

COUNTY OF MONTEREY Area Agency on Aging **AREA PLAN UPDATE** 2026-2027



"Assistance, Advocacy and Answers on Aging"

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AREA PLAN UPDATE (APU) CHECKLIST

Check one: ☐ FY 25-26 ☒ FY 26-27 ☐ FY 27-28

Use for APUs only due May 1, 2025, 2026, and 2027

AP Guidance Section	Required Annual Update Sections:	Check Updated
n/a	A) Transmittal Letter- (submit by email with electronic or scanned original signatures)	☒
n/a	B) APU - (submit entire APU electronically only)	☒
2, 3, or 4	C) Estimate of the number of older low-income minority individuals in the PSA for the coming year	☒
6	D) Priority Services and Public Hearings	☒
n/a	E) Annual Area Plan Budget (send to finance@aging.ca.gov)	☒
8	F) Service Unit Plan (SUP) and LTC Ombudsman Program Outcomes	☒
10	G) Title III E Family Caregiver Support Program	☒
11	H) Legal Assistance (Revised 2026)	☒

AP Guidance Section	If there has been a change to another section, check the “Mark Changed” box AND include the “AAA Area Plan Summary of Changes” Attachment A.	Mark Changed
1	Mission Statement	☐
5	Needs Assessment/Targeting	☐
7	AP Narrative Objectives:	☐
7	• System-Building and Administration	☐
7	• Title IIIB-Funded Programs	☐
7	• Title IIIB-Program Development/Coordination (PD or C)	☐
7	• Title IIIC-1 or Title IIIC-2	☐
7	• Title IIID-Evidence Based	☐
7	• HICAP Program	☐
9	Senior Centers and Focal Points	☒
10	Title IIIE-Family Caregiver Support Program	☒
12	Disaster Preparedness	☐
13	Notice of Intent to Provide Direct Services	☐
14	Request for Approval to Provide Direct Services	☐
15	Governing Board	☒
16	Advisory Council	☒
17	Multipurpose Senior Center Acquisition or Construction	☐
18	Organizational Chart(s) (Must match Budget)	☒
19	Assurances	☒
Att A	AAA Area Plan Summary of Changes	☒
Att B	OCA Modernization Supplemental Summary	☒
Att C	Local Master Plan for Aging Supplemental Summary	☐

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: County of Monterey Area Agency on Aging

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. Wendy Root Askew

(Type Name)

Signature: Governing Board Chair¹

Date

2. Aimee Cuda

(Type Name)

Signature: Advisory Council Chair

Date

3. Diana Jimenez

(Type Name)

Signature: Area Agency Director

Date

¹ Original signatures or electronic signatures are required.

SECTION 1. MISSION STATEMENT

The County of Monterey Area Agency on Aging (AAA) has adopted the following guiding mission statement, established by the California Code of Regulations (CCR Title 22, Article 3, Section 7302(a)(3)):

“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 County of Monterey AAA adopts the following values important to older adults:

- **Quality of Life**
“I want to be treated with dignity and respect.”
- **Quality of Care**
“I want service providers to be knowledgeable, experienced, and well trained.”
- **Access and Affordability**
“I want to be able to easily find services and be able to afford them.”
- **Choice and Person-Centered Services**
“I want to be in charge and have options presented to me.”
- **Lowest Level of Care**
“I want to stay in my own home.”

Additionally, the County of Monterey AAA currently strives to:

- Continually provide leadership in addressing crucial issues, information, services, and advocacy to effectively develop a community-based system of care to support older adults, individuals with disabilities, and caregivers.
- Be involved in addressing the escalating issues of housing and homelessness prevention specifically impacting older adults in our communities.
- Collaborate with the County of Monterey Department of Social Services (DSS), Aging and Adult Services, and CalWORKs Employment Services to break down silos and organize an annual Open House and Resource Fair to engage in community-wide educational events to improve the lives of older adults, individuals with disabilities, and caregivers.
- Work with elected officials (federal, state, and local) to initiate dialogues with legislators in Sacramento to shape policies that directly impact the lives of older adults.
- Support the Blue Zones Project as detailed at <https://montereycounty.bluezonesproject.com/>, promoting community well-being and longevity.
- Integrate the principles of the Monterey County Aging and Disability Resource Connection (ADRC) “no wrong door” service delivery model.
- Integrate key principles from the Local Aging and Disabilities Action Plan (LADAP), a blueprint for building Age and Disability Friendly Communities. This multi-sector initiative, led by the Alliance on Aging and supported by the County of Monterey AAA, follows the model established by the AARP Network of Age-Friendly States and Communities.

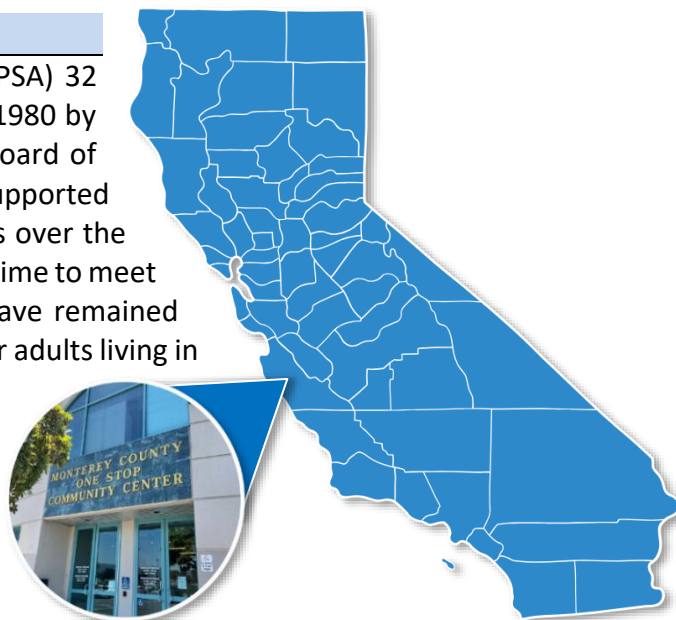
SECTION 2. DESCRIPTION OF THE PLANNING AND SERVICE AREA (PSA)

This section describes the physical, demographic and population characteristics, unique constraints, resources, and service delivery system of PSA 32.

Physical and Demographic Characteristics:

The County of Monterey Planning and Service Area (PSA) 32 was established as an Area Agency on Aging (AAA) in 1980 by the State of California and the County of Monterey Board of Supervisors. As a result, federal and state funding has supported a variety of programs that have served older residents over the past four decades. These programs have changed over time to meet the shifting needs of older individuals, but services have remained focused on the basic needs of the most vulnerable older adults living in the county.

Monterey County is located on the central coast of California and is famous worldwide for panoramic ocean views and the rich agricultural harvests of the Salinas Valley.



Ranking 17th in geographic size compared to all other California counties with 3,324 square miles, the mid-size county is considered mostly rural with scattered unincorporated communities and small towns. However, the inland City of Salinas and the Peninsula cities are urban in nature. Not only do residents enjoy the mild and temperate climate, but the region is equally appealing to tourists and farmers alike. It is no surprise that the tourism and farming industries employ nearly half of all working adults in the county and the diverse population reflects those industries. Although that economic base has led to the county's wealth for decades, many of the jobs are low-paying and seasonal in nature, creating higher unemployment in the winter months. Also, the Cost-of-Living Index (COLI) for Monterey County is 142.9, which means the cost of living is 42.9% much higher in Monterey County compared to the rest of the United States.³

Population Characteristics:

Monterey County has an estimated population of 438,103⁴ residents, with 21.07% currently representing the older adult's population ages 60 years and older, according to the State of California, Department of Finance. Projections suggest that by 2030, it's anticipated that *one in four* of Monterey County residents will fall into the 60 years and older demographic.



By 2030, **1 in 4**
of Monterey County residents
will be age 60 and older.

Monterey County's demographic landscape, particularly among adults aged 60 and older, continues to evolve, as illustrated by the California Department of Aging's (CDA) Population Demographic Projections for the

² U.S. Census Bureau, Monterey County Profile: <https://data.census.gov/profile?q=Monterey+County,California>

³ Source: JobsEQ, Economic Overview Report for Monterey County, California, Cost of Living Index Data as of 2025Q3.

⁴ State of California, Dept of Finance, E-2. California County Population Estimates and Components of Change by Year - July 1, 2020-2025
2026-2027 Area Plan Update – PSA 32

years 2020 through 2025, prepared for the Intrastate Funding Formula (IFF)⁵. In 2020, adults aged 60 and older accounted for 91,551 individuals out of a total population of 432,977, representing approximately 21.14% of county residents. By 2025, this population reached 92,303 out of 438,103 total residents, comprising 21.07% of the population. The number of adults aged 60 and older increased by 752 individuals (0.8%) from 2020 to 2025. However, this growth was not steady, with the highest number reached in 2024 before a small decline in 2025. During the same period, Monterey County's total population also changed from year to year but showed a small overall increase of about 1.2%.

Year	State Population of Adults Age 60+	Monterey County Total Population	County, Population of Adults Age 60+	% of Adults in County Age 60+
2020	8,822,132	432,977	91,551	21.14%
2021	8,620,949	438,953	87,896	20.02%
2022	9,259,582	437,609	94,097	21.50%
2023	9,146,021	436,476	94,449	21.64%
2024	9,198,950	436,308	94,555	21.67%
2025	8,948,621	438,103 ⁶	92,303	21.07%
2026	Not available at this time.			

Using CDA's Population Demographic Projections⁷ for the years 2020 through 2025, Monterey County's residents who are age 60 and older show the following characteristics:

Year	Demographic	Population 60+	Non-Minority 60+	Minority 60+	Low-Income 60+	Medi-Cal Eligible 60+
2020	Number of persons	91,551	50,653	40,898	9,885	15,644
	% of County Population	21.14%	11.70%	9.45%	2.28%	3.61%
2021	Number of persons	87,896	48,074	39,822	10,355	15,674
	% of County Population	20.02%	10.95%	9.07%	2.36%	3.57%
2022	Number of persons	94,097	28,071	66,026	9,575	17,535
	% of County Population	21.50%	6.41%	15.09%	2.19%	4.01%
2023	Number of persons	94,449	50,157	44,292	9,650	19,455
	% of County Population	21.64%	11.49%	10.15%	2.21%	4.46%
2024	Number of persons	94,555	46,446	48,109	9,730	21,720
	% of County Population	21.67%	10.65%	11.03%	2.23%	4.98%
2025	Number of persons	92,303	47,195	45,108	10,430	21,165
	% of County Population	21.07%	10.77%	10.30%	2.38%	4.83%
2026	Not available at this time.					

⁵ 2025 California Department of Aging (CDA) Population Demographic Projections for Intrastate Funding Formula (IFF): <https://aging.ca.gov/download.ashx?IE0rcNUV0zYQuEYbQuQXDw%3d%3d>

⁶ State of California, Dept of Finance, E-2. California County Population Estimates and Components of Change by Year — July 1, 2020-2025

⁷ 2020 to 2025 California Department of Aging (CDA) Population Demographic Projections for Intrastate Funding Formula (IFF): <https://aging.ca.gov/download.ashx?IE0rcNUV0zYQuEYbQuQXDw%3d%3d>

Year	Demographic	Geo Isolation 60+	SSI/SSP 65+	Population 75+	Lives Alone 60+	Non-English-Speaking 60+
2020	Number of persons	10,445	3,256	27,657	15,100	6,355
	% of County Population	2.41%	0.75%	6.39%	3.49%	1.47%
2021	Number of persons	10,445	3,190	26,782	15,395	6,315
	% of County Population	2.38%	0.73%	6.10%	3.51%	1.44%
2022	Number of persons	10,445	3,098	29,895	15,710	6,080
	% of County Population	2.39%	0.71%	6.83%	3.59%	1.39%
2023	Number of persons	10,445	2,975	30,003	16,120	6,050
	% of County Population	2.39%	0.68%	6.87%	3.69%	1.39%
2024	Number of persons	17,126	3,000	31,098	15,625	6,490
	% of County Population	3.93%	0.69%	7.13%	3.58%	1.49%
2025	Number of persons	17,126	2,983	30,398	15,815	7,020
	% of County Population	3.91%	0.68%	6.94%	3.61%	1.60%
2026	Not available at this time.					

Displayed in the following table are the Population Demographic Projections for 2025 by CDA⁸. Individuals aged 60 and older represent approximately 21.07% of the County's population, of which 48.87% are from a minority group, 18.55% are geographically isolated and 17.13% live alone. 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 adults will continue, indicating an ongoing commitment to providing support and assistance to those who need it most.

Characteristics of Monterey County	Total	% of 60+ Population
Total Population age 60 and over	92,303	100.00%
Non-Minority	47,195	51.13%
Minority	45,108	48.87%
Non-English-Speaking	7,020	7.61%
Low-Income	10,430	11.30%
Geographically Isolated	17,126	18.55%
Lives Alone	15,815	17.13%
Medi-Cal Eligible	21,165	22.93%

According to responses from our AAA Senior Focus⁹ groups conducted in 2023, essential expenses such as housing, food, transportation, and healthcare contribute to overall affordability challenges in the county. This is particularly problematic for older residents, who often rely on fixed incomes that make the high cost of living a significant burden.

⁸ 2025 California Department of Aging (CDA) Population Demographic Projections for Intrastate Funding Formula (IFF): <https://aging.ca.gov/download.ashx?lEOrcNUV0zYQuEYbQuQXDw%3d%3d>

⁹ AAA Senior Focus Group Report: A Rural Snapshot, <https://www.countyofmonterey.gov/home/showpublisheddocument/145738>

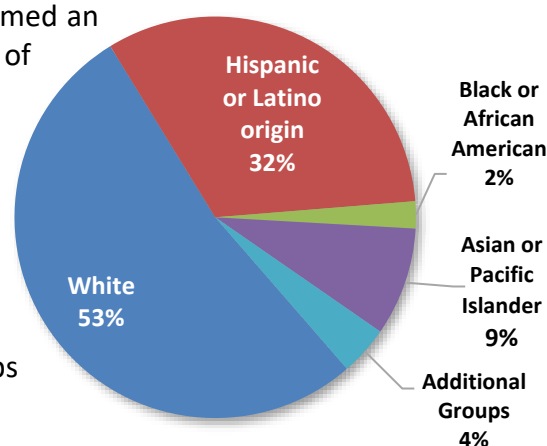
Also, housing costs emerged as the most pressing issue for many residents, according to the 2024 American Community Survey 5-Year estimates¹⁰. Over half of renters who were aged 60+ in Monterey County are burdened by rental costs that exceed 30% of their monthly income. This financial strain leaves them with limited resources to cover other essential living expenses and needs.

Another approach to measure true poverty for Monterey County older adults is a tool called the California Elder Index (CEI)¹¹. This measure is customized for each county in California and takes into consideration the specific costs an older adult must manage to live independently.

The California Elder Index provides insight into the challenges confronting older adults in Monterey County. For instance, a single older adult in good health and renting accommodations would require \$40,452 annually to fulfill basic needs. That is more than 2.5 times the Federal Poverty Level (FPL)¹² threshold allowance of \$15,960 for the same year.

Furthermore, older adults whose incomes fall between the federal poverty level and the Elder Index threshold may not meet the official criteria for poverty required to qualify for assistance. Despite having incomes above the FPL, these individuals still fall below what is deemed an adequate standard of living, particularly in regions with high costs of living such as Monterey County.

According to U.S. Census Bureau¹³, Monterey County is known for its diverse resident population, a trait mirrored in its older adult demographic. As shown in the pie chart, among older adults in the county, the majority, at 53%, identify as White. Hispanic or Latino individuals constitute 32%, followed by Asian or Pacific Islanders at 9%, Black or African American individuals at 2%, and All Other Groups making up the remaining 4%.



Unique Constraints and Resources that Shape our Programs and Services:

In a “AAA Senior Focus Group Report: A Rural Snapshot”¹⁴ developed by the County of Monterey AAA in 2023, several challenges and constraints were identified by older adults living in rural areas of the county that included:

- Limited Social Security benefits.
- Access to food, transportation, and housing assistance.
- Meeting basic needs, paying bills, and affording home repairs.
- Access to healthcare, mental health services, doctors, transportation for medical appointments, and medications.
- Access to walkable, well-lit sidewalks, and safe roads.
- Access to a senior center for socialization, activities, educational opportunities, resource

¹⁰ U.S. Census Bureau. "Population 60 Years and Over in the United States." American Community Survey, ACS 5-Year Estimates Subject Tables, Table S0102, <https://data.census.gov/table/ACSST5Y2024.S0102?g=050XX00US06053&y=2024&d=ACS+5-Year+Estimates+Subject+Tables>

¹¹ California Elder Index: <https://healthpolicy.ucla.edu/our-work/elder-index/dashboards/cost-of-living>

¹² Federal Poverty Guidelines: <https://www.govinfo.gov/content/pkg/FR-2026-01-15/pdf/2026-00755.pdf>

¹³ U.S. Census Bureau. "Population 60 Years and Over in the United States." American Community Survey, ACS 5-Year Estimates Subject Tables, Table S0102, <https://data.census.gov/table/ACSST5Y2024.S0102?g=050XX00US06053&y=2024&d=ACS+5-Year+Estimates+Subject+Tables>

¹⁴ AAA Senior Focus Group Report: A Rural Snapshot, <https://www.countyofmonterey.gov/home/showpublisheddocument/145738>

awareness, and cultural engagement, particularly for those without a nearby dedicated senior center.

Despite the constraints and challenges described previously, Monterey County has a wealth of unique resources that benefit the local aging and disability service delivery system as well as its local service provider network. They include:

- **Established Older Americans Act (OAA) Contracted Service Providers:** The AAA has established agreements with numerous community-based agencies and partners throughout the county. These agencies are part of a community network of service providers and partners with exceptional commitment and extensive experience serving the diverse needs of older adults, individuals with disabilities and caregivers. These community partners demonstrate innovation by continually developing and implementing new programs and services. A prime example is the Digital Connections Program, designed to bridge the digital divide among older and disabled adults, and minimize isolation. Through this initiative, participants receive essential tools such as devices, alongside comprehensive digital literacy training and ongoing support, effectively reducing the digital disparities within our communities.

Service Delivery System:

The AAA's service delivery system for OAA programs operates through a blend of direct and contracted services. While DSS offers daily administrative support to AAA staff, only one service is entirely operated by the department: the Information, Referral, and Assistance (IRA) Program. Annually, the IRA team responds to over 14,000 inquiries from older adults, individuals with disabilities, and caregivers, and facilitates connections to essential resources and services within our community. These skilled social workers offer a welcoming voice over the phone, and connect callers to available resources, information and services. Additionally, the IRA team contributes to the creation and publication of the "Living Well" Aging and Disability Resource Guide in collaboration with the Aging and Adult Services Branch, AAA, and the local Monterey County Weekly. This joint effort involves working with local agencies, nonprofits, healthcare providers, and other community stakeholders to compile accurate information, and updates the guide annually to reflect changes in services, contact details, and other relevant information. The AAA partners with Monterey County Weekly to distribute the Aging and Disability Resource Guide to the community through print and digital platforms. Copies are strategically distributed to organizations, service providers, senior and community centers, healthcare facilities, libraries, senior living communities, and other venues.

