2022-2023 Projected Number of certified LTC Ombudsman volunteers <u>20</u>
FY 2021-2022 Baseline: Number of certified LTC Ombudsman volunteers _____ FY 2023-2024 Projected Number of certified LTC Ombudsman volunteers <u>30</u>

### Program Goals and Objective Numbers:

For **FY 2018-19** the program did not meet the projected Target Goal of 20. Instead of recruiting more volunteers, the program focused on developing an online training. The online training modules were added into the program's Learning Management System where new Ombudsman recruits can begin their certification training online.

For **FY 2019-2020** the program was not able to meet the Target goal of 25 since some volunteers resigned due to COVID-19 pandemic concerns. The program's Volunteer Coordinator also had challenges trying to recruit interested candidates during the COVID-19 pandemic. However, the Volunteer Coordinator managed to recruit three new volunteers that successfully completed their certification training online.

For **FY 2020-2021** the program did not meet the Target goal of 30 since multiple volunteers resigned due to COVID-19 pandemic concerns. The program's Volunteer Coordinator also continues to have challenges trying to recruit interested candidates or candidates that meet requirements.

For **FY 2021-2022** the program expects to meet the projected Target goal of 20. The Volunteer Coordinator recently finished training four Ombudsman and has a new Ombudsman class starting in the Spring of 2022.

For **FY 2022-2023** the Target rate will remain at 20 so the Volunteer Coordinator can focus on training and equipping Ombudsman volunteers in supporting Family Councils.

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

#### **Measures and Targets:**

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

Some examples could include:

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

All program staff attend NORS Consistency Training provided by the OSLTCO. The Program Director and Intake Specialist perform the necessary data entries and appropriate coding of complaints by using a checklist the program has added for all closed cases. Every effort is made to close cases in a timely manner and while the Field Ombudsman decides when their case is officially closed, the Program Director and Intake Specialist reviews all cases prior to closure. Currently, only a few volunteers utilize NORS. However, volunteers rely on the Ombudsman office to code their activities and review case work to ensure accuracy and case entry is completed in a timely manner.



**TITLE VIIA ELDER ABUSE PREVENTION**  
**SERVICE UNIT PLAN OBJECTIVES**    **PSA #33**

<b>X</b>	Ombudsman Program
	Legal Services Provider
<b>X</b>	Adult Protective Services
	Other (explain/list)

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

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

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

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

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

- **Public Education Sessions** –Indicate the total number of projected education sessions for the general public on the identification, prevention, and treatment of elder abuse, neglect, and exploitation.
- **Training Sessions for Professionals** –Indicate the total number of projected training sessions for professionals (service providers, nurses, social workers) on the identification, prevention, and treatment of elder abuse, neglect, and exploitation.
- **Training Sessions for Caregivers Served by Title III E** –Indicate the total number of projected training sessions for unpaid family caregivers who are receiving services under Title III E of the Older Americans Act (OAA) on the identification, prevention, and treatment of elder abuse, neglect, and exploitation. Older Americans Act Reauthorization Act of 2016, Section 302(3) 'Family caregiver' means an adult family member, or another individual, who is an informal provider of in-home and community care to an older individual or to an individual with Alzheimer's disease or a related disorder with neurological and organic brain dysfunction.
- **Hours Spent Developing a Coordinated System to Respond to Elder Abuse** –Indicate the number of hours to be spent developing a coordinated system to respond to elder abuse. This category includes time spent coordinating services provided by the AAA or its contracted service provider with services provided by Adult Protective Services, local law enforcement agencies, legal services providers, and other agencies involved in the protection of elder and 26

dependent adults from abuse, neglect, and exploitation.

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

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**TITLE VIIA ELDER ABUSE PREVENTION SERVICE UNIT PLAN OBJECTIVES**

The agency receiving Title VIIA Elder Abuse Prevention funding is: GBLA

Fiscal Year	Total # of Public Education Sessions
2020-2021	3
2021-2022	3
2022-2023	3
2023-2024	3

Fiscal Year	Total # of Training Sessions for Professionals
2020-2021	4
2021-2022	4
2022-2023	4
2023-2024	4

Fiscal Year	Total # of Training Sessions for Caregivers served by Title III E
2020-2021	1
2021-2022	1
2022-2023	1
2023-2024	1

Fiscal Year	Total # of Hours Spent Developing a Coordinated System
2020-2021	40
2021-2022	40
2022-2023	40
2023-2024	40

Fiscal Year	Total # of Copies of Educational Materials to be Distributed	Description of Educational Materials
2020-2021	1,500	Ombudsman Brochure, SOC-341 with instructions, Mandated Reporter Flowchart, Title 22 SNF Resident Rights, CANHR publications on RCFE & SNF resident rights, Care Plan Meetings, Theft & Loss Prevention, Articles on Long-Term Care, miscellaneous care & treatment guidance.
2021-2022	1,500	Ombudsman Brochure, SOC-341 with instructions, Mandated Reporter Flowchart, Title 22 SNF Resident Rights, CANHR publications on RCFE & SNF resident rights, Care Plan Meetings, Theft & Loss Prevention, Articles on Long-Term Care, miscellaneous care & treatment guidance.
2022-2023	1,500	Ombudsman Brochure, SOC-341 with instructions, Mandated Reporter Flowchart, Title 22 SNF Resident Rights, CANHR publications on RCFE & SNF resident rights, Care Plan Meetings, Theft & Loss Prevention, Articles on Long-Term Care, miscellaneous care & treatment guidance.

<b>Fiscal Year</b>	<b>Total # of Copies of Educational Materials to be Distributed</b>	<b>Description of Educational Materials</b>
<b>2023-2024</b>	1,500	Ombudsman Brochure, SOC-341 with instructions, Mandated Reporter Flowchart, Title 22 SNF Resident Rights, CANHR publications on RCFE & SNF resident rights, Care Plan Meetings, Theft & Loss Prevention, Articles on Long-Term Care, miscellaneous care & treatment guidance.

<b>Fiscal Year</b>	<b>Total Number of Individuals Served</b>
<b>2020-2021</b>	1,200
<b>2021-2022</b>	1,200
<b>2022-2023</b>	1,200
<b>2023-2024</b>	1,200

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**TITLE IIIE SERVICE UNIT PLAN OBJECTIVES**  
**CCR Article 3, Section 7300(d)**

**2020-2024 Four-Year Planning Period**

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

**Direct and/or Contracted IIIE Services**

<b>CATEGORIES</b>	<b>1</b>	<b>2</b>	<b>3</b>
<b>Family Caregiver Services</b>	<b><i>Proposed</i></b> <b>Units of Service</b>	<b><i>Required</i></b> <b>Goal #(s)</b>	<b><i>Optional</i></b> <b>Objective #(s)</b>
<b>Caregivers of Older Adults</b>			
<b>Information Services</b>	<b># of activities and</b> <b>Total est. audience for above</b>		
<b>2020-2021</b>	# of activities: 245 Total est. audience for above: 1,500	1	
<b>2021-2022</b>	# of activities: 245 Total est. audience for above: 1,500	1	
<b>2022-2023</b>	# of activities: 245 Total est. audience for above: 1,500	1	
<b>2023-2024</b>	# of activities: 245 Total est. audience for above: 1,500	1	
<b>Access Assistance</b>	<b>Total contacts</b>		
<b>2020-2021</b>	5,200	1	
<b>2021-2022</b>	5,200	1	
<b>2022-2023</b>	5,200	1	
<b>2023-2024</b>	5,200	1	

<b>Support Services</b>	<b>Total hours</b>		
<b>2020-2021</b>	1,500	1	
<b>2021-2022</b>	1,500	1	
<b>2022-2023</b>	1,500	1	
<b>2023-2024</b>	1,500	1	
<b>Respite Care</b>	<b>Total hours</b>		
<b>2020-2021</b>	2,200	1	
<b>2021-2022</b>	2,200	1	
<b>2022-2023</b>	2,200	1	
<b>2023-2024</b>	2,200	1	

**Direct and/or Contracted IIIIE Services**

<b>Older Elderly Relative</b>	<b><i>Proposed Units of Service</i></b>	<b><i>Required Goal #(s)</i></b>	<b><i>Optional Objective #(s)</i></b>
<b>Access Assistance</b>	<b><i>Total contacts</i></b>		
<b>2020-2021</b>	70	1	
<b>2021-2022</b>	70	1	
<b>2022-2023</b>	70	1	
<b>2023-2024</b>	70	1	

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

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

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

**STATE & FEDERAL PERFORMANCE TARGETS:** The Administration for Community Living (ACL) establishes targets for the State Health Insurance Assistance Program (SHIP)/HICAP performance measures (PMs). ACL introduced the current SHIP PMs in late 2016, and continues to manage the PMs in conjunction with the SHIP Annual Resource Report, used to inform Congress. The SHIP PMs are comprised of five (5) base elements, with one multi-layered category. The PMs are not used in performance-based funding scoring methodology, but instead are assessed to determine a Likert scale comparison model for setting National PM Targets that define the proportional penetration rates needed for statewide improvements.

