

**DRAFT ANNUAL UPDATE
- 2026-2027**



County Royalty: King and Queen reign over San Leandro's "Senior Prom."

**COUNTYWIDE AREA PLAN FOR OLDER ADULT
2024 - 2028**

APU Section	Annual Update Sections	Check Updated	Page
n/a	A) Transmittal Letter- (submit by email with electronic or scanned original signatures)	X	3
	A1) Executive Summary	X	4
n/a	B) APU- (submit entire APU electronically only)	X	6
2, 3, or 4	C) Estimate- of the number of lower income minority older individuals in the PSA for the coming year	<input type="checkbox"/>	17
6	D) Priority Services and Public Hearings	X	22
n/a	E) Annual Area Plan Budget (send to California Department of Aging Finance Department)	X	(in process)
8	F) Service Unit Plan (SUP) and LTC Ombudsman Program Outcomes	X	36
11	G) Legal Assistance	X	23
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	<input type="checkbox"/>	6
5	Needs Assessment/Targeting	<input type="checkbox"/>	15
7	AP Narrative Objectives:	X	25
7	• System-Building and Administration		25
7	• Title IIIB-Funded Programs	<input type="checkbox"/>	22
7	• Title IIIB-Program Development/Coordination (PD or C)	<input type="checkbox"/>	22
7	• Title IIIC-1 or Title IIIC-2	<input type="checkbox"/>	25-6
7	• Title IIID-Evidence Based	<input type="checkbox"/>	N/A
7	• HICAP Program	<input type="checkbox"/>	53
9	Senior Centers and Focal Points	<input type="checkbox"/>	57
10	Title IIIE-Family Caregiver Support Program	<input type="checkbox"/>	59
11	Legal Assistance	X	64
12	Disaster Preparedness	X	69
13	Notice of Intent to Provide Direct Services	<input type="checkbox"/>	73
14	Request for Approval to Provide Direct Services	<input type="checkbox"/>	N/a
15	Governing Board	X	76
16	Advisory Council	X	77
17	Multipurpose Senior Center Acquisition or Construction	<input type="checkbox"/>	N/a
18	Organizational Chart(s) (Must match Budget)	X	52
19	Assurances	<input type="checkbox"/>	54
Atch. A	AAA Area Plan Summary of Changes	X	64
Atch. B	Older Californians Act (OCA) Modernization Supplemental Summary	<input type="checkbox"/>	65

TRANSMITTAL LETTER

DRAFT 2

2024-2028 Four Year Area Plan/ [Annual Update](#)

Check one: FY 24-25 FY 25-26 FY 26-27 FY 27-28

AAA Name: Alameda County Area Agency on Aging PSA 9

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. David Haubert
(Type Name)

Signature: Governing Board Chair¹ Date

2. Laura McMichael-Cady
(Type Name)

Signature: Advisory Council Chair Date

3. Jennifer Stephens-Pierre
(Type Name)

Signature: Area Agency Director Date

EXECUTIVE SUMMARY:

YEAR OF RED CARPETS AND BUMPY ROADS FOR COUNTY'S OLDER ADULTS

We had high expectations for our 2024-2028 Area Plan, but nobody expected any red-carpet moments.

However, during this second year of our 2024-2028 Countywide Area Plan for Older Adults (CWAP), your Area Agency on Aging (AAA) had a moment in the spotlight. We enjoyed the applause and the certificate we accepted on the County's behalf at a national conference. Ok, we ate it up! But most important is what this recognition shows about your Area Plan and annual updates like this one.



These aren't just reports that sit on a shelf. They are action plans that become reality – with your help.

The Area Plan, released in 2024, included our intention to launch the Healthcare Career Pathways (HCP) program in our County. This innovative partnership aids disadvantaged job seekers while addressing the shortage of healthcare workers for older adults – a concern you have told us you want addressed. In last year's update, we let you know that approximately 45 new Certified Nursing Assistants CNAs had graduated from the program and were going to work in local health care programs that need them. And this past year, our program was recognized by USAging, the association for the country's Area Agencies on Aging and Title VI Native American Aging Programs, as a model for other communities across the nation.

We have more HCP news for you later in this report. For now, I hope this serves as one example of how the CWAP-- and your voice – make a difference for this community.

To refresh your memory or if you're new to the CWAP: The 2024-2028 CWAP sets out our goals. It reflects our commitment to shared involvement, responsibility for change, and passion for making Alameda County a place where aging is about living. It specifies our services based on available resources and what we have learned from you about the community's needs.

Approximately 80,000 older adults annually benefit from at least one service offered by the Area Agency on Aging. The need for these services continues to grow. The older adult population in Alameda County is projected to increase by 51.5% between 2020 and 2060, when residents aged 60 and older will comprise nearly 32% of our County's population. The most significant growth will be among those aged 85 and older. Older adults will also reflect a more diverse population.¹

Our priorities address critical issues in one of the nation's most diverse counties, including economic, housing, and food security; access to information and employment; social isolation; safety and emergency preparedness; and the complex care needs of an aging population. We are committed to reducing systemic inequities in a County with a [14-year difference in life expectancy according to zip code](#).² Our programs assist people with the greatest economic

and social needs, including the LGBTQIA+ community, people living with HIV, AIDS, or other chronic conditions, low income, physical or mental disability, language barriers, and cultural or social isolation caused by racial or ethnic discrimination. Our community expects no less.

The state's approval of the CWAP confirms that Alameda County is fulfilling its obligations to older adults under federal and state law and that the state will continue to fund our programs and services.

But the conversation does not end there. This yearly Area Plan Update (APU) is our chance to review our progress with you, and for you to let us know where we are succeeding and where we can improve.

WE WON'T STOP – AND NEITHER WILL YOU

It's no secret that most of this year has been less red carpet and more bumpy road due to the changes in our political climate.

Some of you have even told us you feel discouraged. Understandable! But look at what we have already accomplished together.

While the AAA is nonpartisan, part of our job is to advocate for laws and policies that benefit the older adults and caregivers we serve. Don't forget how recently you joined your neighbors from all over the country in making your views known, and we helped make sure you were heard. The federal administration proposed to dissolve the Administration for Community Living (ACL), which administers and funds most of the country's Older Americans Act programs, including ours. Thanks to all of us working together, the OAA programs remain together under the ACL. Of course we aren't getting everything we need and want, but we have shown that we are not to be ignored. Alameda County's older adults will continue to speak out. And whether it's a red carpet or a bumpy road, we will get through it together.

Sincerely,

Jennifer Stephens-Pierre

Jennifer Stephens-Pierre, M.A., Director, Alameda County Area Agency on Aging

Note: Questions, concerns, or comments about this plan may be sent to CWAP@acgov.org or by calling (510) 268-CWAP (2927). Please visit [our website](#) often.

¹ [The Master Plan for Aging. The Data Dashboard for Aging.](#)

² [Alameda County Health Department. Healthy Alameda County.](#)

SECTION 1. MISSION STATEMENT

As the Alameda County Area Agency on Aging (AAA), we uphold and support the mission of all AAAs, which is to provide leadership in addressing issues that relate to older Californians, to develop community-based systems of care that provide services that 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.

We are also committed to the mission, vision, and values of our Agency, the County of Alameda Social Services Agency:

OUR MISSION

To provide essential support, helping individuals, families and communities meet basic needs in times of challenge and move forward with stability, dignity and purpose.

OUR VISION

We envision a community where stability is within reach, dignity is upheld for all and opportunities help every person shape their future with confidence and care.

OUR VALUES

- Dignity
- Shared Purpose
- Compassion
- Accountability
- Integrity

As a member of the Alameda County Council for Age-Friendly Communities, we are also driven by the Council’s vision statement:

“In Alameda County, older adults are valued, respected, and engaged in a community that is committed to healthy aging, inclusion, well-being, and safety. Older adults, family caregivers, and individuals with disabilities have access to a comprehensive system of services, supports and opportunities that foster aging with dignity, a high quality of life, and personal fulfillment.”

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

Alameda County, a single-county Planning and Service Area (PSA), has diverse urban, suburban, and rural environments. The county thrives due to active community engagement and investment in age-friendly efforts. This commitment contributes to maintaining an array of social services, which enhance the quality of life and well-being of the county's diverse aging population.

PHYSICAL GEOGRAPHY AND CLIMATE

Alameda County spans approximately 738 square miles and is home to one of California's most densely populated counties. The topography ranges from rolling hills to rugged mountains. The county's western border is a scenic stretch along the eastern shores of the San Francisco Bay, offering panoramic views and access to a host of recreational activities.

The county's climate is a delightful combination of dry and mild, wet winters, influenced by its proximity to the Pacific Ocean. However, Alameda County has begun to see an increase in extreme weather events, including storms, flooding, wildfires and smoke, and extreme heat linked to climate change that is likely to persist or deepen in the coming period. Local governments and communities have been developing strategies for local resilience.

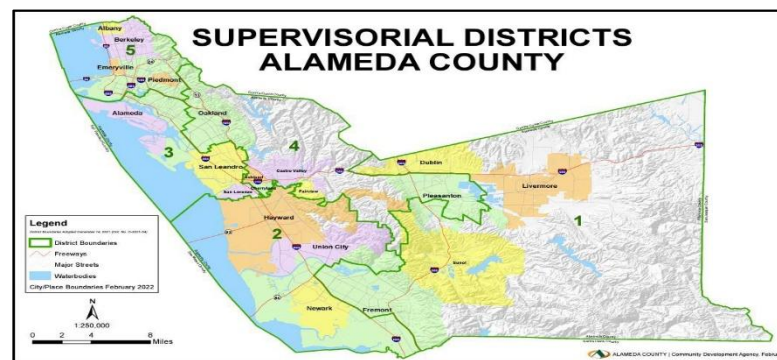


Residents enjoy Alameda County's combination of natural beauty and artistic talent at the Albany Bulb. The increase in extreme weather events linked to climate change has prompted local governments and communities to develop strategies for local resilience.

Urban development dominates the landscape, with cities like Oakland, Fremont, and Berkeley serving as economic and cultural hubs. However, the county also boasts pockets of rural areas and unincorporated communities, preserving natural beauty amidst the urban sprawl. Notable features include Oakland's vibrant cultural scene, Berkeley's academic influence, and Fremont's technological innovation, all of which contribute to Alameda County's dynamic character within the Bay Area.

Alameda County also includes the unincorporated communities of Ashland, Castro Valley, Cherryland, Fairview, and Hayward Acres. Alameda County's Board of Supervisors governs these communities. The board, comprising five elected supervisors, is responsible for decisions on law enforcement, economic planning, public works, social services, and healthcare.³

³ [Alameda County Community Development Agency, February 2022](#)



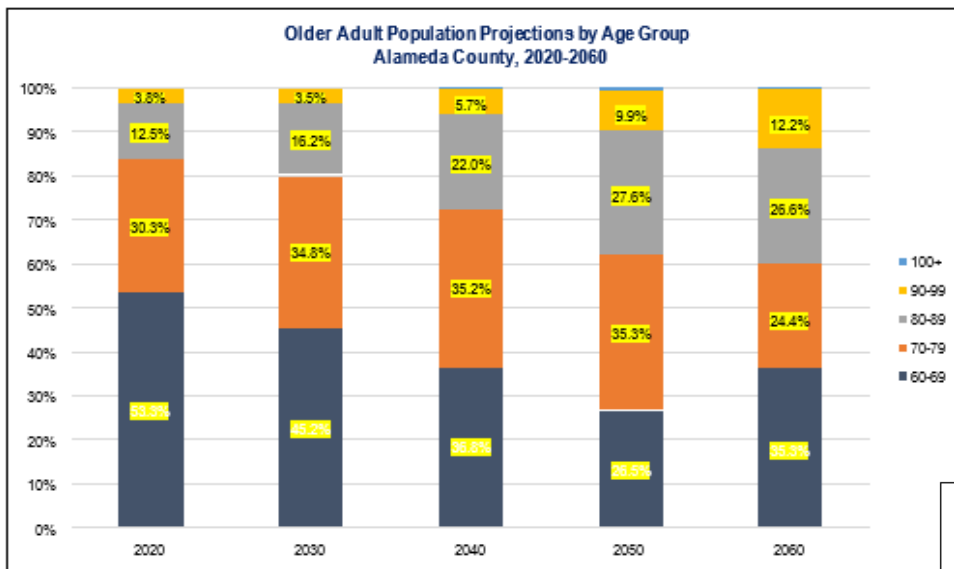
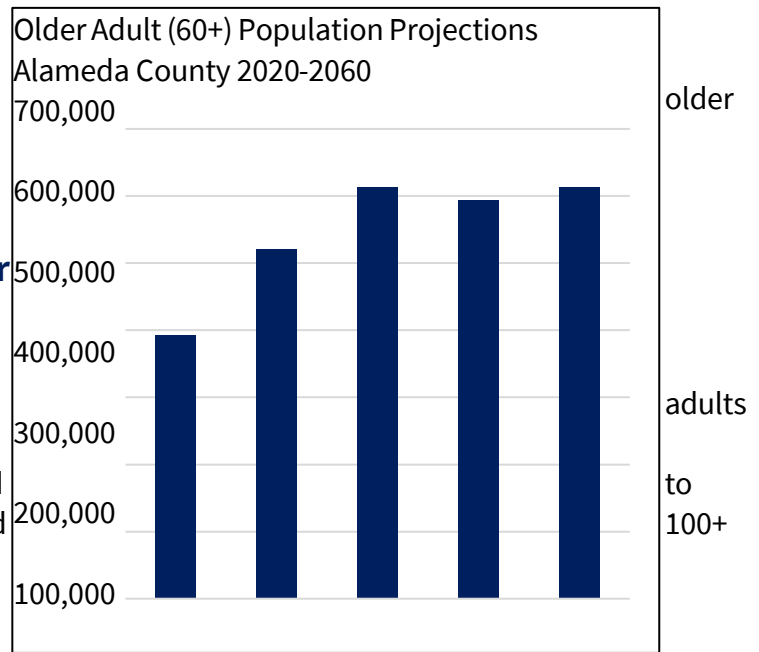
POPULATION DEMOGRAPHICS

The older adult population in Alameda County is the fastest-growing segment of its population. Today, there are 439,874 adults ages 60 and over.

By 2040, about 30% of the Alameda County population will be 60 and over, representing over 600,000 older adults. ⁴

Not only are more adults aging into older adulthood, but are living longer. When broken down by age group, the proportion of older adults ages 60-69 and 70-79 are expected to decline, while the proportion of adults ages 80-89, 90-99, and 100+ are expected to increase.

From 2020 to 2060, the proportion of centenarians (100+) is expected to grow from 500 to over 9000, a 1,500% increase.

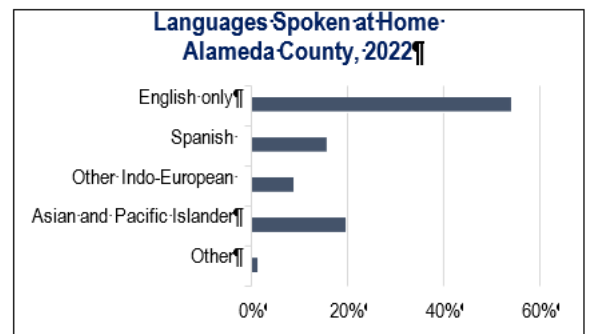


The racial and ethnic composition of Alameda County's older adults is also evolving to reflect increasing diversity. Currently, 41% of the elderly population are White, 33% are Asian, 13% are Hispanic, 10% are Black, 1% are Native Hawaiian and Pacific Islander, and less than 1% are American Indian and Alaska Native.⁴

By 2060, Asians are expected to surpass

White as the predominant demographic group (35% and 28%, respectively). The Hispanic population will see the most significant increase by 2060, a projected 22% increase.

