



AREA AGENCY ON AGING
AREA PLAN UPDATE 2025-2026

Advancing Equity in our Kern County Communities

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

Issuance Date: April 21, 2025

AREA PLAN UPDATE 2025-2026

Message to the Community

In this, the second year of the four-year Area Plan cycle, the Kern County Aging and Adult Services Department, the local Area Agency on Aging (PSA # 33), continues in its mission to provide services that protect, preserve the dignity, and support the independence and safety of all older adults and individuals with disabilities through innovative and technological solutions. Our Kern County Area Agency on Aging 2025-2026 Area Plan Update reflects Kern County's strong commitment to helping maintain the health and wellbeing of our more than 151,000 seniors that are age 60 or greater.

Kern County's older adult population faces a high rate of chronic disease. Seniors in Kern County face nutritional challenges as they age, including poor nutrition and nutrition related chronic diseases. The California Department of Public Health reports the age-adjusted death rate from diabetes for California during the 2020 through 2022 three-year period averaged 23.6 deaths per 100,000 population. The reliable age-adjusted death rate ranged from a high of 48.8 in Kern County to a low of 6.2 in the County with the lowest rate. The Area Agency on Aging continues to provide services to our nutritionally challenged older adults through its Senior Nutrition, and CalFresh programs.

Kern County Aging and Adult Services, the local Area Agency on Aging, and its contracted providers make available to seniors other services that can help them maintain their health and wellbeing including Family Caregiver Support Program Services, Adult Protective Services, In Home Supportive Services, Information and Referral Services, Senior Nutrition Services, Health Insurance Counseling and Advocacy, Supportive Services, Ombudsman Program services, and the Public Authority, among others.

The Centers for Disease Control and Prevention (CDC), states that "Abuse, including neglect and exploitation, is experienced by about 1 in 10 older adults who live at home. From 2002 to 2016, more than 643,000 older adults were treated in the emergency department for nonfatal assaults and over 19,000 homicides occurred." The National Council on Aging states that a more recent study found that 1 in 5 older adults reported elder abuse during the COVID-19 pandemic, and another study estimated that only 1 in 24 cases of abuse are reported to authorities. This year, the Annual Kern County Elder Abuse Conference is co-sponsored by the Kern County Board of Supervisors and the Kern County Commission on Aging.

The Kern County Board of Supervisors, Kern County Commission on Aging, community groups, the AAA's contracted providers, volunteers, and other stakeholders, continue to provide a high level of support to help our seniors. The Area Agency on Aging will leverage this support and prudently administer its resources to improve the health and wellbeing of our Kern County seniors

Sincerely,

Jeremy Oliver
Director

Table of Contents

2025-2026 AREA PLAN UPDATE REQUIRED COMPONENTS CHECKLIST	I
TRANSMITTAL LETTER.....	II
SECTION 1. MISSION STATEMENT	1
SECTION 2. DESCRIPTION OF THE PLANNING AND SERVICE AREA (PSA)	1
SECTION 3. DESCRIPTION OF THE AREA AGENCY ON AGING (AAA).....	11
SECTION 4. PLANNING PROCESS & ESTABLISHING PRIORITIES	12
SECTION 5. NEEDS ASSESSMENT & TARGETING	13
SECTION 6. PRIORITY SERVICES & PUBLIC HEARINGS	29
SECTION 7. AREA PLAN NARRATIVE GOALS & OBJECTIVES.....	32
SECTION 8. SERVICE UNIT PLAN (SUP).....	49
SECTION 9. SENIOR CENTERS & FOCAL POINTS.....	79
SECTION 10. FAMILY CAREGIVER SUPPORT PROGRAM	80
SECTION 11. LEGAL ASSISTANCE	83
SECTION 12. DISASTER PREPAREDNESS	88
SECTION 13. NOTICE OF INTENT TO PROVIDE DIRECT SERVICES.....	91
SECTION 14. REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES	92
SECTION 15. GOVERNING BOARD	93
SECTION 16. ADVISORY COUNCIL	94
SECTION 17. MULTIPURPOSE SENIOR CENTER ACQUISITION/CONSTRUCTION REVIEW ..	97
SECTION 18. ORGANIZATION CHART	98
SECTION 19. ASSURANCES.....	108

AREA PLAN UPDATE (APU) CHECKLIST**Check one:** ☒ FY 25-26 ☐ FY 26-27 ☐ FY 27-28*Use for APUs only due May 1, 2025, 2026, and 2027*

AP Guidance Section	Required Annual Update Sections	Check Updated
n/a	A) Transmittal Letter- <i>(submit by email with electronic or scanned original signatures)</i>	☒
n/a	B) APU- <i>(submit entire APU electronically only)</i>	☒
2, 3, or 4	C) Estimate- of the number of lower income minority older individuals in the PSA for the coming year	☒
6	D) Priority Services and Public Hearings	☒
n/a	E) Annual Area Plan Budget (send to finance@aging.ca.gov)	☒
8	F) Service Unit Plan (SUP) and LTC Ombudsman Program Outcomes	☒
11	G) Legal Assistance	☒
AP Guidance Section	If there has been a change to another section, check the "Mark Changed" box AND include the "AAA Area Plan Summary of Changes" Attachment A:	Mark Changed
1	Mission Statement	☐
5	Needs Assessment/Targeting	☐
7	AP Narrative Objectives:	☒
7	• System-Building and Administration	☒
7	• Title IIIB-Funded Programs	☒
7	• Title IIIB-Program Development/Coordination (PD or C)	☐
7	• Title IIIC-1 or Title IIIC-2	☒
7	• Title IIID-Evidence Based	☒
7	• HICAP Program	☒
9	Senior Centers and Focal Points	☐
10	Title IIIE-Family Caregiver Support Program	☐
12	Disaster Preparedness	☐
13	Notice of Intent to Provide Direct Services	☐
14	Request for Approval to Provide Direct Services	☐
15	Governing Board	☒
16	Advisory Council	☒
17	Multipurpose Senior Center Acquisition or Construction	☐
18	Organizational Chart(s) (Must match Budget)	☒
19	Assurances	☒
Atch. A	AAA Area Plan Summary of Changes	☒
Atch. B	OCA Modernization Supplemental Summary	☐
Atch. C	Local Master Plan for Aging Supplemental Summary	☐

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

AAA Name: Kern County Aging and Adult Services

PSA #33

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

1. Leticia Perez
(Type Name)

Signature: Governing Board Chair ¹

Date

2. Stephanie Lynch
(Type Name)

Signature: Advisory Council Chair

Date

3. Jeremy Oliver
(Type Name)

Signature: Area Agency Director

Date

¹ Original signatures or electronic signatures are required.

SECTION 1. MISSION STATEMENT

At a minimum, the mission statement must include the following:

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

The Mission of Kern County Aging and Adult Services Department

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

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

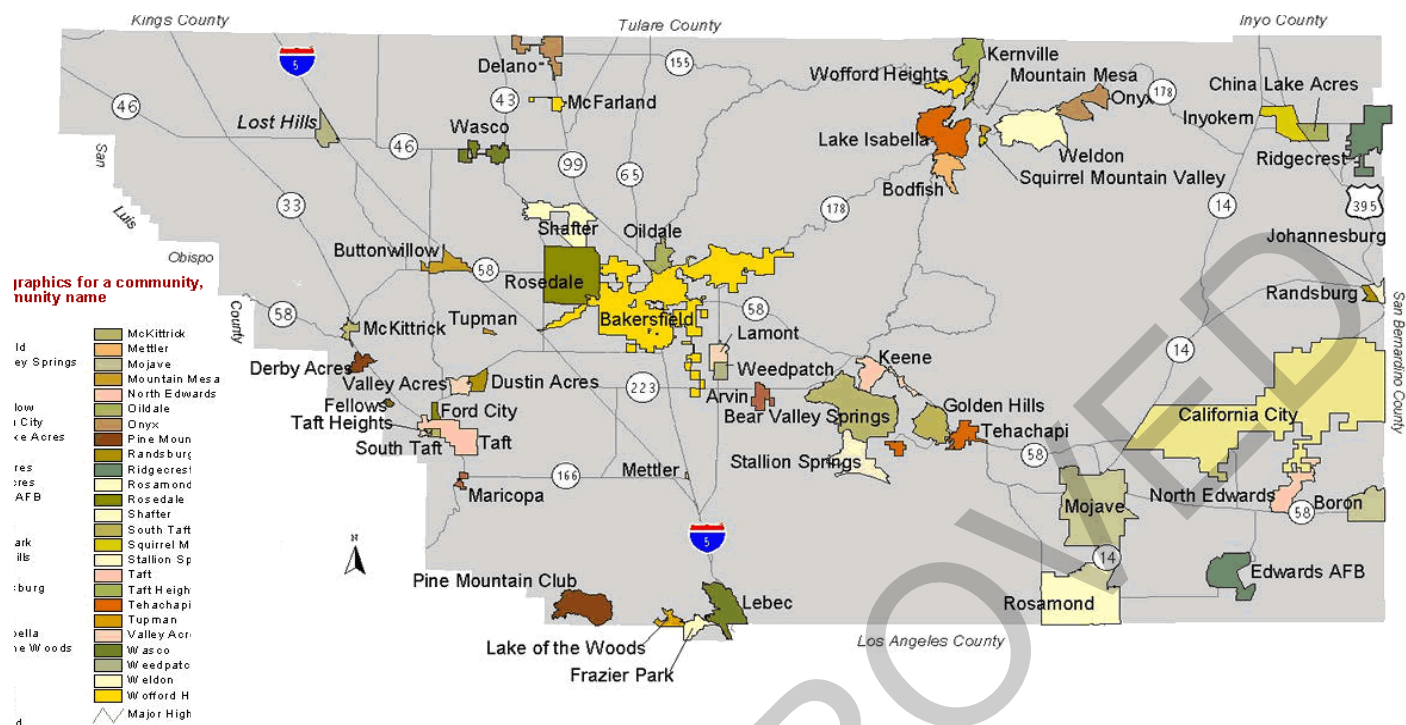
- Support seniors and disabled adults with the opportunity to remain self-sufficient and independent in their homes for as long as possible through contracted and direct services
- Assist seniors and disabled adults by providing the opportunity for optimal health through contracted and direct services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

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

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

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

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



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

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

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

Demographic characteristics of the PSA

U.S. 2020 Census data and 2019-2023 American Community Survey data have been used as the primary tool to define the demographic characteristics of the PSA. When available, other sources such as the American Community Survey (part of Federal Census) and data provided by the State

Department of Finance has been used to provide the most current information. Because of the various sources, data is difficult to measure precisely, as some sources have age 60-64 available and others do not.

Based on the 2019-2023. American Community Survey (ACS) 5-Year Estimates (S0101), the total number of 60 and older individuals in Kern County is 151,479, or 17% of the total County population, and the total number of 65 and older individuals is 105,653, or 12% of the total County population. The numbers and proportions of older individuals by racial/ethnic composition, income, poverty levels, family caregivers, geographical locations and individuals with functional impairments for potential clients within PSA 33 is presented in the following brief summary and detailed in Attachments 1 – 3. The information provided is from the 2019-2023, 2018-2022, or 2017-2021 American Community Survey 5-Year Estimates, or other American Community Survey estimates where indicated.

The United States Census, 2019-2023 American Community Survey 5-year estimate for Poverty Status of Kern County seniors in the past 12 months (S1701) indicates that for Kern County, out of 149,235 seniors over age 60 for whom poverty status is determined, 22,989 (15.4%) are at or below the Federal Poverty Level (FPL). Because the federal poverty rate does not adequately measure the true costs of senior experience in Kern County, the number of seniors experiencing poverty like conditions is likely much higher (please see Attachments 4 and 5 Kern Elder Security Indices). Detailed information, by Race and Ethnicity, is provided for seniors age 60 and over in Kern County, for whom poverty status is determined and is shown below utilizing the 2019-2023 American Community Survey 5-year estimate for Kern County seniors' Poverty Status in the past 12 months:

- White Alone, Not Hispanic or Latino persons who are 60 and above represent 78,667 or 52.7% of all Kern County seniors who are over age 60.
9,110 White Alone, Not Hispanic or Latino persons, or 11.6% of White Alone, Not Hispanic or Latino seniors are below 100% of poverty level.

A total number of 13,879 age 60 or greater seniors, or 60.4% of seniors in PSA 33 who are at or below the federal poverty level are low-income minority individuals. Minority populations for the Kern County planning and service area are composed of the following persons:

- Hispanic or Latino persons who are 60 and above represent 49,799 or 33.4% of all Kern County seniors who are over age 60.
9,768 Hispanic or Latino persons, or 19.6% of all Hispanic or Latino seniors over age 60 are below 100% of poverty level.
- Black or African American persons who are 60 and above represent 6,494 or 4.4% of All Kern County seniors who are over age 60.
1,863 Black or African American persons, or 28.7% of all Black or African Americans over age 60 are below 100% of poverty level.
- American Indian/Alaska Native persons 60 and above represent 1,843 or 1.2% of All Kern County seniors who are over age 60.
476 American Indian/Alaska Native persons, or 25.8% of all American Indian/Alaska Natives over age 60 are below 100% of poverty level.
- Asian persons who are 60 and above represent 9,338 persons or 6.3% of All Kern County seniors who are over age 60.

1,142 Asian persons, or 12.2% of all Asians over age 60 are below 100% of poverty level.

- Native Hawaiian or Other Pacific Islander persons who are 60 and above represent 242 persons or 0.2% of All Kern County seniors who are over age 60.
12 Native Hawaiian or Other Pacific Islander persons, or 5.0% of all Native Hawaiian or Other Pacific Islanders over age 60 are below 100% of poverty level.
- Seniors who identify themselves as of Some Other Race Alone who are 60 and above represent 17,420 persons or 11.7% of All Kern County seniors who are over age 60.
3,671 persons or 21.1% of all those identifying as Some Other Race Alone who are over age 60 are below 100% of poverty level.
- Seniors who identify themselves as of Two or More Races who are 60 and above represent 21,570 persons or 14.5 % of all Kern County seniors who are over age 60.
4,094 persons or 19.0% of all those identifying as Two or More Races who are over age 60 are below 100% of poverty level.

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

The number and proportion of the potential client population in greatest social need are those who are isolated due to the size and rural composition of the PSA 33 geographic area. Using data from the California Health Interview Survey, (CHIS 2016-2020 data), it is calculated that approximately 27.1% of all Kern County seniors over age 65 live in rural areas.

The 2019-2023 American Community Survey 5-Year Estimates for Kern County (see Attachment 6) indicates that 66.1% of seniors 60 years of age and older speak English only, and 33.9% speak a language other than English, while 20.2% speak English less than very well. Further detail is provided for language spoken at home and ability to speak English for the population 65 years and over and is discussed next.

The number of our potential client population who are 65 and older and have limited English-speaking abilities is 7,764 persons, with an additional 7,001 reporting no English-speaking abilities (see Attachment 7). Of this number, the greatest percentage 95.4% (6,678) of non-English speaking potential clients speak Spanish, and 5,631 or 73.0% of seniors who are 65 and over with limited English-speaking abilities speak Spanish and 1,445 or 18.8% speak Asian and Pacific Island languages. Attachment 7 also shows details on the primary languages of other limited or non-English speaking potential client populations who are over age 65.

Many grandparents have grandchildren living in the home with them. There are 2,995 seniors in our potential client population that have caregiver responsibilities of a grandchild, and 12.9% of these grandparents that have taken responsibility for their grandchildren have income below the federal poverty level. Please see Attachment 5 for the additional costs that caring for a grandchild

can bring. Attachment 8 provides additional details regarding the grandparents in Kern County with caregiver responsibilities.

The Feeding America organization through its feedingamerica.org website provides data regarding the rate of food insecurity in counties across the United States. Feeding America reports that in 2021 the level of food insecurity in Kern County was 14.3%, or 128,000 food insecure persons, across all age groups. Kern County's high rate of Food Insecurity means that more Kern County seniors are potentially at risk for nutritionally related chronic diseases.

Based on the California Department of Finance data (as of 2021), by 2030, Kern County's 60 and over population is projected to be at 187,954 persons, which is a 22% increase from the 153,927 projection for 2020. The overall Kern County senior population age 60 and over is expected to increase by 37% between 2020 and 2040. Please see Attachment 10 for 2020 through 2040 population projections by race and ethnicity and corresponding percentage of increase. Attachment 10 reflects the increasing racial and ethnic diversity of our Kern County seniors.

ATTACHMENT 1

Kern County Population 60 and Over - By Sex		
	Kern County Population 60 Years and Over - By Sex	Percent of Kern County Population 60 Years and Over - By Sex
Female	79,829	52.7%
Male	71,650	47.3%
Total	151,479	100.00%
From 2019-2023. American Community Survey 5-Year Estimates (S0102)		

ATTACHMENT 2

Kern County Population 60 and Over - By Race and Hispanic or Latino Origin		
	Kern County Population 60 Years and Over - By Race	Percent of Kern County Population 60 Years and Over - By Race
One race	129,666	85.60%
White	93,766	61.90%
Black or African American	6,817	4.50%
American Indian and Alaska Native	1,818	1.20%
Asian	9,392	6.20%
Native Hawaiian and Other Pacific Islander	303	0.20%
Some other race	17,572	11.60%
Two or more races	21,813	14.40%
Hispanic or Latino origin (of any race)	47,388	33.20%
White alone, not Hispanic or Latino	80,161	52.80%
From 2019-2023. American Community Survey 5-Year Estimates (S0102)		

ATTACHMENT 3

Kern County Population 60 and over for whom Poverty Status is Determined - By Race			
KERN COUNTY POPULATION - BY RACE/ETHNICITY	Kern County Over 60 Population below Poverty Level by Race/Ethnicity:	Total Kern County Over 60 Population by Race/Ethnicity:	Percent Below Poverty Level - By Race
White Alone (Includes Hispanic or Latino)	11,731	92,328	12.71%
Black or African American	1,863	6,494	28.69%
American Indian And Alaska Native Alone	476	1,843	25.83%
Asian Alone	1,142	9,338	12.23%
Native Hawaiian And Other Pacific Islander Alone	12	242	4.96%
Some Other Race Alone	3,671	17,420	21.07%
Two or More Races	4,094	21,570	18.98%
Total (any race or ethnicity):	22,989	149,235	15.40%
White Alone (Not Hispanic or Latino)	9,110	78,667	11.58%
Hispanic-Latino	9,768	49,799	19.61%
From 2019-2023 American Community Survey 5-Year Estimates (B17020A- B17020I)			

ATTACHMENT 4

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

ATTACHMENT 5

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

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

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

ATTACHMENT 6

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

	Total	60 Years and Over
Population 5 Years and Over	910,433	151,479
English Only	54.8%	66.1%
Language other than English	45.2%	33.9%
Speak English less than "very well"	17.4%	20.2%

From 2019-2023 American Community Survey 5-Year Estimates (S0102)

ATTACHMENT 7

Age by Language Spoken at Home by Ability to Speak English for the population 65 and greater

Ability to speak English	Speak Spanish:	Speak other Indo-European Languages:	Speak Asian and Pacific Island Languages:	Speak other Languages:	Totals
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Speak English "Not Well"	5631	657	1320	156	7,189
Speak English "Not At All"	6678	185	125	13	6,936
From 2019-2023 American Community Survey 5-Year Estimates Kern County (B16004)					

ATTACHMENT 8

Grandparents as Caregivers				
Total Grandparent responsible for own Grandchildren under 18 years:	Grandparent 60 or over responsible for own Grandchild	Percent of Total Grandparents who are over age 60	Grandparent 60 or greater below Poverty level in last 12 months and responsible for own Grandchild	Percent of total Grandparent 60 or older below poverty level responsible for Grandchild
9,269	2,995	32%	387	12.9%
From 2019-2023 American Community Survey 5-Year Estimates (B10059)				
Universe: Grandparents living with own grandchildren under 18 years for whom poverty status is determined.				
* The Elder Economic Index for a single renter raising a grandchild in 2011 was \$24,061, while the 2011 Federal Poverty Level was \$14,710.				

ATTACHMENT 9

Disabilities	
Total Kern County 65 and older population for whom Disability status is determined	110,299
65 and older with a disability	43,278
Percent of 65 and older with a disability	39%
65 and older with a disability and income in the past 12-months below poverty level	8,291
Percent 65 and older with a disability with income in the past 12-months below poverty level	19%
From 2023 American Community Survey 1-Year Estimates (B18130)	
Universe: Civilian noninstitutionalized population for whom poverty status is determined	

ATTACHMENT 10

Projected Increase/Decrease by Decade of Seniors over 60 By Ethnicity Kern County				
	Year: 2020 Projections	Year: 2030 Projections	Year: 2040 Projections	2020 – 2040 Percent Increase
White Non-Hispanic	89,095	94,467	90,434	2%
Hispanic	46,242	70,627	95,648	107%
Asian	8,047	9,755	10,903	35%
Pacific Islander	190	265	305	61%
Black	6,647	8,541	9,731	46%

American Indian	1,559	1,740	1,723	11%
Multirace	2,147	2,559	2,882	34%
Overall Totals:	153,927	187,954	211,626	37%
From State of California, Department of Finance, Report P-3: Population Projections Race /Ethnicity and Sex by Individual Years of Age, 2010-2060. Sacramento, CA, as of July 2021.				

ATTACHMENT 11

Income In the Past 12 Months (In 2022 Inflation-Adjusted Dollars) of Kern County Seniors 60 years of greater	
Households	86,894
With earnings	40,232
Mean earnings (dollars)	\$86,108
With Social Security income	62,042
Mean Social Security income (dollars)	\$22508
With Supplemental Security Income	8,603
Mean Supplemental Security Income (dollars)	\$11,922
With cash public assistance income	2,607
Mean cash public assistance income (dollars)	\$5,014
With retirement income	38,060
Mean retirement income (dollars)	\$38,963
With Food Stamp/SNAP benefits	12,513
From 2019-2023 American Community Survey S0102	

Resources and Constraints of the PSA

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

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

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

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

Kern County's economy is based primarily on agriculture and oil. Agriculture as one of the primary employment sectors in the County is seasonal, traditionally low paying, and is generally not appropriate for our senior population especially those over 65, 39% of whom have a disability (see Attachment 9). Kern County and other Central Valley counties endured substantial unemployment during the great recession that began December of 2007, with unemployment rates consistently in the double-digits. In February 2020, Kern's unemployment rate remained high at 9.1%, compared to 3.9% for California and 3.5% for the nation. According to the Employment Development Department, Kern County's February 2025 unemployment rate was 9.3 percent. This was higher than the State unemployment rate of 5.5%, and the national unemployment rate of 4.1%.

Overall, Kern County's geography and large size, at slightly over 8,000 square miles, poses challenges in serving seniors particularly in rural areas where many of Kern County seniors 65 and older live. The support of our community, Commission on Aging, the Kern County Board of Supervisors, and other interested groups have allowed us to navigate through the downturns in the national economy. The relatively higher unemployment rate of Kern County and the increased health, safety, and nutritional needs of seniors will continue to challenge the Area Agency on Aging.

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

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

As the Area Agency on Aging, the Kern County Aging & Adult Services Department serves those in the community 60 years of age and older with the primary goal of assisting the individual to remain in their home and live an independent lifestyle. Aging & Adult Services has the leadership and mandated responsibility to meet the service needs of the target populations in the Planning and Service Area (PSA) 33. The five elected members of the Kern County Board of Supervisors (KCBOS) serve as the Board of Directors for the Aging & Adult Services Department (KCAASD) in its capacity as an Area Agency on Aging. The Director of KCAASD is appointed by and reports directly to the KCBOS.

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

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

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

The AAA's Adult Protective Services (APS) staff facilitates the Dependent Elder Adult Review (DEAR) Team. This team is comprised of various organizations such as the Long-Term Care Ombudsman, California Department of Social Services Licensing and Community Care, Law Enforcement, Kern Regional Center, Kaiser, Kern Medical Geriatrician, Kern County Veterans Services Department, Financial Institutions, District Attorney Victim Witness Program, Kern Regional Center, and Behavioral Health representatives. This multi-disciplinary team analyzes cases and issues related to elder abuse death and/or abuse. The AAA continues to look for opportunities for coordination and collaboration with other organizations in its effort to provide a community based system of services.

