



AREA AGENCY ON AGING

AREA PLAN 2020-2024

Living Well in Kern County

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

Issuance Date: June 15, 2020



AREA PLAN 2020-2024
Message to the Community

The older adult population in Kern County continues to grow at a high rate. According to U.S. Census American Community Survey 1-Yr Estimates, Kern's older adult population grew from 126,121 in 2014, to 143,202 in 2018, for an increase of over 17,000 individuals. Older adults in Kern face heightened levels of chronic diseases, including diabetes, hypertension, obesity, and heart disease. The COVID-19 pandemic has placed many older adults at even greater risk than before and the Kern County Area Agency on Aging (AAA) continues to modify its service delivery to meet this unprecedented challenge and ensure service provision to older adults in Kern County is as effective and efficient as possible.

The AAA will continue to provide services to older adults in Kern County through its existing programs, although there may be some modifications made to the usual form of service delivery during the pandemic. Programs that the AAA delivers directly, such as the Senior Nutrition Program, Disease Prevention, Information and Referral, Health Insurance Counseling and Advocacy Program, and the CalFresh Healthy Living Program will continue to provide much needed services to older adults in Kern County. The AAA's contracted providers will continue to assist our community by delivering programs such as the Family Caregiver Support Program, Long Term Care Ombudsman Program, Information and Assistance, Legal Assistance, and the Senior Nutrition Program.

The State's current revenue shortfall and the uncertainty regarding the long-term effects of the COVID-19 pandemic will require the AAA to continue to adapt to changing circumstances and deliver the essential services and develop innovative solutions that the older adult population in Kern needs. The AAA will continue to manage its financial resources effectively, and will continue to collaborate with other departments to help Kern older adults to be emotionally and physically healthy.

Elder abuse can increase the likelihood of injury and chronic health conditions. The National Council on Aging (NCOA) states that 1 in 10 Americans aged 60 or greater have experienced some form of elder abuse, and that elders who have been abused have a 300% higher risk of death when compared to those who have not been mistreated. The Kern County Board of Supervisors, and the AAA's Advisory Board, Commission on Aging (COA), continue to support the Department's effort to increase the community's awareness regarding elder abuse and continue to co-sponsor the AAA's Elder Abuse Prevention Conference. This year, the AAA's Elder Abuse Prevention Conference was suspended due to the COVID-19 pandemic, however, the department plans to resume the Elder Abuse Conferences when safe to do so, perhaps adding a virtual attendance option.

The Kern County Board of Supervisors, Kern County Commission on Aging, community groups, the AAA's contracted providers, volunteers, and other stakeholders, continue to make positive contributions that will assist the AAA to effectively meet the needs of older adults in our communities. By working together, I am confident that we will meet the extraordinary challenges faced by the growing population of older adults in Kern County.

Sincerely,

Lito Morillo
Director

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2020-2024 4-YEAR AREA PLAN REQUIRED COMPONENTS CHECKLIST

To ensure all required components are included, "X" mark the far-right column boxes.
Enclose a copy of the checklist with your Area Plan:

Section	Four-Year Area Plan Components	4-Year Plan
	Transmittal Letter – <i>must have original, ink signatures or official signature stamps- no photocopies</i>	<input checked="" type="checkbox"/>
1	Mission Statement	<input checked="" type="checkbox"/>
2	Description of the Planning and Service Area (PSA)	<input checked="" type="checkbox"/>
3	Description of the Area Agency on Aging (AAA)	<input checked="" type="checkbox"/>
4	Planning Process / Establishing Priorities	<input checked="" type="checkbox"/>
5	Needs Assessment	<input checked="" type="checkbox"/>
6	Targeting	<input checked="" type="checkbox"/>
7	Public Hearings	<input checked="" type="checkbox"/>
8	Identification of Priorities	<input checked="" type="checkbox"/>
9	Area Plan Narrative Goals and Objectives:	<input checked="" type="checkbox"/>
9	Title IIIB Funded Program Development (PD) Objectives	<input type="checkbox"/>
9	Title IIIB Funded Coordination (C) Objectives	<input type="checkbox"/>
9	System-Building and Administrative Goals & Objectives	<input checked="" type="checkbox"/>
10	Service Unit Plan (SUP) Objectives and Long-Term Care Ombudsman Outcomes	<input checked="" type="checkbox"/>
11	Focal Points	<input checked="" type="checkbox"/>
12	Disaster Preparedness	<input checked="" type="checkbox"/>
13	Priority Services	<input checked="" type="checkbox"/>
14	Notice of Intent to Provide Direct Services	<input checked="" type="checkbox"/>
15	Request for Approval to Provide Direct Services	<input checked="" type="checkbox"/>
16	Governing Board	<input checked="" type="checkbox"/>
17	Advisory Council	<input checked="" type="checkbox"/>
18	Legal Assistance	<input checked="" type="checkbox"/>
19	Multipurpose Senior Center Acquisition or Construction Compliance Review	<input type="checkbox"/>
20	Title III E Family Caregiver Support Program	<input checked="" type="checkbox"/>
21	Organization Chart	<input checked="" type="checkbox"/>
22	Assurances	<input checked="" type="checkbox"/>

TRANSMITTAL LETTER
2020-2024 Four Year Area Plan/ Annual Update
Check one: **FY 20-24** **FY 21-22** **FY 22-23** **FY 23-24**

AAA Name: County of Kern Aging and Adult Services Department

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. (Type Name) Leticia Perez

Signature: Governing Board Chair ¹

Date

2. (Type Name) Yolanda Prado

Signature: Advisory Council Chair

Date

3. (Type Name) Lito Morillo

Signature: Area Agency Director

Date

¹ Original signatures or official signature stamps are required.

SECTION 1. MISSION STATEMENT

Mission statement for all Area Agencies on Aging:

“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 disabled individuals in our community.

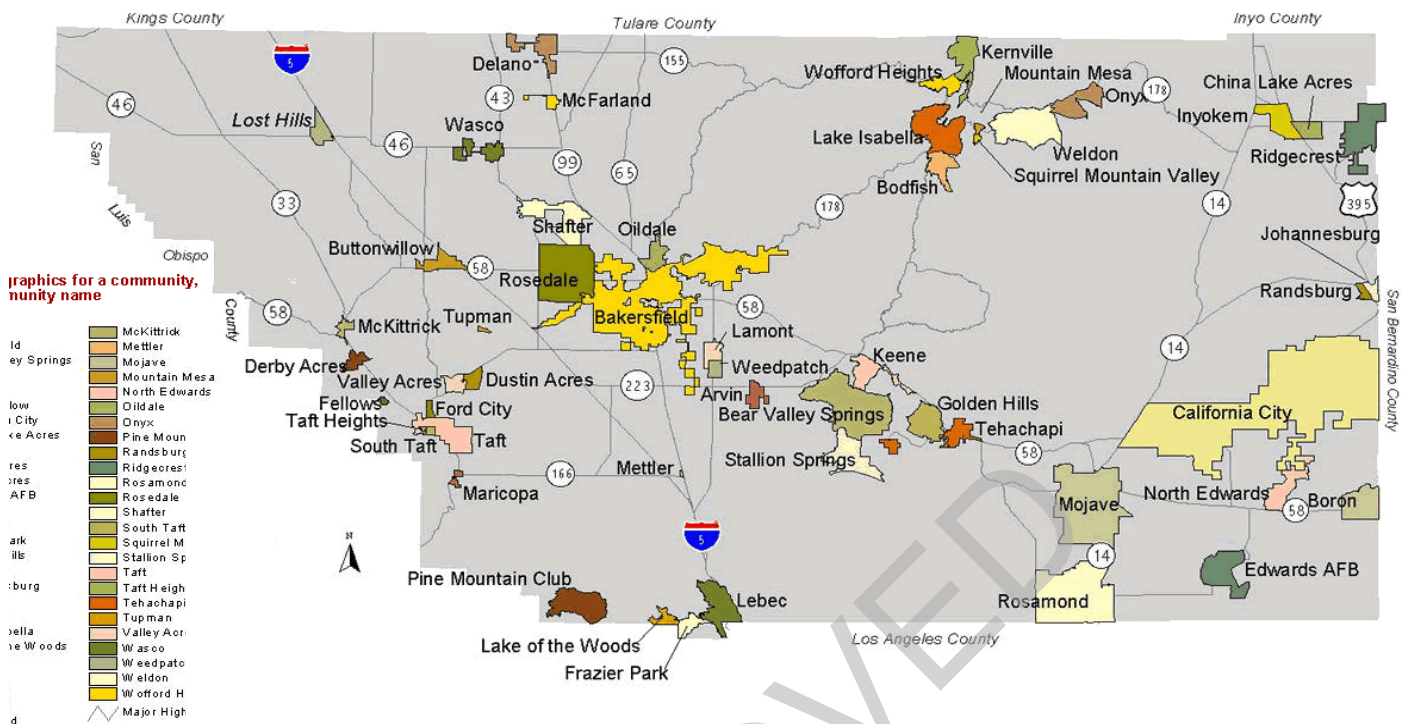
The fundamental functions and responsibilities of Aging and Adult Services are to:

- 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 and Rhode Island combined, or of the entire states of Massachusetts or Hawaii.

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 shares borders with 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

The 2010 Federal Census data has 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 2014-2018. American Community Survey (ACS) 5-Year Estimates (S0101), the total number of 60 and older individuals in Kern County is 134,040, or 15% of the total County population, and the total number of 65 and older individuals is 92,005, or 10% of the total County population. The numbers and proportions of older individuals by racial/ethnic composition, 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 2014-2018, or 2012-2016 American Community Survey 5-Year Estimates, or other American Community Survey 3-Year estimates where indicated.

The United States Census, 2014-2018 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 131,745 seniors over age 60 for whom poverty status is determined, 17,534 (13%) 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 65 and over in Kern County, for whom poverty status is determined and is shown below utilizing the 2014-2018 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 78,387 or 59.5% % of all Kern County seniors who are over age 60.
7,478 White Alone, Not Hispanic or Latino seniors are at or below 100% of the Federal Poverty Level, or over 9.5% of White Alone, Not Hispanic or Latino seniors are below 100% of poverty level

A total number of 10,056 age 60 or greater seniors, or 57.4% 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 37,189 or 28.2% of all Kern County seniors who are over age 60.
7,435 Hispanic or Latino persons or 20.0% of Hispanic or Latino seniors over age 60 are below 100% of poverty level

- Black or African American persons who are 60 and above represent 5,387 or 4.1% of All Kern County seniors who are over age 60.
916 Black or African American persons or over 17.0% of Black or African Americans over age 60 are below 100% of poverty level
- American Indian/Alaskan Native persons 60 and above represent 1,168 or 0.9% of All Kern County seniors who are over age 60.
216 American Indian/Alaskan Native persons or 18.5% of the American Indian/Alaskan Natives over age 60 are below 100% of poverty level
- Asian persons who are 60 and above represent 7,990 persons or 6.1% of All Kern County seniors who are over age 60.
1,265 Asian persons or 15.8% of Asians over age 60 are below 100% of poverty level
- Native Hawaiian or Other Pacific Islander persons who are 60 and above represent 126 persons or 0.1% of All Kern County seniors who are over age 60.
30 Native Hawaiian or Other Pacific Islander persons or 23.8% of 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 7,522 persons or 5.2% of All Kern County seniors who are over age 60.
1,498 persons or 19.9% of 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 2,740 persons or 2.1% of all Kern County seniors who are over age 60.
414 persons or 15.1% of 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 2007 California Health Interview Survey, (CHIS 2007), it is calculated that approximately 40% of all Kern County seniors over age 65 live in rural areas.

The 2014-2018 American Community Survey 5-Year Estimates for Kern County (see Attachment 6) indicates that 69.2% of seniors 60 years of age and older speak English only, and 30.8% speak a language other than English, while 20.0% 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 is discussed next.

The number of our potential client population who are 65 and older and have limited English-speaking abilities is 6,964 persons, with an additional 5,885 reporting no English-speaking abilities (see Attachment 7). Of this number, the greatest percentage 96% (5,619) of non-English speaking potential client speak Spanish, and 5,191 or 75% of seniors who are 65 and over with limited English-speaking abilities speak Spanish and 17% 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 over 3,500 seniors in our potential client population that have caregiver responsibilities of a grandchild, and over 19% 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 2017 the level of food insecurity in Kern County was 13.4%, or 117,000 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, by 2016, Kern County’s 60 and over population is projected to be at 139,644 persons, which is a 19% increase from 2012. The overall Kern County senior population age 60 and over is expected to increase by 61% between 2016 and 2034. Please see Attachment 10 for 2016 through 2034 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	71,488	53.33%
Male	62,552	46.67%
Total	134,040	100.00%
From 2014-2018. American Community Survey 5-Year Estimates (B01001)		

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	131,225	97.90%
White	108,706	81.10%
Black or African American	5,630	4.20%
American Indian and Alaska Native	1,206	0.90%
Asian	8,042	6.00%
Native Hawaiian and Other Pacific Islander	134	0.10%
Some other race	7,506	5.60%
Two or more races	2,815	2.10%
Hispanic or Latino origin (of any race)	37,799	28.20%
White alone, not Hispanic or Latino	79,620	59.40%
From 2014-2018. 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)	13,195	106,812	12.4%
Black or African American	916	5,387	17.0%
American Indian And Alaska Native Alone	216	1,168	18.5%
Asian Alone	1,265	7,990	15.8%
Native Hawaiian And Other Pacific Islander	30	126	23.8%
Some Other Race Alone	1,498	7,522	19.9%
Two or More Races	414	2,740	15.1%
Total (any race or ethnicity):	17,534	131,745	13.3%
White Alone (Not Hispanic or Latino)	7,478	78,387	9.5%
Hispanic-Latino	7,435	37,189	20.0%
From 2014-2018. American Community Survey 5-Year Estimates (S01701; B17020A-I)			

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
<i>Population 5 Years and Over</i>	811,880	134,040
<i>English Only</i>	55.90%	69.20%
Language other than English	44.10%	30.80%
Speak English less than "very well"	18.10%	20.00%

From 2014-2018 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
Speak English "Not Well"	5,191	606	1167	0	6,964
Speak English "Not At All"	5,619	159	107	0	5,885

From 2014-2018 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 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
9,181	3,540	39%	678	19%

From 2014-2018 American Community Survey 3-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	96,483
65 and older with a disability	35,808
Percent of 65 and older with a disability	37.1%
65 and older with a disability and income in the past 12-months below poverty level	5,310
Percent 65 and older with a disability with income in the past 12-months below poverty level	15%
From 2018 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: 2016 Projections	Year: 2024 Projections	Year: 2034 Projections	2016 – 2034 Percent Increase
White	84,041	94,085	87,873	5%
Hispanic	38,538	65,079	104,940	172%
Asian	7,233	10,796	15,961	121%
Pacific Islander	181	299	424	134%
Black	6,197	9,091	11,080	79%
American Indian	1,394	1,721	1,854	33%
Multirace	2,060	2,733	3,368	63%
Overall Totals:	139,644	183,804	225,500	61%
From State of California, Department of Finance, Race/Ethnic Population with Age and Sex Detail, 2000–2060. Sacramento, CA, July 2014.				

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 seniors and adapt to new providing new forms of services and programs.

The climate of cooperation among public and private agencies providing service to seniors continues to improve. The establishment of 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 the community. The Senior Network is a collaborative of non-profit, private, faith-based, and public organizations working together to deal with the issues confronting seniors 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, 37% of whom have some form of disability (see Attachment 9). Kern County and other Central Valley counties have had to endure substantial unemployment during the great recession that began in December of 2007, with unemployment rates consistently in the double-digits. According to the Employment Development Department, Kern County's 2011 unemployment rate was 14.9 percent. This was considerably higher than the State unemployment rate of 11.7%, and the national unemployment rate of 8.9%. In 2012, Kern County's unemployment rate was 13.3%, in 2013 the unemployment rate was 11.8%, and 10.4% in 2014. As of February 2020, the rate remained high at 9.1%, compared to 3.9% for California and 3.5% for the nation. The COVID-19 pandemic is expected to cause the unemployment rate to increase in Kern County beyond the already high 9.1% rate recorded in February 2020.

Overall, Kern County's geography 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 expected rise in the unemployment rate 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 serve as the Board of Directors for the Aging & Adult Services Department in its capacity as an Area Agency on Aging. The Director of Aging & Adult Services is appointed by and reports directly to the Kern County Board of Supervisors.

