

Monterey County Area Agency on Aging 2022-2023 Area Plan Update



“Assistance, Advocacy and Answers on Aging”

EXECUTIVE SUMMARY

The Monterey County Area Agency on Aging (AAA) is pleased to present its Area Plan Update for the Fiscal Year 2022-2023. Monterey County is designated as the Planning and Service Area #32 (PSA 32) in the State of California. The AAA is overseen by Monterey County's Department of Social Services staff who are responsible for the planning, coordination, implementation, monitoring, and funding of programs and services for older persons, adults with disabilities, and family caregivers. The 2022-23 Area Plan Update is the AAA's annual update to the current four-year Area Plan (2020-2024) and describes priorities, objectives, and activities planned in the coming year.

Conforming to the Department of California Department of Aging's (CDA) guidelines on the development of the updates to the Area Plan, only the sections that have changed from the prior submissions related to demographic data, service units, and objectives, are included.

The COVID-19 pandemic has had a devastating impact on the physical, mental, and economic health of our communities. It has exacerbated social isolation and loneliness among our elders, and disproportionately taken their lives. The pandemic has shined a light on the disparities that exist for those in impoverished communities where there are still great needs yet minimal resources. However, it has also shined a light on the resilience of our community, and that of the older persons, adults with disabilities, and family caregivers that live here.

The Monterey County AAA will continue to support critical services during and post pandemic. This includes supporting local service providers who have had to shift their service delivery models to meet the growing needs. This also includes ensuring that vulnerable residents of all ages and abilities have equitable access to needed support services and can age safely, healthy, and live with dignity.

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Area Plan Update Checklist

FY 2022-2023 for PSA 32

Section	2020-2024 4-Year Area Plan Required Components	4-Year Plan
	Transmittal Letter — <i>must have original, ink signatures or official signature stamps — no photocopies</i>	<input checked="" type="checkbox"/>
2	Estimate of the number of lower income minority older individuals in the PSA for the coming year	<input checked="" type="checkbox"/>
7	Public Hearings	<input checked="" type="checkbox"/>
10	Service Unit Plan (SUP) Objectives and Long-Term Care Ombudsman Outcomes	<input checked="" type="checkbox"/>
16	Governing Board	<input checked="" type="checkbox"/>
17	Advisory Council	<input checked="" type="checkbox"/>
18	Legal Assistance	<input checked="" type="checkbox"/>
22	Assurances	<input checked="" type="checkbox"/>

Transmittal Letter
2022-2023 Area Plan Update

AAA Name: Monterey County Area Agency on Aging

PSA 32

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 undersigned¹ 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. Mary Adams

Signature: Governing Board Chair¹

Date

2. Richard Kuehn

Signature: Advisory Council Chair

Date

3. Diana Jimenez

Signature: AAA Director

Date

¹ Original signatures or official signature stamps are required.

Section 2 – Estimate of the Number of Lower Income Minority Older Individuals in the PSA

PSA 32

Per the 2020 Census, Monterey County has a population of 434,394 residents, which represents an increase of 4% from 2010. A total of 12% of the population live below the poverty line. Additionally, Hispanics make up 59.4% of the total population and are the largest minority group.

According to the 2022 California Department of Aging (CDA) Population Demographic Projections, a data set used by the State to establish the funding formula and allocation for each county, Monterey County's residents who are age 60 and older show the following characteristics:

CHARACTERISTIC Monterey County- PSA 32	TOTAL	% of 60+ Population
Total Population age 60 and over	94,097	100%
Non-Minority	28,071	30%
Minority	66,026	71%
Non-English-Speaking	6,080	7%
Low-Income	9,575.	11%
Geographically Isolated	10,445	12%
Lives Alone	15,710	17%
Medi-Cal Eligible	17,535	19%

Using the CDA's 2022 projections, seniors who are 60 and older represent approximately 20% of the County's population, of which 71% are from a minority group. The AAA needs to ensure that programs and services are prioritized to targeted groups that include older adults who are low income, minority, geographically isolated, and/or live alone. Efforts to address the needs of these vulnerable seniors will continue.

Source:

According to the 2022 California Department of Aging (CDA) Population Demographic Projections:

<https://aging.ca.gov/download.ashx?IE0rcNUV0zYSDQkxTL1zkg%3d%3d>

Section 7 – Public Hearings

PSA 32

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, OAA 2006 306(a)

Conducted for the 2022-2023 Planning Period

Fiscal Year	Date	Location	Number of Attendees	Presented in languages other than English? ² Yes or No	Was hearing held at a Long Term Care Facility? ³ Yes or No
2022-2023	June 23, 2022	Monterey County AAA Advisory Council Meeting, Online meeting via ZOOM	11	Spanish available	No

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

- 1. Summarize the outreach efforts used in seeking input into the Area Plan from institutionalized, homebound, and/or disabled older individuals.**
 - a. Public Hearing Notice, flyers developed, distributed, and posted on social media.
 - b. Emails to existing list-serves including service providers.
 - c. Press releases to local newspapers: Salinas Californian including El Sol, Monterey Herald, Pine Cone, South County papers (4 editions).
 - d. KSBW (local television channel) Community Calendar.
 - e. Flyers and communications widely distributed through the Aging & Disability Services Network (email, meetings, front lobbies).

- 2. Were proposed expenditures for Program Development (PD) and Coordination (C) discussed?**
 - Yes. Go to question #3
 - Not applicable, issue was not discussed. PD and C funds are not used. Go to question #4

- 3. Summarize the comments received concerning proposed expenditures for PD & C.**

Not applicable.