SECTION 4. PLANNING PROCESS & ESTABLISHING PRIORITIES

The 2024-2028 Kern County Area Plan, “Advancing Equity in our Kern County Communities” was developed to reflect the AAA’s activities in terms of how it intends to equitably serve the older individuals, their families, and caregivers in the community. Consistent with Older Americans Act (OAA) and the Older Californians Act (OCA), the Area Plan provides the format and structure to address the needs and concerns of the target population it serves.

The following internal AAA staff members, and Commission on Aging members participated in initial discussions and the creation of Area Plan and Needs Assessment:

Jeremy Oliver	AAA Director
Staci Milsom	AAA Administrative Services Officer
Rolando Cruz	AAA Accountant
Alejandro Esparza	AAA Accountant
Barbara Goodwin	COA Board Member
Jan Lemucchi	COA Board Member
Judy Snyder	COA Board Member
Julie Juarez-Ceja	COA Board Member
Kris Grasty	COA Board Member
Sherry Gomez	COA Board Member
Stephanie Lynch	COA Board Member

Various topics of concern in the PSA were discussed at meetings of the Kern County Commission on Aging, AAA Contracted Providers, and Aging and Adult Services management and Staff. Issues included those affecting Kern County’s senior population such as transportation, access to health care, need for more information about resources, supportive services, housing, long-term care, community networks, financial matters, and access to food. The groups also discussed engaging seniors through multiple outreach methods designed to attract seniors. The POLCO Community Assessment Survey of Older Adults (CASOA) funded by the California Department of Aging also provided results to inform the Area Plan. The CASOA surveys were returned by approximately 300 randomly selected older adults 55 years of age or greater and provided useful information regarding how older adult in Kern County view their communities. The planning team discussed the CASOA results as well as focus group results, and census data information to develop the 2024-2028 Area Plan content that captured issues and activities provided throughout the planning process. The PSA prioritizes services to older adults in greatest economic or social need, with particular attention to low-income minority individuals, older Native Americans, and those older adults with limited English-speaking abilities. Community factors that influence prioritization include input from the Commission on Aging public meetings, and input from service providers other community organizations. Alternative resources available to the community, ability to speak English, demographic information such as poverty level, and other factors also influence prioritization.

The next step of the Area Plan 2024-2028 planning process also included discussing the requirements with the Commission on Aging (the AAA’s advisory committee). The information shared included but was not limited to issues of LGBT seniors, Baby Boomers, caregivers, and limited English speaking. The information that was provided to the council assisted them in understanding the requirements and contents needed for the Area Plan. Additionally, the monthly Commission on Aging meetings provided a public forum for audience members to share their thoughts, needs, and concerns on services as well as the Area Plan. The meetings were held at various cities throughout Kern County as a way to outreach to seniors and disabled adults, including those in greatest need that reside in the rural areas of Kern County. The PSA considered various sources of information to determine Title IIIB funds adequate proportion, such as Commission on Aging public meetings, availability of alternative community resources, the PSA’s Focus Groups, the CASOA and other surveys, and ACS information.

The Area Plan will continue to be revisited by the Commission on Aging, Kern Senior Network, and

Providers Meeting on a regular basis to ensure the services being provided are adequate and appropriate in meeting the current needs as well as the needs identified in the four year (2024-2028) planning cycle.

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

SECTION 5. NEEDS ASSESSMENT & TARGETING

Needs Assessment

The goals and objectives within this Area Plan (2024-2028) were developed to address the needs of the target population. The methodology by which these needs were identified was established through a convergent approach that included focus groups, the CASOA survey results, contracted provider input, and available existing research data. The primary sources used to identify the demographic make-up of the County included, but were not limited to, the U.S. Census 2020, American Community Survey estimates, and the California Department of Finance projections.

The AAA used the most current data available to develop the 2024-2028 Area Plan including the sources mentioned above as well as various studies conducted by universities, research institutes, and non-profits. The AAA also established a Needs Assessment workgroup comprised of AAA staff, and Commissioners from the AAA's Commission on Aging. The Commission on Aging Needs Assessment Group participated in a Focus Group and shared their knowledge regarding what they saw as key issues for seniors in Kern County. The group discussed the needs of the 60 and over population, caregivers, and the Lesbian, Gay, Bi-Sexual, and Transgender (LGBT) population. This initial Focus Group informed the next six focus groups that were conducted throughout Kern County locations, with three Focus Groups taking place in Bakersfield, one in California City, one in Lake Isabella, and one in Shafter.

The 2024-2028 Kern County Older Adult Needs Assessment (hereafter Needs Assessment) was conducted by Kern County Area Agency on Aging (AAA) staff in collaboration with the Kern County Commission on Aging (COA), stakeholders such as the AAA's contracted providers, and other community members. The Needs Assessment utilized various sources of information to develop more detailed understanding of Kern County older adults.

Primary data gathered for the needs assessment included the Community Assessment Survey of Older Adults (CASOA), and Kern County Area Agency on Aging administered Focus Groups that helped to gather more open-ended responses from community members than is typically possible through surveys alone, and surveys of the AAA's contracted providers.

Secondary data sources included the US Census American Community Survey (ACS) that provided more detailed descriptive statistics regarding Kern County communities.

The CASOA questionnaire results for Kern resident responses were compared to Polco's national benchmark database or older adult opinion, indicated that regarding Overall Community Quality, approximately 53% of older residents living in the region rated their overall quality of life as excellent or good. Most of the older adult respondents scored their communities positively as a place to live and would recommend their communities to others. About 62% of residents planned to stay in their

community throughout their retirement. Positive scores were given to their communities as places to retire by 49% of older residents.

Additional Highlights of CASOA Survey included:

Overall Community Quality:

- About 53% of older residents living in the region rated their overall quality of life as excellent or good. Most of the older adult respondents scored their communities positively as a place to live and would recommend their communities to others. About 62% of residents planned to stay in their community throughout their retirement.
- Positive scores were given to their communities as places to retire by 49% of older residents.

Overall Scores of Community Livability included:

- Of the 17 aspects of livability examined, the aspects found to be strongest in the region related to areas of Mobility (average positive score of 48%), Community Inclusivity (39%), and Safety (39%).
- The areas showing the greatest need for improvement related to Employment (15%), Housing (21%) and Independent Living (22%). More detailed information about each livability domain is included in the report

Community Design:

- About 43% of respondents rated the overall quality of the transportation system (auto, bicycle, foot, bus) in their community as excellent or good. In many communities, ease of travel by walking or bicycling is given lower ratings than travel by car. Here, ease of travel by car was considered excellent or good by 65% of respondents, while ease of travel by walking and bicycling was considered excellent or good by 41% and 42% of respondents, respectively.
- When considering aspects of housing (affordability and variety) and community features of new urbanism (where people can live close to places where they can eat, shop, work, and receive services), relatively lower scores were given by older adults compared to many other items on the survey. Only 17% of respondents gave a positive score to the availability of affordable quality housing in their communities, and only about 28% older adults gave excellent or good ratings to the availability of mixed-use neighborhoods.
- About 56% of older residents in the region reported experiencing housing needs and 28% reported mobility needs.

Employment and Finances:

- About 35% of older residents rated the overall economic health of their communities positively, although the cost of living was rated as excellent or good by only 22%.
- Employment opportunities for older adults (quality and variety) received low ratings (10% and 9% positive, respectively), and the opportunity to build work skills also was found to be lacking (9% excellent or good).
- About 49% older adults reported financial challenges and 29% reported employment needs.

Equity and Inclusion:

- About 44% of older residents rated the sense of community in their towns as excellent or good, and neighborliness was rated positively by 39% of residents.

- About 35% of the respondents positively rated their community's openness and acceptance toward older residents of diverse backgrounds, and 33% indicated that their community valued older residents.
- Inclusion challenges were reported by about 27% of older residents and equity challenges by 13%.

Health and Wellness:

- About 57% older residents in the region rated their overall physical health as excellent or good and 74% rated their mental health as excellent or good.
- In most places, opportunities for health and wellness receive higher ratings from older adults than do health care ratings. Here, community opportunities for health and wellness were scored positively by 36% residents, while the percent giving ratings of excellent or good to the availability of physical health care was 28%, to mental health care 27%, and to long term care options 22%.
- Health-related problems were some of the most common challenges listed by older adults in the survey, with 49% reporting physical health challenges and 35% reporting mental health challenges. Health care was also a challenge for about 44% of older residents.

Information and Assistance:

- The overall services provided to older adults in the region were rated as excellent or good by 28% of survey respondents.
- About 48% of survey respondents reported being somewhat informed or very informed about services and activities available to older adults. The availability of information about resources for older adults was rated positively by 23% of older residents and the availability of financial or legal planning services was rated positively by 26% of older residents.
- About 51% of older adults were found to have information access challenges in the region.

Productive Activities:

- About 42% of older adults surveyed felt they had excellent or good opportunities to volunteer, and 42% participated in some kind of volunteer work.
- The caregiving contribution of older adults was substantial in the region. About 41% of older residents reported providing care to individuals 55 and older, 21% to individuals 18-54 and 20% to individuals under 18.
- Older adults in the region reported challenges with being civically engaged 31%, being socially engaged 33% and caregiving 19%.

The Economic Contribution of Older Adults:

The contribution older adults make through employment, volunteerism and caregiving was calculated for all older adults living in the region. It is estimated that older residents contribute \$5,018,299,125 annually to their community through paid and unpaid work.

Older Resident Needs:

Through the survey, more than 40 challenges commonly facing older adults were assessed by respondents. These challenges were grouped into 15 larger categories of needs. In the region, the largest challenges were in the areas of housing, information about older adult services, and finances. At least 56% of older residents reported at least one item in these categories was a major or moderate problem in the 12 months prior to taking the survey.

Comparison to National Benchmarks

Community Characteristics Benchmarks:

To better provide context to the survey data, resident responses for the region were compared to Polco's national benchmark database or older adult opinion. Of the 52 assessments of community livability that were compared to the benchmark database, 24 were similar, 0 above, and 28 below the benchmark comparisons.

The areas in which the region ratings were lower than benchmark comparisons Your community as a place to live were:

- Your neighborhood as a place to live
- Your community as a place to retire
- Sense of community in your community
- The overall quality of life in your community
- Overall economic health of your community
- Overall feeling of safety in your community
- Overall quality of natural environment in your community
- Overall quality of parks and recreation opportunities
- Overall health and wellness opportunities in your community
- Overall opportunities for education, culture, and the arts
- Residents' connection and engagement with their community
- How would you rate the overall services provided to older adults in your community?
- Your overall physical health
- Ease of walking in your community
- Quality of employment opportunities for older adults
- Availability of affordable quality food
- Public places where people want to spend time
- Availability of affordable quality physical health care
- The areas in which the region ratings were lower than benchmark comparisons Your community as a place to live
- Your neighborhood as a place to live
- Your community as a place to retire
- Sense of community in your community
- The overall quality of life in your community
- Overall economic health of your community
- Overall feeling of safety in your community
- Overall quality of natural environment in your community
- Overall quality of parks and recreation opportunities
- Overall health and wellness opportunities in your community
- Overall opportunities for education, culture, and the arts
- Residents' connection and engagement with their community
- How would you rate the overall services provided to older adults in your community?
- Your overall physical health
- Ease of walking in your community
- Quality of employment opportunities for older adults
- Availability of affordable quality food
- Public places where people want to spend time

- Availability of affordable quality physical health care
- Recreation opportunities (including games, arts, library services, etc.)
- Fitness opportunities (including exercise classes and paths or trails, etc.)
- Opportunities to participate in community matters
- Opportunities to volunteer
- Opportunities to attend social events or activities
- Openness and acceptance of the community towards older residents of diverse backgrounds
- Making all residents feel welcome
- Valuing older residents in your community
- Neighborliness of your community

Older Adult Challenges Benchmarks:

Comparisons to the benchmark database can also be made for the proportion of residents experiencing a variety of challenges. In the region, there was a lower proportion of older adults experiencing challenges for 0 item(s), a greater proportion of older adults experiencing challenges for 13 item(s), and a similar proportion experiencing challenges for 29 item(s).

The challenges for which a greater proportion of residents reported a problem compared to benchmarks were:

- Having enough money to meet daily expenses
- Having enough money to pay your property taxes
- Having housing to suit your needs
- Having safe and affordable transportation available
- Finding work in retirement
- Building skills for paid or unpaid work
- Your physical health
- Getting the oral health care you need
- Maintaining a healthy diet
- Having enough food to eat
- Feeling lonely or isolated
- Being a victim of crime
- Feeling FINANCIALLY burdened by providing care for another person

The Area Agency on Aging was able to benefit from the implementation of POLCO CASOA for randomly selected 55 + older adults in Kern County. The survey provided data for the AAA to learn about Kern County seniors without regard to the specific location of the respondents. The CASOA complements other sources of information utilized by the Kern County Area Agency on Aging.

Focus Groups:

The Kern County Area Agency on Aging also conducted seven focus groups, of which four were in English, two in Spanish, and one focus group was conducted in both English and Spanish. In total, there were 84 unique focus group participants who volunteered their time and shared their insights with Area Agency on Aging staff and the other members of the focus groups they participated in. The results of the Focus Groups showed the following are areas of concern that were frequently mentioned by the focus groups:

- Need for more transportation options

- Need for caregiving
- Responsibilities as a caregiver
- Difficulty in finding a trusted caregiver/home for family member
- Senior Isolation
- Accessibility of technology
- Need for more information about resources
- Coordination among agencies
- Need for easier food access
- Dementia
- Employment discrimination/volunteer options
- Age, Racial/Ethnic Discrimination
- Difficulty in accessing services outside of Bakersfield metro area
- Cost of housing/homeless situation
- Walkability of communities
- Safety when walking (dogs, other animals)
- Difficulty accessing mental health care

Although many of the concerns that older adult focus group members mentioned were similar, there were differences between the different focus groups that reflect the diversity of our older adult communities. Some communities are lower-income than other communities, and some communities are urban while others are more geographically isolated. Kern County communities are similar in important ways, yet each also has unique characteristics and unique needs and this was seen in the participant responses received.

American Community Survey:

The Census Department states that their American Community Survey (ACS) is a nation-wide survey designed to provide communities with reliable and timely social, economic, housing, and demographic data every year. The ACS 2018-2022 data was released in December, 2023 and is believed to reflect, for the most part, current conditions in Kern County communities. The ACS also allowed for an analysis of Kern County as a whole, and 41 different Cities/Census Designated Places within Kern County, providing geographic specificity to analyze current needs of older adults in Kern County. The tables analyzed provided descriptive statistics that help to tell the story of where some of the needs of older adults are reflected in Kern County. The ACS data indicate that Kern County older adult populations have diverse needs, are different from each other demographically, linguistically, and also in terms of income/poverty levels.

The U.S. Census Department American Community Survey (ACS) for 2018-2022 indicates that there were more than 147,000 60 years old or greater older adults. This included 6,496 Black or African American older adults, 1,772 American Indian and Alaska Native older adults, 9,005 Asian older adults, 148 Native Hawaiian and Other Pacific Islander older adults, 14,320 older adults who are Some other race, 16,977 older adults who are Two or more races, 47,388 Hispanic or Latino origin (of any race) older adults, and 80,161 White alone, not Hispanic or Latino older adults.

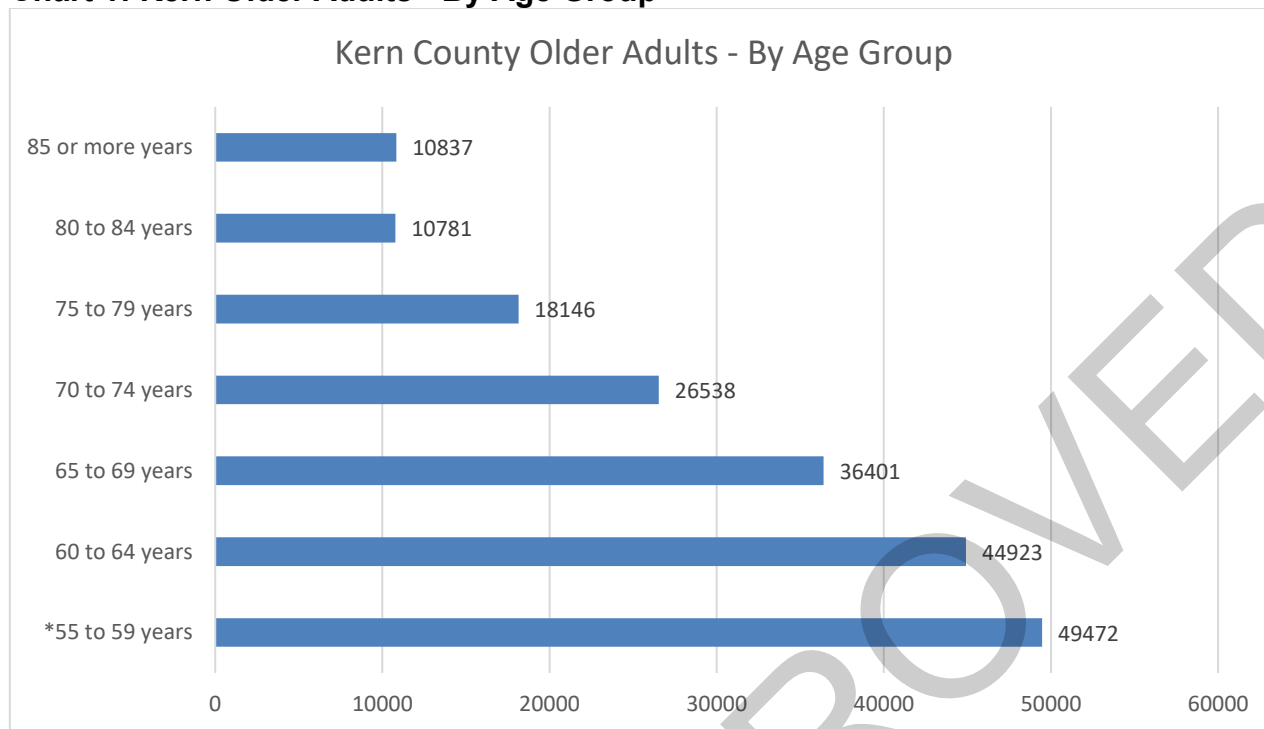
In addition, there are many older adult seniors with disabilities who are part of Kern County communities that the Kern County Area Agency on Aging serves. The ACS provides information regarding older adults who are greater than 65 years of age in Kern County and indicated they have a hearing difficulty, vision difficulty, self-care difficulty, or independent living difficulty.

The Census reports, in their ACS 2018-2022 estimates which will be discussed in the following paragraphs, indicated that of the 101,000 older adults that are 65 years old or greater in Kern County, 36% of older adults who are 65 years or greater indicated that they have disabilities. ACS data for Kern County confirms that the likelihood of acquiring disabilities increases with age. In Kern County, among the 65 to 74 age group, 29% reported having a disability, while for older adults 75 years of age or greater, 49% reported having one or more disabilities.

As our Kern County older adult population ages, the Kern County Area Agency on Aging, its contracted service providers, and other community organizations and stakeholders will prepare for the greater amount of resources that will be required to assist our older and potentially more vulnerable older adults to access the information and resources they need to live their lives with independence and dignity.

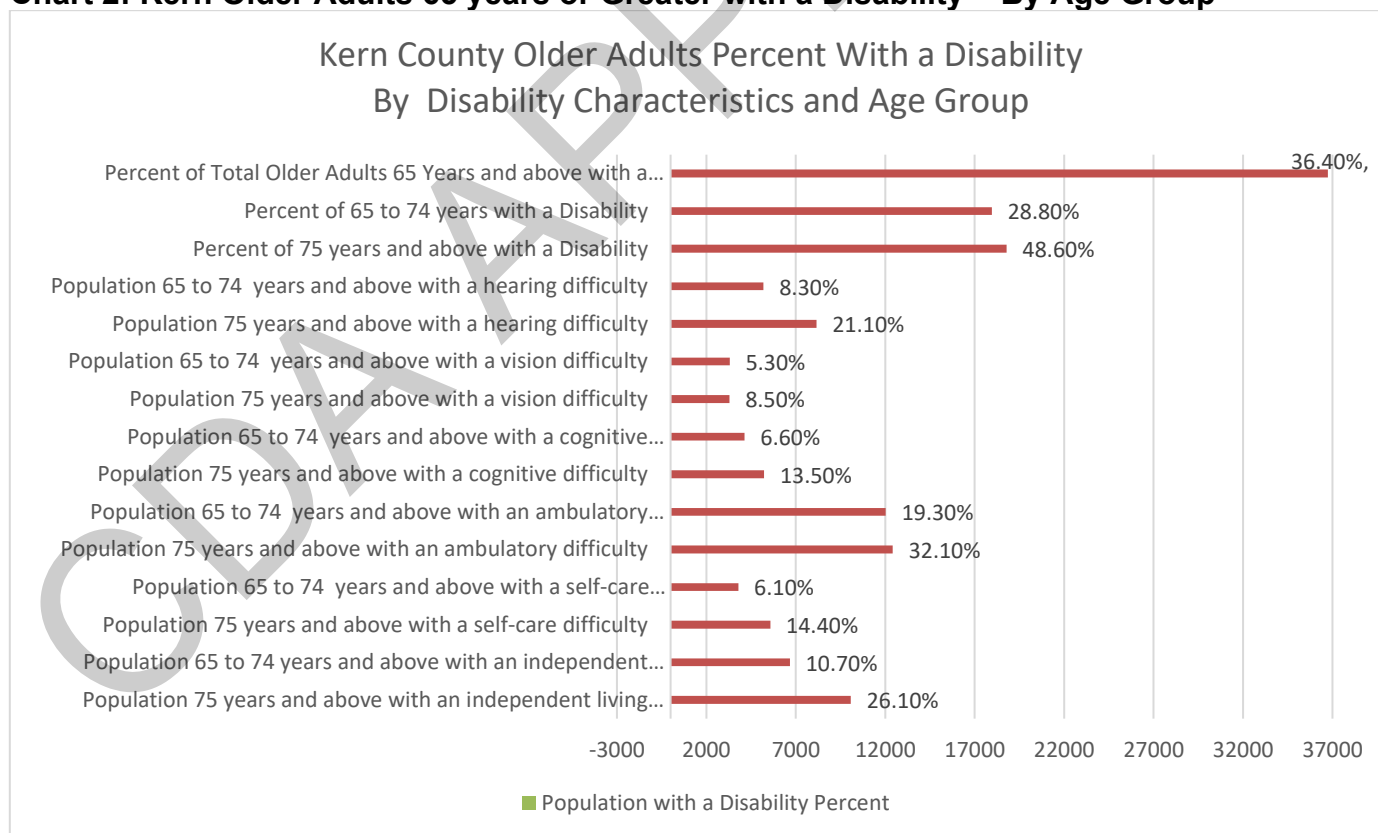
The following charts provide further insight into various aspects of Kern County's older adult population including age group distribution, disability characteristics, receipt of CalFresh/SNAP benefits, number of older adults with income below the federal poverty level, number of older adult veterans by age group, and the employment Status of Kern County 60 years and greater population.