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, and the Independent Living Center of Kern County, serve as non-voting members of the Commission. This representation provides an opportunity for coordination among Kern County's various departments, which 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 staff facilitates the Dependent Elder Adult Review (DEAR) Team. This team is comprised of various organizations such as the Long Term Care Ombudsman, Law Enforcement, Hall Ambulance, County Counsel, Kaiser Pharmacy, and Mental 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 2020-2024 Kern County Area Plan, "Living Well in Kern County" was developed to reflect the AAA's activities in terms of how it intends to 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 Area Plan was initially discussed with the following internal AAA staff members, and Commission on Aging members:

Lito Morillo	AAA Director
Fidel Campos	AAA Administrative Services Officer
Kim Crabtree	AAA Accountant
Mayte Olivas	AAA Accountant
Michele Timmerman	AAA Administrative Coordinator
Aaron Flucker	COA Board Member
Norma Jackson	COA Board Member
Stephanie Lynch	COA Board Member
Sandy Morris	COA Board Member
Yolanda Prado	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, supportive services, health, housing, long-term care, community networks, financial matters, and home meal deliveries. The groups also discussed engaging seniors through multiple outreach methods and designed to attract seniors. The planning team was to develop the 2020-2024 Area Plan content that would capture issues and activities provided throughout the planning process.

The next step of the Area Plan 2020-2024 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 meeting 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 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 (2020-2024) 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 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

The goals and objectives within this Area Plan (2020-2024) 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, surveys, 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 2010, American Community Survey estimates, and the California Department of Finance projections.

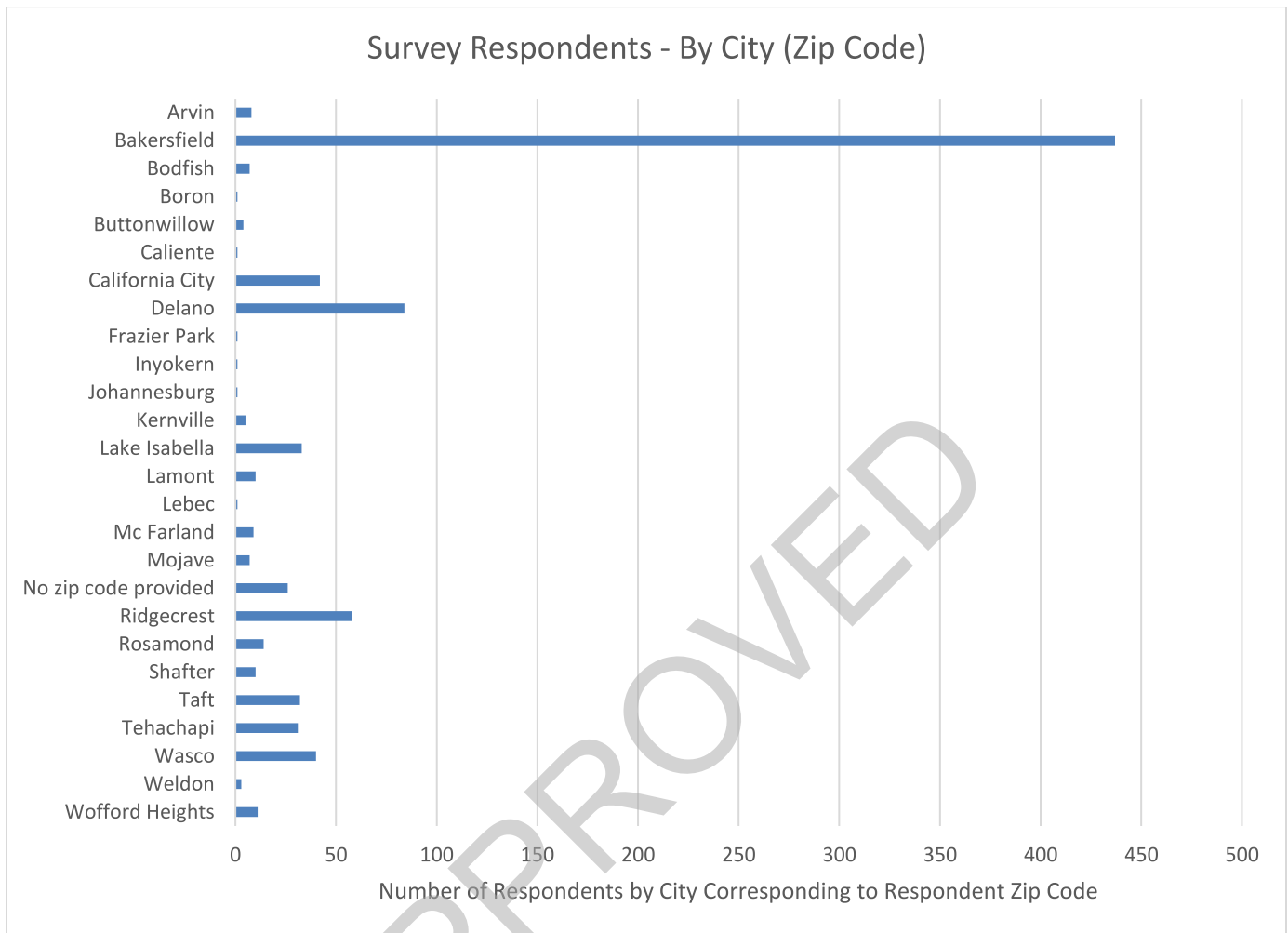
The AAA used the most current data available to develop the 2020-2024 Area Plan including the sources mentioned above as well as various studies conducted by universities, research institutes, and non-profits. The AAA also established a Needs Assessment workgroup comprised of AAA staff, and Commissioners from the AAA's Commission on Aging. The group developed the needs assessment tool targeting the 60 and over population, caregivers, and the Lesbian, Gay, Bi-Sexual, and Transgender (LGBT) population.

The 60 and over population survey was distributed throughout Kern County, and in particular the senior centers and senior apartment complexes in low income areas that had a high concentration of Black/African Americans and Hispanics, which both have been identified as the client population in greatest economic need because both minority groups have a high proportion of their 60 and over seniors at or below 100% of the poverty level.

The general survey was also delivered to participants of our Congregate nutrition and Meals on Wheels programs in each of the areas the AAA operates a nutrition program, as well as to each of the 24 branches of the Kern County Library. In total approximately 5,900 surveys were distributed and 877 completed surveys were received.

The AAA endeavored to achieve a wide distribution of the 2020 Kern Senior Needs Assessment survey which was distributed to 61 different sites/groups of seniors. The greatest number of surveys was completed by respondents listing zip codes corresponding to Bakersfield. The ACS 2014-2018 population for the Bakersfield CCD is 413,271, representing the greatest population center in Kern County. Other cities shown in the chart below include Delano with 84 completed surveys. Ridgecrest with 58, and California City with 42. The chart below shows the geographic distribution of 877 responses received that had zip code information.

Chart 1: Geographic Distribution of Survey Responses (By City corresponding to Zip Code)



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.

SECTION 6. 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 dwellers 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 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 commensurately. 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 (2020-2024), 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 7. PUBLIC HEARINGS

PSA _____

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 2016, Section 314(c)(1).

Fiscal Year	Date	Location	Number of Attendees	Presented in languages other than English?² Yes or No	Was hearing held at a Long-Term Care Facility? Yes or No
2020-2021	6/15/20 At 1:00 PM	Online via Zoom platform	17-25	No	No
2021-2022					
2022-2023					
2023-2024					

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

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

In addition to the above public hearings, the AAA conducted focus groups and distributed surveys as a way to receive input for use in the Area Plan. English and Spanish language surveys were distributed to seek input from the community including those seniors that were homebound and/or disabled. Survey respondents included individuals from rural areas, those with limited English speaking ability, and seniors who were disabled. Additionally, three focus groups were conducted throughout the PSA, including rural areas. Two focus groups were conducted in English, and 1 in Spanish. The public hearing was announced via a public hearing notice in placed in the Bakersfield Californian. The AAA’s contracted service providers each have a representative who serves on the Commission on Aging and were notified of the public hearing via their representatives.

2. Were proposed expenditures for Program Development (PD) or Coordination (C) discussed?

Yes. Go to question #3

Not applicable, PD and/or C funds are not used. Go to question #4

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

N/A

- 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 minimum percentages of Title IIIB funds to meet the adequate proportion of funding for priority services.

None

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

The Area Plan was discussed by participants and a commissioner mentioned what a great help the AAA has been in providing services to seniors during the pandemic, in particular, assisting seniors with limited transportation/mobility to obtain groceries. Several commissioners commented that the pandemic has affected the lives of older adults in many ways that make life more difficult for them. A meeting participant from a local agency noted that, similar to what the AAA is doing, they are also trying to reach out to their clients in new ways during the pandemic.

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

Correction to Organization names and addresses were made, and some additional information regarding provider activities was added.

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

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

SECTION 8 - IDENTIFICATION OF PRIORITIES

The Area Plan, Healthy Aging in Kern County, was structured around the principles and assurances set forth in the OAA and CCR. The Goals and Objectives within this plan were derived from the information gathered throughout the planning process including focus groups, surveys, contracted provider meetings, and Commission on Aging meetings that were conducted throughout Kern County.

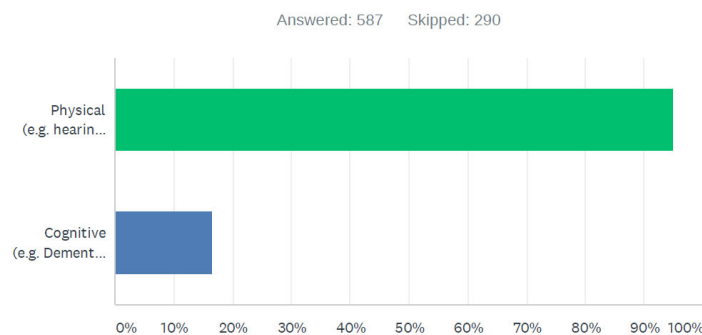
Seniors, disabled, and caregivers alike are often unaware of the services available in the community or confused about how to access them. The system of care is fragmented often requiring consumers to be referred to multiple agencies. Both providers and customers need a more coordinated, collaborative effort in order to leverage resources and maximize their utilization. Language is also a barrier to service for many in the minority community. The sheer size of Kern County creates a geographic isolation factor for many of our seniors, over 39% of which reside in rural areas. Limited funding for certain services, such as homemaker and home delivered meals, also constitutes a barrier to service.

The downturn in the economy has particularly impacted the seniors and disabled in our communities many of who have income that does not meet their needs. Transportation continues to be an area where it seems to be difficult to satisfy client needs given the large rural senior population. Based on the information gathered, the service gap identified is not only the lack of the transportation, but also the appropriateness and/or convenience of the transportation method. Most seniors/disabled are not using the available services primarily due to the limitations of fixed route services and their own physical limitations.

Chart 2: Impairments

As shown in the chart below, a total of 557 respondents to the 2020 Kern County Senior Needs Assessment survey indicated they have a physical impairment (e.g., hearing, vision, mobility), and 30 respondents indicated they have a cognitive impairment (e.g., Dementia, Alzheimer's). 67 survey respondents (already counted in the 557 respondents with a physical impairment, and in the 30 with a cognitive impairment) indicated they have both a physical and a cognitive impairment.

The following chart shows the type of impairment for the 587 survey respondents that indicated they had either a physical or cognitive impairment. 290 survey respondents skipped this question.



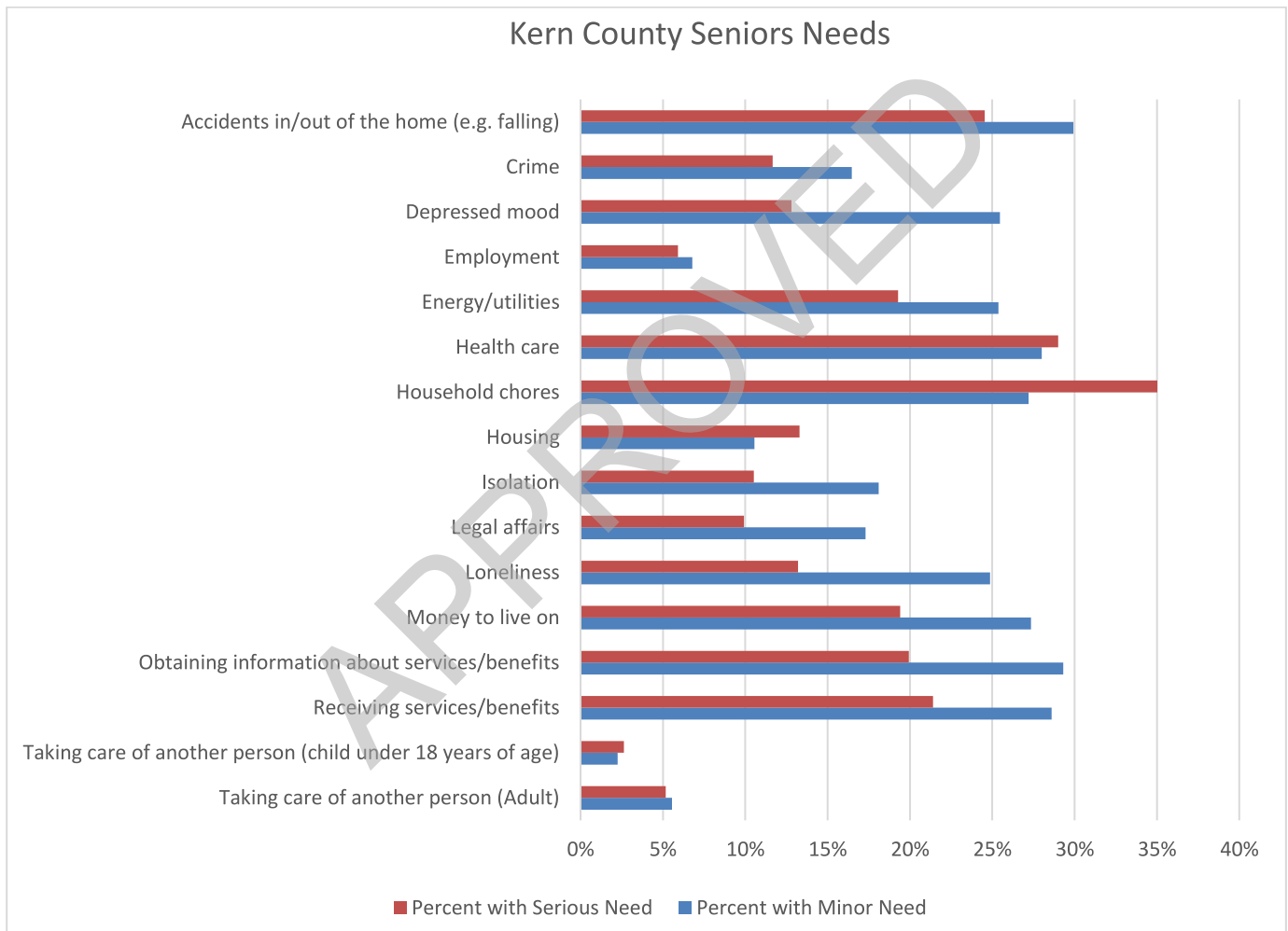
ANSWER CHOICES	RESPONSES
Physical (e.g. hearing, vision, mobility)	94.89% 557
Cognitive (e.g. Dementia, Alzheimer's)	16.52% 97
Total Respondents: 587	

Chart 3: Seniors Needs

Senior survey respondents reported that the following were also among their top areas of greatest need, expressed as either a minor or serious problem: energy/utilities, obtaining information about services, crime, depressed mood, loneliness, and housing, and other concerns as shown below.

The chart shown below provides the relative percentages of survey respondents identifying a particular need.

For each need identified, the percentage of respondents indicating the need is minor, and the percentage of respondents indicating the need is serious are indicated in the chart below.

