



Fresno-Madera Area Agency on Aging

2020-2024 Four-Year Area Plan

July 15, 2020



PSA 14

2020-2024 FOUR-YEAR AREA PLAN REQUIRED COMPONENTS CHECKLIST

Section	Four-Year Area Plan Components	4-Year Plan
	Transmittal Letter – <i>must have original, ink signatures or official signature stamps- no photocopies (original mailed to California Department of Aging on July 15, 2020)</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 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 checked="" 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

Fresno-Madera Area Agency on Aging

PSA 14

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. James Poptanich



Signature: Governing Board Chair

7-15-2020

Date

2. Raymond Lopez



Signature: Advisory Council Chair

6/30/2020

Date

3. Jean Robinson



Signature: Executive Director
Fresno-Madera Area Agency on Aging

6/30/2020

Date

Section 1 Mission Statement

The mission of the Fresno-Madera Area Agency on Aging is to:

- Provide leadership in addressing issues that relate to older adult residents of Fresno and Madera counties;
- Develop community based systems of care to provide services that support independence within California's interdependent society, and protect the quality of life of older adults and individuals with functional impairments; and
- Promote citizen involvement in the planning and delivery of services.



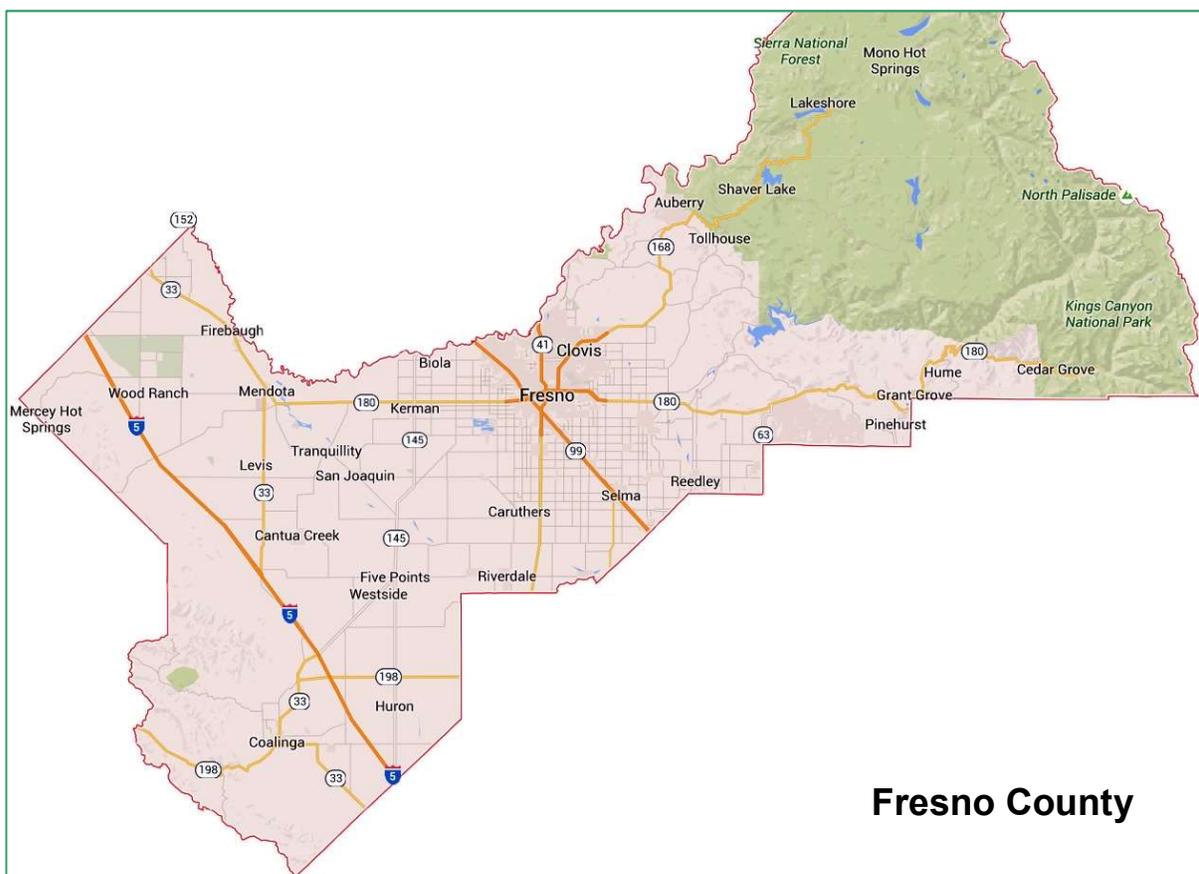
The goals of the Fresno-Madera Area Agency on Aging are to:



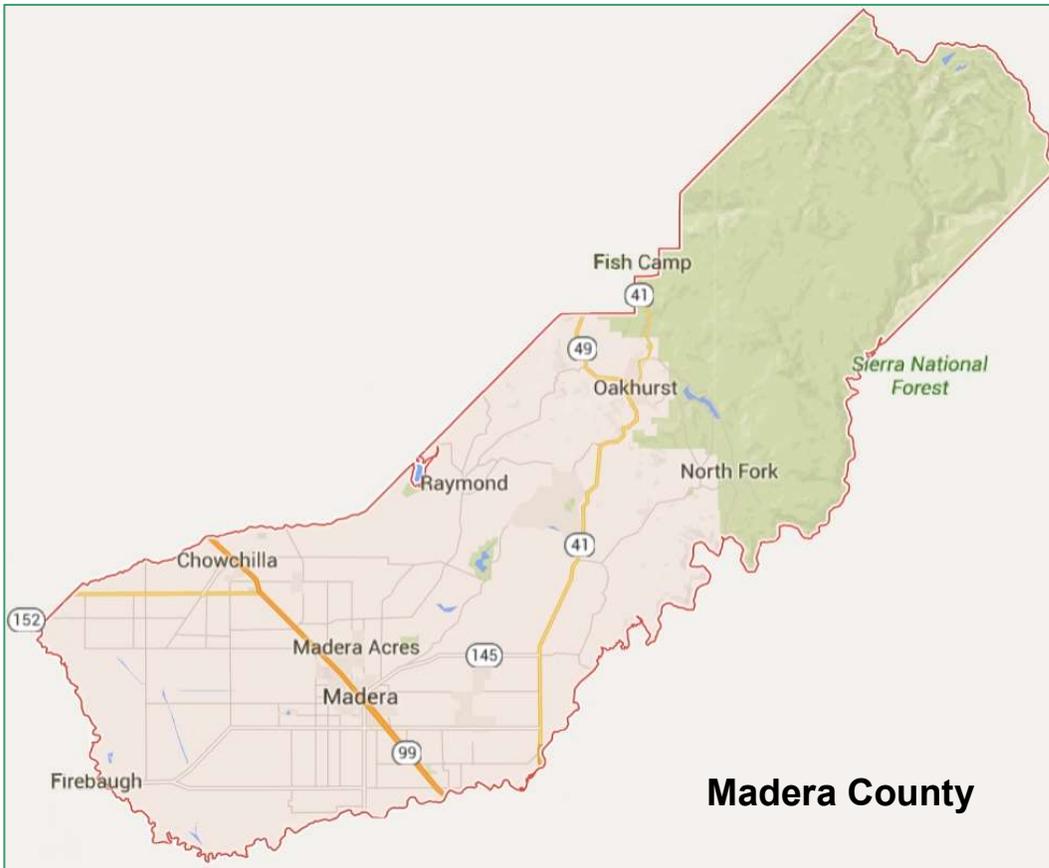
- Reduce hunger and increase food security of older adults who are experiencing barriers to good nutrition;
- Maintain the ability of older adults to live independently for as long as possible;
- Address basic needs and rights of older adults who are the most frail and vulnerable, to promote aging with dignity, and ensure a safe living environment; and
- Empower older adults to make informed decisions and sound choices to increase independence and ensure quality of life through connection to resources.

Section 2 Description of the Planning and Service Area

The Fresno-Madera Area Agency on Aging serves both Fresno and Madera counties. Located in the geographic center of California, the service area reaches from the Sierra Nevada mountain range to the base of the Gabilan mountain range in the west, crossing the expanse of the Central Valley.



The north-south expanse of the Agency on Aging's two-county service area stretches 111 miles from the Sierra foothill community of Ahwahnee in Madera County to the San Joaquin Valley city of Coalinga in the southwest corner of Fresno County, while the east-west service area extends 81 miles from Firebaugh, a small agriculture-based community on the valley floor, to Dunlap, just east of Kings Canyon National Park.



Physical Characteristics		
Geography	Fresno County	Madera County
Square Miles	6,011	2,147
Highest Point	14, 248 ft. (North Palisade)	13,157 ft. (Mt. Ritter)
Lowest Point	151 ft. (Firebaugh)	180 ft. (Chowchilla)
Weather	Fresno City	Madera City
Square Miles	113.3	14
Days over 100 degrees in 2019	47	40
Average High Temperature-July 2019	99	96
Average Low Temperature-December 2019	43	41
Total precipitation - 2019	12.4 inches	10.7 inches
Source: National Weather Service		

Residents of Fresno and Madera counties are accustomed to triple-digit heat in the summer. July 2018 was Fresno’s warmest month on record; beginning on July 6, residents experienced temperatures at or above 100 degrees for 30 days.

Winters bring cold, foggy days and an occasional deep freeze. Snow typically blankets the Sierra foothill and mountain communities. Average rainfall in Fresno is 11.5 inches; however, from July 1, 2019 through May 31, 2020, Fresno received only 7.63 inches. (*Rain Year Precipitation Totals for Fresno since 1878*, National Weather Service,)

Much of the two-county area is located in a historic floodplain, with flash-floods occurring in low-lying areas during periods of heavy rainfall. Mono Winds, fueled by high pressure systems over the Great Basin, at times rush from 50 to more than 100 miles per hour down the western slopes of the Sierra in the October through April period, downing trees, causing power outages, and increasing fire risk. Smoke from wildfires continues to compound air quality in the Central Valley and Sierra foothill and mountain communities during an ever-lengthening fire season.

The California Earthquake Authority issued a press release on May 2, 2018, the 35th anniversary of the devastating 6.7 magnitude Coalinga earthquake, which caused an estimated \$10 million in property damage and injured 94 people. The press release states, “The greater southern Central Valley region—Fresno, Kern, Kings, Madera, Mariposa, Merced and Tulare counties—is ringed by faults, including the Garlock fault to the south, the faults of the Sierra Nevada to the east, and the dangerous San Andreas fault system to the west.”

Demographic Characteristics

There are 15 incorporated cities in Fresno and Madera counties. Fresno is the fifth largest city in California, exceeding Sacramento, Long Beach, and Oakland in population. (California Department of Finance, May 1, 2019)

Population Estimates of Fresno and Madera Counties and Incorporated Cities				
County	Estimate January 2020	Estimate April 2010	Difference	Growth Rate
Fresno	1,023,358	930,450	92,908	10.0%
Madera	158,147	150,865	7,282	4.8%
City/Area	Estimate January 2020	Estimate April 2010	Difference	Growth Rate
Fresno	545,769	494,665	51,104	10.3%
Clovis	119,175	95,631	23,544	24.6%
Madera County- Incorporated	83,611	80,136	3,475	4.3%
Madera County- Unincorporated	74,536	70,729	3,807	5.4%
Madera (City)	65,415	61,416	3,999	6.5%
Sanger	27,185	24,270	2,915	12.0%
Reedley	25,917	24,194	1,723	7.1%
Selma	24,436	23,219	1,217	5.2%
Chowchilla	18,196	18,720	-524	-2.8%
Coalinga	17,199	18,087	-888	-4.9%
Kerman	15,950	13,544	2,406	17.8%
Parlier	15,890	14,494	1,396	9.6%
Kingsburg	12,883	11,382	1,501	13.2%
Mendota	12,514	11,014	1,500	13.6%
Orange Cove	9,456	9,078	378	4.2%
Firebaugh	7,981	7,549	432	5.7%
Huron	7,299	6,754	545	8.1%
Fowler	6,454	5,570	884	15.9%
San Joaquin	4,142	4,001	141	3.5%
Source: California Department of Finance, E-4 Population Estimates for Cities, Counties, and State, 2011-2020 with 2010 Benchmark, released May 2020				

While the city of Fresno maintains the highest population (545,769 residents) of all cities in Fresno and Madera counties, the city of Clovis has the highest growth rate (24.6%) adding 23,544 residents in the April 2010-January 2020 period. Fresno added 51,104 residents in the same period with a 10.3% growth rate.

Other areas with growth rates exceeding 10% for the April 2010-January 2020 period include Kerman (17.8%); Fowler (15.9%); Mendota (13.6%); and Kingsburg (13.2%).

Madera County experienced a smaller but steady growth rate (4.8%) in the April 2010-January 2020 period, adding 7,282 residents. The city of Madera added 3,999 residents (6.5% growth rate). The unincorporated areas of Madera County, much of which encompass Sierra foothill communities, added 3,807 residents (5.4%), while the county's incorporated areas grew by 3,475 residents (4.3%).

The California Department of Finance noted in its May 1, 2019 press release that growth rates for Coalinga in Fresno County and Chowchilla in Madera County were negatively impacted by state prison population declines.

Population Projections						
Fresno County	2015	2020	2025	2030	2040	2050
Age 60-69	83,407	93,554	101,013	101,293	102,278	114,330
Age 70-79	46,225	56,920	68,312	77,980	84,9332	86,583
Age 80-89	23,138	24,961	30,073	37,951	53,211	58,498
Age 90-99	5,502	6,756	7,089	7,666	12,194	17,970
Age 100+	72	46	173	307	380	752
Total	158,344	182,237	206,660	225,197	252,996	278,133
Madera County	2015	2020	2025	2030	2040	2050
Age 60-69	15,190	15,518	16,237	15,499	16,429	18,739
Age 70-79	8,852	10,951	12,611	13,011	12,863	13,823
Age 80-89	4,219	4,752	5,784	7,303	8,722	8,749
Age 90-99	750	1,241	1,496	1,559	2,581	3,216
Age 100+	14	15	46	92	130	262
Total	29,025	32,477	36,174	37,464	40,725	44,789
Both Counties	2015	2020	2025	2030	2040	2050
Age 60-69	98,597	109,072	117,250	116,792	118,707	133,069
Age 70-79	55,077	67,871	80,923	90,991	97,796	100,406
Age 80-89	27,357	29,713	35,857	45,254	61,933	67,247
Age 90-99	6,252	7,997	8,585	9,225	14,775	21,186
Age 100+	86	61	219	399	510	1,014
Total	187,369	214,714	242,834	262,661	293,721	322,922
Source: California Department of Finance, Table P2, Total Estimated and Projected Population for California Counties by Age and Sex, July 1, 2010 to July 1, 2060 in 1-year Increments, Released January 2020						

Using year 2020 as a baseline, the California Department of Finance estimates the number of Fresno and Madera county residents age 60 and over will increase by 13.1% (28,120 individuals) in year 2025 and by 22.3% (47,947 individuals) in year 2030. These projections indicate that Fresno County will add 24,423 residents between 2020 and 2025, a 13.4% increase, and 42,960 residents between 2020 and 2030, a 23.6% increase. Projections for Madera County indicate 3,697 new residents between 2020 and 2025, an 11.4% increase, and 4,987 new residents between 2020 and 2030, a 15.4% increase.