Chart 1: Kern Older Adults - By Age Group



From 2018-2022 American Community Survey S0101

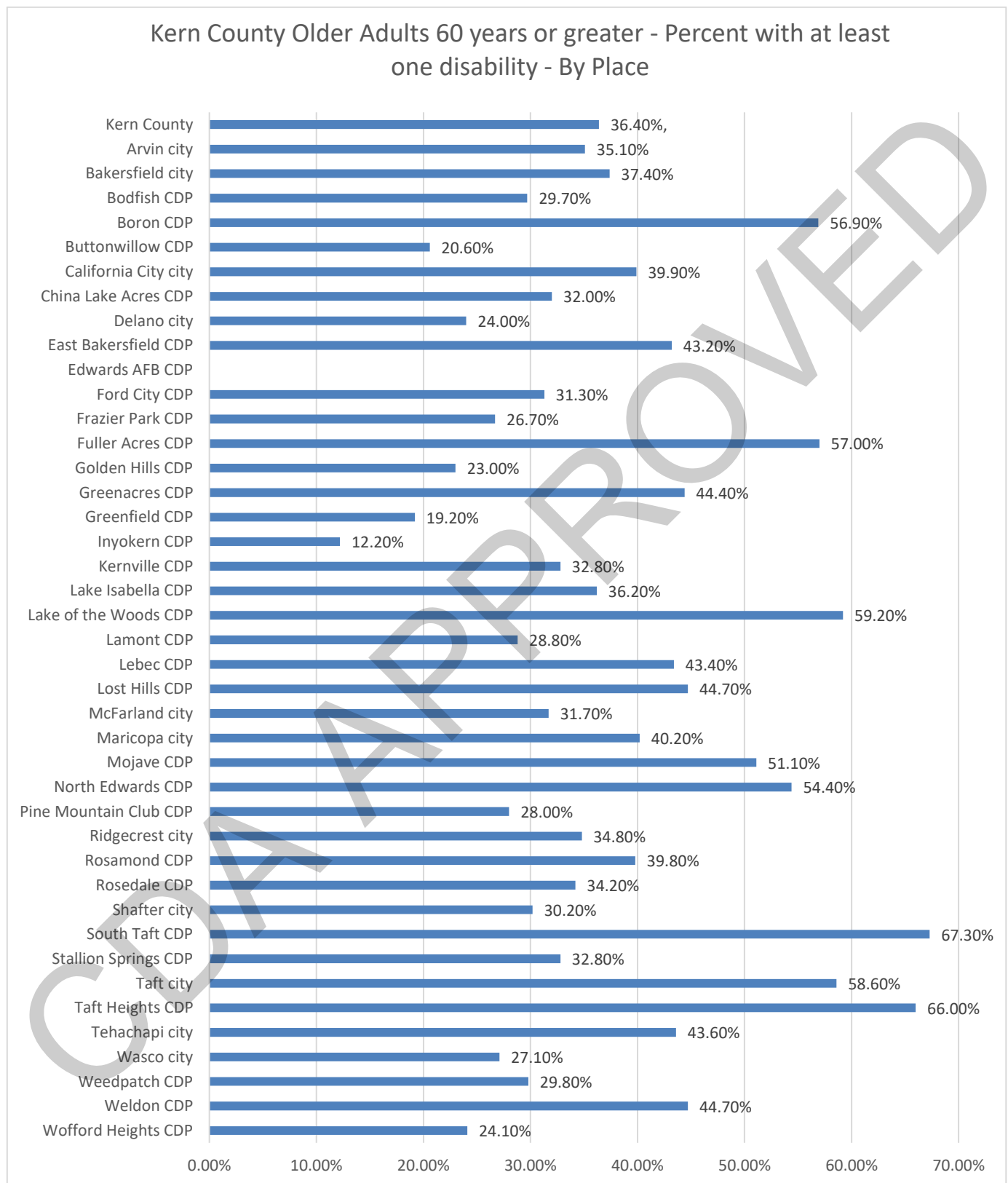
Chart 2: Kern Older Adults 65 years or Greater with a Disability – By Age Group



From American Community Survey 2018-2022 S1810

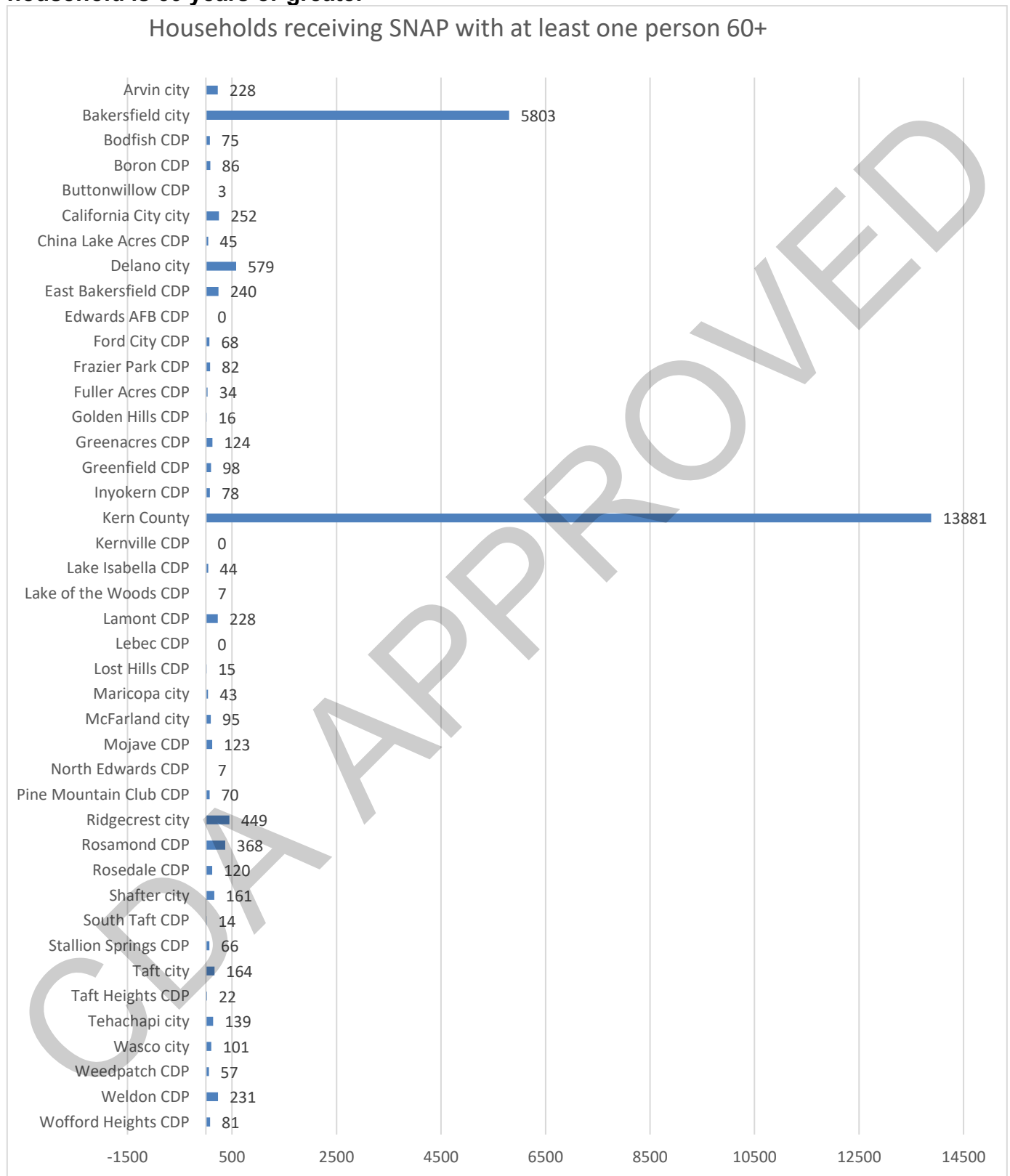
Chart 3: K Kern County Older Adults 60 years or Greater - Percent with at least one disability

by Place



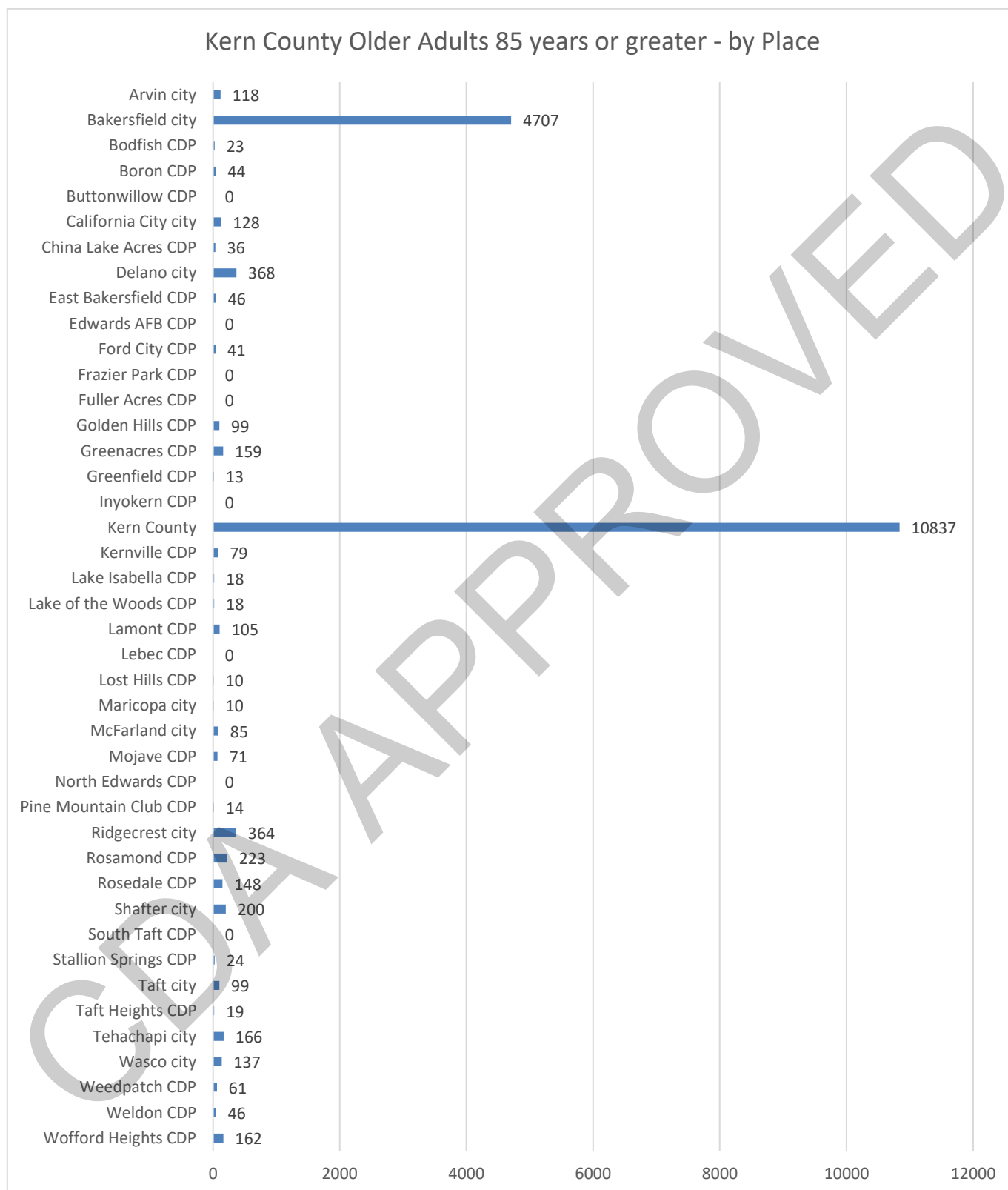
From American Community Survey 2018-2022 S1810

Chart 4: Kern Households Receiving SNAP benefits where at least one person in the household is 60 years or greater



From 2018-2022 American Community Survey B22001

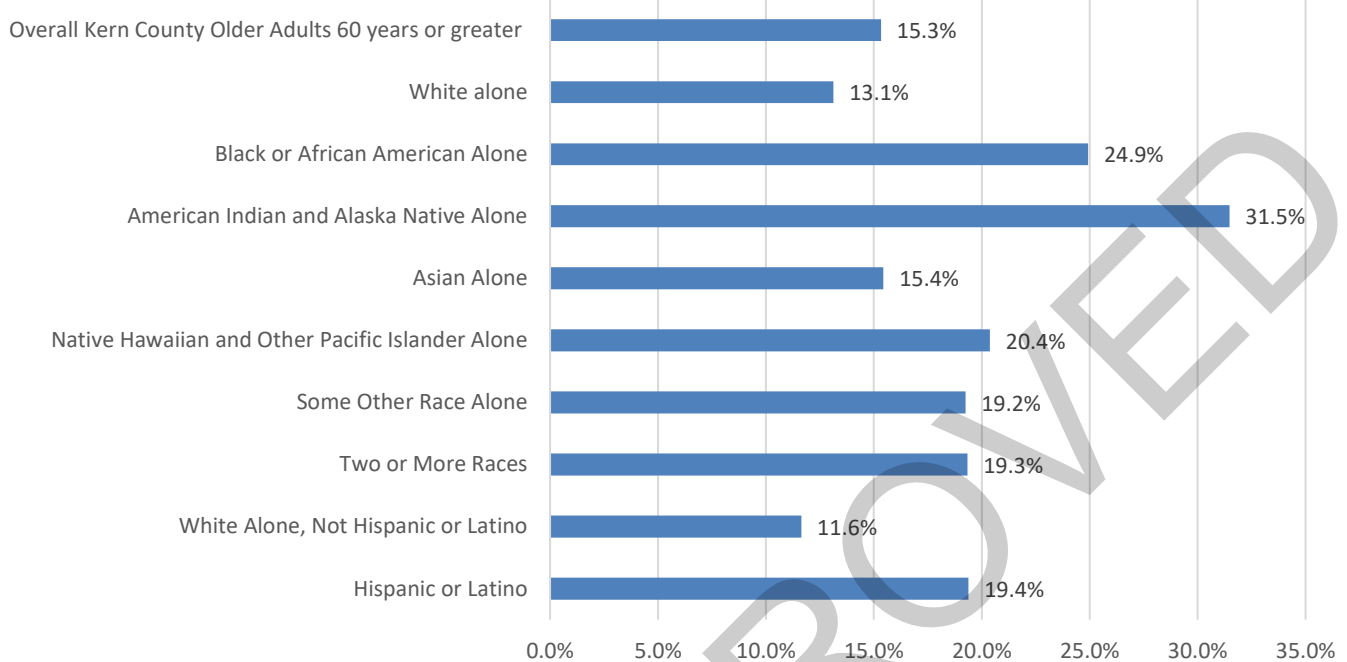
Chart 5: Kern Older Adults 85 years or greater by place



From 2018-2022 American Community Survey S0101

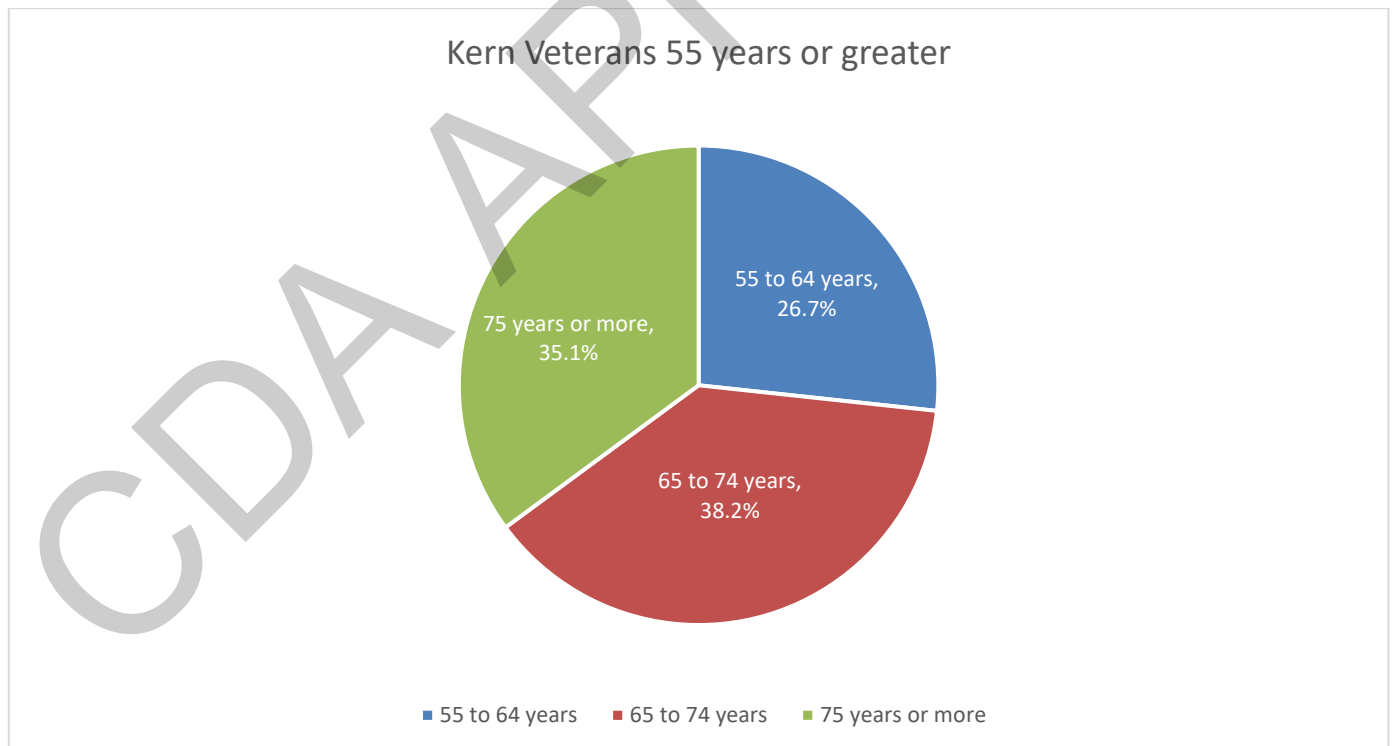
Chart 6: Kern County 60 years or Greater - Percent of Older Adult Group Below Federal Poverty Level

Percent of Kern County Older Adult Group Below Poverty Level



From 2018-2022 American Community Survey B17020A – B17020I

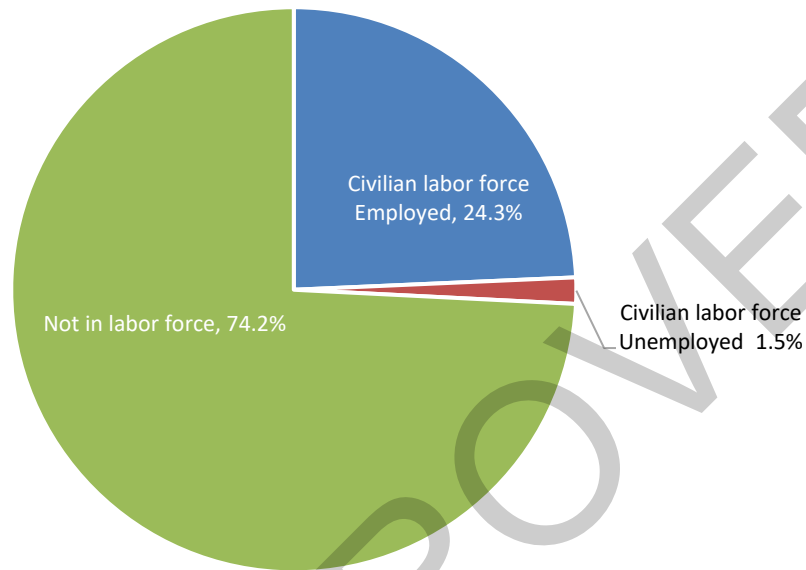
Chart 7: Kern Veterans 55 years or Greater - Percent by Age Group



From 2018-2022 American Community Survey S2101

Chart 9: Employment Status of Kern County 60 years and greater population by percent

Employment Status of Kern County 60 years and greater population by percent



From 2018-2022 American Community Survey S0102. There are no Kern County 60 years and greater older adults who are participating in the Armed Forces, on non-civilian work force. Therefore, there are no Kern County 60 years or greater older adults either employed or unemployed in the non-civilian labor force.

The needs assessment activities of the Area Plan are an ongoing process. The AAA intends to continually solicit input from its target population in an effort to account for the most current information that will impact its goals and objectives.

Targeting

Utilizing assessment tools such as surveys, US Census Data, California Department of Finance information, and contracted provider input, the AAA was able to determine the target population in PSA 33 based on the requirements of both the California Code of Regulations (CCR) and Older Americans Act (OAA). CCR and OAA requires that each AAA target services to older individuals within the PSA with the following characteristics:

- Older individuals with the greatest economic need, with particular attention to low-income minority individuals.
- Older individuals with the greatest social need, with particular attention to low-income minority individuals.
- Older Native Americans.
- Older individuals with limited English proficiency.

The California Code of Regulations/Older Americans Act requires AAAs to use outreach efforts to identify individuals eligible for assistance under federal law. Special emphasis shall be given to the following groups

of older individuals:

- Those who reside in rural areas.
- Those who have greatest economic need, with particular attention to low-income minority individuals.
- Those who have the greatest social need, with particular attention to low-income minority individuals.
- Those with severe disabilities.
- Those with limited English proficiency.
- Those with Alzheimer's disease or related disorders with neurological and organic brain dysfunction, and the caretakers of these individuals.

With regard to the above, the California Code of Regulations, Title 22, Division 1.8, Chapter 3, Article 3, Section 7310, addresses the issue of targeting:

Targeting of services within the PSA shall be addressed as follows:

- Determine the number, location, and needs of older individuals with these characteristics.
- Consider the needs of the targeted groups in planning the services to be included in the Area Plan.
- If possible, locate the provision of services in areas where a significant number of the targeted groups resides.
- Develop methods specific to the local community to serve the targeted group.

Outreach means to provide information and encouragement about existing services and benefits to individuals.

The AAA will follow the targeting priorities of the OAA and CCR, and as a matter of practice is committed to the equitable provision of services in all communities of the County. Those who have greatest economic and social need are spread across all areas of the PSA (8,170 square miles), in both greater Bakersfield and the rural areas.

In Kern County, only Bakersfield is considered to be urban, the rest of the County's small cities and unincorporated areas are considered rural because of their population. Thus the targeted rural populations and minority populations tend to reside in pockets across the County. In the city of Delano and in Bakersfield there is a significant Filipino senior population. Delano also has a large Hispanic senior population, as does Arvin, Lamont, Shafter, and Wasco. The Kern River Valley area and the desert communities are mostly White, with very few minorities.

Members of targeted populations are represented on the Advisory Council, which is the Kern County Commission on Aging. Each of the five supervisorial districts is represented, as are a number of agencies providing in-home services, LTC Care Ombudsman, and legal services to seniors with the greatest economic and social needs.

The AAA is committed to providing services equitably to all areas of the County and to all seniors in need of services. This is currently being done through regularly scheduled outreach to the senior centers, participation in community meetings and events, particularly those in the rural areas of Kern County. Home visits are also made to home bound seniors with priority going to those in rural areas, with limited English proficiency, or those with the greatest economic and social needs. Additionally, the AAA collaborates with other public, private, and non-profit organizations to reach new groups of seniors who are in need of services.

Because of Kern County's geographic size, there are barriers preventing or hindering services to some of the targeted population that are of an ongoing nature. Seniors who make their homes in the geographically isolated rural areas, particularly the desert and the Kern River Valley area, may have difficulty accessing some services. Door-to-door senior transportation is not available in areas where the roads are unpaved, for instance. (Transportation is a problem in general in the rural areas for those who do not drive.) Limited funding makes it a challenge to reach the target populations in the desert communities with in-home services, information and assistance, and case management services. The AAA continues its efforts to build partnerships and assist this segment of our senior community by serving as a source of information regarding alternative methods of transportation that may be able to assist seniors to get to where they need to be.

The rural location of a high percentage of our targeted population along with language and physical mobility issues present barriers to existing services. The AAA continues to struggle to meet the growing need for services for our targeted groups with our limited resources. Kern County's senior population continues to grow, as do the diverse needs of the population, however, the budget has not always been increased in order to keep pace. The current economic situation may again lead to an increase in unmet needs among the senior population. This will make it more important than ever for the AAA to collaborate with other organizations and create more innovative services to provide for the critical needs of vulnerable seniors. However, the AAA is committed to meeting the needs of the targeted population and will search for ways to better address the needs of the population. During this Area Plan cycle (2024-2028), the AAA will continue to partner with public, private, and non-profit organizations to provide a coordinated system of community-based services. Focus groups are planned to take place in our rural locations at least annually in an effort to learn information about topics of interest from the perspective of rural focus group participants.