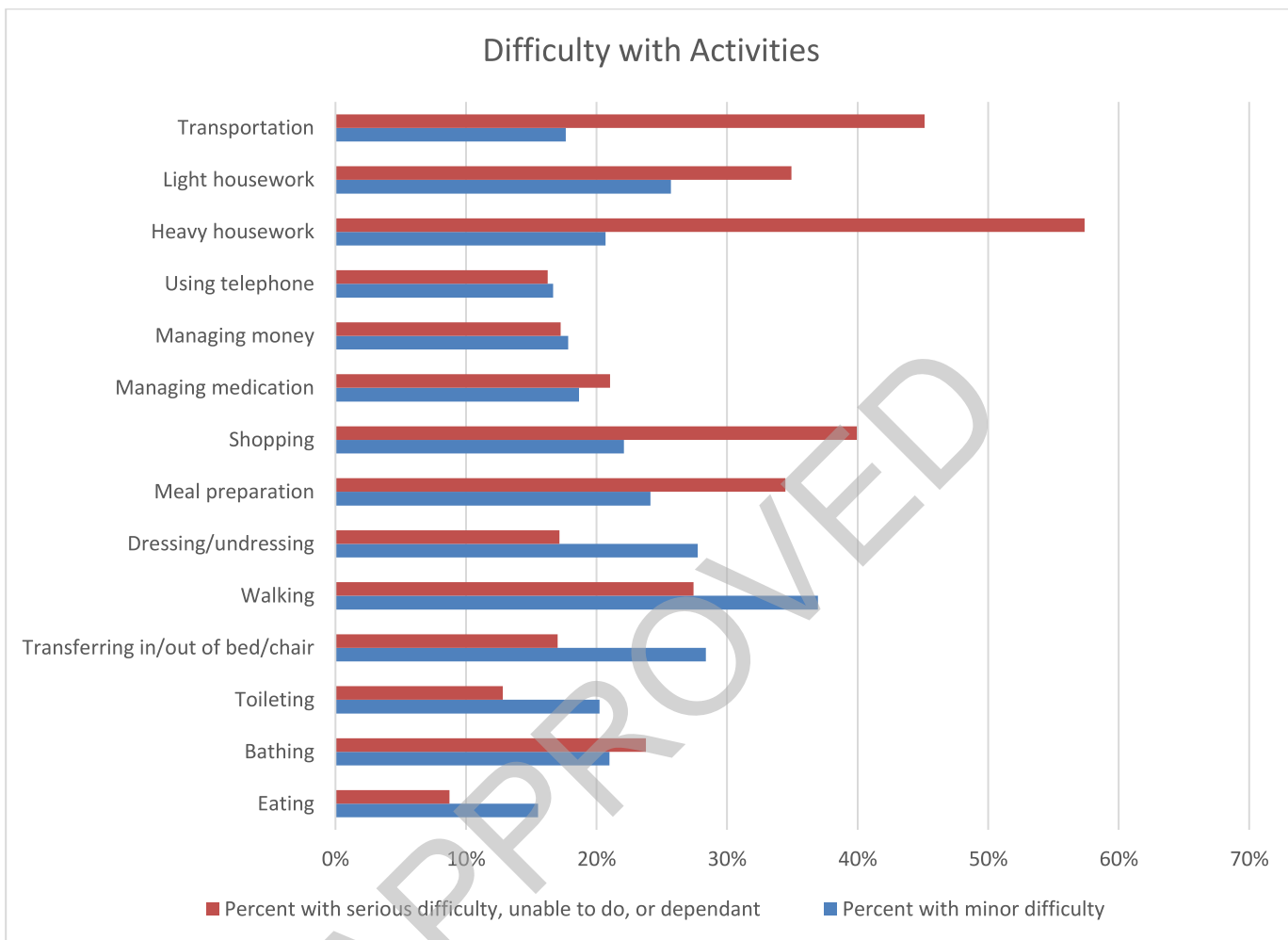


Given the number of impairments our Kern County seniors must contend with, it is understandable that they would select Household chores, Accidents, and Healthcare as their top three needs.

Chart 4: Difficulty with Activities

The following chart shows the relative percentages of seniors reporting needs with an activity. In addition to the areas of greatest need shown above, survey respondents indicated some degree

of difficulty with the following top ten activities that were difficult for them: heavy housework, transportation, light housework, shopping, meal preparation, walking, bathing, managing money, managing medication, and using the telephone.



Respondents indicated the most serious difficulty with Heavy household chores, followed by transportation. That heavy housework is a serious difficulty for many seniors is not surprising considering the amount of seniors that may live with some sort of physical or cognitive impairment.

Seniors also rated Transportation as the activity that they have the second most difficulty with. Transportation is an activity that the Area Agency on Aging is concerned with and one that will continue to be addressed. In addition, Shopping was the activity that Kern County Senior Survey respondents experienced the 3rd most difficulty with.

After analyzing these issues, and in an effort to integrate the Area Plan with Kern County’s overall Strategic Plan, the AAA was able to categorize these issues into four main categories.

Goal I - Promote collaboration with providers, non-profits, and other organizations and individuals in the community to improve access to services and resources for older adults and adults with disabilities

- Goal II -** Provide for the Safety and Health of older adults and adults with disabilities within the Area Agency on Aging.
- Goal III -** Improve the wellbeing of older adults and adults with disabilities in Kern County.
- Goal IV -** Enhance service levels and quality of service delivery for our increasingly diverse customers using technologically and culturally appropriate methods.

The Goals above are reflective of the target population's needs. It provides the framework and overarching guide in the AAA's effort to develop a comprehensive system of care that involves the community, partners, providers, the Commission on Aging, Board of Supervisors, and other stakeholders.

The Area Plan's objectives to accomplish these goals are based on funding levels currently allocated. However, it is important to note that because of the current economic climate the AAA's level of funding may impact whether and how the objectives are accomplished. The AAA will continue to work closely with all members of the community, including clients, providers, partner groups, non-profits, and agencies to leverage all resources that will be made available for its use.

The goals and objectives developed for this 2020-2024 Area Plan were developed from priorities identified by the AAA based upon the needs assessment and taking into consideration funding constraints, targeting mandates, and adequate proportion/minimum percentage requirements for Title IIIB Priority Services, as required by the CCR Article 3, Section 7300 (c).

The objectives reflect activities that create, expand, enhance, or otherwise improve services that the AAA provides with OAA and OCA funds, either directly or through contracts with other organizations. As authorized by the California Department of Aging, the AAA is conducting an RFP process with all of its contracted providers in FY 2020. Changes or amendments that may come as a result of the RFP process will be reflected in the Area Plan as part of the annual update process.

SECTION 9 - AREA PLAN NARRATIVE GOALS AND OBJECTIVES PSA #33

Goal # 1

Promote collaboration with providers, non-profits, and other organizations and individuals in the community to improve access to services and resources for older adults and adults with disabilities.

Goal: Provide a system of support for organizations and individuals who assist older adults and adults with disabilities, by collaborating with stakeholders in the community to build an equitable and accessible integrated system of care for older adults, their family caregivers, and adults with disabilities within the County, utilizing methods that safeguard health during service delivery.

Rationale:

- Nearly 1/4 of Kern’s population is considered part of the Baby Boomer generation or older. Approximately 200,000 represent Kern County’s Baby Boomers
- 2014-2018 American Community Survey 5-Year Estimates indicate minorities represent 40 percent of Kern’s older adult population
- There is a need to strengthen partnerships within the community in order to leverage resources and maximize utilization
- Kern County Aging and Adult Services and other stakeholders will continue to enhance and expand existing organizational relationships in order to leverage available resources for the benefit of older adults and adults with disabilities.
- There is also a need to look for opportunities to make it more cost effective for seniors to remain in their home
- 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

OBJECTIVES	Projected Start and End Dates	Title IIIB Funded PD or C4	Update Status5
<p>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, Disease Prevention, 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 2020, the AAA will reevaluate its existing service delivery as part of the Request for Proposal (RFP) process. Current contracted providers' suggested goals for the 2020-2024 Area Plan cycle are shown under Goal Numbers 1 through 4.</p> <p>1.1 Legal assistance will also be provided through a contracted provider in Kern County, including in the rural areas outside of the Bakersfield metro area</p>	<p>7-1-20 6-30-24</p>		

OBJECTIVES	Projected Start and End Dates	Title IIIB Funded PD orC4	Update Status5
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. The AAA and its contracted providers will continue to reach out to older adults with low income, older adult minorities, and older adults who reside in rural areas to inform them of available services and encourage their participation.	7-1-20 6-30-24		
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. The AAA will also continue to publish its Kern County CalFresh Healthy Living Newsletter for Kern County Older Adults.	7-1-20 6-30-24		
4. HICAP continues to try and recruit HICAP volunteers, although currently this is more difficult because of the COVID-19 pandemic. HICAP currently has two volunteers in the Bakersfield area and one in Ridgecrest. While following COVID-19 related guidelines, HICAP will continue to recruit	7-1-20 6-30-24		
<p><u>FAMILY CAREGIVER SUPPORT PROGRAM:</u> An RFP was issued for the 2020-2024 categories of Title III E services listed below.</p>			
5. <u>Information Services</u> – With the new reality of COVID-19, 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 caregivers in a way that they want to be communicated with, whether via phone, social media, website,	7-1-20 6-30-24		
<p>5.1 The AAA and its contracted providers will continue to its outreach to rural and of lower income caregivers by:</p> <ul style="list-style-type: none"> 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) will continue to provide In Service trainings for rural areas (Lake Isabella& Shafter) and Radio spots will appear for events, and will express the need for volunteers. <p>5.2 Valley Caregiver Resource Center (VCRC) will 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</p> 			

OBJECTIVES	Projected Start and End Dates	Title IIIB Funded PD orC4	Update Status5
<p>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 lower-income caregivers in rural areas targeting and those 60 years or older. VCRC will also present at local community events, health clinics, nutrition sites, senior centers, and other community organizations.</p>	<p>7-1-20 6-30-24</p>		
<p>5.3 Valley Caregiver Resource Center (VCRC) expects to provide Title IIIE services in the South-East Desert and Ridgecrest areas. Following the COVID-19 guidelines, VCRC will provide services 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 Indian Wells Valley Collaborative, and the United Way office, etc.</p>	<p>7-1-20 6-30-24</p>		
<p>5.4 VCRC will update and maintain its website with information on FCSP services available to prospective FCSP clients in the Rosamond, Mojave, California City, Tehachapi, Inyokern and Ridgecrest areas. In addition, VCRC will utilize social media when appropriate to reach out to prospective FCSP clients in these areas as well.</p> <p>5.5 VCRC will participate in local health fairs to disseminate information on FCSP services to prospective clients in the Rosamond, Mojave, California City, Tehachapi, Inyokern and Ridgecrest areas.</p> <p>5.6 Ridgecrest Regional Hospital provides homemaker services and case management services for older adults in the communities of Ridgecrest and Inyokern. VCRC will continue to provide homemaker services to older adults in need of such services in the outlying areas of Kern River Valley and Shafter, Delano, and Tehachapi.</p>	<p>7-1-20 6-30-24</p>		
<p><u>6. Access:</u></p> <p>6.1 The AAA will continue to provide Information and Assistance (I & A) outreach in the metropolitan Bakersfield area, as well as in more rural areas of the county. The AAA's contracted provider, Ridgecrest Regional Hospital, expects to provide I&A services in Eastern Kern. The AAA will recruit and train volunteers to provide I & A services in Kern River Valley.</p> <p>6.2 Kern Around the Clock Foundation (KATCF) will provide interpretation to help caregivers access services and support for their caregiving situation.</p> <p>6.3 VCRC will provide interpretation to help caregivers access services and support their caregiving needs.</p>	<p>7-1-20 6-30-24</p>		

OBJECTIVES	Projected Start and End Dates	Title IIIB Funded PD orC4	Update Status5
<p>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 caregivers.</p>	7-1-20 6-30-24		
<p>7.2 The ADAKC Family Services Coordinator and Program Manager. will work on the plan for the needs of both the Care Receiver and Caregiver 7.3 The KATCF Program Manager will develop a care plan assessing the needs of caregiver and care recipient. 7.4 KATCF will continue its active Caregiver Support Group that will continue to meet monthly at an accessible location. The Caregiver Support Group will train on timely, and relevant topics. KATCF Program Manager will develop a care plan assessing the needs of caregiver and recipient and provide comprehensive assessments to determine and address caregivers' needs. Program Manager will provide in home training to caregivers. 7.5 VCRC will conduct educational classes/workshops on a quarterly basis for FCSP clients in the Rosamond, Mojave, California City & Tehachapi areas. 7.6 VCRC will refer caregivers by maintaining and sharing a listing of all support groups in Kern County in addition to those facilitated by VCRC. Support groups will provide the caregivers with a forum to exchange "histories", information, encouragement, hope and support. 7.7 VCRC will conduct a minimum of a combined 36 hours of support group in Tehachapi and California City. Caregiver Training & Education offered by VCRC is designed to provide caregivers the information and tools that will lead to higher quality and appropriate care for their loved ones. 7.8 VCRC will continue to conduct a monthly Caregiver Support Group at the Ridgecrest Senior Center. The group provides an opportunity for caregivers to share experiences, new ideas, relate, and improve the quality of life for themselves and their loved-ones.</p>	7-1-20 6-30-24		
<p>8. <u>Respite Care:</u> Respite Care is offered through the provision of in-home care or out-of-home care. 8.1 KATCF will provide Respite to give caregivers time for them to take a break, perhaps to attend a support group/training, or go to a doctor's appointment. Respite provides the caregiver peace of mind, knowing their loved one is being cared for appropriately while they are away. Community donations continue to make this service possible.</p>	7-1-20 6-30-24		

OBJECTIVES	Projected Start and End Dates	Title IIIB Funded PD orC4	Update Status5
8.2 VCRC will provide group respite in Tehachapi for rural caregivers three times a month utilizing the increase in IIIE baseline funding. VCRC provides breaks for caregivers to attend a support group or training, run errands, or attend a special event while their loved one is cared for.	7-1-20 6-30-24		
8.3 In an effort to help lower income families in Kern County to afford services, ADAKC will offer one day of respite at the Bakersfield, Shafter and Lake Isabella centers. 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.	7-1-20 6-30-24		
<p>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 will be provided through the use of technology, and social distancing, where practical. This program is available throughout Kern County.</p> <p>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 filing of documents, and represents caretakers during these proceedings.</p> <p>b) GBLA will provide services after a guardianship has been granted such as preparing the Orders and Letters of Guardianship after the hearing.</p> <p>c) To the extent possible under COVID-19 guidelines, GBLA will continue to be involved in collaboratives with partner agencies such as Department of Human Services (DHS), and community organizations such as Family Resource Centers that provide services to grandparents raising grandchildren and assist grandparents to obtain services.</p> <p>d) GBLA expects it will continue to educate collaborative members and provide pamphlets detailing their services and contact information to agencies such as the Kern County Courts, Child Protective Services, Kern County Children's Network, the Kern Elementary and High School Districts and the Kern County District Attorney's Office to encourage referrals from those agencies.</p> <p>e). GBLA will continue to educate the various communities in Kern County such as Mojave, Ridgecrest, Delano, Arvin, Lamont, Shafter and Wasco and provide pamphlets detailing our services and contact information through outreach events such as community health fairs, street fairs and going to senior centers to name a few, as time permits.</p>	7-1-20 6-30-24		

Goal # II

Provide for the safety and health of older adults and adults with disabilities within Kern County.

Goal: Improve safety and health of older adults and adults with disabilities within the County by providing access to services, volunteer opportunities, and support in a technologically and culturally appropriate manner.