Employment				
Employment by Industry	Fresno County	% of Fresno County Total	Madera County	% of Madera County Total
Civilian Employed Population, Age 16+	400,175		57,799	
Unemployment Rate		9.4%		8.3%
Educational Services, & Health Care & Social Assistance	95,614	23.9%	11,901	20.6%
Retail Trade	41,828	10.5%	5,883	10.2%
Agriculture, Forestry, Fishing & Hunting, & Mining	39,703	9.9%	9,217	15.9%
Professional, Scientific, & Management, & Administrative & Waste Management Services	33,818	8.5%	3,748	6.5%
Arts, Entertainment, & Recreation, & Accommodation & Food Services	34,762	8.7%	5,175	9%
Manufacturing	29,221	7.3%	5,432	9.4%
Public Administration	24,881	6.2%	3,008	5.2%
Construction	22,833	5.7%	4,138	7.2%
Transportation & Warehousing, & Utilities	19,879	5%	2,365	4.1%
Other Services, Except Public Administration	19,316	4.8%	2,592	4.5%
Finance & Insurance, & Real Estate & Rental & Leasing	18,856	4.7%	2,246	3.9%
Wholesale Trade	14,087	3.5%	1,335	2.3%
Information	5,377	1.3%	759	1.3%
Source: U.S. Census Bureau, 2018 American Community Survey 5-Year Estimates (Table DP03, Selected Economic Characteristics)				

As of 2018, the Educational Services, and Health Care and Social Assistance category employed the greatest number of workers in both Fresno and Madera counties (23.5%). Agriculture, Forestry, Fishing and Hunting, and Mining employed 10.7% of the two-county workforce, while retail employed 10.4%. Arts, Entertainment and Recreation, and

Accommodation and Food Services accounted for 8.7% of the workforce in Fresno and Madera counties, while 8.2% worked in the Professional, Scientific and Management, and Administrative and Waste Management Services category. Manufacturing employed 7.6% and Public Administration employed 6% of the two-county workforce.

Education						
Population Group	Fresno County		Madera County		California	
Population Age 25+	596,505		97,015		26,218,885	
Less than 9 th Grade Education	84,595	14.2%	16,376	16.9%	2,471,189	9.4%
9 th to 12 th Grade, No Diploma	62,794	10.5%	10,902	11.2%	2,004,376	7.6%
High School Graduate/GED	136,851	22.9%	24,249	25%	5,391,120	20.6%
Some College, No Degree	138,098	23.2%	23,760	24.5%	5,582,150	21.3%
Associate's Degree	50,760	8.5%	7,644	7.9%	2,051,313	7.8%
Bachelor's Degree	82,089	13.8%	9,696	10%	5,445,781	20.8%
Graduate or Professional Degree	41,318	6.9%	4,388	4.5%	3,272,956	12.5%
Population Age 45 to 64	212,950		35,167		9,814,251	
High School Graduate/GED	157,100	73.8%	24,874	70.7%	8,006,155	81.6%
Bachelor's Degree or Higher	43,708	20.5%	5,406	15.4%	3,119,659	31.8%
Population Age 65 +	114,438		20,797		5,315,457	
High School Graduate/GED	82,724	72.3%	15,398	74%	4,245,008	79.9%
Bachelor's Degree or Higher	25,068	21.9%	3,675	17.7%	1,641,050	30.9%
Source: U.S. Census Bureau, 2018 American Community Survey 5-Year Estimates (Table S1501, Educational Attainment)						

Of Fresno and Madera county residents age 65 and over, 21.3% have obtained a Bachelor's Degree or higher degree, and 72.6% are high school graduates or have obtained a GED.

2020 Demographic Projections						
Population Group	Fresno County		Madera County		Total	
Population Age 60+	186,259		32,731		218,990	
% of Age 60+ Total		85.1%		14.9%		
Low Income	29,520	15.8%	4,865	14.9%	34,385	15.7%
Minority	91,147	48.9%	12,585	38.4%	103,732	47.4%
Non-Minority	95,112	51.1%	20,146	61.6%	115,258	52.6%
Lives Alone	33,770	18.1%	4,905	15%	38,675	17.7%
Geographically Isolated	18,289	9.8%	11,935	36.5%	30,224	13.8%
Non-English Speaking	13,850	7.4%	2,065	6.3%	15,915	7.3%
Medi-Cal Eligible	48,825	26.2%	6,092	18.6%	54,917	25.1%
Age 65+ SSI/SSP	17,501	9.4%	1,859	5.7%	19,360	8.8%
Age 75+	55,316	29.7%	10,557	32.3%	65,873	30.1%
Source: 2020 California Department of Aging Demographic Projections released December 23, 2019						

California Department of Aging projections for Fresno and Madera county residents age 60 and over indicate 15.7% have income below the federal poverty level, and 25.1% are eligible for Medi-Cal, for which the income limit is 138% of the federal poverty level.

The number of adults age 60 and over who are minorities in Fresno and Madera counties (103,732) is only 5.2% lower than those who are non-minorities (115,258). This percentage narrows to 2.2% when looking solely at Fresno County; however, in Madera County, the non-minority population age 60 and over is 23.2% higher than the minority population in the same age group. An estimated 15,915 individuals age 60 and over (7.3%) are non-English speaking.

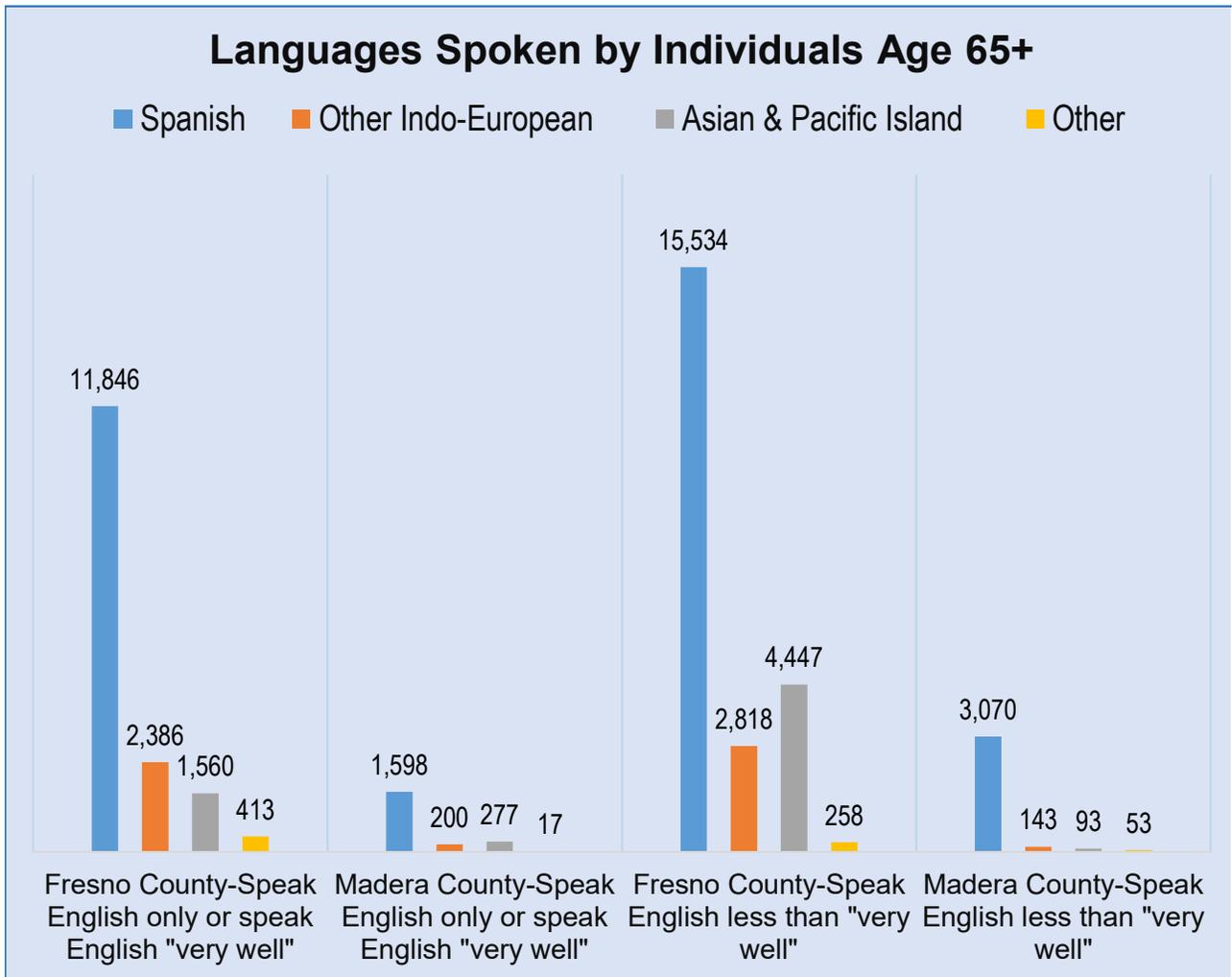
Language

Language Spoken at Home	Fresno County		Madera County	
Population Age 5+	899,494		143,206	
English only	496,360	55.2%	78,684	54.9%
Language other than English	403,134	44.8%	64,522	45.1%
Speak English less than "very well"	168,444	18.7%	27,466	19.2%
Spanish	310,520	34.5%	59,681	41.7%
Speak English less than "very well"	128,944	14.3%	25,925	18.1%
Other Indo-European languages	30,517	3.4%	1,725	1.2%
Speak English less than "very well"	12,784	1.4%	672	.5%
Asian and Pacific Islander languages	55,132	6.1%	1,641	1.1%
Speak English less than "very well"	24,097	2.7%	385	.3%
Other languages	6,965	.8%	1,475	1%
Speak English less than "very well"	2,619	.3%	484	.3%

Source: U.S. Census Bureau, 2018 American Community Survey 5-Year Estimates (Table DP02, Language Spoken at Home)

Of the 403,134 Fresno County residents age five and over who speak a language other than English, 168,444 (41.8%) report speaking English less than “very well;” of these, 128,944 (76.6%) are Spanish speakers; 12,784 (7.6%) speak other Indo-European languages; 24,097 speak Asian or Pacific Islander languages (14.3%), and 2,619 speak another language (1.5%).

Of the 64,522 Madera County residents age five and over who speak a language other than English, 27,466 (43%) report speaking English less than “very well;” of these, 25,925 (94.4%) are Spanish speakers; 672 (2.4%) speak other Indo-European languages; 385 speak Asian or Pacific Islander languages (1.4%), and 484 speak another language (1.8%).



Source: U.S. Census Bureau, 2018 American Community Survey 5-Year Estimates, Table B1601, Language Spoken at Home

Of the 27,380 Fresno County residents age 65 and over who speak the Spanish language, 11,846 (43.3%) speak English only or speak English “very well” at home, and 15,534 (56.7%) speak English less than “very well” at home. Of the 4,668 Madera County residents age 65 and over who speak the Spanish language, 1,598 (34.2%) speak English only or speak English “very well” at home, and 3,070 (65.8%) speak English less than “very well” at home.

In Fresno County, 2,818 individuals age 65 and over who speak other Indo-European languages speak English less than “very well,” this number is 143 in Madera County.

There are 4,447 speakers age 65 and over of Asian and Pacific Island languages in Fresno County and 93 in Madera County who speak English less than “very well.”

Other languages account for 258 individuals age 65 and over in Fresno County and 53 of the same age group in Madera County who speak English less than “very well.”

Age, Ethnicity and Race				
Age	Fresno County		Madera County	
All Ages	978,130		155,013	
Age 55 to 59 Years	53,835	5.5%	8,898	5.7%
Age 60 to 64 Years	47,323	4.8%	8,204	5.3%
Age 65 to 74 Years	66,238	6.8%	12,760	8.2%
Age 75 to 84 Years	32,360	3.3%	5,764	3.7%
Age 85 and over	15,840	1.6%	2,273	1.5%
Ethnicity				
Hispanic or Latino	515,907	52.7%	88,806	57.3%
Not Hispanic or Latino	462,223	47.3%	66,207	42.7%
Race				
One Race	938,807	96%	149,559	96.5%
White	627,437	64.1%	111,621	72%
Black or African American	47,372	4.8%	5,026	3.2%
American Indian & Alaska Native	10,961	1.1%	2,505	1.6%
Asian	100,017	10.2%	3,294	2.1%
Native Hawaiian & Other Pacific Islander	1,770	0.2%	169	0.1%
Some Other Race	151,250	15.5%	26,944	17.4%
Two or More Races	39,323	4%	5,454	3.5%
White and Black or African American	5,830	0.6%	609	0.4%
White and American Indian and Alaska Native	9,149	.9%	1,399	0.9%
White and Asian	8,255	0.8%	360	0.2%
Black or African American and American Indian and Alaska Native	794	0.1%	140	0.1%
Source: U.S. Census Bureau, 2018 American Community Survey 5-Year Estimates (Table DP05, Demographic and Housing Estimates)				

Individuals of Hispanic or Latino ethnicity constitute the majority of the population in both Fresno and Madera counties. Fresno County has a larger percentage of residents of the Asian race (10.2%) than Madera County (2.1%). Fresno County also has a larger

percentage of residents of the Black or African American race (4.8%) than Madera County (3.2%). Madera County has a larger percentage of residents of the White race (72%) than Fresno County (62.1%). The percentage of Madera County residents who are of the American Indian or Alaska Native race (1.6%) is slightly higher than Fresno County (1.1%), as is the percentage of those who identify as Some Other Race (17.4% in Madera County vs. 15.5% in Fresno County). The percentage of Native Hawaiian and Other Pacific Islander residents, as well as those who identify as Two or More Races, is nearly equal in both counties.

Age, Race, and Ethnicity Estimates – Age 60 and Over				
Age	Fresno County		Madera County	
All Ages	978,130		155,013	
Age 60 and over and percentage of county population	161,761	16.5%	29,001	18.7%
Race – Age 60 and Over (with percentage of county population age 60 and over)				
White	119,541	73.9%	23,346	80.5%
Black or African American	6,956	4.3%	899	3.1%
American Indian & Alaska Native	1,456	0.9%	406	1.4%
Asian	14,720	9.1%	783	2.7%
Native Hawaiian & Other Pacific Islander	162	0.1%	0	-
Some Other Race	15,367	9.5%	2,668	9.2%
Two or More Races	3,397	2.1%	870	3.0%
Ethnicity – Age 60 and Over (with percentage of county population age 60 and over)				
Hispanic or Latino Origin (of any race)	51,764	32.0%	8,410	29.0%
White alone, Not Hispanic or Latino	85,248	52.7%	18,010	62.1%
Source: U.S. Census Bureau, 2018 American Community Survey 5-Year Estimates (Table S0102, Population 60 Years and Over in the United States)				

Although the majority of Fresno and Madera county residents are primarily of Hispanic or Latino ethnicity (53.4%), among residents age 60 and over, those who are not of Hispanic or Latino ethnicity constitute a majority (52.7% in Fresno County and 62.1% in Madera County). When looking at the races of Fresno and Madera County residents, the percentages of those age 60 and over roughly correlate with those of the general population, with the exception of White (65.2% of general population vs. 74.9% of age 60

and over population) and Some Other Race (15.7% of general population vs. 9.5% of age 60 and over population).

Selected Economic Characteristics				
	Fresno County		Madera County	
Population Age 65+	114,438		20,797	
Percentage of People Age 65+ With Income Below Federal Poverty Level		12.5%		9.8%
Total Households	304,624		44,759	
Median Household Income	\$51,261		\$52,884	
Mean Household Income	\$71,663		\$69,614	
*Households with Social Security Income	81,105	26.6%	14,707	32.9%
Mean Social Security Income	\$17,587		\$18,458	
*Households with Retirement Income	47,852	15.7%	8,674	19.4%
Mean Retirement Income	\$28,753		\$34,656	
*Households with Supplemental Security Income	26,494	8.7%	3,555	7.9%
Mean Supplemental Security Income	\$9,810		\$9,330	
*Households with Cash Public Assistance Income	24,261	8%	2,823	6.3%
Mean Cash Public Assistance Income	\$4,296		\$4,002	
Households with Food Stamp/SNAP Benefits in the Past 12 Months	61,296	20.1%	7,894	17.6%
Source: U.S. Census Bureau, 2018 American Community Survey 5-Year Estimates. Population: Table DP05, Demographic and Housing Estimates: All other data: Table DP03, Selected Economic Characteristics				

*Social Security income includes not only Social Security pensions and survivor benefits, but also railroad retirement insurance checks and permanent disability insurance payments (prior to deductions for medical insurance). Retirement Income includes regular income from pensions and retirement plans, such as IRA, ROTH IRA, 401(k), and 403(b) plans, as well as disability pension income. Supplemental Security Income (SSI) is government income provided for aged, blind, or disabled individuals with low income. Cash Public Assistance Income includes General Assistance and Temporary Assistance to Needy Families.

