



AREA AGENCY ON AGING
FOR SANTA CRUZ AND SAN BENITO COUNTIES

**2024-28
AREA PLAN ON AGING
2026-27 Update**

**PLANNING AND SERVICE AREA 13
Santa Cruz and San Benito Counties**

SUBMITTAL FOR APPROVAL BY CALIFORNIA DEPARTMENT OF AGING

175 Westridge Drive, Watsonville, CA
www.seniorscouncil.org

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

AAA Name: Seniors Council

PSA 13

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. Tami Aviles
(Type Name)

Tami Aviles
Signature: Governing Board Chair ¹

7-9-26
Date

2. Gabriela Trigueiro
(Type Name)

Signed by:
Gabriela Trigueiro
Signature of the undersigned
Signature: Advisory Council Chair

7/30/2026
Date

3. Clay Kempf
(Type Name)

Clay Kempf
Signature: Area Agency Director

7/15/26
Date

¹ Original signatures or electronic signatures are required.

SECTION 1. MISSION STATEMENT

The mission of all Area Agencies on Aging is:

“To provide leadership in addressing issues that relate to older Californians; to develop community-based systems of care that provide services which support independence within California’s interdependent society, and which protect the quality of life of older persons and persons with functional impairments; and to promote citizen involvement in the planning and delivery of services.”

The mission of the Seniors Council is:

“To enable older persons to function with independence and dignity in their homes and in the community to their fullest capacity.”

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

Physical Characteristics and Geography and its Impact on Planning

Planning and Service Area (PSA) #13 is a two-county PSA which includes Santa Cruz County and San Benito County.

- **Santa Cruz County – Total Population 259,820 (estimate) - 445 square miles**

Santa Cruz is the second smallest county in the state. Most of the county’s population is located in the greater Santa Cruz area. There are four incorporated cities: Santa Cruz, Watsonville, Scotts Valley and Capitola. Based on population estimates, the county has experienced a slight decline of -0.5% from the 2025 estimate.

The most northern part of Santa Cruz County includes protected park or forest land. Populated areas include the city of Scotts Valley, the community of Bonny Doon and the San Lorenzo Valley/Highway 9 corridor with its mountain communities including; Felton, Lompico, Mt. Hermon, Ben Lomond, Brookdale and Boulder Creek. The San Lorenzo Valley is mountainous, heavily forested and primarily accessible by one two-lane road, State Highway 9. This area is vulnerable during the wet winter months, when road closures and power outages caused by falling trees are common, but also experienced the devastating CZU Lightning Complex fire during the drought. Although the San Lorenzo Valley is not considered “rural” but an “urbanized corridor” by the U.S. Census definition, its geographic isolation can make transportation and access to services difficult. The southern third of the county is largely agricultural and includes the city of Watsonville and smaller communities of Freedom, Corralitos and Aromas.

- **San Benito County - Total population 69,239 (2025 estimate) - 1,390 square miles**

San Benito County is located in the San Juan Valley. Agriculture is the primary economic driver. The city of Hollister contains almost two-thirds of the county’s population, which is experiencing a period of growth due to its proximity to the Bay Area, which has some of the highest housing costs in the country. There is one other incorporated city, San Juan Bautista, with a population of about 2,000. Based on population estimates, the county has maintained a stable population with just a 1.1% increase from the 2025 estimate. The county also includes several unincorporated towns including Paicines, New Idria and Aromas, a census-designated place that is part of both San Benito County and Monterey County, and is less than mile away from the Santa Cruz County line. The terrain includes fertile valleys, rolling hills, and the county is home to Pinnacles National Monument.

PSA 13 2026 60+ POPULATION ESTIMATES

Priority Categories	Santa Cruz County	% of 60+	San Benito County	% of 60+	PSA 13	% of 60+
Non-Minority	47,901	70%	6,443	45%	54,344	66%
Minority 60+	20,498	30%	7,824	55%	28,322	34%
Low Income 60+	8,760	13%	1,280	9%	10,040	12%
Medi-Cal eligible 60+	13,190	19%	2,642	19%	15,832	19%
Geographic Isolation	11,578	17%	3,945	28%	15,5344	19%
SSI/SSP 60+	2,157	3%	400	3%	2,557	3%
Population 75+	23,198	34%	4,023	28%	27,221	31%
Lives alone 60+	14,760	22%	1,890	13%	16,650	20%
Non-English speaking 60+	2,315	3%	580	4%	2,895	4%
TOTAL 60+	68,399	83%	14,267	17%	82,666	

**Source: 2026 California Intrastate Funding Formula Data Factors Report*

Prepared by California Department of Aging Data Team (aging.ca.gov)

The Service Delivery System

A unique aspect of service delivery in this PSA is the very small amount of direct service provided by the AAA. Less than 3% of available Older Americans Act service funding is allocated to AAA direct services.

Programs Provided Directly by the Area Agency on Aging

- Title IIIB Coordination (approved objectives for ED), Outreach (Distribution of Senior Farmers Market Vouchers), Personal Affairs Assistance (Project SCOUT), Information & Assistance and Case Management (ADRC)
- Title IIIC Direct Services (Registered Dietitian & and Nutrition Education)

AAA Programs Provided Through Contracted Service Providers

- Title IIIB Information and Assistance (Santa Cruz County)
- Title IIIB Legal Assistance (both counties)
- Title IIIB Case Management (Santa Cruz County)
- Title IIIB Minor Home Modification (Santa Cruz County)
- Title IIIB Peer Counseling and Visiting (Santa Cruz County)
- Title IIIB Transportation to Senior Dining Centers (Santa Cruz County)
- Title IIIC Home-delivered Meals and meals at senior dining centers (both counties)
- Title IIID Health Promotion (both counties)
- Title IIIE Family Caregiver Support Program (both counties)
- Title III/VII Ombudsman and Elder Abuse Prevention Services (both counties)

Non-OAA Funded Services Contracted Through the Area Agency on Aging

- Health Insurance Counseling and Advocacy Program (HICAP)
- Medicare Improvement for Patients and Providers Act (MIPPA) Outreach Grant
- CalFresh Expansion

Other Funded Services/Projects Provided by the Area Agency on Aging

- San Benito County Aging and Disability Resource Connection
- Older Californians Act Nutrition Modernization Meal Program funding

Nutrition Programs

The nutrition programs are the largest AAA-funded program. There is currently one contracted service provider for each county, providing both congregate and home-delivered meals. Meals programs are currently operated by Community Bridges Meals on Wheels in Santa Cruz County and Martha's Kitchen in San Benito County.

Santa Cruz County Senior Nutrition Program Congregate meal service is provided 5 days a week at all sites and staffed by Meals on Wheels. Transportation provided to all dining sites by Lift Line. Hot meals for congregate prepared daily in a central kitchen at the Live Oak Senior Center.

Congregate Sites

- London Nelson Community Center, downtown Santa Cruz
- Live Oak Senior Center –mid-County
- Watsonville Senior Center, south county
- Highlands Senior Center, Ben Lomond/San Lorenzo Valley

Home-delivered meals are provided with frozen meals, with clients receiving their meals in a bulk delivery once per week.

San Benito County Senior Nutrition Program. After completion of a competitive RFP, non-profit Martha's Kitchen was awarded the contract for congregate and home-delivered meals and is completing a successful first year of service. Meals are prepared daily by the provider. This program is also providing bulk delivery of frozen meals for home-delivered meals. Meal site transportation is now provided via the Local Transportation Authority's new vendor for-profit vendor TransDev. As meal site transportation was included in the local Transportation Authority's scope of work, no AAA funding is being provided for meal site transportation in San Benito County.

Congregate Sites

- Hollister - Pauline Valdivia Memorial Community Center (5 days per week)
- San Juan Bautista Community Center (Monday only, with transportation available to Hollister site for other weekdays)

Senior Farmer's Market Vouchers The AAA is responsible for the distribution of Senior Farmer's Market Vouchers to low-income seniors in the PSA. Each year, the AAA Registered Dietitian establishes and promotes "Senior Farmer's Market Days" at selected farmers markets. At the market days, vouchers are provided to qualifying low-income seniors, as well as additional information such as senior resource directories and program information.

While **San Benito County** has fewer resources, the service delivery system is highly integrated. There is no designated senior center in the entire county, however the Pauline Valdivia Memorial Community Center acts as a focal point and provides "one-stop" access for seniors. The center houses the nutrition program provided by Martha's Kitchen, the ADRC and other programs providing services such as tax preparation, exercise classes and brown bag food distributions.

Resources and Constraints

Jurisdictions in both counties have historically played a role in senior service delivery by providing community program funding to its contracted service providers via an application and grant award process. These funds are critical to help providers not only fulfill the required local match requirements, but provide essential operating funds to maintain service delivery. Funding reductions in the Santa Cruz County CORE funding process had a particularly devastating impact on the Meals on Wheels and Long Term Care Ombudsman programs. And San Benito County currently provides no funding for AAA community programs.

Local System Development

Challenges

- After decades of providing a hub for senior services, the Live Oak School District announced its intention to move some of their staff offices to the building housing the Live Oak Senior Center and evicted Senior Network Services, a historical provider of critical services such as I&A, Case Management, Family Caregiver and HICAP. This has been a huge loss for our local network. Senior Network Services has since moved their operations to a new location which houses other businesses. The Meals on Wheels program, also located on the Live Oak Senior Center property has been granted only a two-year contract for access to offices and kitchen, storage, refrigeration and freezer space they have also been renting for many years and must locate a new home for operations.
- The current federal administration continues to create an environment of funding uncertainty for programs that have been operating for decades.
- The dismantling of the Administration on Community Living and proposed cuts to some programs has created a great deal of uncertainty about the future and stability of the aging network.
- Programs that rely heavily on volunteers are still rebuilding their ranks of volunteers, supporting key programs such as Meals on Wheels, home help registry, friendly visiting and, especially challenging, trained volunteers for the Long Term Care Ombudsman program. While Americorps programs have received funding for another year, the long term status of these, and other programs remains uncertain.
- There continue to be changes in leadership in the AAA service provider network, which result in the loss, in some cases, of decades of experience.
- The AAA staff itself faced challenges due to increased programmatic, fiscal and monitoring requirements.
- The introduction of SB 1249 and California 2030 has created great uncertainty about the future of the Seniors Council as a designated AAA, as well as for other AAA's statewide.

Successes

- Staff and Seniors Council Board and Advisory Council members continue to maintain an active Advocacy Committee and actively engage in advocacy efforts.
- The designated Aging and Disability Resource Connection in San Benito County, which continues to solidify and expand its reach. ADRC staff continue outreach efforts and are successfully increasing the profile of the ADRC in the community.
- After convening highly successful "Solutions Summits" in each county related to the Master Plan for Aging, AAA staff and workgroups finalized draft local playbooks for each county. Playbook development was coordinated with each County and Community Foundations. Workgroups have met regularly and have been very successful at promoting Master Plan activities. Playbooks have been widely distributed and very well received.
- The AAA continues to convene monthly meetings of the Aging and Disability Provider Network, providing a high level of coordination and collaboration with both AAA and non-AAA funded partners.

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

The Seniors Council of Santa Cruz and San Benito Counties was founded as a non-profit by a coalition of seniors in 1979 specifically to serve as the AAA and with a vision of empowerment and self-determination for seniors. A 15-member governing board oversees all Seniors Council programs, including the AAA and most Board members are 60+.

The Nominating Committee strives to maintain a Board that represents the geographic and demographic diversity of the PSA. The Board has final authority for setting agency policy, issuing contracts and making all funding allocations. For matters related to Area Agency on Aging activities, the Board also receives recommendations from the Area Agency on Aging Advisory Council.

The AAA Advisory Council takes the lead with respect to the planning process. While primarily composed of elected officials representing the counties and cities of the PSA, composition of the Advisory Council also includes age 60+, and there are designated appointments for low-income, persons with disabilities and caregivers. The unique structure of the Advisory Council provides a strong connection between local jurisdictions and the AAA.