The AAA is guided and directed by the targeting priorities of the OAA and CCR. Because of this, the targeting priorities of the AAA are as follows (not in priority order):

- Services to older individuals in danger of losing their capacity to live independently due to their physical condition and/or the physical condition of their caregivers.
- Services to older individuals in danger of losing their capacity to live independently due to limited income.
- Services to older individuals with special responsibilities as caregivers of other individuals of any age or income.

- Services to older minority individuals.
- Services to older low-income individuals.
- Services to geographically isolated and rural older individuals.
- Services to socially isolated individuals.
- Services to older individuals with language, cultural, or other barriers that inhibit the use of public and/or private resources for older persons.
- Services to older individuals with physical conditions that restrict their ability to perform normal daily tasks.
- Services to older individuals who reside in long-term care facilities and, when appropriate, to their families.

Our priorities are reflected in our goals to address the needs of our clients as established by the OAA and CCR. The AAA will be targeting our minority population with the greatest economic and social need, as well as those who have limited English proficiency, and those who reside in rural areas. Periodic evaluation of those served under the programs of the AAA will be conducted as a way of ensuring that the needs of the target population are being met.

SECTION 6. PRIORITY SERVICES & PUBLIC HEARINGS

2024-2028 Four-Year Planning Cycle
Funding for Access, In-Home Services, and Legal Assistance

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

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

Access:

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

2024-25 39% 25-26 39% 26-27 39% 27-28 39%

In-Home Services:

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

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

Legal Assistance Required Activities:³

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

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

Explain how allocations are justified and how they are determined to be sufficient to meet the need for the service within the PSA. The percentage allocations are based upon the AAAs assessment of the needs of the target population within Kern County.

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

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

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

Fiscal Year	Date	Location	Number of Attendees	Presented in languages other than English? ⁴ Yes or No	Was hearing held at a Long-Term Care Facility? ⁵ Yes or No
2024-2025	4/15/24	Rasmussen Senior Center 115 E Roberts Ln, Bakersfield, 93308	Approximately 30	No	No
2025-2026	4/21/25	Rosamond Senior Center, 2500 20th St. W, Rosamond, CA 93560	Approximately 30	No	No
2026-2027					
2027-2028					

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

- Summarize the outreach efforts used in seeking input into the Area Plan from institutionalized, homebound, and/or disabled older individuals.
- Were proposed expenditures for Program Development (PD) or Coordination (C) discussed?
☐ Yes. Go to question #3
☒ Not applicable, PD and/or C funds are not used. Go to question #4
- Summarize the comments received concerning proposed expenditures for PD and/or C
- 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:
- Summarize the comments received concerning the minimum percentages of Title IIIB funds to meet the adequate proportion of funding for priority services.
- List any other issues discussed or raised at the public hearing.
 A commissioner mentioned they could refer potential volunteers to HICAP and the Long-term Care Ombudsman program and was given instructions on how to do so. A commissioner mentioned that there is a lot of training and volunteers that are engaged tend to stay.

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

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

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

CDA APPROVED

SECTION 7. AREA PLAN NARRATIVE GOALS & OBJECTIVES**Goal # I**

Engage organizations and individuals in the community to collaboratively improve access to the services and resources that older adults and adults with disabilities need.

Goal: Enhance the wellbeing of older adults in our communities through delivery of accessible and innovative services for older adults and adults with disabilities, in collaboration with contracted providers, community-based organizations, partners, and other stakeholders			
Rationale: ➤ There are currently over 147,000 older adults in Kern county, ➤ The Older Americans Act mandates that each Area Agency on Aging (AAA) provides services to seniors that allow them to remain independent for as long as possible. The Older Americans Act further specifies that low-income, frail, minority seniors be targeted ➤ There are over 67,000 older adult minorities in Kern County ➤ There are over 11,000 older adults who are age 85 or greater in Kern County ➤ Over 47,000 older adults in Kern County reported having one or more disabilities ➤ Collaborations and partnerships within the community help leverage resources, enhance access to services, and maximize utilization of services ➤ Technology, when used appropriately, can help enhance and increase delivery of services to our vulnerable older adults.			
Objectives	Projecte d Start and End Dates	Type of Activity and Funding Source⁶	Update Status⁷
1. The AAA continues to strive to enhance its existing relationships with providers and to seek out new relationships with other organizations and stakeholders to benefit our Kern County older adults. The AAA delivers some services directly, such as the Elderly Nutrition Program, Health Promotion, Information and Referral, Health Insurance Counseling and Advocacy Program, and the CalFresh Healthy Living Program. In addition, the AAA's partnership with its contracted providers allows older adults to receive services such as Supportive Services, Family Caregiver Support Program services, Elderly Nutrition Program services, and Ombudsman services, throughout various areas of Kern County. In 2024, the AAA reevaluated its existing service delivery as part of the Request for Proposal (RFP) process and the then current contracted providers' suggested goals for the 2024-2028 Area Plan cycle are shown under Goal Numbers 1 through 4. 1.1 Legal assistance will be provided through a contracted provider in Kern County, and rural areas outside of the Bakersfield metro area will also be serviced. 1.2 The AAA has partnered with the Kern County Library in the creation of the innovative Feed the Read program, where	7-1-24 6-30-28	IIIC	Continued
		HICAP	
		IIIE	
	7-1-24 6-30-28	III/VII	Continued
	7-1-24 6-30-28		Continued

Objectives	Project Start and End Dates	Type of Activity and Funding Source ⁶	Update Status ⁷
the Library makes available books to Title IIIC Home Delivered Meals (HDM) participants. For HDM recipients who choose to participate, their driver will deliver their selected book at the time of their meal delivery. The program has been well received in the Bakersfield area and has been expanded to the Kern River Valley area as well as in the Ridgecrest area. The AAA's Digital Divide program seeks to connect older adults, and adults with disabilities, to technology. The AAA entered into a memorandum of understanding (MOU) with the Kern County Library to assist older adults and adults with disabilities with training and assistance on the use of technology at one or more library buildings. The MOU has also provided funds for the library to make available certain software and materials to older adult or disabled Digital Divide participants. In an effort to enhance the technological communication abilities of Kern Elderly Nutrition sites, the AAA has installed large screen televisions with "OWL" technology that allows for virtual meetings between congregate participants located in different site, site staff, and others. 1.3 The Commission on Aging (COA) continues to work to connect the older adult population with the resources it needs, and in May the COA will be participating in the first ever health-fair sponsored by the Cal State Bakersfield (CSUB) 60+ Club on the campus of CSUB. 1.4 The COA also helps to put on the Kern County Fair Senior Day at the Fair and has advocated for the Fair management to consider providing new electric forms of transportation to help transport seniors from the parking lot to the fairgrounds.	7-1-24 6-30-28 7-1-24 6-30-28	ATT	Continued Continued
2. The AAA collaborates with the Commission on Aging, contracted providers, and other stakeholders to market the AAA's services to the older adults that are in need of these essential services. In an effort to enhance equity, the AAA and its contracted providers will continue to reach out to older adults with low income, older adult minorities, persons with disabilities, older adults who reside in rural areas, and other older adult groups, to inform them of available services and encourage their participation. The Kern County Commission on Aging (KCCOA) remains very active in the community raising awareness of the services available to older adults and adults with disabilities in Kern County. 2.1 The COA established a Centenarians Program this past year to recognize and celebrate Kern County residents that attain the milestone of reaching 100 years of age.	7-1-24 6-30-28 7-1-24 6-30-28		Continued Continued

Objectives	Project Start and End Dates	Type of Activity and Funding Source ⁶	Update Status ⁷
3. The AAA will continue to partner with local agencies and work with the Kern Senior Network to market services. The AAA will continue to write articles that are published in the local publications. In the previous fiscal year, the AAA had several articles published in the Bakersfield Life magazine. The AAA will also continue to publish its Kern County CalFresh Healthy Living Newsletter for Kern County Older Adults. 3.1 In 2021, the Kern County Commission on Aging assisted with the update of the Aging and Adult Service's System of Systems Senior Resource Directory and paid for laminating 1,200 directories that were disbursed to seniors in Bakersfield, Lake Isabella, Arvin, Delano, Lamont, McFarland, Shafter, Taft, Tehachapi, Wasco, Ridgecrest, Rosamond, Cal City and Mojave via Meals on Wheels delivery drivers. The COA continues to share information regarding the AAA's services for its targeted populations and providing updates to local Kern County communities, including during its regular monthly COA meetings.	7-1-24 6-30-28 7-1-24 6-30-28	IIIC	Continued Continued
4. HICAP continues to try and recruit HICAP volunteers, although currently has been more difficult since the COVID-19 pandemic. HICAP currently has volunteers in the Bakersfield area and is recruiting in Ridgecrest. HICAP will continue its efforts to recruit and train volunteers in rural areas such as Tehachapi and Kern River Valley in order to reach seniors in these areas. HICAP will also work to recruit Spanish-speaking volunteers in areas like Delano, McFarland, and Shafter that have large numbers of Spanish-speaking seniors.	7-1-24 6-30-28	HICAP	Revised
<u>FAMILY CAREGIVER SUPPORT PROGRAM:</u> An RFP was issued for the 2020-2024 categories of Title III E services listed below. The Categories will be changed to align with the new July 2024 categories when provider agreements are entered into.		IIIE	
5. <u>Information Services</u> – The AAA and its contracted providers will endeavor to provide information about available resources to caregivers regarding the Family Caregiver Support Program by sharing written materials, providing a web presence where possible, and utilizing new technology where practical to do so. AAA contracted providers will continue to provide caregivers, potential caregivers, and other stakeholders with information to assist them to gain access to services for caregivers. The AAA will continue to encourage contracted providers make use of technology to more effectively reach out to actual or potential	7-1-24 6-30-28		Continued

Objectives	Project Start and End Dates	Type of Activity and Funding Source⁶	Update Status⁷
caregivers in a way that they want to be communicated with, whether via phone, social media, website, email, or in person. 5.1 The AAA and its contracted providers will continue their outreach to rural and of lower income caregivers by: a) Interacting and collaborating with rural health clinics; b) placing articles in local publications; and c) marketing services for caregivers including trainings, community resources, support groups, and education, and sponsored events. Alzheimer's Disease Association of Kern County (ADAKC) is conducting weekly outreach and will continue to provide In Service trainings for Dignity Health Homemakers, Retired Teachers Association, and rural areas (Lake Isabella, Shafter, Delano & Wasco) and PSA's Radio spots will be shared via TV, radio, print, social and digital media events volunteers.	7-1-24 6-30-28	IIIE	Revised
5.2 Valley Caregiver Resource Center (VCRC) will effort to distribute, through electronic means or otherwise, a quarterly newsletter to family caregivers, nutrition sites, senior centers, local health clinics, and discharge planners. When possible to do so VCRC also plans to distribute its quarterly newsletter at community events, faith communities and other community organizations. VCRC will promote awareness of the FCSP program, especially to socio-economically disadvantaged caregivers in rural areas, targeting those 60 years or older. VCRC will also be present at local community events, health clinics, nutrition sites, senior centers, and other community organizations. 5.3 Valley Caregiver Resource Center (VCRC) expects to provide Title IIIE support in the Southeast Desert and Ridgecrest service areas. VCRC will provide resource information to the Ridgecrest and Inyokern Senior Center/Nutrition sites. In addition, VCRC will also provide information, electronically or through hard copy, to other agencies such as the United Way office, etc..	7-1-24 6-30-28	IIIE	Continued Continued
5.4 VCRC will update and maintain its website with information on FCSP services available to prospective FCSP clients in Rosamond, Mojave, California City, Tehachapi, Inyokern, Ridgecrest, and surrounding areas. In addition, VCRC will utilize social media, radio, print, and television advertising when appropriate, to reach out to prospective FCSP clients in these areas as well. 5.41 Ridgecrest Regional Hospital (RRH) Senior Services will continue to update its website with information regarding the services that are provided. Senior Services will continue to	7-1-24 6-30-28	IIIE	Continued Revised

Objectives	Project Start and End Dates	Type of Activity and Funding Source ⁶	Update Status ⁷
utilize platforms such as Facebook and Instagram as well as attend health fairs both in Ridgecrest and at NAWS, China Lake, the Veterans Standdown and any other community agencies that request information regarding community outreach programs, fraud concerns, abuse and neglect, etc. 5.5 As opportunities continue to increase, VCRC will participate in local health fairs to disseminate information on FCSP services to prospective clients in Rosamond, Mojave, California City, Tehachapi, Inyokern, Ridgecrest, and surrounding areas. 5.6 VCRC will continue to provide homemaker services to older adults in need of such services in the outlying areas of Kern River Valley, Shafter/Wasco, Delano, and Southeast Desert. 6. <u>Access:</u> 6.1 The AAA will continue to provide Information and Assistance (I & A) outreach in metropolitan Bakersfield, as well as in more rural areas of the county. The AAA will recruit and train volunteers to provide I & A services in Kern River Valley. RRH will provide I&A services in Eastern Kern. 6.2 VCRC will provide interpretation to help caregivers access services and support their caregiving needs. 6.3 VCRC will provide interpretation to help caregivers access services and support their caregiving needs.	7-1-24 6-30-28 7-1-24 6-30-28 7-1-24 6-30-28 7-1-24 6-30-28 7-1-24 6-30-28 7-1-24 6-30-28	IIIE	Continued Continued Continued Continued Continued
7 <u>Caregiver Support:</u> 7.1 The ADAKC will continue to provide comprehensive assessments to determine caregivers' needs and provide services. ADAKC expects to continue to provide In-service trainings regarding the needs of caregivers. 7.2 The ADAKC Family Services Director will work on the plan for the needs of both the Care Receiver and Caregiver.	7-1-24 6-30-28 7-1-24 6-30-28	IIIE	Continued Continued
7.3 VCRC will conduct educational classes/workshops on a quarterly basis for FCSP clients via hybrid/zoom, and in person classes as available. 7.4 VCRC will refer caregivers by maintaining and sharing a listing of applicable support groups in Kern County in addition to those facilitated by VCRC. Support groups will provide the caregivers with a forum to exchange caregiving experiences, information, encouragement, hope and support. 7.5 VCRC will continue to maintain support group activity in Southeast Desert/Tehachapi and provide peer support to additional groups in the area as they develop. Caregiver	7-1-24 6-30-28 7-1-24 6-30-28 7-1-24 6-30-28	IIIE	Continued Continued Continued

Objectives	Project Start and End Dates	Type of Activity and Funding Source ⁶	Update Status ⁷
Training & Education offered by VCRC is designed to provide caregivers the information and tools that will lead to increased quality and appropriate care for their loved ones. 7.6 VCRC will also continue to maintain support group activity in the Ridgecrest area and provide peer support to additional groups in the area as they develop. 8. <u>Respite Care</u>: Respite Care is offered through the provision of in-home care or out-of-home care. 8.1 VCRC provides in-home respite to caregivers so they may attend a support group or training, run errands, or attend a special event while their loved one is cared for. 8.2 In an effort to help lower income families in Kern County to afford services, ADAKC will offer one day of respite at the Bakersfield, and Lake Isabella respite sites as well as Support Groups in the Shafter community (note: efforts underway to implement a respite site in Shafter by 2027). ADAKC expects to apply for grants, and also hold fundraisers, to help Kern County Families who cannot financially afford to receive these much-needed services. 9. <u>Grandparents Raising Grandchildren</u>. Greater Bakersfield Legal Assistance, Inc. (GBLA) will assist 60 seniors age 55 and older with caretaker issues associated with raising grandchildren including but not limited to obtaining guardianships. Services are provided on a hybrid basis (both virtually and in-person). This program is available throughout Kern County. a) GBLA will provide individuals with consultation and advice regarding the duties and responsibilities of guardians, and answer questions of potential guardians. GBLA prepares guardianship petitions, assists with serving and filing of documents, and represents caretakers during these proceedings. b) GBLA will provide services after a guardianship has been granted such as preparing the Orders and Letters of Guardianship after the hearing. c) GBLA will continue to be involved with partner agencies such as Department of Human Services (DHS), Family Resource Centers, in addition to community collaboratives that provide services to grandparents raising grandchildren and assist grandparents to obtain services. d) GBLA expects it will continue to educate collaborative members and provide pamphlets detailing their services and contact information to partner agencies, including but not limited to, Kern County Courts, the Department of Human Services (DHS), Clinica Sierra Vista, Kern Family Healthcare, Child	7-1-24 6-30-28		Continued
	7-1-24 6-30-28		Continued
		IIIE	Continued
	7-1-24 6-30-28		Revised
	7-1-24 6-30-28		Continued
	7-1-24 6-30-28	IIIE	

Objectives	Project Start and End Dates	Type of Activity and Funding Source ⁶	Update Status ⁷
Protective Kern County Children's Network, Kern Elementary and High School Districts, and the Kern County District Attorney's Office to encourage referrals from those agencies. e) GBLA will continue to educate the rural communities in Kern County by providing pamphlets detailing our services and contact information through outreach events (such as community health fairs, street fairs), workshops and/or presentations. f) GBLA's Director of Marketing continues to create targeted campaigns for social media and traditional media platforms to increase awareness of services in Kern County communities. Campaigns may include public service announcements, live interviews, presentations in public spaces, webinars, and, when appropriate, paid advertising.		IIIE	Revised

Goal # II

Improve the health and safety of our Kern County older adults and adults with disabilities.

Goal: Enhance the health and safety of our older adult population and our adults with disabilities population by providing culturally and linguistically appropriate services, education, and volunteer opportunities that engage them and improve their wellbeing.

Rationale: Rationale:

- Disabilities increase with age. In Kern County, 29% of older adults between 65 and 74 years of age, and 49% of those 75 or more years of age report having one or more disabilities.
- The 2022 American Community Survey 5-Year Estimate indicates that out of the 101,011 total Kern County 60 years of age and older population for whom Disability status is determined 36,740 are disabled, and of these, 6,595 (18%) are below the federal poverty level.
- The national Council on Aging (NCOA) states that estimates of elder financial abuse and fraud costs to older Americans range from \$2.9 billion to \$36.5 billion annually.
- The California Department of Justice has estimated that more than one of every 20 elders is a victim of neglect, or physical or psychological abuse.
- The National Center for Elder Abuse states that approximately one in three U.S. adults aged 65 and over have a disability, and that having a disability makes both disabled women and disabled men more likely to be a victim of elder abuse.

Objectives	Project Start and End Dates	Type of Activity and Funding Source⁶	Update Status⁷
1. Although it has modified or temporarily suspended some of its previous service delivery methods, the AAA will continue to provide information regarding available services and link individuals to available services in the community, such as the Kern County Department of Public Health, Gleaners, Community Action Partnership of Kern (CAPK) Food Bank and Golden Empire Transit On-Demand Microtransit Reduced Fare, and On-Demand Assist (formerly Consolidated Transportation Service Agency (CTSA), among others.	7-1-24 6-30-28	IIIB	Continued
2. APS will host its annual Elder Abuse Prevention Conference (EAC) in June of 2024. The Kern County BOS and COA sponsored Conference is designed to assist service professionals to gain new knowledge regarding Elder Abuse. This year, the very important topic of "Preventing and Recognizing Neglect" will be discussed. Kern County Aging and Adult Services staff will also provide updates on the Adult Protective Services program.	7-1-24 6-30-28	III/VII	Continued
2.1 APS expects to provide training for organizations about elder abuse, in rural communities, senior centers, and in other areas of the County as possible.	7-1-24 6-30-28		Continued
2.2 APS will also provide training to Meals on Wheels drivers, partner organizations, caregivers, and service professionals in rural communities.	7-1-24 6-30-28		Continued
2.3 APS will continue to develop and distribute brochures regarding Elder Abuse, Financial Abuse, and understanding	7-1-24 6-30-28		Continued

Objectives	Project Start and End Dates	Type of Activity and Funding Source⁶	Update Status⁷
Abuse and older adults. 2.4 As possible, APS will also host and facilitate meetings of the DEAR team (the Dependent Elder Abuse Review team) that meets monthly to review and discuss cases of suspicious deaths. The multidisciplinary DEAR team includes members from the Coroner's office, law enforcement, the Long Term Care Ombudsman, APS staff and other concerned community agencies. APS has been servicing older adults over age 60 since January 2022.	7-1-24 6-30-28		Continued
3. HICAP and I&R, are conduct counseling and referral over the telephone, in-person, or virtually. HICAP will continue to search for opportunities to partner with other organizations in an effort to recruit volunteers, with a continued emphasis on low-income, minority seniors. HICAP will continue with its efforts to recruit members of the Kern County Baby Boom generation in order for them to serve as volunteers. Recruitment activities will include presentations at community organizations, and referrals from current volunteers.	7-1-24 6-30-28	HICAP IIIB	Continued
4. The AAA will partner with local law enforcement, community organizations, and speakers to offer seminars on topics such as self-defense and home safety. 4.1 The AAA and Kern Around the Clock Foundation provided a fall prevention program for older adults who are at or below 80% of area median income that ended 6/30/24.	7-1-24 6-30-28	Fall Prevention on Grant	Continued Completed
5. The AAA elderly nutrition program will continue to offer nutrition education to seniors at congregate elderly nutrition program sites throughout Kern County. Nutrition education will also be provided to homebound seniors who receive home delivered elderly nutrition meals.	7-1-24 6-30-28	IIIC	
6. In an effort to reduce the incidence of chronic disease affecting our Kern County Senior population, the AAA through a CalFresh Healthy Living grant from the California Department of Aging is providing exercise classes and nutrition education for seniors. The program is emphasizing learning and staying physically active, and is available at various senior centers, senior apartment complexes in low-income areas, and other sites where low-income, limited English speaking seniors congregate across Kern County. 7. The AAA will provide evidence-based health promotion classes that help to prevent falls for seniors. Among the programs that are planned to be provided are the Staying Healthy through Education and Prevention (STEP) program and, after appropriate training is received from Maine Health, the Matter of Balance Program. Each of these two programs	7-1-24 6-30-28 7-1-24 6-30-28	CFHL Grant IIID	Continued Continued

Objectives	Project Start and End Dates	Type of Activity and Funding Source ⁶	Update Status ⁷
has been accepted as evidence-based programs by operating division of the U.S. Department of Health and Human Services (HHS): STEP (AHRQ) and Matter of Balance (ACL). The 2025 Annual Health Fair, which is funded through non-Older Americans Act funds, is expected to be held in collaboration with the AAA's community partners on May 3rd during Older Americans Month. The Annual Health Fair highlights the importance of older adult wellbeing and provides older adults, their caregivers, community organizations, and others with opportunities to learn more about available community resources that can benefit them. 8. The Long-Term Care Ombudsman Program is committed to actively recruiting volunteers from a wide array of backgrounds to enrich its volunteer network. This initiative primarily utilizes various media outlets such as social media, public service announcements and local newspapers, along with direct engagement at community events, to spread the word about the program and its mission. Despite the valuable outreach efforts, the ongoing challenges posed by the national economy continue to impact both the recruitment and retention of volunteers. In response, the program has implemented several key retention strategies. These include hosting celebratory recognition events to honor the contributions of current volunteers, offering ongoing certification classes to enhance their skills, and providing personalized technical assistance and supervision to support their roles effectively. Furthermore, the program conducts regular recruitment drives aimed at onboarding and training additional volunteers, ensuring a steady influx of dedicated individuals. Each of these activities demands the careful balancing of program priorities, especially given the constraints of limited staffing and resources. This intricate juggling act is essential for the successful management of the program's operations and its ability to serve the community effectively. 8.1 Aging & Adult Services (AAA) has become the provider for the Long-Term Care Ombudsman Program. This program now has access to and invitations for Aging-related events, which will aid in conducting outreach and training for service professionals and the community. Topics covered will include mandatory reporting requirements, residents' rights, and long-term care options. The State Ombudsman Office has a toll-free number available for residents and their families to call both during and outside			Revised Revised

Objectives	Project Start and End Dates	Type of Activity and Funding Source ⁶	Update Status ⁷
of business hours, as well as on holidays. Over the past ten years, Kern County has experienced a rise in wrongful evictions in nursing homes, along with a 120% increase in issues related to residential care facilities for the elderly and adult residential homes. This has resulted in a greater complexity of complaints and concerns brought to the Ombudsman Program. 8.2 The Kern Ombudsman Program will utilize GBLA to provide essential consumer information and advocacy for residents of long-term care facilities and their family members who are in need of legal guidance. The Ombudsman program director, along with trained volunteers, will educate the community about the rights of long-term care residents, facilitate access to necessary services, and connect individuals to valuable resources. These efforts aim to empower residents and their representatives, ensuring that they navigate the complexities of long-term care with confidence and support. 8.3 The Ombudsman staff and volunteers will collaborate to address the issues faced by long-term care residents using senior care networks and interdisciplinary team approaches and strategies. Meetings will be organized among Adult Protective Services, Kern Regional Center, California Department of Public Health, Community Care Licensing, Department of Justice, District Attorney's Office, local law enforcement, Kern County Public Health, and the local Office of Emergency Services to ensure effective resolution of these concerns. 8.4 The Aging & Adult Services provider has developed a dedicated website for the program, which includes an Ombudsman section aimed at long-term care residents, families and mandated reporters. This platform will provide comprehensive information and relevant links concerning long-term care, facilitating remote access to essential resources. To remain informed about long-term care issues and legal developments affecting long-term residents. Program staff and volunteers will engage in ongoing training through webinars organized by various reputable organizations. These organizations include the National Ombudsman Resource Center (NORC), the National Legal Services Corporation's Justice in Aging, the Center for Healthy Aging, and the California Advocates for Nursing Home Reform (CANHR). The webinars will address critical subjects, including evictions in long-term care, Medi-Cal eligibility, residents' rights, financial	7-1-24 6-30-28 7-1-24 6-30-28 7-1-24 6-30-28 7-1-24 6-30-28	III/VII	Revised Revised Revised

Goal # III

Enhance the quality of life of Kern County older adults and adults with disabilities through provision of innovative services that are collaboratively developed.