Using ACL’s approach, CDA HICAP calculates State and Federal Performance Measures with goal-oriented targets for each AAA’s Planning and Service Area (PSA). The PMs are calculated at the county-level data, then displayed under each Planning Service Area. In general, the State and Federal Performance Measures include the following:

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

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

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

**HICAP Legal Services Units of Service (if applicable) <sup>6</sup>**

<b>Fiscal Year (FY)</b>	<b>3.1 Estimated Number of Clients Represented Per FY (Unit of Service)</b>	<b>Goal Numbers</b>
2020-2021	N/A	
2021-2022	N/A	
2022-2023	N/A	
2023-2024		

<b>Fiscal Year (FY)</b>	<b>3.2 Estimated Number of Legal Representation Hours Per FY (Unit of Service)</b>	<b>Goal Numbers</b>
2020-2021	N/A	
2021-2022	N/A	
2022-2023	N/A	
2023-2024		

<b>Fiscal Year (FY)</b>	<b>3.3 Estimated Number of Program Consultation Hours Per FY (Unit of Service)</b>	<b>Goal Numbers</b>
2020-2021	N/A	
2021-2022	N/A	
2022-2023	N/A	
2023-2024		



**SECTION 11 - FOCAL POINTS****PSA #33****COMMUNITY FOCAL POINTS LIST**

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

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

<b>Designated Community Focal Point</b>	<b>Address</b>
Arvin Senior Center	800 Walnut Drive, Arvin, CA 93203
East Niles Senior Center	6601 East Niles Street, Bakersfield, CA 93306
Bakersfield Community House	2020 "R" Street, Bakersfield, CA 93301
Greenacres Community Center	2014 Calloway Drive, Bakersfield, CA 93312
Bakersfield Senior Center	530 Fourth Street, Bakersfield, CA 93304
Ben Austin Senior Center	1751 McKee Road, Bakersfield, CA 93307
California City Senior Center	10221 Heather Avenue, California City, CA 93505
Inyokern Nutrition Site	1247 Broadway, Inyokern, CA 93527
Delano Community Senior Center	925 Ellington Street, Delano, CA 93215
Kern River Valley Senior Center	6409 Lake Isabella Blvd, Lake Isabella, CA 93240
Lamont Community Center	10300 San Diego Street, Lamont, CA 93241
Hummel Hall Senior Center	2500 West 20th Street, Rosamond, CA 93560
McFarland Senior Center	100 S. Second Street, McFarland, CA 93250
W. C. Walker Senior Center	505 Sunset Avenue, Shafter, CA 93263
Rasmussen Senior Center	115 East Roberts Lane, Bakersfield, CA 93308
Taft Senior Center	500 Cascade Avenue, Taft, CA 93268
Richard Prado Senior Center	2101 Ridge Road, Bakersfield, CA 93305
Tehachapi Senior Center	500 East "F" Street, Tehachapi, CA 93561
Ridgecrest Senior Center	125 South Warner, Ridgecrest, CA 93555
Wasco Senior Center	1280 Poplar Street, Wasco, CA 93280

**SECTION 12 - DISASTER PREPAREDNESS**

**PSA 33**

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

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

<b>Name</b>	<b>Title</b>	<b>Telephone</b>	<b>email</b>
Georgianna Armstrong	Emergency Services Manager	Office: 661-873-2604 Cell: 661-330-0195	garmstrong@kerncountyfire.org

3. Identify the Disaster Response Coordinator within the AAA:

<b>Name</b>	<b>Title</b>	<b>Telephone</b>	<b>email</b>
Martin Reynoso	AAA Planner	Office: 661-868-1061 Cell: 661-333-0116	reynosom@kerncounty.com

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

<b>Critical Services</b>	<b>How Delivered?</b>
a. Adult Protective Services	a. Contact active clients prioritized according to those who are considered to be of highest risk.
b. In Home Supportive Services	b. Client lists and phone numbers are maintained.
c. Elderly Nutrition Program	c. Emergency supply of shelf stable meals is maintained

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

The AAA actively participates in the Countywide emergency/disaster plans developed by the County Office of Emergency Services (OES). The OES has identified seniors and disabled adults as part of the “vulnerable population” group of the County. A committee, which the AAA participates in, called Access and Functional Needs was formed to work on this plan. The plan

developed is an appendix to the County plan that covers this population. A subcommittee called the Medically Fragile and Mobility Challenged Disaster Planning Committee is co-chaired by the AAA Director. In an event of a disaster, the OES will activate the Emergency Operations Center (EOC). AAA staff periodically participates with OES in training exercises with the Disaster Response staff of the other County Departments.

6. Describe how the AAA will:

- Identify vulnerable populations.

In Home Supportive Services, and Elderly Nutrition Programs maintain client lists. The Adult Protective Services division will identify those among their active clients who are at greatest risk.

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

Telephone will be the primary tool used.

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

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

**Total Number of Board Members:** \_\_\_\_\_

<b>Name and Title of Officers:</b>	<b>Office Term Expires:</b>
Supervisor Phillip Peters, District I	January 2025
Supervisor Zack Scrivner, District II – Chairperson	January 2023
Supervisor Mike Maggard, District III	January 2023
Supervisor David Couch, District IV	January 2025
Supervisor Leticia Perez, District V	January 2025

<b>Names and Titles of All Members:</b>	<b>Board Term Expires:</b>
NONE	N/A

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

**SECTION 17 - ADVISORY COUNCIL**

**PSA #33**

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

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

Total Council Membership (include vacancies) 21  
Number of Council Members over age 60 16

<b>Race/Ethnic Composition</b>	<b><u>% of PSA's 60+Population</u></b>	<b><u>% on Advisory Council</u></b>
White	<u>57%</u>	<u>73%</u>
Hispanic	<u>30%</u>	<u>11%</u>
Black	<u>4%</u>	<u>16%</u>
Asian	<u>6%</u>	<u>0%</u>
Native Hawaiian/Pacific Islander	<u>1%</u>	<u>0%</u>
Native American/Alaskan Native	<u>1%</u>	<u>0%</u>
Two or more races	<u>5%</u>	<u>0%</u>

**Name/Titles of officers and date term expires:**

Yolanda Prado	Chairperson	6/17/2022
Stephanie Lynch	Vice Chairperson	6/17/2022
Judy Snyder	Parliamentarian	6/17/2022

<b><u>Name:</u></b>	<b><u>Appointing Entity:</u></b>	<b><u>Term Expires:</u></b>
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Roland Maier	Supervisor Phillip Peters	6/17/2022
Vacant	Supervisor Phillip Peters	5/4/2022
Gloria P. Brown *6	Supervisor Zack Scrivner	6/17/2022
Doris Duquette *6	Supervisor Zack Scrivner	9/29/2023
Stephanie Lynch *6	Supervisor Mike Maggard	9/22/2023
Loron Hodge *6	Supervisor Mike Maggard	6/17/2022
Linda Oswald *6	Supervisor David Couch	6/17/2022
Roger Oswald	Supervisor David Couch	9/15/2023
Kristina Grasty *6	Supervisor Leticia Perez	6/17/2023
Aaron C. Flucker *6	Supervisor Leticia Perez	8/18/2022
Judy Snyder *4, 5	North of the River Recreation & Park District	1/10/2024
Devora Gonzalez *1	Greater Bakersfield Legal Assistance	11/8/2023
Barbara Goodlow *6	Bakersfield Senior Center	12/8/2023