Rationale:

- The 2018 American Community Survey 1-Year Estimate indicates that out of the 96,483 total Kern County 65 and older population for whom Disability status is determined 35,808 are disabled, and of these, 5,310 are below poverty level.
- The UCLA Center for Health Policy Research reports that based on 2007 California Health Interview Survey data, (CHIS 2007), Kern County’s over 65 population has a higher than average number of person’s with one or more chronic health conditions.
- 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	Projected Start and End Dates	Title IIIB Funded PD or C ⁴	Update Status ⁵
<p>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 Consolidated Transportation Service Agency (CTSA), among others. The AAA has established a shopping delivery service for older adults who are not able to shop online and will maintain based on the stay at home order and availability of staff.</p>	<p>7-1-20 6-30-24</p>		
<p>2. APS will not host its annual Elder Abuse Prevention Conference during FY 2020 due to the COVID-19 physical distancing guidelines. APS plans to resume the Elder Abuse conference when safe to do so, perhaps adding a virtual option to facilitate participation. The Kern County BOS and COA sponsored Conference is designed to assist service professionals to gain new knowledge regarding Elder Abuse. In 2019, the primary presenter for the Conference was a former prosecutor and current estate planning attorney who will discuss how proper estate planning can protect seniors and their loved ones. Other topics related to Elder Abuse will be discussed. APS staff will continue to attend and speak about Elder Abuse at rural community collaborative meetings.</p>	<p>7-1-20 6-30-24</p>		

OBJECTIVES	Projected Start and End Dates	Title IIIB Funded PD or C ⁴	Update Status ⁵
<p>2.1 APS expects to provide training for organizations about elder abuse, in rural communities, senior centers, and in other areas of the County.</p> <p>2.2 APS will also provide training to Meals on Wheels drivers, partner organizations, caregivers, and service professionals in rural communities.</p> <p>2.3 APS will continue to develop and distribute brochures regarding Elder Abuse, Financial Abuse, and understanding Abuse and older adults.</p>	7-1-20 6-30-24		
<p>2.4 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.</p> <p>2.5 KATCF will continue to work with Adult Protective Services (APS) both in a consultative manner and by referral of situations requiring their examination.</p>	7-1-20 6-30-24		
<p>3. HICAP and I&R, due to COVID-19, are currently conducting counseling and referral over the telephone, or via webcam and Microsoft Teams for clients who chose to go to the department's office and interact with their counselor via video conference. 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.</p>	7-1-20 6-30-24		
<p>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. The AAA will implement a fall prevention program for older adults who are at or below eighty-percent of the area median income.</p>	7-1-20 6-30-24		
<p>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.</p>	7-1-20 6-30-24		

OBJECTIVES	Projected Start and End Dates	Title IIIB Funded PD or C ⁴	Update Status ⁵
<p>6. In an effort to reduce the incidence of chronic disease affecting our Kern County Senior population, the AAA through a SNAP-Ed grant from the California Department of Aging is providing exercise classes and nutrition education for seniors. The program is emphasizing learning while adhering to COVID-19 guidelines, and will be 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.</p>	<p>7-1-20 6-30-24</p>		
<p>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 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).</p> <p>7.1 Due to COVID-19, the AAA postponed its 2020 Annual Health Fair which will now be held in October in collaboration with the North of the River Recreation and Park District at their Rasmussen Senior Center. The Annual Health Fair provides seniors with opportunities to learn more about available community resources that can benefit them. The AAA plans to resume the Health Fair when safe to do so.</p> <p>8. The LTC ombudsman will continue to recruit more Baby Boomers in an effort to increase the number of volunteers. This is mainly accomplished through the use of media outlets and through attending community events. The National economy continues to challenge the program's volunteer recruitment and retention activities. Therefore, retention activities such as volunteer recognition events, ongoing-certification classes and close technical assistance and supervision to these volunteers, in addition to ongoing recruitment activities, are crucial to successful volunteer management. Volunteer recruitments are held periodically to bring on and train even more volunteers. Program activities require the skillful juggling of program priorities with limited staffing and resources.</p> <p>8.1 The LTC ombudsman contracted provider, GBLA will continue conducting outreach to and training for service professionals and the community on mandatory reporting</p>	<p>7-1-20 6-30-24</p>		

OBJECTIVES	Projected Start and End Dates	Title IIIB Funded PD or C ⁴	Update Status ⁵
<p>holidays is maintained by the State Ombudsman office. The number of residential care facilities for elderly and adult residential homes in Kern County has grown by 120% in the last 10 years and the program has seen increased complexity of complaints and issues brought to the Ombudsman.</p> <p>8.2 GBLA will provide Consumer information and advocacy to the residents of long- term care facilities and their family members who seek their guidance. The program director and volunteers act as community educators, facilitators and volunteers act as community educators, facilitators and brokers for services for long-term care residents or their representative.</p> <p>8.3 GBLA’s Ombudsman staff and volunteers will coordinate efforts utilizing senior care networks and interdisciplinary team approaches and strategies in resolving concerns of long-term care residents. In 2016-2017, coordination increased with meetings held between Adult Protective Services, Kern Regional Center, District Attorney’s Office, and the local FBI office. Ongoing meetings with the District Attorney’s Office have led to a civil case filed against an owner of unlicensed facilities.</p> <p>8.4 GBLA will continue to provide a consumer oriented website which provides substantial information and links related to long-term care, facilitating remote access to information. Program staff and volunteers continue to receive current information on aging issues and changes in the law affecting the elderly by taking advantage of statewide and nationwide Webinars for special training on topics conducted by the National Ombudsman Resource Center (NORC), the National Legal Services Corporation Justice in Aging, Center for Healthy Aging, and the California Advocates for Nursing Home Reform (CANHR). Topics such as Evictions in Long Term Care, MediCal Eligibility, Financial Elder Abuse, unlawful admission agreements, and the new skilled nursing facility regulations, have recently been addressed. Besides webinars, in-person Ombudsman training continues to be held bi-monthly. Four new Ombudsman representatives received 36 hours of certified training. The local office is looking into the possibility of certifying and training new volunteers who live in the remote areas we serve. Ombudsman Data Integration Network (ODIN) continues to be the database for entering cases and activities.</p>	<p>7-1-20 6-30-24</p>		

OBJECTIVES	Projected Start and End Dates	Title IIIB Funded PD or C ⁴	Update Status ⁵
<p>8.5 The Ombudsman program plans to continue its outreach activities to promote access to its services. Skilled nursing facility and/or residential facilities are monitored to ensure that mandatory posters providing the telephone number and the address of the program are hung in each facility. The toll-free number which long-term care residents or their family members can call during non-business hours, weekends or holidays continues to be maintained by the State Ombudsman office. Both the Ombudsman Director and the Case Manager carry cell phones for immediate access.</p> <p>8.6 The Ombudsman staff and volunteers continue to participate in annual community outreach events conducted by the AAA as well as those held by local agencies. These include the AAA's annual Health Fair (which was cancelled in 2020 due to the COVID-19 pandemic) and the CSUB Conference on Aging, and Senior Day at the Kern County Fair. Volunteers and staff plan to attend the annual Elder Abuse conference normally held each June, the workshops of the local Alzheimer's Day Care Association and the meetings of the Kern County Mental Health Collaborative. The Ombudsmen attend the Kern Medical Center's geriatric lectures on topics relevant to aging and health care issues of the elderly and the Kern County Transition Collaborative quarterly meeting to improve care transitions from the hospitals. The Program director continues to speak to specialized groups such as the California Association of Health Facilities (CAHF) consisting of nursing home administrators and staff for the South Central Valley area. The program coordinator also continues to participate in the Kern Senior Network and the DEAR team. The Coordinator conducts specialized training for skilled nursing or residential facility staff each year related to elder abuse, mandatory reporting, residents' rights, and appropriate implementation of the Physician's Order for Life Sustaining Treatment form consistent with the use of Advance Health Care Directives. Facility staff and managers who received training include Hallmark Assisted Living and Around the Clock management team, Kern Rehabilitation and Sub-Acute Center, Lifehouse Parkview SNF, Delano District Skilled Nursing Facility, Delano Regional Medical Center Sub Acute unit, San Joaquin Hospital case managers, Kern Medical Center, Kern Valley Health Care District, Mercy</p>	<p>7-1-20 6-30-24</p>		

OBJECTIVES	Projected Start and End Dates	Title IIIB Funded PD or C ⁴	Update Status ⁵
<p>Homemaker Program, the Delano Regional Occupational Hospital, Valley Caregiver Resource Support Group, Aimes Residential staff, HICAP volunteers, Rosewood Skilled Nursing staff, St. John Manor residents, Bakersfield Health Care Center staff, California Dept. of Public Health Licensing staff. These efforts resulted in training sessions and public education activities enabling many individuals to receive information about long term care and elder abuse. Subsequent to activities such as these, our program has seen an increase of reports from mandated reporters.</p> <p>8.7. The Ombudsman program plans to continue its outreach activities to promote access to its services. Skilled nursing and residential facilities will continue to be monitored to ensure that mandatory posters are located in a visible area and have telephone number and the address of the program. The program also plans to ensure that all Ombudsman posters have the toll-free number which long-term care residents or their family members can call during non-business hours, weekends or holidays. The program has made it more convenient for new Ombudsman to begin certification training by using the new online Ombudsman training. Since the program now has a dedicated full-time Volunteer Coordinator, she will focus on recruiting & plans to significantly increase the number of volunteers and facility presence in long-term care facilities. GBLA will continue to provide a consumer oriented website which provides substantial information and links related to long-term care. Program staff and volunteers continue to receive current information on aging issues and changes in the law affecting the elderly by taking advantage of statewide and nationwide Webinars for special training on topics conducted by the National Ombudsman Resource Center (NORC), the National Legal Services Corporation Justice in Aging, Center for Healthy Aging, and the California Advocates for Nursing Home Reform (CANHR).</p>			

Goal # III

Improve the wellbeing of older adults and adults with disabilities in Kern County.

Goal: Collaborate with providers, partners, and other stakeholders to deliver accessible and innovative services that engage Kern County older adults and adults with disabilities and improve their quality of life.

Rationale:

- Nearly a third of all boomers – comprising more than 25 million people – volunteered for a formal organization in 2005. (U.S. Bureau of Labor Statistics)
- The AAA will enhance the wellbeing of older adult population in Kern County by utilizing a variety of methods and new technologies, as appropriate, to engage Baby Boomers, minority older adults, disabled older adults, and other older individuals.

OBJECTIVES	Projected Start and End Dates	Title IIIB Funded PD or C ⁴	Update Status ⁵
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. The AAA also plans to provide the Active Choices telephone based physical activity counseling Health Promotion program in an effort to reach older adults isolated due to the COVID pandemic.	7-1-20 6-30-24		
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.	7-1-20 6-30-24		
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.	7-1-20 6-30-24		
4. APS will provide elder abuse training in rural communities, and when in senior centers, as well as in other areas of the County. Training will be provided to partner organizations, rural communities, caregivers, and service professionals.	7-1-20 6-30-24		
5. North of the River (NOR) Recreation and Park District, expects to continue to provide nutritious meals to congregate and home delivered older adult participants.	7-1-20 6-30-24		

OBJECTIVES	Projected Start and End Dates	Title IIIB Funded PD or C ⁴	Update Status ⁵
<p>participants. NOR will promote their ongoing programs such as computer instruction, line-dance classes, exercise class, crochet, quilting, pinochle, BINGO, painting class, billiards, and softball. NOR will host different collaborations that could benefit the community and NOR's regular patrons, such as the AARP Safe Driver Course, Annual Health Fair, Card Games, Grocery Bingo, Daily Entertainment, and the Community Action Partnership of Kern Food Distribution.</p>			
<p>6. VCRC will provide homemaker services each fiscal year to seniors who are unable to perform one or more ADL and will make monthly follow up home visits as needed.</p>	<p>7-1-20 6-30-24</p>		
<p>7. Bakersfield Senior Center (BSC) will continue to offer a wide range of activities and classes that reflect the interest of its diverse congregates. BSC will continue to maintain a strong emphasis on promoting physical health and emotional well-being of older adults 55 years and older. BSC will continue to host a Health Fair Line Dancing Workshop. BSC will continue to promote ongoing programs such as: Nutrition Lunch Program, Men with A Purpose, S.T.E.P., Chair exercise, Tai Chi, Cardio, Healthy Living presentations, Sewing, Senior Bingo, Special Bingo, Dominoes, Card games, Game Day, Veteran recognition, Billiards, Line Dancing, Field Trips, Bible Study, Book Club, Gleaners Senior Sack, Computer classes, and Entertainment to help seniors live strong, healthy and long productive lives. BSC will continue to partner with the local National African American Read-In Chain, to fight illiteracy. Beginning April 25, 2017 we will offer the Senior Food Program collaborating with Community Action Partner of Kern (CAPK). Collaborate with the Studebaker Car Club of Kern to Co-host the Annual Friends of Seniors Day Car Show. BSC will continue to search for a Computer Instructor volunteer, as well as a Sewing Instructor. BSC has also added Movie Friday and Bunco activities once a month. BSC will continue to serve weekly Breakfast & Movie to our congregates as well as offer a to-go (pickup) dinner twice a week every other week to help with the nutritional needs of our community and existing congregates on Wednesday and Friday. By increasing the number of daily Nutrition meals opportunities, this 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.</p>	<p>7-1-20 6-30-24</p>		

OBJECTIVES	Projected Start and End Dates	Title IIIB Funded PD or C ⁴	Update Status ⁵
<p>7.1 BSC will continue to host its Annual “Evening of Jazz, Gospel and More” Christmas Fundraiser. “Access for Better Healthcare & Prevention a FREE Diabetes Class” will be given 4 times a year to people with diabetes and pre-diabetes. This Diabetes Empowerment Education Program is designed to reduce hospital visits.</p>			

APPROVED

Goal # IV

Enhance service levels and quality of service delivery for our increasingly diverse customers using technologically and culturally appropriate methods.

Goal: Improve service delivery and develop departmental assets and skills to deliver services that bridge the digital divide and respect cultural differences to allow for an equitable distribution of services

Rationale:

- The AAA’s Call Center continues to provide a safe, convenient, and effective point of entry for Kern County seniors who seek assistance with eligibility or securing benefits.
- The AAA’s website continues to serve as a focal point where, even from remote locations, seniors can find information and gain access to available services.
- 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.
- The AAA can serve as a highly visible point where seniors can turn to as they attempt to navigate the range of services that are available to them.

OBJECTIVES	Projected Start and End Dates	Title IIIB Funded PD or C ⁴	Update Status ⁵
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. Kern County Aging and Adult Services (KCAASD) and the Independent Living Center of Kern County (ILCKC) are developing an Aging and Disability Resource Connection (ADRC) to provide a more coordinated system for older adults and people with disabilities seeking reliable information and access to Long-Term Services and Supports (LTSS), The ADRC will expand the KCAASD and ILCKC partnership and expects to add a wide array of extended partner organizations.	7-1-20 6-30-24		
3. The AAA will continue to identify and pursue additional funding streams to provide more needed services and programs to seniors and Baby Boomers. The AAA intends to pursue several grant opportunities during the 2020-2024 planning cycle.	7-1-20 6-30-24		
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 will 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 Providers' needs, and Title IIID and CalFresh Healthy Living remotely accessible classes.	7-1-20 6-30-24		
5. The AAA will continue to provide administrative, technical, and staff support to all Title III/VII contracted providers utilizing technology that is supportive of physical distancing where possible.	7-1-20 6-30-24		

SECTION 10 - SERVICE UNIT PLAN (SUP) OBJECTIVES
TITLE III/VIIA SERVICE UNIT PLAN OBJECTIVES
CCR Article 3, Section 7300(d)

PSA _____

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

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

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

Homemaker (In-Home)

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	3,600	1	5.6
		3	6
2021-2022	3,600	1	5.6
		3	6
2022-2023	3,600	1	5.6
		3	6
2023-2024	3,600	1	5.6
		3	6

Home-Delivered Meal

Unit of Service = 1 meal

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	230,000	2	5
2021-2022	230,000	2	5
2022-2023	230,000	2	5
2023-2024	230,000	2	5

Adult Day/ Health Care (In-Home)

Unit of Service = 1 hour

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

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	250	1 3	1 1
2021-2022	250	1 3	1 1
2022-2023	250	1 3	1 1
2023-2024	250	1 3	1 1

Congregate Meals Unit of Service = 1 meal

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	149,000	2 3	5 7
2021-2022	149,000	2 3	5 7
2022-2023	149,000	2 3	5 7
2023-2024	149,000	2 3	5 7

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	3,600	1 3	1.1 1
2021-2022	3,600	1 3	1.1 1
2022-2023	3,600	1 3	1.1 1
2023-2024	3,600	1 3	1.1 1

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	12,900	2	5
2021-2022	12,900	2	5
2022-2023	12,900	2	5
2023-2024	12,900	2	5

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	21,000	1	6
2021-2022	21,000	1	6
2022-2023	21,000	1	6
2023-2024	21,000	1	6

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

- Each **Title IIIB** “Other” service must be an approved NAPIS Program service listed above 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 NAPIS 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 Security, Registry, Senior Center Activities, and Senior Center Staffing

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

3. Title IIID/ Disease Prevention and Health Promotion

Instructions for Title IIID Disease Prevention and Health Promotion: Enter the name of the proposed program to be implemented, proposed units of service and the Program Goal and Objective number(s) that provide a narrative description of the program, and explain how the service activity meets the criteria for evidence-based programs described in PM 15-10 if not ACL approved.