The AAA's Role in the Community-Based Service Delivery System

One of the primary responsibilities of the AAA is to administer funds allocated through the Older Americans Act and ensure that the service delivery system is well coordinated. The AAA in PSA 13 is unique not only because it is a non-profit, but also because it contracts out for nearly all of the services in the PSA. Only about 3% of available program funding is used for direct services by the AAA. The Seniors Council also directly operates the Foster Grandparent/Senior Companion Program in four counties (Santa Cruz, San Benito, Monterey and Santa Clara), Project SCOUT providing free tax assistance by trained volunteers and Calfresh Expansion Outreach, and the San Benito County Aging and Disability Resource Connection (ADRC).

The AAA provides leadership to both the AAA and non-AAA senior and disability service providers by convening monthly meetings of the Aging and Disability Service Provider Network, to collaborate and coordinate beyond the AAA contracted provider network. Membership includes AAA contracted service providers and non-AAA contracted providers such as the Central Coast Center for Independent Living, Health Projects Center, Elderday, Cabrillo Stroke Center and Grey Bears/Brown Bag distribution program.

The Leadership Role of the AAA

The AAA provides visible leadership in the development of community-based systems of care in significant ways including advocating for senior program funding, participating in senior needs assessment activities, promoting the needs of seniors and providing technical support to a variety of commissions, committees and workgroups. The AAA is the "go to" agency for accurate information about senior demographics, and local and state funding issues for senior programs and a source of information sharing and support for the provider network.

AAA staff coordinates with both counties through active participation on committees, commissions and workgroups including, but not limited to: Santa Cruz County Elderly and Disabled Transportation Advisory Committee; Seniors Commission; San Benito County Aging and Long Term Care Commission; and the San Benito County Social Services Transportation Advisory Committee. The AAA is also actively involved in local Master Plan for Aging playbook development in both counties. The AAA Executive Director also provides valuable leadership for advocacy efforts at the State level, raising awareness about the growing senior population, their needs and advocating for state funding for senior programs, providing testimony as needed.

The AAA actively coordinates with County staff in both counties in the PSA. In Santa Cruz County, the Executive Director, AAA Administrator and Seniors Council Board President are active participants in the County's Master Plan for Aging Steering committee. AAA representatives provided valuable feedback, technical support and assistance with outreach in the development of the County's own needs assessment survey, as well as providing feedback for the County's final report. County representatives participated in the AAA's Santa Cruz County MPA Solutions Summit, and continue to do so in the ongoing workgroups. The AAA Executive Director and the County Director of Aging and Adult Services have a standing monthly meeting, allowing them to privately discuss and strategize about any emerging or ongoing services. The AAA Advisory Council includes two representatives from the Board of Supervisors of each county, as well as representatives from each city in the PSA.

In San Benito County, there has always been a high level of coordination between the AAA, the county and local programs through the County's Aging and Long Term Care Commission, which brings together representatives from the County, AAA and service providers on a monthly basis. San Benito County reps also actively supported the successful San Benito County MPA Solutions Summit and continue to engage in the MPA workgroups. Joshua Mercier, the Deputy Director of the County's Children and Aging Services, regularly attends a variety of monthly meetings that the AAA is engaged with, including all five of our Master Plan for Aging workgroup meetings. Additionally, the AAA Advisory Council includes two members of the Boards of Supervisors from each county and representatives from each city in the PSA.

With regards to coordination and engagement with local health plans, the AAA has previously coordinated with the Kaiser Health Plan on several falls prevention projects, including the filming of a video on preventing falls. The Central California Alliance for Health, non-profit Medi-Cal HMO, was founded in Santa Cruz County, current staff were on some of the first steering committees as the plan was developed. AAA staff continue to monitor Alliance Board packets to track and any issues or opportunities for engagement. The AAA's ADRC in San Benito County is coordinating with the Alliance as it expands into that county to raise awareness about the ADRC and the service delivery network. CCAH staff are active members of both the San Benito County and the Santa Cruz County Master Plan for Aging "Health Reimagined" workgroups, three CCAH staff have participated in the San Benito County group.

SECTION 4. PLANNING PROCESS & ESTABLISHING PRIORITIES

The AAA operates on a 4-year planning cycle, below is the timing of the planning process for PSA 13.

- Step 1: Needs Assessment to give seniors and caregivers a voice in the planning process and better understand the challenges their needs (2026-27)
- Step 2: Develop 4-year Area Plan (completed in 2027-28)
- Step 3: Conduct Requests for Proposal (complete in 2027-28 for Ombudsman and 2028-29 for other AAA programs)
- Step 4: Begin new 4-year contract cycle for contracted service providers (July, 2029)

The 2024-28 cycle's planning process for the prior needs assessment was unique. Typically, the AAA develops and executes its own senior survey, distributed in both counties. This planning cycle, there were several unique opportunities for needs assessment, including one undertaken by Santa Cruz County. Development of new timeline/process for the next Area Plan is underway.

Public engagement with the planning process for the cycle included several major needs assessment processes:

- **The Statewide CASOA survey**, which included responses from Santa Cruz and San Benito Counties, implemented by the Department on Aging
- **Statewide LGBTQI survey** – conducted by the Department of Aging (results pending)
- **Santa Cruz County's Age Well Survey**, AAA staff participated on the planning committee for the Santa Cruz County Age Well Survey, which received over 3,200 responses and convening of several focus groups. Results will be released this fall and will be included in future Updates.
- **Solutions Summit Community Engagement events in both counties** - A Solutions Summit held in San Benito County in coordination with the San Benito County Community Foundation, which included elected officials, county staff and community leaders, provided important input into the Master Plan for Aging Process and follow up workgroups will continue the conversation to help develop strategies. A similar Summit will be held in Santa Cruz County in fall, 2024 in partnership with Santa Cruz County.
- **Public comment** is a regular agenda item on both AAA Advisory Council and Board agendas.
- **Monthly meetings of Aging and Disability Service Providers**, convened by the AAA, which includes both contracted and non-contracted providers to share communication about services and learn about emerging needs.

Areas of priority needs from the CASOA needs assessment are outlined in more depth in needs assessment results but include:

- **Housing:** including lack of availability, affordability and home and yard maintenance
- **Health care:** availability and affordability
- **Caregiving:** emotional, physical and financial burdens of caregiving
- **Mental health:** including depression and isolation

Targeting: Prioritization/Adequate Proportion

- The AAA continues to focus services on older adults with the greatest economic and social needs, targeting requirements are included in provider contracts.
- Services are prioritized by community needs, available funding and service provider capacity.
- Adequate proportion percentages were reviewed and updated as needed during the planning process for the 2025-29 RFP process.

SECTION 5. NEEDS ASSESSMENT & TARGETING

The Community Assessment of Older Adults (CASOA) For the first time, the California Department of Aging conducted a statewide survey of seniors using a standardized survey, the Community Assessment of Older Adults, which utilized a random sampling process. Those results are summarized in this section. This survey was distributed in Santa Cruz and San Benito County. The final report can be found on the Seniors Council website. The report includes aggregated data for both counties, as well as some data points that can be analyzed by county.

Comparisons with prior AAA survey results are challenging because the survey conducted by the AAA in prior cycles was developed in house and intentionally targeted to “oversample” those in the in target populations and utilized a significant number of paper surveys. In the last AAA survey process, there was a higher representation of older seniors, while 48% of the seniors responding to CASOA were under age 65. Minority responses for the previous AAA survey were just under 30% versus 17% from the CASOA sample. Only 25% of previous AAA survey respondents had incomes over \$50,000, while the 77% of the CASOA respondents had incomes over \$50,000. Thus the results of this survey do vary, however there are still some consistencies.

Below are the results from three areas of the CASOA survey:

Findings on which Santa Cruz and San Benito Counties) ranked significantly worse than national benchmarks:

- Quality of employment opportunities for older adults
- Cost of living
- Availability of affordable quality housing
- Variety of housing options
- Availability of affordable quality healthcare
- Availability of affordable quality mental health care
- Feeling emotionally burdened by caregiving

The Top Six Self-Reported Problems by Category (both counties*)

- Affordable Housing (48%)
- Health care availability (43%)
- Information on available services (38%)
- Physical health (36%)
- Finances (34%)
- Mental health (32%)

*All other categories were less than 30%. These varied by:

- Gender – Females ranked higher on problems with housing and finances
- Ethnicity – Hispanics ranked higher on problems with finances
- Living Arrangement – those living alone ranked higher on problems with housing

Differences on Selected Items by County:**Santa Cruz Co.****San Benito Co.**

Availability of affordable, quality physical health care	32%	13%
Availability of affordable, quality mental health care	20%	8%
Feeling emotionally burdened by caregiving	42%	35%
Feeling physically burdened by caregiving	23%	28%
Feeling financially burdened by caregiving	24%	31%
Availability of long term care options	21%	8%
Availability of adult day care	13%	8%
Any difficulty at all performing regular activities	23%	32%
Receiving paid or unpaid assistance	9%	11%
Used a senior center	11%	10%
Assisting friends or neighbors	84%	80%
Availability of affordable housing	4%	13%
Availability of accessible housing	12%	22%
Difficulty with housework	64%	61%
Maintaining your home	57%	61%
Maintaining the yard	54%	64%
Ever depressed	46%	50%
Ever volunteered your time	51%	47%

Several issues emerge from this data. The most obvious one is the issue of affordable housing, although the problem is far more acute in Santa Cruz County than San Benito County. The median home price in Santa Cruz rose to \$1.3 million this year. Probably of greater concern is the median rental price of \$3,250. National surveys consistently suggest that Santa Cruz County is among the least affordable counties in the country and housing is far beyond the monthly income of most seniors.

The second finding that is of concern is the lack of access to affordable health care, both physical and mental. Again, both counties rank well above the national benchmarks in this area. This is of particular concern in San Benito County, which has only one hospital, Hazel Hawkiins, which has been under the threat of bankruptcy for well over a year.

Other areas of concern include the rise in the reported burden of caregiving. In San Benito County, financial and physical costs of caregiving outrank those in Santa Cruz County, where emotional burden rose above the national benchmark. And finding assistance to help with housework and yard maintenance remain ongoing problems in our area, as well as issues surrounding isolation and depression, which are experienced at least in a minor way by about half of this sample.

Age Well Santa Cruz County Survey. Santa Cruz County also launched a survey as part of its Age Well Santa Cruz County process to inform the development of their Master Plan for Aging. The AAA Executive Director, AAA Administrator, and the Senior Council Board President, who is an experienced researcher, all continue to participate on the Master Plan for Aging Steering Committee and have been engaged in survey development and implementation. Results from the survey are expected in late summer/early fall 2024. After the report is finalized, a Solutions Summit will be held for Santa Cruz County to help develop objectives for the County's Master Plan for Aging.

Older Adult LGBTQIA+ Survey. The California Department of Aging, in coordination with UCSF, Citris Banato Institute and Open House, are also conducting the first statewide survey of older adults (50+). The survey period was January-March, 2024. Results from that survey will be included in future annual Area Plan Updates.

Input Into the Planning Process

The AAA Advisory Council is the designated lead in the planning process, and has been kept informed of both the CASOA and the Age Well Santa Cruz assessment processes and both the Advisory Council and the Seniors Council Board of Directors have reviewed and commented on the draft Area Plan. Public comment is also included as a regular agenda item for both the AAA Advisory Council and the Seniors Council Board of Directors. Additional feedback and participation is obtained during the monthly AAA-convened Aging and Disability Service Provider meetings and active attendance at meetings of various county commissions and providing updates about AAA activities and receiving feedback. AAA staff also continuously monitor local, state and federal issues, studies and surveys affecting seniors.

Allocations/Request for Proposals

The AAA completed a Request for Proposal process in 2024-25 for the 4-year contract cycle of July 1, 2025 to June 30, 2029 with the exception of the LTC Ombudsman program, which was completed during 2023-24. The AAA receives funding in specific categories of the Older Americans Act (i.e. Supportive Services, Nutrition Services, Family Caregiver Support Program, Ombudsman, etc.) and the Health Insurance Counseling and Advocacy Program (HICAP).

The allocations process was conducted with a Letter of Intent for specific funding categories and services. Prospective providers submitted a funding proposal which went through a review process that includes review by staff, and a Proposal Review Committee (which includes representatives from the AAA Advisory Council, the Seniors Council Board and the community).