Bill Wright	Alzheimer's Disease Association of Kern County	1/1/2023
Tawny Rocha *3, 5, 1	Valley Caregiver Resource Center	4/24/2023
Sandy Morris *4, 5	Around the Clock Care	8/7/2023
Susan Bodnar *1, 3, 5	Ridgecrest Regional Hospital	8/1/2023
Vacant, Senior Senator	California Senior Legislature	10/1/2022
Jan Lemucchi *6,*2	California Senior Legislature	10/1/2022
Yolanda Prado *6,*2	Director of Aging and Adult Services	9/8/2023
Norma Jackson *6	Director of Aging and Adult Services	2/1/2023

**(Members with expired terms continue to serve until the AAA secures reappointment.)**

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

**Yes No**

- Low Income Representative (1)
- Disabled Representative (2)
- Supportive Services Provider Representative(3)
- Health Care Provider Representative (4)
- Family Caregiver Representative(5)
- Local Elected Officials
- Individuals with Leadership Experience in Private and Voluntary Sectors (6)

Explain any "No" answer(s): \_\_\_\_\_

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

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

General members are appointed by Board of Supervisors and those entities providing nutrition and/or social services (service providers). Number of general members appointed by Board shall be at least 5 and not more than 10. Each supervisorial district shall be equally represented and general membership shall: 1) reflect the geographic, racial, economic and social complexion of Kern County; 2) contain a majority of persons 60 years of age or older; 3) contain older persons with greatest economic or social needs; 4) contain older persons who are participants in programs operated in accordance with Older Americans Act, and 5) contain at least 1 member representing the interests of the disabled. The two persons representing Kern County in the California Senior Legislature shall be general voting members by virtue of their office. One member shall be selected and appointed by the Director of the Kern County Aging and Adult Services Department, with the approval of the Commission Executive Committee. The eight, non-voting ex-officio members (or their designated representatives) shall consist of Human Services Director, Public Health Officer, Veterans Service Officer, Kern General Services Director, ETR Program Director, Kern Planning and Natural Resources Department Director, Kern Behavioral Health & Recovery Services Director, and the Independent Living Center of Kern County. General members shall serve two year terms. Non-voting ex-officio member will serve for tenure of office.

**2020-2024 Four-Year Area Planning Cycle**

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This section must be completed and submitted annually. The Older Americans Act Reauthorization Act of 2020 designates legal assistance as a priority service under Title III B [42 USC §3026(a)(2)]<sup>12</sup>.

CDA developed *California Statewide Guidelines for Legal Assistance* (Guidelines), which are to be used as best practices by CDA, AAAs and LSPs in the contracting and monitoring processes for legal services, and located at: <https://aging.ca.gov/Providers and Partners/Legal Services/#pp-gg>

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1. Based on your local needs assessment, what percentage of Title IIIB funding is allocated to Legal Services? **Discuss:** Based upon its most recent needs assessment and the AAA allocates 22% of IIIB funding to Legal Services.

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

GBLA has been our contracted provider during the past four years. GBLA is providing more legal services in the rural areas of Kern County although their ability to grow in the rural areas is limited by their number of available staff and the large size of Kern County. Most of the legal issues remain similar in nature as listed in question 11 below, however, there has been an increase in seniors seeking services for elder exploitation whether it be financial or physical abuse and/or neglect. This trend is not just a local trend but statewide and even national. GBLA has provided services for elder abuse cases in the past, typically in the form of filing and obtaining restraining order when necessary, but there has been an increase in seniors seeking GBLA services for financial exploitation. Elder exploitation issues are matters that involve extensive investigation and documentation, and even though the demand for service will grow at a higher rate than funding and staff is limited, GBLA is committed to ensure that senior services are not diminished. Funding levels for Legal Assistance has varied slightly over the last four years.

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

Yes, AAA's contract/agreement with the Legal Services Provider states that the LSP is expected to use the California Statewide Guidelines. GBLA's Seniors Law Center is aware of the California State Guidelines and has used those as a means of servicing the targeted population.

4. Does the AAA collaborate with the Legal Services Provider(s) to jointly establish specific priority issues for legal services? If so, what are the top four (4) priority legal issues in your PSA? **Yes/No, Discuss:**

Yes. The top 4 priorities are: (1) maintaining affordable housing; (2) preventing and remedying financial exploitation, abuse and/or neglect; (3) access to health care and income maintenance resources; and (4) Powers of Attorney for Finances and Health Care Directives. Furthermore,

there is also a large segment of the senior community where grandparents are raising grandchildren and the associated legal issues that arise from this trend – including but not limited to being able to enroll children in school and access health care for them.

5. Specific to Legal Services, does the AAA collaborate with the Legal Services Provider(s) to jointly identify the target population? **Yes/No, Discuss:**

Yes. AAA does collaborate with the Legal Service Provider, GBLA’s Seniors Law Center to jointly identify the target population. The Seniors Law Center, like GBLA as a whole, emphasizes serving the most socially and economically needy low-income individuals. Additionally, GBLA’s staff is culturally and linguistically competent and representative of the minority individuals in PSA 33. GBLA has bilingual attorneys, paralegals and support staff in the following languages: Spanish, Arabic, Laotian and Thai. GBLA also employs people of varying disabilities including but not limited to visually and hearing impaired. GBLA also provides outreach materials in English and Spanish, which is the second most frequently spoken language in Kern County.

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

Please see response to Question #5, above

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

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

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

The contracted legal provider, GBLA, utilizes the following methods to conduct outreach: attendance at collaborative meetings serving the same population; legal information/educational sessions to providers that work with seniors; collaboration with HICAP; when appropriate, GBLA conducts community forums on relevant topics; and collaboration with the Long Term Care Ombudsman Program. In addition, GBLA has a full-time outreach worker that conducts presentations throughout the county and also distributes brochures in English and Spanish on services provided by GBLA. Further, both the Seniors Law Center and Long Term Care Ombudsman Programs traditionally share informational booths at the AAA’s locally sponsored annual health fairs.

GBLA has also recently developed a virtual community education and outreach platform. Under the



leadership of GBLA’s Marketing & Communications Coordinator, short informational videos have been created in both English and Spanish. The videos are focused on the low-income and senior populations, on topics included but not limited to: housing/renters’ rights, fair housing, social security, public benefits, domestic violence, guardianship, Medi-Cal, Medicare, and more.

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

<b>Fiscal Year</b>	<b>Name of Provider</b>	<b>Geographic Region covered</b>
<b>2020-2021</b>	<i>Greater Bakersfield Legal Assistance, Inc.</i>	<i>Metropolitan Bakersfield Kern River Valley Delano/McFarland Mojave Arvin Lamont Rosamond Shafter Wasco Taft Frazier Park Tehachapi/Caliente California City Ridgecrest</i>
<b>2021-2022</b>	<i>Greater Bakersfield Legal Assistance, Inc.</i>	<i>Metropolitan Bakersfield Kern River Valley Delano/McFarland Mojave Arvin Lamont Rosamond Shafter Wasco Taft Frazier Park Tehachapi/Caliente California City Ridgecrest</i>

<b>2022-2023</b>	<i>Greater Bakersfield Legal Assistance, Inc.</i>	<i>Metropolitan Bakersfield Kern River Valley Delano/McFarland Mojave Arvin Lamont Rosamond Shafter Wasco Taft Frazier Park Tehachapi/Caliente California City Ridgecrest</i>
<b>2023-2024</b>	<i>Leave Blank until 2023</i>	<i>Leave Blank until 2023</i>

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

GBLA is open to the public from 8:30 am to 12 noon and 1:00 pm to 5:00 pm, Monday through Friday (closed major holidays). When a client resides in an outlying area of the County, or is disabled, and travel to Bakersfield would cause a hardship, arrangements can be made to conduct the interview in the client’s home, by phone or in the institution where the client resides. Clients may access GBLA by phone, email, or by visiting their website.