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

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

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

Yes. Go to question #5

No, Explain:

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

At the June 23, 2022, Public Hearing, no comments were received.

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

At the June 23, 2022, Public Hearing, no issues were raised.

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

At the June 23, 2022, Public Hearing, no changes were made.

Section 10 – Service Unit Plan (SUP) Objectives

PSA 32

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

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

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

Report the units of service to be provided with **ALL funding sources**. Related funding is reported in the annual Area Plan Budget (CDA 122) for Titles III B, III C-1, III C-2, III D, VII (a) and VIIA.

Home-Delivered Meals

Unit of Service = 1 meal

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	93,000	3	
2021-2022	110,000	3	
2022-2023	150,000	3	
2023-2024			

Congregate Meals

Unit of Service = 1 meal

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	35,000	3	
2021-2022	40,000	3	
2022-2023	45,000	3	
2023-2024			

Transportation (Access)

Unit of Service = 1 one-way trip

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	250	1	1.2
2021-2022	50	1	1.2
2022-2023	24	1	1.2
2023-2024			

Legal Assistance

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	5,500	3	
2021-2022	5,060	3	
2022-2023	5,060	3	
2023-2024			

Nutrition Education

Unit of Service = 1 session per participant

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	4,400	3	
2021-2022	6,000	3	
2022-2023	6,500	3	
2023-2024			

Information and Assistance (Access)

Unit of Service = 1 contact

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	28,000	3	
2021-2022	28,000	3	
2022-2023	14,000	3	
2023-2024			

Outreach (Access)

Unit of Service = 1 contact

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	6,800	3	
2021-2022	7,800	3	
2022-2023	8,200	3	
2023-2024			

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

- Each **Title III B** “Other” service must be an approved NAPIS Program 15 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 III B** services to be funded that were not reported in NAPIS categories 1-14 and 16. (Identify the specific activity under the Other Supportive Service Category on the “Units of Service” line when applicable.)

2. Title III B, Other Priority and Non-Priority Supportive Services

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

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

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

Service Category: Community Education

Unit of Service = 1 Activity

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	1	1	1.3
2021-2022	1	1	1.3
2022-2023	1	1	1.3
2023-2024			

Service Category: Public Information

Unit of Service = 1 Activity

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	100	1	1.3
2021-2022	10	1	1.3
2022-2023	10	1	1.3
2023-2024			

Service Category: Housing**Unit of Service = 1 hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	50	1	1.3
2021-2022	50	1	1.3
2022-2023	0		
2023-2024			

Service Category: Cash / Material Aid**Unit of Service = 1 Assistance**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	0		
2021-2022	50	1	1.2
2022-2023	60	1	1.2
2023-2024			

3. Title IIID/Health Promotion-Evidence-Based**Unit of Service = 1 contact**

Instructions for Title IIID Health Promotion-Evidence-Based: Enter the proposed units of service and the Program Goal and Objective number(s) that provides a narrative description of the program and explains how the service activity meets the criteria for evidence-based programs described in PM 15-10.

Service Activities: Tai Chi for Arthritis Program, Tai Chi for Better Balance, Bingocize, Matter of Balance (all programs are evidence-based and approved by CDA/ AAA.).

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (Required)
2020-2021	2,000	3	3.1
2021-2022	2,800	3	3.1
2022-2023	2,800	3	3.1
2023-2024			

Section 10 – Title IIIB & Title VIIA: Long-Term Care (LTC) Ombudsman Program Outcomes

2022-2023 Area Plan Update

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

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

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

Complete all Measures and Targets for Outcomes 1-3;

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

Measures and Targets: *Please note that data is based on Federal Fiscal Year (Oct. thru Sept.).*

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

<p>1. FY 2018-2019 Baseline Resolution Rate: Number of complaints resolved <u>184</u> + number of partially resolved complaints <u>103</u> divided by the total number of complaints received <u>352</u> = Baseline Resolution Rate <u>82%</u> FY 2020-2021 Target Resolution Rate <u>90%</u></p>

<p>2. FY 2019-2020 Baseline Resolution Rate: Number of complaints partially or fully resolved <u>278</u> divided by the total number of complaints received <u>312</u> = Baseline Resolution Rate <u>89%</u> FY 2021-2022 Target Resolution Rate <u>90%</u></p>

<p>3. FY 2020 - 2021 Baseline Resolution Rate: Number of complaints partially or fully resolved <u>218</u> divided by the total number of complaints received <u>252</u> = Baseline Resolution Rate <u>87%</u> FY 2022-2023 Target Resolution Rate <u>90%</u></p>

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

Program Goals and Objective Numbers: 3.2 on page 20 of the 2020-2024 Area Plan

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

1. FY 2018-2019 Baseline: Number of Resident Council meetings attended <u>28</u> FY 2020-2021 Target: <u>20</u>
2. FY 2019-2020 Baseline: Number of Resident Council meetings attended <u>13</u> FY 2021-2022 Target: <u>20</u>
3. FY 2020-2021 Baseline: Number of Resident Council meetings attended <u>0</u> FY 2022-2023 Target: <u>15</u>
4. FY 2021-2022 Baseline: Number of Resident Council meetings attended _____ FY 2023-2024 Target: _____
Program Goals and Objective Numbers: 3.2 on page 20 of the 2020-2024 Area Plan