After the review process, funding recommendations were reviewed by the AAA Advisory Council, with final approval by the Seniors Council Board of Directors. Past performance, financial solvency, administrative efficiency and other factors were weighed carefully when awarding contracts. Successful applicants received contracts beginning with the 2025-26 fiscal year and will be renewed annually up to three times contingent upon funding availability and that the provider remains in compliance with the terms of the contract.

Areas Identified from the CASOA Needs Assessment Include:

- **Housing and housing-related issues:** Affordable home maintenance and repair, affordable help to remain in the home, finding and keeping affordable housing, prevention of homelessness
- **Access to physical and mental health care**
- **Support for Caregivers**
- **Increasing reports of isolation and depression**

A variety of factors including necessity of maintaining core AAA services, funding limitations and categorical funding restrictions limit the extent to which the AAA can utilize service funding to meet these needs. In some cases, the AAA's role may be in the role of advocate to increase awareness about the needs.

DEMOGRAPHIC TRENDS/TARGET POPULATIONS

According to California Department of Finance 2026 projections, the overall 60+ population estimates showed an increase of 3% overall in the 60+ population. There were no other significant changes from the prior year.

POVERTY

The federal poverty level has long been the benchmark for being considered at greatest economic risk for Older Americans Act programs. The current federal poverty rate is \$15,650 an amount easily exceeded by housing costs alone in this PSA. Current California Department of Finance Projections for those age 60+ put the number of minority 60+ in the PSA at 28,322 and the poverty rate for minorities at 15%. **The estimated number of minority seniors in poverty in the PSA is 4,522.**

ELDER ECONOMIC INDEX AND THE “HIDDEN POOR”

In an effort to create a clearer picture of economic security for seniors, a consortium of researchers at UCLA Center for Health Policy Research have developed the Elder Economic Security Standard Index. This index looks at true cost of living factors such as county of residence, home ownership/rental status and healthcare and food costs. The results have been dramatic and confirm what those working with seniors already knew. **The number of seniors struggling for economic survival is many times higher than the federal poverty rate.**

Language: Data from the California Department of Aging’s 2026 60+ Population Projections indicates that 580 seniors (approximately 4%) in San Benito County and 2,315 seniors in Santa Cruz County (approximately 3%) as non-English speaking. In both counties, Spanish is the most common language spoken other than English.

Geographic Isolation: Data from the California Department of Aging’s 2024 60+ Population Projections estimated that there are 3,945 seniors in geographic isolation in San Benito County and 11,578 seniors in geographic isolation in Santa Cruz County. These are unchanged in 2026. In Santa Cruz County, areas of geographic isolation include the San Lorenzo Valley, North Coast/Bonny Doon, outlying areas of the Santa Cruz Mountains and outlying areas of South County. In San Benito, areas of geographic isolation would include all areas outside of the cities of Hollister and San Juan Bautista.

Disabled Population: The 2022 Disability Statistics Annual Report estimates that 24% of those age 65-74 have some form of disability, and the estimate for 75+ is 45% (Source: Cornell University)

Persons at Risk of Institutionalization: The growing senior population in the PSA will continue to increase the number of persons at risk for institutionalization. Estimates of the long term care population suggest that the number of people with long term care needs will more than double between 2000 and 2050. (Source: Georgetown University Long Term Care Financing Project)

Housing and Homelessness: Housing affordability has long been an issue in Santa Cruz County, and has now become a crisis, and costs continue to rise in San Benito County, regionally, and statewide. Available housing stock is extremely limited and calls from seniors being displaced are increasing. According to a recent study by UCSF’s Benioff Homelessness and Housing Initiative, “Among single homeless adults, 48% were 50 and older. Among single adults 50 and older, 41% became homeless for the first time at age 50 or older.”

LGBT Seniors: A study by the Services and Advocacy for LGBT Elders (SAGE) found that, overall, LGBT elders are half as likely as their straight peers to have a close relative to rely on for help, and elderly lesbian couples are twice as likely as heterosexual couples to live below the poverty line. The California Department of Aging completed its first ever statewide LGBTQI survey. The summary report may be accessed here:

<https://aging.ca.gov/download.ashx?IE0rcNUV0zaS7NWlyYrZQ%3d%3d>

SECTION 6. PRIORITY SERVICES & PUBLIC HEARINGS

2024-2028 Four-Year Planning Cycle

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

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

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

Access:

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

2024-25 27.5% 25-26 27.5 % 26-27 27.5%% 27-28 _____%

In-Home Services:

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

2024-25 1% % 25-26 1% % 26-27 1% % 27-28 _____%

Legal Assistance Required Activities:³

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

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

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

Title IIIB funding was reviewed in advance of the RFP for the 2025-29 contract cycle. Without an increase in IIIB funding, allocations remain stable.

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

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

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

Fiscal Year	Date	Location	Number of Attendees	Presented in languages other than English? ⁴ Yes or No	Was hearing held at a Long-Term Care Facility? ⁵ Yes or No
2024-2025	4-17-24	236 Santa Cruz Avenue	6	no	no
2025-2026	4-16-2025	175 Westridge Drive, Watsonville	10	No	No
2026-2027	4-15-2026	175 Westridge Drive, Watsonville	12	No	No
2027-2028					

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

- Summarize the outreach efforts used in seeking input into the Area Plan from institutionalized, homebound, and/or disabled older individuals.** Needs assessment surveys including CASOA and Age Well surveys.
- Were proposed expenditures for Program Development (PD) or Coordination (C) discussed?**
☒ Yes. Go to question #3
☐ Not applicable, PD and/or C funds are not used. Go to question #4
- Summarize the comments received concerning proposed expenditures for PD and/or C.**
None.
- Attendees were provided the opportunity to testify regarding setting minimum percentages of Title III B program funds to meet the adequate proportion of funding for Priority Services**
☒ Yes. Go to question #5
☐ No, Explain: See below.
- Summarize the comments received concerning minimum percentages of Title IIIB funds to meet the adequate proportion of funding for priority services.** Minimum percentages have been updated to reflect actual awards for the new contract cycle.
- List any other issues discussed or raised at the public hearing.**
 Question about objectives 3.6 and 3.11 related to family caregiver support program versus IHSS. Discussion of those programs and different roles. General acknowledgement of challenges finding IHSS providers. Question about 2.5, coordination between organizations. Clay responded that our community has a good track record with this. Question about CalFresh assistance and ongoing outreach efforts. Activity is generally cyclical with Project SCOUT tax assistance work. Issue of isolation discussed and how to decrease it. Proposed hosting social events for the community. Clay noted behavioral health funding has been cut. There was a broad ranging discussion about the impacts of isolation and the challenges of addressing it.
- Note any changes to the Area Plan that were a result of input by attendees.**
No changes were made to the draft Area Plan as a result of comments.

SECTION 7. AREA PLAN NARRATIVE GOALS & OBJECTIVES

GOAL # 1

Goal: The AAA will provide visible leadership and effective advocacy to promote the needs of seniors and caregivers.

Rationale: The AAA is mandated to be a visible leader and advocate in the community on issues related to seniors. The need to continue to educate elected officials and the public about the growth of the senior population, the needs of seniors in the PSA and advocacy for funding for senior programs continues to be a top priority.

Objective	Projected Start and End Dates	Type of Activity and Funding Source	Update Status
1.1 The AAA Executive Director will continue to work with former members of the State Master Plan on Aging Workgroup to share opportunities for improving OAA and non-OAA services and service delivery as well as identify unique equitable opportunities for older Californians to thrive and age in place. Measurement: State funding will be allocated that addresses objectives of the MPA. C	7/1/26-6/30/27	Title IIIB Coordination	Continuing
1.2 The AAA Executive Director will provide local leadership to educate and inform elected officials and the public about current and emerging issues affecting seniors for the purpose of increasing awareness about the needs of seniors in the PSA. Expected outcome is increased awareness about the needs of seniors in the PSA	7/1/26-6/30/27		Continuing
1.3 The Seniors Council Advocacy Committee will identify local advocacy priorities and through advocacy alerts and updates on the Seniors Council website, promote civic engagement. The Committee will also monitor any efforts at the federal level to reduce or eliminate senior programs. Expected outcome is approved legislative platform, increased web visits to Seniors Council advocacy page and successful advocacy efforts.	7/1/26-6/30/27		Continuing

1.4 The AAA Executive Director and key staff will actively participate on local committees and commissions including the Santa Cruz County Seniors Commission, San Benito County Aging and Long Term Care Commission, Santa Cruz County RTC's Elderly and Disabled Transportation Advisory Committee and San Benito Social Services Transportation Advisory Committee with an expected outcome of increased awareness and communication about senior needs and coordinated planning efforts. Measurement: regular attendance at these meetings. C	7/1/25-6/30/26	Title IIIB Coordination	Continuing
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GOAL # 2

Goal: Ensure the provision of high quality services that promote optimal well-being and independence. Provide resources and services that provide optimal well-being and are efficient, effective and delivered through a well-coordinated service network.

Rationale: A key function of the AAA is to oversee the contracting and service delivery process for program funding. The AAA will ensure that services are delivered that meet all regulatory requirements and delivered in an efficient and effective manner, in accordance with all mandates and applicable regulations.

Objective	Projected Start and End Dates	Type of Activity/ Funding Source	Update Status
2.1 AAA staff will ensure that AAA service delivery funds are allocated appropriately in accordance with the mandates and requirements of the AAA's Area Plan contract and all applicable regulations. During 2024-25, the AAA will complete a 2025-29 Requests for Proposals for Area Plan Services. Expected outcome is a successful RFP process and issuance of 2025-26 service provider contracts.	7/1/25-6/30/26		Continuing
2.2 AAA Program and fiscal staff will ensure that AAA-funded services are efficient, effective and of high quality, meeting all contract and regulatory requirements. All service providers will receive ongoing fiscal and program desk, annual risk assessments and a minimum of monitoring every other year, with nutrition programs receiving annual onsite monitoring and quarterly site visits. Expected outcome is completion of contract and fiscal performance monitoring and site visits and technical support provided as needed.	7/1/25-6/30/26		Continuing
2.3 In accordance with the service unit plan outline in the Area Plan, the AAA will ensure the provision of services as outlined in the service unit plans in all funded categories including: Title IIIB Supportive Services, Title IIIC Nutrition Programs, including Older Californians Act Nutrition Modernization funding Title IIID Health Promotion, Title IIIE Family Caregiver Support Program, Long Term Care Ombudsman and Title VII Elder Abuse Prevention, and HICAP. Measurement: Documentation of service performance.	7/1/25-6/30/26		Revised

Objective	Projected Start and End Dates	Type of Activity and Funding Source	Update Status
2.4 In accordance with the Older Americans Act, all OAA-funded service providers will be required by policy and contract language to target services to those in greatest economic and social need as defined by the Older Americans Act. Measurement: client data reporting and program monitoring	7/1/25-6/30/26		Continuing
2.5 The AAA Executive Director will convene monthly meetings of Aging and Disability Service Providers to ensure a high level of coordination and information sharing beyond the AAA-contracted network. Non-AAA contracted providers include: The Central Coast Center for Independent Living, the Diversity Center, Health Projects Center/MSSP/CRC, the Cabrillo College Stroke Center, Elderday Adult Day Health Care, Grey Bears Brown Bag and Village Santa Cruz. Measurement: coordinated response and sharing of information and best practices	7/1/25-6/30/26	Title IIIB Coordination	Continuing
2.6 The AAA Executive Director will coordinate with organizations beyond the traditional AAA network, such as senior center directors, Parks and Recreation departments and others to encourage new partnerships and collaborations. Measurement: increased coordination and collaboration with senior centers and Parks and Recreation departments.	7/1/25-6/30/26	Title IIIB Coordination	Continuing

GOAL # 3

Goal: Ensure the provision of AAA services, including access to information, benefits and protection of rights for community living seniors and residents of facilities, support for family caregivers and access to nutritious meals.

Rationale: Access to information about services is the foundation of the service delivery system. Seniors and their caregivers must have accurate information about available services and benefits in order to access services and ensure that the rights of seniors are protected.