The AAA thoroughly follows regulations in contracting all other Older Americans Act programs, utilizing a competitive procurement process every four years. AAA staff collaborate with experienced agencies like local nonprofits and government partners to create a network of service providers to meet the community needs. AAA contractors represent diverse organizations to ensure a robust support network addressing a broad spectrum of service needs. These include transportation, nutrition, housing, social engagement, mental health, and family caregiver services. This cohesive approach aligns with the service delivery model of the Monterey County ADRC, ensuring accessibility and inclusivity through its no-wrong-door service delivery model. These contracts offer flexibility, enabling adjustments to meet changing funding levels and local requirements.

The AAA subcontracts the following OAA-funded programs and services provided throughout Monterey County:

Programs	Categories
Title III B – Supportive Services	Information and Assistance/Outreach/Transportation (Access), Telephone Reassurance (In-Home), Legal Services, Ombudsman, Community Education, and Mobility Management Services
Title III C-1 – Congregate Nutrition	Congregate Nutritious Meals
Title III C-2 – Home Delivered Meals	Home Delivered Nutritious Meals
Title III D – Health Promotion	Health Promotion
Title III E – Family Caregiver Support Program	Caregiver Access: Information and Assistance, Caregiver Information: Information Services, Caregiver Support: Support Groups and Counseling, Caregiver Respite: In Home, and Caregiver Supplemental: Legal Consultation
Title VII (A) – Long Term Care Ombudsman and Ombudsman Initiative	- Long Term Care Ombudsman and Ombudsman Initiative - Public Health Fund (PHF), State Health Facilities (SHF), and Senior Nursing Facilities (SNF)
Title VII – Elder Abuse Prevention	Elder Abuse Prevention
HICAP – Health Insurance Counseling and Advocacy Program	HICAP - Reimbursement (Insurance Fund), State HICAP Fund, and State HICAP Fund Augmentation, and Federal SHIP Funds
MIPPA – Medicare Improvement for Patients and Providers Act	MIPPA – includes Priority Area 1–State Health Insurance Programs (SHIPs), Priority Area 2–AAAs, Priority Area 3–ADRCs

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

This section describes how the County of Monterey Area Agency on Aging (AAA) on behalf of all older individuals, adults with disabilities, and their caregivers in the PSA carries out its role in leading and addressing aging issues and executing programs and services.

Leadership:

The County of Monterey Department of Social Services (DSS) administers the AAA under the Aging and Adult Services Branch. Most services are federally funded through the Older Americans Act (OAA) and coordinated through the California Department of Aging (CDA). State funds, county support, and other grant sources are leveraged when available.

DSS is one of the largest departments in the county government organization, and as a result, the AAA is fortunate to have administrative expertise available in finance, contracting, purchasing, legal, database management, human resources, and other essential supports. The AAA is nested within the Aging and Adult Services Branch along with Adult Protective Services, In-Home Supportive Services, and Public Authority.

The AAA plays a vital role in providing leadership on aging issues by advocating for policies, coordinating resources, fostering community partnerships, and promoting inclusive and supportive environments that enable older adults, individuals with disabilities, and caregivers to thrive with dignity and independence. Examples of the AAA's leadership role include the following:

- **Advocacy:** The AAA champions policies and programs that uphold the needs and rights of older adults, individuals with disabilities, and caregivers across local, state, and federal levels. The AAA Advisory Council provides community insight and input on needed services. It is comprised of 15 volunteer members representing all areas of the county, and includes the Executive, Planning, Evaluation and Allocations, and Legislation and Advocacy Committees. Volunteer members engage in community involvement, and public meetings to bolster connections with the broader community. Through its Legislative and Advocacy Committee, members collaborate with local and state government officials, policymakers, legislators, and advocacy groups to advance legislation and initiatives that enhance service accessibility, combat elder abuse and neglect, and elevate the quality of life for older adults and individuals with disabilities.
- **Resource Coordination:** The AAA collaborates with community organizations, service providers, and government agencies to ensure a comprehensive service delivery support network to address transportation, nutrition, housing, social engagement, mental health, family caregiver services, and more. This aligns effectively with the Monterey County ADRC no-wrong-door service delivery model. In this model, the AAA and its core partners, including the Central Coast Center for Independent Living (CCCIL) and DSS, actively encourage the involvement of service providers, older individuals, adults with disabilities, and caregivers in the development of community-based care systems.
- **Needs Assessment and Planning:** The AAA conducts a comprehensive needs assessment to identify the most pressing challenges and priorities facing older adults, individuals with disabilities, and

caregivers to develop and shape its strategic Area Plan to allocate resources to address identified needs effectively.

- **Education and Outreach:** The AAA provides educational resources, devices (e.g., iPads), presentations, and outreach initiatives to raise awareness about aging-related issues, available services, and resources to empower individuals to make informed decisions, access resources and services.
- **Caregiver Support:** The AAA offers a range of contracted supportive services tailored to the needs of family caregivers, including respite care, counseling, and support groups.
- **Community Engagement:** The AAA engages with local communities through public meetings, an annual Open House and Resource Fair, and community events. The AAA facilitates intergenerational nutrition education programs and engagement initiatives that enrich the lives of older adults and the younger generation to strengthen community and family bonds while also combating social isolation and loneliness.

Promotes the involvement of older individuals, adults with disabilities, and their caregivers in developing community-based systems of care:

Promoting the involvement of older individuals, adults with disabilities, and their caregivers in developing community-based systems of care is essential for ensuring that services and programs effectively meet their needs. Here are several strategies that the AAA employs to encourage and facilitate such involvement:

- **Advisory Council:** The AAA's Advisory Council is comprised of older adults, individuals with disabilities, caregivers, and representatives from diverse backgrounds who can provide valuable insights and recommendations on service needs. Advisory Council members actively participate in decision-making processes, such as reviewing and approving qualified service providers through the competitive procurement process, and the AAA regularly seeks their input on key issues.
- **Community Engagement Events:** The AAA organizes community wide focus groups specifically designed to gather input from older adults, individuals with disabilities, and caregivers in rural areas. These events provide opportunities for open dialogue, sharing of personal experiences, and brainstorming ideas for improving community-based systems of care.
- **Needs Assessment Surveys:** The AAA conducts needs assessment surveys and utilizes customer feedback satisfaction forms to gather input from older adults, individuals with disabilities, and caregivers on their experiences, preferences, and needs regarding OAA programs and services. This allows the AAA to assess satisfaction levels, identify areas for improvement, and tailor services accordingly.
- **Cultural Competence and Diversity:** Recognizing the diverse needs and perspectives within the community, the AAA strives to promote cultural competence and inclusivity in their outreach and engagement efforts. This involves providing materials and services in multiple languages, accommodating cultural preferences, and ensuring representation of diverse communities.

- **Partnerships with Community Organizations:** The AAA collaborates with the Monterey County ADRC, local community organizations, service providers, advocacy groups, and other stakeholders to reach a broader audience and engage with underserved populations. By leveraging existing networks such as the ADRC and resources, the AAA can expand its reach and promote participation from diverse communities.

Develops community-based systems of services to support independence and protect the quality of life of older individuals, adults with disabilities, and their caregivers

Through the Monterey County ADRC no-wrong-door service delivery model, the AAA actively encourages the engagement of its service providers, older individuals, adults with disabilities, and their caregivers in the development of community-based systems of care. By fostering the participation of stakeholders in the ADRC network, individuals can contribute to meetings, make referrals, and share information, thus dismantling barriers between programs and services for older individuals, adults with disabilities, and their caregivers.

Specifically, stakeholders can engage with the ADRC network by:

- Becoming a partner agency of the ADRC network,
- Attending bi-monthly ADRC meetings,
- Referring individuals to partner agencies within the ADRC network,
- Facilitating warm hand-offs to connect individuals with other services when feasible, and
- Educating the ADRC network partners about their agency's programs and services.

Further, the AAA develops community-based systems of services to support independence and protect the quality of life of older individuals, adults with disabilities, and their caregivers through a comprehensive and collaborative approach. Here are some strategies used by the AAA:

- **Needs Assessment:** Conducting needs assessments to identify the unique needs, preferences, and challenges of older individuals, adults with disabilities, and caregivers in Monterey County. This information serves as the foundation for developing targeted services and programs.
- **One-Stop Community Center and Community Partnerships:** Partnering with DSS staff, local organizations, service providers, senior and community centers, and various stakeholders allows the AAA to access existing resources and expertise. Building strong partnerships enables a coordinated and comprehensive approach to service delivery. Specifically, the AAA operates within the One-Stop Community Center alongside the Aging and Adult Services and CalWORKs Employment Services DSS Branches, Military and Veterans Affairs Office, Behavioral Health, and other community partners. Together, they organize and host an annual Open House and Resource Fair at the One-Stop Community Center, aiming to provide resource information to families, older adults, individuals with disabilities, and caregivers served through the Monterey County DSS and the co-located programs. Each entity contributes to fostering a holistic, multi-generational approach with multiple partners serving individuals of all ages. Additionally, the event serves as an opportunity to showcase service provider exhibitors offering crucial support and services to families in our community.
- **Range of Services:** The AAA offers a diverse range of contracted services tailored to meet the specific needs of older individuals, adults with disabilities, and caregivers. These services may include transportation assistance, home-delivered meals, caregiver support programs, respite care,

case management, peer counseling, health promotion activities, congregate meals, and socialization and engagement opportunities at area senior and community centers.

- **Information and Referral:** Through IRA, comprehensive information and referral services are provided to connect older individuals, adults with disabilities, and caregivers with relevant resources and support networks in the community. This involves maintaining a centralized database of service providers, offering helplines, and helping to coordinate community events.
- **Technology Integration:** Embracing technology to enhance access to services and support independence. This includes supporting the Digital Connections iPad initiative, through mobile applications and iPad devices to help reduce isolation among older individuals and adults with disabilities. In addition, the AAA is integrating the use of QR codes for easier access to online information.

By implementing these strategies, the County of Monterey AAA can develop robust community-based systems of services that support independence, promote well-being, and protect the quality of life of older individuals, adults with disabilities, and their caregivers in the local community.

Coordinates and links to county programs and services

The AAAs can coordinate and link to county programs and services through various strategies aimed at enhancing collaboration and maximizing resources. Here are some ways the AAA has achieved this:

- **Participate in Interagency Meetings:** The AAA actively participates in interagency meetings and committees at the county and state levels to share information, best practices, coordinate efforts, and identify opportunities for collaboration and resource leveraging. These meetings are typically conducted virtually via platforms such as Zoom or Microsoft Teams, providing a platform for discussing shared goals, aligning priorities, and addressing systemic challenges.
- **ADRC and Referral Networks:** Through the ADRC, the AAA engages with a network of county partners and programs to simplify access to resources for older adults, individuals with disabilities, and caregivers. This entails presenting and disseminating information about available services and identifying potential cross-referrals. Outreach, education, and communication channels are used to inform older adults, individuals with disabilities, caregivers, and community stakeholders about county programs and services. This ensures that individuals are informed about available resources and can utilize them as required. Regular information sharing occurs via email and through the ADRC assigned analyst.

By employing these strategies, AAAs can effectively coordinate and link to county programs and services, ensuring that older adults, individuals with disabilities, and caregivers receive the support they need to age with dignity, independence, and quality of life.

Coordinates and engages with local health plans

The AAA received Public Health Workforce funding within the aging and disability networks to help cover the costs of staff to conduct crucial public health activities. Professionals funded through this program help to provide a wide range of services and supports, including assistance with accessing vaccines, health and wellness programs, activities that address social isolation and social determinants of health. These professionals also engage in other activities that support the well-being of older adults and people with disabilities.

Develop the service delivery system goals for:

- **The AAA service delivery system,**
- **Other service delivery systems that the AAA interacts with, and**
- **Any other service delivery systems providing services to older individuals, adults with disabilities, and their caregivers within the PSA.**

For the County of Monterey AAA, developing service delivery system goals involves setting clear objectives and priorities for the effective provision of services to older individuals, adults with disabilities, and their caregivers. We do this by conducting a comprehensive needs assessment to identify the needs, priorities, and challenges of older individuals, adults with disabilities, and caregivers. This assessment involves gathering data through surveys, focus groups, interviews, and analysis of existing resources and services. Based on the needs assessment findings, we define service delivery system goals for our AAA and other relevant service delivery systems within our communities.

Additionally, collaboration with other service providers and stakeholders is crucial for coherence in goals, resource sharing, and coordinated endeavors. This collaboration involves forging formal alliances, participating in cross-agency gatherings, and devising joint ventures to tackle common priorities. Furthermore, a culture of continual enhancement is nurtured by integrating stakeholder feedback, conducting routine performance evaluations, and adjusting strategies in response to evolving needs and circumstances.

The following table provides an overview of the local OAA delivery systems serving older individuals, adults with disabilities, and caregivers within PSA 32:

Direct Services	Service Provider
Info, Referral, and Assistance	Our IRA team help to connect callers (older adults, adults with disabilities, and caregivers or their families) to needed services in the community.
Supportive Services	Safe and reliable transportation is a major challenge for many older adults with fixed or low incomes. Our AAA and service providers are working to expand transportation options for those that need them.
Telephone Reassurance	Our AAA is dedicated to ensuring the safety and well-being of older individuals. Our AAA staff help to reach out to clients to conduct safety checks and provide reassurance and support.
Legal Assistance	There are many legal challenges unique to older adults. According to our service providers, the top four legal priorities they are focusing on include: 1) Housing (Landlord/Tenant), 2) Financial and physical elder abuse; 3) Estate Planning (Wills, Advance Health Care Directives), and 4) Consumer Law.
Congregate and Home-Delivered Meals	Our AAA can help all older adults find meal sites in our communities. Congregate meal settings help older adults to socially engage with their friends and others. Home-delivered meals are provided for homebound seniors and individuals with disabilities.
Computer Literacy and Technology Assistance	Facilitating access to technology, broadband internet access, and computer literacy training will help to make it possible for older adults to participate in activities, connect with loved ones, participate in tele-health or caregiver support appointments, and access information and resources. It will also combat social isolation among older adults and caregivers.
Disease Prevention,	Evidence-based activities are offered to promote improved nutrition,

Direct Services	Service Provider
Health Promotion, and Fall Prevention	emotional and social well-being, physical fitness, and fall prevention, including home repairs and disability modifications. These programs help older adults maintain well-being by reducing avoidable ER visits and delaying or managing chronic diseases and conditions, such as Alzheimer's and Dementia. Fall Prevention Home Modification Grants assist in coordinating home repairs and disability modifications for older low-income individuals.
Family Caregiver Support Program	This program provides support services to caregivers and helps them access information and assistance, including respite care, counseling, support groups, caregiver education classes, training, and other services.
Elder Abuse Prevention	Our services are designed to address elder abuse through various activities, including public education and outreach. We also coordinate with the local Ombudsman and Legal Services for Seniors to provide direct legal services, referrals, and other assistance for residents of long-term care facilities.
Long-Term Care Ombudsman Program	These trained and certified representatives assist long-term care residents with issues related to day-to-day care, health, safety, and rights, aiming to ensure residents' quality of life, dignity, and quality of care.
Health Insurance Counseling and Advocacy Program (HICAP)	HICAP trained and registered service providers offer a variety of resources and services that can help older adults improve their health and save money, including free, confidential one-on-one counseling, education, and assistance on services related to Medicare, long-term care insurance, and other health insurance products. The HICAP service providers are also vetted by the Federal Bureau of Investigation (FBI) and Department of Justice (DOJ).
Medicare Improvement for Patients and Providers Act (MIPPA)	MIPPA grant funds help Medicare beneficiaries apply for benefits: the Low-Income Subsidy (Extra Help) and the Medicare Savings Program (MSP). MIPPA – includes Priority Area 1 – SHIPs, Priority Area 2 – AAAs, and Priority Area 3 – ADRCs.

SECTION 4. PLANNING PROCESS AND ESTABLISHING PRIORITIES

This section provides an overview of PSA 32's planning process, priorities derived from the needs assessment, plans to meet target mandates, and the factors influencing our priorities for the planning cycle. It also includes information about our plans for managing increased or decreased resources in the future, administrative changes, anticipated changes in services and changes in the number of persons aged sixty and older.

Steps Involved in the Planning Process:

The County of Monterey AAA, under the Department of Social Services, Aging and Adult Services Branch, receives information from a variety of sources to help meet the needs of older adults, individuals with disabilities, and caregivers.

For the development of this Area Plan, the following steps were involved:

1. Identify strategic ways to gather qualitative and quantitative information.
2. Determine a timeline.
3. Gather and analyze the data and identify unmet needs.
4. Present the information to the AAA Advisory Council.
5. Work with the fiscal, contracts, and purchasing departments to establish the procurement process, request proposals, and develop contracts with service providers based on funding.

1. Identify strategic ways to gather information, qualitative and quantitative:

The AAA employed the following strategic methods for gathering both qualitative and quantitative information:

- **Statewide Network of AAA:** The AAA collaborates with a network of AAA Planners and agencies statewide involved in similar endeavors. This facilitates the exchange of best practices, such as needs assessments for collecting both qualitative and quantitative data. These interactions occur monthly, with specialized workgroup sessions convened as necessary, focusing on the Area Plan and Needs Assessment.
- **Local and Statewide Needs Assessments:** The AAA conducted a local needs assessment to supplement a statewide survey by the California Department of Aging (CDA), targeting older adults, individuals with disabilities, and caregivers. The local needs assessment yielded 658 responses. In 2023, the CDA administered the statewide Community Assessment Survey for Older Adults (CASOA), which provided our local AAA with 516 responses.
- **Information, Referral and Assistance Statistics:** The AAA used insights from the IRA team, integrating their monthly program statistics into our Area Plan. This comprehensive approach enables us to tailor our services to specifically address the needs of older adults in our community, identifying trends, and making necessary adaptations.
- **Community-wide Focus Groups:** In addition to surveys and IRA data, the AAA conducted focus groups with older adults aged 60 and older in rural areas such as Castroville, Greenfield, King City, and North Monterey County to understand their needs. A total of three workshops were

conducted in August and September of 2023. Workshop locations were chosen based on OAA service group prioritization, aiming to engage seniors residing in rural areas facing language barriers, economic or social challenges, and/or belonging to underserved populations. Two workshops were held in Spanish, while one was conducted in English. The workshops were attended by a total of 80 individuals who shared their perspectives on the services needed. Focus group discussions centered on identifying challenges in accessing services, identifying significant needs, and accessing mental health and/or memory care services.

- **Public Meetings:** The AAA hosted public meetings and a public hearing for the development of the Area Plan to receive public testimony and input from various stakeholders, including public agencies, government entities, and service organizations. At the AAA Advisory Council and its committee meetings, members received and discussed information on local and state needs assessment findings, focus group outcomes, and IRA program performance outcomes.

2. Determine a timeline:

To ensure alignment with the CDA's four-year Area Plan cycle for all AAAs statewide, the County of Monterey AAA began participating in statewide meetings, gathering essential guidance, templates, tools, and resources for completing the Area Plan. The CASOA state survey concluded in November 2023, followed by the completion of the AAA's local needs assessment survey in December 2023, with data compiled by February 2024. Additionally, the results from focus groups were finalized and compiled in January 2024. The IRA program statistics are routinely prepared and gathered on a monthly basis.