Alameda County is linguistically diverse throughout the older adult population. While English is the predominant language spoken in households, about 41% of adults in Alameda County have limited proficiency in English.⁵ **Approximately 16% of households speak Spanish, while 20% use Asian and Pacific Islander languages.**



4 [California Department of Finance. Report P-2B, 2020-2060.](#)

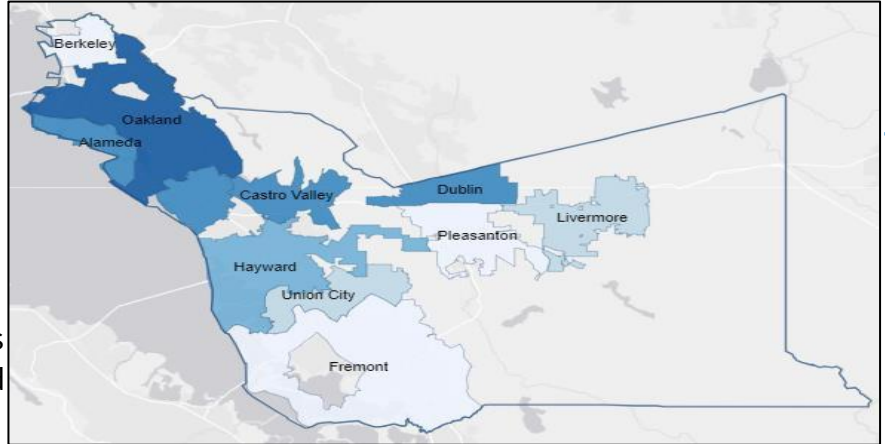
5 [California Health Interview Survey \(CHIS\), 2022.](#)

Socioeconomic status is commonly measured using income, education, and employment.

Poverty rates among older adults in Alameda County are steadily increasing.

Approximately 10% of older adults (65+) in County live at or below the poverty line, with a slightly higher rate (12%) among adults aged 75 and older.

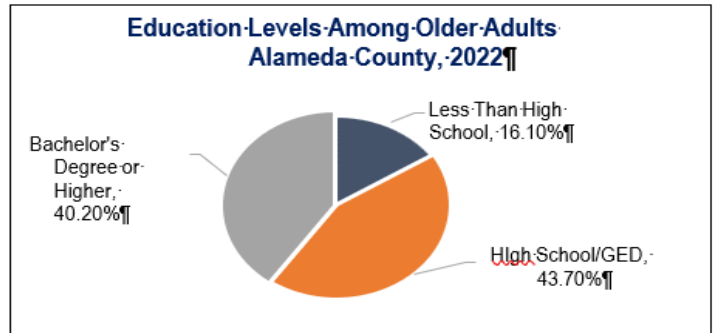
From 2018-2022, the proportion of older adults living below 200% of the poverty line increased from 21.9% to 25.7%.



People 65+ Living Below 200% of the Poverty Level. Alameda County

The map below shows the distribution of older adults below 200% of the poverty line across the county, with the most significant concentrations in the northern areas of the county, including Oakland (37.6%), Dublin (29.6%), and Castro Valley (29.3%). According to the county’s 2022 Point in time count, 19% of unhoused people are age 60 or older, which is an increase from 14% in 2019 and 10% in 2017. In Oakland, over half of the unhoused population are over age 50.⁶

Education and employment influence individuals’ economic opportunities, social well-being, and overall quality of life. In Alameda County, 1 in 5 adults have never graduated high school, while 1 in 5 older adults have a college degree. 27% of adults aged 65-74 are in the labor force, with 7% of adults ages 75 and older.⁸



Education Levels Among Older Adults in Alameda County⁹

78% of older adults in Alameda County are covered Medicare health insurance. In comparison, 22% have dual eligibility, meaning they are eligible for Medicare based on age and Medi-Cal based on low income.¹⁰ Dual-eligible adults often face the challenge of managing multiple chronic conditions and complex medical and social care needs while navigating poorly aligned systems.

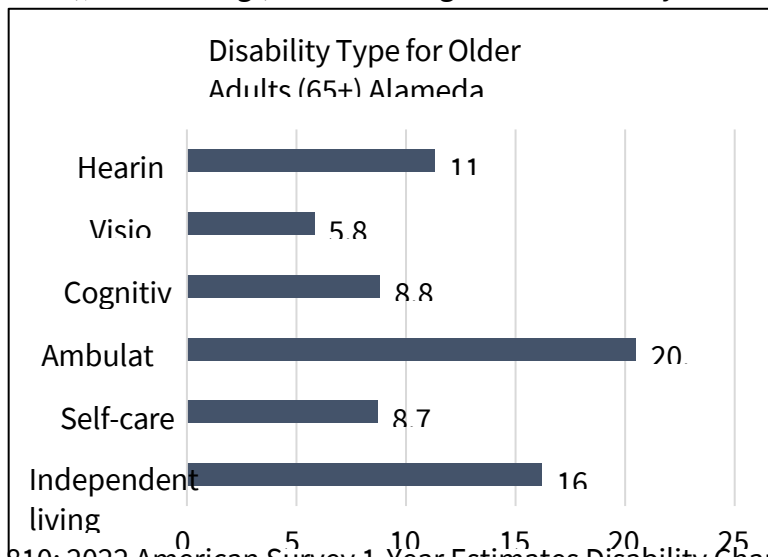
6 Senior Services Coalition of Alameda County.

7 Healthy Alameda County. American Community Survey 1-Year Estimates (2022).

8 American Community Survey (2018-2022).

10 Profile of the California Medicare Population, February 2022

Older adults face rising healthcare costs as illness and disability rates increase with age. **In Alameda County, over a third of individuals 60 years and over are living with a disability.** The most common disability types are related to mobility (i.e., serious difficulty walking or climbing stairs; 20.5%), independent living (difficulties doing errands alone, such as visiting a doctor’s office or shopping; 16.2%), and hearing (deaf or having serious difficulty hearing; 11.3%).¹¹



¹¹ California Department of Finance. Report S1810: 2022 American Survey 1-Year Estimates Disability Characteristics. [Census](#)

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

Operating within the City and County of Alameda, the Alameda County AAA coordinates services tailored to the needs of older adults, veterans, people with disabilities, and their caregivers. The AAA carries out the mandate under the federal Older Americans Act (OAA) to serve as the hub for addressing local aging concerns. By coordinating resources, advocating for policy reforms, and implementing targeted programs, the AAA supports older adults to age in place within their community and home.

AAA has been presenting at events with Kaiser Permanente and will be meeting shortly to expand our collaboration, particularly in raising awareness of available services to older adults and disabled Alameda County residents. Local health plans are also on our listserv and attend our monthly Roundtable meetings to exchange ideas on improving service to seniors. We also partner with the County's Health Care Services Agency to launch Cal-Aim and the Aging and Disability Resource Connection in the County.

OVERVIEW OF THE DEPARTMENT OF ADULT & AGING SERVICES

The Alameda County AAA is housed within the Department of Adult & Aging Services (AAS), part of the Social Services Agency (ACSSA). AAS has 250 full-time equivalent employees. It is governed by a five-member Board of Supervisors and guided by the Alameda County Commission on Aging, a 21-person council appointed by the Board of Supervisors and the Mayor's Conference.

COORDINATING A SERVICE DELIVERY SYSTEM

The AAA partners with a network of senior service providers, including community-based organizations (CBOs), cities, a hospital, and a private caterer for nutrition programs to facilitate 75,000 service connections annually through 75 contracts (see provider counts by program type in Section 2). With an annual budget in 2023-2024 of \$42,143,890, the AAA receives funding from various sources, such as the Older Americans Act (OAA), California State allocations, County General Funds, and Measure A tax dollars administered by the Alameda County Health Care Services Agency.¹⁷ The AAA combines funding from multiple sources to develop streamlined contracts and reporting requirements for its subcontracted providers.

ENGAGING WITH THE PUBLIC

Far too often, AAA staff are asked what the AAA is and what it does. Community members, particularly older adults, is crucial to AAA's success. Community events, fairs, farmers markets, and more to ensure the community is aware of AAA services.

The AAA is instituting new ways to engage with older adults in the community through community events and publications.

¹⁷ [County of Alameda Proposed Budget 2023-2024.](#)



Getting the word out: AAA joins County's Health and Community Development departments at a town hall in Castro Valley to update County Supervisor Nate Miley, community partners, and residents on programs and services for older adults.

For example, in the CWAP planning process, the AAA employed approaches to ensure that community voices were central to the decision-making process for goal setting and establishing priorities (see Section 4 for details on these approaches). The AAA will continue to engage with its partners to monitor the needs of older adults and react accordingly. This includes considering the needs of population groups of focus, such as LGBTQIA+ and Veterans.

SECTION 4. PLANNING PROCESS & ESTABLISHING PRIORITIES

To develop the 2024-2028 CWAP for the Alameda County AAA, the AAA recognized the importance of engaging as many stakeholders and community members as possible, emphasizing populations historically less represented in the engagement efforts. The AAA gathered input through public forums, focus groups, and two surveys. These efforts began in the Summer of 2023 and lasted through early 2024. The data was analyzed and synthesized to identify the findings across engagement efforts to inform the 2024-2028 CWAP priorities.

PUBLIC FORUMS

The AAA targets Alameda County’s unincorporated areas and other areas we know are service deserts, with emphasis on areas identified as lowest life expectancy by the U.S. Census and the County’s Public Health Department. We sort Area Plan survey responses by zip code, and meet regularly with our providers to better understand the needs in each district of the County.

The County’s five supervisorial districts each hosted a public forum event conducted by the AAA. The events included presentations from local community members and elected County supervisors, information on the AAA, and an overview of the CWAP process. During a facilitated discussion, in- person and online attendees had the opportunity to weigh in on four topics to help inform the CWAP. These topics included what makes Alameda County age-friendly right now, participants’ vision for a more age-friendly Alameda County in 2028, lessons learned from COVID-19 and how to apply them in the next four years, and preferred ways of finding out about services and information. The meetings were recorded to allow a complete analysis of the feedback received.

FOCUS GROUPS

Six focus groups were conducted to inform the development of the CWAP. The Alameda County Social Services Agency hosted the focus groups in partnership with the AAA and the SSA’s Office of Data and Evaluation. The six focus groups were held at five different locations during Fall 2023. Each location was selected to encourage participation by a priority population group. (See table next page.)

Focus Group Location	Priority Population	Average Age of Participants	Average Income of Participants	Ethnicities Represented
Pacific Center	LGBTQIA+	74	\$30,000	White – 60% Asian – 20% Mixed – 20%
Kyakameena Care Home	Skilled Nursing Facility Residents	69	\$26,077	Black – 50% White – 33% Asian – 17%

St. Mary's	Older Adults Experiencing Homelessness	N/A	N/A	N/A
Family Caregiver Alliance	Caregivers	63	\$69,800	Asian – 40% Black – 20% Mixed – 20% White – 20%
Pacific Center	Older Adults Living with HIV	66	\$17,533	Mixed – 67% White – 33%
Swords to Ploughshares	Veterans	65	\$15,388	Black – 58% White – 21% Asian – 10.5% Mixed – 10.5%

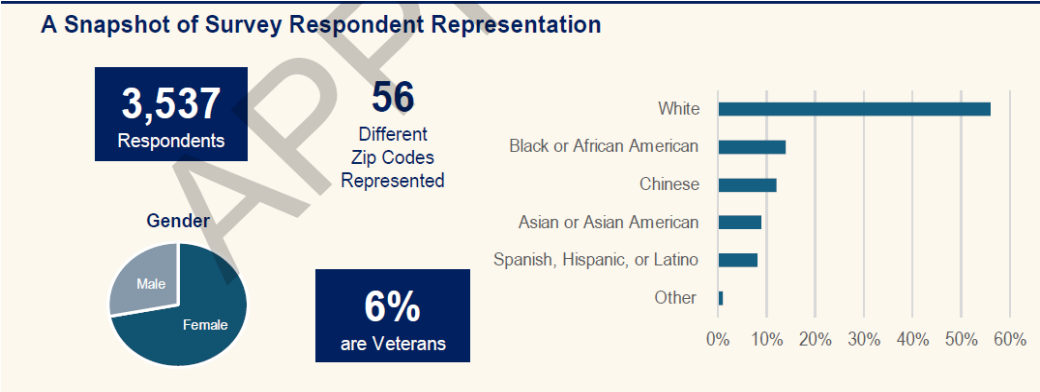
Focus group discussions covered community strengths to support older adults living independently, barriers to accessing services and how to address them, lessons learned from COVID-19, and preferred communication methods. The Office of Data and Evaluation summarized and analyzed the data.

AAA COMMUNITY SURVEY

The AAA established a Steering Committee to develop the survey. The Steering Committee included service providers, Advisory Commission members, and county department staff. This group created the survey questions, which were organized around the “domains of livability” established for age-friendly communities by the AARP and the county’s Age Friendly Council: outdoor spaces and buildings, transportation, civic participation and employment, communication and information, respect and social inclusion, social participation, health services and community supports, housing, and support for people living with dementia and their caregivers.

The survey was distributed in Fall 2023 and remained available to residents to complete through February 2024. It was available online, in paper form, and in multiple languages. The survey was distributed through newsletters, social media platforms, senior centers, advertisements in local papers, community events, and public forums. The AAA also held survey completion events in partnership with the Advisory Commission to encourage engagement. These events provided Spanish translation to promote greater participation in the survey by this demographic.

A total of 3,537 survey responses were received and analyzed. The survey included choice and open-ended multiple-questions, allowing for a more robust understanding of community needs and opportunities.



responses analyzed. multiple-questions, robust

STATEWIDE SURVEY (CONSUMER ASSESSMENT SURVEY FOR OLDER ADULTS)

As part of a statewide effort to learn more about the needs of older adults through a survey process, the California Department of Aging conducted the Community Assessment Survey for Older Adults (CASOA) in partnership with local AAAs. The CASOA questionnaire gathers information about the needs, preferences, and challenges older adults face. This survey was more general than the CWAP community survey and less publicized, so the county’s response rate was low (468 responses out of 4,200 selected households). However, the CASOA survey results were included in the CWAP analysis.

ESTABLISHING PRIORITIES

To begin establishing priorities, the AAA engaged Collaborative Consulting to assist in analyzing stakeholder engagement. Collaborative Consulting is a consultancy dedicated to creating a better system of health, working at the intersection of assessment, collaboration, strategy, and action to help clients and the people they serve achieve the best outcomes possible. For our 2024-2028 CWAP, Collaborative Consulting analyzed and synthesized the themes from each engagement type (survey, focus groups, and public forums) and identified the top needs. These needs, along with considerations of the county’s capacities and capabilities, led to identifying the priorities established for 2024-2028.

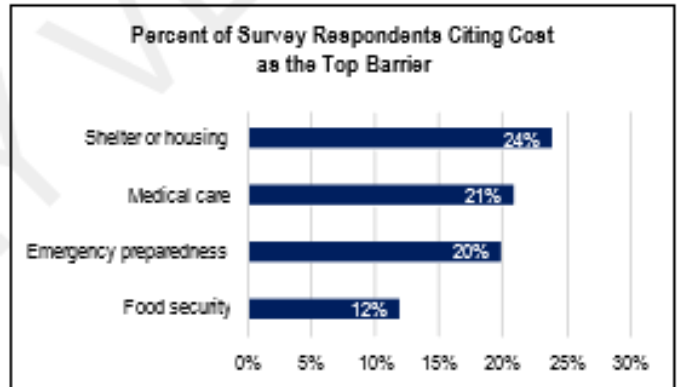
SECTION 5. NEEDS ASSESSMENT & TARGETING

This section details the priorities for older adults in Alameda County based on the stakeholder engagement process detailed in Section 4.

The high cost of living concerns older adults, and affordability is the most common barrier they face.

More financial assistance is needed to cover older adults' needs, particularly those who do not meet low-income criteria to receive financial assistance. Many older adults insecure about their ability to cover care costs, home updates, and other needs that may become more prominent as they age. To address these challenges, many interested in programs or services to help cover expenses, such as free or low-cost transportation services, free or low-cost internet services, discounts on food, and financial assistance for respite care. Many focus group participants recognize that the programs and services available today address the cost of basic needs for older adults are highly valued and impactful in allowing recipients to live independently.