Goal: Deliver needed and accessible services to our Kern County older adults and adults with disabilities population to improve their wellbeing in collaboration with our contracted providers, partner agencies, community-based organizations, and other stakeholders.

Rationale:

- According to U.S, Bureau of Labor Statistics (BLS) 2015 statistics, over 11 million older adults ages 65 or greater volunteered, or about 24 percent of the population in the age group.
- POLCO Kern County Community Assessment Survey of Older Adults indicates that approximately 42% of older adults surveyed felt they had excellent or good opportunities to volunteer, and 42% participated in some kind of volunteer work.
- Focus Groups conducted by the AAA in 2023 indicate that there are often available opportunities to volunteer, although, employment opportunities may be less available to older adults in certain areas.
- The US Census American Community Survey indicates that 15% of Kern County older adults are below the Federal Poverty Level.

Objectives	Projected Start and End Dates	Type of Activity and Funding Source⁶	Update Status⁷
1. The AAA will continue to search for outreach opportunities that will allow it to connect with ethnic communities where there can be technological, language or cultural barriers that deter access to services. The AAA will encourage the use of technology, and cultural and economic sensitivity to help bridge the digital divide in a way that facilitates the use of technology where possible, while ensuring that services are provided equitably for all older adults and adults with disabilities. The AAA will develop outreach materials in English and Spanish, as well as for online or telephone-based delivery of services where appropriate.	7-1-24 6-30-28	ATT IIIB	Continued
2. The AAA will continue to refine classes offered to older adults, including online health promotion classes and potentially classes that will allow them to learn how to navigate the internet, and also Microsoft Word.	7-1-24 6-30-28		Continued
3. The AAA will work with community partners such as the Golden Empire Gleaners, Community Action Partnership of Kern, Senior Centers, and others to make referrals for older adults to access emergency fruits, vegetables, and other food. Information regarding senior farmer's market coupons and CalFresh will also be provided to seniors including those seniors who are food insecure.	7-1-24 6-30-28	IIIB CF Grant	Continued

Objectives	Projected Start and End Dates	Type of Activity and Funding Source ⁶	Update Status ⁷
and a movie, BINGO, Cardio, and Chair exercise programs. Annual Seniors Day Car Show. Movie Friday with Breakfast Bunco activities once a month Dinner twice a week every other week to help with the nutritional needs of our community on Wednesday and Friday. Increasing the number of daily Nutrition meals opportunities will increase the number of meals served, provide socialization that will decrease diseases and a safe environment for older adult congregates to be a part of. 7.1 BSC will continue to host its Annual Evening of Jazz, Gospel and More Christmas Fundraiser in December. Access for Better Healthcare - The Diabetes Empowerment Education Program (DEEP) is designed to reduce hospital visits, and medical cost, and empower people with Chronic disease to manage and control diabetes, high blood pressure, and cardiovascular diseases. The class is offered 3 times a year with grants. We continue to pursue grants to help with operations and services to BSC low income, underserved, and unserved seniors living in a high-risk economic area. BSC has just partnered with Blue Zones Project to help make healthier choices easier, by increasing movement, understanding our purpose, helping people connect to each other that contributes to this important community-wide effort.	7-1-24 6-30-28	IIIC	Continued

Goal # IV

Use culturally appropriate methods and technology to engage with increasingly diverse older adults and improve the quality of services they receive.

Goal: Improve the equitable distribution of services to our increasingly diverse older adults by continuing to develop services that respect cultural differences and the various levels of access to, and ability to use, technology.

Rationale:

- The AAA's Call Center can provide a safe, convenient, and effective point of entry for Kern County seniors who seek assistance with eligibility or securing benefits.
- 20% of Kern County older adults 60 years of age or greater speak English less than very well.
- The AAA's website can serve as a focal point where, even from remote locations, seniors can find information and gain access to available services.
- Over 60,000 of Kern County's older adults 60 years of age or greater are minorities.
- The AAA's Digital Divide Program helps older adults and adults with disabilities who lack internet access, and/or lack digital literacy, to gain skills they need to better navigate and use technology.
- A single point of entry is needed to ensure that seniors, caregivers and the public are aware of the services that are available to them.

Objectives	Projected Start and End Dates	Type of Activity and Funding Source⁶	Update Status⁷
1. The AAA will continue to meet the challenge of providing services and relevant information to seniors remotely through its call center, and by appointment utilizing virtual technologies such as Microsoft Teams. 2. The Kern County Aging and Adult Services-Independent Living Center of Kern County (ILCKC) Aging and Disability Resource Connection (ADRC) will continue to provide a more coordinated system for older adults and people with disabilities seeking reliable information and access to LTSS (Long-Term Services and Supports). The ADRC will continue to expand the KCAASD and ILCKC collaborative partnership and add a wide array of partner organizations.	7-1-24 6-30-28	IIIB	Continued
3. The AAA will continue to pursue additional funding streams to provide more services and programs to older adults during the 2024-2028 planning cycle. The AAA's innovative Digital Divide program targets isolated seniors and teaches them to use technology available to them.	7-1-24 6-30-28	ATT	Continued
4. The AAA will continue to work to enhance its website and provide links and information that is of interest to Kern County seniors, such as health and nutrition information. Providing information on topics of interest can encourage repeat visitors to the website and build trust regarding available information among site visitors. The AAA has updated its website to include sections that focus on Care	7-1-24 6-30-28	IIIB IIIE	Continued

Objectives	Projected Start and End Dates	Type of Activity and Funding Source⁶	Update Status⁷
Providers' needs, and Title IIID and CalFresh Healthy Living remotely accessible classes. 5. The AAA will continue to provide administrative, technical, and staff support to all Title III/VII contracted providers utilizing technology that allows for the provision of services to our Kern County older adult population in new ways, including remotely when appropriate.	7-1-24 6-30-28	III/VII	Continued

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.

Personal Care (In-Home)

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	N/A	N/A	N/A
2025-2026	N/A	N/A	N/A
2026-2027	N/A	N/A	N/A
2027-2028	N/A	N/A	N/A

Homemaker (In-Home)

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	3,600	1 3	5.6 6
2025-2026	3,600	1 3	5.6 6
2026-2027	3,600	1 3	5.6 6
2027-2028	3,600	1 3	5.6 6

Chore (In-Home)

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	N/A	N/A	N/A
2025-2026	N/A	N/A	N/A
2026-2027	N/A	N/A	N/A
2027-2028	N/A	N/A	N/A

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

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	N/A	N/A	N/A
2025-2026	N/A	N/A	N/A
2026-2027	N/A	N/A	N/A
2027-2028	N/A	N/A	N/A

Case Management (Access)

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	250	1	6.1
2025-2026	250	1	6.1
2026-2027	250	1	6.1
2027-2028	250	1	6.1

Assisted Transportation (Access)

Unit of Service = 1 one-way trip

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	N/A	N/A	N/A
2025-2026	N/A	N/A	N/A
2026-2027	N/A	N/A	N/A
2027-2028	N/A	N/A	N/A

Transportation (Access)

Unit of Service = 1 one-way trip

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	N/A	N/A	N/A
2025-2026	N/A	N/A	N/A
2026-2027	N/A	N/A	N/A
2027-2028	N/A	N/A	N/A

Information and Assistance (Access)

Unit of Service = 1 contact

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	21,000	1	6
2025-2026	21,000	1	6
2026-2027	21,000	1	6
2027-2028	21,000	1	6

Outreach (Access)

Unit of Service = 1 contact

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	N/A	N/A	N/A
2025-2026	N/A	N/A	N/A
2026-2027	N/A	N/A	N/A
2027-2028	N/A	N/A	N/A

Legal Assistance

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	3,600	1	6.1
2025-2026	3,600	1	6.1
2026-2027	3,600	1	6.1
2027-2028	3,600	1	6.1

Congregate Meals

Unit of Service = 1 meal

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	149,000	2 3	5 5,7, 7.1
2025-2026	149,000	2 3	5 5,7, 7.1
2026-2027	149,000	2 3	5 5,7, 7.1
2027-2028	149,000	2 3	5 5,7, 7.1

Home-Delivered Meals

Unit of Service = 1 meal

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	230,000	2 3	5 5
2025-2026	230,000	2 3	5 5
2026-2027	230,000	2 3	5 5
2027-2028	230,000	2 3	5 5

Nutrition Counseling

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	N/A	N/A	N/A
2025-2026	N/A	N/A	N/A
2026-2027	N/A	N/A	N/A
2027-2028	N/A	N/A	N/A

Nutrition Education

Unit of Service = 1 session

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	24 (12 C1+12 C2)	2	5, 6
2025-2026	24 (12 C1+12 C2)	2	5, 6
2026-2027	24 (12 C1+12 C2)	2	5, 6
2027-2028	24 (12 C1+12 C2)	2	5, 6

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

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

Title IIIB, Other Priority and Non-Priority Supportive Services

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

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

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

Other Supportive Service Category

Unit of Service

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

3. Title IIID/Health Promotion—Evidence-Based

- Provide the specific name of each proposed evidence-based program.
Evidence-Based Program Name(s): Staying Healthy Through Education and Prevention (STEP), SAIL Fall Prevention Program, Active Choices, Walk With Ease, Bingocize, Active Living Every Day, Mater of Balance, or Arthritis Foundation Exercise Program.

Evidence-Based Program Name(s): _____
Add additional lines if needed.

Unit of Service = 1 contact

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (If applicable)
2024-2025	2,000	2	7
2025-2026	2,000	2	7
2026-2027	2,000	2	7
2027-2028	2,000	2	7

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 Baseline Resolution Rate	# of partially resolved or fully resolved complaints	Divided by the total number of Complaints	= Baseline Resolution Rate	Fiscal Year Target Resolution Rate
2022-2023	205	247	83%	85% 2024-2025
2023-2024	167	188	89%	85% 2025-2026
2024-2025				85% 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>1</u>
FY 2024-2025 Target: <u>2</u> |
|--|

2. FY 2023-2024 Baseline: Number of Resident Council meetings attended 3 FY 2025-2026 Target: 2
3. FY 2024-2025 Baseline: Number of Resident Council meetings attended _____ FY 2026-2027 Target: 2
4. FY 2025-2026 Baseline: Number of Resident Council meetings attended _____ FY 2027-2028 Target: 2
Program Goals and Objective Numbers: <u>1, 2, 3, 4</u> For FY 2022-2023 the Target Rate projected at 2 was not met. Ombudsman Representatives are only able to attend upon invitation from residents in the council. Ombudsman Representatives continue to frequently meet with the Resident Councils via-phone or in person. For FY 2023-2024 The projected Target Rate of 1 was exceeded. Ombudsman representatives received three invitations from residents in the council. For FY 2024-2025 Target Rate is projected to be 2 and is expected to be met. Ombudsman Representatives continue to meet with the Resident Councils via phone and in person. However, Ombudsman Representatives can only attend if invited by residents of the council. For FY 2025-2026 the Target Rate is projected at 2.

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

1. FY 2022-2023 Baseline: Number of Family Council meetings attended 0 FY 2024-2025 Target: 1
2. FY 2023-2024 Baseline: Number of Family Council meetings attended 0 FY 2025-2026 Target: 1
3. FY 2024-2025 Baseline: Number of Family Council meetings attended _____ FY 2026-2027 Target: 1
4. FY 2025-2026 Baseline: Number of Family Council meetings attended _____ FY 2027-2028 Target: 1
Program Goals and Objective Numbers: <u>1, 2, 3, 4</u> For FY 2022-2023 the Target Rate projected at 2 was not met. Ombudsman Representatives are only able to attend upon invitation from residents in the council. For FY 2023-2024 The Projected Target rate of 2 was not met. Ombudsman representatives conducted workshops for families to organize family councils. Very few family councils exist, and Ombudsman representatives can only attend upon invitation from residents in the council. For FY 2024-2025 Target Rate is projected to be 1, but this is not expected to be met. Ombudsman representatives can only attend if invited by residents in the council. For FY 2025-2026 the Target Rate is projected at 1.

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 107 FY 2024-2025 Target: 150

2. FY 2023-2024 Baseline: Number of Instances 378 FY 2025-2026 Target: 150
3. FY 2024-2025 Baseline: Number of Instances _____ FY 2026-2027 Target: 150
4. FY 2025-2026 Baseline: Number of Instances _____ FY 2027-2028 Target: 150
Program Goals and Objective Numbers: <u>1, 2, 3, 4</u> For FY 2022-2023 the Target rate projected of 300 was not met. For FY 2023-2024 the Projected Target rate of 300 was exceeded since all facility staff were contacted regarding the new program transition and the website created for LTCOP services and resources. For FY 2024-2025 The Target Rate is projected at 150 and is expected to be met since volunteers and staff are visiting more assisted living facilities and meeting with administrators during visits. For FY 2025-2026 the Target Rate is projected at 150

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

1. FY 2022-2023 Baseline: Number of Instances 1,805 FY 2024-2025 Target: 1,400
2. FY 2023-2024 Baseline: Number of Instances 2,320 FY 2025-2026 Target: 1,500
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: <u>1, 2, 3, 4</u> For FY 2022-2023 the Target rate projected of 1,200 was exceeded and 1,805 total instances of Information were provided to individuals. For FY 2023-2024 The projected target rate of 1,400 was exceeded because the program received a regular list of newly admitted nursing home residents. Staff and volunteers reached out to these residents and their representatives via phone, email, and mail to provide information about their rights and available resources. For FY 2024-2025 The Target Rate is projected at 1,400 and is expected to be exceeded since the program coordinator had to update many residents and families on the new program transition to Aging & Adult Services. For FY 2025-2026 the Target Rate is projected at 1,500

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 <u>38</u> FY 2024-2025 Target: 10
2. FY 2023-2024 Baseline: Number of Sessions 40 FY 2025-2026 Target: 10
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: _____ Program Goals and Objective Numbers: <u>1, 2, 3, 4</u> For FY 2022-2023 the Target rate projected of 7 was exceeded as 35 sessions were provided. For FY 2023-2024 The projected Target Rate of 7 was exceeded because the program attended in-person community events and ads were distributed in theaters for volunteer recruitment. For FY 2024-2025 The projected Target Rate of 10 is not expected to be met. Since the program relocated in July 2024, only one staff member was available to complete services for seven months, which hindered focused outreach. For FY 2025-2026 the Target Rate is projected at 10

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)

In response to the unprecedented high decrease of volunteers due to the COVID-19 pandemic, the systemic advocacy effort for 2024-2025 is to increase the number of volunteer Ombudsman Representatives and Ombudsman presence in Nursing Homes and Assisted Living Facilities to improve response and investigation of abuse complaints. The volunteers are the heart of every Long-Term Care Ombudsman Program, and are highly depended on to carry out the mission of ensuring quality of care and life in long-term care facilities. The program continues to work with Kern County Office of Emergency Services (OES) to ensure that the emergency plans for nursing homes and assisted living facilities are up to date and that OES has access to those plans.

FY 2025-2026**Outcome of FY 2024-2025 Efforts:**

The outreach efforts generated interest, and a class was set up. A volunteer class was completed, and a total of two volunteers finished the class. The program collaborated with the Kern County Office of Emergency Services (OES) to ensure that emergency plans for nursing homes and assisted living facilities are current and that OES has access to these plans. This collaboration was crucial in coordinating support for long-term care residents during the Borel Fire, which began on July 24, 2024. The Borel Fire was the most recent large and destructive wildfire to occur south of Lake Isabella.

FY 2025-2026 Systems Advocacy Effort(s): (Provide one or more new systems advocacy efforts)

The Centers for Medicare and Medicaid Services (CMS) approves waiver renewals in five-year increments. The current program, which operates in 15 counties, was approved from March 1, 2024, through February 28, 2029. Kern County is currently operating the Assisted Living Waiver (ALW).

The State Ombudsman Office recently met with the California Department of Health Care Services Assisted Living Waiver Program managers. During this meeting, they confirmed that Long Term-Care Ombudsman priority letters for the ALW are only available when certain criteria are met. Since this announcement, Long-Term Care Ombudsman Programs have been receiving calls from assisted living providers, Care Coordinator Agencies, and, in some cases, managed care plans.

In response to the significant demand requiring Long-Term Care Ombudsman priority letters to facilitate transfers to a lower level of care within, our offices will engage in collaboration with nursing homes, assisted living providers, Care Coordinator Agencies, and, when applicable, managed care plans. This initiative is designed to enhance awareness among service providers regarding the Long Term-Care

Ombudsman priority letters and critical role of the Ombudsman in safeguarding residents' rights. It aims to ensure that long-term care residents are not discharged from nursing homes without a thorough understanding of their rights and the specific criteria for the Long Term-Care Ombudsman priority letter. The systematic approach will highlight the essential nature of informed consent and emphasize the need to uphold residents' rights.
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.

1. FY 2022-2023 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint 15 divided by the total number of Nursing Facilities 18 = Baseline <u>83%</u> FY 2024-2025 Target: <u>85%</u>
2. FY 2023-2024 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint 17 divided by the total number of Nursing Facilities 18 = Baseline <u>94%</u> FY 2025-2026 Target: 100%

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 _____ = Baseline _____ % FY 2026-2027 Target: _____
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: <u>1, 2, 3, 4</u> For FY 2022-2023 the Target rate of 70% was exceeded and a rate of 83% was achieved. For FY 2023-2024 the projected Target Rate of 90% was met as the program gained additional volunteers with the Program Coordinator's recruitment plan efforts. For FY 2024-2025 the Target Rate is projected to be met 85% since the program gained additional volunteers with the Program Coordinator's recruitment plan efforts. For FY 2025-2026 the Target Rate is projected at 100%.

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 124 = Baseline 0% FY 2024-2025 Target: <u>4%</u>
2. FY 2023-2024 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint 0 divided by the total number of RCFEs 124 = Baseline 0% FY 2025-2026 Target: <u>30%</u>
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: 1, 2, 3, 4

For **FY 2022-2023** the Target rate of 2% was not met.

For **FY 2023-2024** the projected Target Rate of 2% may possibly be met since the program anticipates to gain additional volunteers with the Program Coordinator's recruitment plan efforts.

For **FY 2023-2024** The Targeted Rate of 2% was not completed since the program focused on the need for volunteers to complete nursing facility coverages. However, a new plan was implemented for new volunteers to cover assisted living facility coverages.

For **FY 2024-2025** The projected Target Rate of 4% is expected to be met due to the implementation of a new plan for volunteers to cover the assisted living facility needs.

For **FY 2025-2026** the Target Rate is projected at 30% since the program gained additional volunteers with the Program Coordinator's recruitment plan efforts.

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: 3 FTEs
FY 2024-2025 Target: 3.5 FTEs

2. FY 2023-2024 Baseline: 1 FTEs FY
2025-2026 Target: 3 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: 1, 2, 3, 4

For **FY 2022-2023** the Target rate of 4.0 FTEs was not met and a rate of 3.0 FTEs was achieved.

For **FY 2023-2024** The projected Target Rate of 4.0 full-time equivalents FTEs was not met because the Volunteer Coordinator position was eliminated by GBLA. Additionally, the program relocated to Aging & Adult Services, and only the Program Coordinator transferred to this new division. This resulted in 1 FTE.

For **FY 2024-2025** The projected Target Rate of 3.5 FTEs is projected not to be met because a private funder, who previously supported a part-time program assistant, has withdrawn their funding. This withdrawal occurred after the program relocated to Aging & Adult Services, and we now need to establish a new contact to resume funding.

For **FY 2025-2026** the Target Rate is projected at 3.

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

1. FY 2022-2023 Baseline: Number of certified LTC Ombudsman volunteers 6 FY 2024-2025 Projected Number of certified LTC Ombudsman volunteers 10
2. FY 2023-2024 Baseline: Number of certified LTC Ombudsman volunteers 6 FY 2025-2026 Projected Number of certified LTC Ombudsman volunteers <u>10</u>
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: 1, 2, 3, 4

For **FY 2022-2023** the program did not meet the expected Target rate of 20 volunteers, however, was able to recruit 6 volunteers.

For **FY 2023-2024** The projected target rate of 15 volunteers was not met, as several volunteers resigned from the program since 2020. However, recruitment efforts continued despite the loss of the Volunteer Coordinator position. As a result, the program added two new volunteers who are contributing a high number of hours to the program.

For **FY 2024-2025** The projected Target Rate of 10 is expected to be met through its outreach efforts and through a 30 second PSA expected to be played prior to a movie in (4) local Maya theater locations.

For **FY 2025-2026** the projected Target rate will be set at 10.

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

All program staff participate in NORS Consistency Training provided by the OSLTCO. The Program Director, Social Worker, and Program Technician handle the necessary data entries and proper coding of complaints by using a checklist that the program has developed for all closed cases. Efforts are made to close cases promptly, and while the Social Worker determines when a case is officially closed, the Program Director review all cases before

closure. Currently, only a few volunteers utilize NORS. However, volunteers depend on the Ombudsman office to code their activities and review casework to ensure accuracy, with data entry completed in a timely manner.

Fiscal Year 2025-2026

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:

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

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

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

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

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

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

- **Public Education Sessions** –Indicate the total number of projected education sessions for the general public on the identification, prevention, and treatment of elder abuse, neglect, and exploitation.
- **Training Sessions for Professionals** –Indicate the total number of projected training sessions for professionals (service providers, nurses, social workers) on the identification, prevention, and treatment of elder abuse, neglect, and exploitation.
- **Training Sessions for Caregivers Served by Title III E** –Indicate the total number of projected training sessions for unpaid family caregivers who are receiving services under Title III E of the Older Americans Act (OAA) on the identification, prevention, and treatment of elder abuse, neglect, and exploitation. Older Americans Act Reauthorization Act of 2020, Section 302(3) 'Family caregiver' means an adult family member, or another individual, who is an informal provider of in-home and community care to an older individual or to an individual with Alzheimer's disease or a related disorder with neurological and organic brain dysfunction.