Unit of Service = 1 contact

Service Activities: Staying Healthy Through Education and Prevention (STEP, SAIL Fall Prevention Program, Active Choices, Walk With Ease, Bingocize,

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (Required)
2020-2021	2,000	2	7
2021-2022	2,000	2	7
2022-2023	2,000	2	7
2023-2024	2,000	2	7

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

2020-2024 Four-Year Planning Cycle

As mandated by the Older Americans Act Reauthorization Act of 2016, the mission of the LTC Ombudsman Program is to seek resolution of problems and advocate for the rights of residents of LTC facilities with the goal of ensuring their dignity, quality of life, and quality of care.

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

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

Complete all Measures and Targets for Outcomes 1-3;

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

Measures and Targets:

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

<p>1. FY 2018-2019 Baseline Resolution Rate: Number of complaints resolved <u>227</u>+ number of partially resolved complaints <u>39</u> divided by the total number of complaints received <u>386</u> = Baseline Resolution Rate <u>68.9</u> % FY 2020-2021 Target Resolution Rate <u>80</u> %</p>

<p>2. FY 2019-2020 Baseline Resolution Rate: Number of complaints partially or fully resolved _____ divided by the total number of complaints received _____ = Baseline Resolution Rate _____ % FY 2021-2022 Target Resolution Rate ____</p>
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<p>3. FY 2020 - 2021 Baseline Resolution Rate: Number of complaints partially or fully resolved _____ divided by the total number of complaints received _____ = Baseline Resolution Rate _____ % FY 2022-2023 Target Resolution Rate ____</p>
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4. FY 2021-2022 Baseline Resolution Rate:
 Number of complaints partially or fully resolved _____ divided by the total number
 of complaints received _____ = Baseline Resolution Rate _____ %
 FY 2023-2024 Target Resolution Rate ____

Program Goals and Objective Numbers: _____
 For **FY 2018-19** the program exceeded the projected Target Resolution Rate of 65%.
 For **FY 2019-2020** the program expects to meet target goals of 80% since partially and fully
 resolved cases will be measured under ODIN2020 as one “disposition” code.
 For **FY 2020-2021** Target Resolution Rate is projected at 80% since partially and fully
 resolved cases will be measured under ODIN2020 as one “disposition” code.

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

FY 2018-2019 Baseline: Number of Resident Council meetings attended 4
 FY 2020-2021 Target: 4

FY 2019-2020 Baseline: Number of Resident Council meetings attended _____
 FY 2021-2022 Target: ____

FY 2020-2021 Baseline: Number of Resident Council meetings attended _____
 FY 2022-2023 Target: ____

FY 2021-2022 Baseline: Number of Resident Council meetings attended _____
 FY 2023-2024 Target: ____

Program Goals and Objective Numbers: _____
 For **FY 2018-19** the program exceeded the projected Target of 3.

 For **FY 2019-2020** the program expects to meet the target goals of 3 since Ombudsman
 continue to frequently meet with the Resident Councils during facility coverages and have
 developed a relationship with the Resident Councils. Thus resulting in invitations to Resident
 Council meetings.
 For **FY 2020-2021** Target Rate is projected at 4 since Ombudsman continue to frequently
 meet with the Resident Councils. However, Ombudsman are only able to attend upon
 invitation from residents in the council.

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

FY 2018-2019 Baseline: Number of Family Council meetings attended <u>0</u> FY 2020-2021 Target: <u>1</u>
FY 2019-2020 Baseline: Number of Family Council meetings attended _____ FY 2021-2022 Target: <u> </u>
FY 2020-2021 Baseline: Number of Family Council meetings attended _____ FY 2022-2023 Target: <u> </u>
FY 2021-2022 Baseline: Number of Family Council meetings attended _____ FY 2023-2024 Target: <u> </u>
<p>Program Goals and Objective Numbers: _____</p> <p>Family councils are difficult to establish and maintain. These groups have short-term participation or length of existence in a nursing home because family members tend to leave the group once their loved one passes on or leaves the facility. These groups are difficult to organize due to lack of consistent interest or attendance or family members' fear of retaliation when/if they challenge facility procedures or policies. The program targets for this year and for the next year will remain the same. Our current ombudsman will continue to be more involved with complaints, facility coverage, and resident council meetings rather than family council development. However, ombudsman will attend a family council meeting if invited.</p>

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.

FY 2018-2019 Baseline: Number of Instances <u>349</u> FY 2020-2021 Target: <u>350</u>
FY 2019-2020 Baseline: Number of Instances <u>350</u> FY 2021-2022 Target: _____
FY 2020-2021 Baseline: Number of Instances _____ FY 2022-2023 Target: _____
FY 2021-2022 Baseline: Number of Instances _____ FY 2023-2024 Target: _____
<p>Program Goals and Objective Numbers: _____</p> <p>For FY 2018-19 the program exceeded the projected Target of 300 due to program receiving a greater amount of calls from facility staff with questions on Ombudsman witnessing Advanced Healthcare Directives and conservatorship referrals.</p> <p>For FY 2019-2020 the program is currently at 71. The program is projecting to meet the target rate of 250 due to the new addition of three full-time staff members.</p> <p>For FY 2020-2021 the Target Rate is projected at 350 since the program has a variety of resources available for facility staff on the Kern County Long-Term Care Ombudsman Program website.</p>

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.

FY 2018-2019 Baseline: Number of Instances <u>1,747</u> FY 2020-2021 Target: <u>1,200</u>
FY 2019-2020 Baseline: Number of Instances _____ FY 2021-2022 Target: _____
FY 2020-2021 Baseline: Number of Instances _____ FY 2022-2023 Target: _____
FY 2021-2022 Baseline: Number of Instances _____ FY 2023-2024 Target: _____
Program Goals and Objective Numbers: _____ For FY 2018-19 the program exceeded the projected Target of 750 due to volunteer Ombudsman regularly meeting with newly admitted residents, families, and witnessing Advanced Health Care Directives during facility coverages. For FY 2019-2020 the program has exceeded the projected target goals of 900. The program numbers are currently at 1074. Volunteer Ombudsman and program staff will continue to meet with newly admitted residents and families during facility coverages. For FY 2020-2021 Target Rate is projected at 1200 since the program has added a new Volunteer Coordinator that will focus on recruiting additional volunteers. The new Volunteer Coordinator will also ensure Ombudsman Representatives continue visiting newly admitted residents to educate residents and their families on long-term care ombudsman services and resident rights.

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.

FY 2018-2019 Baseline: Number of Sessions <u>8</u> FY 2020-2021 Target: <u>3</u>
FY 2019-2020 Baseline: Number of Sessions _____ FY 2021-2022 Target: _____
FY 2020-2021 Baseline: Number of Sessions _____ FY 2022-2023 Target: _____
FY 2021-2022 Baseline: Number of Sessions _____ FY 2023-2024 Target: _____
Program Goals and Objective Numbers: _____

FY 2018-2019 Baseline: Number of Sessions 8 FY 2020-2021 Target: 3	
FY 2019-2020 Baseline: Number of Sessions FY 2021-2022 Target: ___	
FY 2020-2021 Baseline: Number of Sessions FY 2022-2023 Target: ___	
FY 2021-2022 Baseline: Number of Sessions FY 2023-2024 Target: ___	
Program Goals and Objective Numbers: _____ For FY 2018-19 the program exceeded the projected Target Goal of 7. For FY 2019-2020 the program does not expect to meet Target Goals projected at 12. The program has recently received cancellations from scheduled community events and speaking engagements due to the coronavirus. For FY 2020-2021 the projected Target rate will be set at 3 since community events are being discouraged (until further notice) due to the coronavirus.	

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

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

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

FY 2020-2021

FY 2020-2021 Systems Advocacy Effort(s): (Provide one or more new systems advocacy efforts)

Facilities continue to use the Medicare Skilled Nursing Facility Advanced Beneficiary Notice (SNFABN) or denial letter as their facility discharge notice. Facilities have received guidance on sending required transfer/discharge notices to the Kern County Long Term Care Ombudsman Program, and reminded to issue their own discharge notice to residents. Unfortunately, facilities still continue using the (SNFABN) or denial letter as their facility discharge notice. Thus resulting in unnecessary, inappropriate and untimely transfers and discharges.

The systemic advocacy effort for 2020-2021 is to reduce unnecessary, inappropriate and untimely transfers and discharges by working with the Department of Public Health and Kern County District Attorney's Office. The focus is to ensure safe and orderly transfers or discharges and prevent inappropriate, unnecessary and untimely transfers and discharges in all 19 facilities. The program plans to convey quarterly meetings with the Department of Public Health and Kern County District Attorney's Office to address the issue and ensure facilities get into compliance. The program plans to visit newly admitted residents to educate on their transfer/discharge notices and rights. The program also plans to reach out to all resident councils in facilities to schedule presentations. Presentations will focus on transfer/discharge rights as well as appealing a transfer or discharge in long-term care facilities.

FY 2021-2022

Outcome of FY 2020-2021 Efforts:

FY 2021-2022 Systems Advocacy Effort(s): (Provide one or more new systems advocacy efforts)

FY 2022-2023

Outcome of FY 2021-2022 Efforts:

FY 2022-2023 Systems Advocacy Effort(s): (Provide one or more new systems advocacy efforts)

FY 2023-2024

Outcome of 2022-2023 Efforts:

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

Outcome 2. Residents have regular access to an Ombudsman. [(Older

Americans Act Reauthorization Act of 2016), Section 712(a)(3)(D), (5)(B)(ii)]

Measures and Targets:

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

<p>FY 2018-2019 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint <u>16</u> divided by the total number of Nursing Facilities <u>19</u> = Baseline <u>84.3%</u> FY 2020-2021 Target: <u>85%</u></p>
<p>FY 2019-2020 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 _____ % 2020-2021 Target: <u>85%</u></p>
<p>FY 2020-2021 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 _____ % 2022-2023 Target: <u>85%</u></p>
<p>FY 2021-2022 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint _____ divided by the total number of Nursing Facilities = Baseline _____ % FY 2023-2024 Target: <u>85%</u></p>
<p>Program Goals and Objective Numbers: _____</p> <p>For FY 2018-19 the program exceeded the projected Target Goal of 39% since the program continued to have either an Ombudsman volunteer or someone from the staff provide required coverages.</p> <p>For FY 2019-2020 the program continues to have either an Ombudsman volunteer or program staff provide required coverages, the program expects to meet Target Goals projected of 85%. In addition, the program has a dedicated Volunteer Coordinator that will focus on recruiting more volunteers to provide an ongoing presence in all 19 skilled nursing facilities.</p> <p>For FY 2020-2021 the projected Target Goal will be set at 85% since the program has a dedicated Volunteer Coordinator that will focus on recruiting more Ombudsman Representatives to ensure ongoing presence in all 19 skilled nursing facilities is completed.</p>

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.

<p>FY 2018-2019 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint <u>8</u> divided by the total number of RCFEs <u>132</u> = Baseline <u>6.1%</u> FY 2020-2021 Target: %</p>
<p>FY 2019-2020 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 2021-2022 Target: <u>4%</u></p>
<p>FY 2020-2021 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 2022-2023 Target: <u>4%</u></p>
<p>FY 2021-2022 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint _____ divided by the total number of RCFEs _____ = Baseline _____ % FY 2023-2024 Target: <u>4%</u></p>
<p>Program Goals and Objective Numbers: _____</p> <p>For FY 2018-19 the program exceeded the projected Target Goal of 2% since Ombudsman volunteer assignment coverages focused on RCFEs with the most citations.</p> <p>For FY 2019-2020 the program expects to exceed Target Goals projected of 2% since Ombudsman volunteers continue to provide ongoing visits in RCFEs with the most citations.</p> <p>For FY 2020-2021 the projected Target Goal will be set at 4% since the program now has a dedicated Volunteer Coordinator to recruit more volunteers that are expected to provide more presence in RCFEs.</p>

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.

FY 2018-2019 Baseline: <u>1.89</u> FTEs FY 2020-2021 Target: <u>4.0</u> FTEs
FY 2019-2020 Baseline: _____ FTEs FY 2021-2022 Target: <u>4.0</u> FTEs
FY 2020-2021 Baseline: _____ FTEs FY 2022-2023 Target: <u>4.0</u> FTEs
FY 2021-2022 Baseline: _____ FTEs FY 2023-2024 Target: <u>4.0</u> FTEs
<p>Program Goals and Objective Numbers: _____</p> <p>For FY 2018-19 the program met the Target rate of 1.89 since the program continued to have a full-time Program Director and part-time Case Manager.</p> <p>For FY 2019-2020 the program's funding increased and will exceed the Target rate projected of 2.77. The program has added a full-time Volunteer Coordinator, Administrative Assistant and Case Manager.</p> <p>For FY 2020-2021 since the program has added a full-time Volunteer Coordinator, Administrative Assistant and Case Manager the projected Target Goal will be increased to 4.0.</p>

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

FY 2018-2019 Baseline: Number of certified LTC Ombudsman volunteers <u>15</u> FY 2020-2021 Projected Number of certified LTC Ombudsman volunteers <u>30</u>	
FY 2019-2020 Baseline: Number of certified LTC Ombudsman volunteers _____ FY 2021-2022 Projected Number of certified LTC Ombudsman volunteers <u>30</u>	
FY 2020-2021 Baseline: Number of certified LTC Ombudsman volunteers _____ FY 2022-2023 Projected Number of certified LTC Ombudsman volunteers <u>30</u>	
FY 2021-2022 Baseline: Number of certified LTC Ombudsman volunteers _____ FY 2023-2024 Projected Number of certified LTC Ombudsman volunteers <u>30</u>	
<p>Program Goals and Objective Numbers:</p> <p>For FY 2018-19 the program did not meet the projected Target Goal of 20. Instead of recruiting more volunteers, the program focused on developing an online training. The online training modules were added into the program's Learning Management System where new Ombudsman recruits can begin their certification training online.</p>	

For **FY 2019-2020** the program projects to meet a Target Goal of 25 since the program has a dedicated Volunteer Coordinator that will focus on recruiting and training new Ombudsman volunteers with the new online training.

For **FY 2020-2021** Now that the program has added a dedicated Volunteer Coordinator, the hope is to recruit additional volunteers through media outlets, public presentations, health fairs, community groups, students, churches and health fairs. Therefore, the Target Goal will be set to 30.

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

Measures and Targets:

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

Some examples could include:

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

All program staff attend NORS Consistency Training provided by the OSLTCO. The Program Director and Administrative Assistant perform the necessary data entries and appropriate coding of complaints by using a checklist the program has added for all closed cases. Every effort is made to close cases in a timely manner and while the Case Manager decides when their case is officially closed, the Program Director and Administrative Assistant reviews all cases prior to closure. Currently, only a few volunteers utilize NORS. However, volunteers rely on the Ombudsman office to code their activities and review case work to ensure accuracy and case entry is completed in a timely manner.

TITLE VIIA ELDER ABUSE PREVENTION SERVICE UNIT PLAN OBJECTIVES PSA #33

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 2016, 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 VIIA ELDER ABUSE PREVENTION SERVICE UNIT PLAN OBJECTIVES

The agency receiving Title VIIA Elder Abuse Prevention funding is: GBLA

Fiscal Year	Total # of Public Education Sessions
2020-2021	3
2021-2022	3
2022-2023	3
2023-2024	3

Fiscal Year	Total # of Training Sessions for Professionals
2020-2021	4
2021-2022	4
2022-2023	4
2023-2024	4

Fiscal Year	Total # of Training Sessions for Caregivers served by Title III E
2020-2021	1
2021-2022	1
2022-2023	1
2023-2024	1

Fiscal Year	Total # of Hours Spent Developing a Coordinated System
2020-2021	40
2021-2022	40
2022-2023	40
2023-2024	40

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

Fiscal Year	Total # of Copies of Educational Materials to be Distributed	Description of Educational Materials
2023-2024	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.

Fiscal Year	Total Number of Individuals Served
2020-2021	1,200
2021-2022	1,200
2022-2023	1,200
2023-2024	1,200

APPROVED

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

2020-2024 Four-Year Planning Period

This Service Unit Plan (SUP) uses the five broad federally mandated service categories. Refer to the CDA Service Categories and Data Dictionary Revisions Effective July 2018 for eligible activities and service unit measures. Specify proposed audience size or units of service for ALL budgeted funds.