“While I feel safe and able to care for my present needs, costs are increasing, and we don't know what the future will hold. Additionally, many in Alameda County are presently truly needy and deserve to be cared for with respect and understanding.”

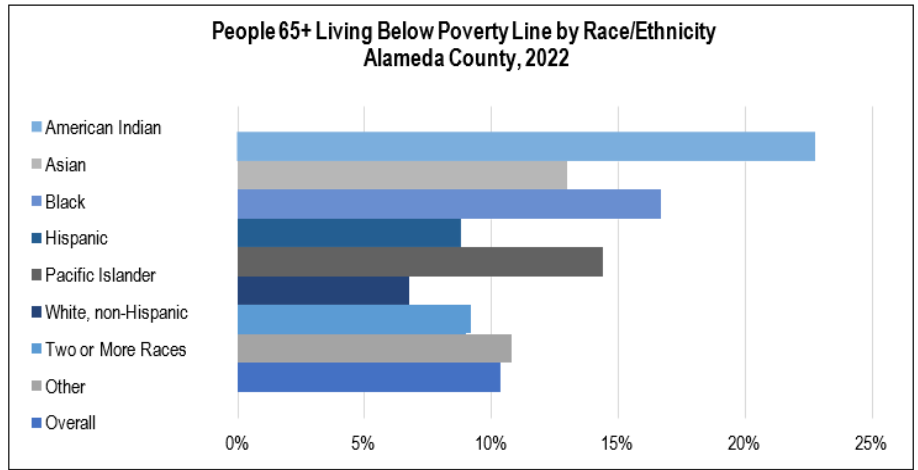


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While all older adults can be susceptible to income insecurity, Alameda County racial and ethnic minorities are disproportionately affected.

According to the 2018-2022 American Community Survey, 23% of American Indian older adults are living in poverty in Alameda County, 16% of Black older adults, 14% of Hispanic older adults, 13% of Asian older adults, and 6% of White older adults.¹⁸

There is also a higher proportion of older women living below the federal poverty line than men. This, coupled with wage inequality and lower lifetime earnings among women, places racial/ethnic minority women at the highest susceptibility to living in poverty.

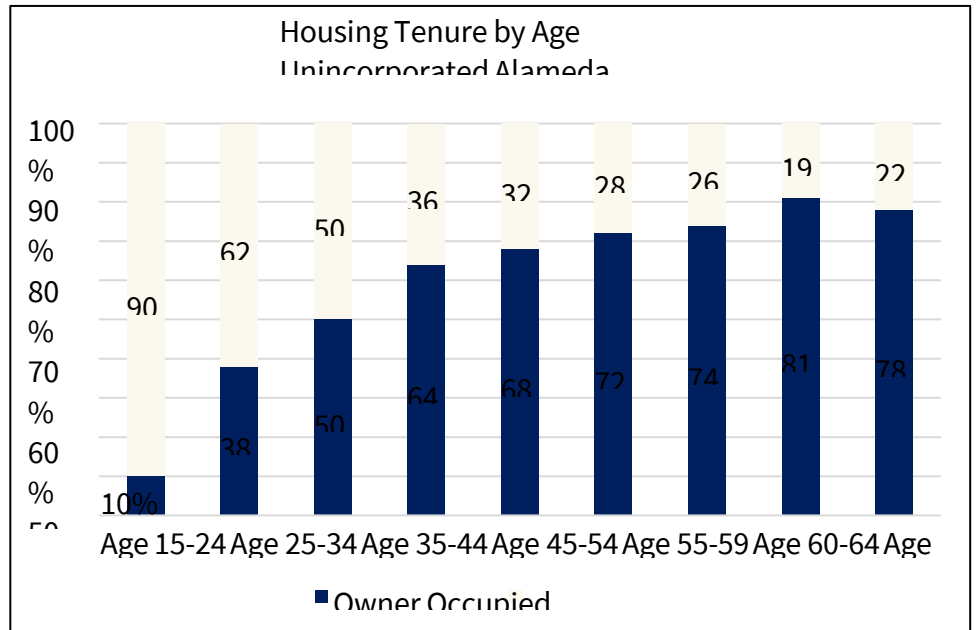


¹⁸ American Community Survey 5-Year (2018-2022).

Housing barriers and housing security concerns are experienced by older adults. Over one-third (34%) of survey respondents report at least one barrier to shelter, and nearly one-fifth (18%) consider their housing situation temporary, uncertain, or unhoused. The homelessness crisis is a worry among those experiencing housing insecurity, and many are concerned about its impact on safety and public health. There are challenges related to securing affordable housing, especially units that meet needs such as accessibility, health, safety, pet friendliness, proximity to services, maintenance, cleanliness, and comfort.

“A lurking issue that becomes a barrier is that the cost of housing never stops rising, so I have a history of living in ever-shrinking spaces over decades and uncertain security over the length of time a given housing unit will be there for me.”

Statistics on housing tenure (owners vs. renters) can reflect potential instability due to factors like high housing costs, overcrowding, or limited housing options. The latest data on housing tenure in Alameda County comes from the 2019 Census, which indicated that 54% of adults own their homes, while 46% are renters.¹⁹ Older adults are more likely to own homes than younger adults. However, older homeowners looking to downsize often need more options due to the expensive housing market and the need for senior-specific options.



Renters worry about rising rents, landlord intimidation, and inability to find a new place should they need to move. Homeowners are concerned with mortgage costs, property taxes, home maintenance, accessibility updates, and a lack of options for downsizing. To address these challenges, older adults are interested in efforts to increase the supply of affordable housing with dedicated units for older adults.

“At this time, we can stay in our home, but worry what will happen if we need to move because of stairs or for care needs, given the cost of care and cost/low availability of accessible housing.”

¹⁹ U.S. Census Bureau, American Community Survey 5-Year Data (2015-2019), Table B2500

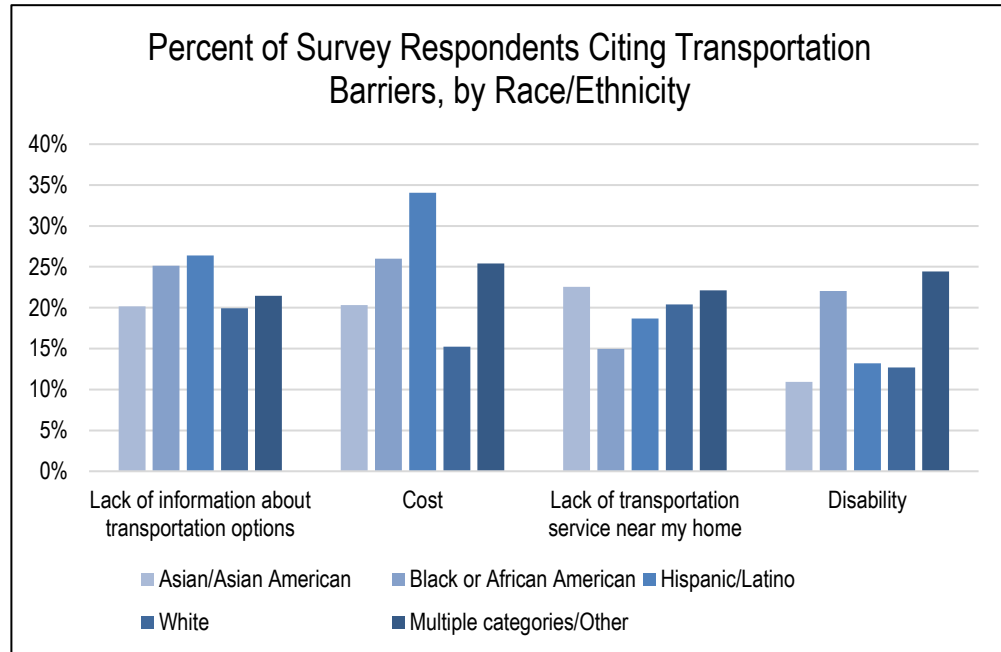
Transportation and safety concerns hinder the ability to move freely around the county. Older adults rely heavily on driving to get around the community, with around 75% of survey respondents relying on personal vehicles or rides from others. Most agree they can get where they need on their schedule (80%) and leave home when they wish (81%).

However, some cite challenges in arranging transportation to medical services, using public transit, and securing paratransit services.

Barriers to using transportation services include lack of information, high costs, and lack of service offerings and reliability.

Concerns about crime and violence in communities are widespread among respondents, with many older adults indicating that they do not feel especially vulnerable to crime as older adults and as individuals with mobility challenges. Older adults are interested in solutions that include friendly transportation options, free or low-cost transportation services, and more outreach to inform the public about transportation options and to assist with arranging services. Stakeholders also recommend sidewalk repair, traffic safety measures, and security enforcement to improve the cleanliness, safety, and accessibility of transit and neighborhoods.

Safety concerns for older adults also go beyond neighborhood and pedestrian safety to include fraud and emergency preparedness response. Participants in public forums emphasized that older adults are one of the most vulnerable groups. Program designs should carefully take this into consideration.



“For those people who need a little bit of extra help and a little extra time when they get into a vehicle, Lyft and Uber do not meet that need very well.”

among survey safe accessing Some feel with mobility more senior-

“While there are many resources for seniors in Oakland, crime, and risk of harm to humans is out of control. The psychological stress of encountering or experiencing crime in the community is real. We pre-plan our movements by walking or by car travel within Oakland to avoid

and

Access and navigation of public and living spaces are restricted due to disability and mobility issues. Available services do not always meet the accessibility needs of a wide range of older adults, such as public transportation for those with mobility challenges, safe housing and neighborhoods, and social and daycare programs that serve those with Alzheimer’s or other types of dementia. Nearly a quarter of older adults surveyed have accessibility challenges that impact their access to public spaces, transportation, housing, and activities and events. Lack of accommodations also limits access to green spaces and public buildings.

Nearly 20% of survey respondents feel physical or mental health challenges are a barrier to social participation. 15% have a disability that results in a barrier to transportation, and 8% have accessibility issues related to shelter or housing.

Suggestions to address these challenges include ensuring unobstructed wheelchair and pedestrian access on sidewalks, updating infrastructure like seating, railings, and lighting in public spaces, increasing accessible transportation and parking, conducting maintenance and accessibility updates on affordable housing, and increasing activities for older adults.

Loneliness and isolation are experienced by older adults. Close to half of respondents feel isolated from others (43%) or lonely (44%) at least one or two days a week. One-third of respondents (33%) feel their needs for social participation are not being met. Top barriers to social participation include lack of information about activities (22%), physical or mental health challenges (19%), transportation, safety concerns, and cost.

Experiences leading to reduced social participation include changes in social circles as friends and spouses pass away, challenges meeting new people, caregiving responsibilities, fatigue, fear of COVID and getting sick, and visual, hearing, or cognitive impairment. Some older adults feel that ageism is also a challenge.

“I am becoming the primary care giver to my husband as we age. I am spending more time managing our collective affairs and have less time to socialize. Many of our friends and family are dying, moving out of town, or are ill. Our support and social circle have decreased

“Many areas have no sidewalks and, often, sidewalks on city and residential streets are in need of repair and/or signage indicating tripping

“There is not enough seating for elders in public parks and the

The senior centers in Berkeley don't have activities that I'd like to participate in, such as discussion groups or art groups, which I am aware of. They are also not open enough hours per week. It

Older adults who live alone face risks such as social isolation, limited support, and emergency assistance barriers.

Approximately 23% of older adults (65+) in Alameda County live alone, representing nearly 55,000 older adults.²⁰ Living alone doesn't necessarily mean loneliness, but many solitary older adults are vulnerable due to isolation, poverty, disabilities, limited care

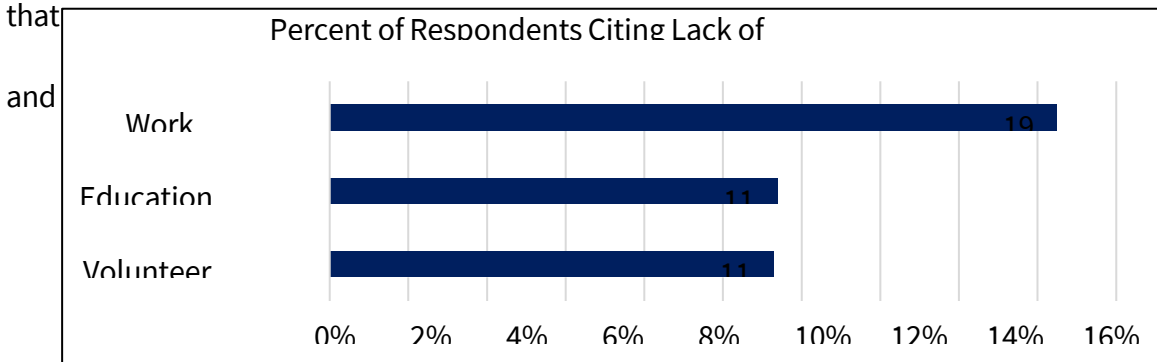
33% of survey respondents feel their need for social participation is not being met.

access, or inadequate housing. The city with the highest rates of people 65+ living alone is Emeryville, where nearly 46% of older adults live alone.

Respondents are interested in activities that accommodate different interests, schedules, language, format (online/in-person) preferences, and physical or cognitive abilities. They also call for more opportunities for intergenerational

interaction, volunteer opportunities, educational offerings, and work opportunities.

Older adults struggle with the cost of healthcare and limited access to comprehensive care. While most older adults have access to basic healthcare, they struggle with costs and access to comprehensive care. Despite indications that



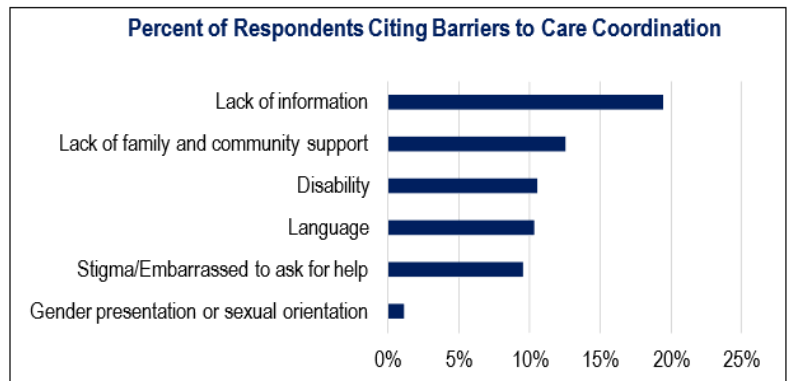
older adults have good access to health insurance primary care providers, nearly one-fifth (19%) of respondents report that they can't (or don't know if they can) afford the short-term healthcare needs of their household and a similar proportion (21%) report cost

as a top barrier to medical care (21%). High costs of premiums, out-of-pocket expenses, and medications challenge older adults. The quality of care received also came through as a challenge, particularly long wait times, staff turnover, lack of responsiveness by providers, and lack of coverage and services for mental health, dental care, alternative therapies, dementia testing and early intervention, and specialty care.

Gaps and uncertainty in navigating caregiver needs and long-term care planning cause uncertainty. While around three-quarters of respondents (70-77%) agree that they have support from others to assist with their needs, fewer respondents (34%) have someone to coordinate their care, and less than half (45%) know where to find someone to coordinate services. Many do not know what care coordination services are available if they are eligible, and if they would benefit from services. The COVID-19 pandemic revealed gaps in services that had a disproportionate impact on communities, such as caregivers, individuals living with HIV, and others at risk of isolation.

Many older adults are caregivers to a family member or spouse and need support. Older caregivers feel the emotional, physical, and financial toll of caregiving. Around 43% report not getting a break from caregiving, and over half (55%) report not getting adequate respite care. They need more information about care coordination, including eligibility for low-cost services and support from social service providers.

While most respondents (81%) feel they can afford their family's short-term health care needs, fewer than half (41%) are certain they can afford long-term care. Concerns for older adults include the ability to stay in their homes, shop and prepare meals, maintain access to medical care, afford in-home care or assisted living expenses, and navigate dementia.