The goals and objectives derived from the results of the local needs assessment, CASOA state survey, IRA statistics, and focus groups will guide planning efforts over the next four years. Annual update reports will be generated over the subsequent three years to track progress, address emerging issues, and outline steps taken to overcome barriers.

3. Gather and analyze the data, and identify unmet needs:

The local AAA needs assessment survey was disseminated in the fall of 2023 to the public, congregate meal sites, and community social events by partner organizations serving the targeted population. The results of the survey, detailed in Section 5 of this Area Plan under "NEEDS ASSESSMENT and TARGETING," provided a valuable opportunity to compare and contrast data with the CASOA state survey completed in the same year. The CASOA state survey, focusing on individuals aged 55 and above, evaluated various aspects of their lives, including overall quality of life, community characteristics, safety perceptions, and specific needs. The AAA local needs assessment, the CASOA state survey, and IRA program statistics were instrumental in gathering quantitative data for this Area Plan, while focus groups played a crucial role in gathering qualitative data.

4. Present the information to the AAA Advisory Council:

Results were presented and discussed at the AAA Advisory Council and related committees and incorporated into a draft of this Area Plan. The draft was completed and distributed in April 2024 for review by AAA Advisory Council Members, service providers, and the public via the AAA website. Opportunities for discussion took place at a public hearing held on April 24, 2024.

5. Work with the fiscal, contracts, and purchasing departments to establish the procurement process, request proposals, and develop contracts with service providers based on funding:

The AAA works closely with the fiscal, contracts, and purchasing departments to follow a procurement process aligned with funding availability. This involves requesting proposals and developing contracts with qualified service providers, all in accordance with regulations set forth under the guidelines of the OAA.

Planning cycle priorities derived from the needs assessment:

For this Area Plan, the planning cycle priorities of the County of Monterey AAA are derived from a data-driven, collaborative process that integrates community input from the local AAA needs assessment, CASOA state survey, focus groups and stakeholder engagement, and IRA program statistics to identify priority needs of older adults, individuals with disabilities, and family caregivers within PSA 32.

The top priorities include the following:

CASOA State Survey	AAA Needs Assessment	AAA Focus Groups	IRA Statistics
- Housing - Caregiving - Healthcare - Information and Assistance - Mobility/Transportation - Mental Health - Social Engagement	Health: Affording medical, dental and vision, and paying for medications. Having accidents at home (e.g., falling) Transportation: Losing ability to drive Housing: Having enough money to stay in my home Resources: Knowing where and how to find services Financial: Having enough money to live (e.g., paying for food, utilities, repairs, healthcare)	- Housing - Food - Transportation - Healthcare - Mental Health - Social Engagement	- Housing (shortages) - Caregiving (shortages) - Mental and Behavioral Health (challenges) - Financial Assistance (vulnerability)

How the AAA will meet targeted mandates:

When developing realistic target goals for the Area Plan, the AAA refers to available resources and data reported in previous monthly and quarterly activity reports. Additionally, the AAA consults with local OAA service providers each year to ensure that the yearly statewide baseline data and benchmarks are reasonable and attainable based on current program resources and historical trends.

The AAA ensures compliance with targeting goals and mandates by evaluating service providers performance data, progress updates, and expenditures on a monthly and quarterly basis through its GetCare system and required ongoing evaluation and monitoring. GetCare serves as the local system utilized by the County of Monterey AAA for recording and tracking monthly service data and reporting on plan versus actual programs and services provided, as well as processing authorized invoice payments.

Through contracts and handbook guidance, service providers are well-informed about the target population, program specifications, and policy requirements affecting older adults, individuals with disabilities, and caregivers. They collaborate with the AAA to establish contract terms, performance objectives, and program plans.

The performance and progress of all service providers undergo thorough review, validation, and consolidation into quarterly and annual reports, which are regularly assessed throughout the year. AAA staff meticulously validate these reports using both the GetCare and state reporting systems to ensure accuracy before granting approval for submission to the CDA. The validation process within GetCare entails comparing various data elements on a monthly and quarterly basis, including service units, clients served, roll-ups for each service category, and contractor-specific evaluations. Any necessary corrections are facilitated by the AAA in collaboration with service providers and database administrators. Furthermore, final quarterly reports undergo comparison with automated service summary file uploads prior to approval and submission, ensuring data accuracy and completeness.

The AAA Advisory Council receives quarterly updates on subcontractors' performance and progress, including comparisons of planned versus actual performance and reports on program expenditures.

Factors influencing prioritization:

Numerous factors contribute to the prioritization of programs and funding under the OAA. These factors, such as population needs, demographic changes, stakeholder input, resource availability, and overarching policy objectives, vary in significance. For this Area Plan, key considerations include insights gleaned from the 2023 needs assessments, focus groups, and a CASOA state survey aimed at identifying prevalent and critical themes.

The needs assessment, involving feedback from 658 older adults, emphasized housing, transportation, and healthcare as primary concerns. Echoing these sentiments, focus groups with 80 participants highlighted additional areas such as housing, food, transportation, healthcare, mental health, and social engagement. Similarly, the CASOA state survey, completed by 516 individuals, identified housing, caregiving, healthcare, information and assistance, mobility, mental health, and social engagement as top priorities.

Moreover, demographic trends revealed through CDA's Population Demographic Projections indicate that the aging population in this county is growing. Consequently, the AAA must prioritize programs and services for targeted groups, including older low-income minority individuals, those who are geographically isolated, and individuals living alone. Stakeholder input from service providers, the AAA Advisory Council, and community organizations is integral to ensuring that decisions align with the needs and preferences of the target population.

Additionally, due to the constraints of limited OAA funding, services must be prioritized according to

the most urgent needs of older adults. The prioritization of funds has been informed by the needs assessment, focus groups, and CASOA state survey, aiming to optimize resources towards addressing prevalent and critical themes where the need is the greatest.

Lastly, federal, state, and local policy priorities and mandates shape the focus and allocation of OAA program funding. These priorities encompass initiatives aimed at promoting healthy aging, supporting family caregivers, preventing elder abuse, enhancing access to community-based services, and addressing social determinants of health.

AAA's process to determine Title III B funds (adequate proportion):

The AAA utilizes a multifaceted approach to determine the distribution of Title III B funds dedicated to three priority service categories: Access, In-Home Services, and Legal Assistance. This process considers various factors, including budget availability, data analysis from needs assessments, stakeholder input during public hearings, provider qualifications, cost-benefit analysis, and historical monthly and quarterly activity reports. These funds are versatile, catering to a wide array of services, guided by local needs and potential impact.

Based on these factors, the minimum percentages of Title III B funds for the three priority service categories are: 30% for Access services, 1% for In-Home services, and 25% for Legal Assistance.

See Section 6: Public Hearings and Priority Services for further information on the Title III B funds.

SECTION 5. NEEDS ASSESSMENT AND TARGETING

This section describes the processes and methods the AAA used to conduct the needs assessment of Monterey County older adults, adults with disabilities, and their family caregivers.

Customer Testimonial:

"We can't make it on \$1,500 a month"

Needs assessment processes and methods used:

Every four years, the AAA conducts a county-wide needs assessment to gain insight into the needs of older adults, individuals with disabilities, and their family caregivers. This includes efforts to reach and assess the needs of older adults with the 'greatest social and economic need,' including lesbian, gay, bisexual, transgender, queer, and intersex (LGBTQI+) persons, as well as persons living with human immunodeficiency virus (HIV) or acquired immunodeficiency syndrome (AIDS), or other chronic conditions.

In developing this Area Plan, the needs assessment processes and methods used involved the following four key components explained below:

1. 2023 Local AAA Needs Assessment
2. 2023 Community Assessment Survey for Older Adults (CASOA)
3. 2023 Countywide Focus Groups
4. Fiscal Year (FY) 2023-24 IRA Program Statistics

2023 Local AAA Needs Assessment:

The 2023 AAA Needs Assessment for this Area Plan aimed to reach the target population, including older adults (aged 60 and above) in 'greatest social and economic need,' as well as LGBTQI+ individuals and those living with HIV/AIDS or other chronic conditions. Data collection took place during December 2023 and January 2024, followed by analysis in January 2024. The draft summary was released in February 2024.

The 2023 AAA Needs Assessment survey covered Transportation, Housing, Healthcare (Disabilities/Impairments), Finances (Affordability), Food and Nutrition, Technology, Emergency Preparedness, Caregiving, Future Planning (Will or Trust), Advance Healthcare Directive, as well as Top Concerns, and where they learn about services for older adults and adults with disabilities.

Here's a summary of responses from the 2023 AAA Needs Assessment:

2023 Local AAA Needs Assessment – Demographics of Survey Participants		
Total Respondents	Older Adults	Familiar with AAA
658 older adults responded to the survey	623 (95%) individuals are 60 years of age and older	438 (67%) are familiar with the AAA

2023 Local AAA Needs Assessment – Demographics of Survey Participants <i>(Continued)</i>		
Age	Annual Income	Place of Residence
3% 59 or under	17% \$15,060 or below	27% D1: Urban Salinas, N, S, E and Hwy 68
8% 60 – 64	31% \$15,061 - \$25,820	21% D2: North and N. Salinas
69% 65 – 84	14% \$25,821 - \$31,200	20% D3: South and E. Salinas
17% 85 and over	13% Over \$31,200	13% D4: Península and S. Salinas
2% Declined to state	26% Declined to State	19% D5: Península and Hwy 68
Gender	Sexual Orientation	Preferred Language
63% Female	75% Straight	73% English
33% Male	0.2% Asexual	24% Spanish
0.5% Intersex	1.8% Bisexual	0.2% Japanese
0.2% Other	0.6% Gay	0.2% Korean
0.3% Transgender	0.2% Lesbian	0.2% Other, Hebrew
4% Declined to State	0.2% Queer	0.2% Other, Japanese
	0.2% Straight/Asexual	0.2% Russian
	22% Declined to State	0.2% Vietnamese
		1.2% Blank

In Figure 1, the demographic breakdown highlights a substantial majority of individuals aged 65 to 84, comprising 69% of the surveyed population, followed by a notable representation of those aged 85 and over at 18%. A small proportion, constituting 3%, are 59 or under. The needs assessment results in this Area Plan reflect the senior population aged 60 and older, who have distinct needs and face greater challenges related to healthcare, transportation, housing, awareness of services, and financial concerns.

Figure 1: Respondents by Age

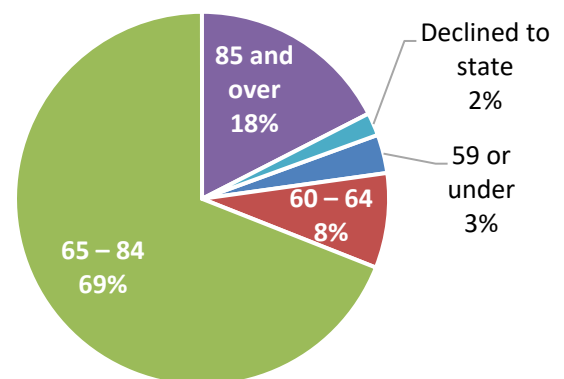
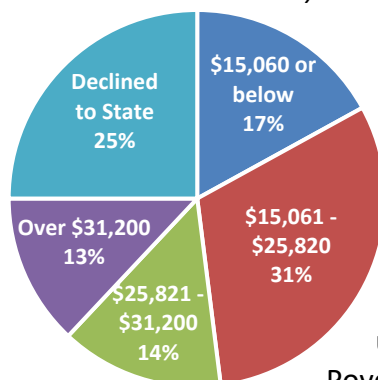


Figure 2: Respondents by Annual Income

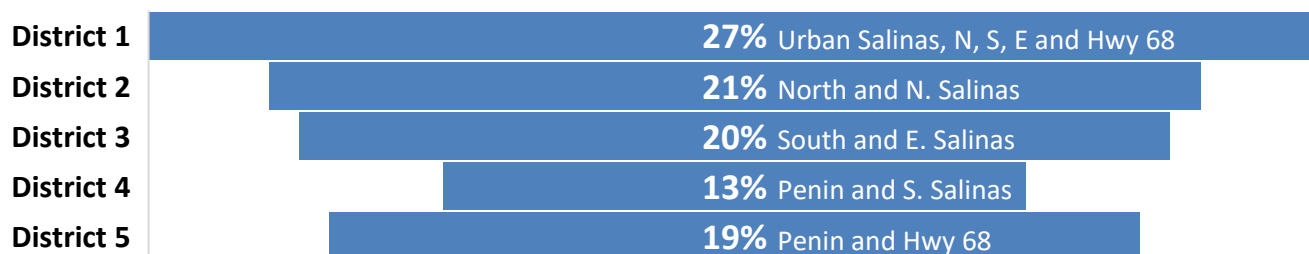
Based on 2024 Federal Poverty Guidelines



In Figure 2, reveals that 17% of the surveyed population fall below the poverty line of \$15,060 for a single-person household, while 31% fall within the range of \$15,061 to \$25,820 for two and three-person households, respectively. Contrasting these findings, the Elder Index indicates that a single older adult in good health and renting accommodations would require \$38,244 annually to meet basic needs. This underscores a significant disparity compared to the 2024 Federal Poverty Guidelines threshold for a similar individual, which stands at only \$15,060 annually, nearly 2.5 times lower than the \$38,244 allowance for the same period.

In Figure 3, the survey respondents encompass older adults from all regions within Monterey County, spanning the five (5) County of Monterey Supervisorial Districts. The needs assessment data collected provides a varied representation of communities and understanding of the needs, preferences, and challenges faced by older adults across the county.

**Figure 3: Place of Residence of Respondents
by County of Monterey Board of Supervisor District**



OAA funding mandates efforts to reach and assess the needs of seniors in the 'greatest social and economic need,' including LGBTQI+ individuals and those living with HIV/AIDS or other chronic conditions. Figures 4 and 5 demonstrate that the collected data aligns with the OAA target population, encompassing a diverse array of gender identities and sexual orientations among respondents. This inclusive methodology ensures that program development and service provision address the needs and preferences of older adults, irrespective of gender or sexual orientation.

Figure 4: Gender

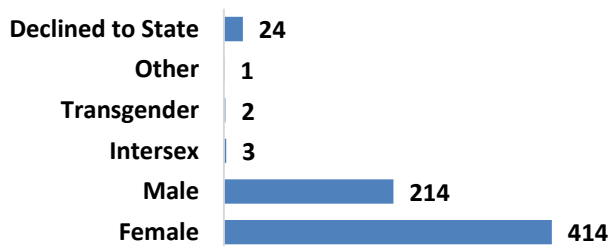
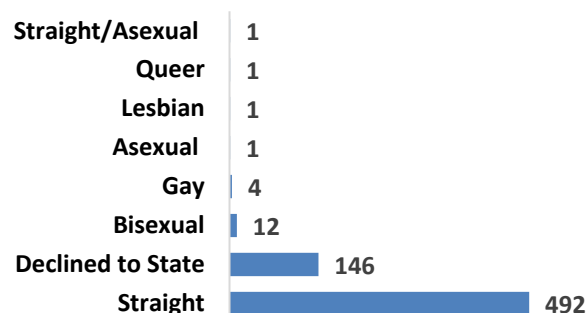
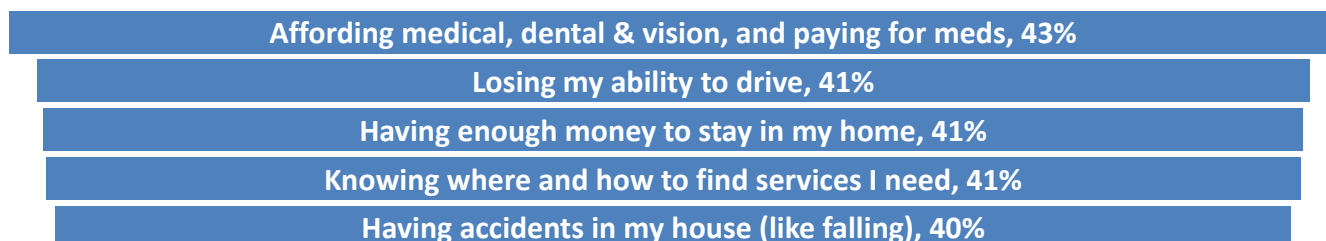


Figure 5: Sexual Orientation



In Figure 6, depicts the top five (5) key concerns identified by survey respondents. 43% expressed concerns about affording medical, dental, and vision care, along with medication costs. Losing the ability to drive, maintaining financial stability to remain in their homes, and finding essential services were significant concerns, each cited by 41% of respondents. Additionally, 40% expressed worries about household accidents, such as falling.

Figure 6: Top Concerns



2023 Community Assessment Survey for Older Adults (CASOA):¹⁵

In 2023, the AAA participated in a statewide assessment led by the CDA, which partnered with POLCO to administer the CASOA state survey targeting individuals aged 55 and above. 516 older adults responded to the survey. Data collection took place from July to August 2023, followed by analysis from August to October 2023, with the final report released in November 2023. The CASOA state survey covered various aspects of older residents' lives, including overall quality of life, community characteristics, perceptions of safety, and diverse needs.

Several themes in the CASOA state survey align with the findings from the 2023 Local AAA Needs Assessment, including:

2023 CASOA State Survey – Summary of Responses

- Approximately 73% of older residents in the region rated their overall quality of life as excellent or good, with most expressing positive sentiments about their communities and intending to recommend them to others. Additionally, around 67% of residents planned to remain in their communities throughout their retirement.
- Only 8% of respondents rated the availability of affordable quality housing positively, while approximately 23% rated the availability of mixed-use neighborhoods as excellent or good.
- Approximately 55% of older residents in the region expressed a need for housing assistance, and 30% reported mobility challenges.
- Health-related problems emerged as common challenges among older adults surveyed, with 42% reporting physical health concerns, 36% citing mental health challenges, and 47% identifying healthcare access as a significant challenge.
- 25% faced difficulties with civic engagement, 34% experienced obstacles in social engagement, and 23% encountered challenges related to caregiving responsibilities.
- Approximately 39% of older adults in the region experienced difficulties accessing information.
- 49% reported a positive connection and social engagement with their community

2023 Countywide Focus Groups:

In addition, the County of Monterey's AAA conducted focus groups in rural areas of Monterey County to understand their needs. Here's a summary of the themes from the 2023 Communitywide Focus Groups that align with the findings from our 2023 Local AAA Needs Assessment and CASOA state survey, including:

2023 Communitywide Focus Groups – Summary of Responses

- 80 seniors aged 60 and older participated in the focus groups.
- Participants reside in rural areas such as Castroville, Greenfield, King City, and North Monterey County.
- Participants identified concerns with financial insecurity, lack of accessible healthcare, transportation difficulties, and the need for community centers offering diverse activities.
- These concerns were common across different income levels, emphasizing the importance of accessible services for all older adults.