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

TITLE VII ELDER ABUSE PREVENTION SERVICE UNIT PLAN

The agency receiving Title VII Elder Abuse Prevention funding is: _____

Total # of	2024-2025	2025-2026	2026-2027	2027-2028
Individuals Served	1500	1500	1500	1500
Public Education Sessions	3	3	3	3
Training Sessions for Professionals	1	1	1	1
Training Sessions for Caregivers served by Title III E	1	1	1	1
Hours Spent Developing a Coordinated System	40	40	40	40

Fiscal Year	Total # of Copies of Educational Materials to be Distributed	Description of Educational Materials
2024-2025	1,500	Ombudsman Brochure, SOC-341 with instructions, Mandated Reporter Flowchart, Title 22 SNF Resident Rights, CANHR publications on RCFE & SNF resident rights, Care Plan Meetings, Theft & Loss Prevention, Articles on Long-Term Care, miscellaneous care & treatment guidance.
2025-2026	1,500	Ombudsman Brochure, SOC-341 with instructions, Mandated Reporter Flowchart, Title 22 SNF Resident Rights, CANHR publications on RCFE & SNF resident rights, Care Plan Meetings, Theft & Loss Prevention, Articles on Long-Term Care, miscellaneous care & treatment guidance.
2026-2027	1,500	Ombudsman Brochure, SOC-341 with instructions, Mandated Reporter Flowchart, Title 22 SNF Resident Rights, CANHR publications on RCFE & SNF resident rights, Care Plan Meetings, Theft & Loss Prevention, Articles on Long-Term Care, miscellaneous care & treatment guidance.
2027-2028	1,500	Ombudsman Brochure, SOC-341 with instructions, Mandated Reporter Flowchart, Title 22 SNF Resident Rights, CANHR publications on RCFE & SNF resident rights, Care Plan Meetings, Theft & Loss Prevention, Articles on Long-Term Care, miscellaneous care & treatment guidance.

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

The Title IIIIE 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 IIIIE 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 a related disorder.

SUB-CATEGORIES (16 total)	1	2	3
Caregivers of Older Adults (COA)	<i>Proposed Units of Service</i>	<i>Required Goal #(s)</i>	<i>Required Objective #(s)</i>
COA Caregiver Access Case Management	Total Hours	<i>Required Goal #(s)</i>	<i>Required Objective #(s)</i>
2024-2025			
2025-2026	280	1	7.1
2026-2027	280	1	7.1
2027-2028	280	1	7.1
COA Caregiver Access Information & Assistance	Total Contacts	<i>Required Goal #(s)</i>	<i>Required Objective #(s)</i>
2024-2025	2,500	1	5.2, 5.4, 6.1
2025-2026	2,500	1	5.2, 5.4, 6.1
2026-2027	2,500	1	5.2, 5.4, 6.1
2027-2028	2,500	1	5.2, 5.4, 6.1

COA Caregiver Information Services	# Of activities: Total est. audience for above:	Required Goal #(s)	Required Objective #(s)
2024-2025	# of activities: 245 Total est. audience for above: 1,500	1	5
2025-2026	# of activities: 245 Total est. audience for above: 1,500	1	5
2026-2027	# of activities: 245 Total est. audience for above: 1,500	1	5
2027-2028	# of activities: 245 Total est. audience for above: 1,500	1	5
COA Caregiver Support Training	Total Hours	Required Goal #(s)	Required Objective #(s)
2024-2025	64	1	7
2025-2026	64	1	7
2026-2027	64	1	7
2027-2028	64	1	7
COA Caregiver Support Groups	Total Sessions	Required Goal #(s)	Required Objective #(s)
2024-2025	20	1	5.1, 7.4, 7.6, 8.1
2025-2026	20	1	5.1, 7.4, 7.6, 8.1
2026-2027	20	1	5.1, 7.4, 7.6, 8.1
2027-2028	20	1	5.1, 7.4, 7.6, 8.1
COA Caregiver Support Counseling	Total Hours	Required Goal #(s)	Required Objective #(s)
2024-2025			
2025-2026			
2026-2027			
2027-2028			
COA Caregiver Respite In-Home	Total Hours	Required Goal #(s)	Required Objective #(s)
2024-2025	2,200	1	8.1, 8.2, 8.3
2025-2026	1,000	1	8.1, 8.2, 8.3
2026-2027	1,000	1	8.1, 8.2, 8.3
2027-2028	1,000	1	8.1, 8.2, 8.3

COA Caregiver Respite Out-of-Home Day Care	Total Hours	Required Goal #(s)	Required Objective #(s)
2024-2025			
2025-2026	1,200		
2026-2027	1,200		
2027-2028	1,200		
COA Caregiver Respite Out-of-Home Overnight Care	Total Hours	Required Goal #(s)	Required Objective #(s)
2024-2025			
2025-2026			
2026-2027			
2027-2028			
COA Caregiver Respite Other	Total Hours	Required Goal #(s)	Required Objective #(s)
2024-2025			
2025-2026			
2026-2027			
2027-2028			
COA Caregiver Supplemental Services Legal Consultation	Total Contacts	Required Goal #(s)	Required Objective #(s)
2024-2025			
2025-2026			
2026-2027			
2027-2028			
COA Caregiver Supplemental Services Consumable Supplies	Total Occurrences	Required Goal #(s)	Required Objective #(s)
2024-2025			
2025-2026			
2026-2027			
2027-2028			
COA Caregiver Supplemental Services Home Modifications	Total Occurrences	Required Goal #(s)	Required Objective #(s)

2024-2025			
2025-2026			
2026-2027			
2027-2028			
COA Caregiver Supplemental Services Assistive Technologies	Total Occurrences	Required Goal #(s)	Required Objective #(s)
2024-2025			
2025-2026			
2026-2027			
2027-2028			
COA Caregiver Supplemental Services Caregiver Assessment	Total Hours	Required Goal #(s)	Required Objective #(s)
2024-2025			
2025-2026			
2026-2027			
2027-2028			
COA Caregiver Supplemental Services Caregiver Registry	Total Occurrences	Required Goal #(s)	Required Objective #(s)
2024-2025			
2025-2026			
2026-2027			
2027-2028			

Direct and/or Contracted IIIE Services- Older Relative Caregivers (ORC)

SUB-CATEGORIES (16 total)	1	2	3
Older Relative Caregivers (ORC)	<i>Proposed</i> Units of Service	<i>Required</i> Goal #(s)	<i>Required</i> Objective #(s)
ORC Caregiver Access Case Management	Total Hours	<i>Required</i> Goal #(s)	<i>Required</i> Objective #(s)
2024-2025			
2025-2026			
2026-2027			
2027-2028			
ORC Caregiver Access Information & Assistance	Total Hours	<i>Required</i> Goal #(s)	<i>Required</i> Objective #(s)
2024-2025			
2025-2026			
2026-2027			
2027-2028			
ORC Caregiver Information Services	# Of activities: Total est. audience for above:	<i>Required</i> Goal #(s)	<i>Required</i> Objective #(s)
2024-2025	# Of activities: Total est. audience for above:		
2025-2026	# Of activities: Total est. audience for above:		
2026-2027	# Of activities: Total est. audience for above:		
2027-2028	# Of activities: Total est. audience for above:		
ORC Caregiver Support Training	Total Hours	<i>Required</i> Goal #(s)	<i>Required</i> Objective #(s)
2024-2025			
2025-2026			
2026-2027			
2027-2028			
ORC Caregiver Support Groups	Total Sessions	<i>Required</i> Goal #(s)	<i>Required</i> Objective #(s)

2024-2025			
2025-2026			
2026-2027			
2027-2028			
ORC Caregiver Support Counseling	Total Hours	Required Goal #(s)	Required Objective #(s)
2024-2025			
2025-2026			
2026-2027			
2027-2028			
ORC Caregiver Respite In-Home	Total Hours	Required Goal #(s)	Required Objective #(s)
2024-2025			
2025-2026			
2026-2027			
2027-2028			
ORC Caregiver Respite Out-of-Home Day Care	Total Hours	Required Goal #(s)	Required Objective #(s)
2024-2025			
2025-2026			
2026-2027			
2027-2028			
ORC Caregiver Respite Out-of-Home Overnight Care	Total Hours	Required Goal #(s)	Required Objective #(s)
2024-2025			
2025-2026			
2026-2027			
2027-2028			

ORC Caregiver Respite Other	Total Hours	Required Goal #(s)	Required Objective #(s)
2024-2025			
2025-2026			
2026-2027			
2027-2028			
ORC Caregiver Supplemental Services Legal Consultation	Total Contacts	Required Goal #(s)	Required Objective #(s)
2024-2025	2,000	1	1.9
2025-2026	2,000	1	1.9
2026-2027	2,000	1	1.9
2027-2028	2,000	1	1.9
ORC Caregiver Supplemental Services Consumable Supplies	Total Occurrences	Required Goal #(s)	Required Objective #(s)
2024-2025			
2025-2026			
2026-2027			
2027-2028			
ORC Caregiver Supplemental Services Home Modifications	Total Occurrences	Required Goal #(s)	Required Objective #(s)
2024-2025			
2025-2026			
2026-2027			
2027-2028			
ORC Caregiver Supplemental Services Assistive Technologies	Total Occurrences	Required Goal #(s)	Required Objective #(s)
2024-2025			
2025-2026			
2026-2027			
2027-2028			

ORC Caregiver Supplemental Services Caregiver Assessment	Total Hours	<i>Required Goal #(s)</i>	<i>Required Objective #(s)</i>
2024-2025			
2025-2026			
2026-2027			
2027-2028			
ORC Caregiver Supplemental Services Caregiver Registry	Total Occurrences	<i>Required Goal #(s)</i>	<i>Required Objective #(s)</i>
2024-2025			
2025-2026			
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 located online at:

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

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

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

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

SECTION 1: STATE PERFORMANCE MEASURES

HICAP Fiscal Year (FY)	PM 1.1 Clients Counseled (Estimated)	Goal Numbers
2024-2025	1,873	1, 2
2025-2026	1,890	1, 2
2026-2027		
2027-2028		
HICAP Fiscal Year (FY)	PM 1.2 Public and Media Events (PAM) (Estimated)	Goal Numbers
2024-2025	105	1, 2
2025-2026	120	1, 2
2026-2027		
2027-2028		

SECTION 2: FEDERAL PERFORMANCE MEASURES

HICAP Fiscal Year (FY)	PM 2.1 Client Contacts (Interactive)	Goal Numbers
2024-2025	2,972	1, 2
2025-2026	2,972	1, 2
2026-2027	2,972	1, 2
2027-2028	2,972	1, 2
HICAP Fiscal Year (FY)	PM 2.2 PAM Outreach (Interactive)	Goal Numbers
2024-2025	1,285	1, 2
2025-2026	5,372	1, 2
2026-2027		
2027-2028		

HICAP Fiscal Year (FY)	PM 2.3 Medicare Beneficiaries Under 65	Goal Numbers
2024-2025	453	1, 2
2025-2026	453	1, 2
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	2,092	856	0	1,236	N/A
2025-2026	2,664	1,314	0	1,350	N/A
2026-2027					
2027-2028					

HICAP Fiscal Year (FY)	PM 2.5 Enrollment Contacts (Qualifying)	Goal Numbers
2024-2025	3,740	N/A
2025-2026	3,826	N/A
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	N/A	N/A
2025-2026	N/A	N/A
2026-2027	N/A	N/A
2027-2028	N/A	N/A
HICAP Fiscal Year (FY)	PM 3.2 Estimated Number of Legal Representation Hours Per FY (Unit of Service)	Goal Numbers
2024-2025	N/A	N/A
2025-2026	N/A	N/A
2026-2027	N/A	N/A
2027-2028	N/A	N/A
HICAP Fiscal Year (FY)	PM 3.3 Estimated Number of Program Consultation Hours Per FY (Unit of Service)	Goal Numbers
2024-2025	N/A	N/A
2025-2026	N/A	N/A
2026-2027	N/A	N/A
2027-2028	N/A	N/A

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

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

SECTION 10. FAMILY CAREGIVER SUPPORT PROGRAM

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

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

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

Caregiver of Older Adult (COA) Services

Provided to family caregivers of adults aged 60 and older or of individuals of any age with Alzheimer's diseases or a related disorder.

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

Older Relative Caregiver (ORC) Services

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

The AAA currently funds Grandparent Access Assistance - Caregiver Legal Resources (Caring for Child) services. The AAA believes that given the amount of funds available for Title III-E Grandparent programs, funding Caregiver Legal Resources (Caring for Child) is the best allocation of Title III-E funding. Grandparents' Information Services, Grandparents' Support Services, Grandparents' Respite Care, and Grandparents' Supplemental Services are not currently funded by the AAA. The AAA will continue to monitor the need for the funding by the AAA of these Title III-E services. The PSA # 33 call-center maintains provider lists and refers callers to several service providers in Kern County. The AAA's ongoing research indicates that the listed needs are being addressed to the extent possible through non-Title III-E funded sources, including the following:

Provider	Service Description	Location(s)	Influencing factors	Service Continuity
Kern Child Abuse Prevention Council (Kern County Network for Children) 1807 19th St., Bakersfield, CA 93301	Grandparent Information Services /Support Services; Case management, Information and referral, Primary prevention services	Kern County	Ongoing Program	Ongoing
Kern County Planning and Natural Resources Comm. Development (Home Access Program) 2700 "M" Street, Suite 100 Bakersfield, CA 93301	Grandparent Supplemental Services: Can provide access improvements to residences for low income adults with disabilities	Kern County	Ongoing County Department Program	Ongoing
Community Action Partnership of Kern	Grandparent Supplemental Services: Distribution of	Kern County	Ongoing Program	Ongoing

	emergency food provided by public, private and government donations			
Golden Empire Gleaners	Grandparent Supplemental Services: Private food bank. Provides low-income seniors 60 years of age and older with two bags of groceries twice a month	Kern County	Ongoing Program, started in 1985	Ongoing
Kern County Public Authority	Grandparent Supplemental Services: Kern County Public Authority provides callers with a caregiving services registry upon receipt of waiver from caller.	Kern County	Ongoing County Department Program	Ongoing

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

1. Based on your local needs assessment, what percentage of Title IIIB funding is allocated to Legal Services? **Discuss:**
Based upon its most recent needs assessment the AAA allocates 25% of IIIB funding to Legal Services.
2. How have your local needs changed in the past year(s)? Please identify any changes (including whether the change affected the level of funding and the difference in funding levels in the past four years). **Discuss:**

Greater Bakersfield Legal Assistance, Inc. (GBLA) has been our contracted provider for the past four years. GBLA is providing more legal services in the rural areas of Kern County. However, their ability to grow in the rural areas is limited by the number of available staff and the large size of Kern County. Most legal issues remain similar in nature as listed in question 11 below. However, there has been an increase in seniors (persons ages 60 and older) seeking services for elder exploitation, whether it be financial or physical abuse and/or neglect. Since 2020, GBLA has experienced a steady, increased need for all services from seniors compared to persons ages 18 to 35.

For example, in 2020, GBLA assisted 475 people aged 18 to 35 and 306 seniors, a difference of 169 fewer seniors. In 2021, GBLA assisted 384 people aged 18 to 35 and 305 seniors, a difference of 79 fewer seniors. In 2022, GBLA assisted 370 people aged 18 to 35 and 337 seniors, a difference of 33 fewer seniors. In 2023, GBLA assisted 402 people aged 18 to 35 and 419 seniors, a difference of 17 more seniors. In 2024, GBLA assisted 352 people aged 18 to 35 and 458 seniors, a difference of 106 more seniors. The most common type of service provided relates to housing, and the second highest type of service provided relates to abuse.

GBLA has provided services for elder abuse cases such as obtaining restraining orders when necessary. Elder exploitation issues are matters that involve extensive investigation and documentation, and even though the demand for services related to exploitation will increase, funding and staff are limited. Nevertheless, GBLA is committed to ensuring that senior services are not diminished. Funding levels for Legal Assistance has varied over the past years.

GBLA adopts a variety of legal service delivery methods: for example, applicants may visit GBLA's office in Bakersfield or call GBLA to schedule a virtual consultation. GBLA utilizes software such as Zoom, Microsoft Teams, Adobe, and DocuSign to support virtual consultation and remote services. GBLA continues to be available to its senior population who could not or did not have access to technology.

3. How does the AAA's contract/agreement with the Legal Services Provider(s) (LSPs) specify and ensure that the LSPs are expected to use the California Statewide Guidelines in the provision of OAA legal services? **Discuss:**

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

4. How does the AAA collaborate with the Legal Services Provider(s) to jointly establish specific priority issues for legal services? What are the top four (4) priority legal issues in your PSA? **Discuss:**

To address and identify community needs, distribute information, and educate community partners and organizations on available services, the AAA's partner, the Legal Service Provider (LSP) Greater Bakersfield Legal Assistance (GBLA) engages agency and community partners that serve older adults using presentations, literature, and attendance at community events. A representative of GBLA serves on the AAA's Advisory Council, Kern County Commission on Aging (COA), and discusses the trends and community needs identified with COA members and the AAA. The AAA and GBLA collaborate to jointly establish priority issues for legal services that are based upon GBLA's input and the AAA's needs assessment. The top 4 priorities identified are: (1) maintaining affordable and habitable housing; (2) preventing and remedying financial exploitation, abuse and/or neglect; (3) access to health care and income maintenance resources; and (4) Guardianship.

5. How does the AAA collaborate with the Legal Services Provider(s) to jointly identify the target population? What is the targeted senior population and mechanism for reaching targeted groups in your PSA? **Discuss:**

The AAA collaborates with the Legal Service Provider, GBLA's Seniors Law Center to jointly identify the target population as part of the RFP development process and during the Area Plan Update process. The LSP (GBLA) is represented on the Kern County Area Agency on Aging Commission on Aging and participates in reviewing and discussing the AAA Needs Assessment. During teleconferences that take place as part of the Area Plan and Area Plan Update process, the LSP and AAA discuss trends and changes that have occurred since the most recent Area Plan and any needed changes to the target population for the ensuing year. The Seniors Law Center, like GBLA as a whole, emphasizes serving the most socially and economically needy low-income individuals. Additionally, GBLA's staff is culturally and linguistically competent and representative of the minority individuals in PSA 33. GBLA has bilingual attorneys, paralegals and support staff in the following languages: Spanish, Arabic, AND Punjabi, with the ability to contract for any unspoken languages. GBLA also employs people of varying disabilities including but not limited to visually and hearing impaired. GBLA also provides outreach materials in English and Spanish, which is the second most frequently spoken language in Kern County.

6. How many legal assistance service providers are in your PSA? **Complete the table below.**

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

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

The contracted legal provider, GBLA attends collaborative meetings that serve the same population, provides information / educational outreach to providers that work with seniors, provides presentations to the community and agency partners, attends and hosts community forums on relevant topics, participates in community events, and utilizes media campaigns to spread awareness of GBLA services.

Engagement with agencies and organizations that serve the senior population are a key element to the outreach services that GBLA provides. Collaborative meetings allow GBLA to engage agency partners that serve the same population to identify community needs, distribute information, and educate community partners and organizations about GBLA services. These community forums on relevant topics regarding senior services and issues help to address and identify community needs.

GBLA actively engages the community virtually through social media and traditional media campaigns. Media topics include housing and renter rights, fair housing, social security, accessing health care and public benefits, domestic violence, guardianship, consumer education, and other senior-related issues.

As resources permit, campaigns will be developed promoting GBLA services to targeted populations through the use of PSA's, traditional media, social media, and advertising and/or streaming services. Legal Help Clinics will be provided as an additional method of outreach to reach the targeted population. GBLA will work with local libraries, health facilities, and other agency partners as appropriate.

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

Fiscal Year	Name of Provider	Geographic Region covered
2024-2025	<i>Greater Bakersfield Legal Assistance, Inc.</i>	<i>a. Metropolitan Bakersfield</i> <i>b. Kern River Valley</i> <i>c. Delano/McFarland</i> <i>d. Mojave/California City</i>

		e. Arvin f. Lamont/Weedpatch g. Rosamond h. Shafter/Buttonwillow i. Wasco j. Taft k. Frazier Park l. Tehachapi/Caliente m. California City n. Ridgecrest
2025-2026	<i>Greater Bakersfield Legal Assistance, Inc.</i>	a. Metropolitan Bakersfield b. Kern River Valley c. Delano/McFarland d. Mojave/California City e. Arvin f. Lamont/Weedpatch g. Rosamond h. Shafter/Buttonwillow i. Wasco j. Taft k. Frazier Park l. Tehachapi/Caliente m. California City n. Ridgecrest
2026-2027	<i>Greater Bakersfield Legal Assistance, Inc.</i>	
2027-2028	<i>Greater Bakersfield Legal Assistance, Inc.</i>	

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

GBLA's office is open to the public from 8:30 am to 12:00 pm and 1:00 pm to 5:00 pm, Monday through Friday (closed weekends and judicial holidays). When a client resides in an outlying area of the county, or is disabled, and travel to Bakersfield would cause a hardship, arrangements can be made to conduct the interview in the client's home or by phone. Clients may access GBLA services by phone. GBLA provides services both virtually and in-person.

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

GBLA uses both quantitative and qualitative data to determine needs. In addition to considering changing demographics and trends from credible sources such as the US Census Bureau and data from credible studies that specifically highlight local needs such

as the recent report on the county's shortage of low-income housing from the California Housing Partnership Corporation, the Fair Housing & Equity Analysis conducted by GBLA and the California Coalition for Rural Housing, data from the Kern County District Attorney's Office, and national studies on subjects such as health, air quality, and food insecurity.

Between August & September 2023, GBLA conducted six (6) focus groups as part of a Community Needs Assessment. Four (4) focus groups were with client-eligible people in separate specialty sub-populations. One focus group was conducted in Spanish with monolingual Spanish-speaking persons in a rural area outside the greater Metropolitan Bakersfield area. The additional three (3) specialty sub-population groups were conducted with members from the LGBTQ+ community, persons experiencing homelessness, and seniors. GBLA also conducted a focus group with GBLA advocates and a focus group with agency representatives serving similar client constituencies. Accordingly, GBLA has determined that the most pressing legal issues in Kern County are as follows:

- (1) Housing (affordable housing, habitable housing, homeless prevention and fair housing);
- (2) Elder Abuse (physical abuse and financial exploitation);
- (3) Access to health care and income maintenance resources; and
- (4) Guardianships.
- (5)

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

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

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

GBLA continues to collaborate with social service agencies and community partners, including but not limited to, the AAA Kern County Aging and Adult Services Department (PSA#33) Health Insurance Counseling and Advocacy Program and Long Term Care Ombudsman (LTCO) programs, CAP-K, the Bakersfield Kern Regional Homeless Collaborative (BKRHC), Clinica Sierra Vista, and Kern Family Healthcare to educate collaborative members and provide pamphlets detailing their services and contact information. The AAA provides the HICAP and LTCO programs directly and coordinates services with GBLA (the local LSC). The AAA this year is planning to hold quarterly service coordination meetings with the LSC (GBLA), Ombudsman (AAA), and HICAP (AAA).

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

In the event of a disaster, the OES will activate the Emergency Operations Center (EOC) where the AAA director will be located during the disaster. The AAA Director chairs the Access and Functional Needs Branch and maintains liaison with and coordinates with other EOC Sections, Branches and other organizations as needed. The AAA Director acts as a policy advisor to the EOC Director, Management Staff and all EOC positions on equal access and functional needs issues and available resources, facilitates communication between the EOC, community stakeholder groups and area organizations providing services to people with disabilities and others with access and functional needs.

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
Georgianna Armstrong	Emergency Services Manager	Office: 661-873-2604 Cell: 661-330-0195	garmstrong@kerncountyfire.org

3. Identify the Disaster Response Coordinator within the AAA:

Name	Title	Telephone	Email
Martin Reynoso	AAA Planner	Office: 661-868-1061 Cell: 661-426-0210	reynosom@kerncounty.com

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

Critical Services	How Delivered?
-------------------	----------------

A. Adult Protective Services	A. Contact active clients prioritized according to those who are considered to be of highest risk.
B. In Home Supportive Services	B. Client lists and phone numbers are maintained and clients will be contacted during disaster response.
C. Elderly Nutrition Program	C. Emergency supply of shelf stable meals is maintained

5. List critical services the AAA will provide for 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)

Aging and Adult Services will continue to operate at its primary operating facility until ordered to cease operations by the Director of Aging and Adult Services. At that time, essential functions will transfer to the continuity facility. Aging and Adult Services will strive to support staff by providing services such as payroll, human resources, information technology, transportation, and other services so operations can continue after a disaster.