Better access to information and services and more assistance with technology are desired. Older adults want better access to information and services and need more assistance with language and technology. There is interest in improved access to information about services and resources. Over one-third report that they need help getting information about senior services (41%), and over one quarter (28%) of those reporting veteran status say they need help getting information about veteran services.

About one-quarter (25%) of respondents disagree that they know how to access legal and financial assistance in areas relevant to older adults. Across survey topics, lack of information is a commonly reported barrier to social participation (22%), care coordination (20%), and emergency preparedness (16%).

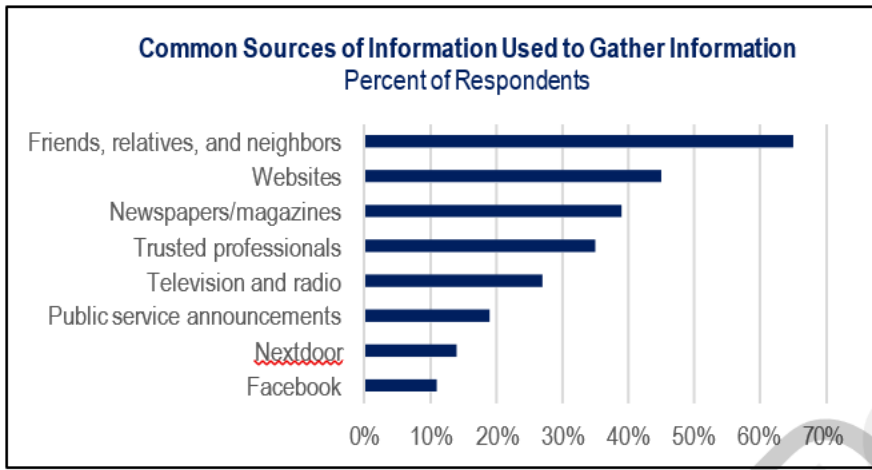
Many older adults have language needs, with over one-quarter of respondents (27%) needing help getting information in their preferred language. Among these individuals, the most common languages spoken at home were Chinese or Mandarin (39%), Spanish (24%), Korean (8%), Cantonese (7%), Vietnamese (6%), and Dari (5%).

Older adults vary in how they receive and access information and services. They obtain information from a variety of traditional and online sources, but there is a need for assistance with technology. Most respondents (87%) report using the internet, but over one quarter (26%) report barriers to internet use, the most common being lack of knowledge and affordability. Older adults are interested in improving their internet skills and receiving support for technical troubleshooting.

“It would be nice to have one portal for information, rather than a hodgepodge of sources or receiving it piecemeal. It would be great to have a senior technology help line, hands-on help provided at senior centers or libraries and a ‘mobile’ technology guru who can come to your house and help with installing devices etc.”

²⁰ American Community Survey 5-Year (2018-2022). [Healthy Alameda County Data](#)

Improvements are needed to make high-quality services accessible to older adults. Services need to be more accessible for those with physical and cognitive disabilities and to address varying needs and preferences related to language and culture. Service provider skills can be improved to cater to these needs and improve the support to groups such as veterans and those living with HIV. These efforts must begin with raising awareness within the community. During community events, residents raised the need for services and learned for the first time that those services are available in the county, exemplifying gaps in awareness and the need for outreach. Many residents are interested in a single reliable source of coordinated information from the county and other providers.



“There are resources, but those who need them often are unaware.”

SECTION 6: PRIORITY SERVICES AND PUBLIC HEARING

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 Funds* 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 15 % 25-26 15 % 26-27 15 % 27-28 15 %

In-Home Services:

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

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

Legal Assistance Required Activities: **

Legal Advice, Representation, Assistance to the Ombudsman Program, and Involvement in the Private Bar 2024-25 10 % 25-26 10 % 26-27 15 % 27-28 15 %

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

The allocations have been calculated based on the findings from the needs assessment, which reflects the needs of Alameda County residents through research and stakeholder engagement (public forums, focus groups, and survey responses). These percentages were presented at the public hearing. Minimum percentages of applicable funds are calculated on the annual Title IIIB baseline allocation, minus Title IIIB administration and minus Ombudsman. At least one percent of the final Title IIIB calculation must be allocated for each “Priority Service” category or a waiver must be requested for the Priority Service category(s) that the AAA does not intend to fund.

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

PUBLIC HEARING

At least one public hearing must be held each year of the four-year planning cycle. CCR Title 22, Article 3, Section 7302(a)(10) and Section 7308, Older Americans Act Reauthorization Act of 2020, Section 314(c)(1). A video of the public hearing will be available shortly [on our website](#).

Fiscal Year	Date	Location	Number of Attendees	Presented in languages other than English? Yes or No	Was the hearing held at a Long-Term Care Facility? Yes or No
2024-2025	5/6/2024	In-Person: San Leandro Public Library, 300 Estudillo Avenue, San Leandro, CA 94577 Online: Zoom	50 (21 in person, 29 online)	Yes	No
2025-2026	6/6/2025	In-Person: San Leandro Public Library, 300 Estudillo Avenue, San Leandro, CA 94577 Online: Zoom	30 (10 in person, 20 online)	Yes	No
2026-2027	5/11/26	In-Person: Area Agency on Aging/Veterans Services Office, 22225 Foothill Blvd., Hayward, CA 94541 Online: Zoom		Yes	No
2027-2028					

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

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

The Countywide Area Planning process is driven by community input. Multiple methods were used to gather feedback from an array of perspectives. Community members had the opportunity to share input early in the process through public forums, focus groups, and a survey that was available online and in print. The opportunity to share input on the planning process results and draft plan was provided through a public forum. These efforts were publicized via the Alameda County Social Services Agency website, social media, e-publication, and internal newsletters.

Advertising was purchased in area newspapers, where news stories also covered the CWAP effort. Surveys were distributed to and collected from Meals on Wheels participants, many of whom are homebound and disabled. A focus group was held to gather feedback from residents living in a skilled nursing facility. Our provider partners were also

notified of efforts and shared with their network. The providers encouraged institutionalized, homebound, and disabled participants to join the survey and attend the events

2. 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

3. Summarize the comments received concerning proposed expenditures for PD and/or C.

We reminded the audience of our proposed expenditures for PD and C from the Area Plan. No comments were received on this topic.

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.

We reminded the audience of our proposed Title III B percentages. No comments were received on this topic.

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

There was widespread concern about the impact of federal changes to immigration policy, policy towards LGBTQIA+ residents, and proposed federal budget cuts to senior programs. In addition, attendees were concerned about local budget cutbacks that have already forced some senior centers to cut back their hours and may also reduce support for Meals on Wheels and other services for older and disabled adults.

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

The comments placed renewed emphasis on our role as advocate under the OAA and on Goal #1 of the Area Plan.

Notes from state: A translator is not required unless the AAA determines a significant number of attendees require translation services. AAAs are encouraged to include individuals in LTC facilities in the planning process, but hearings are not required to be held in LTC facilities.

SECTION 7. AREA PLAN NARRATIVE GOALS & OBJECTIVES

Goals and Objectives are required per California Code of Regulations Title 22 Section 7300 Four goals have been prioritized for the 2024-2028 CWAP and are outlined below.

Goal #1: Lead, support, and advocate for services that address the top concerns older adults have named. These include financial and food insecurity, housing and homelessness, mental health, emergency preparedness, safety, elder justice, dementia, and caregivers' needs.

Rationale: Older adults in Alameda County are concerned with their ability to age affordably, safely, and happily in the community. For the older adults surveyed in Alameda County, cost was the top barrier for housing, transportation, food, and medical care. The need for additional support and services will continue to increase as the older adult population continues to grow, diversify, and age.

Objective 1.1 The AAA will partner with community service providers in the delivery of community and home-based services that support the needs of older adults to allow them to live safely and happily in the community.

Dates: 2024-(no end date)

Funding Category: Administrative

Status: Continued.

- RFPs to continue services have been posted and bidders conferences held.
- Due to the end of the COVID emergency, AAA has resumed onsite monitoring of all providers.
- AAA is working closely with our providers and meets with them regularly to provide and receive updates.
- Educational presentations by providers are regular features of our Advisory Commission and Roundtable meetings.

Objective 1.2 The AAA will pursue opportunities to braid funding and secure new funding sources to support and expand services that are provided through its network of community-based organizations, dedicated to supporting the needs of the aging population and their caregivers.

Dates: 2024-(no end date)

Funding Source: Administrative

Status: Continuing.

- The AAA is partnering with the County's Health Care Services to participate in the State's County-based Medical Administrative Activities (CMAA). The program promotes access to healthcare for clients in the county public health system and aims to minimize healthcare costs and long-term healthcare needs for individuals. In turn, all agencies participating in the MAA program are eligible to receive federal reimbursement for the cost of performing these administrative activities. AAA staff are training to administer the program and expect to complete onboarding by the end of FY 26-27.
- Alameda County's **Measure W**, a 10-year, half-cent general sales tax approved in November 2020, supports two separate funds: the *Home Together Fund* (80%) and the *Essential County Services Fund* (20%). While most funds address homelessness, **up to 10%**—or approximately \$34 million annually—of the Essential County Services

Fund is reserved for critical “safety-net” services, including **food security and nutrition programs**. A targeted **\$1.7 million** was dedicated to AAA’s senior nutrition programs, supporting congregate dining, home-delivered meals, and Brown Bag groceries for older adults. These funds help offset SNAP and Medi-Cal reductions by bolstering local meal support, and ensure nutritionally appropriate meal delivery for seniors with limited mobility or ability to cook.

- Through a combination of OAA IIID funds and local Measure A and Tobacco Settlement funds, AAA partners with the County’s Emergency Medical Services and local providers to offer fall prevention training and home modification services to approximately 3,000 older adults annually.
- AAA and its partners in the Healthcare Career Pathways (HCP) - Certified Nursing Assistant (CNA) training program continue to advocate for and expand the program. As noted in our Executive Summary, the program equips motivated but disadvantaged job seekers with the training, skills, and confidence to become the caregivers our community desperately needs. Recognized statewide and nationally as a model, Alameda County’s HCP-CNA program is a partnership comprising AAA, the County’s Workforce Development Board, San Leandro Adult and Career Education Center, Empowered Aging, and Rubicon Programs. Over 75 newly minted CNAs have graduated from our County’s program since it began two years ago, and 14 more are in training now. AAA and its partners recently helped the County’s Board of Supervisors produce a letter of support for a state budget proposal that would provide more than \$8M over the next five years to support the program statewide.
- AAA continues to leverage local funding opportunities, grants, and new opportunities under Older Californians Act to support service delivery and infrastructure of aging in place services.
- AAA secured CalFresh Healthy Living funding to expand nutrition education programs to over 100 older adults. Due to the federal cancelation of the SNAP-Ed program that funded CFHL, AAA is seeking replacement funding to continue these popular and effective programs.

Objective 1.3 The AAA will work with community partners and coalitions to broaden the distribution of information through numerous media to improve awareness of services and resources for older adults and caregivers.

Dates: 2024-(no end date)

Funding Category: Administrative

Status Continuing.:

Examples include:

- Public webinars on topics such as dementia and nutrition education, featuring guest speakers from other County departments and community organizations.

- Partnering with other County departments, governments agencies, and community organizations to offer awareness and outreach events such as the Senior Injury Prevention Program (SIPP) conference, the Heart Health event featuring free blood pressure screening for the public, the two-day Brain Health in Alameda County conference, and Healthy Living festival,
- Senior Update newsletter quarterly newsletter published by the County of Alameda Area Agency on Aging and the Advisory Commission on Aging. Each issue is packed full of pertinent information and useful resources for living the best life as an older adult in Alameda County. Copies are distributed to approximately 5,000 Alameda County residents a month, and the newsletter is also [available online and compatible with screen readers](#).
- Presentations to the full Board of Supervisors, Board of Supervisors Social Services Committee, Advisory Commission on Aging, Mayor’s Conference, other local commissions and advisory boards.
- Regular information mailings to listserv and use of GovDelivery.

Objective 1.4 The AAA will work with its service provider partners to evaluate and update program offerings to ensure they are culturally competent (e.g., materials in multiple languages).

Dates: 2024-(no end date)

Funding Category: Coordination

Status: Continued.

This is a core value of the AAA, Social Services Agency, and Alameda County. Current contracts, the RFPs in progress, coordination with cities’ age-friendly programs, and our contract monitoring ensure culturally competent programming.

Objective 1.5 The AAA will work with the Age Friendly Council, age friendly cities, county departments, and community stakeholders to establish and coordinate processes that identify and monitor the needs for priority populations, including those that are in most economic need, LGBTQIA+ older adults, older adults that are HIV positive, racially diverse populations, and veterans. This process will align programs with the greatest needs.

Dates: 2024-(no end date)

Funding Category: Coordination

Status: Continued.

AAA participates in the data and digital committees of the Age Friendly Council (AFC) to coordinate efforts across County departments and avoid duplication of effort. The ACA Chair also holds an AFC seat. The AFC incorporates the CWAP into their own planning. Our upcoming 2028-2032 Area Plan will incorporating results of the state LGBTQIA+ survey.

Objective 1.6 The AAA will advocate for more affordable housing options that meet the needs of older adults and reduce the number of older adults that experience homelessness and housing insecurity within Alameda County. The

AAA will support efforts to raise awareness and execute programs as they are available.

Dates: 2024-(no end date)

Funding Category: Administrative

Status: Continuing

Our Senior Information and Assistance services refer older adults to housing resources. We continue to look for ways to partner w housing providers and advocates, and provide a housing guide. Our advocacy partnerships also ensure we're connecting older adults with resources to age in place, such as fall prevention and nutrition programs that prevent seniors from having to choose between food and housing. Measure W, the local measure recently passed in the County, also views our services, especially nutrition, as housing preservation because they maintain older adults in housing and avoiding institutionalization.

Objective 1.7 The AAA will incorporate emergency preparedness and response guidance into distribution and education efforts and establish channels for emergency alerts.

Dates: 2024-(no end date)

Funding Category: Administrative

Status: Continued.

AAA, in partnership with the ADRC, coordinates planning with the Social Services Agency and California Department of Aging. AAA advocated for the successful passage of AB 1069, This state legislation gives AAAs, independent living centers (ILCs), and ADRC programs access to emergency shelters so that older adults and people with disabilities can continue to receive nutrition and other key services during disaster events. AAA has helped organize extensive training with SSA's Office of Public Affairs. The AAA director participates in annual Golden Eagle training with the County's Emergency Operations Center. The ADRC is also considering options for increasing its mobility and responsiveness in an emergency.

Goal #2: Increase public awareness and accessibility to information, resources, and services through the expansion of the County's Aging and Disability Resource Connection (ADRC) and the launching of new engagement efforts.

Rationale: Many residents who need services are unaware of what is available and how to access it. They want improved access to the support they need as older adults and/or caregivers.

Objective 2.1 The AAA will work in partnership with Center for Independent Living (CIL) and Community Resources for Independent Living (CRIL) to strengthen the Alameda County Aging and Disability Resource Connection (ADRC).

Dates: 2024-(no end date)

Funding Category: Administrative

Status: Continued.

The ADRC has met frequently to build out programs to enhance service delivery. , including an AI program that will assist workers providing resources to callers. A vendor has been procured. The ADRC is also expanding the subcommittee that will work on expanding care transition protocols.

Objective 2.2 Through the ADRC, the AAA will establish practices for collecting community input on the preferred methods for outreach and will update outreach processes according to the feedback.

Dates: 2024-(no end date)

Funding Category: Coordination

Status: Continued.

The ADRC surveys partner and client satisfaction. The ADRC website also provides [a feedback link for consumers](#). Responses have so far been positive for the website, though some have added they would like more resources to be available.

Objective 2.3 The AAA, along with its ADRC partners will consistently update the [ADRC's resource directory](#) at least once a quarter.

Dates: 2024-(no end date)

Funding Category: Administrative

Status: Continuing

The website is updated continuously and includes a built in link for providers to submit their organization for review and inclusion in the database, as well as to update pertinent information

Objective 2.4 The AAA will host an inaugural resource fair to increase engagement with older adults in the community and improve awareness of resources.