FY 2023-24 IRA Program Statistics:

Each year, our IRA team handles over 13,000 inquiries from older adults, individuals with disabilities, and caregivers, facilitating connections to essential resources and services within our communities. To

¹⁵ Community Assessment Survey for Older Adults (CASOA)
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inform the development of this Area Plan, we supplemented the community needs assessments, surveys, and focus group efforts with IRA Program Statistics to gather public input. Here is a summary of the primary services sought according to the FY 2023-24 IRA Program Statistics:

FY 2023-24 IRA Program Statistics

The primary services sought by individuals were caregiver or respite assistance, highlighting the crucial role of support for caregivers in maintaining the well-being of their loved ones. Medi-Cal services emerge as the next sought-after support, emphasizing the significance of healthcare access for vulnerable populations. Counseling and food assistance were also identified as needed services, underscoring the importance of mental health and food security initiatives within the community.

How the needs assessment results affect the AAA's priorities, goals, and objectives



**Customer
Testimonial:**

"The rent is so high that I have to go to all the Food Bank places to make ends meet."

The AAA analyzed the CASOA state survey, local needs assessment, and the findings from community-wide focus groups for additional insights. All three underscore the significance of addressing emerging trends affecting older adults, including housing shortages, caregiving challenges, mental health issues, and financial vulnerability.

To mitigate these challenges, the AAA must allocate resources effectively, prioritizing services that meet the needs of the OAA target populations. As such, the AAA has identified several key priorities, goals, and objectives for the upcoming period, which are incorporated into Section 7: Area Plan Narrative Goals and Objectives.

How the AAA's policies meet the needs of targeted populations as in the OAA and the OCA

Each year, approximately 30 AAA services are funded, aiming to address as many prioritized services needs as feasible. The AAA ensures that its service provider contracts and handbooks incorporate written guidance to reach the target population, with particular attention to older low-income minority individuals, older individuals with Limited English Proficiency (LEP), and those residing in rural areas.

This includes family caregivers providing care for individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction, as specified in OAA 372 (b). The AAA addressed these needs, identified constraints, unmet needs, under-utilized services, and barriers to accessing available services in determining the appropriate proportion or minimum percentage of Title III B funds to allocate towards Access, In-Home, and Legal services.

SECTION 6. PRIORITY SERVICES AND 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 funds¹⁶ 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	30%	2025-26	30%	2026-27	30%	2027-28	30%
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In-Home Services:

Personal Care, Homemaker, Chore, Adult Day Care / Adult Day Health, Alzheimer’s Day Care Services, Residential, and Repairs/Modifications, Respite Care, Telephone Reassurance, and Visiting.

2024-25	1%	2025-26	1%	2026-27	1%	2027-28	1%
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Legal Assistance Required Activities:¹⁷

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

2024-25	25%	2025-26	25%	2026-27	25%	2027-28	25%
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Explain how allocations are justified and how they are determined to be sufficient to meet the need for the service within the PSA.

The AAA utilizes a multifaceted approach to determine the distribution of Title III B funds dedicated to three priority service categories. This process considers various factors, including budget availability, data analysis from needs assessments, stakeholder input during public hearings, provider qualifications, cost-benefit analysis, and historical monthly and quarterly activity reports.

The County of Monterey AAA (PSA 32) held a Public Hearing on April 24, 2024, to present its full 4-Year Area Plan, and another on April 24, 2025, to share updates to its Area Plan for 2025-2026. An additional Public Hearing was held on April 23, 2026, to present updates to its Area Plan for 2026-2027. All hearings provided stakeholders the opportunity to offer testimony on establishing minimum percentages for Title III B program funds to ensure adequate funding for Priority Services.

¹⁶ Minimum percentages of applicable funds are calculated on the annual Title III B baseline allocation, minus Title III B administration and minus Ombudsman. At least one percent of the final Title III B 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.

¹⁷ Legal Assistance must include all the following activities: Legal Advice, Representation, Assistance to the Ombudsman Program and Involvement in the Private Bar.

Of the Title III B funds, a minimum of 30% will be designated for Access Services covering transportation, information and assistance, and outreach services. For In-Home Services, a minimum of 1% will be designated for Telephone Reassurance services. Legal Assistance Services will receive a minimum allocation of 25%. These allocation percentages have been confirmed by the AAA, AAA Advisory Council, and through a public hearing.

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? ¹⁸ Yes or No	Was hearing held at a Long-Term Care Facility? ¹⁹ Yes or No
2024-2025	April 24, 2024	County of Monterey AAA Advisory Council Meeting, Salinas	21	Spanish available and two Sign Language Interpreters	No
2025-2026	April 24, 2025	County of Monterey AAA Advisory Council Meeting, Salinas	12	Spanish available	No
2026-2027	April 23, 2026	County of Monterey AAA Advisory Council Meeting, Salinas	17	Spanish available	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.**
 - Announcement of Public Hearing: Flyers created and shared on social media.
 - Broad Dissemination: Flyers and communications widely distributed through the Aging and Disability Resource Connection (ADRC) Network, including service providers and partner agencies.
 - Outreach via Email: Messages sent to current email distribution lists, including service providers and partner agencies.
 - Public notices: Notices sent to local newspapers.
- 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.**

Not applicable

¹⁸ A translator is not required unless the AAA determines a significant number of attendees require translation services.

¹⁹ 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 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:

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

Following the presentation of the Area Plan, attendees were given an opportunity to ask questions regarding the minimum percentages of Title III B funds to meet the adequate proportion of funding for priority services.

During the meeting on April 24, 2024, an AAA Advisory Council member inquired about the allocation of funds, particularly with the minimum percentages designated for Access and Legal Assistance services. The member asked for clarification on how the remaining portion of funds would be distributed and whether the total funding would reach 100 percent.

AAA staff clarified that the remaining Title III B funds are intended for community education, mobility management, telephone reassurance, and the California Aging Reporting System (CARS)/Data Reporting Systems.

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

No issues were raised at the Public Hearings held on April 24, 2024, April 24, 2025, and April 23, 2026.

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

No changes were made at the April 24, 2024, Public Hearing. At the April 24, 2025, Public Hearing, a change was made to the HICAP definition on page 17. Additionally, the Veterans Status Box on page 69 was checked to reflect the representation category for one of our AAA Advisory Council members. No changes were made at the April 23, 2026 Public Hearing.

SECTION 7. AREA PLAN NARRATIVE GOALS AND OBJECTIVES

Goals and Objectives are required per California Code of Regulations Title 22 Section 7300 (c) Goals are statements of ideal conditions that the AAA wishes to achieve through its planned efforts. Objectives are measurable statements of action to meet the goals. Objectives indicate all of the following:

1. The nature of the action.
2. The party responsible for the action.
3. How the action will be accomplished.
4. The anticipated outcome of that action.
5. How the outcome of the action will be measured.
6. The projected dates for starting and completing the action.
7. Any program development and coordination activities, as specified in Section 9400, Welfare and Institutions Code, that are associated with the objective.

Goal #1: Focus and expand outreach to disseminate information and educate eligible older adults, individuals with disabilities, and caregivers on available resources with a focus on at-risk seniors living in rural areas and includes limited English-speaking individuals, and older low-income minority individuals to improve access to resources and information.

Rationale: Based on focus groups conducted, there is a need for resource information and outreach in rural and isolated areas of Monterey County for older low-income minority individuals and limited English-speaking seniors and their families who lack resources and are at a greater risk of isolation. Resource topics expressed by Focus Group participants include but are not limited to affordable and accessible housing, food insecurity, transportation, healthcare, mental health services, and social engagement activities.

List Objective Number(s) and Objective(s) [Refer to CCR Article 3, Section 7300 (c)] (Priority Service if applicable)	Projected Start and End Dates	Type of Activity and Funding Source	Update Status
Objective 1.1 AAA staff will participate and present information to the Aging and Disability Resource Connection (ADRC) group and agency partners on services provided through the AAA to support the "no wrong door" service delivery model and strengthen knowledge of AAA services.	07/01/24 – 06/30/28		
Objective 1.2 AAA staff will present and share information on AAA services to internal DSS staff to increase knowledge of resources available, better serve individuals and their families, and to minimize working in silos.	07/01/24 – 06/30/28		
Objective 1.3: AAA and Information, Referral, and Assistance staff will participate in outreach efforts through a variety of community meetings and events that target rural, older low-income minority individuals, limited English-speaking individuals, and at-risk seniors and their families to share information and resources available through the AAA.	07/01/24 – 06/30/28		

Goal #2: Ensure contracted AAA partners understand the need to expand outreach and strengthen services provided to underserved communities that includes at risk seniors, individuals with disabilities, and caregivers living in rural areas.

Rationale: This is aligned with the Master Plan for Aging to build strength through partnerships and ensure results are equity-focused and person centered, and the Older Americans Act's (OAA) priority focus on at-risk seniors living in rural areas, low-income minorities, and individuals with limited English proficiency.

List Objective Number(s) and Objective(s) [Refer to CCR Article 3, Section 7300 (c)] (Priority Service if applicable)	Projected Start and End Dates	Type of Activity and Funding Source	Update Status
Objective 2.1: AAA Analyst will add contract language that addresses equity and access for the at-risk populations we serve, participation in the ADRC meetings, and outreach and education efforts.	07/01/24 – 06/30/28		
Objective 2.2: AAA staff will work with service providers to evaluate and monitor the effectiveness of services provided, and to ensure outreach efforts are continuous and effective.	07/01/24 – 06/30/28		

Goal 3: Evaluate and monitor the quality of services by contracted providers to address the identified needs of older adults, adults with disabilities, and caregivers.

Rational: The quality of service and delivery by contractors will be improved through consistent performance monitoring to address identified needs including those topics expressed by Focus Group participants in the Fall 2023 of affordable and accessible housing, food insecurity, transportation, access to healthcare, mental health services, and social engagement activities.

List Objective Number(s) and Objective(s) [Refer to CCR Article 3, Section 7300 (c)] (Priority Service if applicable)	Projected Start and End Dates	Type of Activity and Funding Source	Update Status
Objective 3.1: The AAA will Invest in and support services that promote healthy aging and meet mandated requirements.	07/01/24 – 06/30/28		
Objective 3.2: The AAA will collaborate with service providers to evaluate and monitor their effectiveness in meeting identified community's needs by using service unit and funding targets, as well as required service and work plans.	07/01/24 – 06/30/28		
Objective 3.3: AAA staff will identify gaps in service needs using data collected from surveys, assessments, and community and service provider input.	07/01/24 – 06/30/28		

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 on the units of service provided with **ALL regular AP 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, and VII. Only report services provided; others may be deleted.
2. A written A written justification is required for service unit decrease greater than 10%: Citation: CDA Program Guide, Section 4.4.(1) Scope of Work.

Information and Assistance (Access)

Unit of Service = 1 contact

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	28,000	1	1.1, 1.2, 1.3
2025-2026	28,000	1	1.1, 1.2, 1.3
2026-2027	28,000	1	1.1, 1.2, 1.3
2027-2028			

Outreach (Access)

Unit of Service = 1 contact

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	5,800	2	2.1, 2.2
2025-2026	5,800	2	2.1, 2.2
2026-2027	5,800	2	2.1, 2.2
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	7,000	3	3.1, 3.2, 3.3
2025-2026	7,000	3	3.1, 3.2, 3.3
2026-2027	7,000	3	3.1, 3.2, 3.3
2027-2028			

Telephone Reassurance (In-Home)

Unit of Service = 1 contact

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	1,000	1, 2	1.1, 1.2, 1.3, 2.1
2025-2026	1,000	1, 2	1.1, 1.2, 1.3, 2.1
2026-2027	1,000	1, 2	1.1, 1.2, 1.3, 2.1
2027-2028			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	5,060	3	3.1, 3.2, 3.3
2025-2026	5,060	3	3.1, 3.2, 3.3
2026-2027	5,060	3	3.1, 3.2, 3.3
2027-2028			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	52,024	2, 3	2.1, 2.2, 3.1, 3.2, 3.3
2025-2026	50,000	2, 3	2.1, 2.2, 3.1, 3.2, 3.3
2026-2027	52,024	2, 3	2.1, 2.2, 3.1, 3.2, 3.3
2027-2028			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	140,000	2, 3	2.1, 2.2, 3.1, 3.2, 3.3
2025-2026	125,000	2, 3	2.1, 2.2, 3.1, 3.2, 3.3
2026-2027	140,000	2, 3	2.1, 2.2, 3.1, 3.2, 3.3
2027-2028			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	24	2, 3	2.1, 2.2, 3.1, 3.2, 3.3
2025-2026	24	2, 3	2.1, 2.2, 3.1, 3.2, 3.3
2026-2027	24	2, 3	2.1, 2.2, 3.1, 3.2, 3.3
2027-2028			

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

- Each **Title III B “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 III B** 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 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 Device, Registry, Senior Center Activities, and Senior Center Staffing.

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

Other Supportive Service Category: Community Education **Unit of Service = 1 Activity**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (If applicable)
2024-2025	160	2, 3	2.1, 2.2, 3.1, 3.2, 3.3
2025-2026	160	2, 3	2.1, 2.2, 3.1, 3.2, 3.3
2026-2027	160	2, 3	2.1, 2.2, 3.1, 3.2, 3.3
2027-2028			

Other Supportive Service Category: Public Information **Unit of Service = 1 Activity**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (If applicable)
2024-2025	30	2, 3	2.1, 2.2, 3.1, 3.2, 3.3
2025-2026	30	2, 3	2.1, 2.2, 3.1, 3.2, 3.3
2026-2027	30	2, 3	2.1, 2.2, 3.1, 3.2, 3.3
2027-2028			

Other Supportive Service Category: Mobility Management Activities **Unit of Service = 1 Hour**

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

4. Title III D/Health Promotion—Evidence-Based

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

Evidence-Based Program Name(s): Tai Chi for Arthritis / Bingocize. **Unit of Service = 1 session**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (If applicable)
2024-2025	1,900	2, 3	2.1, 2.2, 3.1, 3.2, 3.3
2025-2026	320	2, 3	2.1, 2.2, 3.1, 3.2, 3.3
2026-2027	320	2, 3	2.1, 2.2, 3.1, 3.2, 3.3
2027-2028			

TITLE III B 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. 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 2020, Section 712(a)(3), (5)]

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

- 1. Complaint Resolution Rate (NORS Element CD-08) (Complaint Disposition).** The average California complaint resolution rate for FY 2022-2023 was 52.0%.

Fiscal Year Baseline Resolution Rate	# of partially resolved or fully resolved complaints	Divided by the total number of Complaints	= Baseline Resolution Rate	Fiscal Year Target Resolution Rate
2022-2023	124	215	58%	57.0% 2024-25
2023-2024	187	271	69%	69.0% 2025-26
2024-2025	66	106	62%	60.0% 2026-27
2025-2026				___ % 2027-28

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

Fiscal Year Baseline	Number of Resident Council meetings attended	Fiscal Year Target
2022-2023	24	15 (2024-25)
2023-2024	33	20 (2025-26)
2024-2025	44	30 (2026-27)
2025-2026		___ (2027-28)

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

Fiscal Year Baseline	Number of Family Council meetings attended	Fiscal Year Target
2022-2023	0	1 (2024-25)
2023-2024	1	1 (2025-26)
2024-2025	1	1 (2026-27)
2025-2026		_ (2027-28)

4. **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.

Fiscal Year Baseline	Number of Instances	Fiscal Year Target
2022-2023	520	402 (2024-25)
2023-2024	395	402 (2025-26)
2024-2025	433	402 (2026-27)
2025-2026		___ (2027-28)

5. **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.

Fiscal Year Baseline	Number of Instances	Fiscal Year Target
2022-2023	1,739	780 (2024-25)
2023-2024	1,196	825 (2025-26)
2024-2025	1,202	1,000 (2026-27)
2025-2026		___ (2027-28)

6. **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.

Fiscal Year Baseline	Number of Sessions	Fiscal Year Target
2022-2023	12	15 (2024-25)
2023-2024	16	15 (2025-26)
2024-2025	12	12 (2026-27)
2025-2026		__ (2027-28)

7. **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 boxes below.

FY 2024-2025
FY 2024-2025 Systems Advocacy Effort(s): (Provide one or more new systems advocacy efforts) The Alliance on Aging Ombudsman Program will provide training to Skilled Nursing Facilities (SNFs) and Residential Care Facilities for the Elderly (RCFEs) facility staff on the updated Mandated Reporting requirements per new legislative bill AB 1417 to ensure long-term care facilities are reporting to the Ombudsman program. Additionally, the program will also collaborate with local police departments and invite them to the Ombudsman monthly in-service training meetings to learn more about their protocol when responding to reports of resident-to-resident altercations and other abuse reports in long-term care facilities.
FY 2025-2026
Outcome of FY 2024-2025 Efforts: On September 13, 2024, the Alliance on Aging Ombudsman Program Manager delivered a presentation to nursing students at Hartnell College. The session covered the services provided by the Ombudsman Program and its role in long-term care facilities. Sixty students attended and actively engaged throughout the presentation. In October 2024, the Ombudsman Program Manager conducted a training for nurses from the Central California Alliance for Health (CAAH) Medi-Cal managed care plan. The training focused on mandated reporting requirements under Assembly Bill 1417. Topics included an overview of mandated reporting requirements, the identification of mandated reporters, and a review of the mandated reporting chart. Nurses were encouraged to ask questions and share concerns related to long-term care facilities. The session also included a discussion of systemic issues affecting residents in long-term care and explored opportunities for greater involvement of the managed care plan, particularly in collaboration with Ombudsman staff when supporting residents. The Ombudsman Program Manager also provided a similar training to CCAH case management nurses. This session covered mandated reporting requirements, the identification of mandated reporters, and the mandated reporting chart. FY 2025-2026 Systems Advocacy Effort(s): (Provide one or more new systems advocacy efforts) The Alliance on Aging Ombudsman Program will advocate for system-wide improvements, including: 1. Increasing program funding at the federal and state levels, 2. Implementing responses to revised laws impacting residents of long-term care facilities during emergencies or disasters, 3. Collaborating with the Area Agency on Aging on emergency preparedness for residents of long-term care facilities,

4. Participating with the statewide CA Long-Term Care Ombudsman Association (CLTCOA) to improve Ombudsman education and sponsor legislation to enhance resident care in long-term care facilities,
5. Supporting other initiatives sponsored by the CA State Office of the Long-Term Care Ombudsman, and
6. Hosting an Alliance on Aging Volunteer Open House to inform the community about the Ombudsman Program and how community members can become certified Ombudsman volunteers.

FY 2026-2027

Outcome of FY 2025-2026 Efforts:

The Alliance on Aging Ombudsman Program engaged in indirect collaboration with local law enforcement agencies. Although the initial initiative included inviting law enforcement representatives to attend monthly Ombudsman meetings, these agencies were unable to participate in person. As a result, the program focused its efforts on building relationships with three police departments serving cities with the highest concentration of long-term care facilities. Collaboration occurred primarily through telephone and electronic communication.

In August 2025, a high-profile criminal case reported in the media increased awareness among local law enforcement agencies and contributed to greater visibility of the Ombudsman Program. Additionally, the Ombudsman Program Manager participated in multidisciplinary team (MDT) meetings that included local police departments, creating opportunities for collaboration, and professional networking. The Program Manager also attended MDT meetings in which deputies from the California Department of Justice, Division of Medi-Cal Fraud and Elder Abuse delivered presentations and shared information, providing further opportunities for cross-agency collaboration and discussion.