There are an estimated 14,305 Fresno County residents age 65 and over (12.5%) who have income below the federal poverty level; this number is 2,038 (9.8%) for Madera County. The percentage of households receiving Social Security benefits in Fresno and Madera Counties is 27.4%, while only 16.2% of households report receiving retirement income. Nearly one-fifth (19.8%) of households in Fresno and Madera counties receive SNAP (food stamp) benefits.

Selected Housing Characteristics				
	Fresno County		Madera County	
Occupied Housing Units	304,624		44,759	
Owner Occupied Housing Units	160,944	52.8%	28,627	64%
Owner-Occupied Housing Units Without a Mortgage	48,610	30.2%	9,713	33.9%
Renter Occupied Housing Units	143,680	47.2%	16,132	36%
Gross Rent Equals 35% or More of Household Income	65,261	48.4%	6,694	46.1%
No Vehicles Available	25,805	8.5%	2,675	6%
No Telephone Service Available	7,527	2.5%	746	1.7%
Lack Complete Kitchen Facilities	2,830	0.9%	254	0.6%
Lack Complete Plumbing Facilities	1,389	0.5%	152	0.3%
Source: U.S. Census Bureau, 2018 American Community Survey 5-Year Estimates, Table DP04, Selected Housing Characteristics				

The majority of housing units in both Fresno and Madera counties are owner-occupied (54.3%); of these, 30.8% are owned units without a mortgage. There is a greater percentage of owner-occupied housing units in Madera County (64%) than Fresno County (52.8%).

In Fresno and Madera counties combined, 45.7% of housing units are occupied by renters; of these, 45% are paying rent greater than or equal to 35% of household income. There is a greater percentage of renters in Fresno County (47.2%) than Madera County (36%).

There are 28,480 (8.2%) housing units without access to a vehicle in Fresno and Madera counties, and 8,273 (2.4%) without telephone services.

Fewer than 1% of housing units in Fresno and Madera counties lack complete kitchen and plumbing facilities.

Selected Social Characteristics				
	Fresno County		Madera County	
Population in Households	961,380		146,834	
Total Households	304,624		44,759	
Households with One or More People Age 65+	80,855	26.5%	13,934	31.1%
Householder Living Alone, Age 65+	28,032	9.2%	4,022	9%
Average Household Size	3.16		3.28	
Households With a Computer	267,065	87.7%	39,082	87.3%
Households with a Broadband Internet Subscription	237,426	77.9%	34,355	76.8%
Civilian Noninstitutionalized Population Age 65+	111,962		20,326	
Age 65+ With a Disability	47,293	42.2%	8,114	39.9%
Number of grandparents living with own grandchildren under 18 years	31,503		5,197	
Responsible for grandchildren	9,176	29.1%	2,052	39.5%
Female	6,062	66.1%	1,212	59.1%
Married	6,037	65.8%	1,545	75.3%
Years Responsible for Grandchildren				
Less Than 1 Year	1,825	5.8%	455	8.8%
1 or 2 Years	2,232	7.1%	562	10.8%
3 or 4 Years	1,109	3.5%	224	4.3%
5 or More Years	4,010	12.7%	811	15.6%
Civilian Population Age 18+	697,424		112,158	
Civilian Veterans	36,619	5.3%	6,775	6%
Source: U.S. Census Bureau, 2018 American Community Survey 5-Year Estimates, Table DP02, Selected Social Characteristics				

Of the 349,383 households in Fresno and Madera counties, 27.1% have one or more household member age 65 or over. Madera County has a greater percentage of households with one or more individuals age 65 or over (31.1%) than Fresno County (26.5%).

There are 32,054 householders age 65 and over in Fresno and Madera counties who live alone.

Of the civilian noninstitutionalized population in Fresno and Madera counties who are age 65 and over, 41.9% (55,407) report having a disability.

Of the 11,228 grandparents in Fresno and Madera counties who are responsible for their grandchildren, 4,821 (43%) have had this responsibility for five or more years.

Most households in Fresno and Madera counties have a computer (87.6%), and 77.8% of households have a broadband Internet subscription.

Unique Resources and Constraints Existing Within the Planning and Service Area

COVID-19 Pandemic



On February 26, 2020, the first case of community-transmission of the COVID-19 virus in California was confirmed by the Centers for Disease Control. By July 8, 2020, the California Department of Public Health confirmed 296,499 positive cases of COVID-19 with 6,711 fatalities. Confirmed cases included 37,586 individuals age 65 and over (12.7% of total cases) and 59,300 individuals age 50 to 64 (20%). As of July 9, 2020, the Fresno County Department of Public Health reported a cumulative total of 7,627 cases of COVID-19 and 87 deaths, while the Madera County Department of Public Health reported 857 cases and eight deaths.

People age 65 and older, and people of any age with underlying health conditions, are designated at higher risk for severe illness from COVID-19. These conditions include chronic lung disease or moderate to severe asthma; serious heart conditions; severe obesity; diabetes; chronic kidney disease undergoing dialysis; liver disease; and conditions that compromised immunity, such as cancer treatment, smoking, bone marrow or organ transplants, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications. (Centers for Disease Control and Prevention, *Coronavirus Disease 2019*, accessed online June 2, 2020, <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html>)

On March 4, 2020, Governor Newsom declared a state of emergency due to the COVID-19 pandemic. On March 7, 2020, the California Department of Public Health recommended cancellation of all non-essential events attended by older adults.

The Agency on Aging's network of care for older adults was severely impacted by COVID-19. Most Agency on Aging direct and subcontracted services involving one-on-

one contact were suspended, or, if feasible, offered via telephone. The Agency's office was closed to the public, and staff transitioned to working from home; two of the Agency's subcontractors, Valley Caregiver Resource Center and Central California Legal Services, followed suit, and most senior and community centers closed or offered limited services and hours. Specific impacts to services included:

- Congregate Nutrition: This in-center meal program was discontinued at all 27 meal sites following the Governor's March 12, 2020 Executive Order limiting gatherings of people at higher risk for severe illness from COVID-19 to no more than ten people. Congregate Nutrition clients were surveyed for their interest in meal delivery, and the Agency arranged with its meal vendor for provision of meals to nearly 1,000 clients' homes. In February 2020, 10,024 meals were provided to Congregate Nutrition participants; this number swelled by 422.6% to 52,388 meals in April 2020.
- Home-Delivered Meals: The Agency cancelled all in-home assessments and reassessments with clients and began conducting all client contact via telephone. The Agency also brought the assessment process, formerly handled by nutrition sites, in-house to more effectively manage the program's waiting list.
- Case Management (Linkages, Family Caregiver Support Program, and Multipurpose Senior Service Program): The Agency cancelled all home visits with clients and began conducting all client contact via telephone.
- Transportation: Due to closure of Congregate Nutrition meal sites, the Agency's subcontract with Fresno EOC for transportation to four Fresno meal sites was suspended. The City of Madera continued to provide transit passes for older Madera residents through its subcontract with the Agency.
- Outreach: All scheduled events were cancelled.
- Legal Assistance: Central California Legal Services, the Agency's Legal Assistance provider, continued to provide services through its Legal Advice Line, with reduced afternoon hours, and began offering online clinics on elder abuse, bankruptcy, workers compensation and COVID-19, and housing law updates.
- Long-Term Care Ombudsman Program: Residents of skilled nursing and residential care facilities for the elderly were severely impacted; not only were incidents of COVID-19 concentrated on this highly vulnerable population, but residents were also deprived of visitors in the interest of safety. In one Fresno facility alone, as of July 8, 2020, a cumulative total of 116 residents and 33 health

care workers tested positive for COVID-19; 33 residents, as well as an undermined number of health care workers (less than 11) succumbed to the illness. Residents also lost in-person access to their Long-Term Care Ombudsman Program advocates, increasing the likelihood of unresolved issues and complaints affecting their well-being. The program, operated by Valley Caregiver Resource Center through a subcontract with the Agency on Aging, continued to intervene between residents and facilities via telephone wherever possible.

- Elder Abuse Prevention, Education, and Training: All public sessions scheduled by the Agency’s contracted provider, Valley Caregiver Resource Center, were cancelled. The annual World Elder Abuse Awareness Day event, previously offered as a conference and resource fair, was offered as a one-hour online Webinar in June 2020.
- Adult Day Care: Valley Caregiver Resource Center’s OASIS and PALS Adult Day Care programs, partially funded through the Agency on Aging, closed in March 2020. Program staff transitioned to provision of the “Stay Home, Save Lives, Check In” telephone reassurance program for older adults isolated due to the COVID-19 State of Emergency.
- Health Insurance Counseling and Advocacy Program (HICAP): The Agency on Aging’s HICAP subcontractor, Valley Caregiver Resource Center, suspended in-person counseling on Medicare plans and outreach, and began offering counseling and enrollment assistance via telephone.
- Family Caregiver Support Group (FCSP): Valley Caregiver Resource Center, the Agency’s subcontracted FCSP provider, suspended in-person caregiver support groups, caregiver training, caregiver outreach, and community education on caregiving. In-home respite care, an essential service, continues to be provided. Services now provided via telephone include caregiver assessments, caregiver counseling, and a caregiver support group.
- Disease Prevention and Health Promotion: Valley Caregiver Resource Center transitioned Powerful Tools for Caregivers, the Agency’s subcontracted program, from classroom to online format using the “Go-To” platform. Follow-up contacts with participants were conducted via telephone following each segment of the six-week session to reinforce the training objectives and to offer support.

The COVID-19 virus is also taking a heavy toll on local economies. The closure of all but essential businesses, and the resulting decline in tax revenues, has forced cities and counties to take a hard look at how to weather unprecedented budget shortfalls. On

June 30, 2020, the Fresno City Council passed a continuing resolution budget for the first quarter of 2020-2021 to allow adequate time for fiscal analysis of the pandemic's impact on city services; the City's Assistant City Manager informed the City Council on April 23, 2020 of a preliminary estimate of 39 million in budget reductions for the remainder of fiscal year 2019-2020 through fiscal year 2020-2021. On June 3, 2020, the Clovis City Council passed a 2020-2021 budget that forecasts a \$10 million General Fund revenue reduction between March 2020 and June 2021. Specific impacts on city services for older adults, including the reopening of senior and community centers throughout Fresno and Madera counties, are not yet known. If and when centers are reopened, individuals at higher risk for severe illness from COVID-19 may be hesitant to participate in meals and other programs at the centers, and may choose to avoid public transportation or paratransit to access the centers, medical appointments, pharmacies, grocery stores, and social opportunities.

At the State level, the 2020-2021 May Revision to the Governor's Budget, released on May 14, 2020, reduced funding for the California Department of Aging by 63.5%, and called for the total elimination of the Multipurpose Senior Services Program, the Agency on Aging's largest case management program. The May Revision also eliminated a three-year funding augmentation of \$30 million for Caregiver Resource Centers, reduced Senior Nutrition funding by \$8.5 million, and decreased funding for the Long-Term Care Ombudsman Program by \$2 million. The Senate's version of the 2020-2021 budget reversed these and other substantial proposed cuts to services for older adults, including a 7% reduction in hours for clients receiving In-Home Supportive Services and elimination of Community Based Adult Services, which provides Adult Day Health Care. Although a budget was passed on June 15, 2020, the final version is pending negotiations between the State legislature and the Governor.

Executive Order N-69-20 issued by the Governor on May 4, 2020 established a four-stage plan for gradual reopening of businesses and public places, and for gradual resumption of activities. On May 8, 2020, the State entered Stage 2, allowing retail stores and offices to open with modifications to comply with social distancing requirements; social, community, and professional gatherings continued to be prohibited.

The Agency on Aging is evaluating State and local guidance, State and federal funding allocations, and the capacity of its local service provider network to determine the relevance and feasibility of preserving the pre-COVID-19 service framework and service levels as the country cautiously emerges from the pandemic.

Poverty

According to the U.S. Census Bureau, 21.5% of Fresno County residents and 20.9% of Madera County residents have income below the federal poverty level. (U.S. Census Bureau, 2018 American Community Survey 5-Year Estimates) The highest poverty rates in Fresno County are located in six agriculture-based communities on the Valley floor. In Madera County, the highest poverty rates are located on three Native American Rancherias and their off-reservation trust lands.

Fresno County Communities	Poverty Rate	Madera County Communities	Poverty Rate
Orange Cove	47.8%	**North Fork Rancheria	39.9%
Mendota	47.2%	*Oakhurst CDP	33.9%
Huron	45.7%	**Picayune Rancheria	31.5%
*Laton CDP	43.8%	*Fairmead CDP	28.2%
*Riverdale CDP	36.5%	Madera	27.8%
San Joaquin	36.2%	Chowchilla	19.5%
Sanger	30.7%	*Coarsegold CDP	5.8%
Firebaugh	27.7%		
Fresno	26.9%		
Selma	25.4%		
Coalinga	23.7%		
Reedley	23.1%		
**Big Sandy Rancheria	20.3%		
Kerman	20.0%		
Fowler	19.5%		
*Caruthers CDP	18.3%		
Kingsburg	16.2%		
Friant CDP	15.1%		
Clovis	12.7%		
*Ahwahnee CDP	8.3%		
*Auberry CDP	6.8%		
*Shaver Lake CDP	3.3%		
*Bass Lake CDP	1.4%		
* CDP = census-designated place, a concentration of population defined by the US Census Bureau for statistical purposes only			
**Includes Rancheria and off-reservation trust land			
Source, U.S. Census Bureau, 2018 American Community Survey 5-Year Estimates			

The federal poverty guidelines established by the U.S. Department of Health and Human Services for 2020 were \$12,760 for an individual and \$17,240 for a two-person household. **U.S. Census Bureau estimates indicate 24,344 (13%) of the 187,060 individuals age 60 and over in Fresno and Madera Counties have income below 100% of the federal poverty level.** Fresno County's poverty rate for the 60 and over population is 13.3%, while Madera County's rate is 11.4%. (U.S. Census Bureau, 2018 American Community Survey 5-Year Estimates)

Eligibility for many federal programs is based upon the federal poverty guidelines or percentages of the guidelines, including:

- Supplemental Nutrition Assistance Program (SNAP, a.k.a. CalFresh, food stamps);
- Medicare Prescription Drug Coverage (subsidized portion only);
- Low-Income Home Energy Assistance Program (LIHEAP);
- Senior Community Service Employment Program;
- Community Health Centers;
- Migrant Health Centers;
- Weatherization Assistance for Low-Income Persons;
- Low Income Taxpayer Clinics;
- Foster Grandparent Program;
- Senior Companion Program;
- Legal Services for the Poor; and
- AIDS Drug Assistance Program.

The Elder Economic Security Standard™ Index incorporates costs of housing, food, health care, transportation, and other necessities to determine the amount of income an older adult would need to meet basic expenses in each of California's counties. The Index provides an alternative to the federal poverty level, which does not consider the varying costs of living at state and local levels.

Basic Monthly Expenses for Single Older Adult Renter in Good Health - 2019		
	Fresno County	Madera County
Housing	\$769	\$771
Food	\$257	\$257
Health Care	\$361	\$346
Transportation	\$240	\$283
Miscellaneous	\$264	\$268
Total Monthly Expenses	\$1,891	\$1,925
Total 2019 Annual Expenses	\$22,692	\$23,100
Total 2017 Annual Expenses	\$20,244	\$19,500
Percent Increase from 2017	12.1%	18.5%
Source: Elder Index. (2019). The Elder Index™ [Public Dataset]. Boston, MA: Gerontology Institute, University of Massachusetts Boston. Retrieved June 15, 2020 from ElderIndex.org		

The 2020 federal poverty level for a single person is \$12,760 per year; however, an older adult renter in Fresno County needs an income 77.8% higher (an additional \$9,932) per year to maintain a basic standard of living, and older adults in Madera County need an additional 81% (\$10,340) per year.