Dates: 2027

Funding Category: Administrative

Status: Continued

This will be implemented when staffing shortage is alleviated. AAA participates in numerous resource and health fairs.

Objective 2.5 The AAA will develop and release its first annual Impact Report to demonstrate the volume, breadth, and positive outcomes of services that have been provided by the AAA and its network of partners.

Dates: 2027

Funding Category: Administrative

Status: Continued

This will be implemented when staffing shortage is alleviated.

Goal #3: Deliver more coordinated and effective aging services through new and improved partnerships with county departments, healthcare organizations, Age-Friendly cities, and the Age-Friendly Council.

Rationale: Many efforts are occurring within the community to address aging issues and support older adults, but there is a need to communicate and coordinate better across programs to serve the community more effectively and efficiently. Improving collaboration will lead to greater awareness amongst providers, improve outreach and assistance to consumers, and prevent duplication of efforts.

Objective 3.1 The AAA will meet regularly with other Alameda County Departments to develop, plan, and participate in County-wide projects to represent, integrate, and coordinate services for older adults.

Dates: 2024-(no end date)

Funding Category: Administration

Status: Continued

AAA participates in the data and digital committees of the Age Friendly Council (AFC) to coordinate efforts across County departments and avoid duplication of effort. The ACA Chair also holds an AFC seat. (Also see Objective 1.5)

Objective 3.2 The AAA will coordinate across county departments, age-friendly cities, and others to establish a coordinated approach to assessing, designing, delivering, and measuring the effectiveness of programs for older adults across the County.

Dates: 2024 – (no end date)

Funding Category: Coordination

Status: Continued

The Cities of Oakland and San Leandro incorporated parts of the CWAP into their strategic plans for aging, and AAA staff served on the advisory committee for [Oakland's plan](#). We are in our second year of incorporating our providers into the GetCare database, designed to streamline reporting to the state, and using our data to add to the countywide results-based accountability effort. Staff serve on data committee for Age Friendly Council and multiple related committees to share information and avoid duplicated efforts. The AAA director serves on the board and legislative committee for the California Association of Area Agencies on Aging (C4A), the organization that) represents and supports 31 of California's AAAs.

Objective 3.3 The AAA will coordinate across county departments, age-friendly cities, and others to encourage the alignment of efforts occurring within the county to the State's Master Plan for Aging (MPA)

Dates: 2024-(no end date)

Funding Category:

Status: Administrative

The HCP-CNA program (see executive summary and item 3.1) has been [cited as model for the MPA](#) because of the coordination between County departments, community partners, and adult schools.

Objective 3.4 The AAA will collaborate with the Senior Services Coalition, which represents over 40 nonprofit and public organizations who advocate for policy change that improves the lives of seniors in the County, to align efforts to effect policy change.

Dates: 2024-(no end date)

Funding Category: Administrative

Status: Continued.

AAA monitors and participates in presentations on the federal, state, and local budgets. The AAA director serves on the statewide California Association of Area Agencies on Aging (C4A). The director of Adult and Aging Services, which houses the AAA, testifies at local and state hearings and helps to educate the BOS and state assembly members. Most recently, the AAA worked together with the Coalition to achieve inclusion of AAA programs in Measure W allocations

Objective 3.5 The AAA will partner with healthcare entities to strengthen the support for Medi-Cal recipients by increasing the awareness of home and community- based services available.

Dates: 2024-(no end date)

Funding Category: Administrative

Status: Continued

AAA partners with the Health Department to offer awareness and outreach events such as the Senior Injury Prevention Program (SIPP) conference, the Heart Health event featuring free blood pressure screening for the public, the two-day Brain Health in Alameda County conference, and our latest webinar on dementia. (See objective 1.3)

Objective 3.6 The AAA will support its service provider network to collaborate with healthcare entities to strengthen services for Medi-Cal recipients through new reimbursement opportunities.

Dates: 2024-(no end date)

Funding Category: Administrative

Status: Continued

The AAA is partnering with the County's Health Care Services and community partners understand and align services for older adults impacted by HR1.

AAA is also laying the groundwork to participate in the State's County-based Medi-Cal Administrative Activities (CMAA). The program not only promotes access to healthcare for clients in the county public health system but also aims to minimize healthcare costs and long-term healthcare needs for individuals. In turn, all agencies participating in the MAA program are eligible to receive federal reimbursement for the cost of performing these administrative activities. AAA staff have begun training to participate and AAA expects to begin participation in the third quarter of FY 26-27.

Goal #4: Advance community engagement for older adults, including social activities, volunteerism, and employment opportunities.

Rationale: A third of older adults surveyed in Alameda County felt that their social participation needs were unmet; many others feel undervalued, isolated, and lonely. Social isolation has a negative impact on health and well-being.

Objective 4.1 The AAA will engage the community to learn more about the interests in educational topics, classes, and other engagement opportunities as a response to the feedback received through the CWAP stakeholder engagement.

Dates: 2024-(no end date)

Funding Category: Coordination

Status: Continued

AAA receives community feedback by presenting at town hall and other events, regular meetings with providers and other front-line groups, our own events such as public forums and hearings. AAA also conducts provider and client satisfaction surveys.

Objective 4.2 The AAA will collaborate with senior centers to determine how to address community requests for expanded offerings and hours.

Dates: 2024 – (no end date)

Funding Category: Administrative

Status: Revised

In light of budget cuts due to local budget shortfalls, AAA has reached out as far as bringing in more programming, assessing unmet needs, and offering technical assistance. In addition, the Advisory Commission on Aging service delivery committee routinely visits senior centers to engage on services being delivered.

Objective 4.3 The AAA will develop materials to encourage organizations to understand the benefits of employing older adults and the options to explore. This effort will broaden and improve the opportunities for older adults interested in employment.

Dates: 2024-(no end date)

Funding Category: Administrative

Status: Revised

The Healthcare Career Pathways program, AAA’s partnership with the County’s Workforce Development Board, two community partners and an adult school, includes training for older adults (See Executive Summary and Objective 1.2)

Objective 4.4 The AAA will work with community partners to expand peer support group offerings for older adults to address topics such as grief, caregiving, and more.

Dates: 2024-(no end date)

Funding Category:

Status: Continued.

AAA collaborated with the health department to support a successful application for state funding for a local peer counseling service. AAA holds roundtables to share services such as end of life, grief counseling, family support services. Most recently, AAA staff help coordinate an in-house podcast to educate staff about anticipatory grief.

Objective 4.5 The AAA will launch a campaign to encourage volunteerism amongst older adults, increase social engagement, and improve the capacity of volunteer-driven programs.

Dates: 2024-(no end date)

Funding Category: Administrative

Status: Continued

AAA's updated volunteer policy for direct services and contractors has been approved by the California Department of Aging. AAA assists the ombudsman and other community partners with recruitment for critical volunteer roles. We provide advertising and announcements in our Senior Update newsletter and share on listserv, Senior Information and Assistance, and GovDelivery. We are engaged in recruiting for several positions on the Advisory Commission on Aging.

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 IIIB, IIIC-1, IIIC-2, IIID, and VII. Only report services provided; others may be deleted.

Please note: PSA 9 had to discontinue the service due to the closure of our provider; however, we are including adult day care in our 2026 RFPs to secure a new provider and resume service.

Adult Day / Adult Health Care (In-Home) Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	30,240	1	1.1 – 1.5
2025-2026	(see note above)	(see note above)	(see note above)
2026-2027	30,240	1	1.1 – 1.5
2027-2028	30,240	1	1.1 – 1.5

Case Management (Access) Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	16,314	1	1.1 – 1.6
2025-2026	16,314	1	1.1 – 1.6
2026-2027	16,314	1	1.1 – 1.6
2027-2028	16,314	1	1.1 – 1.6

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	35,938	1, 2	1.1 – 1.5, 2.1 – 2.5
2025-2026	35,938	1, 2	1.1 – 1.5, 2.1 – 2.5
2026-2027	35,938	1, 2	1.1 – 1.5, 2.1 – 2.5
2027-2028	35,938	1, 2	1.1 – 1.5, 2.1 – 2.5

Outreach (Access) Unit of Service = 1 contact

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	600	1, 2	1.1 – 1.5, 2.1 – 2.5
2025-2026	600	1, 2	1.1 – 1.5, 2.1 – 2.5
2026-2027	600	1, 2	1.1 – 1.5, 2.1 – 2.5
2027-2028	600	1, 2	1.1 – 1.5, 2.1 – 2.5

Legal Assistance Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	7,342	1	1.1 – 1.6
2025-2026	7,342	1	1.1 – 1.6
2026-2027	7,342	1	1.1 – 1.6
2027-2028	7,342	1	1.1 – 1.6

Congregate Meals Unit of Service = 1 meal

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	140,796	1	1.1 – 1.5
2025-2026	140,796	1	1.1 – 1.5
2026-2027	140,796	1	1.1 – 1.5

2027-2028	140,796	1	1.1 – 1.5
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Home-Delivered Meals Unit of Service = 1 meal

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	487,960	1	1.1 – 1.5
2025-2026	487,960	1	1.1 – 1.5
2026-2027	487,960	1	1.1 – 1.5
2027-2028	487,960	1	1.1 – 1.5

Nutrition Education Unit of Service = 1 session

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	8	1	1.1 – 1.5
2025-2026	8	1	1.1 – 1.5
2026-2027	8	1	1.1 – 1.5
2027-2028	8	1	1.1 – 1.5

AAPS Service Category – “Other” Title III Services

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

Title IIIB, Other Priority and Non-Priority Supportive Services

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

Other Supportive Service Category: Visiting Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	12,481	1, 4	1.1 – 1.5, 4.1, 4.4, 4.5
2025-2026	12,481	1, 4	1.1 – 1.5, 4.1, 4.4, 4.5
2026-2027	12,481	1, 4	1.1 – 1.5, 4.1, 4.4, 4.5
2027-2028	12,481	1, 4	1.1 – 1.5, 4.1, 4.4, 4.5

Other Supportive Service Category: Senior Center Activities Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	19,118	1, 4	1.1 – 1.5, 4.1, 4.2, 4.4, 4.5
2025-2026	19,118	1, 4	1.1 – 1.5, 4.1, 4.2, 4.4, 4.5
2026-2027	19,118	1, 4	1.1 – 1.5, 4.1, 4.2, 4.4, 4.5
2027-2028	19,118	1, 4	1.1 – 1.5, 4.1, 4.2, 4.4, 4.5

Other Supportive Service Category: Telephone Reassurance Unit of Service = 1 activity

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	4,416	1, 2	1.1 – 1.5, 2.1 – 2.5
2025-2026	4,416	1, 2	1.1 – 1.5, 2.1 – 2.5
2026-2027	4,416	1, 2	1.1 – 1.5, 2.1 – 2.5
2027-2028	4,416	1, 2	1.1 – 1.5, 2.1 – 2.5

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	4	1, 2	1.1 – 1.5, 2.1 – 2.5

2025-2026	4	1, 2	1.1 – 1.5, 2.1 – 2.5
2026-2027	4	1, 2	1.1 – 1.5, 2.1 – 2.5
2027-2028	4	1, 2	1.1 – 1.5, 2.1 – 2.5

- 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.

Title IIID/Health Promotion—Evidence-Based

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

- Powerful Tools for Caregivers- conducted by CityServe Tri Valley
- Enhance Fitness- Spectrum Community Services

Evidence-Based Programs Unit of Service = 1 contact

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	9,520	1	1.1 – 1.5
2025-2026	9,520	1	1.1 – 1.5
2026-2027	9,520	1	1.1 – 1.5
2027-2028	9,520	1	1.1 – 1.5

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

2024-2028 Four-Year Planning Cycle

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

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

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

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:

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

Fiscal Year	# of partially resolved or fully resolved complaints	Divided by the total number of Complaints	= Baseline Resolution Rate	Fiscal Year Target Resolution Rate
2022-2023	587		766	77
2023-2024	253	303	83%	85 % 2025-2026
2024-2025				_____ % 2026-2027
2026-2027				_____ % 2027-2028

Program Goals and Objective Numbers:

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

1.	FY 2022-2023 Baseline: Number of Resident Council meetings attended <u>8</u> FY 2024-2025 Target: <u>8</u>
2.	FY 2023-2024 Baseline: Number of Resident Council meetings attended 6 FY 2025-2026 Target: <u>7</u>
3.	FY 2024-2025 Baseline: Number of Resident Council meetings attended <u> </u> FY 2026-2027 Target: <u> </u>
4.	FY 2025-2026 Baseline: Number of Resident Council meetings attended <u> </u> FY 2027-2028 Target: <u> </u>
Program Goals and Objective Numbers: <u> </u>	

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

1.	FY 2022-2023 Baseline: Number of Family Council meetings attended <u>0</u> FY 2024-2025 Target: <u>1</u>
2.	FY 2023-2024 Baseline: Number of Family Council meetings attended 6 FY 2025-2026 Target: <u>5</u>
3.	FY 2024-2025 Baseline: Number of Family Council meetings attended <u> </u> FY 2026-2027 Target: <u> </u>
4.	FY 2025-2026 Baseline: Number of Family Council meetings attended <u> </u> FY 2027-2028 Target: <u> </u>
Program Goals and Objective Numbers: <u> </u>	

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

1.	FY 2022-2023 Baseline: Number of Instances <u>972</u> FY 2024-2025 Target: <u>1,00</u>
2.	FY 2023-2024 Baseline: Number of Instances 1505 FY 2025-2026 Target: 1550
3.	FY 2024-2025 Baseline: Number of Instances <u> </u> FY 2026-2027 Target: <u> </u>
4.	FY 2025-2026 Baseline: Number of Instances <u> </u> FY 2027-2028 Target: <u> </u>
Program Goals and Objective Numbers: <u> </u>	

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

1.	FY 2022-2023 Baseline: Number of Sessions <u>48</u>	
	FY 2024-2025 Target: <u>4</u>	
2.	FY 2023-2024 Baseline: Number of Instances <u>2001</u>	FY 2025-2026 Target: <u>2,000</u>
3.	FY 2024-2025 Baseline: Number of Instances, FY 2026-2027 Target: .	
4.	FY 2025-2026 Baseline: Number of Instances, FY 2027-2028 Target: .	
Program Goals and Objective Numbers: _____		

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

1.	FY 2022-2023 Baseline: Number of Sessions .	FY 2024-2025 Target: .
2.	FY 2023-2024 Baseline: Number of Sessions <u>21</u>	FY 2025-2026 Target: <u>15</u>
3.	FY 2024-2025 Baseline: Number of Sessions .	FY 2026-2027 Target: .
4.	FY 2025-2026 Baseline: Number of Sessions _____	FY 2027-2028 Target: .
Program Goals and Objective Numbers: _____		

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

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

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

planning, participation in legislative advocacy efforts related to LTC issues, etc.) Be specific about the actions planned by the local LTC Ombudsman Program.

Enter information in the relevant box below.

FY 2024-2025

FY 2024-2025 Systems Advocacy Effort(s): (Provide one or more new systems advocacy efforts)

1. Collaborative work with the Healthcare Career Pathway Program (HCP) to expand the program in Alameda County.
2. Outreach and engagement efforts to partner with CNA (Certified Nursing Assistant) programs providing services in Alameda County.

Continuation of building strong partnerships to offer accreditation and social supports for students that are recruited for the Healthcare Career Pathway Program.

Outcome of FY 2024-2025 Efforts: The successful launch of Alameda County’s HCP program has won national and statewide recognition. Thanks to AAA’s partnership with the County’s Workforce Development Board, Empowered Aging, the San Leandro Adult and Career Education Center, and Rubicon programs, approximately 75 HCP program graduates now help to address the shortage of healthcare workers for older and disabled adults. The program won a US Aging Innovations in Aging award and has also been cited as a model program by the CA Master Plan for Aging.