Direct and/or Contracted III E Services

CATEGORIES	1	2	3
Family Caregiver Services Caring for Elderly	<i>Proposed Units of Service</i>	<i>Required Goal #(s)</i>	<i>Optional Objective #(s)</i>
Information Services	# of activities and Total est. audience for above		
2020-2021	# of activities: 245 Total est. audience for above: 1,500	1	
2021-2022	# of activities: 245 Total est. audience for above: 1,500	1	
2022-2023	# of activities: 245 Total est. audience for above: 1,500	1	
2023-2024	# of activities: 245 Total est. audience for above: 1,500	1	
Access Assistance	Total contacts		
2020-2021	5,200	1	
2021-2022	5,200	1	
2022-2023	5,200	1	
2023-2024	5,200	1	

Support Services	Total hours		
2020-2021	1,500	1	
2021-2022	1,500	1	
2022-2023	1,500	1	
2023-2024	1,500	1	
Respite Care	Total hours		
2020-2021	2,200	1	
2021-2022	2,200	1	
2022-2023	2,200	1	
2023-2024	2,200	1	
Grandparent Services Caring for Children	Proposed Units of Service	Required Goal #(s)	Optional Objective #(s)
Access Assistance	Total contacts		
2020-2021	70	1	
2021-2022	70	1	
2022-2023	70	1	
2023-2024	70	1	

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

MULTIPLE PSA HICAPs: If you are a part of a multiple-PSA HICAP where two or more AAAs enter into an agreement with one “Managing AAA,” to deliver HICAP services on their behalf to eligible persons in their AAA, then each AAA is responsible for providing HICAP services in the covered PSAs in a way that is agreed upon and equitable among the participating parties.

HICAP PAID LEGAL SERVICES: Complete this section if your Master Contract contains a provision for using HICAP funds to provide HICAP Legal Services.

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

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

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

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

AAA's should demonstrate progress toward meeting or improving on the Performance requirements established by CDA and ACL as is displayed annually on the *HICAP State and Federal Performance Measures* tool located online at:

https://www.aging.ca.gov/Providers_and_Partners/Area_Agencies_on_Aging/#pp-planning.

(Reference CDA PM 17-11 for further discussion, including current HICAP Performance Measures and Definitions).

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

HICAP Legal Services Units of Service (if applicable) ⁶

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

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

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

SECTION 11 - FOCAL POINTS**PSA #33****COMMUNITY FOCAL POINTS LIST**

CCR Title 22, Article 3, Section 7302(a)(14), 45 CFR Section 1321.53(c), (Older Americans Act Reauthorization Act of 2016, Section 306(a))

In the form below, provide the current list of designated community focal points and their addresses. This information must match the total number of focal points reported in the National Aging Program Information System (NAPIS) State Program Report (SPR), i.e., California Aging Reporting System, NAPISCare, Section III.D.

Designated Community Focal Point	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 12 - DISASTER PREPAREDNESS

PSA _____

Disaster Preparation Planning Conducted for the 2020-2024 Planning Cycle Older Americans Act Reauthorization Act of 2016, 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 and activities with local emergency response agencies, relief organizations, state and local governments, and other organizations responsible for emergency preparedness and response as required in OAA, Title III, Section 310:

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: 661-873-2604 Cell: 661-333-0116	reynosom@kerncounty.com

4. List critical services the AAA will continue to provide after a disaster and describe how these services will be delivered:

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.
c. Elderly Nutrition Program	c. Emergency supply of shelf stable meals is maintained

5. List any agencies with which the AAA has formal emergency preparation or response agreements.

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.

6. 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.
- Follow-up with these vulnerable populations after a disaster event.
Telephone will be the primary tool used.

APPROVED

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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 funds⁴ 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 2020-21 through FY 2023-2024

Access:

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

2020-21 36% 21-22 32% 22-23 32% 23-24 32%

In-Home Services:

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

2020-21 27% 21-22 26% 22-23 26% 23-24 26%

Legal Assistance Required Activities:

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

2020-21 26% 21-22 22% 22-23 22% 23-24 22%

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.

⁴ 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.

⁵ Legal Assistance must include all the following activities: Legal Advice, Representation, Assistance to the Ombudsman Program and Involvement in the Private Bar.

SECTION 14 - NOTICE OF INTENT TO PROVIDE DIRECT SERVICES

PSA #33

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

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

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

<u>Check applicable direct services</u>	<u>Check each applicable Fiscal Year</u>			
Title IIIB	20-21	21-22	22-23	23-24
<input checked="" type="checkbox"/> Information and Assistance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Case Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Outreach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Program Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Long Term Care Ombudsman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Title IID	20-21	21-22	22-23	23-24
<input type="checkbox"/> Disease Prevention and Health Promo.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Title IIIE⁹	20-21	21-22	22-23	23-24
<input type="checkbox"/> Information Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Access Assistance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Support Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Title VIIA	20-21	21-22	22-23	23-24
<input type="checkbox"/> Long Term Care Ombudsman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Title VII	20-21	21-22	22-23	23-24
<input type="checkbox"/> Prevention of Elder Abuse, Neglect, and Exploitation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Describe methods to be used to ensure target populations will be served throughout the PSA. The AAA 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 PM 11-11 for definitions of Title III E categories.

SECTION 15 - REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES

PSA #33

Older Americans Act Reauthorization Act of 2016 Section 307(a)(8)
CCR Article 3, Section 7320(c), W&I Code Section 9533(f)

Complete and submit for CDA approval a separate Section 15 for each direct service not specified in Section 14. 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: IIIC1 Congregate Programs and IIIC2 Home Delivered Programs

Check applicable funding source:

- IIIB
- IIIC-1
- IIIC-2
- IIID
- IIIE
- VIIA
- 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 20-21** **FY 21-22** **FY 22-23** **FY 23-24**

Provide: documentation below that substantiates this request for direct delivery of the above stated service: 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) or the North of the River Recreation and Parks District (NOR). The AAA will issue a 2020-2024 Request for Proposal (RFP) for Kern County Title IIIC Senior Nutrition Programs in the two areas that were serviced by BSC and NOR during the 2020-2024 Area Plan cycle.

SECTION 15 - REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES

PSA #33

Older Americans Act Reauthorization Act of 2016 Section 307(a)(8)
CCR Article 3, Section 7320(c), W&I Code Section 9533(f)

Complete and submit for CDA approval a separate Section 15 for each direct service not specified in Section 14. 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: IIIC1 IIIC2 Nutrition Education

Check applicable funding source:

- IIIB
- IIIC-1
- IIIC-2
- IIID
- IIIE
- VIIA
- 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 20-21** **FY 21-22** **FY 22-23** **FY 23-24**

Provide: documentation below that substantiates this request for direct delivery of the above stated service: The AAA's contracted Registered Dietitian will provide nutrition education to participants in the Title IIIC1 and Title IIIC2 senior nutrition programs the AAA provides directly.

SECTION 15 - REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES

PSA #33

Older Americans Act Reauthorization Act of 2016 Section 307(a)(8)
CCR Article 3, Section 7320(c), W&I Code Section 9533(f)

Complete and submit for CDA approval a separate Section 15 for each direct service not specified in Section 14. 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: Health Insurance Counseling and Advocacy Program

Check applicable funding source:

- IIIB
- IIIC-1
- IIIC-2
- IIID
- IIIE
- VIIA
- 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 20-21 **FY 21-22** **FY 22-23** **FY 23-24**

Provide: documentation below that substantiates this request for direct delivery of the above stated service: The AAA will continue to provide HICAP as a direct service as the AAA believes that outsourcing this service would not be in the best interest of the potential client population. This is because HICAP is directly under the AAA allowing services to be better integrated with Information and Assistance. It serves as a one-stop shop for our client population who continuously has issues with their respective health insurance, and other financial matters such as food, housing, and transportation. Additionally, policy changes are communicated and implemented in a more efficient manner.

**GOVERNING BOARD MEMBERSHIP
2020-2024 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 Mick Gleason , District I	January 2021
Supervisor Zack Scrivner , District II	January 2023
Supervisor Mike Maggard , District III	January 2023
Supervisor David Couch, District IV	January 2021
Supervisor Leticia Perez, District V – Chairperson	January 2021

Names and Titles of All Members: _____ **Board Term Expires:** _____

NONE	N/A

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

Barbara Goodlow *6	Bakersfield Senior Center	12/8/2021
Sonia Lopez	Kern Around the Clock Foundation	7/1/2021
Sandy Morris *4, 5	Alzheimer's Disease Association of Kern County	8/7/2021
Chris Barrett *3, 5, 1	Valley Caregiver Resource Center	4/24/2021
Susan Bodnar *1, 3, 5	Ridgecrest Regional Hospital	8/1/2021
Jan Lemucchi *6,*2	California Senior Legislature	10/1/2022
Yolanda Prado *6,*2	Director of Aging and Adult Services	9/8/2021
Norma Jackson *6	Director of Aging and Adult Services	2/1/2021

(Members with expired terms continue to serve until the AAA secures reappointment.)

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

Yes No

- Low Income Representative (1)
- Disabled Representative (2)
- Supportive Services Provider Representative(3)
- Health Care Provider Representative (4)
- Family Caregiver Representative (5)
- Local Elected Officials
- Individuals with Leadership Experience in Private and Voluntary Sectors (6)

Explain any "No" answer(s): _____

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

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

General members are appointed by Board of Supervisors and those entities providing nutrition and/or social services (service providers). Number of general members appointed by Board shall be at least 5 and not more than 10. Each supervisorial district shall be equally represented and general membership shall: 1) reflect the geographic, racial, economic and social complexion of Kern County; 2) contain a majority of persons 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. One member 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 eight, non-voting ex-officio members (or their designated representatives) shall consist of Human Services Director, Public Health Officer, Veterans Service Officer, Kern General Services Director, ETR Program Director, Kern Planning and Natural Resources Department Director, Kern Behavioral Health & Recovery Services Director, and the Independent Living Center of Kern County. General members shall serve two year terms. Non-voting ex-officio member will serve for tenure of office.

2020-2024 Four-Year Area Planning Cycle

This section must be completed and submitted annually. The Older Americans Act Reauthorization Act of 2016 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. Specific to Legal Services, what is your AAA's Mission Statement or Purpose Statement? Statement must include Title IIIB requirements:

To develop a community-based systems of care that provides services which prohibits discrimination, supports personal independence, preserves dignity, and protects the quality of life of older individuals and individuals with functional impairments.

2. Based on your local needs assessment, what percentage of Title IIIB funding is allocated to Legal Services? 31%
3. Specific to Legal Services, has there been a change in your local needs in the past four years? If so, please identify the change (include whether the change affected the level of funding and the difference in funding levels in the past four years).

GBLA has been our contracted provider during the past four years. GBLA providing more legal services in the rural areas of Kern County although their ability to grow in the rural areas is limited by their number of available staff and the large size of Kern County. Even though demand for their services continues to grow at a higher rate than funding, GBLA is committed to ensure that senior services are not diminished. See also response to question 14.

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

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.

5. Does the AAA collaborate with the Legal Services Provider(s) to jointly establish specific priorities issues for legal services? If so what are the top four (4) priority legal issues in your PSA?

Yes. The top 4 priorities are: (1) maintaining affordable housing; (2) preventing and remedying financial exploitation, abuse and/or neglect; (3) access to health care and income maintenance resources; and (4) Powers of Attorney for Finances and Health Care Directives. Furthermore, there is also a large segment of the senior community where grandparents are raising grandchildren and the associated legal issues that arise from this trend – including but not limited to being able to enroll children in school and access health care for them.

6. Specific to Legal Services, does the AAA collaborate with the Legal Services Provider(s) to jointly identify the target population? If so, what is the targeted senior population in your PSA **AND** what mechanism is used for reaching the target population?

Yes. AAA does collaborate with the Legal Service Provider, GBLA’s Seniors Law Center. 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, Laotian and Thai. 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.

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

Please see response to Question #6, above.

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

Fiscal Year	of Legal Assistance Services Providers
2020-2021	1
2021-2022	<i>Leave Blank until 2021</i>
2022-2023	<i>Leave Blank until 2022</i>
2023-2024	<i>Leave Blank until 2023</i>

9. Does your PSA have a hotline for legal services?

Yes, GBLA maintains a Legal Telephone Counseling System.

10. What methods of outreach are Legal Services providers using?

The contracted legal provider, GBLA, utilizes the following methods to conduct outreach: attendance at collaborative meetings serving the same population; legal information/educational sessions to providers that work with seniors; collaboration with HICAP; when appropriate, GBLA conducts community forums on relevant topics; and collaboration with the Long Term Care Ombudsman Program. In addition, GBLA has a full-time outreach worker that conducts presentations throughout the county and also distributes brochures in English and Spanish on services provided by GBLA. Further, both the Seniors Law Center and Long Term Care Ombudsman Programs traditionally share informational booths at the AAA’s locally sponsored annual health fairs.

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

Fiscal Year	Name of Provider	Geographic Region covered
-------------	------------------	---------------------------

2020-2021	<i>Greater Bakersfield Legal Assistance, Inc.</i>	<i>Metropolitan Bakersfield Kern River Valley Delano/McFarland Mojave Arvin Lamont Rosamond Shafter Wasco Taft Frazier Park Tehachapi/Caliente California City Ridgecrest</i>
2021-2022	<i>Leave Blank until 2021</i>	<i>Leave Blank until 2021</i>
2022-2023	<i>Leave Blank until 2022</i>	<i>Leave Blank until 2022</i>
2023-2024	<i>Leave Blank until 2023</i>	<i>Leave Blank until 2023</i>

12. Discuss how older adults access Legal Services in your PSA:

GBLA is open to the public from 8:30 am to 12 noon and 1:00 pm to 5:00 pm, Monday through Friday (closed major 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, by phone or in the institution where the client resides. Clients may access GBLA by phone, email, or by visiting their website.

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

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; GBLA identified legal problems through three (3) separate focus groups (April-May, 2018) with client eligible persons; one (1) separate focus group with agency representatives (who provide services to low-income populations throughout the service area); (1) one separate focus group with GBLA employees; and four (4) separate interviews with community-based representatives.

One of the focus groups and four of the interviews were conducted in rural areas, outside metropolitan Bakersfield. One focus group was conducted in Spanish with monolingual Spanish speaking persons;

one focus group was conducted with persons experiencing homelessness or persons who were very recently homeless. Special populations represented during the recent community needs assessment include seniors and long-term care recipients, agricultural workers, immigrants, persons with chronic health problems, persons experiencing barriers to health services, victims of domestic violence and sexual assault, persons with limited literacy, persons who lack transportation, children who have been sex-trafficked, children exposed to abuse and neglect, persons with disabilities, persons experiencing homelessness and at risk of becoming homeless, Veterans, persons living in dilapidated mobile home parks, persons who have been scammed, persons with mental health issues, persons experiencing racial discrimination, persons living in blighted neighborhoods, persons experiencing hunger, monolingual Spanish-speaking persons, persons living in uninhabitable housing, Section 8 and housing voucher consumers, low income teenagers, and the low-income population in general.

Accordingly, GBLA has determined that the most pressing legal issues in Kern County are as follows:

- (1) Maintaining affordable housing;
- (2) Preventing and remedying financial exploitation, abuse and/or neglect;
- (3) Access to health care and income maintenance resources; and
- (4) Powers of Attorney for Finances & Health Care Directives.

- 14.** In the past four years, has there been a change in the types of legal issues handled by the Title IIIIB legal provider(s) in your PSA?

Most of the legal issues remain similar in nature as listed in question 13 above, however, there has been an increase in seniors seeking services for elder exploitation whether it be financial or physical abuse and/or neglect. This trend is not just a local trend but statewide and even national. GBLA has provided services for elder abuse cases in the past, typically in the form of filing and obtaining restraining order when necessary, but there has been an increase in seniors seeking GBLA services for financial exploitation. Elder exploitation issues are matters that involve extensive investigation and documentation, and even though the demand for service will grow at a higher rate than funding and staff is limited, GBLA is committed to ensure that senior services are not diminished.

- 15.** What are the barriers to accessing legal assistance in your PSA? Include proposed strategies for overcoming such barriers.

GBLA is providing more legal services in the rural areas of Kern County. Nearly 25% of all services provided are to those 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.

- 16.** What other organizations or groups does your legal service provider coordinate services with?

GBLA will continue to educate collaborative members and provide pamphlets detailing their services and contact information to agencies such as the Kern County Courts, Child Protective Services, Kern County Network for Children, the Kern Elementary and High School Districts, the Kern County District Attorney's Office and other collaborative agencies to encourage referrals from those agencies.