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

1. FY 2018-2019 Baseline: Number of Family Council meetings attended <u>2</u> FY 2020-2021 Target: <u>0</u>
2. FY 2019-2020 Baseline: Number of Family Council meetings attended <u>0</u> FY 2021-2022 Target: <u>0</u>
3. FY 2020-2021 Baseline: Number of Family Council meetings attended <u>0</u> FY 2022-2023 Target: <u>5</u>
4. FY 2021-2022 Baseline: Number of Family Council meetings attended _____ FY 2023-2024 Target: _____
Program Goals and Objective Numbers: 3.2 on page 20 of the 2020-2024 Area Plan

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

1. FY 2018-2019 Baseline: Number of Instances <u>329</u> FY 2020-2021 Target: <u>402</u>
2. FY 2019-2020 Baseline: Number of Instances <u>723</u> FY 2021-2022 Target: <u>402</u>
3. FY 2020-2021 Baseline: Number of Instances <u>899</u> FY 2022-2023 Target: <u>330</u>
4. FY 2021-2022 Baseline: Number of Instances _____ FY 2023-2024 Target: _____
Program Goals and Objective Numbers: 3.2 on page 20 of the 2020-2024 Area Plan

E. Information and Assistance to Individuals (NORS Element S-55) Count of instances of

Ombudsman representatives' interactions with residents, family members, friends, and others in the community for the purpose of providing general information and assistance unrelated to a complaint. Information and Assistance may be accomplished by: telephone, letter, email, fax, or in person.

1. FY 2018-2019 Baseline: Number of Instances <u>777</u> FY 2020-2021 Target: <u>700</u>
2. FY 2019-2020 Baseline: Number of Instances <u>1,106</u> FY 2021-2022 Target: <u>700</u>
3. FY 2020-2021 Baseline: Number of Instances <u>1278</u> FY 2022-2023 Target: <u>780</u>
4. FY 2021-2022 Baseline: Number of Instances _____ FY 2023-2024 Target: _____
Program Goals and Objective Numbers: 3.2 on page 20 of the 2020-2024 Area Plan

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

1. FY 2018-2019 Baseline: Number of Sessions <u>18</u> FY 2020-2021 Target: <u>10</u>
2. FY 2019-2020 Baseline: Number of Sessions <u>19</u> FY 2021-2022 Target: <u>10</u>
3. FY 2020-2021 Baseline: Number of Sessions <u>22</u> FY 2022-2023 Target: <u>15</u>
4. FY 2021-2022 Baseline: Number of Sessions _____ FY 2023-2024 Target: _____
Program Goals and Objective Numbers: 3.2 on page 20 of the 2020-2024 Area Plan

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

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

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

actions planned by the local LTC Ombudsman Program. Enter information in the relevant box below.

FY 2020-2021

FY 2020-2021 Systems Advocacy Effort(s):

- Provide Emergency Preparedness Training
- Provide Fire Safety PG&E Power Shutoff Preparedness Training
- Hold an Assisted Living Personal Protective Equipment (PPE) Distribution Event
- Hold Zoom training sessions for Skilled Nursing Facility Social Service Coordinators
- Provide training on advance healthcare directives to Assisted Living Social Services Coordinators
- Provide information, support and training to Skilled Nursing Facility Social Service Coordinators regarding discharge, transfer and eviction notices, and discharge planning

The Alliance on Aging Ombudsman Program will host Zoom training sessions for Skilled Nursing Facility Social Service Coordinators. Social Service Coordinators are responsible for discharge planning and facilitating residents' quarterly care conferences. Social Service Coordinators who attend the Ombudsman Program Zoom trainings will have the opportunity to learn about individualized care best practices, discharge, transfer and eviction residents' rights, Epple Act Interdisciplinary Team (IDT) implementation, and Ombudsman role as witness for Advanced Health Care Directives in Skilled Nursing Facilities.

Ombudsman will develop trainings that teach Social Service Coordinators how to develop safe and dignified discharge planning strategies. Ombudsman will outreach to the homeless shelters in Monterey County. Ombudsman will provide program cards and information about safe discharge planning to homeless shelter staff. Ombudsmen aim to empower homeless shelter staff to reach out to the California Department of Public Health and the Ombudsman Program when concerns arise regarding a resident's discharge from a skilled nursing facility to a homeless shelter.

Ombudsman will also provide training on Advanced Health Care Directives and Epple Act Interdisciplinary Team (IDT) meetings. Ombudsman will provide Advanced Health Care Directive resources to Social Service Coordinators so that information can be shared with residents and community members. Ombudsman must witness AHCD for skilled nursing facility residents. HSC section 1418.8 authorizes an Interdisciplinary Team (IDT) at a SNF or ICF to make treatment decisions for residents when a physician determines the resident is unable to provide informed consent for a proposed treatment intervention because they cannot articulate a decision or cannot understand the risks or benefits of a proposed intervention and where the resident has no health care decision maker to consent to the proposed intervention. SNFs and ICFs should update, develop, adopt, and implement policies and procedures (P&Ps) to ensure compliance with requirements for residents under HSC section 1418.8. Social Service Coordinators who attend the Ombudsman Zoom trainings will have the opportunity to share best practices and learn from their colleagues.

FY 2021-2022

System Advocacy Outcomes of FY 2020-2021:

As of December 31, 2020, Alliance on Aging Ombudsman Program provided 376.5 hours of Emergency Preparedness training to a total of 269 participants. 14 Emergency Preparedness Workshops offered to the community. 13 workshops were offered via Zoom and 1 workshop was offered in person at Van Buren Senior Apartments in Monterey.