The Ombudsman Program made referrals to law enforcement agencies when appropriate and in accordance with resident consent.

FY 2026-2027 Systems Advocacy Effort(s): (Provide one or more new systems advocacy efforts)

For FY 2026–2027, the Ombudsman Program will focus on supporting family councils. Establishing family councils has been challenging; however, during FY 2025-2026, two councils were successfully formed. The program will prioritize providing continued support to help ensure their sustainability.

The Ombudsman Program will also develop and distribute educational materials outlining families’ rights to form councils and the steps involved in doing so. With the assistance of Ombudsman volunteers, the program will conduct targeted outreach to families and offer support as needed, including facilitating communication with facility staff when appropriate.

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.

Fiscal Year 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 %	Fiscal Year Target
2022-2023	11	15	73%	100% (2024-25)
2023-2024	12	15	80%	100% (2025-26)
2024-2025	13	15	87.0%	100% (2026-27)
2025-2026				___ % (2027-28)

- 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, RCFEs cannot be counted twice.

Fiscal Year Baseline	Number of RCFEs visited at least once a quarter not in response to a complaint	Divided by the total number of RCFEs	= Baseline %	Fiscal Year Target
2022-2023	30	45	67%	100% (2024-25)
2023-2024	28	44	64%	100% (2025-26)
2024-2025	30	41	73.0%	100% (2026-27)
2025-2026				___ % (2027-28)

- 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 hours 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.

Fiscal Year Baseline	Full-Time Equivalent (FTE) Staff	FTEs Target
2022-2023	3.5	3.13 (2024-25)
2023-2024	4.5	4.5 (2025-26)
2024-2025	5.5	3.5 (2026-27)
2025-2026		___ (2027-28)

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

Fiscal Year Baseline	Number of certified LTC Ombudsman volunteers	Projected number of certified LTC Ombudsman volunteers
2022-2023	6	8 (2024-25)
2023-2024	7	8 (2025-26)
2024-2025	7	10 (2026-27)
2025-2026		___ (2027-28)

Outcome 3: Ombudsman representatives accurately and consistently report data about their complaints and other program activities in a timely manner. [Older Americans Act Reauthorization Act of 2020, Section 712(c)]

Measures and Targets: In narrative format, describe one or more specific efforts your program will undertake in the upcoming year to increase the accuracy, consistency, and timeliness of your National Ombudsman Reporting System (NORS) data reporting. Some examples could include hiring additional staff to enter data, updating computer equipment to make data entry easier, and initiating a case review process to ensure case entry is completed in a timely manner.

Fiscal Year 2024-25

Alliance on Aging Staff Ombudsman enters case and complaint information into the Ombudsman Data Integration Network (ODIN) reporting system 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 and Volunteers enter their activities into the Ombudsman Call and Activity Log as they complete their visits. Ombudsman Program Manager reviews staff and volunteer activities as it gets entered on the log, 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 the Ombudsman staff enter in the database weekly. Data from ODIN 2020 is used to complete quarterly AAA report.

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

Fiscal Year 2025-26

Alliance on Aging Ombudsman staff enter case and complaint information into ODIN as soon as it is determined that the resident wishes to pursue a complaint and has provided written or verbal consent. Case data is also tracked on our Cumulative Case Datasheet and reconciled with the information recorded in ODIN at the beginning of each month.

The Ombudsman Program also uses the Cumulative Case Datasheet to track SOC 341 and SOC 342 reports received by our office. Within the datasheet, there is a designated column to indicate whether any of these reports become formal cases after the Ombudsman has met with the resident and consent has been granted. The program continues to follow the guidance outlined in Program Memo 24-08.

Ombudsman staff and volunteers enter their activities into the Ombudsman Call and Activity Log as they complete their visits. Staff also input their data into ODIN. A designated staff member is responsible for entering volunteer activity data into ODIN, as volunteers have not yet been trained on the system.

The Ombudsman Program Manager hosts an annual activity log refresher course during one of the monthly in-service meetings. The Program Manager also validates, and reviews data entered into the database by staff on a weekly basis. Data from ODIN 2020 is used to complete the quarterly AAA report.

The National Consumer Voice "National Ombudsman Reporting System (NORS) Training" website provides ongoing training materials that are used during Ombudsman staff in-service sessions. The State Ombudsman Office also offers ongoing training on data entry. Ombudsman staff and volunteers are encouraged to participate in these trainings as refreshers or for continued education.

Fiscal Year 2026-27

Ombudsman Program Staff:

1. Enter case and complaint information into ODIN as soon as it is determined that the resident has provided written or verbal consent to pursue a complaint.
2. Track case data on the Cumulative Case Datasheet and reconcile it with the information recorded in ODIN during the first week following the reporting month.
3. Utilize the Cumulative Case Datasheet to track SOC 341 and SOC 342 reports received during the month. Within the datasheet, an indicator is included to determine whether a report becomes a formal case after meeting with the resident and obtaining consent.
4. Follow policy guidance outlined in Program Memo 24-08, Guidance on the Intake of SOC 341, Report of Suspected Dependent Adult/Elder Abuse.
5. Track activities on the Ombudsman Call and Activity Log as visits are completed and document all activities and case data in ODIN.
6. Take advantage of training made available by the State LTC Ombudsman Office on ODIN data entry. Staff are encouraged to participate in these training sessions as refreshers or for continuing education hours.

Ombudsman Program Manager:

1. Hosts an annual Activity Log refresher course during one of the monthly in-service meetings.
2. Reviews and validates data entered into the ODIN database on a weekly basis.

The National Consumer Voice "National Ombudsman Reporting System (NORS) Training" website provides ongoing training materials that are used for Ombudsman staff in-service sessions.

Fiscal Year 2027-28

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 (CONTINUED)

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

Total # of	2024-2025	2025-2026	2026-2027	2027-2028
Individuals Served	1,800	1,800	1,800	
Public Education Sessions	16	16	16	
Training Sessions for Professionals	20	22	20	
Training Sessions for Caregivers served by Title III E	0	0	0	
Hours Spent Developing a Coordinated System	0	0	0	

Fiscal Year	Total # of Copies of Educational Materials to be Distributed	Description of Educational Materials
2024-2025	0	0
2025-2026	0	0
2026-2027	0	0
2027-2028		

TITLE III E SERVICE UNIT PLAN

Title III E – Service Unit Plan CCR Article 3, Section 7300(d) 2024-2028 Four-Year Planning Period

The Title III E Service Unit Plan (SUP) uses five federally mandated service categories that encompass 16 subcategories. The five service categories include: 1) Access Services, 2) Information Services, 3) Respite Services, 4) Supplemental Services, and 5) Support Services. Refer to the [CDA Service Categories and Data Dictionary](#) for eligible activities and service unit measures.

At least one sub-service category should be provided for each of the five federally mandated service categories. The availability of services for Older Relative Caregivers (ORC) are dependent upon the AAAs individual needs assessment and public hearings.

Use the tables for each service provided and must include the following:

- Specify proposed audience size or units of service for all budgeted area plan funds.
- Providing an associated goal and objective from Section 7 Area Plan Narrative Goals and Objectives.
- All service unit reductions of greater than ten percent (10%) from prior Fiscal Year require written justification and approval from CDA.

Direct and/or Contracted Title III E Services – Caregivers of Older Adults (COA) <i>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>			
Sub-Categories (16 total)	Proposed Unit of Service	Required Goal #(s)	Required Objective #(s)
Caregiver Access: <i>Case Management</i>	Hours	Goals	Objectives
2024-2025	0	0	0
2025-2026	0	0	0
2026-2027	0	0	0
2027-2028			
Caregiver Access: <i>Information and Assistance</i>	Contacts	Goals	Objectives
2024-2025	500	#2, #3	2.1, 2.2, 3.1, 3.2 and 3.3
2025-2026	500	#2, #3	2.1, 2.2, 3.1, 3.2 and 3.3
2026-2027	500	#2, #3	2.1, 2.2, 3.1, 3.2 and 3.3
2027-2028			
Caregiver Information: <i>Information Services</i>	# of Activities/Est Audience	Goals	Objectives
2024-2025	350 Activities, TBD Audience	#2, #3	2.1, 2.2, 3.1, 3.2 and 3.3
2025-2026	350 Activities, TBD Audience	#2, #3	2.1, 2.2, 3.1, 3.2 and 3.3
2026-2027	350 Activities, TBD Audience	#2, #3	2.1, 2.2, 3.1, 3.2 and 3.3
2027-2028	00 Activities, 00 Audience		

Caregiver Support: <i>Training</i>	Hours	Goals	Objectives
2024-2025	0	0	0
2025-2026	0	0	0
2026-2027	0	0	0
2027-2028			
Caregiver Support: <i>Support Groups</i>	Sessions	Goals	Objectives
2024-2025	175	#3	3.1, 3.2 and 3.3
2025-2026	244	#3	3.1, 3.2 and 3.3
2026-2027	244	#3	3.1, 3.2 and 3.3
2027-2028			
Caregiver Support: <i>Counseling</i>	Hours	Goals	Objectives
2024-2025	750	#3	3.1, 3.2 and 3.3
2025-2026	750	#3	3.1, 3.2 and 3.3
2026-2027	750	#3	3.1, 3.2 and 3.3
2027-2028			
Caregiver Respite: <i>In-Home</i>	Hours	Goals	Objectives
2024-2025	1,000	#3	3.1, 3.2 and 3.3
2025-2026	900	#3	3.1, 3.2 and 3.3
2026-2027	1,000	#3	3.1, 3.2 and 3.3
2027-2028			
Caregiver Respite: <i>Out-of-Home (Day Care)</i>	Hours	Goals	Objectives
2024-2025	0	0	0
2025-2026	0	0	0
2026-2027	0	0	0
2027-2028			
Caregiver Respite: <i>Out-of-Home (Overnight)</i>	Hours	Goals	Objectives
2024-2025	0	0	0
2025-2026	0	0	0
2026-2027	0	0	0
2027-2028			
Caregiver Respite: <i>Other</i>	Hours	Goals	Objectives
2024-2025	0	0	0
2025-2026	0	0	0
2026-2027	0	0	0
2027-2028			
Caregiver Supplemental: <i>Legal Consultation</i>	Contacts	Goals	Objectives
2024-2025	50	#3	3.1, 3.2 and 3.3
2025-2026	50	#3	3.1, 3.2 and 3.3
2026-2027	65	#3	3.1, 3.2 and 3.3
2027-2028			
Caregiver Supplemental: <i>Consumable Supplies</i>	Occurrences	Goals	Objectives
2024-2025	0	0	0
2025-2026	0	0	0
2026-2027	0	0	0
2027-2028			
Caregiver Supplemental: <i>Home Modifications</i>	Occurrences	Goals	Objectives
2024-2025	0	0	0
2025-2026	0	0	0
2026-2027	0	0	0
2027-2028			

Caregiver Supplemental: <i>Assistive Tech</i>	Occurrences	Goals	Objectives
2024-2025	0	0	0
2025-2026	0	0	0
2026-2027	0	0	0
2027-2028			
Caregiver Supplemental: <i>Other (Assessment)</i>	Hours	Goals	Objectives
2024-2025	0	0	0
2025-2026	0	0	0
2026-2027	0	0	0
2027-2028			
Caregiver Supplemental: <i>Other (Registry)</i>	Occurrences	Goals	Objectives
2024-2025	0	0	0
2025-2026	0	0	0
2026-2027	0	0	0
2027-2028			
Direct and/or Contracted Title III E Services - Older Relative Caregivers (ORC)			
Categories	Proposed Unit of Service	Required Goal #(s)	Required Objective #(s)
Caregiver Access: <i>Case Management</i>	Hours	Goals	Objectives
2024-2025	0	0	0
2025-2026	0	0	0
2026-2027	0	0	0
2027-2028			
Caregiver Access: <i>Information and Assistance</i>	Contacts	Goals	Objectives
2024-2025	0	0	0
2025-2026	0	0	0
2026-2027	0	0	0
2027-2028			
Caregiver Information: <i>Information Services</i>	# of Activities/Est Audience	Goals	Objectives
2024-2025	0	0	0
2025-2026	0	0	0
2026-2027	0	0	0
2027-2028			
Caregiver Support: <i>Training</i>	Hours	Goals	Objectives
2024-2025	0	0	0
2025-2026	0	0	0
2026-2027	0	0	0
2027-2028			
Caregiver Support: <i>Support Groups</i>	Sessions	Goals	Objectives
2024-2025	0	0	0
2025-2026	0	0	0
2026-2027	0	0	0
2027-2028			
Caregiver Support: <i>Counseling</i>	Hours	Goals	Objectives
2024-2025	0	0	0
2025-2026	0	0	0
2026-2027	0	0	0
2027-2028			

Caregiver Respite: <i>In-Home</i>	Hours	Goals	Objectives
2024-2025	0	0	0
2025-2026	0	0	0
2026-2027	0	0	0
2027-2028			
Caregiver Respite: <i>Out-of-Home (Day Care)</i>	Hours	Goals	Objectives
2024-2025	0	0	0
2025-2026	0	0	0
2026-2027	0	0	0
2027-2028			
Caregiver Respite: <i>Out-of-Home (Overnight)</i>	Hours	Goals	Objectives
2024-2025	0	0	0
2025-2026	0	0	0
2026-2027	0	0	0
2027-2028			
Caregiver Respite: <i>Other</i>	Hours	Goals	Objectives
2024-2025	0	0	0
2025-2026	0	0	0
2026-2027	0	0	0
2027-2028			
Caregiver Supplemental: <i>Legal Consultation</i>	Contacts	Goals	Objectives
2024-2025	0	0	0
2025-2026	0	0	0
2026-2027	0	0	0
2027-2028			
Caregiver Supplemental: <i>Consumable Supplies</i>	Occurrences	Goals	Objectives
2024-2025	0	0	0
2025-2026	0	0	0
2026-2027	0	0	0
2027-2028			
Caregiver Supplemental: <i>Home Modifications</i>	Occurrences	Goals	Objectives
2024-2025	0	0	0
2025-2026	0	0	0
2026-2027	0	0	0
2027-2028			
Caregiver Supplemental: <i>Assistive Tech</i>	Occurrences	Goals	Objectives
2024-2025	0	0	0
2025-2026	0	0	0
2026-2027	0	0	0
2027-2028			
Caregiver Supplemental: <i>Other (Assessment)</i>	Hours	Goals	Objectives
2024-2025	0	0	0
2025-2026	0	0	0
2026-2027	0	0	0
2027-2028			
Caregiver Supplemental: <i>Other (Registry)</i>	Occurrences	Goals	Objectives
2024-2025	0	0	0
2025-2026	0	0	0
2026-2027	0	0	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. *(This does not apply to the County of Monterey AAA, PSA 32.)*

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. *(This does not apply to the County of Monterey AAA, PSA 32.)*

HICAP PAID LEGAL SERVICES: Complete this section if HICAP Legal Services are included in the approved HICAP budget. *(This does not apply to the County of Monterey AAA, PSA 32.)*

STATE and FEDERAL PERFORMANCE TARGETS: HICAP is assessed based on State and Federal Performance Measures. AAAs should complete the service unit plan with targets that meet or improve on each PM. Contact CDA.HICAP@aging.ca.gov for guidance on annual HICAP performance measure targets and definitions.

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	1,415	#3
2025-2026	1,531	#3
2026-2027	1,740	#3
2027-2028		

HICAP Fiscal Year (FY)	PM 1.2 Public and Media Events (PAM) (Estimated)	Goal Numbers
2024-2025	159	#2 and #3
2025-2026	129	#2 and #3
2026-2027	122	#2 and #3
2027-2028		

SECTION 2: FEDERAL PERFORMANCE MEASURES

HICAP Fiscal Year (FY)	PM 2.1 Client Contacts (Interactive)	Goal Numbers
2024-2025	1,657	#3
2025-2026	1,544	#3
2026-2027	1,622	#3
2027-2028		

HICAP Fiscal Year (FY)	PM 2.2 PAM Outreach (Interactive)	Goal Numbers
2024-2025	716	#2 and #3
2025-2026	2,995	#2 and #3
2026-2027	2,998	#2 and #3
2027-2028		

HICAP Fiscal Year (FY)	PM 2.3 Medicare Beneficiaries Under 65	Goal Numbers
2024-2025	153	#3
2025-2026	91	#3
2026-2027	59	#3
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	1,087	299	0	720	#2 and #3
2025-2026	1,010	525	0	485	#2 and #3
2026-2027	961	454	0	507	#2 and #3
2027-2028					

HICAP Fiscal Year (FY)	PM 2.5 Enrollment Contacts (Qualifying)	Goal Numbers
2024-2025	2,086	#3
2025-2026	2,133	#3
2026-2027	2,130	#3
2027-2028		

SECTION 3: HICAP LEGAL SERVICES UNITS OF SERVICE (IF APPLICABLE)²⁰

HICAP Fiscal Year (FY)	PM 3.1 Estimated Number of Clients Represented Per FY (Unit of Service)	Goal Numbers
2024-2025	0	N/A
2025-2026	0	N/A
2026-2027	0	N/A
2027-2028		

HICAP Fiscal Year (FY)	PM 3.2 Estimated Number of Legal Representation Hours Per FY (Unit of Service)	Goal Numbers
2024-2025	0	N/A
2025-2026	0	N/A
2026-2027	0	N/A
2027-2028		

HICAP Fiscal Year (FY)	PM 3.3 Estimated Number of Program Consultation Hours Per FY (Unit of Service)	Goal Numbers
2024-2025	0	N/A
2025-2026	0	N/A
2026-2027	0	N/A
2027-2028		

²⁰Requires a contract for using HICAP funds to pay for HICAP Legal Services.
2026-2027 Area Plan Update – PSA 32

SECTION 9. SENIOR CENTERS AND 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.

Senior Centers and Focal Points	Address
North Monterey County:	
1. Castroville Community Center	11261 Crane Street, Castroville 95012
2. Prunedale Senior Center	8300 Prunedale Road North, Prunedale 93907
South Monterey County:	
3. Leo Meyer Senior Center	415 Queen Street, King City 93930
4. Los Ositos Senior Apartments	1083 Elm Avenue, Greenfield 93927
East Monterey County:	
5. Bread Box Recreation Center	745 N Sanborn Road, Salinas 93905
6. Los Abuelitos Senior Apartments	528 East Market Street, Salinas 93905
7. Sherwood Village	808 North Main Street, Salinas 93906
8. YMCA Salinas	117 Clay Street, Salinas 93901
West Monterey County:	
9. Monterey Senior Center	280 Dickman Avenue, Monterey 93940
10. Oldemeyer Center	986 Hilby Avenue, Seaside 93955
11. Meals on Wheels Community Center, <i>formerly known as Sally J. Griffin Active Living Center (GALC)</i>	700 Jewell Avenue, Pacific Grove 93950
12. Junsay Oaks Senior Apartments	3098 De Forest Road, Marina 93933
13. Marina Manor Senior Housing	3082 Sunset Avenue, Marina, CA 93933
14. El Estero Senior Housing	151 Park Avenue, Monterey, CA 93940

SECTION 10. FAMILY CAREGIVER SUPPORT PROGRAM

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

Based on the AAA's needs assessment and subsequent review of current support needs and services for **family caregivers**, indicate what services the AAA **intends** to provide using Title III E and/or matching FCSP funds for both. This must be completed and updated annually.