SECTION 20. FAMILY CAREGIVER SUPPORT PROGRAMS

Notice of Intent for Non-Provision of FCSP Multifaceted Systems of Support Services

Older Americans Act Reauthorization Act of 2016, Section 373(a) and (b)

2020-2024 Four-Year Planning Cycle

Based on the AAA’s review of current support needs and services for **family caregivers** and **grandparents** (or other older relative of a child in the PSA), indicate what services the AAA **intends** to provide using Title III E and/or matching FCSP funds for both family caregivers and grandparents/older relative caregivers.

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 a service, a justification for each service is required in the space below.**

Family Caregiver Services

Category	2020-2021	2021-2022	2022-2023	2023-2024
Family Caregiver Information Services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract
Family Caregiver Access Assistance	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract
Family Caregiver Support Services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract
Family Caregiver Respite Care	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract
Family Caregiver Supplemental Services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract

Supplemental Services are not being funded through Title III E funds due to AAA’s best judgment regarding Title III E funding allocation. The AAA believes Supplemental Services needs are being addressed through other service providers and funding sources. The AAA will continue to monitor the need for the provision of Title III E funded Supplemental services. The PSA # 33 call-center maintains provider lists and refers callers to several providers of supplemental services in Kern County, including:

Provider	Service Description	Location(s)	Influencing factors	Service Continuity
Kern Planning and Natural Resources (Home Access Program) 2700 "M" Street, Suite 100 Bakersfield, CA 93301	Can provide access improvements to residences for low income adults with disabilities	Kern County	Ongoing County Department Program	Ongoing
Golden Empire Gleaners 1326 30th St # A Bakersfield, CA 93301	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
Community Action Partnership of Kern	Distribution of emergency food provided by public, private and government donations	Kern County	Ongoing Program	Ongoing

300 19th Street Bakersfield, CA 93301				
Kern County Public Authority 5357 Truxtun Ave Bakersfield, CA 93309	Kern County Public Authority provides callers with a caregiving services registry upon receipt of waiver	Kern County	Ongoing County Department Program	Ongoing

Grandparent Services

Category	2020-2021	2021-2022	2022-2023	2023-2024
Grandparent Information Services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract
Grandparent Access Assistance	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract
Grandparent Support Services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract
Grandparent Respite Care	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract
Grandparent Supplemental Services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract

*Refer to PM 11-11 for definitions for the above Title III E categories.

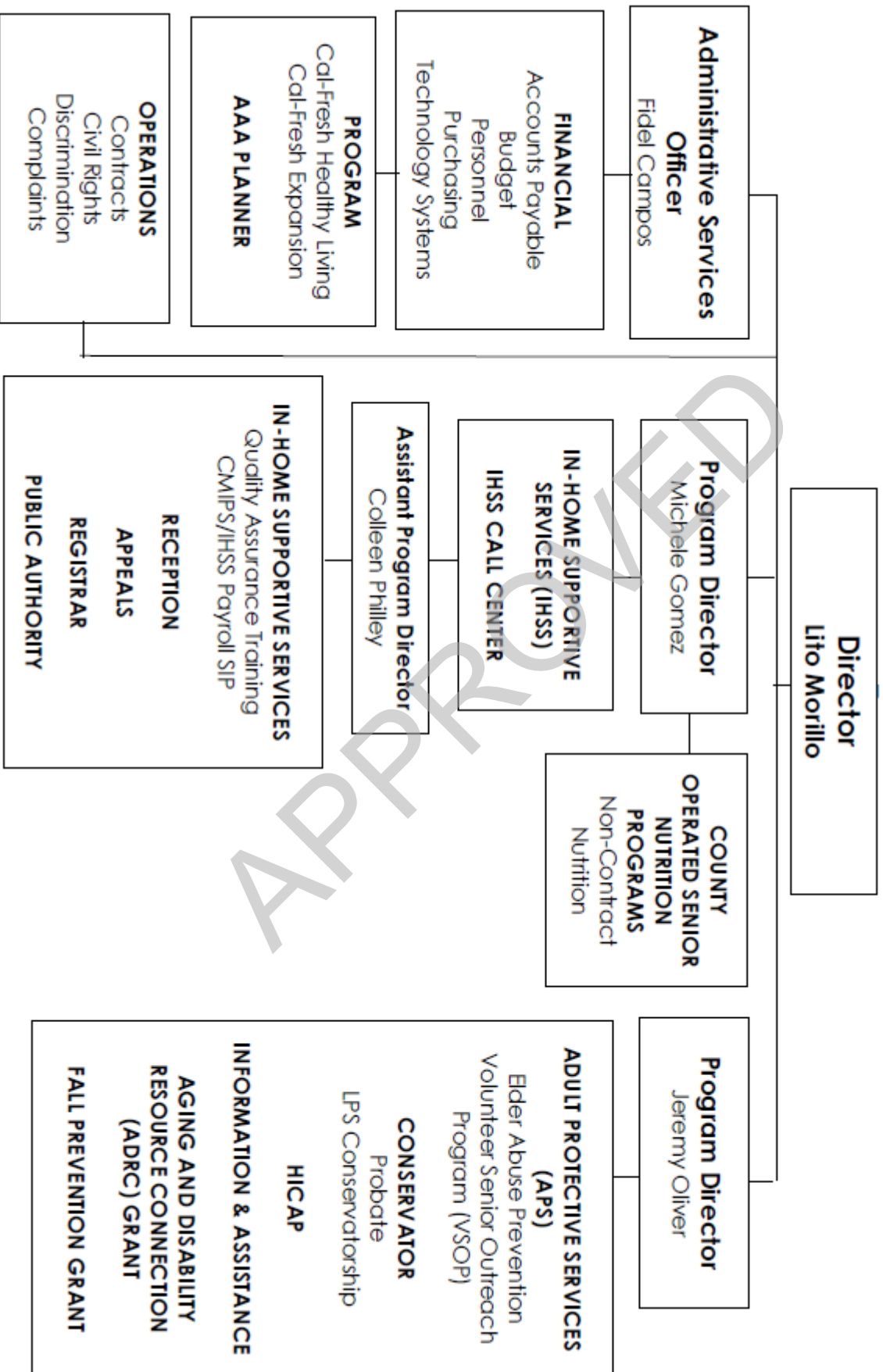
The AAA currently funds Grandparent Access Assistance - Caregiver Legal Resources (Caring for Child) services. The AAA believes that given the amount of funds available for Title III E Grandparent programs, funding Caregiver Legal Resources (Caring for Child) is the best allocation of Title III E funding. 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. Dvlp. (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 emergency food provided by	Kern County	Ongoing Program	Ongoing

	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

APPROVED

KERN COUNTY AGING AND ADULT SERVICES DEPARTMENT DEPARTMENT ORGANIZATIONAL CHART



SECTION 21 - ORGANIZATION CHART

PROGRAM DIRECTOR
Jeremy Oliver

PUBLIC CONSERVATOR
Social Services Supervisor I
Ticia Santa Cruz-Booz

Public Conservator/LPS
6 Deputy Conservator
Denise Blackmon
Moyra Torres
Andrea Martin
Eric Sagbohan
Thomas Galarza
Roxanne Martinez
1 Social Service Worker EH
Danielle Aguirre
Social Services Supervisor I EH
Johnny Cheatwood

ADULT PROTECTIVE SERVICES
Social Services Supervisor I
Jhoana Rojas

APS
5 Social Service Worker III
Cesar Constantino
Daniel Hernandez
Elma Beth Ruiz
Junita Avila
Lindsay Woods
1 Social Service Worker EH
Karina Sanchez

ADULT PROTECTIVE SERVICES
PUBLIC GUARDIAN
Social Services Supervisor I
Orlando Montoya

4 Social Service Worker III
APS
Josie Rodriguez
Clarence Sandoval
Brice Phillips
Vacant
PG
2 Deputy Conservator PG
Kelli Hicks
Anissa Worthy
1 Social Service Worker EH
Jaime Alas

1 Legal Secretary
Shanna Wright
LPS

ADULT PROTECTIVE SERVICES
Social Services Supervisor I
David Poole R

5 Social Service Worker III
Alfredo Penueias
Michelle Brown
Jose Ruiz
Erik Jacobs
Javier Iniguez-Paredes
1 Social Service Worker EH
Arisha Stewart

1 MH Recovery Specialist
III Melissa C Enciso
V SOP

HICAP /I&A
Program Support Supervisor
Lupe Garcia
9.0%

CALL CENTER
4 Program Technicians
Leanne Morgan
11%
Marilee McVey
13%
Carolina Oehler
13%
John Rezo
11%
3 Program Tech EH
Betty Hendrix
9%
Erica Pineda
10%
Vacant
2 Office Services Technician EH
Rosa Mayra
Sydney
Youngblood

Aging and Disability Resource Connection (ADRC) Grant
2 Program Tech EH
Abel Velasquez
Vacant
2 Social Service Worker EH
Vacant
Fall Prevention Grant

PROGRAM DIRECTOR
Michele Gomez

IN-HOME SUPPORTIVE SERVICES
Social Services
Supervisor I
Juan Guevara

2 Social Service Worker III
Martin E Chavez
Samuel Padilla

5 Social Service Worker I/II
Edward Robinson
Vanessa Aguas
Kristine Mullen
Blanca Jimenez
Vacant

IN-HOME SUPPORTIVE SERVICES
Social Services
Supervisor I
Cruz Holguin

2 Social Service Worker III
Diana Martinez
Patricia Figueroa

4 Social Service Worker I/II
Whitney Munoz
Thalia Vazquez
Vanessa Garcia
Vacant

1 Social Service Worker I EH
Serena Castillo

IN-HOME SUPPORTIVE SERVICES
Social Services
Supervisor I
Flornarie Rodriguez

2 Social Service Worker III
Loida Smith
Craig A Roder

4 Social Service Worker I/II
Nayeli Lopez
Hardeep Badhesha
Edelmira Mejia
Renteria
Vacant

1 Social Service Worker I EH
Monica Gonzalez

IN-HOME SUPPORTIVE SERVICES
Social Services
Supervisor I
Rosa Barojas

2 Social Service Worker III
Daisy Robles
Stephanie Saldivar

5 Worker I/II
Sheila Adams
Victor Coronado
Lakisha Figures
Vacant (2)

IN-HOME SUPPORTIVE SERVICES
Social Services
Supervisor I
Kacie Granillo

3 Social Service Worker III
Maria D. Serrano
Sarah Wheeler
Nadine Vargas

4 Social Service Worker I/II
Maria Calderaz
Angela Edwards
Vacant (2)

1 Social Service Worker VII EH
Victor Hicks

IN-HOME SUPPORTIVE SERVICES
Social Services
Supervisor I
Destree Burchfield

2 Social Service Worker III
Lisa S Atherton
Lorena Amaya-Stotts

5 Social Service Worker I/II
Kalen M Ingram
Mary Kate Valdez
Cristina Hernandez
Martha Macias
Vacant

1 Social Service Worker I EH
Taylor Brown

IHSS Call Center
1 Office Services Technician
Sylvia Enyart

IN-HOME SUPPORTIVE SERVICES
Social Services
Supervisor I
Latisha Pulliam

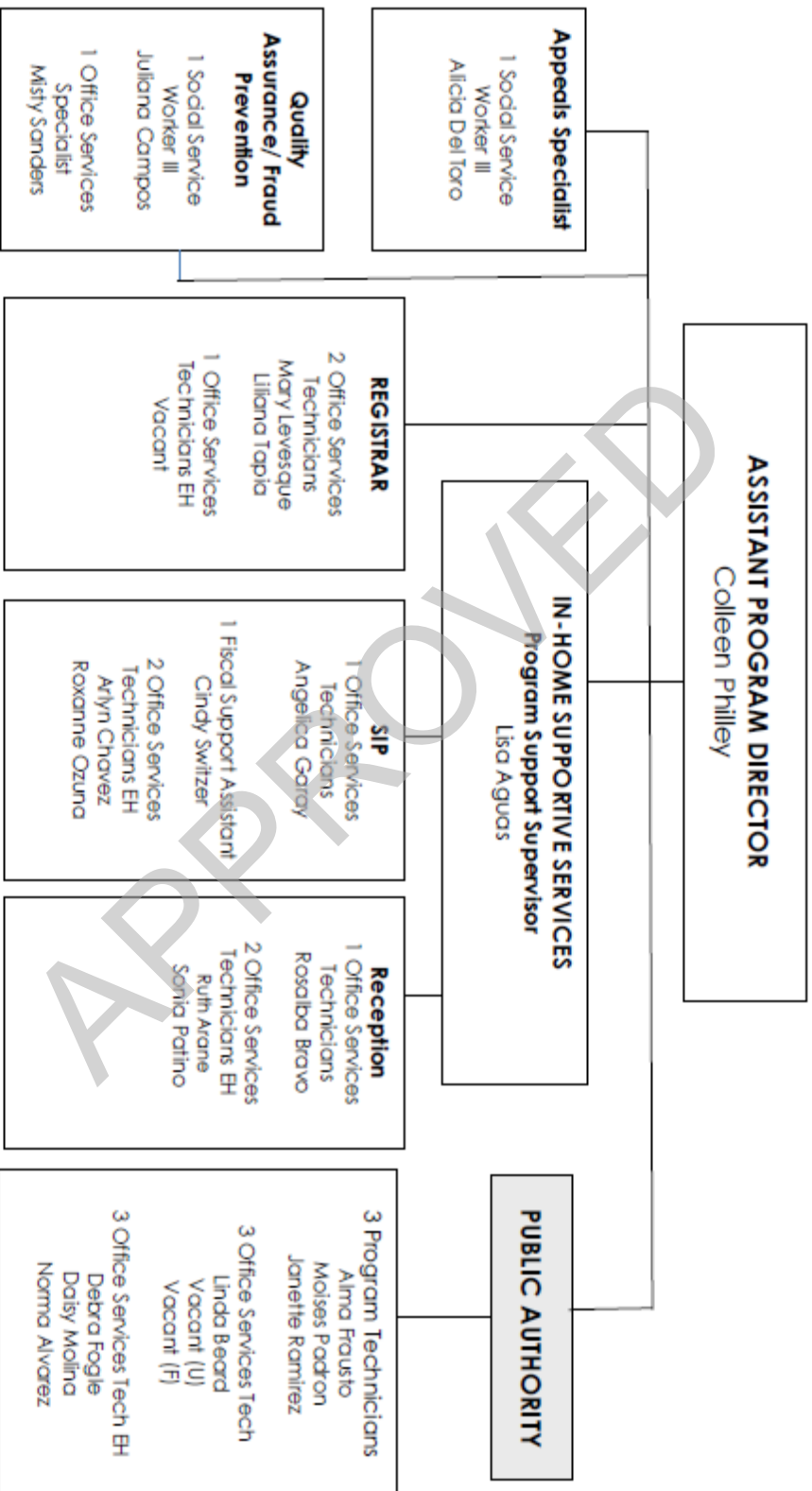
2 Social Service Worker III
Mollie Keister
Melissa Farrand