Objective	Projected Start and End Dates	Type of Activity and Funding Source	Update Status
3.1 Through the provision of Title IIIB and IIIE information and assistance by AAA contracted service providers in both counties, the public will have access to accurate, up-to-date information about senior programs and services. Service will be available by phone, through agency web pages and via agency-developed resource guides. In San Benito County, services will be coordinated with ADRC services. Measurement: achievement of service unit targets, distribution of resource guides and maintenance of websites.	7/1/26-6/30/27		Continuing
3.2 The San Benito County Aging and Disability Resource Connection (ADRC) and the AAA in collaboration with partners including the Central Coast Center for Independent Living and the San Benito County Aging and Long Term Care Commission, will continue their work to expand and enhance the "no wrong door" system in San Benito County for seniors and persons with disabilities. Measurement: increasing utilization of the ADRC for seniors and persons with disabilities.	7/1/26-6/30/27		Continuing
3.3 Maintain and support key focal points for senior services. 3.3.1 With the loss of the Live Oak Senior Center as a key focal point and the relocation of Senior Network Services, the AAA Executive Director and key staff will work with this contracted provider to ensure that access to information resources is maintained as a hub for Information & Assistance, Case Management, HICAP and other non-AAA services. The Watsonville Senior Center also continues to be a focal point. 7/1/26-6/30/27 Measurement: Maintenance of a key focal point in the Greater Santa Cruz Area. C	7/1/26-6/30/27	Title IIIB Coordination	Revised

Objective	Projected Start and End Dates	Type of Activity and Funding Source	Update Status
3.3.2 The AAA Executive Director will actively participate in the City of Watsonville Senior Center/Community Programs workgroup to address new, ongoing, and emerging issues and services to support older adults living in Watsonville and the surrounding South County Areas. Measurement: improved coordination and continued strengthening of this key focal point for seniors and expanded opportunities for engagement for seniors.	7/1/26-6/30/27		Continuing
3.4 Legal Assistance Through a contract with an approved Title IIIB Legal Assistance provider, the AAA will ensure that seniors in Santa Cruz and San Benito Counties will have access to free, high quality Legal Assistance for issues such as benefits eligibility, consumer and housing issues and other issues in the allowable scope of service. Measurement: achieve of service unit targets.	7/1/26-6/30/27		Continuing
3.5 Ombudsman Through a contract with the Long Term Care Ombudsman provider, the AAA will ensure the provision of Long Term Care Ombudsman services to provide facility-placed residents advocacy and rights protection, complaint investigation and resolution in Santa Cruz and San Benito Counties. The provider will also offer education, information and referrals to the community and facility staff as mandated by law. Measurement achievement of program benchmarks.	7/1/26-6/30/27		Continuing
3.6 Elder Abuse Prevention Through a contract with the Long Term Care Ombudsman provider, Title VII Elder Abuse Prevention activities will result in greater awareness about elder abuse, including identifying and preventing elder/dependent adult abuse. Services may include: public education sessions, trainings for professionals or caregivers and support to develop a coordinated system for elder abuse prevention Measurement: achievement of benchmarks in the workplan.	7/1/26-6/30/27		Continuing

Objective	Projected Start and End Dates	Type of Activity and Funding Source	Update Status
3.7 HICAP Through a contract with an approved provider, the AAA will ensure the provision of the Health Insurance Counseling and Advocacy Program in the PSA. Medicare and Medicare-eligible seniors will receive accurate information about Medicare enrollment, benefits and supplemental insurance options. Funds provided by the Medicare Improvements for Patients and Providers (MIPPA) will support HICAP to do targeted outreach to Medicare beneficiaries about the Low Income Subsidies and Medicare Savings Programs. Measurement: achievement of established benchmarks.	7/1/26-6/30/27		Continuing
3.8 Project SCOUT/Tax Assistance. The AAA will, through the use of direct service Title IIIB funds, provide support to the Seniors Council's Project SCOUT program, providing free tax assistance to seniors by IRS-trained volunteers, ensuring that seniors receive accurate tax assistance while actively engaging and coordinating with local partners such as credit unions. Expected outcome is completion of accurate tax returns, including any refunds, assistance with late filing as needed and maximum program impact through local coordination of efforts and expansion of service delivery to San Benito County. Measurement: number of completed returns and dollar amount of refunds received.	7/1/26-6/30/27		Continuing
3.9 Senior Farmers Market Vouchers The AAA Registered Dietitian will oversee the distribution of Senior Farmers Market vouchers to qualifying seniors at senior market days in summer, 2025. Seniors will benefit from increased access to fresh fruits and vegetables. Measurement: distribution of vouchers to qualifying seniors.	7/1/26-6/30/27		Continuing

3.10 Family Caregiver Support Program Through a contract with an approved provider, the AAA will ensure the provision of a coordinated, two-county Title IIIE Family Caregiver Support Program that will support caregivers in their caregiving role, thereby allowing the care receiver to maintain a healthy, safe lifestyle in the home setting. This will be accomplished through the provision of services identified to meet priority local needs, including respite. Measurement: achievement of service unit targets in the workplan.	7/1/26-6/30/27		Continuing
3.11 Title IIIC Nutrition Programs. Through contracts with approved providers in each county, the AAA will ensure the provision of Title IIIC1 Congregate meals at senior dining sites and IIIC2 Home-Delivered Meals, including Older Californians Act Nutrition Modernization funding. Measurement: achievement of service unit targets in workplans.	7/1/26-6/30/27		Continuing
3.12 Minor Home Repairs/Home Safety/Falls Prevention. Through a contract with an approved provider, the AAA will ensure the provision of a volunteer-based Title IIIB minor residential repairs/home safety program. Focus will be on modifications that improve home safety and support seniors ability to remain safely independent in their homes, and providing educational materials to improve awareness about falls prevention. Measurement: number of seniors served and number of modifications.	7/1/26-6/30/27		Continuing
3.13 Decreasing Isolation/Supporting Mental Health Through a contract with an approved provider, the AAA will utilize Title IIIB funds to support visits to isolated seniors and peer counseling provided by trained volunteers. Measurement: number of seniors served and service hours.	7/1/26-6/30/27		Continuing

3.14 Provide Health Promotion Programs Through the use of Title IIID Health Promotion funds, the AAA will contract for the provision of approved evidence-based classes in the Area Plan, with a coordinated Matter of Balance program for the PSA. Measurement: number of volunteers trained, sessions provided and seniors successfully completing Matter of Balance sessions.	7/1/26-6/30/27		Continuing
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GOAL # 4

Goal: The AAA will actively participate in the development of local playbooks for the Master Plan for Aging and Age Friendly Community efforts in the PSA.

Rationale: Providing programs and supports that empower seniors to remain as healthy, independent and engaged in their communities to the greatest extent possible is the core mission of Area Agencies on Aging. Both the Master Plan for Aging and Age Friendly Communities provide a way to ensure that the needs of seniors are included in local planning processes.

Objective	Projected Start and End Dates	Type of Activity and Funding Source	Update Status
4.1 Master Plan for Aging. The AAA Executive Director and key staff will continue to engage in efforts to develop local playbooks with specific objectives for the Master Plan for Aging in Santa Cruz County and San Benito Counties. Measurement: development of local playbooks with specific objectives for the Master Plan for aging in each county.	7/1/26-6/30/27	Title IIIB Coordination	New
4.2 Local Age Friendly Planning. The AAA Executive Director and key staff will continue to engage in local efforts to create Age Friendly communities in Santa Cruz and San Benito Counties, providing experience and planning support as appropriate with a goal of a coordinated planning effort. Measurement: number of trainings, informational meetings and jurisdictions taking action to commit to Age Friendly projects.	7/1/26-6/30/27	Title IIIB Coordination	Continuing
4.3 Volunteerism. The AAA will continue to support efforts to promote senior volunteerism and volunteerism in senior programs: Measurement: improved awareness about volunteerism opportunities.	7/1/26-6/30/27		Revised
4.4 Local Disaster Preparedness. The AAA staff will continue to support efforts at the state and local level to improve coordinated disaster preparedness efforts for fire, flood, earthquakes and planned power shutoffs, and advocate for disaster preparedness to be included as a domain in all Age Friendly planning.	7/1/26-6/30/27		Revised

GOAL # 5

Goal: Provide services to support family caregivers and care receivers to maintain a safe caregiving environment in the home setting.

Rationale: Caregiver burden continues to rank highly in surveys and focus groups conducted as part of needs assessment activities.

Objective	Projected Start and End Dates	Type of Activity and Funding Source	Update Status
5.1 Continue to contract with the Del Mar Caregiver Resource Center to ensure the provision of a two-county Family Caregiver Support Program program that includes, information services, Caregiver I&A, Caregiver Counseling, Caregiver Respite and Caregiver Consumable supplies.	7/1/26-6/30/27		Continuing
5.2 Coordinate with non-contracted providers of caregiving services to ensure no duplication of services and sharing of educational events of interest to caregivers.	7/1/26-6/30/27		Continuing

SECTION 8. SERVICE UNIT PLAN (SUP)**TITLE III/VII SERVICE UNIT PLAN
CCR Article 3, Section 7300(d)**

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

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

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

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	450	3	
2025-2026	450	3	
2026-2027	450	3	
2027-2028			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	9,500	3	
2025-2026	3,760	3	
2026-2027	3,760	3	
2027-2028			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	12,000	3	
2025-2026	8,000	3	
2026-2027	8,000	3	
2027-2028			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	350	3	
2025-2026	250	3	
2026-2027	250	3	
2027-2028			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	2500	3	
2025-2026	1400	3	
2026-2027	1400	3	
2027-2028			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	45,000	3	
2025-2026	53,000	3	
2026-2027	53,000	3	
2027-2028			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	125,000	3	
2025-2026	125,000	3	
2026-2027	125,000	3	
2027-2028			

Nutrition Education

Unit of Service = 1 session

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	24	3	
2025-2026	24	3	
2026-2027	24	3	
2027-2028			

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

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

Title IIIB, Other Priority and Non-Priority Supportive Services

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

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

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

Residential Repairs/Modifications

Unit of Service: one modification

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (If applicable)
2024-2025	100	3	
2025-2026	200	3	
2026-2027	200	3	
2027-2028			

Visiting**Unit of service: one hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (If applicable)
2024-2025	400	3	
2025-2026	400	3	
2026-2027	400	3	
2027-2028			

Peer Counseling**Unit of Service: one hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (If applicable)
2024-2025	400	3	
2025-2026	350	3	
2026-2027	350	3	
2027-2028			

Personal Affairs Assistance**Unit of Service**

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

3. Title IIID/Health Promotion—Evidence-Based

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

Evidence-Based Program Name(s): Matter of Balance, Bingocize

Unit of Service = 1 contact

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (If applicable)
2024-2025	750	3	
2025-2026	400	3	
2026-2027	400	3	
2027-2028			

TITLE IIIB and TITLE VII: LONG-TERM CARE (LTC) OMBUDSMAN PROGRAM OUTCOMES**2024-2028 Four-Year Planning Cycle**

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

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

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

Outcome 1.