The Alliance on Aging Ombudsman Program Manager developed two 1.5-hour Emergency Preparedness Zoom Workshops. "Learn the Basics: 3 Easy Steps to Prepare for an Emergency" focused on personal emergency preparedness. Participants learned how to stay informed during an emergency. Participants received emergency communication plan templates and emergency kit supply list. Participants who completed the workshop received hard copies of the handouts, PowerPoint, mask, and a backup battery that could be used to charge your devices via USB. 154 participants participated in the "Learn the Basics: 3 Easy Steps to Prepare for an Emergency" workshops, totaling 204 hours of training completed. A total of 11, Learn the Basics: 3 Easy Steps to Prepare for an Emergency Workshops were offered.

The "Fire Safety PG&E Power Shutoff Preparedness" workshop focused on home fire safety tips, developing a wildfire action plan, and preparing for potential power outages. The Alliance on Aging Ombudsman Program partnered with the Seaside Fire Department. Firefighter Ben Flores spoke about personal safety during a fire, fire alarm maintenance and he was available for Q &A. Participants who completed the workshop received hard copies of the handouts, PowerPoint, mask, headlamp and reusable glowstick. 115 participants participated in the "Fire Safety PG&E Power Shutoff Preparedness Workshops" totaling 172.5 hours of training. A total of 3, "Fire Safety PG&E Power Shutoff Preparedness" workshops were offered via Zoom.

These Emergency Preparedness Workshops were offered to:

1. Alliance on Aging clients, staff, and volunteers
2. Carmel Valley Manor Skilled Nursing Facility staff
3. Del Monte Assisted Living Facility staff, residents, and family members.
4. Van Buren Senior Housing residents
5. IHSS providers
6. Central Coast Senior Services staff and clients
7. Del Mar Caregiver Resource Center clients and staff.
8. The public.

The Alliance on Aging Ombudsman Program started a mask collection and distribution campaign in partnership with sewing donations from friends and family. We have received mask donations from CERV of the Monterey Peninsula, Listos, Blue Zones Project, National Charity League, Masks Makers of Monterey County, Superhero Mask Project, Monterey County Library, Seaside Masks Makers, Monterey County Health Department, Carmel Medical Supply and many more.

The Alliance on Aging distributed 3,351 masks from April 2020-December 2020

1. 457 masks distributed in April
2. 840 masks distributed in May
3. 206 masks distributed in June
4. 764 masks distributed in July
5. 423 masks distributed in August
6. 395 masks distributed in September
7. 158 masks distributed in October
8. 24 masks distributed in November
9. 84 masks distributed in December

Monterey County RCFE (Assisted Living) PPE Distribution Event: The Alliance on Aging Ombudsman Program and Monterey County Health Department organized a PPE distribution event for Assisted Living (RCFE) facilities in Monterey County on July 30, 2020. We collected over 15,000 masks, gloves, and hand sanitizer thanks to donations from the Office of Emergency Services, Alliance on Aging, Salinas Valley Memorial Healthcare System, Salinas MST, and Hospice of the Central Coast. The PPE was boxed up and distributed to 28 facilities during our drive thru event. Staff Ombudsman delivered the remaining PPE to facilities who were unable to attend. RCFE staff expressed gratitude for our support and PPE donations.

Information and Supporting Meetings:

The Alliance on Aging Ombudsman Program hosted an Information and Support Meeting on Thursday October 28, 2021, for Monterey County SNF Social Service Coordinators regarding Discharge, Transfer and Eviction Notices and IDEAL Discharge Planning.

Social Service Coordinators who participated in this Information and Support Meeting:

- Learned about the justifiable reasons for discharges, transfers, and evictions from SNFs
- Learned about discharge, eviction, transfer residents' rights
- Learned about the legislation and regulations that require SNFs to provide residents with a written notice of discharge, transfer, or eviction.
- Better understand the process for sending signed discharge, transfer, and evictions notices to the Ombudsman Program.
- Learned about the Agency for Healthcare Research and Quality IDEAL Discharge Planning Resource Guide. (AHRQ) is the lead Federal agency charged with improving the safety and quality of America's health care system. Website: <https://www.ahrq.gov/cpi/about/profile/index.html>
- Learned about the IDEAL Discharge Planning model and how you can better prepare residents and family members for discharges https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/systems/hospital/engagingfamilies/strategy4/Strat4_Tool_1_IDEAL_chklist_508.pdf
- Read the full IDEAL Discharge Planning guide here: https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/systems/hospital/engagingfamilies/strategy4/Strat4_Implement_Hndbook_508_v2.pdf
- Received a Monterey County RCFE list and review discharge planning checklists and resources

Participants had the opportunity to ask questions and share best practices.

FY 2022-2023

FY 2022-2023 Systems Advocacy Effort(s):

The Alliance on Aging Ombudsman Program will host Zoom or In-Person training sessions for Skilled Nursing and Residential Care Facility staff. The training sessions will include topics on person-centered-care. Facility staff who attend the Ombudsman Program trainings will have the opportunity to learn strategies and best practices on individualized care, that focuses on the needs of each resident and will challenge the one-size fits all perspective. The Ombudsman Program will also collaborate and provide Training sessions to local Hospital Social Workers in order to help identify Skilled Nursing Facilities that might need additional support with appropriate discharge planning.