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

GBLA uses both quantitative and qualitative data to determine needs. In addition to considering changing demographics and trends from credible sources such as the US Census Bureau; and data from credible studies that specifically highlight local needs such as the recent report on the county's shortage of low-income housing from the California Housing Partnership Corporation; the Fair Housing & Equity Analysis conducted by GBLA and the California Coalition for Rural Housing; data from the Kern County District Attorney’s Office; and national studies on subjects such as health, air quality, and food insecurity; GBLA identified legal problems through three (3) separate focus groups (April-May, 2018) with client eligible persons; one (1) separate focus group with agency representatives (who provide services to low-income populations throughout the service area); (1) one separate focus group with GBLA employees; and four (4) separate interviews with community-based representatives.

One of the focus groups and four of the interviews were conducted in rural areas, outside metropolitan Bakersfield. One focus group was conducted in Spanish with monolingual Spanish speaking persons; one focus group was conducted with persons experiencing homelessness or persons who were very recently homeless. Special populations represented during the recent community needs assessment include seniors and long-term care recipients, agricultural workers, immigrants, persons with chronic health problems, persons experiencing barriers to health services, victims of domestic violence and sexual assault, persons with limited literacy, persons who lack transportation, children who have been sex-trafficked, children exposed to abuse and

neglect, persons with disabilities, persons experiencing homelessness and at risk of becoming homeless, Veterans, persons living in dilapidated mobile home parks, persons who have been scammed, persons with mental health issues, persons experiencing racial discrimination, persons living in blighted neighborhoods, persons experiencing hunger, monolingual Spanish-speaking persons, persons living in uninhabitable housing, Section 8 and housing voucher consumers, low income teenagers, and the low-income population in general.

Accordingly, GBLA has determined that the most pressing legal issues in Kern County are as follows:

- (1) Maintaining affordable housing;
- (2) Preventing and remedying financial exploitation, abuse and/or neglect;
- (3) Access to health care and income maintenance resources; and
- (4) Powers of Attorney for Finances & Health Care Directives.

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

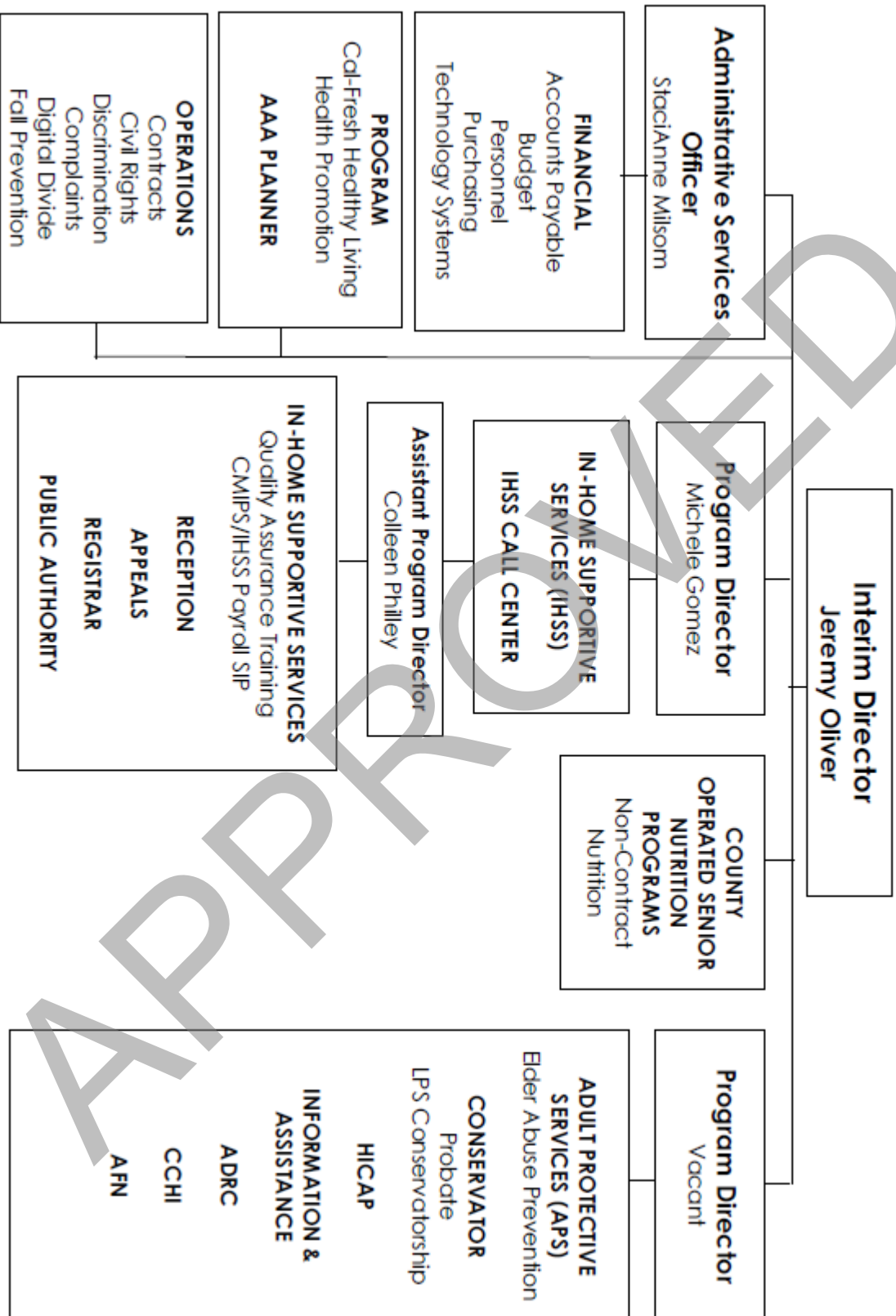
GBLA is providing more legal services in the rural areas of Kern County. Nearly 25% of all services provided are to those clients residing in rural areas, although GBLA's ability to increase services in those areas is limited by the number of available staff coupled with the large size of Kern County. As previously stated, even though demand for services continues to grow at a higher rate than funding, GBLA works its best to ensure that senior services are not diminished.