Wages by Metropolitan Statistical Area (MSA)			
Mean Hourly Wage	Fresno MSA	Madera MSA	California
All Occupations	\$23.48	\$23.94	\$29.47
Personal Care and Service	\$15.75	\$16.17	\$16.75
Healthcare Support	\$13.97	\$14.92	\$15.94

Source: U.S. Department of Labor, Bureau of Labor Statistics, Occupational Employment and Wages, May 2019

The mean hourly wage in both Fresno and Madera counties is lower than the State’s for all occupations, and mean hourly wages in Fresno County are lower than those in Madera County.

An individual who provides personal care and service in Fresno County makes \$1.00 less per hour than the State mean wage; those providing healthcare support earn \$1.97 less per hour than the State mean wage.

Unemployment				
Reporting Period	Fresno Metropolitan Statistical Area	Madera Metropolitan Statistical Area	California	United States
April 2020	16.7%	16.6%	16.1%	14.4%
March 2020	11%	10.7%	5.8%	4.5%
April 2019	7.6%	7.4%	3.8%	3.3%

Employment Development Department, Labor Market Information Division, Fresno Metropolitan Statistical Area, Industry Employment and Labor Force, May 22, 2020 Release

In April 2020, the impact of the COVID-19 pandemic and subsequent business closures brought unemployment to its highest level since January 2011. The increase in unemployment from March to April 2020 is the highest ever since data began being recorded in 1939. (U.S. Bureau of Labor Statistics, *The Employment Situation-April 2020*, Released May 8, 2020)

Employment – Older Workers in the United States

Age Group	Civilian Noninstitutional Population	% Employed	% Unemployed	% Not in Labor Force
55-59	21,624,000	71.0%	1.9%	27.1%
60-64	20,616,000	56.0%	1.5%	42.5%
65-69	17,288,000	33.3%	1.0%	65.7%
70-74	13,990,000	19.1%	0.6%	80.2%
75+	21,626,000	8.8%	0.3%	90.9%

Source: U.S. Department of Labor, Bureau of Labor Statistics, Labor Force Statistics from the Current Population Survey, Household Data Annual Averages, Employment Status of the Civilian Noninstitutional Population by Age, Sex, and Race, January 22, 2020

A report by United Income indicates over 20 percent of adults age 65 and over were employed or seeking employment in February 2019, doubling from 10 percent in 1985. (Plews, L.W., *Older Americans in the Workforce*, United Income, April 22, 2019)

A study by the United States Senate’s Special Committee on Aging reports that in 2016, 18.6% of adults age 65 and over were working, and between 2016 and 2026, the number of workers age 65 to 74 will increase by 4.2% annually. The study also projected a 6.7% increase between 2016 and 2026 in the number of working individuals age 75 and over. (*America’s Aging Workforce: Opportunities and Challenges*, U.S. Senate Special Committee on Aging, December 2017)

Crime

Offenses Reported to Law Enforcement		
Crime Type	Fresno	Clovis
Violent Crime Offenses	1,394	125
Murder	23	0
Rape	74	25
Robbery	378	16
Aggravated Assault	919	84
Property Crime	8,898	1,120
Burglary	1,478	165
Larceny	6,234	875
Motor Vehicle Theft	1,186	80
Arson	52	2
FBI Preliminary Semiannual Uniform Crime Report, Table 4, Offenses Reported to Law Enforcement by State by City 100,000 and over in population, January to June 2018-2019		

Fresno and Clovis are the only two cities with populations exceeding 100,000 in Fresno County. Based upon FBI population estimates from June 2019, Fresno had 531,818 residents and Clovis had 111,759.

Clovis' population was 21% of Fresno's; however, Clovis only had 9% of the number of violent crime offenses reported in Fresno and 12.6% of Fresno's reported number of property crimes.

The Fresno Police Department reported 202 shootings in the January 1 through June 5, 2020 period, an increase of 30% over the same period in 2019. In addition, year 2020 homicides reached 16 by June 5, which was 70% of the number of homicides reported in the January 2018 to June 2019 period. (Vasconcelos, V., *Fresno Police say shootings have risen by 30% during COVID-19 pandemic*, ABC 30 Action News, June 12, 2020)

Year 2018 Violent Crime Offenses				Type of Violent Crime			
City	Population	Violent crime offenses	Offenses as % of Population	Murder and non-negligent manslaughter	Rape	Robbery	Aggravated assault
Selma	24,979	240	1.0%	3	23	16	198
Mendota	11,476	86	0.7%	0	5	6	75
Parlier	15,356	111	0.7%	3	9	18	81
Fresno	531,818	2,953	0.6%	32	170	909	1,842
Madera	66,098	399	0.6%	6	37	92	264
Firebaugh	8,438	45	0.5%	0	4	5	36
Coalinga	16,593	73	0.4%	2	3	8	60
Kerman	15,128	59	0.4%	1	5	21	32
Reedley	25,809	105	0.4%	3	13	10	79
Fowler	6,627	22	0.3%	0	1	6	15
Kingsburg	12,089	40	0.3%	0	5	7	28
Orange Cove	9,682	25	0.3%	1	2	5	17
Sanger	25,287	88	0.3%	1	15	13	59
Chowchilla	18,551	42	0.2%	3	1	4	34
Clovis	111,759	221	0.2%	1	46	36	138

Source: Federal Bureau of Investigation, Crime in the United States 2018, Table 8, Offenses Known to Law Enforcement, Released September 30, 2019

When viewed as a percentage of the population, Selma had the highest violent crime rate of all cities in Fresno and Madera counties in 2018 (1%). Mendota and Parlier tied for the second highest violent crime rate (.7%), while Fresno and Madera tied for the third highest violent crime rate (.6%). Clovis and Chowchilla tied for the lowest violent crime rate (.2%).

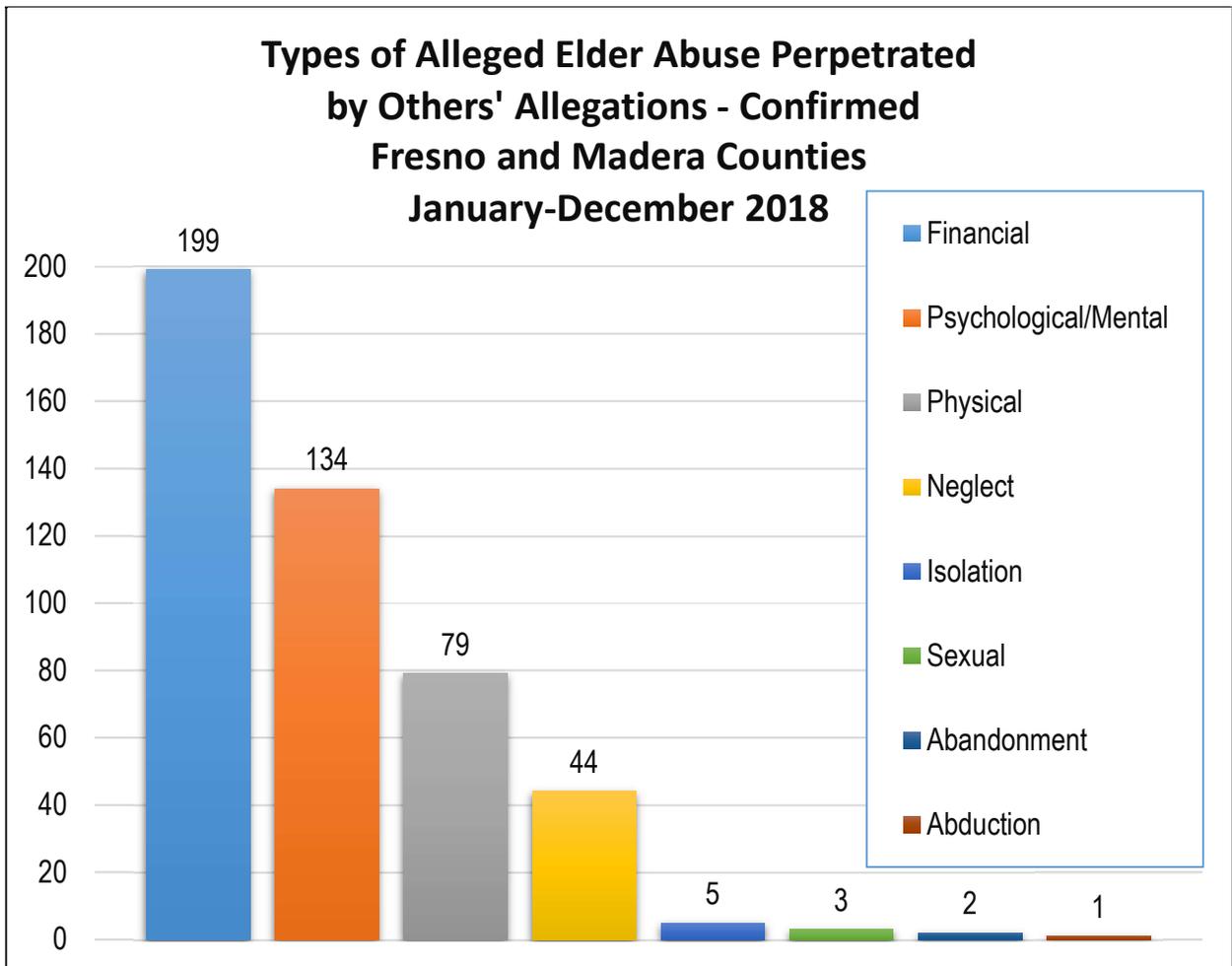
Year 2018 Property Crime Offenses				Type of Property Crime			
City	Population	Property crime offenses	Offenses as % of Population	Burglary	Larceny-theft	Motor vehicle theft	Arson
Fresno	531,818	17,787	3.3%	2,949	12,473	2,365	264
Selma	24,979	725	2.9%	239	344	142	3
Kingsburg	12,089	306	2.5%	129	124	53	2
Kerman	15,128	358	2.4%	84	218	56	0
Parlier	15,356	335	2.2%	108	124	103	9
Madera	66,098	1,346	2.0%	241	898	207	15
Mendota	11,476	197	1.7%	50	78	69	0
Fowler	6,627	107	1.6%	52	46	9	0
Coalinga	16,593	244	1.5%	73	144	27	3
Sanger	25,287	362	1.4%	110	188	64	2
Firebaugh	8,438	111	1.3%	23	66	22	0
Reedley	25,809	289	1.1%	91	128	70	6
Orange Cove	9,682	94	1.0%	30	42	22	0
Chowchilla	18,551	293	0.2%	81	144	68	5
Clovis	111,759	2,438	0.2%	358	1,932	148	6
Source: Federal Bureau of Investigation, Crime in the United States 2018, Table 8, Offenses Known to Law Enforcement, Released September 30, 2019							

Fresno had the highest property crime rate in 2018 (3.3%) amongst all cities located within Fresno and Madera counties, followed by Selma (2.9%), Kingsburg (2.5%), Kerman (2.4%), and Parlier (2.2%).

As with the violent crime rate, Chowchilla and Clovis tied for the lowest property crime rate (.2%).

Elder Abuse

In the January through December 2018 period, Adult Protective Services in Fresno and Madera counties received reports of 3,222 alleged elder abuse, of which 95 were reported by financial institutions. Of the 467 confirmed cases of elder abuse perpetrated by others, most were due to financial abuse (199), followed by psychological/ mental abuse (134), physical abuse (79), and neglect (44). Six older adults were provided with emergency shelter to ensure their safety. In addition, there were 278 confirmed cases of elder self-neglect, with most attributed to health and safety hazards (224 cases); other cases involved neglect of medical care (67), neglect of physical care (56), neglect of financial affairs (26), and malnutrition/ dehydration (13). (California Department of Social Services, SOC 242, Adult Protective Services and County Block Grant Monthly Statistical Report, January-December 2018)



Source: California Department of Social Services, SOC 242, Adult Protective Services and County Block Grant Monthly Statistical Report, January-December 2018

The Marjaree Mason Center provides emergency and longer-term safe housing and support services for victims of domestic violence in Fresno County. Of the 6,180 adults served by the Center in the October 2018 through September 2019 period, nearly 500 were age 55 or over.

During the July 2018 through June 2019 period, 113 reports of crimes against older adults (age 60 and over) were handled by the City of Fresno’s Police Department; these crimes included aggravated assault (74 cases) and robbery (39 cases). (Fresno Police Department, *Monthly Crime Data, Number of Violent Crimes Committed Against Senior Citizens*, July 2018 – June 2019)

Type of Facility	Fresno County	Madera County
*Licensed Skilled Nursing Facilities	32	6
**Licensed Residential Care Facilities for the Elderly	202	6
*Source: California Department of Public Health, https://cdph.ca.gov/ , accessed 12/19/2019		
**Source: California Department of Social Services, https://cdss.ca.gov/ , accessed 12/19/2019		

From July 1, 2018 through June 30, 2019, the Long-Term Care Ombudsman Program for Fresno and Madera counties conducted 144 visits to skilled nursing facilities and 780 visits to residential care facilities for the elderly. The program received 655 complaints from, or on behalf of, residents of these facilities, with a complaint resolution rate of 75%. In addition, the program provided individuals with 6,348 instances of information and consultation that were unrelated to complaints, and provided facility staff with 1,588 consultations. Program staff conducted 37 community education sessions on the rights of individuals residing in long-term care facilities, and 35 community education sessions on elder abuse awareness and prevention.