Ombudsman will continue to provide training on Advanced Health Care Directives and Epple Act Interdisciplinary Team (IDT) meetings until The Office of the Long-Term Care Patient Representative becomes effective. Ombudsman will provide Advanced Health Care Directive resources to Social Service Coordinators so that information can be shared with residents and community members. Ombudsman must witness AHCD for skilled nursing facility residents.

HSC section 1418.8 authorizes an Interdisciplinary Team (IDT) at a SNF or ICF to make treatment decisions for residents when a physician determines the resident is unable to provide informed consent for a proposed treatment intervention because they cannot articulate a decision or cannot understand the risks or benefits of a proposed intervention and where the resident has no health care decision maker to consent to the proposed intervention. SNFs and ICFs should update, develop, adopt, and implement policies and procedures (P&Ps) to ensure compliance with requirements for residents under HSC section 1418.8.

FY 2023-2024

Outcome of 2022-2023 Efforts:

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

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

Measures and Targets:

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

1. FY 2018-2019 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint 17 divided by the total number of Nursing Facilities 16 = Baseline 100%
FY 2020-2021 Target: Unknown due to COVID Pandemic

2. FY 2019-2020 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint 0 divided by the total number of Nursing Facilities 17 = Baseline 0% (due to COVID-19 Pandemic)
FY 2021-2022 Target: 100%

3. FY 2020-2021 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint 0 divided by the total number of Nursing Facilities 16 = Baseline 0%
FY 2022-2023 Target: 100%

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

Program Goals and Objective Numbers **3.2 on page 20 of the 2020-2024 Area Plan**

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

1. FY 2018-2019 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint 48 divided by the total number of RCFEs 48 = Baseline 98%
FY 2020-2021 Target: Unknown due to COVID-19 Pandemic

2. FY 2019-2020 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint 0 divided by the total number of RCFEs 48 = Baseline 0%
Due to COVID-19 Pandemic
FY 2021-2022 Target: 100%

3. FY 2020-2021 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint 49 divided by the total number of RCFEs 49= Baseline 100%
FY 2022-2023 Target: 100%

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

Program Goals and Objective Numbers: **3.2 on page 20 of the 2020-2024 Area Plan**

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

1. FY 2018-2019 Baseline: <u>3.2</u> FTEs FY 2020-2021 Target: <u>3.2</u> FTEs
2. FY 2019-2020 Baseline: <u>3.28</u> FTEs FY 2021-2022 Target: <u>3.28</u> FTEs
3. FY 2020-2021 Baseline: <u>3.2</u> FTEs FY 2022-2023 Target: <u>3.18</u> FTEs
4. FY 2021-2022 Baseline: _____ FTEs FY 2023-2024 Target: _____ FTEs
Program Goals and Objective Numbers: 3.2 on page 20 of the 2020-2024 Area Plan

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

1. FY 2018-2019 Baseline: Number of certified LTC Ombudsman volunteers <u>23</u> FY 2020-2021 Projected Number of certified LTC Ombudsman volunteers <u>25</u>
2. FY 2019-2020 Baseline: Number of certified LTC Ombudsman volunteers <u>19</u> FY 2021-2022 Projected Number of certified LTC Ombudsman volunteers <u>19</u>
3. FY 2020-2021 Baseline: Number of certified LTC Ombudsman volunteers <u>12</u> FY 2022-2023 Projected Number of certified LTC Ombudsman volunteers <u>8</u>
4. FY 2021-2022 Baseline: Number of certified LTC Ombudsman volunteers _____ FY 2023-2024 Projected Number of certified LTC Ombudsman volunteers _____
Program Goals and Objective Numbers: 3.2 on page 20 of the 2020-2024 Area Plan

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

Measures and Targets:

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

Some examples could include:

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

Alliance on Aging Staff Ombudsman enter case information into ODIN2020 as the complaint comes in. Data is also tracked on our Cumulative case datasheet and reconciled against what is recorded in ODIN 2020 at the beginning of each month. Staff submit a weekly activity log to the Program Manager who reviews the Ombudsman Weekly Activities. Ombudsman Volunteers submit a monthly activity log to the Program Manager who then reviews it. Ombudsman Program Manager also hosts an annual Activity log refresher course during one of our monthly in-service meetings. Ombudsman Program Manager validates and reviews the data that staff Ombudsman enter into the database weekly. Ombudsman Program Manager uses the data in ODIN2020 to complete monthly Geo and In-kind reports. Data from ODIN 2020 is also used to complete quarterly AAA and City of Monterey reports.

The National Consumer Voice “National Ombudsman Reporting System (NORS) Training” website provides on-going training material that can be used during Ombudsman Staff In-Service and trainings. The Ombudsman State Office also provides on-going trainings on data entry. Ombudsman staff and Volunteers can participate in these trainings as a refresher or on-going data entry training.

Section 10 – Title VIIA Elder Abuse Prevention Service Unit Plan Objectives

PSA 32

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

<input type="checkbox"/>	Ombudsman Program
<input checked="" type="checkbox"/>	Legal Services Provider
<input type="checkbox"/>	Adult Protective Services
<input type="checkbox"/>	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** – Please 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** – Please 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** – Please indicate the total number of projected training sessions for unpaid family caregivers who are receiving services under Title III E of the Older American’s Act (OAA) on the identification, prevention, and treatment of elder abuse, neglect, and exploitation. OAA 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** – Please 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** – Please 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** – Please indicate the total number of individuals expected to be reached by any of the above activities of this program.