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

Measures and Targets:

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

Fiscal Year Baseline Resolution Rate	# Of complaints Resolved	+ # of partially or fully resolved complaints	Divided by the total number of Complaints	= Baseline Resolution Rate	Fiscal Year Target Resolution Rate
2022-2023		330	462	71%	75%
2023-2024		153	216	71%	2024-2025 80 %
2024-2025		81	82	99%	2025-2026 99 %
2026-2027					2026-2027 %
					2027-2028

Program Goals and Objective Numbers: 3.5

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

- | | |
|--|----|
| 1. FY 2022-2023 Baseline: Number of Resident Council meetings attended | 8 |
| FY 2024-2025 Target: <u>10</u> | |
| 2. FY 2023-2024 Baseline: Number of Resident Council meetings attended | 3 |
| FY 2025-2026 Target: <u>30</u> | |
| 3. FY 2024-2025 Baseline: Number of Resident Council meetings attended | 23 |
| FY 2026-2027 Target: <u>36</u> | |
| 4. FY 2025-2026 Baseline: Number of Resident Council meetings attended | |
| FY 2027-2028 Target: <u></u> | |

Program Goals and Objective Numbers: 3.5

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

- | | |
|--|---|
| 1. FY 2022-2023 Baseline: Number of Family Council meetings attended | 4 |
| FY 2024-2025 Target: <u>4</u> | |
| 2. FY 2023-2024 Baseline: Number of Family Council meetings attended | 0 |
| FY 2025-2026 Target: <u>4</u> | |
| 3. FY 2024-2025 Baseline: Number of Family Council meetings attended | 2 |
| FY 2026-2027 Target: <u>6</u> | |
| 4. FY 2025-2026 Baseline: Number of Family Council meetings attended | |
| FY 2027-2028 Target: <u></u> | |

Program Goals and Objective Numbers: 3.5

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

- | | |
|---|----|
| 1. FY 2022-2023 Baseline: Number of Instances | 5 |
| FY 2024-2025 Target: <u>5</u> | |
| 2. FY 2023-2024 Baseline: Number of Instances | 14 |
| FY 2025-2026 Target: <u>10</u> | |
| 3. FY 2024-2025 Baseline: Number of Instances | 26 |
| FY 2026-2027 Target: <u>40</u> | |
| 4. FY 2025-2026 Baseline: Number of Instances | |
| FY 2027-2028 Target: <u></u> | |

Program Goals and Objective Numbers: 3.5

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

1. FY 2022-2023 Baseline: Number of Instances 108 FY 2024-2025 Target: <u>250</u>
2. FY 2023-2024 Baseline: Number of Instances 273 FY 2025-2026 Target: <u>300</u>
3. FY 2024-2025 Baseline: Number of Instances <u>239</u> FY 2026-2027 Target: <u>250</u>
4. FY 2025-2026 Baseline: Number of Instances _____ FY 2027-2028 Target: _____
Program Goals and Objective Numbers: <u>3.5</u>

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

1. FY 2022-2023 Baseline: Number of Sessions 6____ FY 2024-2025 Target: <u>6</u>
2. FY 2023-2024 Baseline: Number of Sessions 0 FY 2025-2026 Target: <u>10</u>
3. FY 2024-2025 Baseline: Number of Sessions _____4 FY 2026-2027 Target: <u>6</u>
4. FY 2025-2026 Baseline: Number of Sessions _____ FY 2027-2028 Target: _____
Program Goals and Objective Numbers: <u>3.5</u>

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

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

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

Enter information in the relevant box below.

FY 2024-2025
FY 2024-2025 Systems Advocacy Effort(s): (Provide one or more new systems advocacy efforts) The focus for 2024-25 will be on achieving full staffing status, completion of training and certifying, building relationships with facilities and stabilizing the program.
FY 2025-2026
Outcome of FY 2024-2025 Efforts: Staffing of the program was completed. The program was stabilized and general visits to facilities was increased.
FY 2025-2026 Systems Advocacy Effort(s): The program will continue to increase the building of relationships with facilities, including offering and providing staff training on resident rights and mandated suspected abuse reporting requirements and procedures.
FY 2026-2027
Outcome of FY 2025-2026 Efforts: Trainings of staff at care facilities regarding resident rights and responsibilities regarding mandated reporting of suspected abuse requirements and procedures.
FY 2026-2027 Systems Advocacy Effort(s): (Provide one or more new systems advocacy efforts)
FY 2027-2028
Outcome of 2026-2027 Efforts:
FY 2027-2028 Systems Advocacy Effort(s): (Provide one or more new systems advocacy efforts)

Outcome 2.

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

Measures and Targets:

A. Routine Access: Nursing Facilities (NORS Element S-58) Percentage of nursing facilities within the PSA that were visited by an Ombudsman representative at least once each quarter not in response to a complaint. The percentage is determined by dividing the number of nursing facilities in the PSA that were visited at least once each quarter not in response to a complaint by the total number of nursing facilities in the PSA. NOTE: This is not a count of visits but a count of facilities. In

determining the number of facilities visited for this measure, no nursing facility can be counted more than once.

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

FY 2024-2025 Target: 100%

2. FY 2023-2024 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint 8 divided by the total number of Nursing Facilities 9 = Baseline 89 %

FY 2025-2026 Target:

3. FY 2024-2025 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint 6 divided by the total number of Nursing Facilities 9 = Baseline 67%

FY 2026-2027 Target: 100%

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

FY 2027-2028 Target:

Program Goals and Objective Numbers: 3.5

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

1. FY 2022-2023 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint 21 divided by the total number of RCFEs 31 = Baseline 68%

FY 2024-2025 Target: 100 %

2. FY 2023-2024 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint 9 divided by the total number of RCFEs 29 = Baseline 31%

FY 2025-2026 Target: 95%

3. FY 2024-2025 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint 1 divided by the total number of RCFEs 29 = Baseline 3%

FY 2026-2027 Target: 95%

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

FY 2027-2028 Target:

Program Goals and Objective Numbers: 3.5

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

1. FY 2022-2023 Baseline: 1.3 FTEs
FY 2024-2025 Target: 3 FTEs

2. FY 2023-2024 Baseline: 2.31 FTEs
FY 2025-2026 Target: 3.2 FTEs

3. FY 2024-2025 Baseline: 3.75 FTEs
FY 2026-2027 Target: 3 FTEs

4. FY 2025-2026 Baseline: FTEs
FY 2027-2028 Target: FTEs

Program Goals and Objective Numbers: 3.5

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

1. FY 2022-2023 Baseline: Number of certified LTC Ombudsman volunteers 0
FY 2024-2025 Projected Number of certified LTC Ombudsman volunteers 2

2. FY 2023-2024 Baseline: Number of certified LTC Ombudsman volunteers 0
FY 2025-2026 Projected Number of certified LTC Ombudsman volunteers 2

3.	FY 2024-2025 Baseline: Number of certified LTC Ombudsman volunteers	0
	FY 2026-2027 Projected Number of certified LTC Ombudsman volunteers	2
4.	FY 2025-2026 Baseline: Number of certified LTC Ombudsman volunteers	
	FY 2027-2028 Projected Number of certified LTC Ombudsman volunteers	
Program Goals and Objective Numbers: 3.5		

Outcome 3.

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

Measures and Targets:

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

By achieving full staffing, and with the support of administrative staff, the Ombudsman Program will maintain timely and accurate NORS data system reporting.

TITLE VII ELDER ABUSE PREVENTION
SERVICE UNIT PLAN

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

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

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

Units of Service categories include public education sessions, training sessions for professionals, training sessions for caregivers served by a Title 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 2020, Section 302(3) 'Family caregiver' means an adult family member, or another individual, who is an informal provider of in-home and community care to an older individual or to an individual with Alzheimer's disease or a related disorder with neurological and organic brain dysfunction.

- **Hours Spent Developing a Coordinated System to Respond to Elder Abuse** –Indicate the number of hours to be spent developing a coordinated system to respond to elder abuse. This category includes time spent coordinating services provided by the AAA or its contracted service provider with services provided by Adult Protective Services, local law enforcement agencies, legal services providers, and other agencies involved in the protection of elder and dependent adults from abuse, neglect, and exploitation.
- **Educational Materials Distributed** –Indicate the type and number of educational materials to be distributed to the general public, professionals, and caregivers (this may include materials that have been developed by others) to help in the identification, prevention, and treatment of elder abuse, neglect, and exploitation.
- **Number of Individuals Served** –Indicate the total number of individuals expected to be reached by any of the above activities of this program.

TITLE VII ELDER ABUSE PREVENTION SERVICE UNIT PLAN

The agency receiving Title VII Elder Abuse Prevention funding is: Advocacy Inc/ LTC
 Ombudsman _____

Total # of	2024-2025	2025-2026	2026-2027	2027-2028
Individuals Served	100	100	100	
Public Education Sessions	5	5	5	
Training Sessions for Professionals	5	5	5	
Training Sessions for Caregivers served by Title III E	0	0	0	
Hours Spent Developing a Coordinated System	50	50	50	

Fiscal Year	Total # of Copies of Educational Materials to be Distributed	Description of Educational Materials
2024-2025	100	
2025-2026	100	
2026-2027	150	
2027-2028		

TITLE IIIIE SERVICE UNIT PLAN**CCR Article 3, Section 7300(d)****2024-2028 Four-Year Planning Period**

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

Providing a goal with associated objectives is mandatory for services provided. The goal states the big picture and the objectives are the road map (specific and measurable activities) for achieving the big picture goal.

For example: **Goal 3:** Provide services to family caregivers that will support them in their caregiving role, thereby allowing the care receiver to maintain a healthy, safe lifestyle in the home setting.

- Objective 3.1: Contract for the delivery of virtual self-paced caregiver training modules. Review data monthly to strategize how to increase caregiver engagement in these modules.
- Objective 3.2: Facilitate a monthly in person support group for caregivers where they can share success stories and challenges, share information regarding experiences with HCBS. Respite day care will be available for their loved one if needed.
- Objective 3.3: Do caregiver assessments every 6 months to stay connected to the caregiver and knowledgeable about their needs.

Direct and/or Contracted IIIIE Services

CATEGORIES (16 total)	1	2	3
Family Caregivers - Caregivers of Older Adults and Adults who are caring for an individual of any age with Alzheimer's disease or a related disorder with neurological and organic brain dysfunction.	<i>Proposed Units of Service</i>	<i>Required Goal #(s)</i>	<i>Required Objective #(s)</i>
Caregiver Access Case Management	Total hours	<i>Required Goal #(s)</i>	<i>Required Objective #(s)</i>
2024-2025	750	5	5.1
2025-2026	0		
2026-2027	0		
2027-2028			

Caregiver Access Information & Assistance	Total Contacts	Required Goal #(s)	Required Objective #(s)
2024-2025	900	5	5.1
2025-2026	400	5	5.1
2026-2027	400	5	5.1
2027-2028			
Caregiver Information Services	# Of activities and Total est. estimated audience	Required Goal #(s)	Required Objective #(s)
2024-2025	# Of activities 5 And Total est. audience (contacts) for above: 29,000	5	5.1
2025-2026	# Of activities: 1 Total est. audience (contacts) for above: 75	5	5.1
2026-2027	# Of activities: 1 Total est. audience (contacts) for above: 100	1	5.1
2027-2028	# Of activities and Total est. audience (contacts) for above:		
Caregiver Respite In-Home	Total hours	Required Goal #(s)	Required Objective #(s)
2024-2025	2400	5	5.1
2025-2026	3000	5	5.1
2026-2027	3000	5	5.1
2027-2028			
Caregiver Respite Other	Total hours	Required Goal #(s)	Required Objective #(s)
2024-2025	0		
2025-2026	0		
2026-2027	0		
2027-2028			
Caregiver Respite Out-of-Home Day Care	Total hours	Required Goal #(s)	Required Objective #(s)
2024-2025	0		
2025-2026	0		
2026-2027	0		
2027-2028			

Caregiver Respite Out-of-Home Overnight Care	Total hours	Required Goal #(s)	Required Objective #(s)
2024-2025	0		
2025-2026	0		
2026-2027	0		
2027-2028			
Caregiver Supplemental Services Assistive Technologies	Total Occurrences	Required Goal #(s)	Required Objective #(s)
2024-2025	5	5	5.1
2025-2026	0		
2026-2027	0		
2027-2028			
Caregiver Supplemental Services Caregiver Assessment	Total hours	Required Goal #(s)	Required Objective #(s)
2024-2025	450	5	5.1
2025-2026	0		
2026-2027	0		
2027-2028			
Caregiver Supplemental Services Caregiver Registry	Total Occurrences	Required Goal #(s)	Required Objective #(s)
2024-2025	100	5	5.1
2025-2026	0		
2026-2027	0		
2027-2028			
Caregiver Supplemental Services Consumable Supplies	Total occurrences	Required Goal #(s)	Required Objective #(s)
2024-2025	10	5	5.1
2025-2026	60	5	5.1
2026-2027	60	5	5.1
2027-2028			

Caregiver Supplemental Services Home Modifications	Total occurrences	Required Goal #(s)	Required Objective #(s)
2024-2025	3	5	5.1
2025-2026	0		
2026-2027	0		
2027-2028			
Caregiver Supplemental Services Legal Consultation	Total contacts	Required Goal #(s)	Required Objective #(s)
2024-2025	0		
2025-2026	0		
2026-2027	0		
2027-2028			
Caregiver Support Groups	Total sessions	Required Goal #(s)	Required Objective #(s)
2024-2025	0		
2025-2026	0		
2026-2027	0		
2027-2028			
Caregiver Support Training	Total hours	Required Goal #(s)	Required Objective #(s)
2024-2025	25		
2025-2026	0		
2026-2027	0		
2027-2028			
Caregiver Support Counseling	Total hours	Required Goal #(s)	Required Objective #(s)
2024-2025	0		
2025-2026	1000	5	5.1
2026-2027	1000	5	5.1
2027-2028			