In a report released in July 2019, the Fresno County Grand Jury recommended that the Fresno County District Attorney consult with staff assigned to elder abuse to proactively prepare a plan for the impending caseload increase, and to explore and pursue new sources of funding and grants designated for staffing elder abuse. The same report recommended that Fresno County Adult Protective Services take the lead to develop a formalized community approach to public awareness, prevention and education of elder abuse, and also develop a method and timeline to effectively collect and use data in order for staff to be proactive in mitigating abuse. (*Elder Abuse and the “Silver Tsunami,”* Fresno County Grand Jury Report No. 1, July 2019)

Health

The American Lung Association ranked the Fresno-Madera-Hanford Metropolitan Area as the most polluted in the country for short-term particle pollution, second for year-round particle pollution, and fourth for high ozone days. On a grading system of A to F, the area was graded “F” (Fail). (American Lung Association, *State of the Air 2020*)

Air Pollution – 2016-2018	Fresno County	Madera County
High Ozone Days: Unhealthy for Sensitive Groups (orange)	191	84
High Ozone Days: Unhealthy (red)	43	6
High Ozone Days: Very Unhealthy (purple)	1	0
High Particle Pollution Days: Unhealthy for Sensitive Groups	73	41
High Particle Pollution Days: Unhealthy	27	7
Source: American Lung Association, <i>State of the Air 2020</i>		

People at greater risk from air pollution than the general population include adults age 65 and over; children age 17 and younger; individuals with asthma, cardio-vascular disease, chronic obstructive pulmonary disease, and lung cancer; individuals who are non-white; and individuals with income at or below the federal poverty level. (American Lung Association, *State of the Air 2020*)

At-Risk Groups for Lung Diseases	Fresno County	% of Fresno County Population	Madera County	% of Madera County Population
Age 65 & Over	122,113	12.3%	22,051	14.0%
Adult Asthma	60,395	6.1%	9,744	6.2%
Cardio-Vascular Disease	45,225	4.5%	7,687	4.9%
Chronic Obstructive Pulmonary Disease	31,587	3.2%	5,297	3.4%
Lung Cancer	385	0.04%	60	0.04%
Non-White	705,643	71%	104,594	66.3%
Poverty	208,627	21%	30,201	19.2%
Total Population	994,400		157,672	
Source: American Lung Association, <i>State of the Air 2020</i>				

Health Outcomes Rankings Among 58 California Counties & Selected Components					
1 = Highest Ranking 58 = Lowest Ranking	California	Sacramento County	Kern County	Fresno County	Madera County
Health Outcomes Rank		29	52	50	36
Length of Life Rank		29	46	34	32
Premature death	5,300	6,400	7,800	6,900	6,600
<i>Years of potential life lost before age 75 per 100,000 population</i>					
Quality of Life Rank		33	55	58	49
Poor or fair health	18%	15%	24%	24%	23%
Poor physical health days	3.5	3.7	4.1	4.2	4.2
Poor mental health days	3.5	3.8	4.1	3.9	4.2
<i>Average number of physically or mentally unhealthy days reported in past 30 days</i>					
Health Factors Rank		25	57	52	51
Health Behaviors Rank		32	58	52	47
Adult smoking	11%	13%	14%	14%	14%
Adult obesity	23%	27%	26%	29%	26%
Food environment index	8.9	7.5	7.8	7.7	7.8
<i>Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)</i>					
Physical inactivity	17%	18%	23%	21%	19%
<i>Percentage of adults age 20 and over reporting no leisure-time physical activity</i>					
Access to exercise opportunities	93%	97%	79%	78%	73%
Excessive drinking	18%	19%	19%	16%	17%
Clinical Care Rank		18	52	42	46
Uninsured (Under age 65)	8%	6%	8%	9%	10%
Preventable hospital stays	3,507	3,428	4,824	4,043	3,592
<i>Rate of hospital stays for ambulatory-care sensitive conditions (diagnoses treatable in outpatient settings) per 100,000 Medicare enrollees</i>					
Primary care physicians	1,270:1	1,210:1	2,040:1	1,530:1	2,270:1
Dentists	1,200:1	1,330:1	2,080:1	1,660:1	2,270:1
Mental health providers	310:1	280:1	580:1	320:1	680:1
Social & Economic Factors Rank		25	53	52	51
High school graduation	83%	81%	86%	81%	83%
Some college	64%	66%	46%	54%	44%
Unemployment	4.8%	4.6%	9.2%	8.5%	8.1%
Violent crime (per 100K)	421	508	545	542	620
Injury deaths (per 100K)	49	61	75	60	63

Health Outcomes Rankings Among 58 California Counties & Selected Components (continued)					
1 = Highest Ranking 58 = Lowest Ranking	California	Sacramento County	Kern County	Fresno County	Madera County
Physical Environment Rank		38	57	53	50
Air pollution - particulate matter (average daily density in micrograms per cubic meter)	9.5	9.1	19.7	15.3	14
Severe housing problems	27%	23%	25%	28%	25%
<i>% of households with overcrowding, high housing costs, or lack of kitchen or plumbing facilities</i>					
Source: 2019 County Health Rankings, University of Wisconsin Population Health Institute, School of Medicine and Public Health and the Robert Wood Johnson Foundation, Accessed online on 10/14/2019 at www.countyhealthrankings.org					

Fresno County ranked lowest in quality of life among all 58 California counties according to the 2019 County Health Rankings published by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation. Fresno County ranked 53rd for physical environment; 52nd for health factors, health behaviors, and social and economic factors; and 50th for health outcomes. Specific factors contributing to the low quality of life include rates of 29% for adult obesity; 21% for physical inactivity; 24% for adults reporting fair or poor health; and 28% for severe housing problems; as well as high particulate matter (15.3 average daily density compared to the State’s 9.5 average) and a substantially higher unemployment rate (8.5%) than the State’s (4.8%).

The 2019 County Health Rankings ranked Madera County’s quality of life as 49th of 58 California counties. Rankings for health factors (51), social and economic factors (51), and physical environment (50) were very close to those for Fresno County. Madera County ranked higher than Fresno County for health outcomes (36) and health behaviors (47), but lower than Fresno County for clinical care (46).

Both Fresno and Madera counties ranked substantially higher than the State average for preventable hospital stays; poor physical health days; premature deaths; injury deaths; smoking; obesity; unemployment; violent crime; and air pollution-particulate matter. Both counties also had low access to exercise opportunities, with only 78% of Fresno and 73% of Madera residents having access as compared to the State average of 93%.

The County Health Rankings for Sacramento County, toward the north end of the Central Valley, are dramatically higher than those for Kern County at the southern end of the valley, with Fresno and Madera county rankings tracking closer to Kern’s. For examples, Sacramento County ranked 33rd in quality of life (Kern 55th), 18th in clinical care (Kern 52nd), 25th in social and economic factors (Kern 53rd) and 38th in physical environment (Kern 57th).

The April 2019 release of the California Department of Public Health’s County Health Status Profiles indicates cancer was the leading cause of death in both Fresno and Madera counties in the 2015-2017 period. Although the death rate for coronary heart disease declined for both counties as compared to the 2012-2014 period, it was the second leading cause of death.

Fresno County Health Status Profile	Age Adjusted Death Rate per 100,000				
	2015-2017		2015-2017	2012-2014	
Health Status Indicator	California		Fresno County	Fresno County	% Increase/Decrease
All Causes	610.3		730.6	742.4	-2%
All Cancers	137.4		141	148.1	-5%
Coronary Heart Disease	87.4		106.7	113.6	-6%
Accidents (Unintentional Injuries)	32.2		45.8	38.8	15%
Cerebrovascular Disease (Stroke)	36.3		45	45.5	-1%
Alzheimer's Disease	35.7		38.1	35.4	7%
Chronic Lower Respiratory Disease	32.0		34.9	35.2	-1%
Lung Cancer	27.5		29.1	34.4	-18%
Diabetes	21.2		25.7	28.5	-11%
Prostate Cancer	19.4		17	16.8	1%
Female Breast Cancer	18.9		16.9	21.1	-25%
Influenza/Pneumonia	14.2		16.8	21.1	-26%
Chronic Liver Disease and Cirrhosis	12.2		16.6	14.6	12%
Drug Induced Deaths	12.7		16.3	11.7	28%
Motor Vehicle Traffic Crashes	9.5		15.7	13.1	17%
Colorectal Cancer	12.5		12.5	13.0	-4%
Suicide	10.4		11	10.5	5%
Firearm Related Deaths	7.9		9.8	10.7	-9%
Homicide	5.2		7.5	7.8	-4%

Source: California Department of Public Health, *County Health Status Profiles 2019*, released April 2019

The death rate for unintentional injuries increased by 15% in Fresno County and 17% in Madera County during the same period; the death rate for motor vehicle traffic crashes also increased (17% in Fresno County and 12% in Madera County). The death rate for drug-induced deaths increased by 28% in Fresno County in the 2015-2017 period as compared to the 2012-2014 period, while the Alzheimer’s Disease death rate increased by 7% in Fresno County and 11% in Madera County. In Madera County, the death rate for female breast cancer increased by 12% and prostate cancer increased by 12%.

Madera County Health Status Profile	Age Adjusted Death Rate per 100,000				
	2015-2017	California	2015-2017 Madera County	2012-2014 Madera County	% Increase/Decrease
Health Status Indicator	California				
All Causes	610.3		679.2	703.2	-4%
All Cancers	137.4		149.3	139.4	7%
Coronary Heart Disease	87.4		83.5	122.6	-47%
Accidents (Unintentional Injuries)	32.2		49.2	40.6	17%
Alzheimer's Disease	35.7		42.4	37.9	11%
Cerebrovascular Disease (Stroke)	36.3		41.9	41.0	2%
Chronic Lower Respiratory Disease	32.0		37.9	41.9	-10%
Lung Cancer	27.5		29.7	33.0	-11%
Female Breast Cancer	18.9		22	17.8	19%
Prostate Cancer	19.4		19.8	17.4	12%
Chronic Liver Disease and Cirrhosis	12.2		19.3	19.1	1%
Diabetes	21.2		19.3	18.8	3%
Motor Vehicle Traffic Crashes	9.5		17.9	15.8	12%
Drug Induced Deaths	12.7		15.1	16.4	-9%
Influenza/Pneumonia	14.2		13.2	15.0	-14%
Colorectal Cancer	12.5		11.6	13.6	-17%
Suicide	10.4		11.3	15.2	-35%
Firearm Related Deaths	7.9		8.4	11.2	-33%
Homicide	5.2		4.3	6.5	-51%

Source: California Department of Public Health, *County Health Status Profiles 2019*, released April 2019

The Gallup-Sharecare Well-Being Index for 2017, released in September 2019, ranked Fresno in the lowest (5th) quintile for community well-being among the 187 communities included in the study. Rankings for the Visalia-Porterville area in neighboring Tulare County were significantly higher for all five well-being components. The Madera area was not included in the study.

Well-Being Component	Fresno	Visalia-Porterville
Overall Ranking (187 communities ranked)	155	23
Purpose: Liking what you do each day and being motivated to achieve your goals	111	6
Social: Having supportive relationships and love in your life	171	3
Financial: Managing your economic life to reduce stress and increase security	176	75
Community: Liking where you live, feeling safe, and having pride in your community	171	58
Physical: Having good health and enough energy to get things done daily	90	38

Housing

Zillow reports median home values of \$249,960 in Fresno and \$256,469 in Madera as of November 30, 2019, while the median rent price was \$1,395 in Fresno and \$1,400 in Madera.

Although homeowners in Fresno and Madera counties saw their home values appreciate in November 2019 as compared to November 2018, the gains did not offset depreciation since the March 2008 peak.

	November 2019	November 2018	Annual Appreciation	Peak - March 2008	Percent Above/Below Peak
California	240	233.9	2.6%	215.7	11.3%
Fresno	223.7	216.18	3.5%	251.4	-11.0%
Madera	214.1	206.06	3.9%	257.2	-16.8%

Source: Freddie Mac House Price Index, MSA Indices, November 2019 Release

For older adults, increasing home values could make it viable to sell their homes and move to housing that has accessibility features, is easier to maintain, is closer to family and friends, and closer to medical centers. For their caregivers, the increase in home values may enable them to come out from “under water” on their mortgages and make home improvements that increase accessibility.

There are 202 licensed assisted living facilities, also called residential care facilities for the elderly, in Fresno County and six in Madera County, ranging from small group homes to large retirement communities. Monthly median costs for assisted living are \$3,861 in Fresno County and \$3,313 in Madera County. (Genworth Cost of Care Survey 2019, accessed online June 5, 2020, <https://www.genworth.com/aging-and-you/finances/cost-of-care.html>)

The monthly median cost for the 32 skilled nursing facilities in Fresno County is \$7,908 for a semi-private room and \$9,612 for a private room; for the six skilled nursing facilities in Madera County, the monthly median costs are \$8,137 for a semi-private room and \$8,745 for a private room.

In 2020, the Housing Authority of the City of Fresno planned to administer 7,159 Housing Choice vouchers and manage 506 public housing units, while the Housing Authority of Fresno County planned to administer 5,652 Housing Choice vouchers and manage 607 public housing units. (2020 Fresno Housing Authority Agency Plan – City of Fresno and County of Fresno)

Natural Disasters

In 2019, Pacific Gas and Electric (PG&E) implemented Public Safety Power Shutoffs (PSPS), cutting power in areas at high risk for wildfires due to high winds, low humidity levels, and dry vegetation.

Approximately 16,675 Madera County residents and 4,100 Fresno County residents were affected by an outage that began October 27, 2019, particularly those in the Sierra foothill and mountain communities (Coarsegold, Oakhurst, Ahwahnee, Bass Lake, North Fork, Auberry, and surrounding areas). (*Public Safety Power Shutoff Hits Eastern Madera County*, Sierra News Online, October 27, 2019) PG&E encouraged customers dependent upon electricity for medical devices to develop a backup plan, including use of a safe backup power source and temporarily relocating to a backup location. Although many mountain residents have generators, most are gas-powered and local gas stations were closed as pumps were inoperable. The Agency on Aging was unable to offer its Congregate Nutrition program in Coarsegold and Oakhurst on October 28, 2019, and the North Fork site was closed October 28 and 29, 2019 due to the power outage.

Many Californians residing in areas with high wildfire risk faced non-renewal of their homeowner's insurance policies. Those who could afford higher premiums enrolled in the FAIR program, a State insurance program of last resort offering coverage only for fire damage. In 2018, FAIR policy rates increased by 39% in Madera County and 9% in Fresno County as compared to 2016. (California Department of Insurance, Number of New, Renewed, and Non-Renewed Homeowners' Policies, August 20, 2019) California State Insurance Commissioner Ricardo Lara stated, "I have heard from many local communities about how not being able to obtain insurance can create a domino effect for the local economy, affecting home sales and property taxes. This data should be a wake-up call for state and local policymakers that without action to reduce the risk from extreme wildfires and preserve the insurance market, we could see communities unraveling." (*New Data Shows Insurance Is Becoming Harder to Find as a Result of Wildfires*, California Department of Insurance Press Release, August 20, 2019) In December 2019, the California Department of Insurance expanded FAIR plan coverage to include personal liability, water damage, and theft, and offered a monthly payment plan to make coverage more accessible.

Downstream, heavy snow melt caused the Kings River to overflow its banks in 2017 and 2019. In June 2017, the river breached levees and forced the evacuation of 300 people from their homes; in the flood's wake, 18 RVs and seven structures were damaged east of Kingsburg. (*Kings River flooding forces hundreds to evacuate near Fresno*, The Associated Press, June 26, 2017) In May 2019, a Kingsburg RV park was evacuated due to rising waters. (Mitchell, K., *Kings River flooding forcing residents at Kingsburg RV park to evacuate*, yourcentralvalley.com, May 31, 2019)

Other Indicators

Walkability

Walk Score® rates the walkability of communities based upon factors including walking distance to nearby amenities, population density, block length, and intersection density. Six cities in Fresno and Madera counties were ranked as follows:

City	Walk Score®	Walk Score® Ranges	
Reedley	49	90-100	Walker's Paradise: Daily errands do not require a car.
Selma	48	70-89	Very Walkable: Most errands can be accomplished on foot.
Fresno	46	50-69	Somewhat Walkable: Some errands can be accomplished on foot.
Madera	41		
Clovis	39	25-49	Car-Dependent: Most errands require a car.
Chowchilla	23	0-24	Car-Dependent: Almost all errands require a car.
Source: www.walkscore.com/CA accessed January 16, 2020			

Factors such as heat, pollution, and crime are not factored into the Walk Score®. Even if Fresno and Madera county communities ranked higher, with amenities within walking distance, older adults may not be able to safely walk in areas of high crime, on days of high heat, on days with high ozone, and/or days with high particle pollution.

Telephone Service

According to the January-June 2019 National Health Interview Survey, the National Center for Health Statistics reports only 3.8% of adults age 18 or over rely solely on a landline telephone in their household, and an additional 5.9% rely mostly on a landline. Conversely, 58.4% of adults age 18 or over rely solely on wireless telephone service, and 19.9% rely mostly on wireless service. Dual-use of landline and wireless telephone service was reported by 10% of adults surveyed, and 1.6% reported no telephone service. (Blumberg S.J., Luke J.V., *Wireless substitution: Early release of estimates from the National Health Interview Survey, January–June 2019*, National Center for Health Statistics, May 2020)

The U.S. Census Bureau reports no telephone service was available for 2,230 householders age 65 or over in Fresno County and 336 in Madera County. (U.S. Census Bureau, American Community Survey, 2018 1-Year Estimates)

Internet Usage

Findings from a 2019 study by the Institute of Government Studies at UC Berkeley indicate:

- 88% of California households are connected to the Internet.
- 84% of users can connect to the Internet at home via a Smartphone.
- 78% of users can connect to the Internet at home through a desktop, laptop, or tablet computer.
- 33% of individuals age 75 and over are not connected to the Internet, while 5% of this age group are connected to the Internet only through a Smartphone.
- 23% of individuals age 65-74 are not connected to the Internet, while 6% of this age group are connected to the Internet only through a Smartphone.
- 11% of individuals age 50-64 are not connected to the Internet, while 10% of this age group are connected to the Internet only through a Smartphone.
- 62% of individuals avoided making a vehicle trip by using the Internet at home to shop, work, communicate with a doctor, or take educational or job training classes.
- In the Central Valley, 9% of households are not connected to the Internet, while 13% of households are connected to the Internet only through a Smartphone.
- Among households that are unconnected to the Internet, or only connected to the Internet via Smartphone, 32% connect to the Internet outside of their homes, i.e. at work (14%), at the home of a friend or family (14%), or at or near a library (13%).