The agency receiving Title VIIA Elder Abuse Prevention funding is: Legal Services for Seniors

Fiscal Year	Total # of Public Education Sessions
2020-2021	25
2021-2022	50
2022-2023	16
2023-2024	

Fiscal Year	Total # of Training Sessions for Professionals
2020-2021	15
2021-2022	24
2022-2023	20
2023-2024	

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

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

Fiscal Year	Total # of Copies of Educational Materials to be Distributed	Description of Educational Materials
2020-2021	0	
2021-2022	0	
2022-2023	0	
2023-2024		

Fiscal Year	Total Number of Individuals Served
2020-2021	2,500

2021-2022	1,800
2022-2023	1,800
2023-2024	

Section 10 – Title III E Service Unit Plan Objectives

CCR Article 3, Section 7300(d)

PSA 32

2021-2022 Area Plan Update

This Service Unit Plan (SUP) utilizes the five broad federally-mandated service categories defined in PM 11-11. Refer to the CDA Service Categories and Data Dictionary Revisions Effective July 1, 2011 for eligible activities and service unit measures. Specify proposed audience size or units of service for ALL budgeted funds.

Direct and/or Contracted III E Services

CATEGORIES	1	2	3
Family Caregiver Services Caring for Older Adults	<i>Proposed Units of Service</i>	<i>Required Goal #(s)</i>	<i>Optional Objective #(s)</i>
Information Services	# of activities and Total est. audience for above		
2020-2021	# of activities: 250 Total est. audience for above: 10,000	3	
2021-2022	# of activities: 350 Total est. audience for above: 35,000	3	
2022-2023	# of activities: 350 Total est. audience for above: 16,500	3	
2023-2024			
Access Assistance	Total contacts		
2020-2021	2,500	3	
2021-2022	1,500	3	
2022-2023	2,000	3	
2023-2024			
Support Services	Total hours		
2020-2021	2,750	3	
2021-2022	2,200	3	
2022-2023	1,700	3	
2023-2024			

Respite Care	Total hours		
2020-2021	1,300	3	
2021-2022	1,800	3	
2022-2023	1,000	3	
2023-2024			
Supplemental Services	Total occurrences		
2020-2021	0		
2021-2022	0		
2022-2023	0		
2023-2024			

Direct and/or Contracted III E Services

Grandparent Services Caring for Children	<i>Proposed</i> Units of Service	<i>Required</i> Goal #(s)	<i>Optional</i> Objective #(s)
Information Services	# of activities and Total est. audience for above		
2020-2021	# of activities: 0 Total est. audience for above: 0		
2021-2022	# of activities: 0 Total est. audience for above: 0		
2022-2023	# of activities: 0 Total est. audience for above: 0		
2023-2024	# of activities: 0 Total est. audience for above: 0		
Access Assistance	Total contacts		
2020-2021	0		
2021-2022	0		
2022-2023	0		
2023-2024	0		
Support Services	Total hours		
2020-2021	0		
2021-2022	0		
2022-2023	0		
2023-2024	0		
Respite Care	Total hours		
2020-2021	0		
2021-2022	0		
2022-2023	0		
2023-2024	0		
Supplemental Services	Total occurrences		
2020-2021	0		
2021-2022	0		
2022-2023	0		
2023-2024	0		

Section 10 – Health Insurance Counseling And Advocacy Program (HICAP) Service Unit Plan CCR Article 3, Section 7300(d) PSA 32

MULTIPLE PSA HICAPs: If you are a part of a multiple-PSA HICAP where two or more AAAs enter into an agreement with one “Managing AAA,” to deliver HICAP services on their behalf to eligible persons in their AAA, then each AAA is responsible for providing HICAP services in the covered PSAs in a way that is agreed upon and equitable among the participating parties. [\(Does not apply to Monterey County.\)](#)

HICAP PAID LEGAL SERVICES: Complete this section if your Master Contract contains a provision for using HICAP funds to provide HICAP Legal Services. [\(Does not apply to Monterey County.\)](#)

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

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

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

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

AAA's should demonstrate progress toward meeting or improving on the Performance requirements established by CDA and ACL as is displayed annually on the *HICAP State and Federal Performance Measures* tool located online at: <https://www.aging.ca.gov/ProgramsProviders/AAA/Planning/>

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

HICAP Legal Services Units of Service (if applicable)⁴

Fiscal Year (FY)	3.1 Estimated Number of Clients Represented Per FY (Unit of Service)	Goal Numbers
2020-2021	0	N/A
2021-2022	0	N/A
2022-2023	0	N/A
2023-2024		

Fiscal Year (FY)	3.2 Estimated Number of Legal Representation Hours Per FY (Unit of Service)	Goal Numbers
2020-2021	0	N/A
2021-2022	0	N/A
2022-2023	0	N/A
2023-2024		

Fiscal Year (FY)	3.3 Estimated Number of Program Consultation Hours Per FY (Unit of Service)	Goal Numbers
2020-2021	0	N/A
2021-2022	0	N/A
2022-2023	0	N/A
2023-2024		

Section 16 – Governing Board

PSA 32

⁴ Requires a contract for using HICAP funds to pay for HICAP Legal Services.