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SECTION 1: STATE PERFORMANCE MEASURES

HICAP Fiscal Year (FY)	PM 1.1 Clients Counseled (Estimated)	Goal Numbers
2024-2025	1185	3
2025-2026	1185	3
2026-2027	1551	3
2027-2028		
HICAP Fiscal Year (FY)	PM 1.2 Public and Media Events (PAM) (Estimated)	Goal Numbers
2024-2025	27	3
2025-2026	27	3
2026-2027	38	3
2027-2028		

SECTION 2: FEDERAL PERFORMANCE MEASURES

HICAP Fiscal Year (FY)	PM 2.1 Client Contacts (Interactive)	Goal Numbers
2024-2025	1460	3
2025-2026	1460	3
2026-2027	1439	3
2027-2028		
HICAP Fiscal Year (FY)	PM 2.2 PAM Outreach (Interactive)	Goal Numbers
2024-2025	429	3
2025-2026	429	3
2026-2027	994	3
2027-2028		

HICAP Fiscal Year (FY)	PM 2.3 Medicare Beneficiaries Under 65	Goal Numbers
2024-2025	122	
2025-2026	122	
2026-2027	104	
2027-2028		

HICAP Fiscal Year (FY)	PM 2.4 Hard to Reach (Total)	PM 2.4a LIS	PM 2.4b Rural	PM 2.4c ESL	Goal Numbers
2024-2025	653	262	0	391	3
2025-2026	653	262	0	391	3
2026-2027	822	372	0	450	3
2027-2028					

HICAP Fiscal Year (FY)	PM 2.5 Enrollment Contacts (Qualifying)	Goal Numbers
2024-2025	1788	3
2025-2026	1788	3
2026-2027	1908	
2027-2028		

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

HICAP Fiscal Year (FY)	PM 3.1 Estimated Number of Clients Represented Per FY (Unit of Service)	Goal Numbers
2024-2025	2	3
2025-2026	2	3
2026-2027	2	3
2027-2028		
HICAP Fiscal Year (FY)	PM 3.2 Estimated Number of Legal Representation Hours Per FY (Unit of Service)	Goal Numbers
2024-2025	15	3
2025-2026	15	3
2026-2027	15	3
2027-2028		
HICAP Fiscal Year (FY)	PM 3.3 Estimated Number of Program Consultation Hours Per FY (Unit of Service)	Goal Numbers
2024-2025	15	3
2025-2026	15	3
2026-2027	15	3
2027-2028		

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

SECTION 9. SENIOR CENTERS & FOCAL POINTS**COMMUNITY SENIOR CENTERS AND FOCAL POINTS LIST**

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

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

Designated Community Focal Point	Address
Watsonville Senior Center	114 E. Fifth Street, Watsonville
London Nelson Community Center	301 Center Street, Santa Cruz
Pauline Valdivia Memorial Community Center	300 West Street ,Hollister

Senior Center	Address
Mid-County Senior Center	829 Bay Avenue, Capitola
Scotts Valley Senior Center	370 Kings Village Dr. Scotts Valley
Highlands Park Senior Center	8500 Highway 9, Ben Lomond
Market Street Senior Center	222 Market Street, Santa Cruz

SECTION 10. FAMILY CAREGIVER SUPPORT PROGRAM

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

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

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

Family Caregiver Services

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

Older Relative Caregiver Services

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

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

- Provider Name and Address: Seneca Central Coast (Kinship Center). 345 5th St. Hollister, CA and 124 River Road, Salinas, CA**
- Seneca's Family Ties program supports successful family functioning when relatives have taken on the temporary or permanent care of kin children whose birth parents are not able to care for them. Often times, relative caregivers require a high level of intervention, community resources, support, and education to keep these children within the family and avoid foster care or the juvenile justice system. Legal guardianship is also provided when needed to insure permanency. The goal of this program is to support a stable family environment where children and teens can heal and thrive.
- Where is the service provided (entire PSA, certain counties)? San Benito County and Monterey County (the program does accept Santa Cruz County residents with Medi-Cal)
- How does the AAA ensure that the service continues to be provided in the PSA without the use of Title III E funds. Seneca has been providing these services for many years and is well established in the Central Coast region.

1. Provider Name and Address: Santa Cruz County Kinship Care Program

2. Services Provided for Relative family caregivers: Foster Care Licensing provides resource family recruitment, licensing of resource family homes, and training and support for resource families. In some cases, kinship foster placement can become a permanent home for a child in need.
3. Where are services provided? Santa Cruz County only.
4. How does the AAA ensure that the service continues to be provided in the PSA without the use of Title III-E funds. These services are provided by the county with non-OAA funds.

SECTION 11. LEGAL ASSISTANCE

- 1. Based on your local needs assessment, what percentage of Title IIIB funding is allocated to Legal Services?** 20%
- 2. Does the LSP(s) in your area solicit voluntary contributions or donations from recipients?** If yes, considering 42 U.S.C. Section 3030c-2(b), please describe the manner in which the funds are solicited and describe how the funds support the expansion of legal services in your PSA. All contracted providers are notified, and required to post the Older Americans Act voluntary contributions regulation of the Older Americans Act Regulations that state that contributions are strictly voluntary and no one is denied service for lack of a contribution.
- 3. Please indicate whether the AAA provides the LSP a copy or link to the California Statewide Guidelines or Legal Assistance.** Yes. How does the AAA monitor and/or support the LSP's implementation of the statewide guidelines? Guidelines are reviewed annually.
- 4. Please describe the partnership between the AAA and the LSP (e.g. quarterly meetings, coordinated outreach efforts, etc). Please identify any topics, priorities, and/or trainings addressed in your discussions.** The AAA and legal services provider meets on an as needed basis to review any questions related to legal services and the legal services data reporting requirements.
- 5. What are the top four (4) legal areas the LSP(s) prioritizes in your PSA? Do the AAA and LSP work jointly to identify the priority areas?** Housing, Elder Abuse, Consumer Debt and Income. The AAA does consult with the LSP on needs.
- 6. Please describe any trends or changes in your local needs over the past year(s). What resources (e.g. funding, education, training, etc.) have been allocated to accommodate any changes in the local needs or trends?**

Housing-related legal issues continue to represent the largest percentage of our caseload. While the acute housing crisis has not subsided, the temporary COVID-19 funding that supported expanded housing services has been fully exhausted. To maintain our ability to meet ongoing community demand, we have reallocated funding and staff from other practice areas to support housing-related legal services. Looking ahead, we anticipate a significant increase in demand for legal assistance as a result of H.R. 1, particularly changes affecting Medicaid eligibility. We expect these changes to increase the need for legal services related to public benefits. We are monitoring these developments closely and working with community partners to identify additional funding opportunities, training and resources to prepare staff and respond effectively to the anticipated increase in client need.
- 7. What are the target groups in your PSA? Do the AAA and LSP jointly work to identify the target groups?**

General Targeting Method: Case Selection Criteria. SLS places a high priority on accepting cases which address critical human needs typically needed by the

target populations: Medi-Cal, Medicare, In-Home Support Services, Social Security retirement, Supplemental Security Income (SSI), governmental and private disability programs, low and moderate income housing cases, consumer cases involving the needs of frail seniors, nursing home and residential care facility patient rights, elder abuse, age discrimination, pension and protective services (conservatorships).

Specific Targeting: Low-Income Seniors. A major focus of SLS is, and always has been, to serve low-income seniors. The SLS mission has been to provide legal information, advice and representation to seniors who would not otherwise have access to the justice system.

Specific methods to provide services to low-income clients include the following:

- SLS offices are located adjacent to other services for low-income seniors;
- SLS offices are located on bus lines;
- SLS will offer legal services primarily aimed at addressing legal problems of low-income seniors (Medi-Cal, evictions, consumer and debt problems, SSI eligibility, etc.);

Specific Targeting: Ethnic Minority Seniors. SLS has targeted legal services to ethnic minority seniors since its inception. SLS has always placed a great emphasis on having bilingual/bicultural staff to facilitate access to legal services by minority populations. SLS written materials and all communications are provided in Spanish where appropriate. SLS targets ethnic minority seniors in the following ways:

- Having written materials available in Spanish where appropriate.
- Always having bilingual staff available at all offices; 4 out of 15 staff members are bilingual.
- Providing services in locations readily accessible to minority seniors.
- Having telephone calls answered by bilingual staff.
- Monitoring changes in the law which may impact minority seniors.
- Conduct outreach in areas predominately populated by Spanish speakers;
- Providing bilingual/bicultural staff to the maximum extent possible.

Specific Targeting: Frail Elderly and Individuals with Disabilities. A primary target population for SLS services has always been those seniors who, because of their disabilities or frailty, have no access to legal advice or to the justice system. SLS has a long tradition of providing accessible legal assistance to seniors, including the use of Zoom, phone and video phones during the pandemic. In addition, SLS service locations are wheelchair accessible and SLS staff have many years' experience in assisting clients who are hearing or vision-impaired.

Specific Targeting: Rural or Otherwise Isolated Seniors. SLS has been delivering services to clients residing in rural areas for over fifty years. Traditionally this entailed SLS staff driving great distances to connect with rural clients. Though this does still occur occasionally for in person interviews, most initial interviews are now accomplished over the telephone. In addition to the measures used to target low-income and frail seniors, SLS

takes the following measures to serve rural or isolated seniors:

- SLS obtains an address for every client to identify geographically isolated seniors.
- Seniors who live in a rural area and who cannot come to an SLS office because of transportation or health problems will be either interviewed by telephone or a staff person will go to their home.

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

SLS informs targeted seniors about SLS through:

- Posters and Brochures: SLS distributes publicity posters and/or brochures at the offices of other services utilized by similarly situated seniors.
- Announcements: SLS makes regular announcements and press releases concerning high interest cases.
- Mail: SLS mails publicity materials each year in the course of publicizing its charity fundraising events. These materials typically describe SLS services and encourage referrals of targeted seniors.
- Presentations: As feasible, SLS staff make presentations and personal connections at local Social Security offices, senior meal sites, senior social service agencies, county offices such as Adult Protective Services or Medi-Cal, service clubs and senior organizations.

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

While SLS has offices in three locations to better serve our clients in the communities in which they reside, for various reasons, some may prefer to receive assistance remotely. During the COVID pandemic, SLS moved rapidly to embrace remote service delivery options including phone, Zoom, Microsoft Teams and other video conferencing systems. We continue to use these remote communication systems when clients are unable to travel to our offices for services.

For homebound or frail seniors, the attorney or paralegal will do the initial interview in the client's home. In addition, while the first client interview will often take place at the SLS office, much of the following work on the client's behalf will be handled via letters, phone calls and a variety of court or administrative proceedings, most of which do not require the client to leave home. SLS services are sometimes provided through intermediaries such as relatives or other senior agency staff.

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

The major barrier to accessing legal services is funding and recruiting staff in a competitive market. SLS has an experienced staff and dedicated volunteers, but like many other non-profit organizations, we have found it difficult to provide competitive wages, and thus have difficulty recruiting and retaining talented staff. Our funding sources do not grow proportionately to inflation or the growing senior population. Thus, SLS frequently must turn away complex cases or impact litigation. Additionally, more "minimal" cases must be deferred or advised re self-representation.

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

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

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

Fiscal Year	Name of Provider	Geographic Region covered
2024-2025	Senior Legal Services	Santa Cruz and San Benito Counties
2025-2026	Senior Legal Services	Santa Cruz and San Benito Counties
2026-2027	Senior Legal Services	Santa Cruz and San Benito Counties
2027-2028		

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

SLS is an integral part of the network of senior service providers in both Santa Cruz and San Benito Counties. SLS staff is familiar with the major senior agency directors in this area. SLS has made efforts to coordinate its services with the following local agencies:

Seniors Council of Santa Cruz and San Benito Counties; SLS maintains a cooperative and mutually supportive relationship with the Seniors Council. SLS staff participates in AAA provider meetings, and any special meeting requiring their attendance and attends the annual joint meeting of Board and Advisory Council.