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.**

Caregiver of Older Adult (COA) Services: Provided to family caregivers of adults aged 60 and older or of individuals of any age with Alzheimer's diseases or a related disorder.

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

Older Relative Caregiver (ORC) Services:

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

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

1. **Provider name and address.**
2. **Description of the service(s) they provide (services should match those in the CDA Service Category and Data Dictionary)**
3. **Where is the service provided (entire PSA, certain counties)?**
4. **How does the AAA ensure that the service continues to be provided in the PSA without the use of Title III E funds**

Note: The AAA is responsible for ensuring that the information listed for these organizations is up to date. Please include any updates in the Area Plan Update process.

Older Relative Caregiver Services are available and provided throughout Monterey County without relying on Title III E funds. These services are provided by the Health Projects Center located at 150 Cayuga Street, Suite 3, Salinas, California. Additional support for older relative caregivers is funded through local revenues and offered by the Department of Social Services, Aging and Adult Services.

SECTION 11. LEGAL ASSISTANCE

2024-2028 Four-Year Area Planning Cycle

This section must be completed and submitted annually. The Older Americans Act designates legal assistance as a priority service under Title III B. In this section, the AAA must provide information about how the AAA provides legal services within the PSA.

CDA developed *California Statewide Guidelines for Legal Assistance (Guidelines)*, which are to be used as best practices by CDA, Areas Agency on Aging (AAAs), and Legal Services Providers (LSPs) in the contracting and monitoring processes for legal services.

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

25% of Title III B funds.

2. Does the LSP(s) in your area solicit voluntary contributions or donations from recipients? If yes, considering 42 U.S.C. § 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.

Yes. The LSP solicits voluntary contributions from program participants in a consistent manner, ensuring that all contributions are requested in a non-coercive way and that services are never contingent on an individual's ability or willingness to contribute. Participants are offered the opportunity to contribute through mailed contribution envelopes and contribution boxes at the LSP office. Information about voluntary contributions is provided during intake, through written materials, and via posted notices at the LSP office site, where contribution boxes and signage indicating suggested contribution amounts are displayed. All communications clearly state that contributions are voluntary, there is no obligation to give, and services will not be denied if a participant chooses not to contribute.

The LSP maintains written voluntary contribution and accounting procedures to safeguard funds from loss, mishandling, or theft and ensures that all contributions are properly tracked through revenue and outreach logs. Contribution envelopes allow participants to designate the specific program they wish to support, and funds are allocated accordingly. The LSP also protects the privacy and confidentiality of each individual's decision to contribute or not, ensuring that all contributions remain anonymous.

Funds collected through voluntary contributions are used to support and expand legal services within Monterey County. These resources help increase service capacity, enhance outreach efforts, and improve access to legal assistance for older adults, particularly individuals with the greatest social and economic need.

3. Please indicate whether the AAA provides the LSP(s) a copy or link to the California Statewide Guidelines for Legal Assistance. How does the AAA monitor and/or support the LSP's implementation of the statewide guidelines?

The AAA's contract with the LSP states that services shall be provided in accordance with the California Statewide Guidelines for the provision of Older Americans Act (OAA) legal services. The

contract also incorporates related regulatory requirements, which reinforce the use of these guidelines. To ensure adherence, the contract requires that the LSP provide quarterly narrative reports on program achievements and accomplishments; challenges and barriers impacting service delivery; and technical support and assistance needs. The AAA reviews these reports and monitors the LSP's performance as part of its ongoing oversight, ensuring the guidelines are consistently applied in the provision of services.

4. **Please describe the partnership work between the AAA and the LSP(s) (e.g., quarterly meetings, coordinated outreach efforts, etc.)? Please identify any topics, priorities, and/or trainings addressed in your discussions.**

The AAA and LSP maintain ongoing coordination on an as-needed basis to address emerging issues, align services, and share updates. Collaboration includes providing technical assistance, guidance, and support to ensure services remain responsive to the needs of older adults.

The LSP regularly participates in AAA hosted events, including Open House & Resource Fair activities, to share information and connect older adults with available legal services. In addition, both the AAA and LSP engage in coordinated outreach efforts, such as senior social events held at various community locations. Topics discussed through this partnership typically include service coordination, emerging legal needs among older adults, outreach strategies, and updates on available resources and programs.

5. **What are the top four (4) legal areas the legal services provider prioritizes in your PSA? Do the AAA and legal services provider jointly work to identify the priority areas?**

On an annual basis, the AAA and LSP collaborate to establish priority issues for legal services through a joint process that considers past data reporting, needs assessment data analysis, and the frequency of services requested and provided. The following top four (4) legal priorities have been set between the AAA and LSP: 1) Legal problems concerning housing (landlord/tenant), 2) Financial and physical elder abuse; 3) Estate Planning (Wills, Advance Health Care Directives, Springing Financial Powers of Attorney) and 4) Consumer Law.

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?**

The major issues remain consistent with the previous fiscal year and include elder abuse (financial and physical), landlord/tenant disputes, guardianships for minor children (by seniors), limited conservatorships (seniors caring for adult disabled children), Social Security/Medicare-Supplemental Security/Medi-Cal, real property disputes, and consumer law matters (e.g., plumbing, contractor fraud). Financial exploitation of older adults continues to be a significant concern in Monterey County, with additional resources now available to help prevent and address this type of abuse.

Additionally, there has been a rise in scams targeting older adults, especially solar-related fraud. Older adults are often pressured into signing complex contracts on digital devices without fully understanding the terms, resulting in financial harm and legal disputes. As awareness of available legal services has increased, overall demand for assistance has also grown.

In response to these trends, the LSP has expanded its use of technology to support a hybrid service

model, allowing advocates to provide both in-person and remote assistance and improve outreach across the community. Increased funding from local and state sources has further strengthened the LSP's capacity to address emerging issues, including financial exploitation and consumer fraud, through enhanced legal services, education, and advocacy.

7. What are the target groups in your PSA? Do the AAA and legal service provider jointly work to identify the target groups?

Target populations are identified during the initial contract negotiations between the AAA and LSP). These discussions focus on serving individuals with the greatest economic and social needs. The contract agreement outlines the following criteria:

- "Greatest economic need" means the need resulting from an income level at or below the Federal poverty threshold and as further defined by State and area plans based on local and individual factors, including geography and expenses.
- "Greatest social need" includes any of the following noneconomic factors: physical or mental disability, language barriers, and cultural, social, or geographical isolation due to, among other things, racial or ethnic status, Native American identity, religious affiliation, sexual orientation, human immunodeficiency virus (HIV) status, gender identity, gender expression, chronic conditions, housing instability, food insecurity, lack of access to water, lack of transportation, and interpersonal safety concerns. Including any other status that restricts the ability of an individual to perform normal or routine daily tasks, threatens the capacity of the individual to live independently, or any other needs as further defined by area plans based on local factors.

Additionally, the contract agreement requires that priority for services be given to individuals aged 60 and older, with a specific focus on those experiencing the greatest economic and social need. Particular attention is given to the following populations:

- Low-income minorities
- Native Americans
- Residents in rural areas
- Limited English-Proficient (LEP) speakers
- At risk for institutionalization
- Older adults with disabilities
- Older adults with Alzheimer's disease or related dementias
- Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex (LGBTQI+) persons
- Persons living with human immunodeficiency virus (HIV) or acquired immunodeficiency syndrome (AIDS) or other chronic conditions.

The contractor uses a variety of approaches to reach all eligible participants across the county. They have one main office in Monterey and conduct outreach at various locations including the Alliance on Aging and Active Seniors Inc. both located in Salinas, New Family Justice Center in King City, Carmel Foundation in Carmel, and Castroville and Prunedale Senior Center sites.

In addition:

- Outreach efforts are conducted at various locations, with partnerships established, such as with Meals on Wheels of the Salinas Valley, to engage attendees at events like the South County Senior Social (SOCOS), North County Senior Social (NOCOS), and Salinas Senior Social (SASSO).
- Website and Facebook presence.

- Paid weekly advertising in both English and Spanish media.
- Translated brochures and flyers.
- Partnerships with other organizations that provide:
 - LSP printed materials in lobbies, bulletin boards, and more.
 - Direct referrals to needy clients.
- Presentations at civic groups, professional associations, and others.
- Collaborations with other non-profits at the Senior Day at the Monterey County Fair

As stated 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) provide referrals to AAA funded programs as appropriate to qualified callers.

8. What methods of outreach is the legal services provider using to reach the target groups?

The LSP uses a variety of outreach methods to reach target populations, including flyers, press releases, its website, social media platforms such as Facebook, tabling at community events, and strong partnerships with community-based organizations.

The LSP actively participates in the ADRC "No Wrong Door" service delivery model by engaging in regular meetings, making and receiving referrals, and sharing information across partner agencies.

Following a rebranding initiative, the LSP now operates with an updated, interactive website that allows prospective clients to easily connect with staff and access services. The LSP continues to provide both in-person outreach and virtual presentations, including workshops and informational sessions conducted via Zoom, to ensure broad and accessible community engagement.

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.).

Older adults typically access Legal Services over the phone or in-person to receive assistance. When individuals need a document reviewed or signed, they will visit the office in person. LSP also conducts virtual presentations where they field questions from individuals requesting assistance. They also arrange for mobile notary service as required and appropriate.

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

The County of Monterey is geographically large, with two concentrated areas/cities. The remainder of the county is more remote and lacking in transportation choices. Older adults living in rural areas of the 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 older adults via telephone and in person through outreach where advocates can meet clients in their own communities.

11. How many legal service providers are in your PSA? Complete the 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		

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

Fiscal Year	Name of Provider	Geographic Region covered
2024-2025	Legal Services for Seniors	All of Monterey County
2025-2026	Legal Services for Seniors	All of Monterey County
2026-2027	Legal Services for Seniors	All of Monterey County
2027-2028		

13. What other organizations or groups does your legal service provider coordinate services with? Please also address the AAA’s coordination efforts with the Ombudsman program, the local Legal Services Corporation program, and the local Health Insurance Counseling and Advocacy program (HICAP).

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 service” organizations like Meals on Wheels, Alliance on Aging, Juntos con Esperanza (Hospice Giving Foundation), Monterey County Free Libraries, Gathering for Women, and many other social service programs. 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, LSP has an MOU with Alliance on Aging, the AAA Outreach vendor and HICAP provider, as well as the local Ombudsman program to coordinate services and referrals. As needed, the local Ombudsman refers long-term care facility residents who may have legal problems to the LSP for services.

The LSP also coordinates with the local Legal Services Corporation (LSC) program, known as California Rural Legal Assistance, Inc. (CRLA) in Salinas.

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 own 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.**

PSA 32 is part of local county government, within the Department of Social Services. We follow the County of Monterey's protocols, policies, and procedures for disaster preparedness. Several Aging and Adult Services (AAS) managers have key roles within the County of Monterey's Emergency Operations Center (EOC) Care and Shelter Branch when activated by the Department of Emergency Management (DEM). The County of Monterey's Department of Social Services maintains its own Continuity of Operations Plan (COOP), in which PSA 32 is involved. Each contracted AAA partner agency also has a separate emergency preparedness plan, which is verified during program monitoring visits.

AAA PSA 32 shares all emergency and disaster preparedness information with AAA-contracted partners and participates in outreach and social events, distributing the new CDA/CalOES Emergency Preparedness Guide. We also share emergency notifications from contracted AAA partners, the National Weather Service (NWS), and other sources to keep them informed and to enable them to reach out to their customers. The County of Monterey's Department of Emergency Management oversees the county's comprehensive Emergency Preparedness Plan.

Upon the County of Monterey's activation of the EOC, the Care and Shelter Branch Director contacts key personnel at the AAA and AAS informing them of the current incident and to initiate the generation of the necessary reports about vulnerable customers within the affected area. These reports are used to check on customers' health and well-being within the affected area. Some of this customer data may be used to inform the EOC's Care and Shelter Branch of possible AFN needs at locally established shelters when evacuations are required/enforced.

As it relates to coordinating emergency and disaster preparedness efforts with local tribal organizations, the Area Agency on Aging has not been directly coordinating with local tribal organizations in Monterey County. There is no tribal reservation in Monterey County. The Esselen Tribe of Monterey County is an active tribal organization, owning two areas of ancestral tribal land in the Ventana Wilderness (Big Sur) area, with members residing throughout various communities in Monterey County. The County of Monterey's Department of Emergency Management would serve as the primary coordinator with local tribal organizations for emergency and disaster preparedness efforts. As public employees, AAA staff are Disaster Service Workers and may be called upon to assist in our County's disaster response and recovery efforts.

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
Kelsey Scanlon	Director of Emergency Management	(831) 796-1902	scanlonk@co.monterey.ca.us

3. **Identify the Disaster Response Coordinator within the AAA:**

Name	Title	Telephone	Email
Gloria Rivera-Perez	Program Manager II	(831) 883-7511	rivera-perezg@co.monterey.ca.us
24-hour number for the AAA coordinator in case of a disaster: Adult Protective Services (APS) - After Hours, Weekends or Holidays: (831) 770-7541			

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

Critical Services	How Delivered?
A. Wellness Checks	For clients impacted by a disaster, service providers call or make home visits to check on them before regular services resume after a disaster event. Service providers also share disaster resources and information and check on their safety whenever possible. For older adults or individuals with disabilities who are displaced by the disaster event, service providers can work collaboratively with the EOC Care and Shelter Branch and Medical/Health Branch to provide wellness checks on their customers. In the case of a long-term event where evacuation sheltering is required, the EOC will have trained and licensed social work staff and medical staff on premises to address any health concerns.
B. Information, Referral, and Assistance (IRA)	When customers call, our IRA team helps to connect older adults, individuals with disabilities, and caregivers to needed services in the community, including services available through the Department of Emergency Management's (DEM) Local Assistance Centers (LAC) during the "recovery" phase of the disaster event.
C. Congregate and Home-Delivered Meals	Congregate meal providers serve nutritional meals and help seniors participate socially with their friends and others. Home-delivered nutritional meals are provided for homebound seniors and individuals with disabilities. If a particular congregate meal site is impacted by the disaster, the County of Monterey's EOC in partnership with federal, state, and local partners would provide nutritious meals and/or establish an alternate congregate meals site location(s) in order to serve our older adults and individuals with disabilities. Home delivered meal service should continue as scheduled unless there are impacts/damages to the HDM's kitchen or to local streets, roads, and dwellings that prevent

Critical Services	How Delivered?
	delivery. Service alternatives would need to be developed with assistance of the Title III C-2 providers, the AAA, and the DEM as well as partnering with CDSS, Cal-OES, and FEMA representatives.
D. Supportive Services	Our AAA and service providers help to provide safe and reliable transportation options for those who need them, including bus passes. The AAA will collaborate with the County of Monterey's EOC to determine if older adults and individuals with disabilities in the impacted area can be served by the local mass transit operator (Monterey Salinas Transit) if there are travel restrictions because of road damage or due to disaster recovery activities.
E. Family Caregiver Support Program	Our local service provider delivers support services to caregivers and helps them access needed information and assistance, including respite care, counseling, support groups, caregiver education classes, and training emergency assistance. Most of these Family Caregiver Support Program services and/or information resources can be delivered virtually to customers in the event of disaster recovery.
F. Elder Abuse Prevention	Our local service provider delivers activities that include public education and outreach; coordination of elder abuse prevention services with the local Ombudsman for the provision of direct legal services, referrals, and other assistance for residents of long-term care facilities. During and after the recovery phase of a disaster event these services can continue in-person or virtually dependent on need.
G. Long-Term Care Ombudsman Program	These representatives assist people who live in long-term care facilities with issues related to day-to-day care, health, safety, and rights. Their goal is to ensure residents' quality of life, dignity, and quality of care. In the event of a disaster where a LTC facility was impacted, Ombudsman representatives would work collaboratively with the County of Monterey's EOC's Medical/Health Branch to ensure the residents who were evacuated from the facility were healthy, safe, and are receiving quality care during the disaster recovery phase.
H. Computer Literacy and Technology Assistance	Our local service provider helps to facilitate access to technology, broadband internet access, and computer literacy training to make it possible for older adults to participate in activities to combat social isolation, connect with loved ones, and get information and support. This is especially important during a disaster event and during recovery. Most of these services can be delivered virtually to the consumer to combat the older adult's social isolation and ensure they have continued access to information and support services.
I. Health Insurance Counseling and Advocacy Program (HICAP)	Our HICAP service provider delivers a variety of resources and services that include confidential one-on-one counseling, education, and assistance on services related to Medicare, long-term care insurance, and other health insurance. These services would resume their normal in-person or virtual service delivery models after a disaster event.

Critical Services	How Delivered?
J. Medicare Improvement for Patients and Providers Act	Our MIPPA service provider helps Medicare beneficiaries apply for benefits: the Low-Income Subsidy (Extra Help) and the Medicare Savings Program (MSP). These services would resume their normal in-person or virtual service delivery models after a disaster event.