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

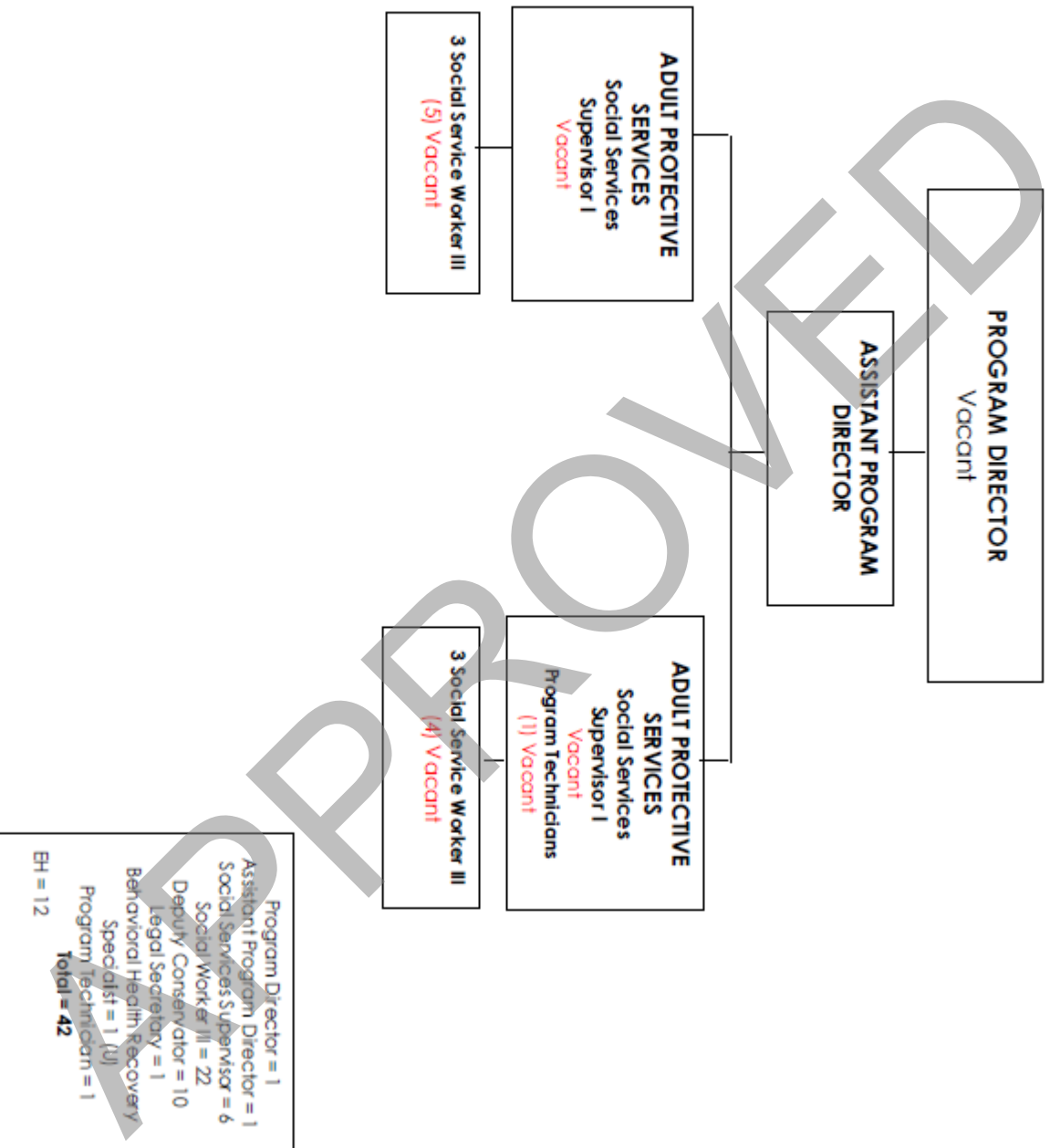
GBLA continues to collaborate with the AAA Kern County Aging and Adult Services Department (PSA#33) and the PSA#33 Ombudsman, and to educate collaborative members and provide pamphlets detailing their services and contact information to agencies such as, Kern County Courts, Child Protective Services, Kern County Network for Children, the Kern Elementary and High School Districts, the Kern County District Attorney's Office and other collaborative agencies to encourage referrals from those agencies.

**SECTION 21 - ORGANIZATION CHART**

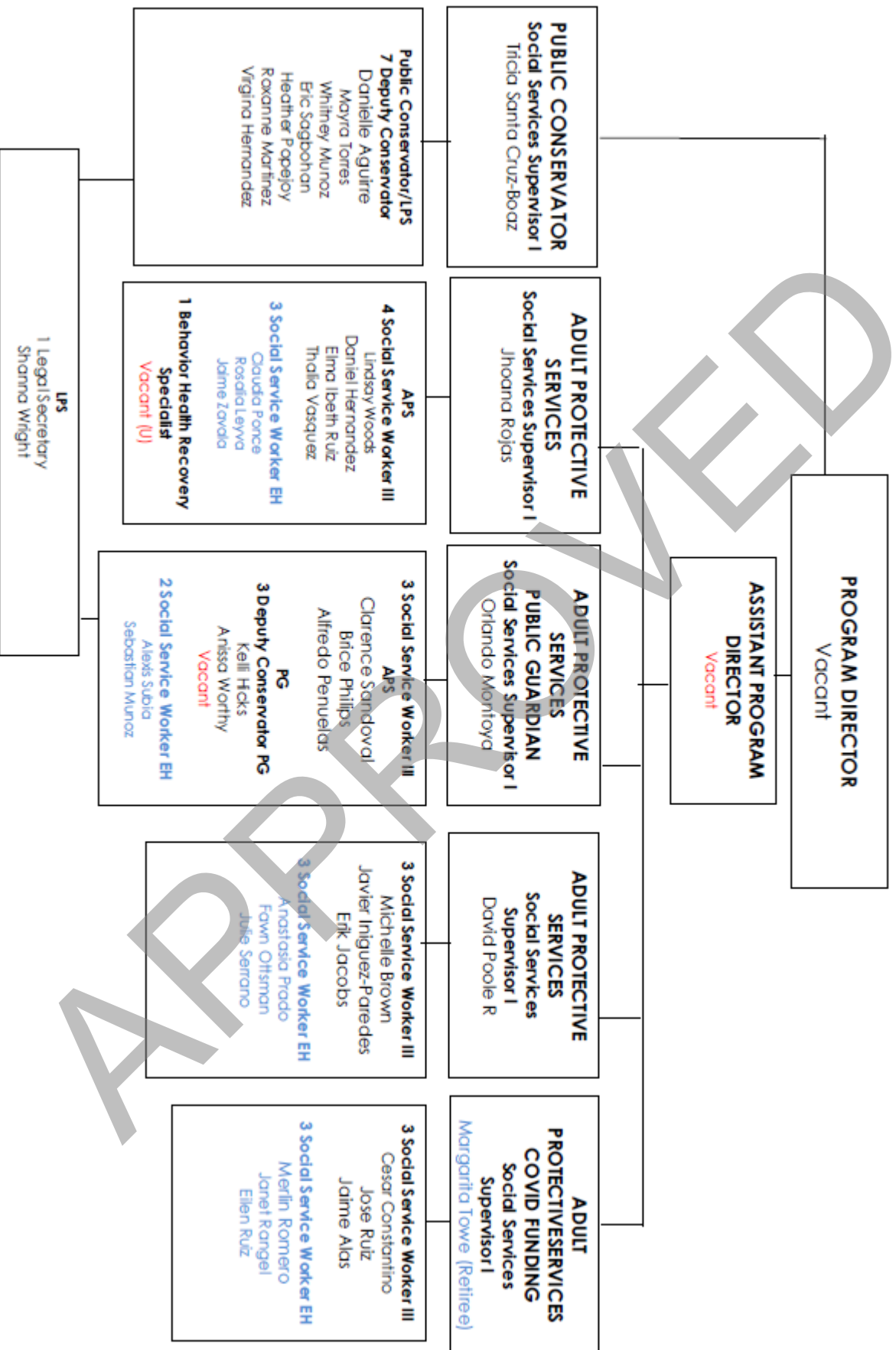
**KERN COUNTY AGING AND ADULT SERVICES DEPARTMENT  
DEPARTMENT ORGANIZATIONAL CHART**