(Internet Connectivity and the “Digital Divide” in California – 2019, California Emerging Technology Fund, Berkeley Institute of Government Studies)

U.S. Census Bureau estimates for the 2014-2018 period indicate:

- 87.7% of households in Fresno County have a computer, while 77.9% have a broadband Internet connection.
- 87.3% of households in Madera County have a computer, while 76.8% have a broadband Internet connection.

During 2019, the Agency on Aging’s Web site, fmaaa.org, had 10,604 visitors who conducted 15,046 sessions. Other than home page visits, the most frequently viewed pages were Meals (2,404); Supportive Services (1,812); Programs and Services (1,717); Stay in My Home (1,611); and Caregiving (1,198).

The Service System Within the Planning and Service Area

The Fresno-Madera Area Agency on Aging's base for service provision is its office adjacent to a major artery (Shaw Avenue) in Fresno. Points of entry into the Agency on Aging's service system include:

- Agency on Aging Information and Assistance: Individual inquiries to the Agency on Aging on programs and services are handled primarily via telephone, but also in response to e-mail inquiries forwarded from the Agency's Web site.

Information and Assistance staff identify each contact's need for services and provide appropriate referrals to internal programs, contracted service providers, and/or other organizations that can assist the individual.

- Agency on Aging Home-Delivered Meals: Individuals who contact the Agency on Aging to apply for home-delivered meals are connected by telephone with a program eligibility worker who explains the program and completes a referral.

Qualified individuals are added to the program waiting list, prioritized by need, and contacted via telephone by the Agency as openings occur to schedule an initial assessment and program enrollment. Once enrolled, participants are reassessed every three months and connected to community resources to meet their current needs.

Individuals who do not qualify for the home-delivered meals program are provided with information on grocery delivery, CalFresh, and private-pay meal delivery services.

- Agency on Aging Case Management: The Agency's case managers review referrals from Agency staff and community-based organizations and prioritize the referrals based upon need. As openings occur, case managers conduct client assessments, develop care plans, and arrange and coordinate the services the client needs to continue living independently in their home. Case managers provide monthly contact with the client and adjust services to meet the client's current needs.
- Agency on Aging's Contracted Service Providers: Individuals can access the following contracted services directly through the service provider:
 - Congregate Nutrition Program: 27 congregate nutrition meal sites (sites currently closed due to COVID-19).

- COVID-19 Emergency Meals: Fresno EOC. (Temporary program providing weekly delivery of 14 meals to former Congregate Nutrition program participants.)
- Transportation:
 - City of Madera (transit passes).
 - Fresno EOC (transportation to four congregate nutrition meal sites in Fresno: Inspiration Park, Mary Ella Brown, Mosqueda, and Ted C. Wills community centers) Note: Fresno EOC transportation suspended on March 13, 2020 due to COVID-19.
- Legal Assistance: Central California Legal Services.
- Health Insurance Counseling and Advocacy Program (HICAP): Valley Caregiver Resource Center.
- Long-Term Care Ombudsman Program: Valley Caregiver Resource Center.
- Family Caregiver Support Program: Valley Caregiver Resource Center.
- Adult Day Care: Valley Caregiver Resource Center. Note: Adult Day Care programs are currently closed due to COVID-19.
- Telephone Reassurance: Valley Caregiver Resource Center.
- Agency on Aging Outreach: The Agency on Aging participates in resource fairs and community events, promoting not only the Agency's programs and services but also those of contracted service providers and community-based organizations that serve older adults and family caregivers. During one-on-one interaction with event attendees, Agency staff provides program literature that best addresses the individual's expressed needs and interests, providing them with resources to connect to services.
 - Note: Outreach suspended on March 13, 2020 due to COVID-19.
- Referrals: Requests for service are generated by other organizations on behalf of an older individual or family caregiver. Referral sources include social workers from Fresno and Madera County In-Home Supportive Services, social workers from other organizations, hospital discharge planners, and physicians. Informal referrals are generated from community-based organizations, such as Catholic Charities-Diocese of Fresno, Community Action Partnership-Madera County, and United Way.

Significant Programs for Older Adults Outside of the Agency on Aging Network

Note: All programs and services listed in this section were offered prior to the onset of the COVID-19 pandemic; many services formerly offered in person have since been modified to telephone or online provision, or suspended until further notice.

The Fresno-Madera Area Agency on Aging, a joint powers agency, operates independently of its joint power authorities, and thus is not part of city or county government departments or operations.

In-Home Supportive Services departments of Fresno and Madera counties are two of the most significant programs outside of the Agency on Aging network, providing case management and in-home care for older individuals with low income and individuals with disabilities who need assistance to remain living in a home environment. The Fresno County Department of Social Services reports 21,132 individuals were supported by IHSS in December 2019 (California Department of Social Services, IHSS Program Data, <https://www.cdss.ca.gov/inforesources/ihss/program-data>, accessed February 28, 2020)

Madera County's In-Home Supportive Services program served 2,243 individuals in December 2019 alone, providing the aged, blind, or disabled with in-home personal care and assistance with everyday chores. (California Department of Social Services, IHSS Program Data, <https://www.cdss.ca.gov/inforesources/ihss/program-data>, accessed February 28, 2020)

A Program for All-Inclusive Care for the Elderly (PACE) operates in Fresno. The program receives funding from Medicare and Medi-Cal to provide participants with a single source for medical care, dental care, vision care, medication, social services, assistance with activities of daily living, rehabilitative services, meals and nutrition counseling, transportation, and recreation. Participants must be age 55 and older, meet the level of care requirements for skilled nursing, and live within certain zip codes in Fresno.

The Fresno Housing Authority and the Housing Authority of the City of Madera assist older adults with low-income through provision of public housing and the Housing Choice Voucher Program (a.k.a. Section 8).

The Fresno County Department of Behavioral Health reports provision of the following services for individuals age 65 and over during fiscal year 2017-2018:

Program	Provider	Age 65+ Served
Crisis Stabilization Voluntary Services	Exodus Recovery, Inc	34
Cultural Specific Services	Fresno Center for New Americans (FCNA)	5
Holistic Cultural Education Wellness Center	Fresno Center for New Americans (FCNA)	1,253
Urgent Care Wellness Center (UCWC)	Fresno County Department of Behavioral Health	62
Medications Expansion	Fresno County Department of Behavioral Health	1
Older Adult Team	Fresno County Department of Behavioral Health	147
Recovery with Inspiration, Support and Empowerment (RISE)	Fresno County Department of Behavioral Health	12
Child Welfare Mental Team/Katie A Team	Fresno County Department of Behavioral Health – Children’s	5
Blue Sky Wellness Center	Kings View	114
Project for Assistance from Homelessness (PATH) Grant Expansions	Kings View	12
Multi-Agency Access Point (MAP)	Kings View, Poverello House, and Centro	11
Co-Occurring Disorders Full Services Partnership (FSP)	Mental Health Systems, Inc	2
Collaborative Treatment Courts	Superior Court of California, County of Fresno	3
Vista-FSP	Turning Point	5
AB109 – Outpatient Mental Health & Substance Services	Turning Point	1
AB109 – Full Service Partnership (FSP)	Turning Point	3
Enhanced Rural Services Full Services Partnership (FSP)	Turning Point	2
Enhanced Rural Services Outpatient/Intense Case Management	Turning Point	54
Supervised Overnight Stay	WestCare California, Inc.	14

Source: County of Fresno, Department of Behavioral Health, Mental Health Services Act Annual Update: FY 18-19 and Prevention and Early Intervention Evaluation Report: FY 16-17 to FY 17-18, Posted April 12, 2019, Accessed May 27, 2020
<https://www.co.fresno.ca.us/home/showdocument?id=35264>

During fiscal year 2017-2018, the Madera County Department of Behavioral Health Services provided outpatient mental health services for 4,518 individuals; of these 335 (7.4%) were age 60 or over. (*Madera County Behavioral Health Services Mental Services Act Three Year Plan, Fiscal Years 2018-2019, Year 3 FY 2018-19 Annual Update*, released April 22, 2019)

Veterans Service Offices located in Fresno and Madera counties assist veterans with obtaining medical care, pensions, aid and attendance benefits, housebound benefits, life insurance, specially adapted housing, and other important services and benefits.

The Veterans Administration Central California Health System operates the Fresno Medical Center (a.k.a. Veterans Hospital), serving six Central Valley counties including Fresno and Madera counties. In addition to providing hospital services and outpatient care, special services are offered, such as respite care and visual impairment services for veterans declared legally blind. The System also provides a community-based outpatient clinic in Oakhurst for veterans residing in the rural Sierra foothill communities.

The 300-bed Veterans Home of California–Fresno provides veterans with assisted living and skilled nursing care along with on-site services such as a general store, banking, a barbershop, and outdoor recreational activities.

The Community Food Bank in Fresno distributes food through its Neighborhood Market Program, targeting areas of low income in Fresno and Madera counties; its Mobile Pantry Program, targeting rural residents of both counties; and the USDA Emergency Food Assistance Program through partner agencies such as churches and community centers in Fresno County. Community Food Bank also conducts outreach and provides enrollment assistance for the CalFresh Program.

Three programs of the Corporation for National and Community Service are offered locally. The Senior Companion Program is administered by Catholic Charities-Diocese of Fresno; Fresno EOC operates the Foster Grandparent Program; and HandsOn Central California administers the Retired & Senior Volunteer Program (RSVP).

The Senior Awareness and Fall Education (SAFE) – Central Valley Coalition provides low-cost comprehensive balance screening and recommendations for reducing falls and increasing balance and strength for older adults. SAFE, operated by the College of Health and Human Services at Fresno State University, offers a FallProof class for older adults, as well as an eight-week program at the Gait, Balance, and Mobility Center where graduate physical therapy students and faculty develop an individualized treatment plan.

Community Medical Center in Fresno offers A Matter of Balance, an evidence-based program for individuals age 60 and over who are concerned about falls. Consisting of eight two-hour sessions, the program helps participants view falls and fear of falling as controllable; provides exercise training to improve flexibility, balance, and strength; and teaches participants changes they can make in their environment to reduce fall risk factors.

Saint Agnes Medical Center offers A Healthier You, a six-week program to help people with chronic conditions, such as arthritis, hypertension, heart disease, and diabetes, improve their health and enjoy a better quality of life.

The California Health Collaborative offers the CDC-recognized Diabetes Prevention Program for individuals with prediabetes to prevent or delay type-2 diabetes, and the Diabetes Empowerment Education Program to help individuals with diabetes improve their self-management skills. Diabetes education is also available for patients of area medical groups, including Community Regional Medical Center, Clinica Sierra Vista, Kaiser Permanente, Saint Agnes Medical Center, United Health Centers, and Valley Health Team.

Camarena Health, based in Madera, offers Project Dulce, a culturally appropriate, community-based diabetes management, education and support program. The program's five-workshop series is conducted in English and Spanish. Participants completing the series are further supported through a monthly support group.

Central California Legal Services (CCLS) partners with the San Joaquin College of Law Alumni Association to offer Senior Citizens Law Day annually, providing free legal services including assistance with simple wills, power of attorney, and advance health care directives. CCLS also provides monthly estate planning clinics for Veterans at no cost at the Veterans Service Office in Fresno. CCLS, in partnership with the Superior Court of California, offers a half-day guardianship clinic at the B.F. Sisk Courthouse in Fresno on the first and third Friday of each month. The clinic helps grandparents and other adults take legal responsibility for caring for a child and making the day-to-day decisions that a parent would otherwise make.

The LGBTQ+ Resource Center, operated in downtown Fresno by Fresno EOC, offers case management, access to resources, peer led support groups and advocacy to all individuals in the lesbian, gay, bisexual, transgender, non-binary, queer, HIV, and questioning community.

Habitat for Humanity – Greater Fresno Area helps homeowners in Fresno and Madera counties who are affected by age, disability or family circumstances through provision of

low-cost critical repairs, such as ramps and rails, roofing, and HVAC systems. Habitat's Senior Paint Program provides Fresno residents age 62 and over who have low income with exterior painting of their homes.

Self-Help Enterprises' operates Emergency Home Repairs and Roof Repair and Replacement programs for Fresno city homeowners age 62 and over with low income. Self-Help Enterprises' also offers programs for Fresno city homeowners of all ages who have low income, including its Housing Rehabilitation Program for essential health and/or safety improvements; the Minor Home Repair Program (restricted to Neighborhood Revitalization Team target areas in Fresno); and the Lead Based Paint Removal Program.

The Energy Services Program offered by Fresno EOC provides weatherization and minor repairs or replacements for income-eligible homeowners and renters in Fresno County, targeting older adults, people with disabilities, and families with young children. Some of the services offered through this program include testing and repair or replacement of refrigerators, water heaters, heating and/or cooling systems, and cooking appliances; insulation of exterior walls, ceilings, and floors; upgrade of interior and exterior lighting; duct repair and replacement; weather-stripping doors and caulking windows or gaps around the home; and installing low-flow shower heads.

Resources for Independence-Central Valley (RICV) provides programs for individuals with disabilities. RICV is the lead organization for five counties in the Central Valley; Fresno, Madera, Merced, Tulare, and Kings. RICV provides apartment referrals, home modification resources, homeowners and renters assistance information, and landlord/tenant advocacy for individuals with disabilities, and transition services. RICV offers a state-of-the-art assistive technology lab, a peer support group, and disability-related information and referral. RICV also offers *Freedom to Ride*, a free travel training program that educates older adults and persons with disabilities on how to use the Fresno Area Express bus system safely and confidently.

In June 2020, RICV announced implementation of the Disability Disaster Access and Resources Program (DDARP). This program, in partnership with PG&E, will provide individuals with disabilities and chronic medical conditions with backup portable batteries for their electrical medical devices through a grant, a lease-to-own program, or a low interest loan. During a PG&E Public Safety Power Shutoff, the DDARP will provide qualifying older adults and individuals with disabilities with lodging assistance and hotel vouchers, transportation resources, and food stipends. The DDARP will also offer this target population emergency preparedness planning and assistance with applying for PG&E's Medical Baseline Program.

The Deaf and Hard of Hearing Service Center provides information and referral for the deaf and hard of hearing community, interpreting, counseling, job development and placement, independent living skills instruction, and advocacy for equal access to all services and programs in the community. Services for the Deaf-Blind community include case management, a support group, and training for support service providers. The center also offers classes in American Sign Language, Deaf and Hard of Hearing Wellness, and Independence.

The Valley Center for the Blind offers one-on-one instruction on independent living skills; counseling for individuals grieving the loss of vision; computer skills and assistive technology (i.e. screen readers, scanners, braille translation programs) training; and classes in adaptive techniques for low vision.

The Picayune Rancheria of the Chukchansi Indians, based in Coarsegold, offers a hot meal program for members of any federally recognized tribe who are age 55 or older, homebound, and reside in Coarsegold, Oakhurst, Ahwahnee, or Bass Lake. The Rancheria also provides an Elders Food Card and utility assistance for elders. The Chukchansi Indian Housing Authority provides housing assistance for tribal members, including rental assistance, low-rent housing, and home rehabilitation programs.