4 Social Service Worker I/II
Edgar Martinez
Stephanie Manzo
Raul M. Brbljesca
Vacant

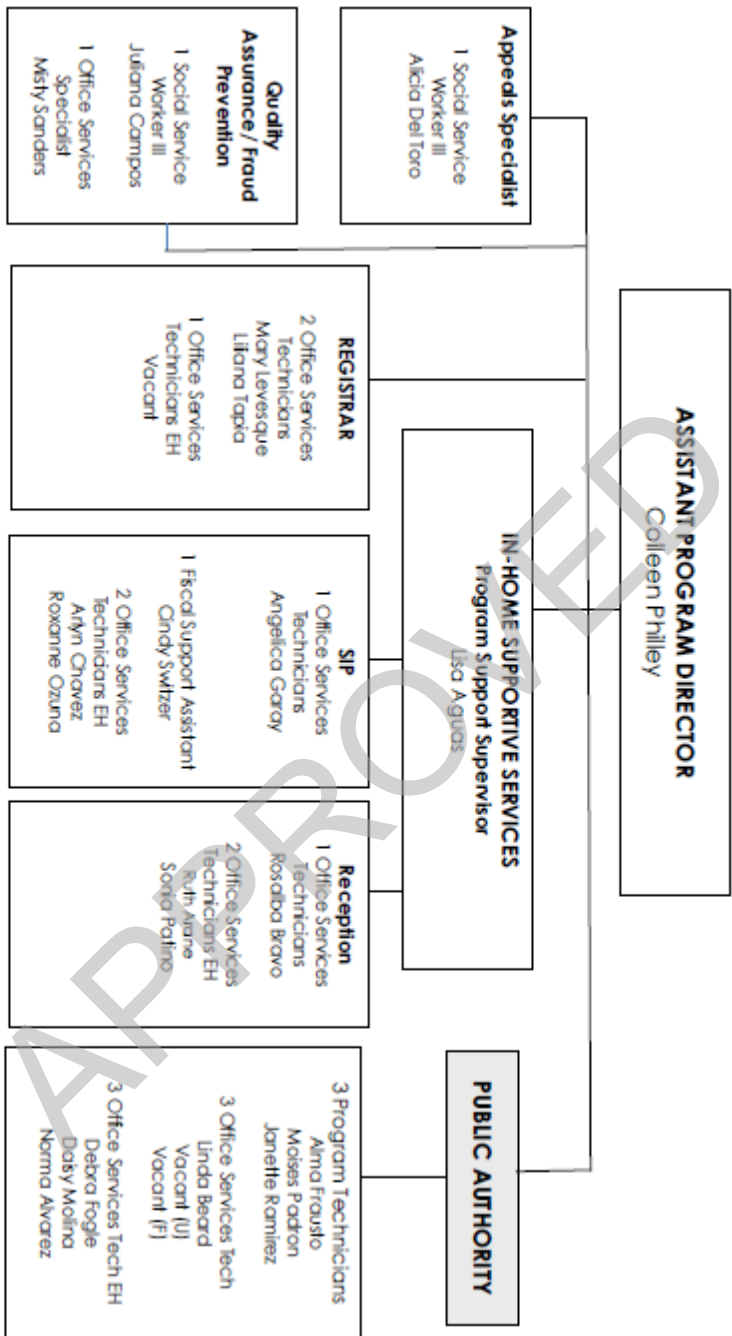
IHSS Call Center
1 Office Services Technician
Vacant (U)

IHSS PUBLIC AUTHORITY
Assistant Director
Colleen Philleary

CARE AND SOCIAL PROGRAMMING



CARE AND SOCIAL PROGRAMMING



COUNTY OPERATED SENIOR NUTRITION PROGRAMS

PROGRAM DIRECTOR – Michele Gomez

KERN RIVER VALLEY / HIGH DESERT/NORTH KERN NUTRITION
Sr. Nutrition Program Coordinator
Katricea Short
100%

GOLDEN EMPIRE NUTRITION / TAFT/SOUTHEAST DESERT
Sr. Nutrition Program Coordinator
Kristian Larios
100%

KERN RIVER VALLEY
700

TAFT
2800

NORTH KERN
2700

GOLDEN EMPIRE NUTRITION
2600

RIDGECREST NUTRITION
2500

SOUTHEAST DESERT
500

1 Cook II
John R Sherwood
65%

1 Cook I
Anthony Ruz
75%

1 Sr. Nutrition Site Coordinator
Heily Miller
63%

6 Per Diem Nutrition Driver I
Joshua P Alexander
63%

Briha R Crass
50%

Vincent M Smorgias
63%

Kyle E Stubbs
63%

Jessecca R Walsh
50%

Bobbie Alvarez
44%

1 Cook II
Janie Lopez
82%

1 Cook I
Gilbert Martinez
75%

1 Sr. Nutrition Site Coordinator
Samantha C Bishop
75%

1 Food Service Worker I
Denise E Young
44%

3 Per Diem Nutrition Driver I
Cary L Barajas
50%

Kristy Kimbrel
63%

Vacant

1 Cook II
Myrna Bernal
88%

1 Cook I
Asthid Raya
75%

2 Sr. Nutrition Site Coord.
Stephanie Serna
88%

Alejandra Almanza
75%

6 Per Diem Nutrition Driver I
Jocobeln Camacho
63%

Ashley N Contreras
63%

Andrea Garcia
56%

Maria L Rodriguez
50%

Margarita Vasquez
50%

Mariene Espinoza
63%

1 Cook II
Joshua Avila
82.5%

1 Cook I (V)
1 Cook I EH
Angela Chavera
82%

3 Sr. Nutrition Site Coordinator
Paula Segura
100%

Vacant (2)

1 Sr. Nutrition Site Coordinator EH
Vacant

4 Per Diem Nutrition Driver I
Anthony
50%

Lawance Duran
63%

Kell Valencia
8%

Guillermo Machado
63%

13 Per Diem Nutrition Driver I
Guadalupe Aguilera
63%

Guadalupe Aguirre
63%

Heidi Blair
63%

Stefanie Cheeseman
69%

Angela Domingos
63%

Lisa Dorado
63%

Brihany
63%

Trey Hayes Pulliam
69%

Ralph Lomas
63%

Harry Macdowall
69%

Bitihany Stubbelfield
69%

Roseanna Valenzuela
63%

Anita Vega
63%

Maritza Navarro
69%

1 Cook II (V)
1 Cook I (V)

1 Cook I EH
Jill Boyle
82%

1 Sr. Nutrition Site Coordinator
Tracy A Christman
73%

4 Per Diem Nutrition Program Driver I
Carrillia M Boyd
50%

Erna K Gire
50%

Sheryl Adams
63%

Nicholas Murray
50%

1 Cook II
Lourdes Vasquez
82%

1 Cook I
Taron E Andersson
69%

1 Sr. Nutrition Site Coordinator
Yvette Roldan
90%

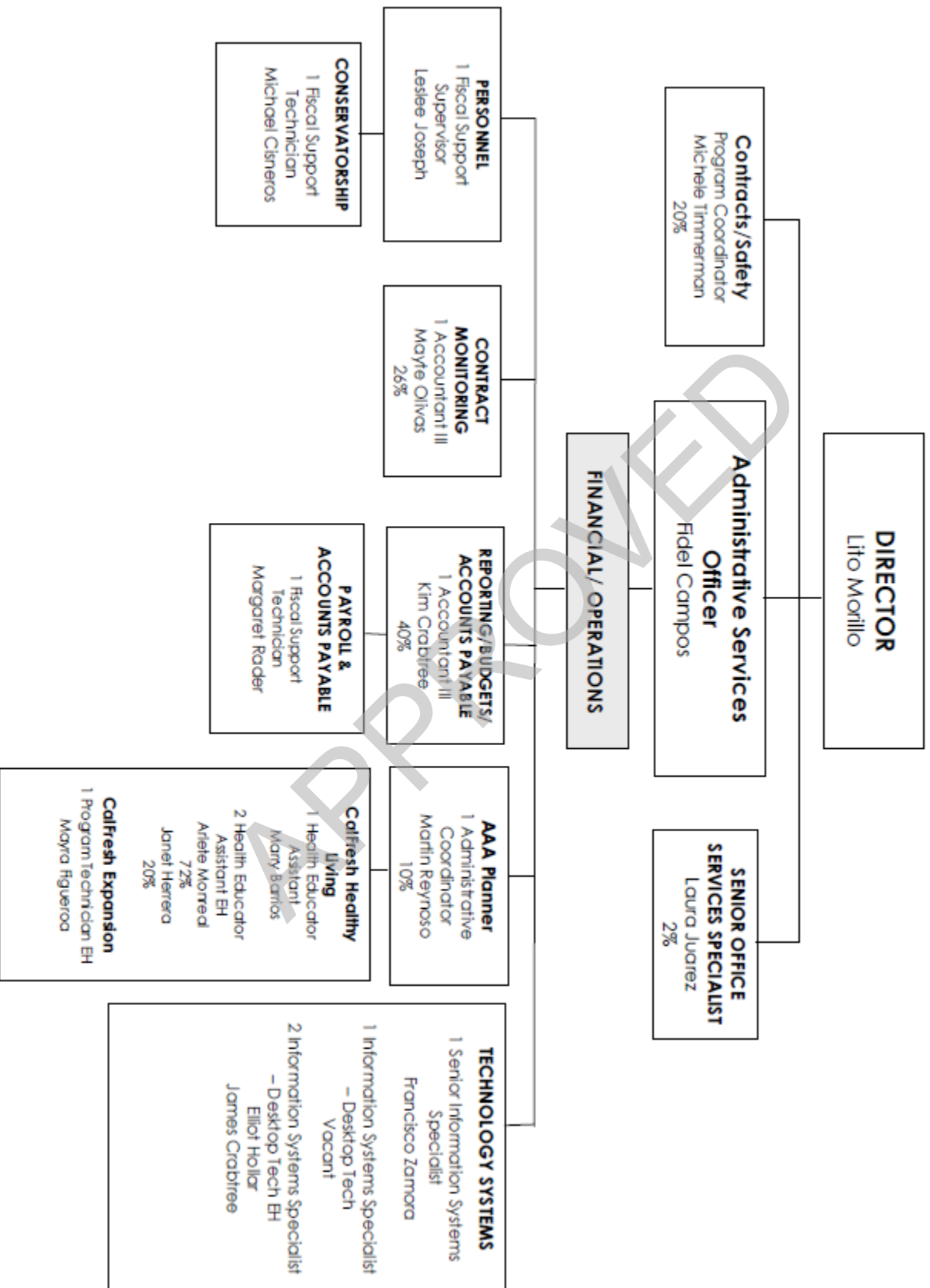
5 Per Diem Nutrition Program Driver I
Mariene N Contreras
38%

Lilliana E Lopez F
63%

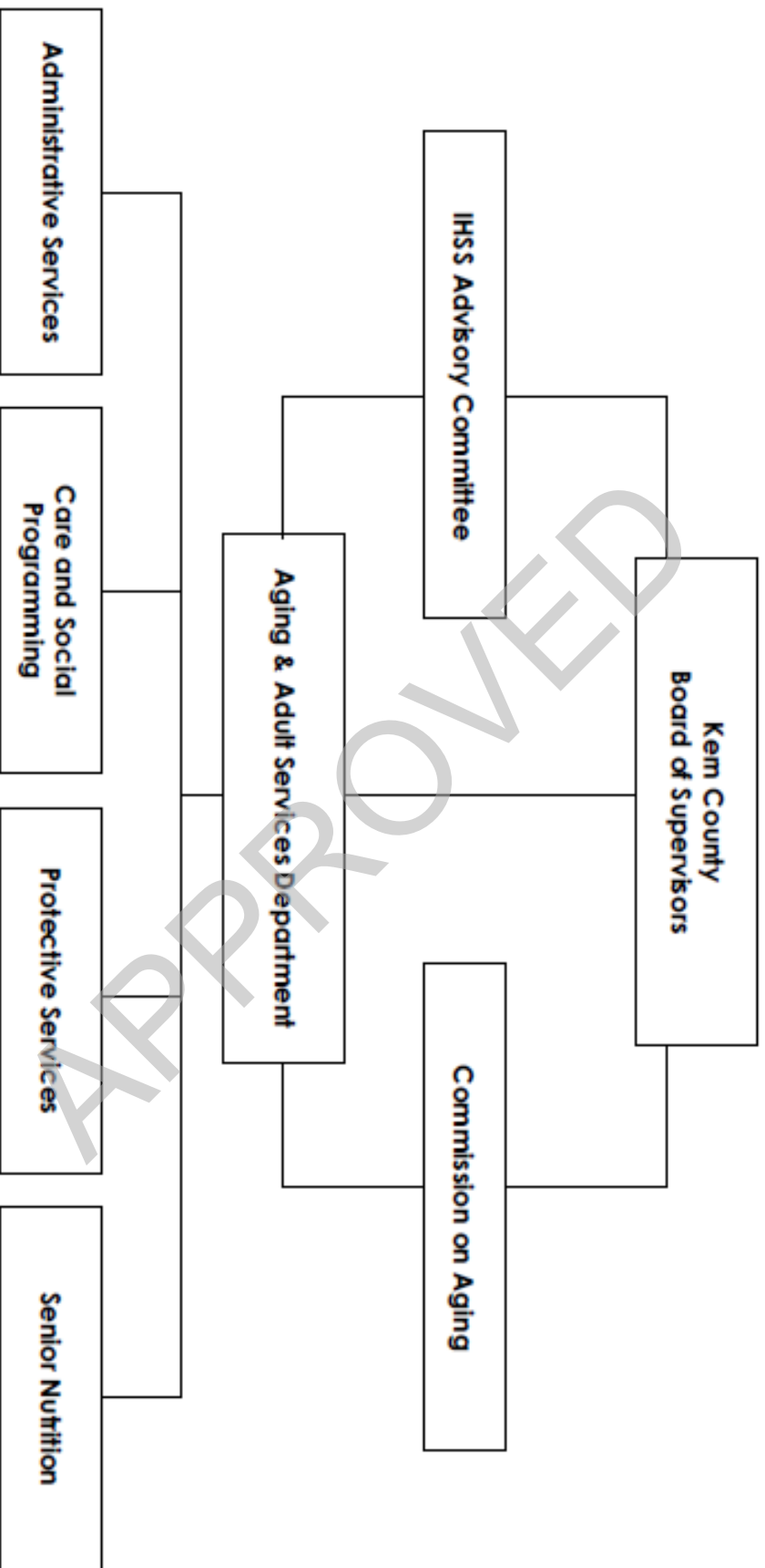
Lisa Brownrestles
63%

Maria Viveros
2 Vacant

ADMINISTRATIVE SERVICES



KERN COUNTY AGING AND ADULT SERVICES



SECTION 22 - ASSURANCES

Pursuant to the Older Americans Act Reauthorization Act of 2016, (OAA), the Area Agency on Aging assures that it will:

A. Assurances

1. OAA 306(a)(2)

Provide an adequate proportion, as required under Older Americans Act Reauthorization Act of 2016 Section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services—

- (A) services associated with access to services (transportation, health services (including mental 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 who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and
- (C) legal assistance; and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded;

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

(I) provide assurances that the area agency on aging will -

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

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

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

- (I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;
- (II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and
- (III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English

proficiency, and older individuals residing in rural areas within the planning and service area;

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

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

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

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

Use outreach efforts that —

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

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

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

7. OAA 306(a)(5)

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

8. OAA 306(a)(9)

Provide assurances that the Area Agency on Aging will carry out the State Long-Term Care Ombudsman program under 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title;

9. OAA 306(a)(11)

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

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

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

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

11. 306(a)(14)

Provide assurances that preference in receiving services under this Title shall not be given to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title;

12. 306(a)(15)

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

- (A) to provide benefits and services to older individuals, giving priority to older individuals identified in Older Americans Act Reauthorization Act of 2016, Section 306(a)(4)(A)(i); and
- (B) in compliance with the assurances specified in Older Americans Act Reauthorization act of 2016, Section 306(a)(13) and the limitations specified in Older Americans Act Reauthorization Act of 2016, Section 212;

13: OAA 305(c)(5)

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

area.

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

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

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

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

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

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

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

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

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

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

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

In carrying out such services conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for -

- (i) public education to identify and prevent abuse of older individuals;
- (ii) receipt of reports of abuse of older individuals;

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

20. OAA 307(a)(15)

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

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

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

(i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and

(ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effective linguistic and cultural differences.

21. OAA 307(a)(18)

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

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

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

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

22. OAA 307(a)(26)

That funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the State agency, or an area agency on aging, to carry out a contract or commercial relationship that is not carried out to implement this title.

23. OAA 307(a)(27)

Provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care.

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

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

(a) The Older Americans Act intends that the area agency on aging shall be the leader relative to all aging issues on behalf of all older persons in the planning and service area. This means that the area agency shall proactively carry out, under the leadership and direction of the State agency, a wide range of functions related to advocacy, planning, coordination, interagency linkages, information sharing, brokering, monitoring and

evaluation, designed to lead to the development or enhancement of comprehensive and coordinated community based systems in, or serving, each community in the Planning and Service Area. These systems shall be designed to assist older persons in leading independent, meaningful and dignified lives in their own homes and communities as long as possible.

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

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

25. CFR [1321.53(c)]

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

26. CFR [1321.53(c)]

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

27. CFR [1321.53(c)]

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

CFR [1321.53(c)]

Work with, or work to assure that community leadership works with, other applicable agencies and institutions in the community to achieve maximum collocation at, coordination with or access to other services and opportunities for the elderly from the designated community focal points.

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

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

29. CFR [1321.61(d)]

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

30. CFR [1321.69(a)]

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

APPROVED