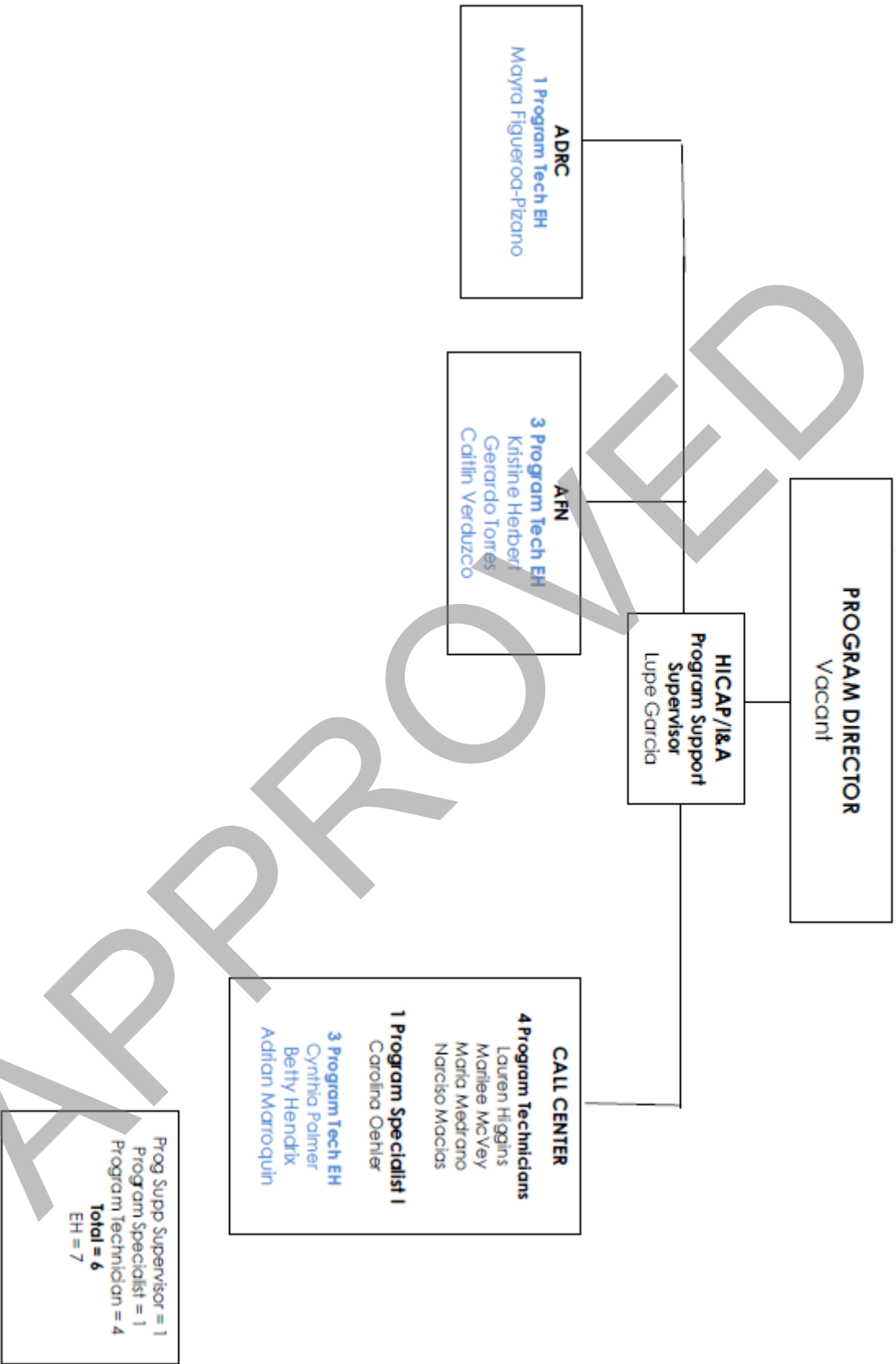
## Adult Protective Services (1 of 2)



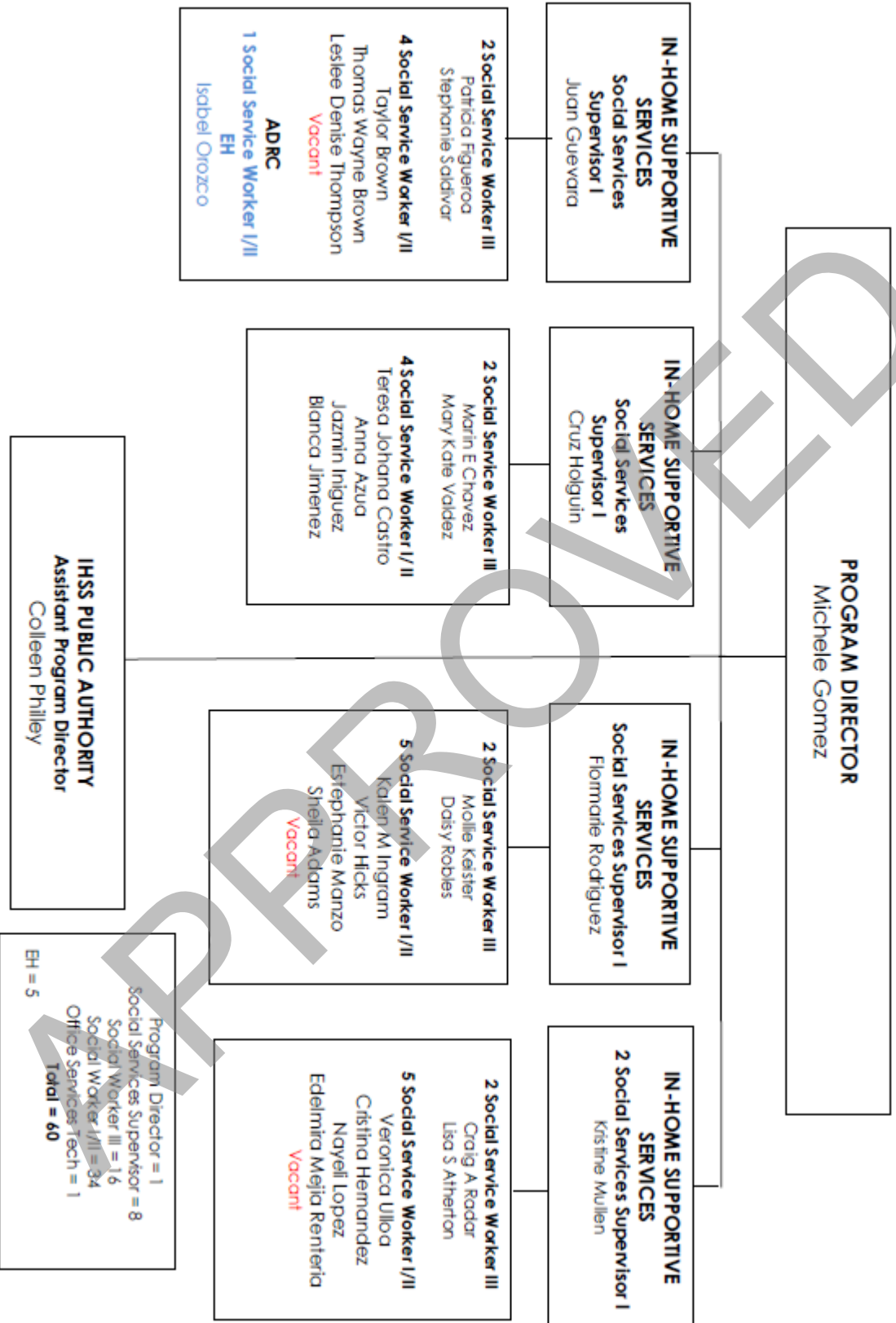
## Adult Protective Services (2 of 2)