San Benito County. SLS accesses office space in Hollister at the San Benito County Community Foundation and coordinates with the ADRC at the Community Center.

Senior Network Services. SLS coordinates with Senior Network Services to provide Medicare-related legal services for HICAP clients. In addition, SLS and SNS staff assist each other in making appropriate cross-referrals.

Ombudsman/Advocate. SLS works with the Ombudsman program to coordinate services for residents of skilled nursing facilities and residential care facilities.

Governmental and Non-Profit Agencies. SLS works closely to coordinate services with other agencies providing similar or complementary services. SLS maintains an active presence in senior and legal circles and continues to have a close relationship with public agencies serving seniors in crisis. SLS contracts with the Santa Cruz County Mobile Home Commission to fight unfair rent increases. SLS contracts with the County Human Services Division to assist with SSDI applications and appeals. SLS staff often work in conjunction with Adult Protective Services, the local district attorneys and other similar agency employees. Adult Protective Services very frequently refers their clients to SLS and calls upon SLS to answer legal questions that may arrive.

SECTION 12. DISASTER PREPAREDNESS

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

1. Describe how the AAA coordinates its disaster preparedness plans, policies, and procedures for emergency preparedness and response as required in OAA, Title III, Section 310 with:

- local emergency response agencies,
- relief organizations,
- state and local governments, and
- other organizations responsible

The AAA will coordinate with local emergency response agencies, relief organizations and local governments , state and local governments to ensure coordination and to maintain awareness of the needs of vulnerable seniors during an emergency or disaster event. The AAA network shares daily updates with the AAA during disasters so that information can be readily relayed to the Department of Aging. AAA contracted providers of meals, transportation, legal services and information and assistance providers provider information and support resources as feasible during a disaster or emergency event.

The AAA's PSA does not currently have any federally recognized tribal organizations.

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

Name	Title	Telephone	Email
Dave Reid	Director, Santa Cruz Office of Response, Recovery and Resilience	831-848-2188	David.reid@santacruzcountyca.gov
Kris Magano	San Benito Co. OES Manager	831-636-6138	kmangano@sanbenitococa.gov

3. Identify the Disaster Response Coordinator within the AAA:

Name	Title	Telephone	Email
Clay Kempf	Executive Director	Office: 831-688-0400 x115	clayk@seniorscouncil.org

4. List critical services the AAA will continue to provide to the participants after a disaster and describe how these services will be delivered (i.e., Wellness Checks, Information, Nutrition programs):

Critical Services	How Delivered?
A Information and Assistance	A I&A providers have emergency procedures in place that include how they will coordinate with organizations to provide referrals to critical services
B Transportation	B Transportation providers will coordinate available vehicles, when appropriate to assist in evacuation and has experience doing so during recent disasters
C Nutrition	C The AAA, through its provider network distributed emergency backpacks that include a 5-day supply of shelf stable food
D Legal	D The legal services provider will be prepared to assist older adults with post-emergency forms completion including FEMA application and other related services and has experience locally during recent disasters doing so.

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

Critical Services	How Delivered?
A Coordination of communications	A AAA staff will require daily updates from any service providers and their clients to maintain up to date information on impacts
B Service delivery	B The AAA is not a provider of direct services, so the focus is on communication with providers
C Remote work capability	C All staff have the ability to work remotely.
D Computer backup	D Server backup is utilized daily.

6. List critical resources the AAA need to continue operations

- Internet access
- Power
- Phone service

7. List any agencies or private/non-government organizations with which the AAA has formal or nonformal emergency preparation or response agreements. (contractual or MOU) The AAA does not currently have any formal or nonformal emergency preparation or response agreements.

8. Describe how the AAA will:

- Identify vulnerable populations: Both the AAA and its contracted service providers have experienced multiple disasters including fire, earthquake and flood, and are familiar with the areas where most vulnerable populations are.
- Identify possible needs of the participants before a disaster event (PSPS, Flood, Earthquake, ETC) Contracted providers, including meals on wheels, have identified where the most vulnerable populations are.
- Follow up with vulnerable populations after a disaster event. Whenever a disaster occurs, provider staff immediately begin reaching out to vulnerable seniors and, if they cannot be reached, their emergency contacts. Providing they have access, family members will often go to participants home to pick them up

9. How is disaster preparedness training provided?

- AAA to participants and caregivers – the AAA completed a major distribution of emergency backpacks in the two-county PSA in 2024-25, which included disaster preparedness information.
- To staff and subcontractors – the AAA will ensure that its staff and service providers receive emergency preparedness training materials and in person sessions where possible.

SECTION 13. NOTICE OF INTENT TO PROVIDE DIRECT SERVICES

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

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

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

Check applicable direct services

Title IIIB

- ☒ Information and Assistance
- ☐ Case Management
- ☒ Outreach
- ☐ Program Development
- ☒ Coordination
- ☐ Long Term Care Ombudsman

Check each applicable Fiscal Year

24-25 25-26 26-27 27-28

- | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| ☐ | ☒ | ☒ | ☐ |
| ☐ | ☒ | ☐ | ☐ |
| ☒ | ☒ | ☒ | ☐ |
| ☐ | ☐ | ☐ | ☐ |
| ☒ | ☒ | ☒ | ☐ |
| ☐ | ☐ | ☐ | ☐ |

Title IIID

- ☒ Health Promotion – Evidence-Based

24-25 25-26 26-27 27-28

- | | | | |
|-------------------------------------|--------------------------|--------------------------|--------------------------|
| ☒ | ☐ | ☐ | ☐ |
|-------------------------------------|--------------------------|--------------------------|--------------------------|

Title IIIE⁹

- ☐ Information Services
- ☐ Access Assistance
- ☐ Support Services
- ☐ Respite Services
- ☐ Supplemental Services

24-25 25-26 26-27 27-28

- | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| ☐ | ☐ | ☐ | ☐ |
| ☐ | ☐ | ☐ | ☐ |
| ☐ | ☐ | ☐ | ☐ |
| ☐ | ☐ | ☐ | ☐ |
| ☐ | ☐ | ☐ | ☐ |

Title VII

- ☐ Long Term Care Ombudsman

24-25 25-26 26-27 27-28

- | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| ☐ | ☐ | ☐ | ☐ |
|--------------------------|--------------------------|--------------------------|--------------------------|

Title VII

- ☐ Prevention of Elder Abuse, Neglect, and Exploitation.

24-25 25-26 26-27 27-28

- | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| ☐ | ☐ | ☐ | ☐ |
|--------------------------|--------------------------|--------------------------|--------------------------|

Describe methods to be used to ensure target populations will be served throughout the PSA. The AAA provides outreach at Senior Farmers Market Distribution Days. A small amount of Title IIIB funding is allocation to approved Coordination objectives. An RFP was conducted for IIID Health Promotion (Matter of Balance) and a provider is completing their first year of operations in both counties of the PSA. The AAA provides a small amount of funding to the San Benito ADRC to support I&A and Case Management.

⁶ Refer to CDA Service Categories and Data Dictionary.

SECTION 14. REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES PSA 13

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

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

Identify Service Category: Personal Affairs Assistance

Check applicable funding source:⁹

☒ IIIIB

☐ IIIC-1

☐ IIIC-2

☐ IIIE

☐ VII

☐ HICAP

Request for Approval Justification:

☒ Necessary to Assure an Adequate Supply of Service OR

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

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

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

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

The Seniors Council directly operates Project SCOUT, which is the only local agency operating the Tax Counseling for the Elderly Program. This program uses trained volunteer tax preparers to assist low-income Seniors with completing their federal tax returns. The net result is a significant savings for seniors.

⁷ Section 15 does not apply to Title V (SCSEP).

⁸ For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs agree.

SECTION 14. REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES

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

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

Identify Service Category: Nutrition Education

Check applicable funding source:⁹

☐ IIIIB

☒ IIIC-1

☒ IIIC-2

☐ IIIE

☐ VII

☐ HICAP

Request for Approval Justification:

☐ Necessary to Assure an Adequate Supply of Service OR

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

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

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

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

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

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

SECTION 14. REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES

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

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

Identify Service Category: Congregate and Home-Delivered Meals

Check applicable funding source:⁹

☐ IIIIB

☒ IIIC-1

☒ IIIC-2

☐ IIIE

☐ VII

☐ HICAP

Request for Approval Justification:

☒ Necessary to Assure an Adequate Supply of Service OR

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

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

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

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

The AAA implemented a suggestion made by CDA to have the AAA RD also serve as the provider RD for our contracted service providers. It was determined that the most efficient method for doing that was to deduct the funds from the providers allocation, so these direct service dollars represent the amount for the provision of required services at the provider level. As a provision of this arrangement, the annual monitoring done by the AAA RD is completed under the supervision of the AAA Administrator

¹¹ Section 15 does not apply to Title V (SCSEP).

¹² For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs agree.

SECTION 15. GOVERNING BOARD

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

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

Total Number of Board Members: 8

Name and Title of Officers:	Office Term Expires:
Tami Aviles, President	June 30, 2027
Wayne Norton, Vice-President	June 30, 2027
Vacant, Treasurer	June 30, 2027
Vacant, Secretary	June 30, 2027

Names and Titles of All Members:	Board Term Expires:
Pam Arnsberger, Board Member	June 30, 2027
Tami Aviles, Board President	June 30, 2027
Lisa Berkowitz, Board Member	June 30, 2026
Mickie Luna, Board Member	June 30, 2027
Mary Lou McKenney, Board Member	June 30, 2028
Wayne Norton, Vice-President	June 30, 2027
Connie Padron, Board Member	June 30, 2028
Antonio Rivas, Board Member	June 30, 2026
	June 30, 2027
	June 30, 2026

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

SECTION 16. ADVISORY COUNCIL**ADVISORY COUNCIL MEMBERSHIP
2024-2028 Four-Year Planning Cycle**

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

Total Council Membership (include vacancies) 17

Number and Percent of Council Members over age 60 4 31% Council 60+

Race/Ethnic Composition	% Of PSA's 60+Population	% on Advisory
White	71%	77%
Hispanic		8%
Black		15%
Asian/Pacific Islander		
Native American/Alaskan Native		
Other		

Name and Title of Officers:**Office Term Expires:**

Gabriela Triguero, Santa Cruz City Council, Chair	December, 2026
Angela Curro, San Benito County Supervisor, Vice Chair	December, 2026

Name and Title of other members:**Office Term Expires:**

Justin Cummings, Santa Cruz County Supervisor	December, 2026
Kimberly De Serpa, Santa Cruz County Supervisor	December, 2026
Mindy Sotelo, San Benito County Supervisor	December, 2026
Susan Westman, Capitola City Council	December, 2026
Steve Clark, Scotts Valley City Council	December, 2026
Dolores Morales, Hollister City Council	December, 2026
Scott Freels, San Juan Bautista City Council	December, 2026
Ari Parker, Watsonville City Council	December, 2026
Mark Johanessen, Seniors Commission	December, 2026
Stephanie Auld, IHSS Commission, Persons with Disabilities	December, 2026
Tara Ireland, Service Provider Representative	December, 2026

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

Yes No

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

Yes No Additional Other (Optional)

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

Explain any “No” answer(s):

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

Appointments are revisited annually. Jurisdictional representatives may be reappointed by their governing body or a new representative may be selected. All terms are annual and those members who are not jurisdictional appointments are renewed by vote if they wish to continue.

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

Jurisdictional representatives are appointed by their governing body annually. Other candidates submit applications for vacant positions to the AAA Executive Director for consideration. Approval is by vote of the Advisory Council.