FY 2025-2026. The AAA’s goals for this program include:

1. Increase the Ombudsman’s visibility in the County. Leave marketing materials for residents to know how to reach out and signs visible throughout facility – every couple of feet and in residents’ rooms. Table tents for rooms. Engage residents, participate in residents’ councils. AAA has discussed and made strides with the provider. They have updated their website. We are partnering to Create opportunities to build collaborations such as holding a seat on the County’s Age-Friendly Council, which comprises multiple community-based organizations and stakeholders. The provider is also holding more than the required number of community education sessions and collaborating with law enforcement for abuse reports.
2. Assist the provider in increasing the number of complaints responded to in relation to the number of beds.
3. Return percentage of complaints resolved to pre-COVID levels. From 24-5, 199 complaints were resolved out of 280 received, approximately 71%. During the COVID crisis, most Ombudsman service units comprised information sessions and support to facilities. With the return of unannounced in-person visits, family councils, and resident councils, we intend to see a return to a 95% resolution rate and have given our provider additional funding towards that end.
4. Continue to prioritize addressing improper discharges and transfers, as these are recurring issues. Research shows that this systematic problem contributes to an increase in homelessness among seniors. Additionally, we will focus on financial abuse and fraud, which have also been linked to homelessness among our seniors.

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

Outcome 2.

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

Measures and Targets:

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

<p>1. FY 2022-2023 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint <u>8</u> divided by the total number of Nursing Facilities <u>74</u> = Baseline <u>11</u> %</p> <p>FY 2024-2025 Target: <u>80%</u></p>
<p>2. FY 2023-2024 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint <u>4</u> divided by the total number of Nursing Facilities <u>74</u> = Baseline <u>5</u> %</p> <p>FY 2025-2026 Target: <u>80%</u></p>
<p>3. FY 2024-2025 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint divided by the total number of Nursing Facilities <u> </u> = Baseline <u> </u> %</p> <p>FY 2026-2027 Target: <u> </u></p>

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

FY 2027-2028 Target: _

Program Goals and Objective Numbers: ____

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

1. FY 2022-2023 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint 0 divided by the total number of RCFEs 234 = Baseline 0%

FY 2024-2025 Target: 80 %

2. FY 2023-2024 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint 1 divided by the total number of RCFEs 232 = Baseline 0%

FY 2025-2026 Target: **80%**

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

FY 2026-2027 Target: _

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

FY 2027-2028 Target: _

Program Goals and Objective Numbers: ____

C. Number of Full-Time Equivalent (FTE) Staff (NORS Element S-23) This number may only include staff time legitimately charged to the LTC Ombudsman Program. Time spent working for or in other programs may not be

included in this number. For example, in a local LTC Ombudsman Program that considers full-time employment to be 40 hour per week, the FTE for a staff member who works in the Ombudsman Program 20 hours a week should be 0.5, even if the staff member works an additional 20 hours in another program.

1.	FY 2022-2023 Baseline: 5____FTEs FY 2024-2025 Target: 7__FTEs
2.	FY 2023-2024 Baseline: 4____FTEs FY 2025-2026 Target: 5_ FTEs
3.	FY 2024-2025 Baseline:_____FTEs FY 2026-2027 Target: __FTEs
4.	FY 2025-2026 Baseline: _____FTEs FY 2027-2028 Target: __ FTEs
Program Goals and Objective Numbers: ____	

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

1.	FY 2022-2023 Baseline: Number of certified LTC Ombudsman volunteers 5 FY 2024-2025 Projected Number of certified LTC Ombudsman volunteers 8_____
2.	FY 2023-2024 Baseline: Number of certified LTC Ombudsman volunteers 3 ____ FY 2025-2026 Projected Number of certified LTC Ombudsman volunteers 5_____
3.	FY 2024-2025 Baseline: Number of certified LTC Ombudsman volunteers _____ FY 2026-2027 Projected Number of certified LTC Ombudsman volunteers _____
4.	FY 2025-2026 Baseline: Number of certified LTC Ombudsman volunteers _ FY 2027-2028 Projected Number of certified LTC Ombudsman volunteers _____
Program Goals and Objective Numbers: ____	

Outcome 3.

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

Measures and Targets:

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

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

Fiscal Year 2024-25

Empowered Aging maintains a robust data compliance program that includes ongoing case review and data management. The Local Program Coordinator reviews all closed cases for accuracy and adherence to case standards. All open cases are reviewed to ensure that they have been handled in a timely fashion consistent with the organization’s reporting standards. The Local Program Coordinator also completes a monthly data review of all activities and addresses any areas of concern.

Fiscal Year 2025-2026

- To increase the accuracy, timeliness, and consistency of NORS data reporting, our provider will implement several internal strategies:
Hire additional staff to expand territory coverage and ensure adequate capacity to meet reporting and documentation requirements.
- Establish internal systems for capturing data more consistently, including documentation of routine access visits, case closures, ombudsman activities, advance health care directives, and family and resident council meetings.
- Participate in monthly agency case review meetings to ensure cases are being handled appropriately and entered accurately prior to submission. U
- Utilize interns to assist with administrative tasks such as returning phone calls, responding to voicemail messages, and scheduling high-priority meetings, allowing ombudsman staff to focus on timely case documentation and reporting.

Fiscal Year 2026-2027

Fiscal Year 2027-2028

TITLE VII ELDER ABUSE PREVENTION SERVICE UNIT PLAN

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

<input type="checkbox"/>	Ombudsman Program
<input checked="" type="checkbox"/>	Legal Services Provider
<input type="checkbox"/>	Adult Protective Services
<input type="checkbox"/>	Other (explain/list)

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

Units of Service categories include public education sessions, training sessions for professionals, training sessions for caregivers served by a Title IIIIE 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 IIIIE** –Indicate the total number of projected training sessions for unpaid family caregivers who are receiving services under Title IIIIE 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.

PSA 9

TITLE VII ELDER ABUSE PREVENTION SERVICE UNIT PLAN

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

Total # of	2024-2025	2025-2026	2026-2027	2027-2028
Individuals Served	1,400	1,400	1,400	
Public Education Sessions	12	12	12	
Training Sessions for Professionals				
Training Sessions for Caregivers served by Title III E				
Hours Spent Developing a Coordinated System				

Fiscal Year	Total # of Copies of Educational Materials to be Distributed	Description of Educational Materials
2024-2025	1,920	<p>Flyers and education materials that:</p> <ul style="list-style-type: none"> • Explain what elder abuse is and the laws that address it. • Identify signs of financial, emotional, physical abuse, and neglect. • Review legal remedies available to abused elders, including restraining orders. • Cover practical tips to help prevent abuse. <p>Provide information on agencies that can help.</p>
2025-2026	2,000	See above
2026-2027		
2027-2028		

PSA 9

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 the five federally mandated service categories below that encompass 16 subcategories. Refer to the [CDA Service Categories and Data Dictionary](#) for eligible activities and service unit measures:

1. Access Services
2. Information Services
3. Respite Services
4. Supplemental Services
5. Support Services

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.

**Direct and/or Contracted III E Services – Caregivers of Older Adults (COA)
 Provided to family caregivers of adults aged 60 and older or of individuals of any age with
 Alzheimer’s diseases or related disorder.**

SUB-CATEGORIES (16 total)	1	2	3
	Proposed Units of Service	Required Goal #(s)	Required Objective #(s)
Caregiver Access Case Management	Total Hours	Required Goal #(s)	Required Objective #(s)
2024-2025	2,238	1	1.1
2025-2026	2,305	1	1.1
2026-2027			
2027-2028			
Caregiver Access Information & Assistance	Total Hours	Required Goal #(s)	Required Objective #(s)
2024-2025	2,081	1, 2	1.1-1.5, 2.2-2.5
2025-2026	2,000	1, 2	1.1-1.5, 2.2-2.5
2026-2027			
2027-2028			
Caregiver Information Services	# of Activities and Total Estimated Audience above	Required Goal #(s)	Required Objective #(s)

2024-2025	# of Activities: 165 Est. Audience: 4,000	1, 2	1.1-1.5, 2.2-2.5
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2025-2026	# of Activities: 165 Est. Audience: 4,000	1, 2	1.1-1.5, 2.2-2.5
2026-2027	# of Activities: Est. Audience:		
2027-2028	# of Activities: Est. Audience:		
Caregiver Respite In-Home	Total Hours	Required Goal #(s)	Required Objective #(s)
2024-2025	9,612	1	1.1-1.5
2025-2026	9,612	1	1.1-1.5
2026-2027			
2027-2028			
Caregiver Respite Out-of-Home Day Care	Total Hours	Required Goal #(s)	Required Objective #(s)
2024-2025	1,209	1	1.1-1.5
2025-2026	1,209	1	1.1-1.5
2026-2027			
2027-2028			

Caregiver Supplemental Services Caregiver Assessment	Total Hours	Required Goal #(s)	Required Objective #(s)
2024-2025	72	1	1.1-1.5
2025-2026	72	1	1.1-1.5
2026-2027			
2027-2028			
Caregiver Support Groups	Total Sessions	Required Goal #(s)	Required Objective #(s)
2024-2025	1,800	1,4	1.1-1.5, 4.4
2025-2026	1,800	1,4	1.1-1.5, 4.4
2026-2027			
2027-2028			

Caregiver Support Training	Total Hours	Required Goal # (s)	Required Objective # (s)
2024-2025	1,210	1	1.1-1.5
2025-2026	1,210	1	1.1-1.5
2026-2027			
2027-2028			
Caregiver Support Counseling	Total Hours	Required Goal # (s)	Required Objective # (s)
2024-2025	6,561	1	1.1-1.5
2025-2026	6,561	1	1.1-1.5
2026-2027			
2027-2028			

COA Caregiver Supplemental Services Caregiver Assessment	Total Hours	Required Goal # (s)	Required Objective # (s)
2024-2025	72	1	1.1-1.5
2025-2026	72	1	1.1-1.5
2026-2027			
2027-2028			

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

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

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

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

STATE & FEDERAL PERFORMANCE TARGETS: HICAP is assessed based on State and Federal Performance Measures. AAAs should set targets in the service unit plan that meet or improve on each PM displayed on the [HICAP State and Federal Performance Measures tool](#):

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	1875	1
2025-2026	1875	1
2026-2027		
2027-2028		
HICAP Fiscal Year (FY)	PM 1.2 Public and Media Events (PAM) (Estimated)	Goal Numbers
2024-2025	185	1
2025-2026	185	1
2026-2027		
2027-2028		

SECTION 2: FEDERAL PERFORMANCE MEASURES

HICAP Fiscal Year (FY)	PM 2.1 Client Contacts (Interactive)	Goal Numbers
2024-2025	5,555	1
2025-2026	5,555	1
2026-2027		
2027-2028		
HICAP Fiscal Year (FY)	PM 2.2 PAM Outreach (Interactive)	Goal Numbers
2024-2025	2,643	1
2025-2026	2,643	1
2026-2027		
2027-2028		
HICAP Fiscal Year (FY)	PM 2.3 Medicare Beneficiaries Under 65	Goal Numbers
2024-2025	535	1

2025-2026	535	1
2026-2027		
2027-2028		

HICAP Fiscal Year (FY)	PM 2.4 Hard to Reach (Total)	PM 2.4a LIS	PM 2.4b Rural	PM 2.4c ESL	Goal Numbers
2024-2025	3,209	2,442	0	767	1
2025-2026	3,209	2,442	0	767	1
2026-2027					
2027-2028					

HICAP Fiscal Year (FY)	PM 2.5 Enrollment Contacts (Qualifying)	Goal Numbers
2024-2025	5,481	1
2025-2026	5,481	1
2026-2027		
2027-2028		

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

HICAP Fiscal Year (FY)	PM 3.1 Estimated Number of Clients Represented Per FY (Unit of Service)	Goal Numbers
2024-2025	100	1
2025-2026	100	1
2026-2027		
2027-2028		
HICAP Fiscal Year (FY)	PM 3.2 Estimated Number of Legal Representation Hours Per FY (Unit of Service)	Goal Numbers
2024-2025	1,000	1
2025-2026	1,000	1
2026-2027		
2027-2028		

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

SECTION 9. SENIOR CENTERS & FOCAL POINTS

COMMUNITY SENIOR CENTERS AND FOCAL POINTS LIST

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

In the form below, provide the current list of designated community senior centers and focal points with addresses.

Designated Community Focal Point	Address
Jewish Community Center East Bay	1414 Walnut St. Berkeley, CA 94709
J-Sei	1285 - 66th Street, Emeryville CA 94608
Korean Community Center of East Bay	101 Callan Ave. Suite 400, San Leandro, CA 94577
Robert Livermore Community Center	4444 East Ave. Livermore, CA 94550
San Lorenzo Community Center	1970 Via Buena Vista San Lorenzo, CA 94580
Weekes Community Center	27182 Patrick Dr. Hayward, CA 94544
Senior Center	Address
Age Well Center at Lake Elizabeth	40086 Paseo Padre Pkwy. Fremont, CA 94538
Age Well Center at South Fremont	47111 Mission Falls Ct. Fremont, CA 94538
Albany Senior Center	846 Masonic Ave. Albany, CA 94706
Clark W. Redeker Newark Senior Center	7401 Enterprise Dr. Newark, CA 94560
Downtown Oakland Senior Center	200 Grand Ave. Oakland, CA 94610
Dublin Senior Center	7600 Amador Valley Blvd. Dublin, CA 94568
East Bay Korean-American Senior Center	1723 Telegraph Ave. Oakland, CA 94612
East Oakland Senior Center	9255 Edes Ave. Oakland, CA 94609
Emeryville Senior Center	4231 Salem St. Emeryville, CA 94608
Fruitvale-San Antonio Senior Center	3301 East 12 th St. Oakland, CA 94601
Hayward Senior Center	22325 North 3 rd St. Hayward, CA 94546
Hong Lok Senior Center	275 - 7 th St. Oakland, CA 94607
Kenneth C. Aitken Senior Center	17800 Redwood Rd. Castro Valley, CA 94546
Mastick Senior Center	1155 Santa Clara Ave. Alameda, CA 94501
North Berkeley Senior Center	1900 Sixth St. Berkeley, CA 94710

North Oakland Senior Center	5714 Martin Luther King Jr., Oakland, CA 94609
Pleasanton Senior Center	5353 Sunol Blvd. Pleasanton, CA 94566
Ruggieri Senior Center	33997 Alvarado-Niles Rd. Union City, CA 94587
San Leandro Senior Community Center	13909 East 14 th St. San Leandro, CA 94578
South Berkeley Senior Center	2939 Ellis St. Berkeley, CA 94703
West Oakland Senior Center	1724 Adeline St. Oakland, CA 94607

SECTION 10. FAMILY CAREGIVER SUPPORT PROGRAM

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

2024-2028 Four-Year Planning Cycle

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

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

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.

Family Caregiver Services

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

Older Relative Caregiver Services: not included at this time

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

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

Example of Justification:

1. Provider name and address:

ABC Aging Services 1234 Helping Hand Drive City, CA Zip

2. Description of the services(s) they provide (services should match those in the CDA Service Category and Data Dictionary):

This agency offers Supplemental Services/Home Modifications and Supplemental Services/Assistive Technologies. We can refer family caregivers in need of things such as shower grab bars, shower entry ramp, medication organizer/dispenser, iPad for virtual medical visits, etc.

3. Where are the service is provided (entire PSA, certain counties, etc.)?Entire PSA
4. How does the AAA ensure that the service continues to be provided in the PSA without the use of Title IIIIE funds?

This agency is listed in our Information and Assistance Resource File as a non-OAA community-based organization. The AAA updates the I&A resource file annually. During this process, the AAA calls the agency to confirm information is still accurate and up to date.

When the AAA released its last RFP, it did not receive bid responses to provide FCSP Supplemental Services. The services are provided in the PSA. For example, the On Lok PACE program located at 3683 Peralta Blvd, Fremont, CA, provides assistive devices. The service is provided in Southern Alameda County.