Section 17 – Advisory Council

PSA 32

ADVISORY COUNCIL MEMBERSHIP

OAA 2006 306 (a)(6)(D) 45 CFR, Section 1321.57
CCR Article 3, Section 7302(a)(12)

Total Council Membership (include vacancies) 15 positions

Number of Council Members over age 60 5

	% of PSA 65+Population ⁵	% on Advisory Council
Race/Ethnic Composition		
White	69.3%	75%
Hispanic/Latino	0% <i>(see note below)</i>	12.5%
Black	2.4%	12.5%
Asian/Pacific Islander	9.2%	0%
Native American/Alaskan Native	0.7%	0%
Other Alone and Two or More Races	18.4%	0%

NOTE: *Hispanic is not a race category used in the U.S. Census or American Community Survey Race Categories. Instead, there is a separate tracking of Hispanic (Latino) and Non-Hispanic (Non-Latino) populations. In Monterey County, estimates for Seniors 65+: 26% Hispanic (Latino) and 74% Non-Hispanic (Non-Latino).*

Name and Title of Officers:	Office Term Expires:
Richard Kuehn, CHAIR, 5 th District Appointment; Executive Committee, AAA Council of California Committee	01-01-2025
Aimee Cuda, VICE-CHAIR, At Large Appointment; Planning, Evaluation & Allocation Committee Chair; Executive Committee	01-01-2023

Name and Title of other members:	Office Term Expires:
1 st District Appointment	vacant
William Baretta, 2 nd District Appointment	01-01-2025
Jose Vasquez, 3 rd District Appointment; Executive Committee	01-01-2025
Howard Scherr, 4 th District Appointment; Legislation & Advocacy Committee	01-01-2023
Richard Kuehn, 5 th District Appointment; Council Chair, Executive Committee	01-01-2025
Jessica McKillip, At-Large Appointment; Legislation & Advocacy Committee Chair; Executive Committee	01-01-2025
Bobbie Blakeney, At-Large Appointment; Legislation & Advocacy Committee, Planning, Evaluation & Allocation Committee, Executive Committee	01-01-2023
Kathybelle Barlow, At-Large Appointment; Legislation & Advocacy Committee	01-01-2023

⁵ U.S. Census, American Community Survey 2020, 5 Year Estimate Tables B17001 through B17001I.

Aimee Cuda, At-Large Appointment; Council Vice-Chair, Planning, Evaluation & Allocation Committee	01-01-2023
JoAnne Roth, At-Large Appointment; Planning, Evaluation & Allocation Committee	01-01-2025
At-Large Appointment	vacant

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

	Yes	No
Low Income Representative	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Disabled Representative	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Supportive Services Provider Representative	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health Care Provider Representative	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Family Caregiver Representative	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Local Elected Officials	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Individuals with Leadership Experience in Private and Voluntary Sectors	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Explain any "No" answer(s):

Currently, there are no members that are also serving in an elected official capacity for a local jurisdiction. The Health Care Provider Representative recently resigned due to pending move out of the service area.

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

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

Each member of the Board of Supervisors (there are five members) appoints one resident from their District to the AAA Advisory Council. The Council recommends ten (10) Community-at-Large Representatives to the Board of Supervisors for appointment. Each member serves a three-year term or completes a term for someone that has left the Council.

Section 18 – Legal Assistance

PSA 32

This section must be completed and submitted with the Four-Year Area Plan.
Any changes to this Section must be documented on this form and remitted with Area Plan Updates.⁶

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

23% of Title III B funds.

- 2. Specific to legal services, has there been a change in your local needs in the past four years? If so, please identify the change (include whether the change affected the level of funding and the difference in funding levels in the past four years).**

The pandemic has required more remote services, resulting in the need to invest in more technology to allow advocates to provide remote assistance.

Coming out of the pandemic, the LSP saw a rise in physical elder abuse and also an increase in Landlord/Tenant issues.

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

Yes, and the agreement specifically states that services shall be provided in accordance with all required regulations.

- 4. Does the AAA collaborate with the Legal Service Providers(s) to jointly establish specific priorities issues for legal services? If so, what are the top four (4) priority legal issues in your PSA?**

No specific legal priorities set between AAA and LSP.

- 5. Specific to Legal Services, does the AAA collaborate with the Legal Services Providers(s) to jointly identify the target population?**

Target populations for services are discussed in initial contract negotiations between the AAA and Legal Services for Seniors, targeting those as defined in the Older Americans Act as those with Greatest Economic and Social Needs.

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

The targeted senior population for legal services is not jointly identified but is the same as for all services offered through the AAA in accordance with the Older Americans Act. The contract agreement specifically states priority be given to

⁶ For Information related to Legal Services, contact Chisorom Okwuosa at (916) 419-7500 or COkwuosa@aging.ca.gov

those in greatest social and economic need, with particular attention to serving low-income minority individuals, older individuals with limited English proficiency and older individuals residing in rural areas. Provisions also include those with:

- Physical and mental disabilities.
- Isolation caused by cultural, racial or ethnic status.
- Social or geographic isolation.
- Older Native Americans.
- Isolated, abused, neglected and or exploited older individuals.
- Frail older individuals.
- Older individuals with Alzheimer’s disease or related disorders with neurological and organic brain dysfunction and their caregivers.
- Older individuals with disabilities.
- Caregivers as defined in Title III E.
- Lesbian, Gay, Bisexual, and Transgender Seniors.

The contractor uses a variety of approaches to reach all eligible participants across the County. They have two main offices (Seaside and Salinas) and have office hours at the AAA Outreach Vendor’s location (Alliance on Aging). Many of these sites are located at County Libraries locations.

In addition:

- Outreach is provided at events in several locations each year.
- Website and Facebook presence.
- Paid advertising in both English and Spanish media.
- Translated brochures and flyers.
- Partnerships with other organizations that provide:
 - LSS printed materials in lobbies, bulletin boards, and more.
 - Direct referrals to needy clients.
- Presentations at civic groups, professional associations, and others.