SECTION 17. MULTIPURPOSE SENIOR CENTER ACQUISITION OR CONSTRUCTION COMPLIANCE REVIEW

CCR Title 22, Article 3, Section 7302(a)(15)

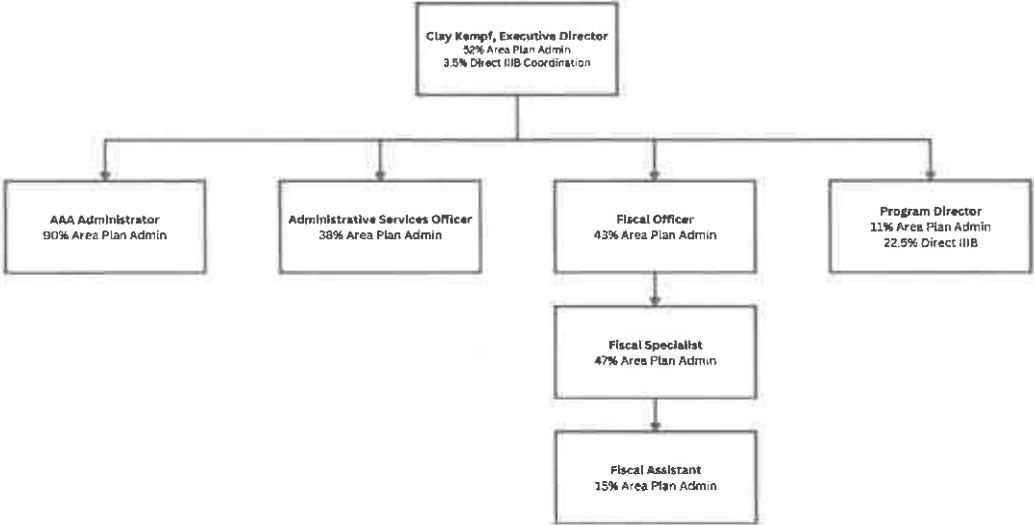
20-year tracking requirement☒ No. Title IIIB funds not used for Acquisition or Construction.☐ Yes. Title IIIB funds used for Acquisition or Construction.

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

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

¹³ Acquisition is defined as obtaining ownership of an existing facility (in fee simple or by lease for 10 years or more) for use as a Multipurpose Senior Center

SECTION 18. ORGANIZATION CHART



SECTION 19. ASSURANCES

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

A. Assurances

1. OAA 306(a)(2)

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

- (A) services associated with access to services (transportation, health services (including mental and behavioral health services) outreach, information and assistance, (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible) and case management services);
- (B) in-home services, including supportive services for families of older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and
- (C) legal assistance; and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded;

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

- (I) provide assurances that the area agency on aging will -
 - (aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;
 - (bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and;
- (II) include proposed methods to achieve the objectives described in (aa) and (bb) of subclause (I);

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

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

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

individuals residing in rural areas in accordance with their need for such services; and

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

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

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

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

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

Use outreach efforts that —

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

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

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

individuals and older individuals residing in rural areas;

7. OAA 306(a)(5)

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

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

Describe the mechanism(s) for assuring that each Area Plan will include information detailing how the Area Agency will, to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals.

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

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

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

10. OAA 306(a)(11)

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

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

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

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

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

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

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

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

12. 306(a)(14)

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

13. 306(a)(15)

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

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

14. OAA 305(c)(5)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

agencies where appropriate.

21. OAA 307(a)(15)

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

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

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

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

22. OAA 307(a)(18)

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

(A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;

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

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

23. OAA 307(a)(26)

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

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

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

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

designed to assist older persons in leading independent, meaningful and dignified lives in their own homes and communities as long as possible.

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

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

25. CFR [1321.53(c)]

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

26. CFR [1321.53(c)]

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

27. CFR [1321.53(c)]

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

28. CFR [1321.53(c)]

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

29. CFR [1321.53(c)]

Work with, or work to assure that community leadership works with, other applicable agencies and institutions in the community to achieve maximum collocation at,

coordination with or access to other services and opportunities for the elderly from the designated community focal points.

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

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

31.CFR [1321.61(d)]

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

32.CFR [1321.69(a)]

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

PSA 13 - ATTACHMENT A - Area Plan Summary of Changes

Section	Page(s)	Excerpt Prior Year Content in Area Plan	Excerpt Current Year Content in Area Plan
2	1, 2		Updated population information
2	3	San Benito Co. Nutrition Program	Updated provider information after RFP
2	3	Resources and Constrains	Local funding reductions affecting meal providers
2	4	Successes	Highlighted MPA workgroup activity
4	7	Planning Cycle	First section updated for next local 4-year planning cycle starting 2026-27
7	15	Objective 3.3 updated to reflect relocation of I&A provider	Reflects loss of senior services hub owned by local school district.
8	40-43	Family Caregiver Support Units of Service	2025-26 was first year of new contract cycle, some changes in service units and categories were made after RFP, especially in FCSP
9	52	Senior Centers & Focal Points	Revised to include the loss of the Live Oak Senior Center as a designated focal point housing multiple senior programs.
11	56	Legal Assistance	Updated responses to questions 5,6 and 7

PSA 13 – SANTA CRUZ AND SAN BENITO COUNTIES
ATTACHMENT B
OLDER CALIFORNIANS ACT MODERNIZATION SUPPLEMENTAL SUMMARY

Description of program(s) being funded

OM funding was utilized to support the following programs:

- Aging in Place
- Foster Grandparent
- Senior Companion
- Senior Volunteer Development – to build capacity for volunteer recruitment, retention and training and to promote senior volunteerism.

Nutrition Modernization funding continues to support the Home-Delivered Programs, both of which are experiencing wait lists.

ATTACHMENT C.

Local Master Plan for Aging Supplemental Summary

California's Master Plan for Aging (MPA) is a multi-sector "blueprint" providing a comprehensive framework to address and plan for the current, emerging, and future needs of California's aging population. California's MPA is a national model that has inspired communities across California to engage in similar efforts at the local level (e.g., county, city, town). California communities report actively engaging in the planning, development, or implementation of a multi-sector aging and disability action plan. To support these efforts, the state created a Local Playbook to inform the development of a Local MPA at the community level.

An Area Plan is complementary to a Local MPA. Some communities have leveraged the identified priorities, objectives, and activities in their Area Plans to include in their community's Local MPA. This optional supplemental summary is available for the AAA to describe how their organization is involved in any Local MPA efforts. The narrative summary should include the role(s)/responsibilities, partnerships, and actions being undertaken by the AAA to support the planning, development, or implementation of a Local MPA in their planning and service area – a sample of activities are below and listed in stages. Note that the narrative response should focus on the AAA's involvement and work related to their Local MPA activities, *not* the state-level MPA.

• **Stage 1: Raising Awareness & Community Education on Aging and Disability** (*i.e., how the AAA is involved in developing educational materials; hosting educational webinars and events; or meeting with local aging and disability leaders, multi-sector partners, and/or elected officials*)

PSA-13 has been actively involved in developing and creating local playbooks for California's Master Plan for Aging. Multiple efforts were made to promote awareness of the MPA, stemming from the Executive Director's involvement in and membership on Governor Newsom's MPA Stakeholder Advisory Committee. Sharing the MPA concepts and contents with our local communities was (and continues to be) a regular component activity of the agency. These efforts resulted in the AAA hosting a Solutions Summit in each of our two counties of operation; inviting local leaders and service providers to join in and create active plans for meeting each of the Five Bold Goals of the MPA.

Although listed as Stage 1 in the MPA planning process, raising awareness about aging & disabilities remains an ongoing need and priority in achieving the goals of the MPA.

• **Stage 2: Planning** (*i.e., how the AAA is involved in forming or participating in a local Advisory Committee; conducting a community needs assessment; reviewing local data; or participating in planning and priority-setting sessions*)

The San Benito County Aging & Long Term Care Commission (ALTCC) accepted the role of being the official MPA Advisory Council after being endorsed by the Community Foundation for San Benito County (CFFSBC) and the AAA Advisory Council for that role. The community felt that the ALTCC was a perfect combination of grassroots providers of service, community members, AAA staff, and participation of County Departments to provide a broad and inclusive perspective on MPA needs and goals. Additionally, the ALTCC's monthly meetings are held at the San Benito County Epicenter; the headquarters of the CFFSBC.

In Santa Cruz County, a pre-existing Age-Friendly Communities Governance Committee was a natural group to add MPA Steering Committee oversight to their existing responsibilities.

Participation previously provided by community-based senior service organizations and seats filled by County Supervisors were not continued at the discretion of County staff. However, service providers are kept informed via the AAA's monthly meeting of Aging & Disability Service Providers, as well as electeds hearing update at the AAA Advisory Council meetings.

The AAA was very active in Santa Cruz County's community needs assessment, with the AAA's Executive Director, AAA Administrator/Planner, and then Board President meeting almost weekly with County staff and consultants to design the assessment and strategize about outreach and distribution. All three AAA experts participated when possible in the County's Monthly Needs Assessment Steering Committee meetings, as well as helping to distribute the surveys via the AAAs connections with local service providers.

In San Benito County, the AAA relied on the findings from CDA's statewide needs assessment, along with input again from local service providers and other experts in the field.

• **Stage 3: Development** (*i.e., how the AAA is involved in identifying community-level goals, objectives, and activities toward the development of a Local MPA; sharing the draft Local MPA with stakeholders and the public for feedback; or finalizing the Local MPA*)

Following the gathering of the information described above, recommended actions were developed at the Solutions Summits in each county. Inspired by these Solutions Summits, followup workgroups were formed for each of the MPA's Five Bold Goals, and input and additional ideas were solicited from the community at large. Workgroups met monthly, with in-person and on-line options simultaneously provided. These workgroups were invaluable in expanding the expertise and participation in plan development. About 50 such meetings were convened in San Benito County, and another 25 in Santa Cruz County, eventually leading to the drafting and completion of separate MPA local playbooks for each county.

• **Stage 4: Implementation** (*i.e., how the AAA is involved in publicly releasing the Local MPA; raising public awareness to promote the Local MPA; working in a lead capacity on identified goals, objectives, and activities; or working with cross-sector partners to implement identified goals, objectives, and strategies of the Local MPA*)

The AAA continues to promote the local playbook in public and private meetings in both of our counties of operation, among other efforts to increase engagement in senior/disabled related issues. We now hold quarterly Local Playbook progress meetings in both Santa Cruz & San Benito Counties, inviting any and all participants in the MPA Playbook creation, as well as newcomers who are interested in our work and/or MPA goals.

Our Local Playbook Steering Committee in San Benito County - the Aging & Long Term Care Commission - meets monthly and updates on the MPA and the local playbook are a standing item on the agenda. AAA staff provide relevant written updates as well as oral reports and discussion during the meetings.

Meanwhile, the Santa Cruz County MPA Governance Committee holds their own quarterly meetings to stay abreast of MPA progress. Consisting of County (including the CEO) & AAA staff, the Governance Committee also has representatives of each of the four cities.

The AAA Advisory Council (consisting of electeds from both County Boards of Supervisors, the six cities in the PSA, and at-large members with representatives from the IHSS Advisory Committee and the Santa Cruz County Seniors Commission hears monthly updates at their meetings, including engagement in progress made and challenges remaining.

Statewide, the AAA Director continues to participate in the regular meetings of the original MPA Stakeholder Advisory Committee, and works with the California Association of Area Agencies on Aging and the California Department of Aging to encourage support for the progressive ideas in the MPA.

• **Stage 5: Evaluation** (*i.e., how the AAA is involved in tracking the progress of the Local MPA's goals, objectives, and activities to measure the community impact of the Local MPA; publishing and promoting findings or outcomes of the Local MPA; or updating/revising the Local MPA for continuous improvement*)

Both of our MPA Local Playbooks were intentionally designed to engage the community at large - including government, non-profit, healthcare, and other community partners and potential partners - in contributing to the plan. Implementation responsibility goes far beyond the AAA and our ability to track success or failure. Instead, our focus is on promoting continued engagement in the playbook, along with developing new goals, and, perhaps most importantly, developing new and stronger partnerships in addressing community needs.

A huge challenge in the MPA and in the local playbooks is the lack of resources to support its implementation or to measure success or failure in an extensive manner. Utilizing Area Plan Title IIIB Coordination funds is the only resource remaining to support these efforts in the implementation of the local playbooks. Also lost is the statewide peer network that Local Aging & Disability Action Planning Grant Program (LADAP) created - a network that was just coming into its own at the time the grants expired, and is sorely missed today.

In our opinion, Stage Four is a long-term commitment to the MPA. Continued engagement by local partners in implementation efforts is perhaps the purest evaluation measurement available.