For FCSP Grandparent Services, the AAA only received a bid response to provide Respite Services. The agency providing the service, [Family Support Services of the Bay Area](#), 401 Grand Avenue, Suite 500, Oakland, CA 94610, , offers a full range of services, including information & assistance, support groups, workshops & training and supplemental services (captured as “Basic Needs” on their agency budget). These services are provided in Northern Alameda County, including Albany through Oakland.

The AAA has again invited providers to bid for this service in the 2026-2030 RFP.

SECTION 11. LEGAL ASSISTANCE

2024-2028 Four-Year Area Planning Cycle

This section must be completed and submitted annually. The Older Americans Act Reauthorization Act of 2020 designates legal assistance as a priority service under Title III B [42 USC §3026(a)(2)]¹². CDA developed *California Statewide Guidelines for Legal Assistance* (Guidelines), which are to be used as best practices by CDA, AAAs and LSPs in the contracting and monitoring processes for legal services, and located at:

https://aging.ca.gov/Providers_and_Partners/Legal_Services/#pp-gg

Based on your local needs assessment, what percentage of Title IIIB funding is allocated to legal services?

A total of 15% is allocated to Legal Services based on the local needs assessment.

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.

The legal services provider has a written policy for soliciting and accepting voluntary contributions from their recipients.

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 Legal Assistance for Seniors (LAS) is routinely reviewed to ensure program-specific memos clearly outline the expectations and requirements. A contract monitoring process is also in place and detailed within the contract, which requires regular reporting of performance data. Monitoring includes a site visit and discussion of performance metrics and program design, as well as staffing, policies, and procedures.

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.

Our contract with LAS requires them to set priorities with AAA's approval, to attend the AAA's monthly meetings and all training for AAA providers, and to work closely with the Ombudsman to address the concerns of LTC residents and their families. Like all AAA providers, LAS must submit data each month along with their invoices. AAA and LAS meet at least twice a year to review progress, and LAS and AAA also work together as part of organizations that serve the County's older adults, such as Alameda County's Age Friendly Council.

What are the top four (4) legal areas the LSP(s) prioritizes in your PSA? Do the AAA and LSP(s) jointly work to identify the priority areas?

The legal services priorities reflect those in the AAA's Area Plan and Area Plan Updates.

- A. Elder abuse, including restraining orders and "kick-out" orders to remove abusers living in older adults' homes.
- B. Health law, including Medicare, Medi-Cal, and private insurance issues.
- C. Naturalization, including assisting older adults in applying for fee waivers and disability waivers for the language and testing component of the citizenship interview.
- D. Public benefits, including Social Security and SSI eligibility, reductions, and overpayment issues.

A recent study out of UCSF states that older adults are a significant portion of the newly homeless in Alameda County and highlights the critical nature of preventative services, such as legal representation, to stabilize housing. When older adults are displaced, they lose their homes, cultural community, caregivers, networks, and stability. These losses can cause severe health implications and premature death.²¹ Older adults cannot wait for new construction. The AAA and LAS believe older adults and the affordable housing they reside in must be protected and preserved in place. The organization is focused on providing legal services related to housing issues.

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?

Local needs for legal assistance have changed over the past four years, with increased focus on consumer law, estate planning, and housing preservation. This has not impacted funding levels but impacts outreach efforts and service prioritization.

This increased focus responds to:

- a) Increase fraud and scams targeting older adults;
- b) Growing awareness of the need to educate the community about estate planning, probate court and housing preservation, particularly for African American residents. In Alameda County, lack of estate planning has contributed to evictions and housing losses that disproportionately affect African Americans.

However, the AAA continues its longtime efforts to combat elder abuse through both Legal Services and the Health Insurance Counseling and Advocacy Program (HICAP). Guardianship of minor children and public benefits also remain priorities to keep older adults and families safe and stable in their homes and prevent the need for future services.

What are the target groups in your PSA? Do the AAA and LSP(s) jointly work to identify the target groups?

In accordance with the Area Agency on Aging's Area Plan and Area Plan Update, Legal Assistance for Seniors (LAS) provides legal services to vulnerable older adults, including non-English speaking, those who are isolated, those living with disabilities, and/or residents of skilled nursing facilities and other group settings. Minimum age is between 50 and 60 depending on case type.

What methods of outreach are the LSP(s) using to reach the target groups?

Legal Assistance for Seniors (LAS) provides several different methods of outreach to ensure that the senior community is aware of the services available and can access them.

LAS holds office hours each month at senior centers throughout Alameda County, including Fremont Senior Center, Hayward Senior Center, and Alameda Senior Center. LAS also provides free community education presentations at locations throughout Alameda County on topics of interest to older adults, including How to Prevent Medicare Fraud and Abuse, An Overview of Long-Term Care, and How to Get Help with Healthcare Costs, among others. Through these presentations, older adults are also able to learn about the free services offered by LAS. In addition to providing community

education presentations, LAS staff and volunteers also conduct outreach at health and community fairs; between LAS' outreach efforts and community education presentations, LAS reaches thousands of Alameda County older adults each year. LAS maintains a large network of community partners through collaboration and service provider groups to ensure that partners can easily refer older adults who need legal services to the agency. Additionally, LAS provides technical assistance to community partners to help them improve their services to older adults.

LAS reaches older adults by maintaining a multi-lingual staff, giving community presentations in multiple languages, and using a phone interpreter service to communicate with clients when needed. LAS also reaches older adults in isolated areas by traveling to locations throughout the county to give presentations, including at senior centers, senior living facilities, and community centers. LAS holds office hours each month at several senior centers throughout the county to meet with clients who may find it difficult to travel to LAS' Oakland office. LAS attorneys make home visits to older adults who cannot travel due to health or financial concerns.

LAS is evaluating legal service delivery to determine if there are vulnerable populations that the agency has not been effective in reaching. Through analysis of agency data and conversations with community partners, LAS is striving to make sure the most vulnerable older adults in the community are receiving the legal services they need.

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 access LAS services through several different means. Adult Protective Services, the Department of Children and Family Services, and other community partners refer many clients. In addition to referrals, older adults also contact the LAS office either by phone or through the LAS website. Finally, older adults who attend LAS education presentations can ask questions after the presentation. If they have an issue that falls within LAS' practice areas, an LAS staff member will follow up with them after the presentation to provide additional information or assistance.

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

A major barrier to access to services is transportation and mobility issues. LAS has made home visits available to older adults who, for economic reasons or physical limitations, cannot easily travel from their homes. Without someone going to their home or to a meeting place close to their home, many

older people would not be able to access the services they need to stay in their homes. Many of the elder abuse clients have been living in unsafe and dangerous situations for many years and have had difficulty finding help. Being able to connect face-to-face with an attorney helps the confidence of the older adults served so they may move forward and take the steps to get protection. During a home visit, the LAS attorney is also able to identify several other needs of the older adult. The attorneys help address other issues even though it may not have been the initial reason the older adult requested assistance or legal services in nature. Being able to meet an older adult in a safe place is the most effective way to assist with their needs.

How many LSPs 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		

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

Fiscal Year	Name of Provider	Geographic Region covered
2024-2025	a. Legal Assistance for Seniors b. c.	a. Countywide b. c.
2025-2026	a. Legal Assistance for Seniors b. c.	a. Countywide b. c.
2026-2027	a. Legal Assistance for Seniors b. c.	a. Countywide b. c.
2027-2028	a. b. c.	a. b. c.

What other organizations or groups does your LSP(s) 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).

Legal Assistance for Seniors (LAS) coordinates with the Long-Term Care Ombudsman program at Empowered Aging, including making cross-referrals.

While LAS is not a Legal Services Corporation funded program, they are active members of the Community Projects Committee of the Alameda County Bar Association. The Community Projects Committee is a forum of all legal services organizations in Alameda County, many of which are funded by Legal Services Corporation. The member organizations meet monthly to share knowledge and help improve delivery of legal services in the County.

LAS works closely with community collaborators to ensure that the organization provides the strongest possible services to indigent older adults throughout Alameda County. LAS has direct contracts with the county of Alameda to provide legal services in elder abuse, guardianship, immigration, public benefits, and health law. LAS is also appointed by the Alameda County probate court to represent proposed conservatees. LAS holds a contract with Alameda County Adult Protective Services (APS). The legal services provider, Legal Assistance for Seniors, is contracted to provide a minimum of 1,800 HICAP services to eligible Older Adults each year. The provider collaborates regularly with other CBOs to deliver community education presentations, attend outreach events, and provide in-person counseling. The provider also attends AAA Provider meetings which serve as an additional resource for AAA providers to receive information on HICAP's program deliverables.

LAS works closely with partner organizations to provide services and recruit volunteer educators to reach diverse older adults in the spaces they visit for community engagement, health care, and access to resources (e.g. Korean Community Center of the East Bay, Tiburcio Vasquez Health Center, Community Resources for Independent Living, Pleasanton Senior Center). LAS and the Ombudsman jointly present HICAP information to the County's interdisciplinary Age Friendly Council, the AAA's Senior Information and Assistance Roundtable, and the ADRC.

LAS works closely with several other organizations, including:

- 1) The Alameda County Bar Association to provide a guardianship workshop.
- 2) Family Support Services of the Bay Area (FSSBA) to provide ongoing support for guardianship clients.

- 3) The Alameda County Kinship Collaborative, a group of service providers focused on families headed by kin caregivers.
- 4) The Court Bench Bar meeting, run by the court aimed at providing better services to the community.
- 5) The Community Projects Committee, a group of nonprofit legal service providers that provide information and training to serve the indigent population better.
- 6) The District Attorney's Office, to create a collaborative approach to victim's rights.
- 7) The Senior Services Coalition, to coordinate services and support among senior service providers.

LAS partners with cities, senior housing facilities, senior centers, and community centers within the County to create a service network for seniors. On a statewide level, LAS presents an annual Conference on Elder Abuse for attorneys, social workers, fiduciaries, health care professionals, care managers, advocates, and others committed to preventing and responding to elder abuse. This year, the Conference will mark its 20th anniversary.

The Federal Trade Commission estimates that scammers stole up to \$81.5 billion from older adults in 2024, a fourfold increase from 2020. Against this backdrop, we are experiencing unprecedented attacks on our social safety net, our federal regulatory agencies, and our immigrant communities. This year's conference will focus on protecting and finding stability for older adults in these extraordinarily difficult times.

Co-hosted by the UCSF-UC Law Consortium on Law, Science & Health Policy, the conference will take place at UC Law San Francisco on Wednesday, May 20th. LAS is always searching for new and innovative community partners to ensure the highest quality services to older adults in Alameda County.

SECTION 12. DISASTER PREPAREDNESS

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

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

The AAA is part of the Alameda County structure and, therefore, conforms to the County's overall plan for disaster response and preparedness. This year, the Area Agency on Aging Director will participate in a [regional full scale disaster preparedness exercise](#) coordinated by the County's Office of Emergency Services. Participants will practice: coordinating operations between state and local governments and other responding agencies, utilizing regional communication, conducting and evaluating field operations in response to a complex, coordinated terrorist attack, activating the Bay Area Joint Information system, and activating and evaluating emergency communications, including auxiliary systems, throughout the Bay Area.

[The Alameda County Social Services Agency \(ACSSA\), where the AAA is housed, has been designated within the Alameda County Emergency Operations Plan as the lead in the Mass Care and Shelter Branch and related planning and response duties.](#) ACSSA also participates in implementation [of the County's 2023 Climate Action Plan for Government Services and Operations \(GOCAP\)](#), including provision of disaster preparedness support for older adults.

One element of the County's plan enforces the requirement of County staff, including AAA staff, to serve as OFFICIAL DISASTER SERVICE WORKERS in accordance with Section 3100 of the California Government Code. The AAA participates fully in the Social Service Agency's (SSA) Health & Safety activities and Disaster Preparedness & Emergency Response planning and coordination protocols. These protocols include identifying onsite physical areas of responsibility during an emergency, performing preparedness resource readiness evaluations, and participating in announced evacuation drills as well as unannounced timed evacuation drills administered by the City of Oakland Fire Department.

The AAA coordinates with several community preparedness agencies, including county's Office of Emergency Services (OES), Eden Information and Assistance, the American Red Cross, Alameda County Volunteer Organizations Active in Disaster (VOAD), and Community Emergency Response Teams (CERT) from various cities in Alameda County. The AAA regularly receives and disseminates safety information briefings, advisories, and updates from the CDA-AAA Disaster Assistance Coordinator.

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
Lorena Briseño	Office of Disaster Preparedness and Emergency Manager	Office: 510-271-9174	lbriseno@acgov.org

3 .Identify the Disaster Response Coordinator within the AAA:

Name	Title	Telephone	Email
Kim Fogel	Management Analyst	Office: 510-577-3536	krfogel@acgov.org

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

Critical Services	How Delivered?
A Public outreach and assistance to older adults	A Trained individuals on the staff and volunteers
B Information & Assistance Services	B Trained individuals on the staff
C Coordination with local government partners	C Following the procedures set in place by SSA

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

Critical Services	How Delivered?
A. Communication with staff and subcontractors	The AAA maintains electronic and hard copy files of providers' contact information to ensure adequate avenues of communication with subcontractors regardless of circumstance

<p>B. Access to information regarding older adult services</p>	<p>The AAA will work to establish communication with service providers, verify provider operational status, confirm provider level of functionality, and inform consumers of service availability.</p> <p>The County will strengthen cross-sector partnerships among subject matter experts and professionals in emergency preparedness older adult public health and Alzheimer’s Disease and related dementias (ADRD) across the 14 cities and 6 unincorporated areas in Alameda County to ensure that emergency plans at all levels address the specific needs of people with dementia and their caregivers. (See section 4.6 for more information about the County’s efforts for people living with ADRD.)</p>
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2. List critical resources the AAA needs to continue operations.
 - Access to telecommunications and cellular service
 - Access to computers, servers, and related technology
 - Access to funding and operational resources

3. List any agencies or private/non-government organizations with which the AAA has formal or nonformal emergency preparation or response agreements. (contractual or MOU)

The AAA is part of the Social Services Agency of Alameda County and, as a result, has a countywide agreement with the Alameda County Office of Homeland Security and Emergency Services. SSA is responsible for coordinating and managing countywide Care and Shelter Operations through the Alameda County OES in the event of a disaster or emergency. The AAA performs vital functions in fulfilling SSA’s broad coordination and management role, particularly as it relates to the County’s older adult residents.

The Alameda County umbrella also offers the benefit of AC Alert for emergency message communication. AC Alert is the Mass Notification System used by City and County agencies throughout Alameda County to rapidly disseminate emergency alerts to people with residential, business, or social associations with Alameda County. AC Alert allows participants to provide multiple methods of contact and designate multiple locations in Alameda County to receive emergency alerts. AC Alert can send alerts by voice, text, email, Nixle messaging, social media posting, and FEMA Wireless Alerts.

The AAA requires its Community-Based Organization (CBO) service providers to develop and implement a written Agency Emergency Operations Plan at the onset of each four-year funding cycle. Each subsequent year of the funding cycle, the plan must be updated and include an Incident Command System (ICS) protocol. The plan must ensure the provision of critical services to meet the emergency needs of consumers they are charged to serve during medical or natural disasters, such as earthquakes or floods. The plan must include assurances that preparations have been made in the following areas: 1) preparation of the facility, 2) training for all staff, volunteers, and participants in the Agency’s emergency operations plan, and 3) fire safety preparations.

The template for the plan is provided to the contract CBO by the AAA.

The AAA's CBO Home Delivered Nutrition providers perform client status checks and provide emergency food packs consisting of shelf-stable food and water for the Meals on Wheels clients. The AAA also funded the purchase of infrastructure items such as vehicles and refrigerators for Home Delivered Nutrition providers to ensure their ability to respond during the COVID 19 lockdown.

4. Describe how the AAA will:

- Identify vulnerable populations:

The AAA has worked with the County-wide disaster planning team and service providers to identify vulnerable older adults and establish effective communication methods.

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

The AAA has worked with the County-wide disaster planning team, its network of service providers, and residents to identify and understand potential needs.

- Follow up with vulnerable populations after a disaster event.