5. **List the critical internal functions and operational services your AAA must maintain to keep your organization running after a disaster and describe how these functions will be carried out. (consider: staff needs, office disruption, remote or alternative worksites) Do not list client-facing services here. This section is about your AAA's internal operations and continuity of business.**

Critical Services	How Delivered?
A. Information, Referral, and Assistance (IRA)	When customers call, our IRA team helps connect older adults, individuals with disabilities, and caregivers to needed services in the community. In the event of a disaster, this service will be maintained remotely through phone and online communication channels, ensuring continuous access to vital information and assistance. In the event of a cyber-attack, our County of Monterey's IT department will ensure our staff and IRA team have secure and reliable remote point of access to essential databases and communication tools. Our County IT department has implemented cybersecurity measures to protect sensitive information and maintain the confidentiality of all information, including client data. Our County IT shall ensure staff utilize alternative communication channels such as encrypted emails, virtual private networks (VPNs), or secure messaging platforms. Our County IT will send information to staff on cybersecurity best practices and potential threats. Our County IT requires annual mandatory Security Awareness training for all County staff. In the event of a fire at our building, IRA staff will establish a pre-determined off-site location or work remotely where they can continue operations. The IRA team, as well as AAA staff, have Zoom software phones. The Zoom telephone functionality is integrated into the user's laptop and allows us to maintain telephonic connectivity as long as we have WIFI connectivity. The IRA team shall communicate with clients and relevant stakeholders about the temporary change in operations and ensure transparency about service availability. The facility where the IRA team operates has a predetermined evacuation plan for relocating all staff to a designated emergency site or a remote work-from-home setup. All staff use laptops and have access to necessary equipment, such as internet connectivity to maintain service provision remotely if necessary. Regular drills are conducted that help the IRA team and other staff become familiar

Critical Services	How Delivered?
	with the emergency procedures and ensure a swift and effective response and/or evacuation in the event of a disaster.
B. Congregate and Home-Delivered Meals	Congregate meal providers serve nutritional meals and foster social interaction among seniors. Home-delivered nutritional meals are provided for homebound seniors and individuals with disabilities. In the event of a disaster, alternative meal distribution methods, such as collaborating with our EOC and coordinating with local authorities for the provision of emergency food services will be implemented to ensure uninterrupted meal delivery.
C. Supportive Services	Our AAA and service providers assist in providing safe and reliable transportation options, including bus passes. In a disaster scenario, transportation services may be adapted to prioritize evacuation needs and collaborate with the EOC Law Enforcement Branch to ensure the safe transit of individuals requiring assistance.
D. Family Caregiver Support Program	Our local service provider delivers support services to caregivers, including respite care, counseling, support groups, caregiver education classes, and emergency assistance. In the aftermath of a disaster, efforts will be made to continue delivering these services with support offered through virtual platforms.
E. Elder Abuse Prevention	Our local service provider conducts public education, outreach, and coordinates with the Ombudsman for direct legal services in preventing elder abuse. In a disaster, these services may be adapted to reach vulnerable populations through alternative communication methods, and collaboration with emergency response teams will be emphasized to address urgent needs.
F. Long-Term Care Ombudsman Program	Program Representatives assist long-term care facility residents with daily care, health, safety, and rights issues. In a disaster, special attention will be given to ensuring the safety and well-being of residents, with coordination with our EOC for immediate response and assistance.
G. Computer Literacy and Technology Assistance	Our local service provider facilitates access to technology, broadband internet, and computer literacy training. In a disaster, virtual platforms and remote assistance will be prioritized to enable older adults to stay connected, combat social isolation, and receive vital information and support.
H. Health Insurance Counseling and Advocacy (HICAP)	Our HICAP service provider offers confidential one-on-one counseling, education, and assistance on Medicare, long-term care insurance, and health insurance. In a disaster, efforts shall be made to provide remote counseling and support through telecommunication channels or virtual platforms to ensure continued access to critical health insurance information.
I. Medicare Improvement for Patients and Providers Act	Our MIPPA service provider assists Medicare beneficiaries in applying for benefits. In a disaster, alternative application methods and outreach strategies may be implemented to ensure eligible individuals can access the Low-Income Subsidy (Extra Help) and the Medicare Savings Program.

As part of the County of Monterey Department of Social Services, we have the capability to relocate to nearby DSS facilities to maintain continuity of operations. Several years ago, our department transitioned from standalone PCs to ThinkPad laptops, enabling staff to work remotely at a moment's notice. We utilize a virtual private network (VPN) to establish a secure, encrypted connection over the internet, safeguarding our data and providing access to restricted content through a remote server. With most of our files stored electronically, we can easily access applications, tools, and files through the VPN.

Our network and laptops are fully monitored and maintained by our County's Information Technology Department (ITD). ITD ensures all security, software, and firmware updates are pushed out regularly to keep our systems up-to-date. The County has robust firewalls and security protocols in place to protect our data and documents. In the event of a cyberattack, our ITD would promptly respond by identifying and mitigating the threat, ensuring the integrity of our systems and data and implement any necessary countermeasures, such as isolating affected systems, restoring backups, and coordinating with relevant authorities to address the issue.

6. List critical resources the AAA need to continue operations.

- a. A Hastily Established Network (HEN) which is mobile computer network and can re-establish AAA and IRA operations in the event of a major disaster event that disrupts the County of Monterey's network.
- b. Dedicated and stable Wi-Fi connectivity to ensure seamless and reliable communications between the AAA, AAA service providers and consumers during the disaster and during disaster recovery.

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).

Agency
Alliance on Aging
Alzheimer's Association
Health Projects Center
Legal Services for Seniors
Loaves, Fishes, and Computers
Meals on Wheels of the Monterey Peninsula
Meals on Wheels of the Salinas Valley
North County Recreation and Parks District

All contracted service providers are required to file Disaster Plans with the AAA and have a staff member designated as their Disaster Preparedness Coordinator. As a part of those plans, all designated staff are listed with emergency contact information.

The AAA offers training and technical assistance as needed to all contracted service providers on topics regarding disaster preparedness. Each agency's disaster preparedness plans are reviewed during scheduled monitoring visits done by AAA staff on a routine basis. Although none of the current contracted service providers are considered first responders, agency disaster plans are designed to ensure that direct services can continue or resume as quickly as possible following a disaster.

8. Describe how the AAA will:

- **Identify vulnerable populations:**

Depending on the nature of the emergency, the AAA is uniquely positioned to complement the coordination of services for all older adults and individuals with disabilities. Open communication with the Ombudsman, Adult Protective Services, and In-Home Supportive Services Programs will help to establish those most vulnerable and provide safety net services when needed through the County of Monterey's Department of Emergency Management (DEM).

Additionally, during a disaster, the AAA will work with contract agencies to identify vulnerable residents in the affected area and provide the information to DEM. This is especially important for homebound residents such as those receiving home delivered meals and some congregate meal participants where services are provided at community centers within apartment complexes.

- **Identify possible needs of the participants before a disaster event (PSPS, Flood, Earthquake, etc.)**

AAS staff collect specific information on their APS and IHSS clients so that in the event of a disaster staff has foreknowledge of clients who have specific medical needs or durable medical equipment that may require alternative power sources to operate in the event of a disaster. AAS staff also collect information on clients to know who may need assistance in the event an evacuation order is given by local law enforcement. AAS and AAA staff coordinate with the Care and Shelter Branch in the EOC in a disaster event to ensure we have AFN needs and accommodations for those individuals affected by a disaster related evacuation. Resources and services are coordinated through the EOC during disasters.

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

Once regular services have resumed for older adults and individuals with disabilities, information and assistance services can be expanded on a temporary basis to provide follow up, local assistance center information, and referrals for affected older adults and individuals with disabilities.

9. How is disaster preparedness training provided?

- **AAA to participants and caregivers**

Training and technical assistance as needed is offered to all participants and caregivers by contracted service providers on topics regarding disaster preparedness. The training is offered in person or online and is coordinated by the service providers.

- **To staff and subcontractors**

Training and technical assistance as needed is offered to all staff and contracted service providers on topics regarding disaster preparedness. The training is offered in person and is coordinated by the DSS HR Department or DEM sponsored events.

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 an 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

Check each applicable Fiscal Year

Title III B	2024-25	2025-26	2026-27	2027-28
☒ Information and Assistance/Telephone Reassurance	☒	☒	☒	☒
☐ Case Management	☐	☐	☐	☐
☐ Outreach	☐	☐	☐	☐
☐ Program Development	☐	☐	☐	☐
☐ Coordination	☐	☐	☐	☐
☐ Long Term Care Ombudsman	☐	☐	☐	☐

Title III D	2024-25	2025-26	2026-27	2027-28
☐ Health Promotion – Evidence-Based	☐	☐	☐	☐

Title III E	2024-25	2025-26	2026-27	2027-28
☐ Information Services	☐	☐	☐	☐
☒ Access Assistance	☒	☒	☒	☒
☐ Support Services	☐	☐	☐	☐
☐ Respite Services	☐	☐	☐	☐
☐ Supplemental Services	☐	☐	☐	☐

Title VII	2024-25	2025-26	2026-27	2027-28
☐ Long Term Care Ombudsman	☐	☐	☐	☐

Title VII	2024-25	2025-26	2026-27	2027-28
☐ Prevention of Elder Abuse, Neglect, and Exploitation	☐	☐	☐	☐

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

The AAA works with a dedicated team of Information, Referral and Assistance (IRA) professionals serving all of Monterey County. The IRA staff are often the initial point of contact for people seeking assistance or the place people call when failing to get information elsewhere. Their mission is to disseminate information about available resources and offer direct assistance to older adults in need. The focus is on reaching out to the most isolated and vulnerable individuals within the county. Qualified social workers provide compassionate support over the phone, guiding older adults and others through the multitude of services available to them. Specialized referrals are arranged to ensure seamless access to services, ultimately enhancing the quality of life for isolated older adults, individuals with disabilities, and family caregivers. Furthermore, IRA staff actively engage in community outreach efforts, participating in events, senior resource fairs, and collaborating with partner sites to provide essential information, resources, and support options, thereby facilitating easier access to services within the community. Our AAA staff is also dedicated to ensuring the safety and well-being of older individuals by conducting telephone reassurance (In-Home) safety checks and providing support. The community is encouraged to call the IRA Senior Help Line at (800) 510-2020 for information about services available in the community for older persons and individuals with disabilities.

SECTION 14. REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES

Complete and submit for CDA approval each direct service **not specified in Section 13**. 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: Community Education

Check applicable funding source:

- ☒ Title III B – Supportive Services – Information and Assistance, Outreach, and Telephone Reassurance
- ☐ Title III C-1 – Congregate Meals
- ☐ Title III C-2 – Home Delivered Meals
- ☐ Title III E – Family Caregiver Support Program
- ☐ Title VII – Elder Abuse Prevention Program
- ☐ Health Insurance Counseling and Advocacy Program (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 2024-2025 ☒ FY 2025-2026 ☒ FY 2026-2027 ☒ FY 2027-2028

Provide: documentation below that substantiates this request for direct delivery of the above stated service: PSA 32 is best suited to partner with other organizations as opportunities become available with little to no notice. This type of flexibility is lost when sub-contracting for services that must be detailed in written annual agreements that are cumbersome to change and impossible to change quickly.

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: 5

Name and Title of Officers:	Board Term Expires:²¹
Luis Alejo, District 1 Supervisor	2028
Glenn Church, District 2 Supervisor	2026
Chris Lopez, District 3 Supervisor	2026
Wendy Root Askew - Chair, District 4 Supervisor	2028
Kate Daniels, District 5 Supervisor	2028

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

All board members noted above are elected positions with four (4) year terms.

²¹ County of Monterey Elections Department, <https://www.countyofmonterey.gov/government/departments-and-elections/candidates/election-calendar/elected-officials-county-offices/>
 2026-2027 Area Plan Update – PSA 32

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 (including vacancies): 15 positions

Number and Percent of Council Members over age 60: 3 and 43% Council 60+

Race/Ethnic Composition	% of PSA's 60+ Population ²²	% on Advisory Council
White	53.00%	50%
Hispanic	32.70%	33%
Black	2.20%	17%
Asian/Pacific Islander	8.30%	0%
Native American/Alaskan Native	0.90%	8%
Other	1.90%	0%
Name and Title of Officers:		Office Term Expires:
Aimee Cuda, CHAIR, Community-at-Large Appointment; Executive Committee; Triple-A Council of California		01-01-2029
Jessica McKillip, VICE-CHAIR, 4th District Appointment; Executive Committee		01-01-2030
Name and Title of Other Members:		Office Term Expires:
1st District - Vacant		
William Eldredge, 2nd District Appointment; Legislation and Advocacy Committee Chair; Executive Committee; Planning, Evaluation and Allocation Committee Vice Chair		01-01-2027
Jose Vasquez, 3rd District Appointment; Legislation and Advocacy Committee		01-01-2028
Jessica McKillip, 4th District Appointment; Executive Committee		01-01-2030
Elizabeth Yanez, 5th District Appointment; Planning, Evaluation and Allocation Committee		01-01-2028
Bobbie Blakeney, Community-at-Large Appointment; Legislation and Advocacy Committee Vice Chair; Executive Committee; Planning, Evaluation and Allocation Committee		01-01-2029
JoAnne Barron, Community-at-Large Appointment; Planning, Evaluation and Allocation Committee Chair; Executive Committee		01-01-2028

²² U.S. Census Bureau. "Population 60 Years and Over in the United States." American Community Survey, ACS 5-Year Estimates Subject Tables, Table S0102, <https://data.census.gov/table/ACSST5Y2024.S0102?g=050XX00US06053&y=2024&d=ACS+5-Year+Estimates+Subject+Tables>.

2025 California Department of Aging (CDA) Population Demographic Projections for Intrastate Funding Formula (IFF):

<https://aging.ca.gov/download.ashx?IE0rcNUV0zYQuEYbQuQXDw%3d%3d>

Name and Title of Other Members:	Office Term Expires:
At-Large Appointment	vacant
At-Large Appointment	vacant
At-Large Appointment	vacant
At-Large Appointment	vacant
At-Large Appointment	vacant

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):

Currently, no members are serving as the Local Elected Official representative in our local jurisdiction.

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?

Continuous efforts are made to prevent terms from expiring without action. In instances where a term does expire, steps are taken promptly to fill the vacancy. Most recently, Elizabeth Yanez was appointed to represent District 5 for the 2025-2028 term.

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

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

SECTION 17. MULTIPURPOSE SR CENTER ACQUISITION/CONSTRUCTION COMPLIANCE REVIEW

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

20-year tracking requirement

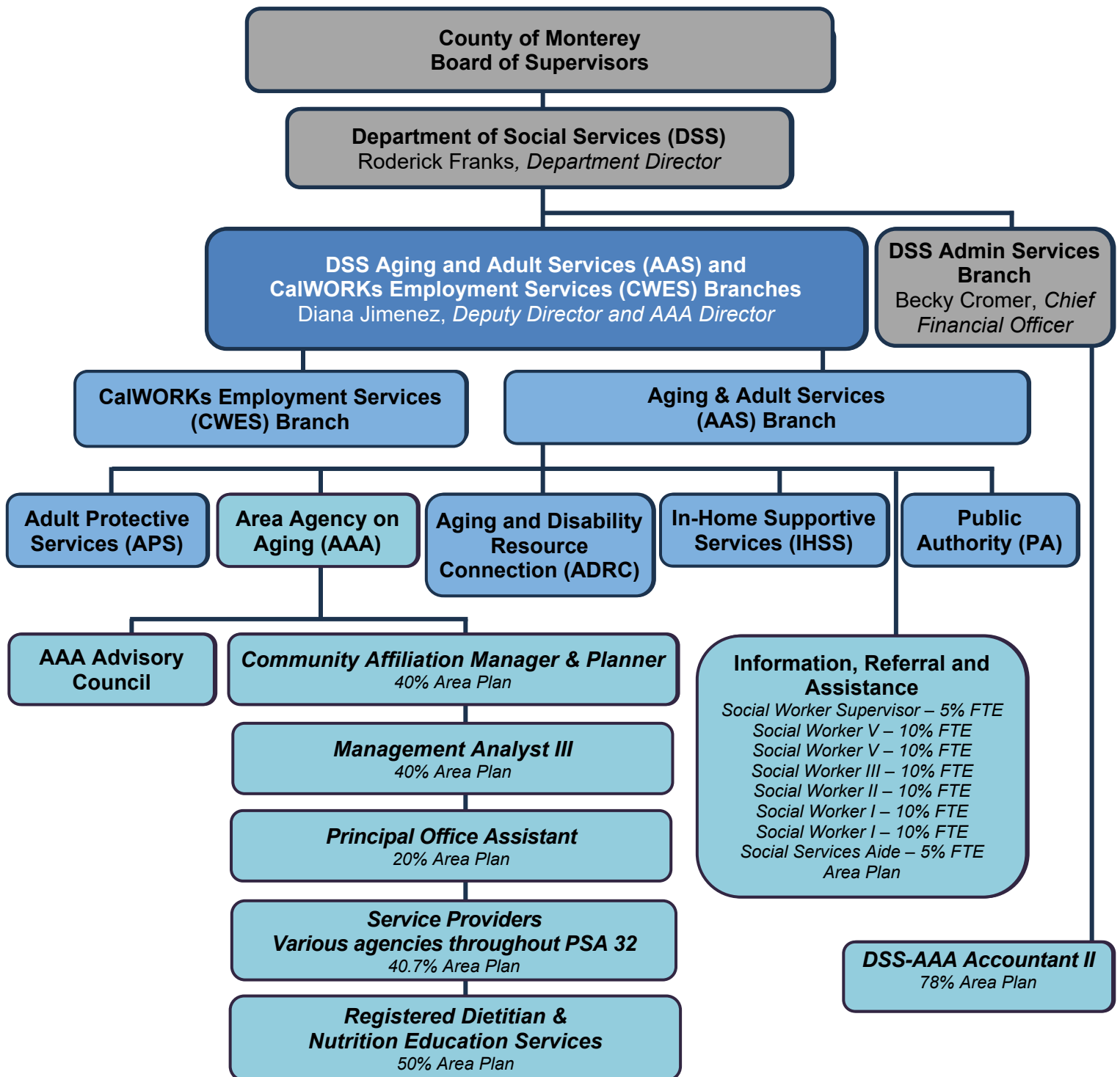
- ☒ No. Title III B funds not used for Acquisition or Construction.
☐ Yes. Title III B funds used for Acquisition or Construction.

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

Title III Grantee and/or Senior Center	Type Acquisition/ Construction	III B Funds Awarded	% Total Cost	Recapture		Compliance Verification State Use Only
				Period Begin	Period End	
Name: Address:	None	N/A	N/A	N/A	N/A	

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:

Sec. 306, AREA PLANS

(a) Each area agency on aging designated under section 305(a)(2)(A) shall, in order to be approved by the State agency, prepare and develop an area plan for a planning and service area for a two-, three-, or four-year period determined by the State agency, with such annual adjustments as may be necessary. Each such plan shall be based upon a uniform format for area plans within the State prepared in accordance with section 307(a)(1). Each such plan shall:

(1) provide, through a comprehensive and coordinated system, for supportive services, nutrition services, and, where appropriate, for the establishment, maintenance, modernization, or construction of multipurpose senior centers (including a plan to use the skills and services of older individuals in paid and unpaid work, including multigenerational and older individual to older individual work), within the planning and service area covered by the plan, including determining the extent of need for supportive services, nutrition services, and multipurpose senior centers in such area (taking into consideration, among other things, the number of older individuals with low incomes residing in such area, the number of older individuals who have greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals who have greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals at risk for institutional placement residing in such area, and the number of older individuals who are Indians residing in such area, and the efforts of voluntary organizations in the community), evaluating the effectiveness of the use of resources in meeting such need, and entering into agreements with providers of supportive services, nutrition services, or multipurpose senior centers in such area, for the provision of such services or centers to meet such need;

(2) provide assurances that an adequate proportion, as required under 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;

(3)(A) designate, where feasible, a focal point for comprehensive service delivery in each community, giving special consideration to designating multipurpose senior centers (including multipurpose senior

centers operated by organizations referred to in paragraph (6)(C)) as such focal point; and (B) specify, in grants, contracts, and agreements implementing the plan, the identity of each focal point so designated;

(4)(A)(i) (I) provide assurances that the area agency on aging will—

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

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

(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of sub-clause (I);

(ii) provide assurances that the area agency on aging will 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; and

(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 clause (i).

(B) provide assurances that the area agency on aging will use outreach efforts that will—

(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; and

(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.