# HICAP/Information & Assistance

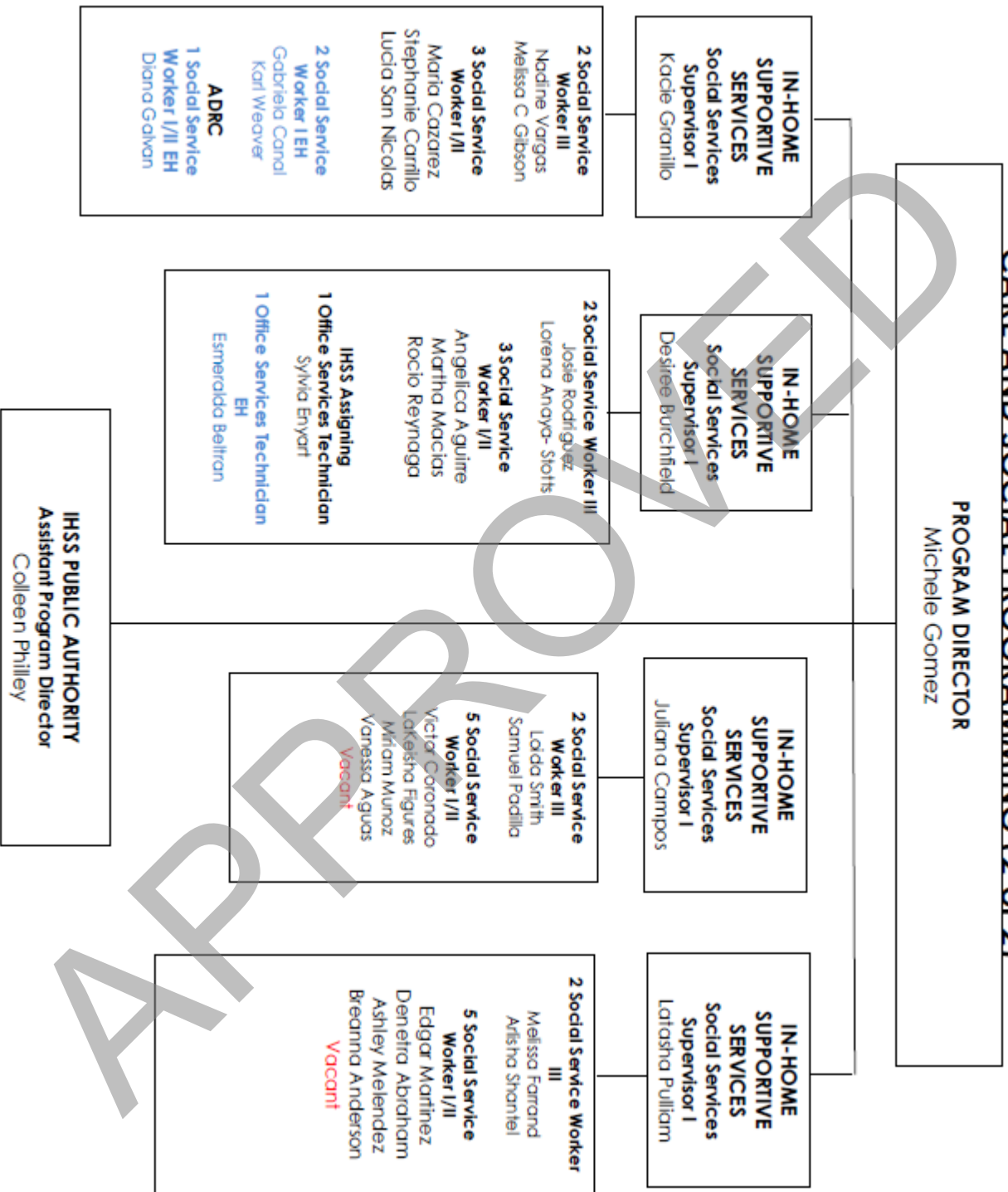


# CARE AND SOCIAL PROGRAMMING (1 of 2)





# CARE AND SOCIAL PROGRAMMING (2 of 2)



# Public Authority

**ASSISTANT PROGRAM DIRECTOR**  
Colleen Philley

**Appeals Specialist**

1 Social Service Worker III  
Alicia Del Toro

**Quality Assurance / Fraud Prevention**

1 Social Service Worker III  
Diana Martinez  
1 Office Services Specialist  
Liliana Tapia

**REGISTRAR**

2 Office Services Technicians  
Mary Levesque  
Vacant

1 Office Services Technicians EH  
Linda O'Leary

**IN-HOME SUPPORTIVE SERVICES**  
Program Support Supervisor  
Lisa Aguas

**SIP**

2 Office Services Technicians  
Angelica Gandy  
Raquel Cervantes

1 Fiscal Support Technician  
Cindy Switzer

1 Fiscal Support Assistant  
Vacant

1 Office Services Technicians EH  
Cristina Mendez

**Reception**

1 Office Services Technicians  
Rosalba Bravo

**PUBLIC AUTHORITY**

**3 Program Technicians**

Alma Faussto  
John Roza  
Janette Ramirez

**3 Office Services Tech**

Linda Beard  
(2) Vacant (U)