The North Fork Rancheria of Mono Indians provides home-delivered meals for tribal citizens age 60 or older who reside within 35 miles of North Fork or the tribal property near Highway 99 north of Madera. The Rancheria operates a Tribal Transit Program providing weekday transportation for medical appointments and other essential services within in a 50-mile radius of North Fork. The Rancheria's Indian Housing Authority offers rental units for tribal members with low income, a housing rehabilitation program, and emergency rental assistance.

The Big Sandy Rancheria, based in Auberry, offers rental assistance and a housing rehabilitation program for tribal members residing in Fresno, Madera, and Kings counties. The Rancheria also offers transportation for medical and other appointments for tribal members one day per week.

The Sierra Tribal Consortium operates a residential alcohol and drug abuse treatment and recovery program for tribal members at The Turtle Lodge in Fresno, and several options for outpatient counseling following treatment.

The Central California Nikkei Foundation operates the Nikkei Service Center in Fresno, providing the older members of the Japanese-American community with weekday hot lunches, transportation to and from the center, information and referral, escort services for medical appointments, and translation/interpretation.

The Multi-Agency Access Program “MAP Point” program is a free service available to all Fresno County residents. A collaboration between Kings View, Poverello House and Centro La Familia Advocacy Services, MAP Point provides a single point of entry for individuals and families in need, facilitating access to services such as housing, substance abuse treatment, physical health, or mental illness challenges. Clients are connected to supportive services when they visit a participating organization’s MAP Point. A navigator completes the initial assessment, provides an immediate connection to services, and transitions the individual to a case manager at the appropriate agency for development of a long-term plan.

The Fresno Madera Continuum of Care (FMCOC) helps individuals transition from homelessness to independent or supportive permanent housing, and provides access for these individuals to education, health and mental health services, employment training, and life skills development. The Fresno Housing Authority, Fresno EOC, Community Action Partnership-Madera County, Turning Point Central California, City of Clovis, County of Fresno, Marjaree Mason Center, Poverello House, and Wings Advocacy Fresno, a faith-based ministry for homeless advocacy, are among the FMCOC’s member organizations.

United Way operates a 211 Call Center for Fresno and Madera counties, open 24 hours a day, seven days a week. Call center staff provide the public with information and referral in multiple languages to community-based services, including food, shelter, housing, health, employment, legal, transportation, and many other programs.

The Madera County Sheriff’s Office offers a free automated calling program, Elder Orphans, that calls participants at regular, pre-established intervals. The participant presses “1” if they are okay, and “2” if they have an emergency, which connects them to 911. If there is no answer, the Sheriff’s Office conducts a welfare check at the home.

The Osher Lifelong Learning Institute at Fresno State University offers adults age 50 and older a lecture series and short courses.

The Fresno Adult School offers Community Education, primarily dance and exercise classes, at the Manchester Center in central Fresno, with substantial discounts for individuals age 55 and over.

Clovis Adult Education’s Older Adult program for persons age 50 and older offers exercise classes, including the SilverSneakers program; a Seniorcise and Balance program; and computer, art, and quilting classes.

The Sun Tai Chi Club, based at the Newman Center in Fresno, offers Tai Chi for Arthritis with the goals of improving balance, mobility, flexibility, and preventing falls.

Support groups are offered by many organizations in Fresno and Madera Counties, and are increasingly offered online. A sampling of available support groups is provided below. (Note: Support groups listed in this section were offered prior to the onset of the COVID-19 pandemic; many groups formerly offered in person have since been modified to telephone or online provision, or suspended until further notice.)

Type of Support Group	Organization	Community
Addiction	Al-Anon (for friends and family of individuals with alcoholism)	Throughout Fresno & Madera counties
	Alcoholics Anonymous	
	Narcotics Anonymous	
ALS	ALS Association	Fresno
Alzheimer's	Alzheimer's Association	Fresno, Clovis, Kerman
	UCSF Fresno Alzheimer's & Memory Center	Fresno
	Valley Caregiver Resource Center	Fresno, Madera, Oakhurst
Amputee	Central Valley Amputee Education and Resource Group	Fresno
	St. Agnes Medical Center	Fresno
Blindness	Valley Center for the Blind	Fresno
COPD/Breathing Problems	Better Breathers	Oakhurst
Cancer	American Cancer Society	Fresno
	California Cancer Associates	Fresno
	Community Cancer Institute	Clovis
	Community Medical Centers-California Cancer Center	Fresno
Brain Tumor	St. Agnes Medical Center	Fresno
Breast Cancer	Sisterhood of Survivors www.sisterhoodofsurvivors.org	Online
	Survive: bcsupport.org	Online
	St. Agnes Medical Center	Fresno
Leukemia, Lymphoma, Myeloma	Leukemia & Lymphoma Society	Fresno
Multiple Myeloma	St. Agnes Medical Center	Fresno
Prostate Cancer	Community Medical Centers-California Cancer Center	Fresno
	Urology Associates of Central California	Fresno

Type of Support Group	Organization	Community
Caregiver	Alzheimer's Association	Fresno
	Family Caregiver Alliance: caregiver.org	Online
	UCSF Fresno Alzheimer's & Memory Center	Fresno
	Valley Caregiver Resource Center	Fresno, Madera
Deaf Blind	Deaf & Hard of Hearing Service Center	Fresno
Domestic Violence	Marjaree Mason Center	Fresno
Grief and Loss	Fresno Survivors of Suicide Loss	Fresno
	Grief Share	Fresno, Clovis, Coarsegold, Kerman, Oakhurst
	Hinds Hospice Center for Grief & Healing	Fresno
	Optimal Hospice Care	Fresno, Madera
	Peoples Church	Fresno
	St. Agnes Medical Center	Fresno
Heart Patients	Mended Hearts Chapter 092	Fresno
HIV/AIDS	Positive Life	Fresno
Lesbian, Gay, Bisexual, Transgender (LGBT)		
Disabled & Fabulous	Fresno EOC Sanctuary LGBTQ+ Resource Center	Fresno
LGBT+	Holistic Cultural & Education Wellness Center	Fresno
LGBTQ+	Fresno EOC Sanctuary LGBTQ+ Resource Center	Fresno
LGBT Caregiving	Family Caregiver Alliance: caregiver.org	Online
PFLAG	Parents, Families, and Friends of Lesbians and Gays (PFLAG)	Fresno, Oakhurst
Transgender and Gender-Diverse	Trans-E-Motion	Fresno
Mental Illness	National Alliance on Mental Illness	Fresno
Multiple Sclerosis	Multiple Sclerosis Society	Fresno, Clovis
	St. Agnes Medical Center	Fresno
Parkinson's	Greater Fresno Parkinson's Support Group	Fresno
Stroke	Brain Injury/Stroke Support Group	Fresno
	Stroke Association	Fresno
Weight Loss	Overeaters Anonymous	Fresno, Clovis
	Take Off Pounds Sensibly (TOPS)	Fresno, Clovis, Madera, Oakhurst, Squaw Valley

Public Transportation options for older adults in Fresno and Madera counties include:

Fresno-Clovis Metropolitan Area

Fixed Route

- Fresno Area Express (FAX)
- Clovis Stageline

Curb to Curb

- Handy Ride (Fresno)
- Clovis Round Up

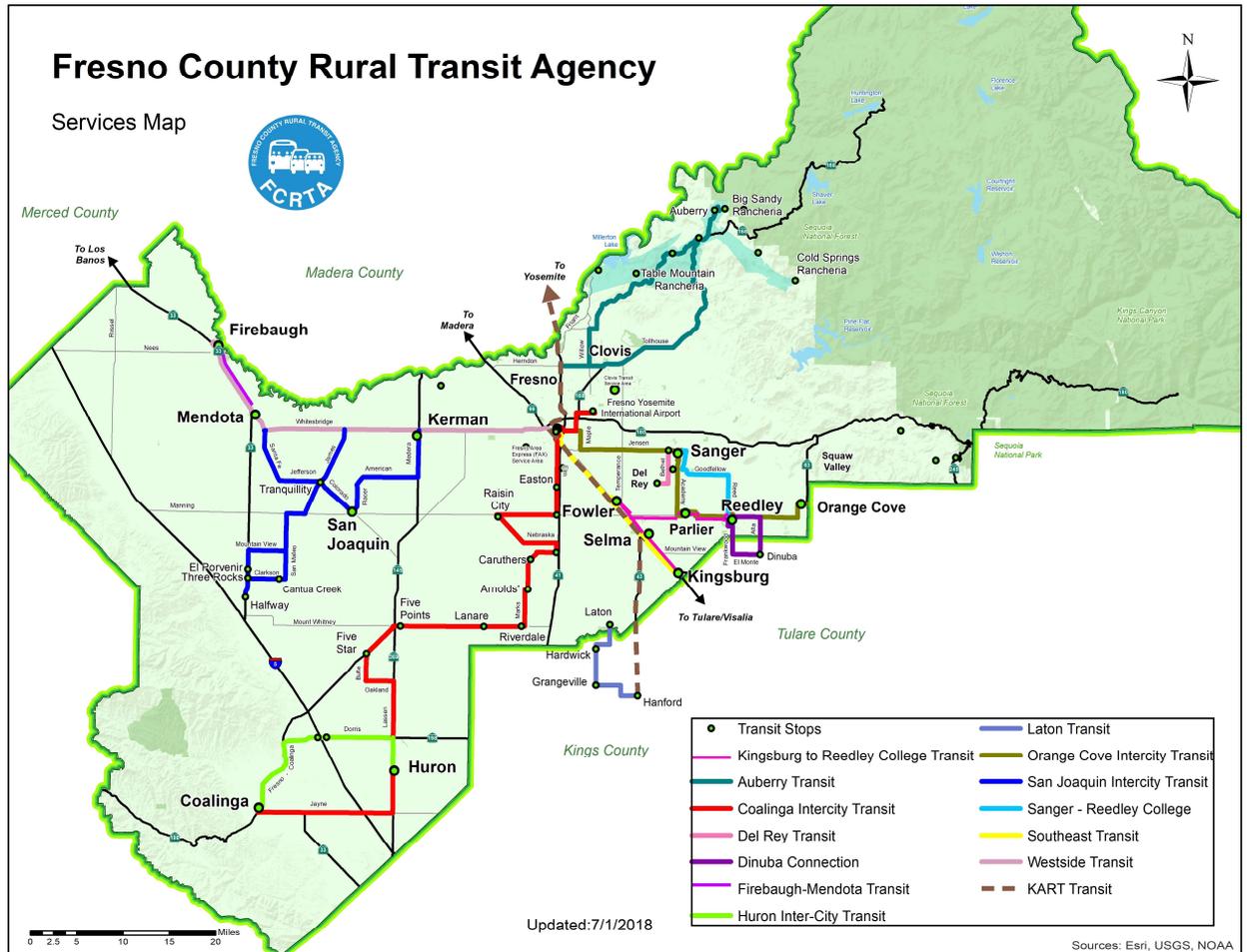
Rural Areas with Local Service and Regularly Scheduled Trips to Fresno

- Auberry Transit (Sierra foothill communities and Big Sandy and Cold Springs Rancherias)
- Coalinga Transit, Coalinga Inter-City Transit (Coalinga, Huron, Five-Points, Lanare, Riverdale, Caruthers, Raisin City, Easton)
- Huron Transit
- Orange Cove Transit/Orange Cove Express (Orange Cove, Reedley, Parlier, Sanger)
- Southeast Transit (Kingsburg, Selma, Fowler)
- Westside Transit (Firebaugh, Mendota, Kerman)

Rural residents planning a trip to Fresno can make reservations via the Fresno County Rural Transit Agency for the Inter Connection Shuttle, which picks them up in downtown Fresno, takes them to their Fresno destination, and returns them to the downtown bus stop for their return trip home.

Rural Areas with Local Service Only

- Del Rey Transit (Del Rey to Sanger)
- Firebaugh Transit
- Firebaugh-Mendota Transit
- Fowler Transit
- Huron Transit, Huron Inter-City Transit (Huron to Coalinga)
- Kerman Transit
- Kingsburg to Reedley College Transit
- Laton Transit (Laton to Hanford)
- Mendota Transit
- Parlier Transit
- Reedley Transit
- Sanger Express (Sanger to Reedley College)
- Sanger Transit
- Selma Transit
- San Joaquin Transit (San Joaquin, Tranquility, Cantua Creek, Halfway, El Porvenir, Three Rocks)



Fresno county residents age 70 and older can take advantage of the Fresno Council of Government's Taxi-Scrip program, which provides a \$20 value booklet of taxi coupons for \$5. Eligible individuals can purchase up to five booklets each month, and can use the scrip with participating taxi services 24 hours a day, seven days a week. Taxi Scrip can also be used for Lyft and Uber rides for older adults when booked through the GoGoGrandparent service.

Madera County

The City of Madera provides fixed-route service (Madera Area Express) and curb-to-curb service (Dial-A-Ride) within the city; there are no age or disability requirements for using Dial-A-Ride.

Madera County Connection (MCC), operated by Fresno Economic Opportunities Commission, runs three fixed routes on weekdays in Madera County, all originating from downtown Madera. The Eastern Madera County route serves Madera Ranchos, Yosemite Lakes Park, Coarsegold, Oakhurst, Bass Lake, and North Fork/South Fork. The second route provides transportation for Fairmead and Chowchilla, while the third route serves the valley communities of Eastin-Arcola, Ripperdan, and La Vina.

Fresno Economic Opportunities Commission also operates the Senior Citizen Bus in the mountain communities of Ahwahnee, Bass, Lake, Coarsegold, and Oakhurst, providing weekday transportation by reservation for individuals age 60 and older and individuals with disabilities to medical appointments, congregate nutrition meal sites, and shopping centers.

Community Action Partnership of Madera County (CAP-MC) operates the Medical Escort Program van for residents of Ahwahnee, Bass Lake, Coarsegold, North Fork, Oakhurst, and Raymond, providing transportation by reservation on Tuesdays and Thursdays to medical appointments in Madera, Clovis, and Fresno.

Section 3

Description of the Area Agency on Aging

Background

The U.S. Department of Health and Human Services provides Older Americans Act funds to state and territorial governments for provision of community-based nutrition, elder rights, family caregiver, health promotion, employment, and supportive services. The State of California administers distribution of these funds, as well as Older Californians Act funds, to the state's 33 Planning and Service Areas (PSA) via each PSA's Area Agency on Aging.

The Fresno-Madera Area Agency on Aging (Agency on Aging) is the lead agency in identifying and addressing the needs of older adults and their caregivers in PSA 14, and serves as a hub for dissemination of information, resources, and services. The Agency on Aging administers Older Americans Act and Older Californians Act funds at the local level.

The Agency on Aging was established in 1980 as a Joint Powers Authority (JPA), with Fresno County, Madera County, and the City of Fresno designated as the joint power entities. As a special district of local government, the Agency on Aging is a separate entity through which its member organizations collaborate to maximize resources and ensure coordinated and efficient provision of services.

The Agency on Aging's Governing Board is comprised of 15 dedicated community leaders. An elected official from each of the three JPA member organizations serves on the governing board, with four additional members appointed by each member entity. In addition to county supervisors and a city council member, board members include individuals with expertise in the fields of business, health care, social services, law enforcement, and non-profit management. The governing board reviews and approves the Agency on Aging's area plans, budgets, service provider contracts, and policies, and oversees the Agency on Aging's executive director position.

The 21-member Agency on Aging Advisory Council consists of seven representatives from each of the JPA member organizations. Council members are appointed by the Agency on Aging Governing Board, and bring to the table the spectrum of interests of older adults from their home communities. The council informs the Agency on Aging on issues pertinent to development, administration, and implementation of the area plan, and advocates on behalf of older individuals.

Community Focal Points

The term “focal point” means a facility established to encourage the maximum collocation and coordination of services for older individuals. (United States Code, Title 42, Section 3002(27))

The Fresno-Madera Area Agency on Aging is the primary community focal point for older adult services in the service area.