- (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;*
- (6) *provide that the area agency on aging will—*
- (A) *take into account in connection with matters of general policy arising in the development and administration of the area plan, the views of recipients of services under such plan;*
- (B) *serve as the advocate and focal point for older individuals within the community by (in cooperation with agencies, organizations, and individuals participating in activities under the plan) monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions which will affect older individuals;*
- (C)(i) *where possible, enter into arrangements with organizations providing day care services for children, assistance to older individuals caring for relatives who are children, and respite for families, so as to provide opportunities for older individuals to aid or assist on a voluntary basis in the delivery of such services to children, adults, and families;*
- (ii) *if possible regarding the provision of services under this title, enter into arrangements and coordinate with organizations that have a proven record of providing services to older individuals, that—*
- (I) *were officially designated as community action agencies or community action programs under section 210 of the Economic Opportunity Act of 1964 (42U.S.C. 2790) for fiscal year 1981, and did not lose the designation as a result of failure to comply with such Act; or*
- (II) *came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs; and that meet the requirements under section 676B of the Community Services Block Grant Act; and*
- (iii) *make use of trained volunteers in providing direct services delivered to older individuals and individuals with disabilities needing such services and, if possible, work in coordination with organizations that have experience in providing training, placement, and stipends for volunteers or participants (such as organizations carrying out Federal service programs administered by the Corporation for National and Community Service), in community service settings;*
- (D) *establish an advisory council consisting of older individuals (including minority individuals and older individuals residing in rural areas) who are participants or who are eligible to participate in programs assisted under this Act, family caregivers of such individuals, representatives of older individuals, service providers, representatives of the business community, local elected officials, providers of veterans' health care (if appropriate), and the general public, to advise continuously the area agency on aging on all matters relating to the development of the area plan, the administration of the plan and operations conducted under the plan;*
- (E) *establish effective and efficient procedures for coordination of—*
- (i) *entities conducting programs that receive assistance under this Act within the planning and service area served by the agency; and*
- (ii) *entities conducting other Federal programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b), within the area;*
- (F) *in coordination with the State agency and with the State agency responsible for mental and*

behavioral health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental and behavioral health services (including mental health screenings) provided with funds expended by the area agency on aging with mental and behavioral health services provided by community health centers and by other public agencies and nonprofit private organizations;

(G) if there is a significant population of older individuals who are Indians in the planning and service area of the area agency on aging, the area agency on aging shall conduct outreach activities to identify such individuals in such area and shall inform such individuals of the availability of assistance under this Act;

(H) in coordination with the State agency and with the State agency responsible for elder abuse prevention services, increase public awareness of elder abuse, neglect, and exploitation, and remove barriers to education, prevention, investigation, and treatment of elder abuse, neglect, and exploitation, as appropriate; and

(I) 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;

(7) provide that the area agency on aging shall, consistent with this section, facilitate the areawide development and implementation of a comprehensive, coordinated system for providing long-term care in home and community-based settings, in a manner responsive to the needs and preferences of older individuals and their family caregivers, by—

(A) collaborating, coordinating activities, and consulting with other local public and private agencies and organizations responsible for administering programs, benefits, and services related to providing long-term care;

(B) conducting analyses and making recommendations with respect to strategies for modifying the local system of long-term care to better—

(i) respond to the needs and preferences of older individuals and family caregivers;

(ii) facilitate the provision, by service providers, of long-term care in home and community-based settings; and

(iii) target services to older individuals at risk for institutional placement, to permit such individuals to remain in home and community-based settings;

(C) implementing, through the agency or service providers, evidence-based programs to assist older individuals and their family caregivers in learning about and making behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals; and

(D) providing for the availability and distribution (through public education campaigns, Aging and Disability Resource Centers, the area agency on aging itself, and other appropriate means) of information relating to—

(i) the need to plan in advance for long-term care; and

(ii) the full range of available public and private long-term care (including integrated long-term care) programs, options, service providers, and resources;

(8) provide that case management services provided under this title through the area agency on aging will—

- (A) not duplicate case management services provided through other Federal and State programs;
 - (B) be coordinated with services described in subparagraph (A); and
 - (C) be provided by a public agency or a nonprofit private agency that—
 - (i) gives each older individual seeking services under this title a list of agencies that provide similar services within the jurisdiction of the area agency on aging;
 - (ii) gives each individual described in clause (i) a statement specifying that the individual has a right to make an independent choice of service providers and documents receipt by such individual of such statement;
 - (iii) has case managers acting as agents for the individuals receiving the services and not as promoters for the agency providing such services; or
 - (iv) is located in a rural area and obtains a waiver of the requirements described in clauses (i) through (iii);
- (9)(A) provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 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) provide a grievance procedure for older individuals who are dissatisfied with or denied services under this title;
- (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;
- (12) provide that the area agency on aging will establish procedures for coordination of services with entities conducting other Federal or federally assisted programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b) within the planning and service area.
- (13) provide assurances that the area agency on aging will—
- (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;*

(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;

- (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 paragraph (4)(A)(i); and*
 - (B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;*

(16) provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care;

(17) include information detailing how the area agency on aging will coordinate activities, and develop long-range emergency preparedness plans, with local and State emergency response agencies, relief organizations, local and State governments, and any other institutions that have responsibility for disaster relief service delivery;

- (18) provide assurances that the area agency on aging will collect data to determine—*
 - (A) the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019; and*
 - (B) the effectiveness of the programs, policies, and services provided by such area agency on aging in assisting such individuals; and*

(19) provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on those individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019.

(b)(1) An area agency on aging may include in the area plan an assessment of how prepared the area agency on aging and service providers in the planning and service area are for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.

- (2) Such assessment may include—*
 - (A) the projected change in the number of older individuals in the planning and service area;*

(B) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;

(C) an analysis of how the programs, policies, and services provided by such area agency can be improved, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the planning and service area; and

(D) an analysis of how the change in the number of individuals age 85 and older in the planning and service area is expected to affect the need for supportive services.

(3) An area agency on aging, in cooperation with government officials, State agencies, tribal organizations, or local entities, may make recommendations to government officials in the planning and service area and the State, on actions determined by the area agency to build the capacity in the planning and service area to meet the needs of older individuals for—

(A) health and human services;

(B) land use;

(C) housing;

(D) transportation;

(E) public safety;

(F) workforce and economic development;

(G) recreation;

(H) education;

(I) civic engagement;

(J) emergency preparedness;

(K) protection from elder abuse, neglect, and exploitation;

(L) assistive technology devices and services; and

(M) any other service as determined by such agency.

(c) Each State, in approving area agency on aging plans under this section, shall waive the requirement described in paragraph (2) of subsection (a) for any category of services described in such paragraph if the area agency on aging demonstrates to the State agency that services being furnished for such category in the area are sufficient to meet the need for such services in such area and had conducted a timely public hearing upon request.

(d)(1) Subject to regulations prescribed by the Assistant Secretary, an area agency on aging designated under section 305(a)(2)(A) or, in areas of a State where no such agency has been designated, the State agency, may enter into agreement with agencies administering programs under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act for the purpose of developing and implementing plans for meeting the common need for transportation services of individuals receiving benefits under such Acts and older individuals participating in programs authorized by this title.

(2) In accordance with an agreement entered into under paragraph (1), funds appropriated under this title may be used to purchase transportation services for older individuals and may be pooled with funds made available for the provision of transportation services under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act.

(e) An area agency on aging may not require any provider of legal assistance under this title to reveal any information that is protected by the attorney-client privilege.

(f)(1) If the head of a State agency finds that an area agency on aging has failed to comply with Federal or State laws, including the area plan requirements of this section, regulations, or policies, the State may withhold a portion of the funds to the area agency on aging available under this title.

(2)(A) The head of a State agency shall not make a final determination withholding funds under paragraph (1) without first affording the area agency on aging due process in accordance with procedures established by the State agency.

(B) At a minimum, such procedures shall include procedures for—

- (i) providing notice of an action to withhold funds;*
- (ii) providing documentation of the need for such action; and*
- (iii) at the request of the area agency on aging, conducting a public hearing concerning the action.*

(3)(A) If a State agency withholds the funds, the State agency may use the funds withheld to directly administer programs under this title in the planning and service area served by the area agency on aging for a period not to exceed 180 days, except as provided in subparagraph (B).

(B) If the State agency determines that the area agency on aging has not taken corrective action, or if the State agency does not approve the corrective action, during the 180-day period described in subparagraph (A), the State agency may extend the period for not more than 90 days.

(g) Nothing in this Act shall restrict an area agency on aging from providing services not provided or authorized by this Act, including through—

- (1) contracts with health care payers;*
- (2) consumer private pay programs; or*
- (3) other arrangements with entities or individuals that increase the availability of home and community-based services and supports.*

ATTACHMENT A: AAA AREA PLAN SUMMARY OF CHANGES

PSA Number: 32 AAA Name: County of Monterey Area Agency on Aging 2024-2028 Four Year Area Plan / Annual Update Check <u>one</u>: ☐ FY 24-25 ☐ FY 25-26 ☒ FY 26-27 ☐ FY 27-28			
Section	Page(s)	Excerpt Prior Year Content in Area Plan	Excerpt Current Year Content in Area Plan
Cover Page	1	See APU cover page	Updated APU cover page photo and year
APU checklist	3	See checklist	Indicates sections marked as changed
Transmittal Letter	4	Governing Board Chair (Chris Lopez)	Updated Governing Board Chair (Wendy Root Askew)
Section 2: PSA Description	6	Cost-of-Living Index (COLI) was 143.1, and 43.1%	Updated COLI to 142.9 and 42.9%
Section 2: PSA Description	6-9	See population characteristics and data for 2025	Updated Monterey County population characteristics and added data in tables for 2025
Section 6: Priority Services & Public Hearings	28	See last paragraph on page.	Added info for the Public Hearing held on April 23, 2026 for the APU for 2026-27
Section 6: Priority Services & Public Hearings	29	See table	Added Public Hearing info and # of attendees (17) for 2026-27 in table for April 23, 2026.
Section 6: Priority Services & Public Hearings	30	Question 7.	Added, no changes were made to the APU at the April 23, 2026 Public Hearing.
Section 8: SUP	33-35	See tables	Added proposed units of service, goals and objective numbers for 2026-2027.
Title III B & VII	36-37	See tables	Added proposed goals for 2024-2025 and targets for 2026-2027
Title III B & VII	39	See table	Added new narratives under Outcome of FY 2025-2026 Efforts and FY 2026-2027 Systems Advocacy Effort(s).
Title III B & VII	40	See tables	Added proposed goals for 2024-2025 and targets for 2026-2027
Title III B & VII	42	See table	Added new narrative under Outcome 3 for 2026-2027 for Ombudsman measures and targets
Title VII Elder Abuse	44	See tables	Added data in tables for 2026-2027
Title III E	45	See description	Updated description at top of page to align with the new CDA APU guidance
Title III E	45-48	See tables	Added proposed units of service, goals and objective numbers for 2026-2027

PSA Number: 32
AAA Name: County of Monterey Area Agency on Aging
2024-2028 Four Year Area Plan / Annual Update
Check one: ☐ FY 24-25 ☐ FY 25-26 ☒ FY 26-27 ☐ FY 27-28

Section	Page(s)	Excerpt Prior Year Content in Area Plan	Excerpt Current Year Content in Area Plan
HICAP	50-51	See tables	Added proposed clients, enrollments and goals for 2026-2027.
Section 9: Senior Centers and Focal Points	52	Removed senior center / focal point: Firehouse Community Center, 1330 East Alisal Street, Salinas 93905 <i>(facility to be renovated due to flooding)</i>	In place of Firehouse location, added senior center / focal point: Bread Box Recreation Center, 745 N Sanborn Road, Salinas 93905
Section 11: Legal Assistance	55-59	See narrative and tables	Updated Q&As to align with the new CDA APU guidance and added data in tables for 2026-2027
Section 15: Governing Board	69	See table	Updated board term expiration dates
Section 16: Advisory Council	70-71	See table and narrative	Updated data in table to match Advisory Council members composition, added new member Elizabeth Yanez, and updated office term expiration dates.
Section 18: Org Chart	73	See org chart	Updated %'s in org chart
Section 19: Assurances	74-81	See Section 19: Assurances	The Assurances section was completely revised to align with the new CDA APU guidance
Attachment A Summary of Changes	82-83	See Attachment A: AAA Area Plan Summary of Changes	Added Summary of Changes for FY 26-27
Attachment B OCA Modernization	84	See Attachment B: Older Californians Act Modernization Supplemental Summary	The County of Monterey AAA has entered into contracts for OCA Modernization – intergenerational activities.

ATTACHMENT B: OLDER CALIFORNIANS ACT MODERNIZATION SUPPLEMENTAL SUMMARY

This section provides a supplemental summary of the Older Californians Act (OCA) Modernization funding and actions being taken at the County of Monterey AAA.

Program Memo 23-13 outlines the funding intent, allowable activities, and distribution of general funds for modernizing the Mello-Granlund Older Californians Act. Funding for these efforts includes State General Funds granted in response to the AAAs network's legislative proposal. If the AAA is using the modernization funding to expand the scope of the existing OCA programs and/or fund community-based service programs, please provide a supplemental summary document of the actions being taken at the AAA.

The County of Monterey AAA has entered into subcontracts with qualified and experienced service providers to offer the following OCA Modernization programs funded and services provided:

OCA Modernization – Supportive Services:

- **Respite Program** provides temporary or periodic services for frail elderly or functionally impaired adults to relieve persons who are providing care or recruitment and screening of providers and matching respite providers to clients.
- **Caregiver Respite In-Home Personal Care** includes the provision of care receiver assistance with eating, bathing, toileting, transferring, and/or dressing (along with care receiver supervision and related homemaker assistance) by an appropriately skilled provider.
- **Caregiver Respite Home Chore** includes an appropriately skilled provider or volunteer assisting a caregiver with heavy housework, yard work, and/or sidewalk and other routine home maintenance (but not structural repairs) associated with caregiving responsibilities.
- **Aging in Place** is a forward-thinking approach designed to help older adults remain safely and independently in their homes for as long as possible. This program promotes injury prevention and can lead to significant cost savings for families, healthcare systems, and public agencies. Services include but are not limited to case management, education, referral services, assessment, home modification equipment, injury prevention information, assessment and equipment, durable medical equipment, and the authorization of coordinated services to enable an eligible individual to continue aging in place within the home.

OCA Modernization – Nutrition:

- **Title III C-1 – Congregate Nutrition Services** provide nutritious meals and intergenerational activities in group settings such as senior centers throughout Monterey County. These services support social engagement and wellness among older adults.
- **Title III C-2 – Home-Delivered Nutrition Services** offer nutritious meals delivered directly to the homes of individuals aged 60 and older who are homebound due to illness, disability, or social isolation. These services help maintain independence and well-being and may include wellness checks and referrals to additional resources to support overall health and safety.

ATTACHMENT C: LOCAL MASTER PLAN FOR AGING SUPPLEMENTAL SUMMARY

This section provides a supplemental summary of the Local Master Plan for Aging.

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*)

In August 2023, the Alliance on Aging received a \$200,000 grant from the California Department of Aging (CDA) to lead the planning and development of a Local Aging and Disabilities Action Plan (LADAP) for Monterey County. This initiative aligns with and supports the goals of the Local Master Plan for Aging, with a focus on the communities of Salinas, as well as South and North Monterey County in California.

Diana Jimenez, AAA Director for the County of Monterey, served as a member of the larger LADAP Advisory Committee. She was assigned to the Policy and Advocacy Subcommittee, which contributed input on policy issues and engaged in meetings with the broader network of multi-sector partners. As part of this work, the subcommittee also helped shape the development of the LADAP community survey, including recommendations on the target population. In addition, the AAA Director represented both the AAA and the Department of Social Services’ Aging and Adult Services Branch as a presenter during the creation of the LADAP asset inventory.

Jessica McKillip, Chair of the AAA Legislative & Advocacy Committee and Vice Chair of the AAA Advisory Council was involved from the beginning of the LADAP project and attended the Transportation and Healthcare Subcommittee meetings on planning and development efforts.

A key insight from the Transportation Committee was that nearly every concern traced back to the

theme of “Access,” which was often defined as limited or nonexistent transportation resources. The hope is this work will create stronger policy initiatives aimed not only at improving the availability of services, but also at making it easier for individuals to access them.

AAA Council member William Eldredge, together with his wife, volunteered to support the LADAP project by attending meetings at the Alliance on Aging Hub. There, they connected with various organizations serving seniors and adults with disabilities. Through their involvement, they became community ambassadors, raising awareness and working to improve the quality of life for individuals in similar circumstances.

A few AAA Advisory Council members contributed to the LADAP project by collecting needs assessment survey data directly from community members at the Castroville Senior Center where residents were eager to participate and asked questions about the process, demonstrating a strong interest in the future of services in the area. This grassroots engagement clearly played an important role in understanding local needs.

- **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 AAA Director and Advisory Council members attended Solutions Summit sessions held in Soledad and Castroville, representing South and North Monterey County, respectively. These sessions, informed by the results of the needs assessment survey, offered a more comprehensive understanding of the priorities across communities. At the sessions, they took notes, provided Spanish/English translation with the support of bilingual staff, and reported out on the information gathered from the attendees. Other stakeholders involved in the LADAP efforts attended Solutions Summit sessions held in Salinas.

AAA staff contributed to the LADAP project by providing U.S. Census data used in the development of the final needs assessment report and also provided support with reviewing and editing the document.

The AAA Director and Advisory Council members actively participate in meetings of the LADAP Advisory Committee, as well as the Employment and Engagement, Transportation and Healthcare Subcommittees, to review documents, provide input and come up with goals to move forward in action plans.

- **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*)

The AAA Director, in partnership with the Alliance on Aging, shared information and presented updates about the LADAP with the Aging and Disability Resource Connection (ADRC) network.

Once again, the AAA Director and Advisory Council members participated in the Solution Summits and traveled throughout Monterey County, including Gonzales, Greenfield, Castroville, and Prunedale to help facilitate and document discussions in workgroups. This phase was especially

meaningful to the development of the action plans, as it clearly demonstrated how residents' voices helped to actively shape the direction and priorities of the plan.

- **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 Director and AAA staff also supported outreach efforts by promoting the LADAP community survey, sharing the survey link and details with the ADRC network, contracted AAA service providers, and through the AAA's social media platforms.

As part of the action planning process, the AAA Director and Advisory Council members continued their commitment by joining smaller group meetings led by the Alliance on Aging to review, analyze, and discuss data from the community needs assessments and the Solution Summits and to define actionable goals. These sessions were collaborative, with each group sharing updates on their progress as work moved toward compiling a final report. The Alliance on Aging is planning to give a presentation on the LADAP final report at a County of Monterey Board of Supervisors meeting scheduled in June 2025.

- **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*)

AAA staff plan to continue participating in the LADAP Subcommittees led by the Alliance on Aging to stay engaged and provide input. Additionally, AAA Council Members will be encouraged to continue attending LADAP Subcommittee meetings to remain informed about activities and efforts and report back to the Advisory Council.

From the perspective of AAA Advisory Council members, there is an ongoing need for deeper community involvement. They saw firsthand how valuable local input is and recognized the importance of continuing to listen to and engage community members. This engagement will be essential in evaluating and sustaining the impact of the LADAP.

Furthermore, it's important that the AAA integrate key principles from the LADAP, a blueprint for building Age and Disability Friendly Communities. This multi-sector initiative, led by the Alliance on Aging and supported by the County of Monterey AAA, follows the model established by the AARP Network of Age-Friendly States and Communities. The local action plan can be viewed here at: <https://livablemap.aarp.org/member/monterey-county-ca>.