Critical Services	How Delivered?
A. Adult Protective Services	A. PSA#33's facilities become unusable, other continuity facilities will be used to provide services to staff and participants.
B. In Home Supportive Services	B. In the event PSA#33's facilities become unusable, other continuity facilities will be used to provide services to staff and participants.
C. Elderly Nutrition Program	C. In the event PSA#33's facilities become unusable, other continuity facilities will be used to provide services to staff and participants.

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

- Facilities
- Internet/telecommunications
- Cell/Devices for emergency communications
- Emergency, non-perishable food and food inventories
- Fuel for vehicles

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

The AAA actively participates in the Countywide emergency/disaster plans developed by the County Office of Emergency Services (OES). The OES has identified seniors and disabled adults as part of the "vulnerable population" group of the County. A committee, which the AAA participates in, called Access and Functional Needs was formed to work on this plan. The plan developed is an appendix to the County plan that covers this population. A subcommittee called the Medically Fragile and Mobility Challenged Disaster Planning Committee is co-chaired by the AAA Director. In an event of a disaster, the OES will activate the Emergency Operations Center (EOC). AAA staff periodically participates with OES in training exercises with the Disaster Response staff of the other County

Departments. During the first year of the 2024-2028 Area Plan, the AAA intends to explore with a local Indian tribal organization the possibility of coordinating emergency and emergency preparedness efforts for the benefit of elder tribal members and their families.

8. Describe how the AAA will:

Identify vulnerable populations:

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

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

The AAA, through its needs assessment has identified transportation, access to healthcare, and food insecurity as concerns for our older adult population in the PSA.

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

Telephone will be the primary tool used.

9. How is disaster preparedness training provided?

- AAA to participants and caregivers

The AAA has distributed disaster related information to participants and caregivers in the past and plans to provide similar information during the current Area Plan cycle.

- To staff and subcontractors

Training is provided to Staff and Providers periodically regarding disasters/Continuity of Operations.

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**Title IIIB**

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

Check each applicable Fiscal Year**24-25 25-26 26-27 27-28**

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

Title IIID

- ☒ Health Promotion – Evidence-Based

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

- | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| ☒ | ☒ | ☒ | ☒ |
|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|

Title IIIE⁹

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

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

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

Title VII

- ☒ Long Term Care Ombudsman

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

- | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| ☒ | ☒ | ☒ | ☒ |
|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|

Title VII

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

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

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

Describe methods to be used to ensure target populations will be served throughout the PSA (not applicable for Program Development or Coordination).

The AAA provides IIIB I&A services to seniors throughout the PSA. The AAA will provide materials in English and Spanish to older adults, and will collaborate with partners and other community organizations to reach target populations.

⁶ 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: _____

Check applicable funding source:⁹

☐ IIIB

☒ IIIC-1

☒ IIIC-2

☐ IIIE

☐ VII

☐ HICAP

Request for Approval Justification:

☒ Necessary to Assure an Adequate Supply of Service OR

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

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

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

Provide: documentation below that substantiates this request for direct delivery of the above stated service¹⁰: In order to ensure the delivery of elderly nutrition program services in all areas currently serviced by the AAA's Elderly Nutrition Program, the AAA directly provides Title IIIC1 and Title IIIC2 services in all other areas not currently served by the Bakersfield Senior Center (BSC), the North of the River Recreation and Parks District (NOR), or the City of Delano. The AAA issued a 2024-2028 Request for Proposal (RFP) for Kern County Title IIIC Senior Nutrition Programs in three distinct areas. BSC, and NOR were successful bidders and will continue to provide services in Central Bakersfield, and North Bakersfield, respectively. Delano Union School District was the successful bidder for Title IIIC1 and Title IIIC2 services to be delivered within the City of Delano.

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

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

SECTION 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: _____

Name and Title of Officers:	Office Term Expires:
Supervisor Phillip Peters, District I	January 2029
Supervisor Zack Scrivner, District II	January 2027
Supervisor Jeff Flores, District III	January 2027
Supervisor David Couch, District IV – Chairperson	January 2029
Supervisor Leticia Perez, District V	January 2029

Names and Titles of All Members:	Board Term Expires:

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

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

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

Total Council Membership (including vacancies) ____

Number and Percent of Council Members over age 60 ____ % Council 60+

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

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

Vacant (replacing Debra Teofilo)	Board of Supervisors	6/17/2026
Vacant (replacing Genel Hodges)	Board of Supervisors	5/4/2025
Gloria P. Brown *6	Board of Supervisors	6/17/2026
Doris Duquette *6	Board of Supervisors	9/29/2025
Stephanie Lynch *6	Board of Supervisors	9/22/2025
Sherry Gomez	Board of Supervisors	6/17/2026
Christie Ray	Board of Supervisors	6/17/2026
Sonia (Harpreet) Dhillon	Board of Supervisors	9/15/2025
Kristina Grasty *6	Board of Supervisors	6/17/2025
Anabel Hernandez	Board of Supervisors	8/18/2026
Ellen Linder *4, 5	At-large North of the River Recreation and Park District	1/10/2026
Anthony Estrada	At-large Greater Bakersfield Legal Assistance	11/8/2025
Barbara Goodlow *6	At-large Bakersfield Senior Center	12/8/2025
Julie Juarez-Ceja	At-large Alzheimer's Disease Association	1/1/2025
Kevin Alvey *3, 5, 1	At-large Valley Caregiver Resource Center	4/24/2025
Jane Decker	At-large Around the Clock Care	8/7/2025

Susan Bodnar *1, 3, 5	At-large Technical Member	8/1/2025
Judy Snyder, Senior Assembly Mbr.	At-large California Senior Legislature	10/1/2026
Jan Lemucchi, Senior Senator *6,*2	At-large California Senior Legislature	10/1/2026
Yolanda Prado *6,*2	At-large Director of Aging and Adult Services	9/8/2025
Norma Jackson *6	At-large Director of Aging and Adult Services	2/1/2027

Name and Title of other members:	Office Term Expires:

Name and Title of other members:

Office Term Expires:

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

Yes No

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

Yes No Additional Other (Optional)

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

Explain any “No” answer(s):

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

Board members may continue to serve until reappointment.

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

The Commission is comprised of at least fifteen (15) and not more than twenty-five (25) general members, and 10 non-voting ex-officio members. General members are appointed by Board of Supervisors and those entities providing nutrition and/or social services (service providers). The

Board of Supervisors of the County of Kern shall appoint at least five (5) and not more than ten (10) general members from the public; selected in such a manner that to the greatest extent practicable, each Supervisorial district shall be equally represented on the Commission, and general membership shall: 1) reflect the geographic, racial, economic and social complexion of Kern County; 2) have eighty percent (80%) of the general membership consist of persons sixty (60) years of age or older; 3) contain older persons with greatest economic or social needs; 4) contain older persons who are participants in programs operated in accordance with Older Americans Act, and 5) contain at least 1 member representing the interests of the disabled. The two persons representing Kern County in the California Senior Legislature shall be general voting members by virtue of their office. At least one (1), and not more than two (2) members shall be selected and appointed by the Director of the Kern County Aging and Adult Services Department, with the approval of the Commission Executive Committee. The ten, non-voting ex-officio members (or their designated representatives) shall consist of Human Services Director, Public Health Officer, Veterans Service Officer, Parks & Recreation Director, ETR Program Director, Planning and Natural Resources Director, Behavioral Health and Recovery Services Director, Independent Living Center Director, Kern County Victim Witness Program, and Honorary Commission Members. General members shall serve two year terms. Non-voting ex-officio members will serve for tenure of office.

SECTION 17. MULTIPURPOSE SENIOR CENTER ACQUISITION OR CONSTRUCTION COMPLIANCE REVIEW ¹¹

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

20-year tracking requirement

☒ No. Title IIIB funds not used for Acquisition or Construction.

☐ Yes. Title IIIB funds used for Acquisition or Construction.

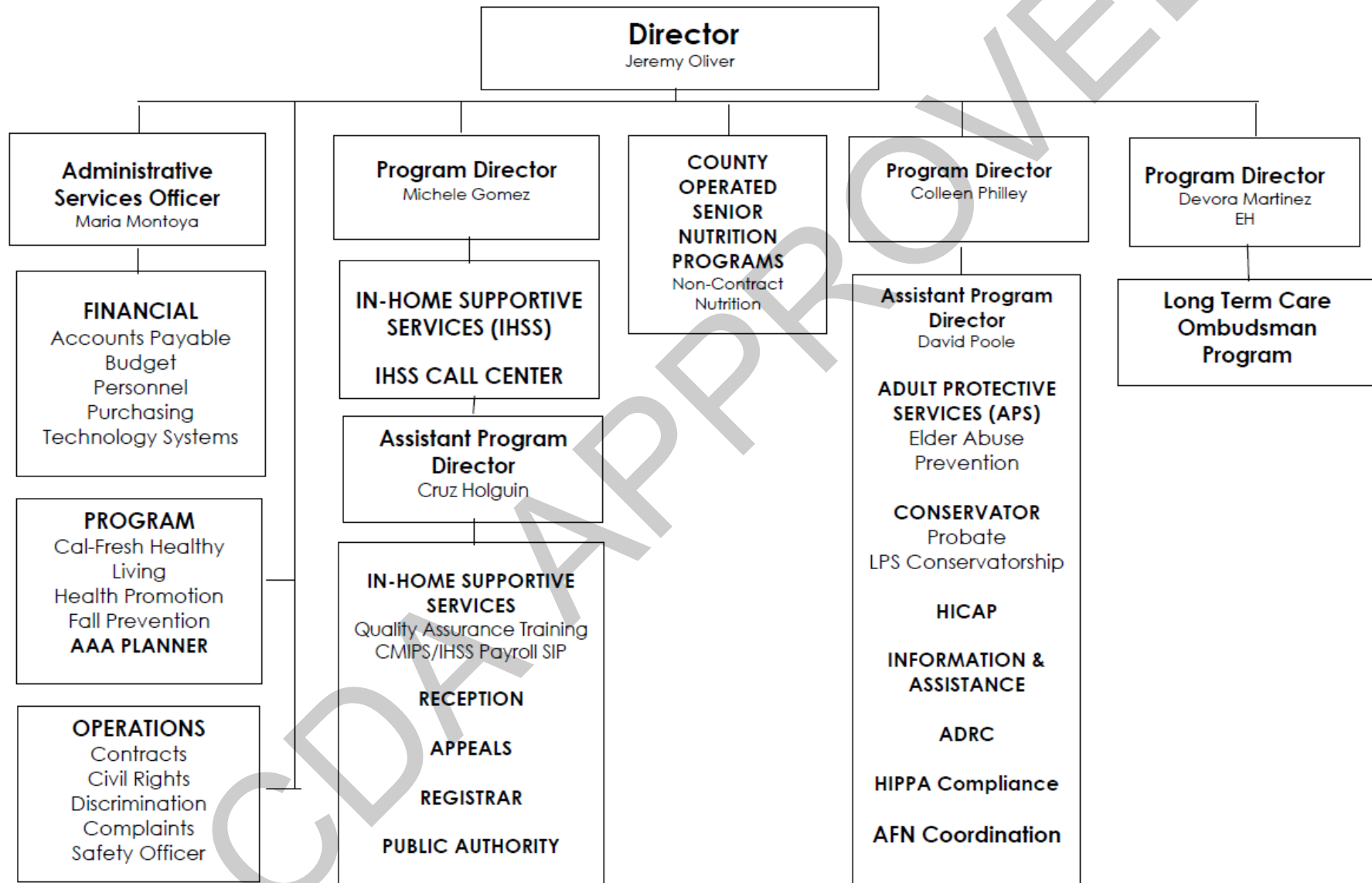
Title III Grantee and/or Senior Center (complete the chart below):

Title III Grantee and/or Senior Center	Type Acq/Const	IIIB Funds Awarded	% Total Cost	Recapture Period Begin	Recapture Period End	Compliance Verification State Use Only
Name: Address:	N/A	N/A	N/A	N/A	N/A	
Name: Address:	N/A	N/A	N/A	N/A	N/A	
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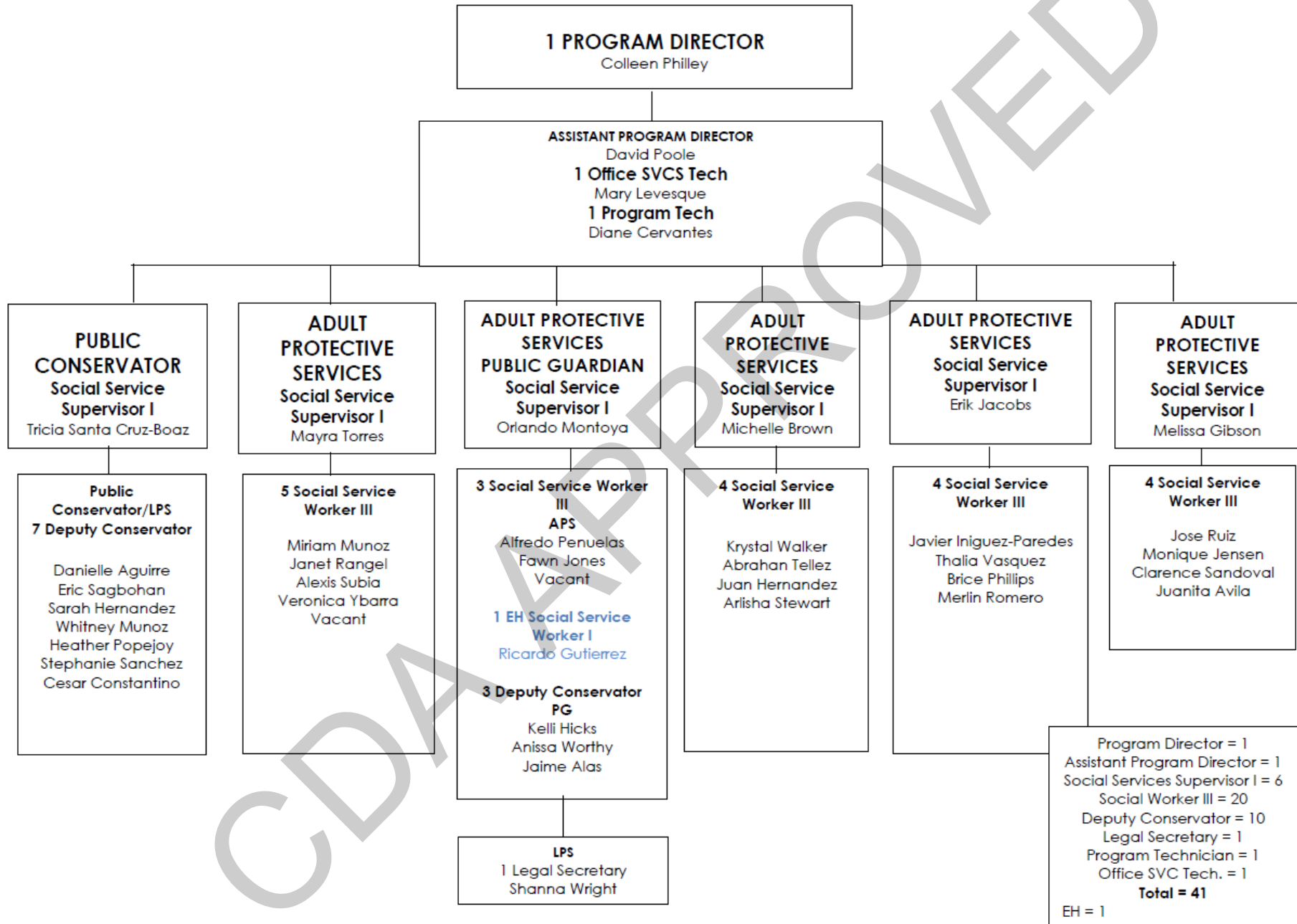
⁹ Acquisition is defined as obtaining ownership of an existing facility (in fee simple or by lease for 10 years or more) for use as a Multipurpose Senior Center.

SECTION 18. ORGANIZATION CHART

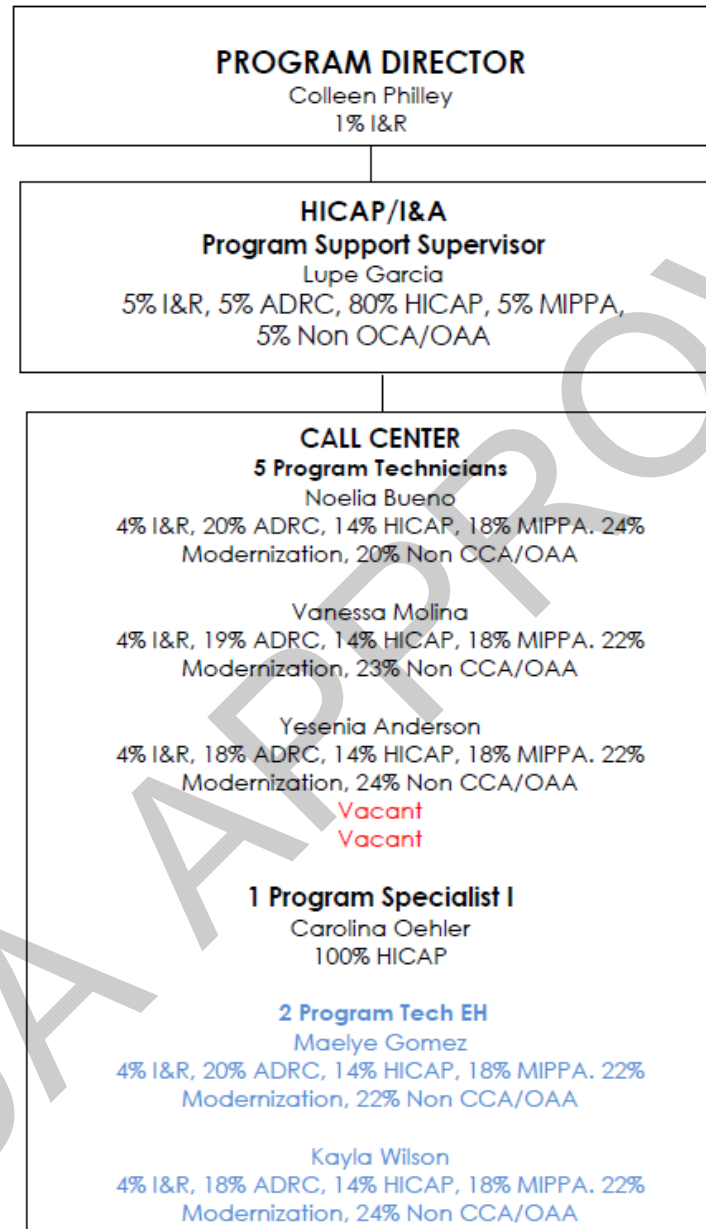
KERN COUNTY AGING AND ADULT SERVICES DEPARTMENT DEPARTMENT ORGANIZATIONAL CHART



Adult Protective Services

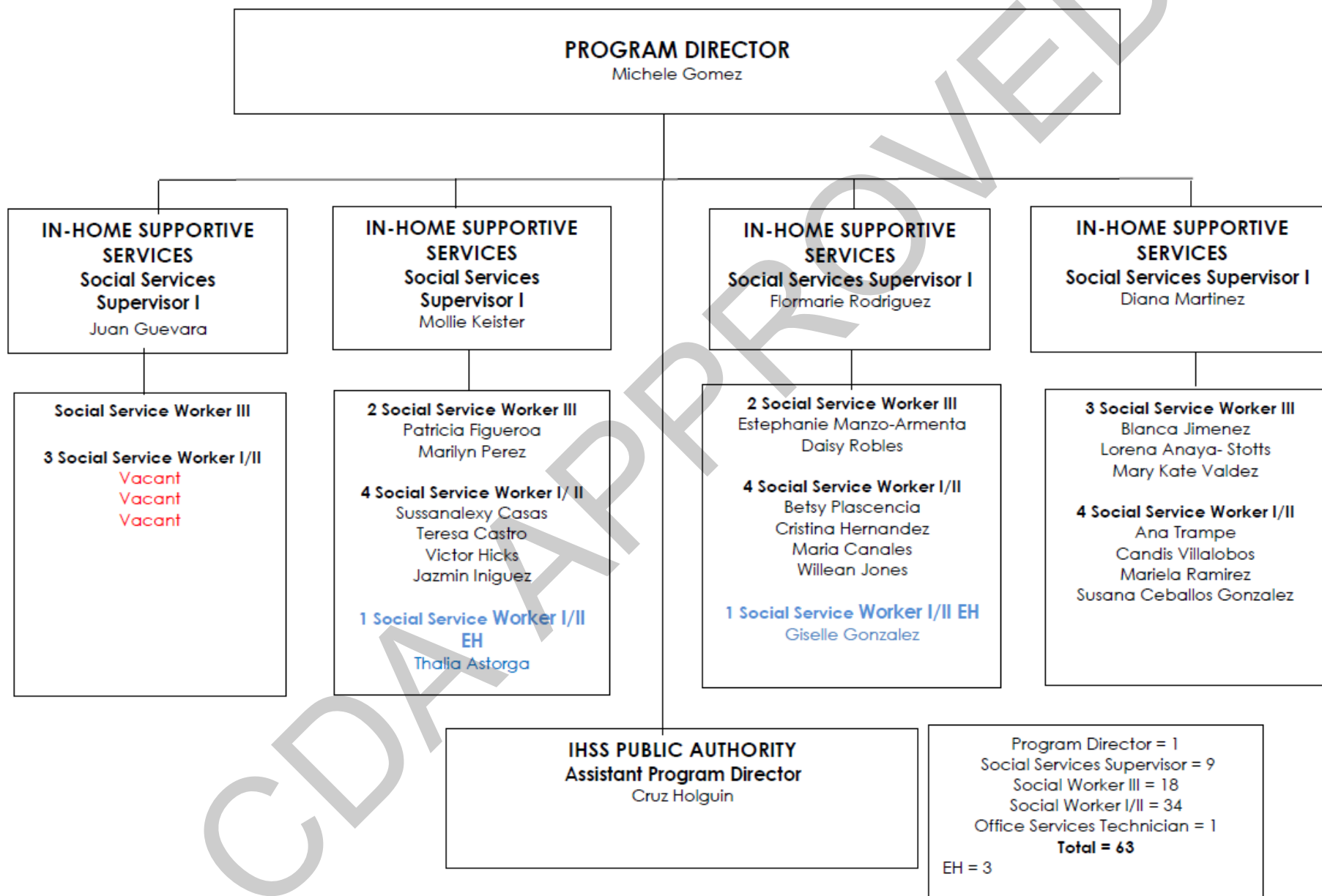


HICAP/Information & Assistance/ADRC

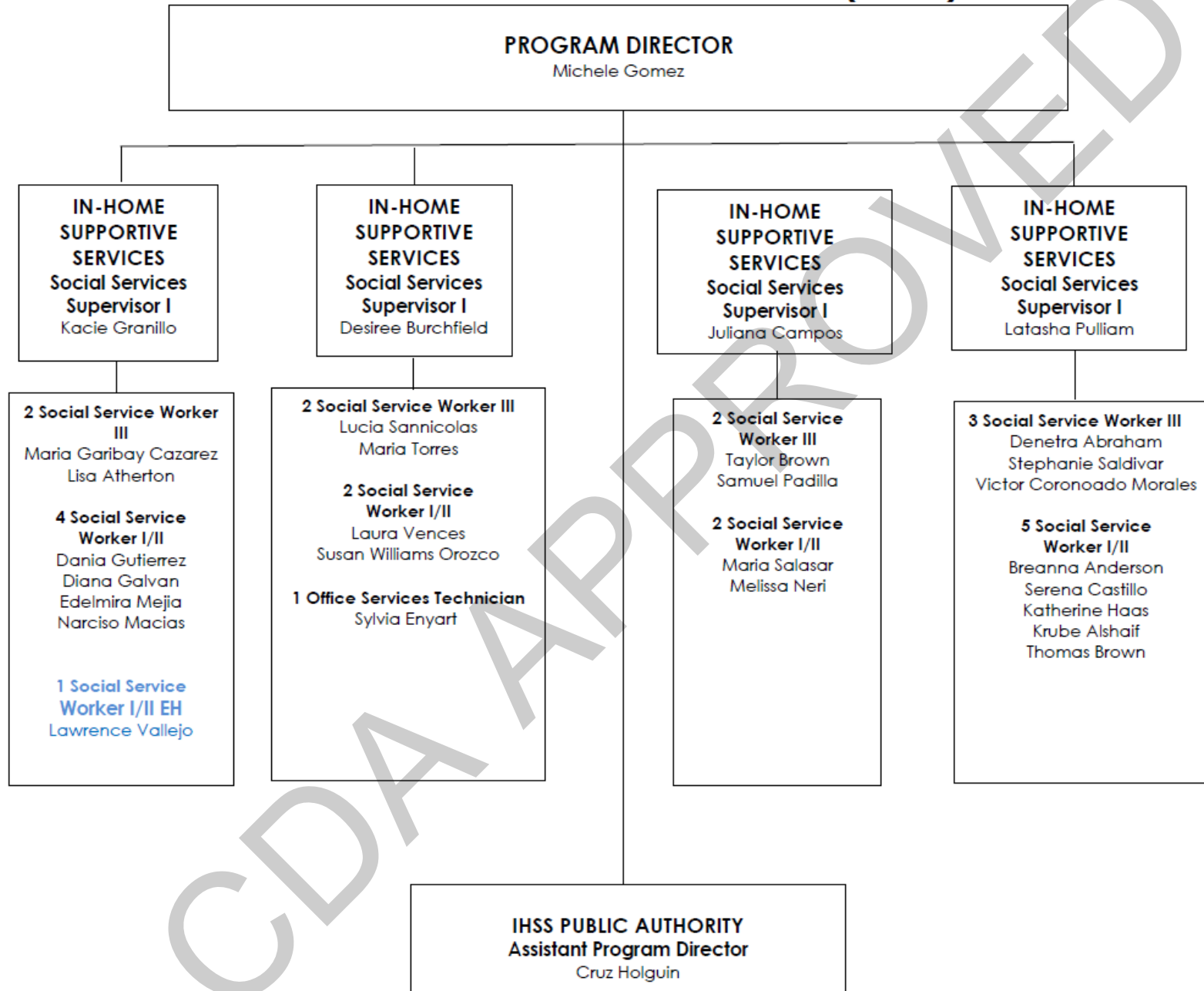


Prog Supp Supervisor = 1
Program Specialist = 1
Program Technician = 5
Total = 7
EH = 2