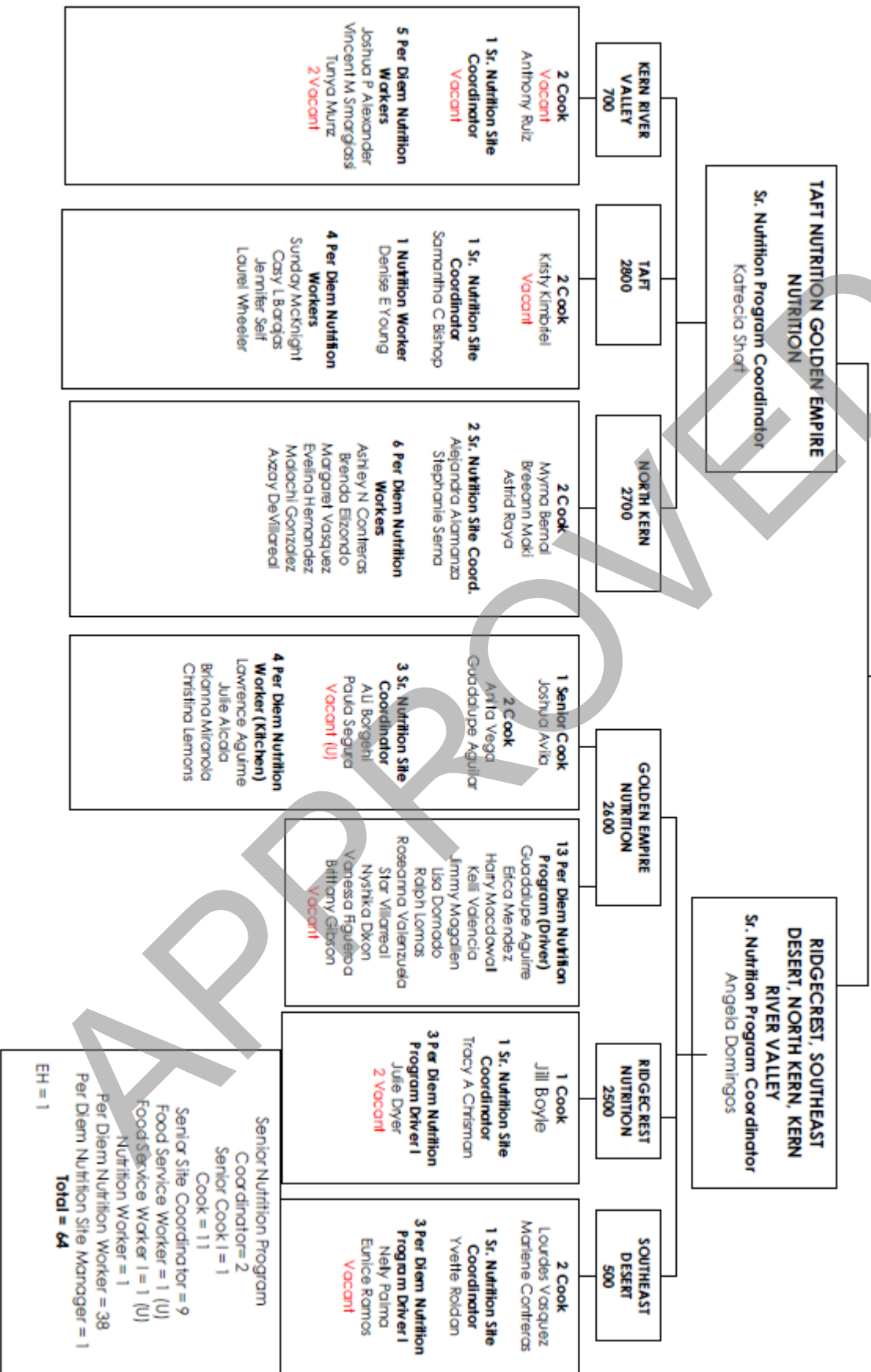
**1 Program Tech EH**

Natasha Sumlin

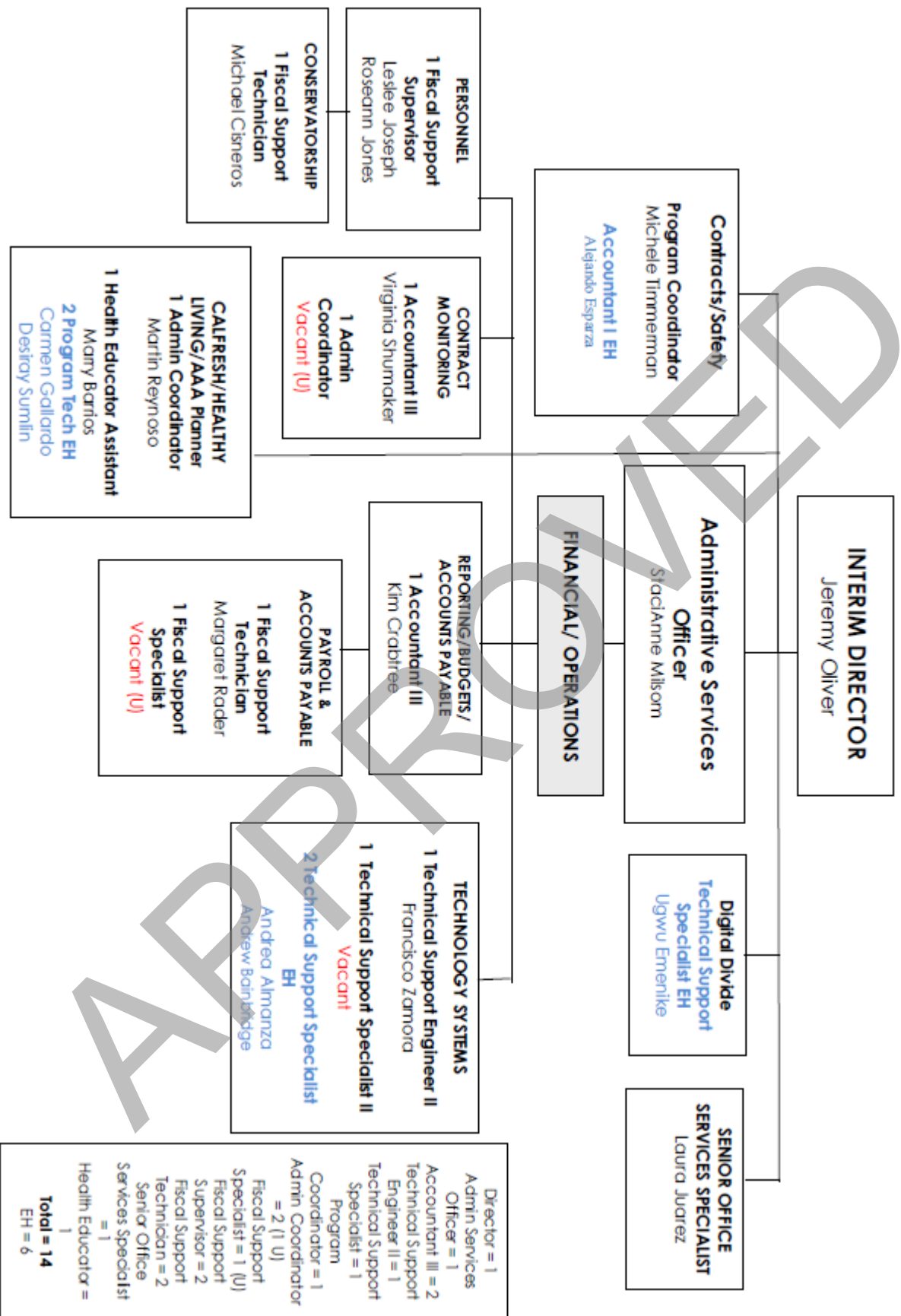
Program Support Supervisor= 1  
Assistant Program Director = 1  
Fiscal Support Assistant = 1  
Fiscal Support Technician = 1  
Social Service Worker III = 2  
Program Technician = 3  
Office Services Technician = 8  
Office Services Specialist = 1  
**Total = 1**  
  
EH = 3

# COUNTY OPERATED SENIOR NUTRITION PROGRAMS

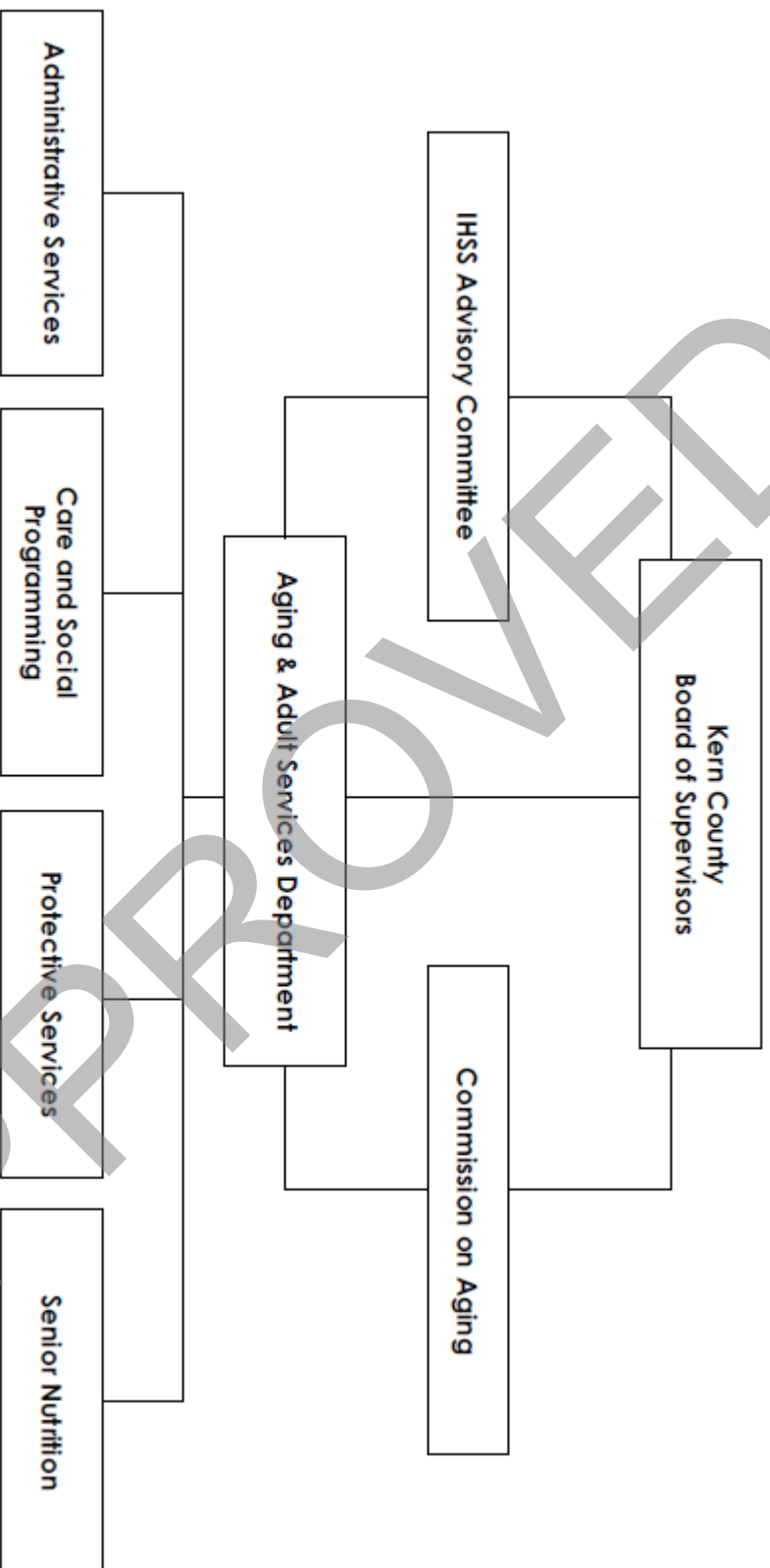
INTERIM DIRECTOR – Jeremy Oliver



# ADMINISTRATIVE SERVICES



# KERN COUNTY AGING AND ADULT SERVICES



## SECTION 22 - ASSURANCES

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

### A. Assurances

#### 1. OAA 306(a)(2)

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

- (A) services associated with access to services (transportation, health services (including mental 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)(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;

9. OAA 306(a)(11)

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

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

(B) An assurance that the Area Agency on Aging will to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and

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

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

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

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

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

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

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

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

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

11. 306(a)(14)

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

12. 306(a)(15)

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



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

13: OAA 305(c)(5)

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

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

(B)

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

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

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

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

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

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

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

assistance for older individuals; and

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

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

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

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.

20. OAA 307(a)(15)

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

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

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

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

21. OAA 307(a)(18)

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

- (A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;
- (B) are patients in hospitals and are at risk of prolonged institutionalization; or
- (C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

22. OAA 307(a)(26)

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:

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

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

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

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

24. CFR [1321.53(c)]

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

25. CFR [1321.53(c)]

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

26. CFR [1321.53(c)]

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

27. CFR [1321.53(c)]

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

CFR [1321.53(c)]

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

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

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

29. CFR [1321.61(d)]

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

30. CFR [1321.69(a)]

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

APPROVED