As stated in 5. above, the targeted senior population is the same for all services and the AAA has a separate contract for the provision of Outreach services at a wide variety of community events. Also, the AAA’s Information, Referral and Assistance Program (IRA) provides referrals to AAA funded programs as appropriate to qualified callers.

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

Fiscal Year	# of Legal Assistance Services Providers⁷
2020-2021	1
2021-2022	1
2022-2023	1
2023-2024	

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

Also mentioned in 6. above. LSP uses a variety of approaches including flyers, press releases, website, Facebook, tables at community events, and connections to many community groups.

LSP continues to provide telephone and limited in-person community presentations. They also place weekly “Tips of the Week” in local newspapers to reach seniors and the rest of the community.

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

Fiscal Year	Name of Provider	Geographic Region covered
2020-2021	Legal Services for Seniors	All
2021-2022	Legal Services for Seniors	All
2022-2023	Legal Services for Seniors	All
2023-2024		

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

LSP conducts virtual presentations, telephone consultations and targeted mailings. They also arrange for mobile notary service as required and appropriate.

⁷ Only one legal assistance service provider is currently under contract with the AAA and that is expected to continue. There are other free legal assistance providers in Monterey County that are not under contract and include: California Rural Legal Assistance, Monterey County Superior Court Self Help Center, Monterey County Bar Association, and the Conflict Mediation & Resolution Center of Monterey County.

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

The major issues remain the same as last year– elder abuse (financial and physical), Landlord/Tenant disputes, Guardianships for minor children (by seniors), Limited Conservatorship (seniors caring for adult disabled children, Social Security/Medicare – Supplemental Security/Medi-Cal, real property disputes, consumer law (plumbing, bad contractors, etc.). Although not a new issue, the financial exploitation of seniors is at the forefront in Monterey County. Additional assistance has now been made available to prevent this type of abuse.

Coming out of the pandemic, the LSP saw a rise in physical elder abuse and also an increase in Landlord/Tenant issues. Many landlords had just been getting their heads around the January 202 Tenants Rights Act (AB1482) that requires good cause for most evictions when the pandemic began, and many Covid-19 related tenant protections came into place. Landlords do understand these protections and ignored the fact they could not pick and choose which regulations/laws with which to comply.

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

Monterey County is geographically large, with two concentrated areas/cities. The remainder of the County is more remote and lacking in transportation choices. Seniors living in rural southern Monterey County may not have the family structure, funds, or physical abilities to use available transportation to access services. The LSP addresses these barriers by meeting with seniors via telephone and in person through outreach where advocates can meet clients in their own communities.

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

As attorneys, the LSP must maintain client confidentiality. However, even though the LSP does not share client data with other organizations, they do participate with other “social services” organizations like Meals On Wheels, Alliance on Aging, Juntos con Esperanza (Hospice Giving Foundation), The Monterey County Free Libraries, Gathering for Women and many other social services. Monterey County non-profits have a great working relationship with each other, with the common goal of serving our community’s most at-risk members. Additionally, the LSP now has office hours at the AAA Outreach Vendor (Alliance on Aging) to facilitate more collaboration on referrals.

Section 22 – Assurances

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

1. OAA 306(a)(2)
Provide an adequate proportion, as required under Older Americans Act Reauthorization Act of 2016 Section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services—
 - (A) services associated with access to services (transportation, health services (including mental and behavioral health services) outreach, information and assistance, (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible) and case management services);
 - (B) in-home services, including supportive services for families of older individuals with Alzheimer’s disease and related disorders with neurological and organic brain dysfunction; and
 - (C) legal assistance; and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded;
2. OAA 306(a)(4)(A)(i)(I-II)
 - (I) provide assurances that the area agency on aging will -
 - (aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;
 - (bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and;
 - (II) include proposed methods to achieve the objectives described in (aa) and (bb) of subclause (I);
3. OAA 306(a)(4)(A)(ii)
Include in each agreement made with a provider of any service under this title, a requirement that such provider will—
 - (I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;
 - (II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and
 - (III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area;
4. OAA 306(a)(4)(A)(iii)

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

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

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

Use outreach efforts that —

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

- (I) older individuals residing in rural areas;
- (II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
- (III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
- (IV) older individuals with severe disabilities;
- (V) older individuals with limited English proficiency;
- (VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
- (VII) older individuals at risk for institutional placement, specifically including survivors of the Holocaust; and

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

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

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

7. OAA 306(a)(5)

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

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

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

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

9. OAA 306(a)(11)

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

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

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

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

11. 306(a)(14)

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

12. 306(a)(15)

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

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

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

13. OAA 305(c)(5)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

20. OAA 307(a)(15)

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

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

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

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

21. OAA 307(a)(18)

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

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

22. OAA 307(a)(26)

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

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

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

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

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

(2) Provide a range of options:

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

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

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

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

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

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

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

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

24. CFR [1321.53(c)]

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

25. CFR [1321.53(c)]

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

26. CFR [1321.53(c)]

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

27. CFR [1321.53(c)] Assure access from designated focal points to services financed under the Older Americans Act. Work with, or work to assure that community leadership works with, other applicable agencies and institutions in the community to achieve maximum collocation at, coordination with or access to other services and opportunities for the elderly from the designated community focal points.

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

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

29. CFR [1321.61(d)]

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

30. CFR [1321.69(a)]

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