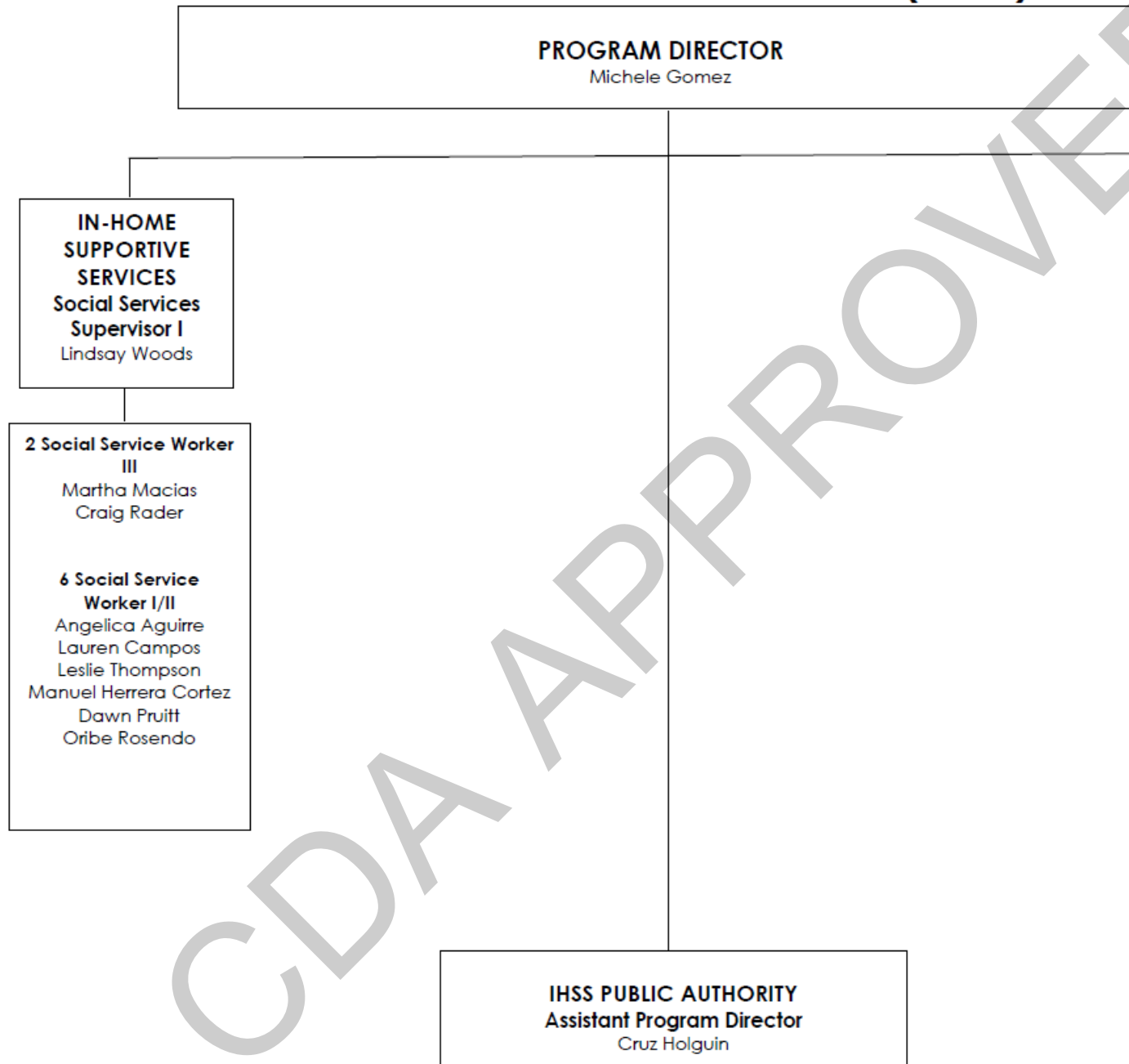
CARE AND SOCIAL PROGRAMMING (1 of 3)



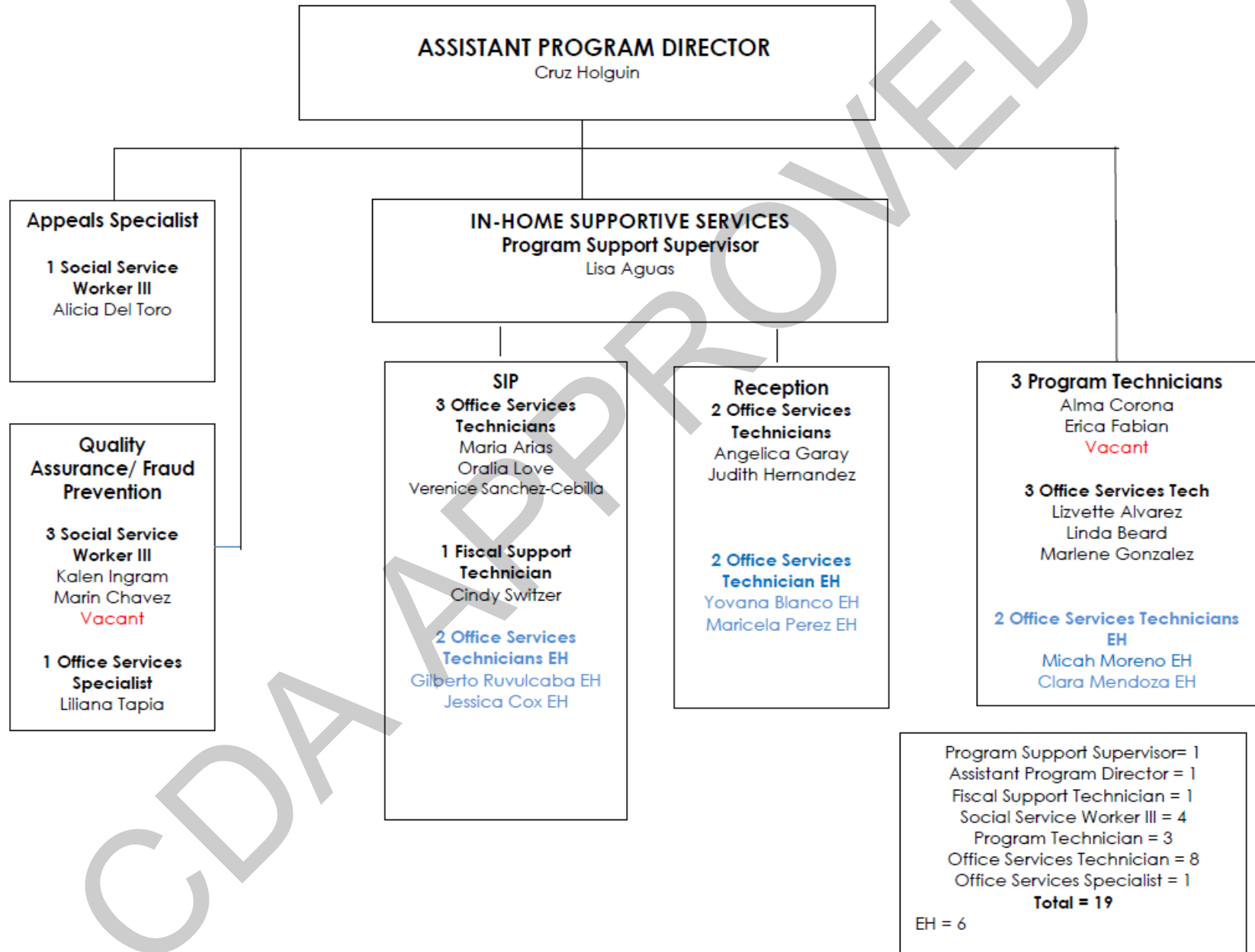
CARE AND SOCIAL PROGRAMMING (2 of 3)



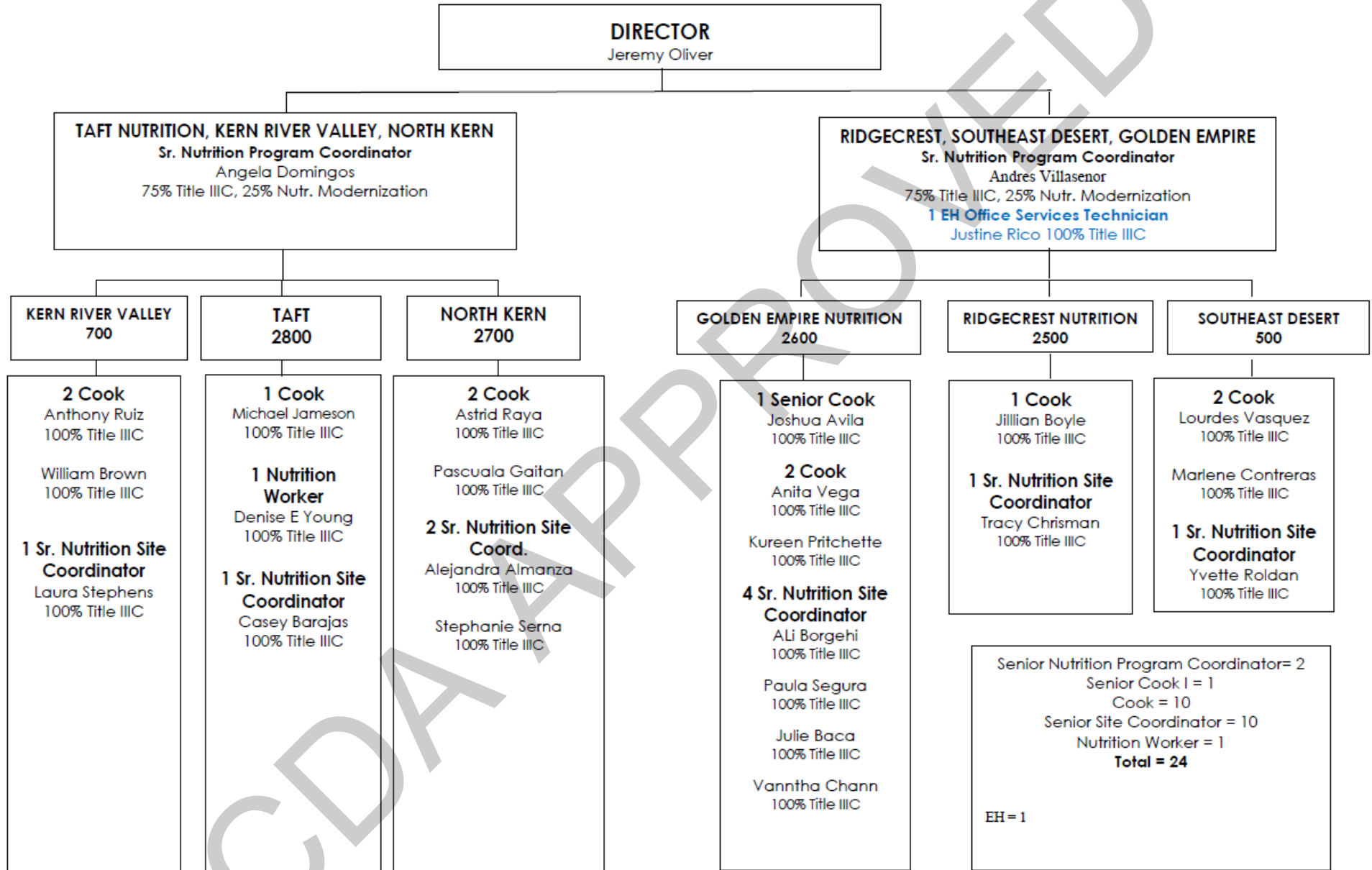
CARE AND SOCIAL PROGRAMMING (3 of 3)



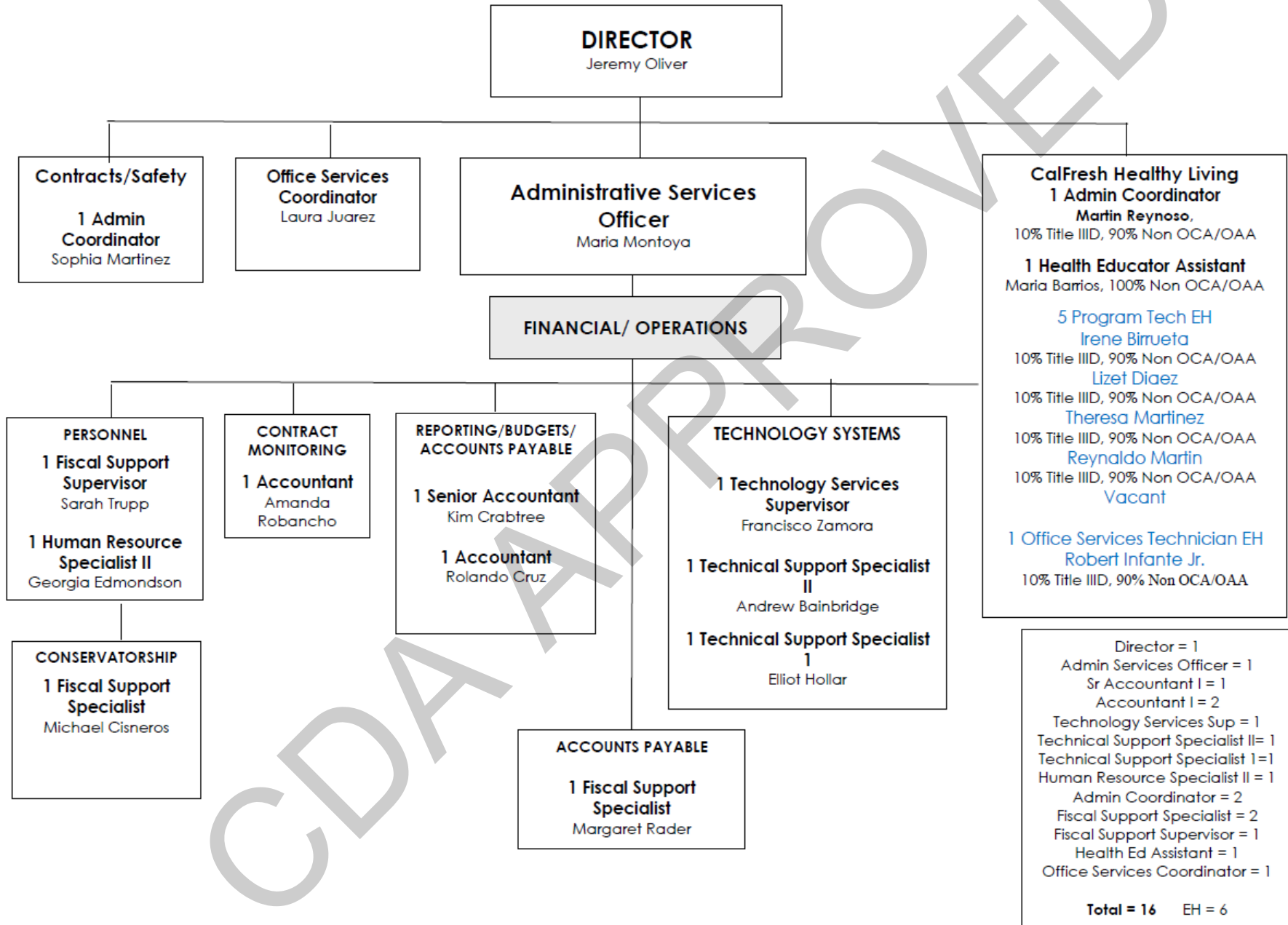
Public Authority



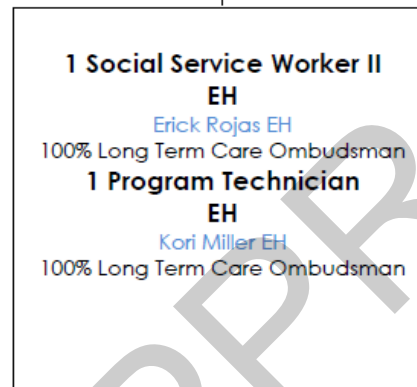
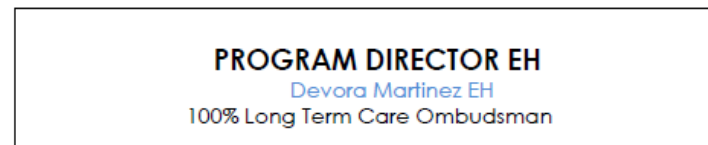
COUNTY OPERATED SENIOR NUTRITION PROGRAMS



ADMINISTRATIVE SERVICES



LONG TERM CARE OMBUDSMAN PROGRAM



EH = 3

SECTION 19. ASSURANCES

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

Sec. 306, AREA PLANS

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

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

(2) provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services—

(A) services associated with access to services (transportation, health services (including mental and behavioral health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible) and case management services);

(B) in-home services, including supportive services for families of older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and

(C) legal assistance;

and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded;

(3)(A) designate, where feasible, a focal point for comprehensive service delivery in each community, giving special consideration to designating multipurpose senior centers (including multipurpose senior centers operated by organizations referred to in paragraph (6)(C)) as such focal point; and

(B) specify, in grants, contracts, and agreements implementing the plan, the identity of each focal point so designated;

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

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

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

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

(ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—

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

(II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and

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

(iii) with respect to the fiscal year preceding the fiscal year for which such plan is prepared —

(I) identify the number of low-income minority older individuals in the planning and service area;

(II) describe the methods used to satisfy the service needs of such minority older individuals; and

(III) provide information on the extent to which the area agency on aging met the objectives

described in clause (i).

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

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

(I) older individuals residing in rural areas;

(II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

(VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(VII) older individuals at risk for institutional placement, specifically including survivors of the Holocaust; and

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

(C) contain an assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.

(5) provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities;

(6) provide that the area agency on aging will—

(A) take into account in connection with matters of general policy arising in the development and administration of the area plan, the views of recipients of services under such plan;

(B) serve as the advocate and focal point for older individuals within the community by (in cooperation with agencies, organizations, and individuals participating in activities under the plan) monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions which will affect older individuals;

(C)(i) where possible, enter into arrangements with organizations providing day care services for children, assistance to older individuals caring for relatives who are children, and respite for families, so as to provide opportunities for older individuals to aid or assist on a voluntary basis

in the delivery of such services to children, adults, and families;

(ii) if possible regarding the provision of services under this title, enter into arrangements and coordinate with organizations that have a proven record of providing services to older individuals, that—

(I) were officially designated as community action agencies or community action programs under section 210 of the Economic Opportunity Act of 1964 (42U.S.C. 2790) for fiscal year 1981, and did not lose the designation as a result of failure to comply with such Act; or

(II) came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs; and that meet the requirements under section 676B of the Community Services Block Grant Act; and

(iii) make use of trained volunteers in providing direct services delivered to older individuals and individuals with disabilities needing such services and, if possible, work in coordination with organizations that have experience in providing training, placement, and stipends for volunteers or participants (such as organizations carrying out Federal service programs administered by the Corporation for National and Community Service), in community service settings;

(D) establish an advisory council consisting of older individuals (including minority individuals and older individuals residing in rural areas) who are participants or who are eligible to participate in programs assisted under this Act, family caregivers of such individuals, representatives of older individuals, service providers, representatives of the business community, local elected officials, providers of veterans' health care (if appropriate), and the general public, to advise continuously the area agency on aging on all matters relating to the development of the area plan, the administration of the plan and operations conducted under the plan;

(E) establish effective and efficient procedures for coordination of—

(i) entities conducting programs that receive assistance under this Act within the planning and service area served by the agency; and

(ii) entities conducting other Federal programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b), within the area;

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

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

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

(I) to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals;

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

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

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

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

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

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

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

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

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

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

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

(A) not duplicate case management services provided through other Federal and State programs;

(B) be coordinated with services described in subparagraph (A); and

(C) be provided by a public agency or a nonprofit private agency that—

(i) gives each older individual seeking services under this title a list of agencies that provide similar services within the jurisdiction of the area agency on aging;

(ii) gives each individual described in clause (i) a statement specifying that the individual has a right to make an independent choice of service providers and documents receipt by such individual of such statement;

(iii) has case managers acting as agents for the individuals receiving the services and not as promoters for the agency providing such services; or

(iv) is located in a rural area and obtains a waiver of the requirements described in clauses (i) through (iii);

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

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

(10) provide a grievance procedure for older individuals who are dissatisfied with or denied services under this title;

(11) provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including—

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

(B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and

(C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans;

(12) provide that the area agency on aging will establish procedures for coordination of services with entities conducting other Federal or federally assisted programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b) within the planning and service area.

(13) provide assurances that the area agency on aging will—

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

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

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

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

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

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

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

(14) provide assurances that preference in receiving services under this title will not be given by the area agency on aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title;

(15) provide assurances that funds received under this title will be used—

(A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and

(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

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

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

(18) provide assurances that the area agency on aging will collect data to determine—

(A) the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019; and

(B) the effectiveness of the programs, policies, and services provided by such area agency on

aging in assisting such individuals; and

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

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

(2) Such assessment may include—

(A) the projected change in the number of older individuals in the planning and service area;

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

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

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

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

(A) health and human services;

(B) land use;

(C) housing;

(D) transportation;

(E) public safety;

(F) workforce and economic development;

(G) recreation;

(H) education;

(I) civic engagement;

- (J) emergency preparedness;
- (K) protection from elder abuse, neglect, and exploitation;
- (L) assistive technology devices and services; and
- (M) any other service as determined by such agency.

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

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

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

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

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

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

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

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

(3)(A) If a State agency withholds the funds, the State agency may use the funds withheld to

directly administer programs under this title in the planning and service area served by the area agency on aging for a period not to exceed 180 days, except as provided in subparagraph (B).

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

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

(1) contracts with health care payers;

(2) consumer private pay programs; or

(3) other arrangements with entities or individuals that increase the availability of home and community-based services and supports.