The AAA maintains a database containing information regarding ADLs and IADLs representing the level of functional ability of individuals; however, the AAA database does not cross-reference this data with telephone contact information. The AAA will first work to establish adequate communication with service providers and subsequently, to coordinate appropriate follow-up through contract service providers. The AAA Senior Info Hotline, Senior Info Email distribution, SSA's Office of Public Affairs, and SSA's Office of Disaster Preparedness and Emergency Management, provide additional avenues for communication and follow-up with vulnerable populations.

5. How is disaster preparedness training provided?

- AAA to participants and caregivers
- To staff and subcontractors

PSA ____

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	24-25	25-26	26-27	27-28
<input checked="" type="checkbox"/> Information and Assistance <input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Outreach	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Program Development <input checked="" type="checkbox"/> Coordination	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Long Term Care Ombudsman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Title III D	24-25	25-26	26-27	27-28
<input type="checkbox"/> Health Promotion – Evidence-Based	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Title III E ⁹	24-25	25-26	26-27	27-28
<input type="checkbox"/> Information Services <input type="checkbox"/> Access Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Support Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Respite Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Supplemental Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Title VII	24-25	25-26	26-27	27-28
<input type="checkbox"/> Long Term Care Ombudsman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Title VII	24-25	25-26	26-27	27-28
<input type="checkbox"/> Prevention of Elder Abuse, Neglect, and Exploitation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

The AAA employs many methods to ensure that target populations throughout the PSA will be served, including providing Outreach, Information, and Assistance services countywide. The AAA also publishes a quarterly newsletter distributed via hard copy as well as through electronic media. The newsletter includes contributions from staff, outside contributors, and Commissioners.

⁸ Refer to CDA Service Categories and Data Dictionary.

SECTION 14. REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES

Complete and submit for CDA approval each direct service not specified 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: Public Information

Check applicable funding source: III B

III C-1

III C-2

III E

VI

HICAP

Request for Approval Justification:

Necessary to Assure an Adequate Supply of Service OR

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

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

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

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

The AAA publishes a quarterly newsletter that is distributed via hard copy as well as through electronic media. The newsletter includes contributions from staff, outside experts, and Commissioners. The AAA is only charging for production of materials, not for staff time. The in-kind contribution of staff and volunteers is the most cost-effective approach to delivering this product.

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

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

SECTION 15. GOVERNING BOARD

GOVERNING BOARD MEMBERSHIP
2024-2028 Four-Year Area Plan Cycle
CCR Article 3, Section 7302(a)(11)

Total Number of Board Members: 5

Name and Title of Officers: Office Term Expires:

David Haubert, President, District 1	1/8/29
Lena Tam, Vice President, District 3	1/4/27

Names and Titles of All Members: Board Term Expires:

Elisa Márquez, District 3	1/4/27
Nate Miley, District 4	1/8/29
Nikki Fortunato Bas, District 5	1/8/29

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

N/A

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) 21 _____

Number and Percent of Council Members over age 60: 9 members, 67 percent of Council

% Of PSA's % on Council

Race/Ethnic Composition	60+Population	Advisory
White	46	36
Hispanic	11	9
Black	12	36
Asian/Pacific Islander	28	9
Native American/Alaskan Native	0.6	0
Other	2	20

Name and Title of Officers: Office Term Expires:

Laura McMichael-Cady, Chair	2/17/27
Denyse McCowan, Vice Chair	10/11/27

Name and Title of other members: Office Term Expires:

Priscilla Banks	7/9/28
John A. Schinkel-Kludjian	2/18/29
Dori Ellis	5/14/29
Michael V. Goetz	8/6/28
Jeffrey Macapinlac	1/27/30

Mari-Lyn H. Harris	3/24/30
Johnny O'Brien	7/22/29
Helen Mayfield	5/13/29
Regina R. Guillory	9/9/29

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):

The Commission has multiple vacancies, and the ACA is currently working with appointing entities (Board of Supervisors, Conference of Mayors) and their representatives to fill the vacancies. The CWAP public forums and public hearing also included announcements of the vacancies and information on applying.

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?

When terms expire, members are permitted to remain in their positions until reappointments are secured. There are currently no members with expired terms.

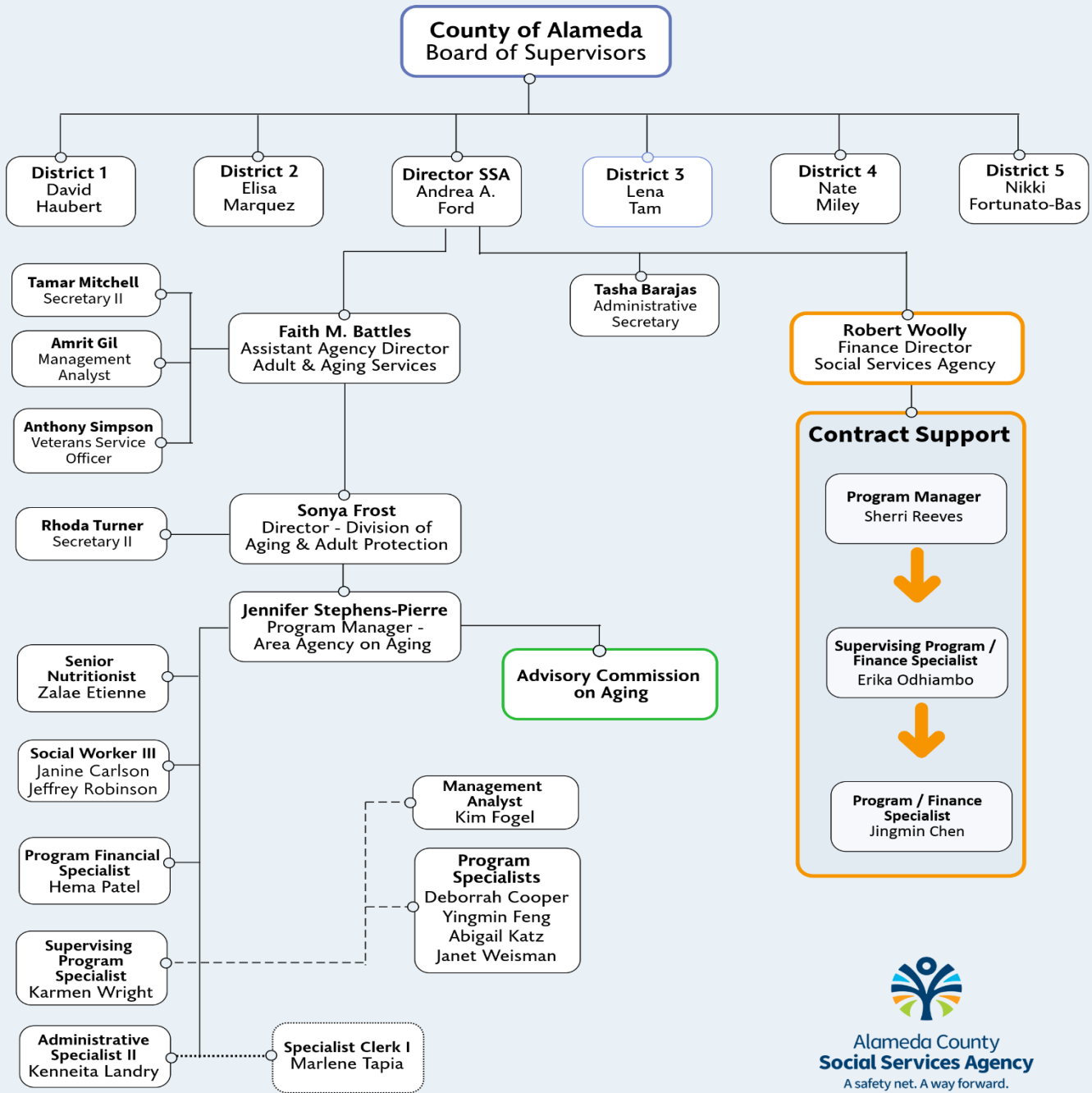
Briefly describe the local governing board’s process to appoint Advisory Council members:

Advisory Commission on Aging (ACA) members are appointed either by the Board of Supervisors or the Mayor’s Conference. Each of the five County Supervisors holds 2 seats, while the Mayor’s Conference holds eight seats. Three of the 21 positions are “at-large” and may be recommended by the Commission, and then forwarded to the Board of Supervisors for approval. The ACA is working with elected officials and their representatives to fill all existing vacancies.

N CHART

SECTION 18. ORGANIZATION CHART

PSA09 Area Plan Organizational Chart (see next page for funding information)



SCHEDULE OF PAID PERSONNEL COSTS ADMIN & TITLE III DIRECT PROGRAM SERVICES

BUDGET PERIOD: July 1, 2025 - June 30, 2026			<input checked="" type="checkbox"/> ORIGINAL <input type="checkbox"/> REVISION #				AGREEMENT NO.: (FY 2526 AP) AAA-2425-XX				DATE: 6/3/2025		PSA # 09		
POSITION CLASSIFICATION	Annual FTE Wage Rate	FTE %	Admin	FTE %	Direct III B	FTE %	Direct III C-1	FTE %	Direct III C-2	FTE %	Direct III D	FTE %	Direct III E	FTE %	Total Title III
AAA Director (JSP)	157,446	60%	94,468	25.0%	39,362									85.0%	133,829
Supervising Prog. Spec. (CS)	135,615	85%	115,273	5.0%	6,781									90.0%	122,054
Supervising Prog. Spec. (DW)	135,615	30%	40,685											30.0%	40,685
Program FSS (HP)	121,704	80%	97,363	0.0%	0									80.0%	97,363
Program Specialist (JW)	121,704	79%	96,146	10.0%	12,170									89.0%	108,317
Program Specialist (DC)	121,704	75%	91,278	10.0%	12,170									85.0%	103,448
Program Specialist (MF)	121,704	80%	97,363	10.0%	12,170									90.0%	109,534
Program Specialist (AK)	121,704	80%	97,363	10.0%	12,170									90.0%	109,534
Management Analyst(KF)	121,746	75%	91,310	10.0%	12,175									85.0%	103,484
Sr. Nutritionist (ZE)	125,255	80%	100,204	10.0%	12,526									90.0%	112,730
Social Worker III (V)	104,449	0%	-	80.0%	83,559									80.0%	83,559
Social Worker III (JC)	104,449	0%	-	95.0%	99,227									95.0%	99,227
Specialist Clerk (DP)	71,668	0%	-	90.0%	64,501									90.0%	64,501

SCHEDULE OF PAID PERSONNEL COSTS TITLE III, TITLE VII, AND SPECIAL OMBUDSMAN DIRECT PROGRAM SERVICES

BUDGET PERIOD: July 1, 2025 - June 30, 2026			<input checked="" type="checkbox"/> ORIGINAL <input type="checkbox"/> REVISION #				AGREEMENT NO.: (FY 2526 AP) AAA-2425-XX				DATE: 6/3/2025		PSA # 09		
POSITION CLASSIFICATION	Annual FTE Wage Rate	FTE %	Direct VII Ombi	FTE %	Direct VII EAP	FTE %	Total Title III & VII	FTE %	Direct Ombi PH L&C	FTE %	Direct Ombi SHF Cit Pen	FTE %	Direct Ombi GF SNFL	Total FTE%	Total Area Plan
AAA Director (JSP)	157,446					85.0%	133,829							85.0%	133,829
Supervising Prog. Spec. (CS)	135,615					90.0%	122,054							90.0%	122,054
Supervising Prog. Spec. (DW)	135,615					30.0%	40,685							30.0%	40,685
Program FSS (HP)	121,704					80.0%	97,363							80.0%	97,363
Program Specialist (JW)	121,704					89.0%	108,317							89.0%	108,317
Program Specialist (DC)	121,704					85.0%	103,448							85.0%	103,448
Program Specialist (MF)	121,704					90.0%	109,534							90.0%	109,534
Program Specialist (AK)	121,704					90.0%	109,534							90.0%	109,534
Management Analyst(KF)	121,746					85.0%	103,484							85.0%	103,484
Sr. Nutritionist (ZE)	125,255					90.0%	112,730							90.0%	112,730
Social Worker III (V)	104,449					80.0%	83,559							80.0%	83,559
Social Worker III (JC)	104,449					95.0%	99,227							95.0%	99,227
Specialist Clerk (DP)	71,668					90.0%	64,501							90.0%	64,501

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

(IV) (i).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: 9
 AAA Name: Alameda County Area Agency on Aging
 Area Plan Current Year: X□FY 26-27

Section	Page(s)	Excerpt Prior Year Content in Area Plan	Excerpt Current Year Content in Area Plan
EXAMPLE: Section 12: Disaster Preparedness	EXAMPLE: Page 45	EXAMPLE: Describe how the AAA coordinates its disaster plans with...The AAA coordinates with XYZ relief organization for emergency preparedness.	EXAMPLE: Describe how the AAA coordinates its disaster plans with...In the last year the XYZ relief organization has closed....New community ABC organization coordinates with the AAA for emergency response.
EXECUTIVE SUMMARY			New introduction from AAA director is added with each update
MISSION STATEMENT	6		Replaced with the updated mission statement, vision, and core values of the Alameda County Social Services Agency.
SECTION 7. AREA PLAN NARRATIVE GOALS & OBJECTIVES			Updated progress on all goals and objectives from the Area Plan. Changed format to comply with Countywide web accessibility policies.0
SECTION 11 – LEGAL ASSISTANCE	Page 64		Revised per recent state guidance.
SECTION 12 – DISASTER PREPAREDNESS			Added information that the AAA director will participate in regional training exercise.
SECTION 15- GOVERNING BOARD			Updated membership
SECTION 16 – ADVISORY COUNCIL			Updated membership
SECTION 18 – ORGANIZATION			Updated AAA Staffing

ATTACHMENT B.

Older Californians Act (OCA) Modernization Supplemental Summary

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 include 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, the supplemental summary document of the actions being taken at the AAA should be completed. The narrative summary should include programmatic actions being funded and the services provided including Nutrition Modernization programs.

Description of program(s) being funded:

Approved by the Alameda County Board of Supervisors on May 11, 2023, modernizing the Older Californians Act funding will provide support resources instrumental in assisting older adults to successfully age in place in their communities. The total OM-2223-09 Agreement funding amount of \$2,178,249 has been allocated to the AAA to support services that may include OCA Caregiver Respite, Linkages, Senior Companion, Alzheimer Day Care Resource Center, Aging in Place, Senior Volunteer Development, Foster Grandparent and Caregiver Support for people with Dementia/Alzheimer's services. The total NM-2324-09 Agreement funding amount of \$5,156,901 has been allocated to the AAA to support OCA Nutrition Infrastructure, Brown Bag, Groceries, Intergenerational Activities, Title III Congregate and Home Delivered Nutrition services.

Services provided:

The total OM-2223-09 Agreement funding amount of \$2,178,249 has been allocated to the AAA to support services that may include OCA Caregiver Respite, Linkages, Senior Companion, Alzheimer Day Care Resource Center, Aging in Place, Senior Volunteer Development, Foster Grandparent and Caregiver Support for people with Dementia/Alzheimer's services for the program periods specified below:

- Program Year 1: January 1, 2023, through March 31, 2025, funding in the amount of \$1,268,715.
- Program Year 2: July 1, 2023, through March 31, 2026, funding in the amount of \$909,534.

The total NM-2324-09 Agreement funding amount of \$5,156,901 has been allocated to the AAA to support OCA Nutrition Infrastructure, Brown Bag, Groceries, Intergenerational Activities, Title III Congregate and Home Delivered Nutrition services for the program periods specified below:

- Program Year 2: July 1, 2023, through June 30, 2026, funding in the amount of \$607,074.
- Program Year 3: July 1, 2024, through June 30, 2027, funding in the amount of \$1,516,609.
- Program Year 4: July 1, 2025, through June 30, 2028, funding in the amount of \$1,516,609.
- Program Year 5: July 1, 2026, through June 30, 2029, funding in the amount of \$1,516,609.



Berkeley resident Pepper Alexandria, 80, and the “Carnival of Stars” dance through all stages of life in Alameda County.