An additional 20 senior and community centers in 17 communities located throughout Fresno and Madera counties serve as local focal points where older adults and adults with disabilities can access information on available resources, activities, and services. (See Section 11, Community Focal Points)

Services Offered Directly by the Agency on Aging

Calls to the state’s toll-free Senior Information Line (800-510-2020) that originate in Fresno or Madera County are routed to the Agency on Aging’s Information and Assistance staff for handling, as well as calls to the Agency’s local telephone line (559-214-0299). The Agency is handling an increasing number of e-mail inquiries generated by visits to the Agency on Aging’s Web site at fmaaa.org.

The Congregate Nutrition program, which provides older adults with a nutritionally balanced meal and an opportunity for socialization, is administered through site management contracts with 14 service providers at 27 meal sites. The program is strongly supported by volunteers.

The Home-Delivered Meals program is provided for older adults who are confined to their homes due to illness or disability and unable to prepare meals that meet their nutritional needs.

Through nutrition education provided by the Agency on Aging for participants of the Congregate Nutrition and Home-Delivered Meals programs, older adults learn healthy eating habits, obtain information on understanding food labels, and receive assistance with managing nutritional choices for diabetes and other health conditions.

Needs of older persons who are most at risk of losing their independence are addressed through the Multipurpose Senior Service Program (MSSP). The Agency on Aging’s care managers arrange and monitor individualized health and psychosocial care plans for Medi-Cal eligible individuals aged 65 and over who qualify for nursing home placement but wish to remain in their homes.

The Linkages Case Management program serves older individuals who are experiencing difficulties completing their activities of daily living, are at risk for institutionalization, and are not eligible for other care management programs. Care managers assess the client's needs, develop a plan of care, and arrange for supportive services, such as homemaker, chore services, and personal care, to help increase the Linkages client's level of independence.

Programs and Services Subcontracted by the Agency on Aging

The Long-Term Care Ombudsman Program, administered by Valley Caregiver Resource Center, provides a voice for residents of skilled nursing and residential care facilities. Trained and certified volunteers serve as ombudsmen, investigating and resolving complaints, such as the quality of care and elder abuse. Ombudsmen also witness advance health care directives and property transfers, and advocate for the rights of residents.

The Health Insurance Counseling and Advocacy Program (HICAP), administered by Valley Caregiver Resource Center, empowers individuals to choose the insurance program that best meets their needs. HICAP staff and trained state-registered volunteers conduct individual counseling sessions on topics including Medicare programs, retiree or employer group health insurance, long term care insurance, and other health coverage issues, and assist with appealing denials of Medicare coverage. The HICAP speaker's bureau is popular with community organizations, senior and community centers, and residential facilities for older adults.

The Family Caregiver Support Program, administered by Valley Caregiver Resource Center, offers community education, support groups, counseling, respite, and other key services for individuals who provide care for family members.

Powerful Tools for Caregivers is an evidence-based program that meets the federal Administration on Aging's highest-level criteria for Health Promotion activities. Valley Caregiver Resource Center offers older adults who care for a family member with this six-week program to help them take care of their own needs, reduce stress, understand emotions, improve communication, and make effective caregiving decisions.

Older adults with low income are able to resolve landlord/tenant disputes, obtain assistance with arranging for guardianship of their grandchildren, prepare simple wills, prepare advanced health care directives and durable power of attorney documents, halt unfair debt collection attempts, and resolve other legal issues with information and representation provided by Central California Legal Services (CCLS). CCLS enhances work performed by multilingual legal staff members with the services of pro bono

attorneys and college interns. CCLS also provides education to the professional community and the public on recognizing and reporting physical, sexual, and psychological abuse of elders, including neglect, abandonment, and financial or material exploitation.

Older residents residing within Madera city limits are provided with both fixed-route and curb-to-curb service in lift-equipped vehicles to congregate nutrition meal sites, grocery stores, medical facilities, and other places where older adults conduct business and socialize.

The Fresno Economic Opportunities Commission (EOC) provides door-to-door transportation in lift-equipped vehicles to and from four congregate nutrition meal sites in Fresno. (Note: Fresno EOC transportation service is currently suspended due to COVID-19 related closure of congregate nutrition meal sites.)

Adult Day Care centers provide a safe and supportive environment where older adults with Alzheimer's disease or related dementias or brain impairments engage in meaningful social, physical, and mental activities, while caregivers of these individuals are able to maintain employment, run errands, and attend to their own needs. The Agency on Aging provides funding for Valley Caregiver Resource Center's OASIS and PALS adult day programs in Fresno. (Note: Adult Day Care service is currently suspended due to COVID-19 related closure of adult day care centers; service has been redirected to Telephone Reassurance in the interim.)

Telephone Reassurance provides regular contact and safety checks to reassure and support older individuals.

Section 4

The Planning Process and Establishing Priorities

Assessing the needs of the older adult population and planning for provision of services to meet these needs is an ongoing process involving formal and informal gathering and analysis of data, public input, and guidance from individuals who are actively engaged in providing services and leadership to this constituency.

The community leaders who serve as members of the Agency on Aging Governing Board continually inform and guide the Agency on Aging's planning process. Members of the Agency on Aging Advisory Council provide ongoing input to the Agency on Aging on activities and issues affecting older adults in their communities, as well as those they encounter while conducting presentations and participating in activities throughout Fresno and Madera counties.

Utilization of services provided by the Agency on Aging and its service providers is tracked in a database. Reports generated from this data, as well as program waiting lists, aid the Agency on Aging in identifying trends and determining which services are in greatest demand.

A review and analysis of data collected by other organizations also feeds into the planning process. For example, the U.S. Census Bureau, the State of California Department of Finance, the Center for Health Policy Research at the University of California - Los Angeles, and numerous other sources and studies are cited throughout this document.

The Agency on Aging develops and administers surveys to obtain data that is not readily available from other sources. Results from the Needs Assessment Survey conducted in 2019 are included in Section 5, Needs Assessment, of this Area Plan.

Agency on Aging staff members participate in civic and professional activities to stay abreast of issues and needs of the older adult constituency, as well as to advocate on their behalf. The Agency on Aging is a member of the California Association of Area Agencies on Aging, and regularly reviews agendas and minutes of city and county governments to identify advocacy opportunities.

The Agency on Aging's Nutrition staff convenes quarterly meetings with congregate nutrition meal site coordinators, who share successes, challenges, and ideas for service provision. The Agency on Aging Administration and Finance staff obtains input from each contracted service provider to develop objectives and service unit plans for the Area Plan

and subsequent updates. Additional feedback on service provision is obtained from service providers as part of the contract monitoring process, as well as through ongoing dialogue with program managers and review of provider newsletters and Web sites.

In addition, the Agency on Aging's Information and Assistance staff continually interact with veterans, family caregivers, residents of apartment complexes and mobile home parks for older adults, and many other individuals during the course of responding to requests for information. These one-on-one contacts provide a "true north," albeit non-scientific, orientation for determining the focus of needs and services.

The Agency on Aging convenes public hearings each year to present information and obtain public comments on the development and content of the Area Plan and subsequent annual updates. Any comments received are evaluated and, wherever possible, incorporated into the final version of the Area Plan.

Section 5 Needs Assessment

Agency on Aging 2019 Survey of Older Adults

The Fresno-Madera Area Agency on Aging designed and disseminated a needs assessment survey of older adults and family caregivers in 2019. The survey content consisted of 42 questions focused on nine key areas:

- Demographics
- Ways of connecting
- Home and neighborhood
- Activities
- Concerns
- Nutrition
- Mobility
- Consumer and Legal Issues
- Quality of Life

English and Spanish versions of the survey were available for online completion through SurveyMonkey. A link to the online survey was featured prominently on the Agency on Aging's Web site.

Flyers promoting the online survey were printed in English and Spanish, and were disseminated both physically by Agency on Aging staff and Advisory Council members and via e-mail to service providers and community partners.

Hard copies of the surveys were also distributed to congregate nutrition sites and at Agency on Aging outreach events. Agency on Aging care managers and home-delivered meals eligibility workers, as well as Madera County In-Home Supportive Services staff, provided clients with paper copies of the survey along with postage-paid return envelopes. Agency on Aging staff entered data from hard copies of the survey manually into SurveyMonkey.

In the seven-month period of April through October 2019, a total of 597 completed surveys were provided to the Agency.

Demographics

Age of Respondents	
Age 59 or under	16.3%
Age 60 or over	83.7%
Of the 83.7% Age 60+	
Age 60-69	31.6%
Age 70-79	36.1%
Age 80 or over	26.8%

The Agency on Aging’s survey was successful in targeting the age 60 and over population and family caregivers. Distribution of the survey to individuals receiving in-home services provided a large completion rate from individuals age 80 and over.

Ethnicity of Respondents	
Hispanic/Latino	34.4%
Not Hispanic/Latino	65.6%

The U.S. Census Bureau’s 2018 five-year estimates indicate that 32% of Fresno County residents age 60 and over and 29% of Madera County residents age 60 and over are of Hispanic or Latino ethnicity. The survey was successful in reaching a representative portion of older adults who self-identify as Hispanic or Latino.

Race of Respondents		*U.S. Census Bureau Estimates, Age 60+	
		Fresno County	Madera County
Asian	1.2%	9.1%	2.7%
American Indian/Alaska Native	2.8%	0.9%	1.4%
Black	8.5%	4.3%	3.1%
White	67.7%	73.9%	80.5%
Other	14.1%	9.5%	9.2%
Multiple	5.6%	2.1%	3.0%
*U.S. Census Bureau, 2018 American Community Survey 5-Year Estimates (Table S0102, Population 60 Years and Over in the United States)			

The Agency’s survey reached higher percentages than U.S. Census Bureau estimates for the age 60 and over population in Fresno and Madera counties who self-identify as

American Indian/Alaska Native, Black, Other Race, and Multiple Races. The survey reached lower percentages than U.S. Census Bureau estimates of older adults who self-identify as Asian and White.

Annual Income of Respondents	
\$12,490 or less	42.7%
\$12,491 - \$25,000	23.8%
\$25,001 - \$35,000	11.2%
\$35,001 - \$45,000	6.0%
\$45,001 or more	16.4%

The Federal Poverty Level for one person in 2019 was an annual income of \$12,490 or less. The Agency’s survey was successful in reaching older adults living at or below the Federal Poverty Level, with 42.7% of respondents reporting income in this category. The 2019 Elder Index™ indicates older adults needs an annual income of \$22,692 in Fresno County and \$23,100 in Madera County to meet basic monthly expenses; 23.8% of respondents to the Agency’s survey reported annual income in the \$12,491 to \$25,000 category.

Respondents’ Highest Level of Education	
8 th Grade or Less	15.4%
High School Diploma or GED	35.6%
Two-Year College Degree	20.0%
Four-Year or Post-Graduate Degree	21.1%

The U.S. Census Bureau’s 2018 five-year estimates indicate 21.9% of Fresno County residents age 65 and over have a Bachelor’s Degree or higher; the Agency’s survey nearly paralleled this measure. Fifty-one percent of respondents to the Agency’s survey reported educational attainment of twelve years or less.

Primary Language of Respondents	
English	76.9%
Spanish	17.1%
Armenian	1.5%
American Sign Language	0.6%

The Agency on Aging strove to reach older adults who speak Spanish through provision of its online and hard-copy survey in the Spanish language. The U.S. Census Bureau’s 2018 five-year estimates indicate 23.7% of Fresno and Madera county residents age 65 and over speak the Spanish language; of these, 42% reported speaking only English at home or speaking English “very well” at home. This indicates 58% of those age 65 and over who speak Spanish in Fresno and Madera counties speak English less than “very well,” or 13.7% of the age 65 and over population. With 17.1% of respondents to the Agency’s survey indicating Spanish as their primary language, the survey was successful in reaching a representative portion of the Spanish-speaking older adults.

Ways of Connecting

Telephone Usage by Respondents	
Cell Phone is Primary Phone	73.7%
Landline is Primary Phone	25.2%
Do Not Have a Telephone	1.1%

*Internet Access by Respondents	
Get information from Internet via cell phone, tablet, Kindle, iPad or other handheld device	45.3%
Use own computer to access Internet	41.0%
Do not get information from the Internet	22.9%
Ask family member or friend to look up information on Internet for them	17.6%
Use computer at library or senior center to access Internet	7.0%

*Multiple choice question

The Agency on Aging’s survey indicates **the majority of respondents rely upon a cell phone rather than a landline telephone**. The survey also indicates **only 22.9% of respondents do not access the Internet**, either directly or indirectly, for information.

*How Respondents Find Out the Latest News	
Television	84.7%
Radio	33.8%
Newspaper	31.0%
Internet	29.5%

*Multiple choice question

Television is by far the preferred method of survey respondents for obtaining the latest news. Roughly one-third of respondents obtain news from radio, newspaper, and the Internet.

*How Respondents Obtain Information on Services	
Internet	57.5%
Senior Center Staff	27.3%
Telephone Directory/Yellow Pages	26.3%
Agency on Aging	20.2%
2-1-1 Helpline	5.6%

*Multiple choice question

Nearly 60% of Agency on Aging survey respondents reported the Internet as their primary means of obtaining information on services. Just over 25% of respondents speak with senior center staff and/or use a telephone directory/yellow pages to access information on services, while 20.2% contact the Agency on Aging. A small number of respondents (5.6%) use the United Way 2-1-1 Helpline.

Home and Neighborhood

Respondents' County of Residence	
Fresno County	76.4%
Madera County	21.0%
Not Reported	2.6%

The California Department of Aging's 2020 Demographic Projections indicate 85.1% of individuals age 60 and over in the Agency on Aging's two-county area reside in Fresno County, and 14.9% reside in Madera County. Twenty-one percent of respondents to the Agency's survey reside in Madera County, which is 6.1% higher than the 14.9% projection.

Respondents' Community of Residence			
Ahwahnee	1	North Fork	4
Auberry	6	Oakhurst	18
Centerville	1	Orange Cove	5
Chowchilla	5	Pinedale	1
Clovis	42	Prather	2
Coalinga	10	Reedley	16
Coarsegold	23	Riverdale	4
Firebaugh	5	Sanger	23
Fresno	298	Selma	4
Huron	6	Squaw Valley	1
Kerman	10	Tollhouse	5
Kingsburg	14	Out of Area Respondents	
Laton	1	Kings County	5
Madera	68	Tulare County	4
Madera Ranchos	5	Kern County	2
Mendota	1	Merced County	1
Miramonte	1	Out of State	1

Surveys were completed by 580 residents from 28 communities in Fresno and Madera counties. Twelve surveys were completed by residents of neighboring counties one survey was completed by an out-of-state visitor, and four respondents did not indicate where they live.

Of the Fresno and Madera county surveys, 51.4% were completed by Fresno city residents; 11.7% by Madera city residents; 7% by Clovis residents; 4% by Coarsegold residents; another 4% by Sanger residents; 3% by Oakhurst residents, and .28% by Reedley residents; the remaining communities were represented by 15 or fewer survey responses.

Respondents' Sense of Safety	
Do not feel safe from crime outdoors in own neighborhood	19.1%
Do not feel safe from crime inside home	10.2%

During 2018, in the city of Fresno alone, there were 17,787 property crime offenses and 2,953 violent crime offenses. (Federal Bureau of Investigation, Crime in the United States 2018, Table 8, Offenses Known to Law Enforcement, Released September 30, 2019)

Nearly 20% of respondents to the Agency on Aging's survey reported they do not feel safe from crime when outdoors in their own neighborhood, and just over 10% do not feel safe from crime inside their own home.

Respondents' Living Arrangement	
Live alone	43.5%
Live with spouse or partner	33.3%
*Live with adult children	11.4%
*Of 11.4% who live with adult children, 4.1% live with spouse or partner and adult children	
Live with another relative, friend or roommate	6.3%
Live in group setting with other adults who are not relatives	1.9%

Nearly 44% of respondents to the Agency on Aging's survey live alone. One-third of respondents live with their spouse or partner, and over 11% live with an adult child. Respondents living with another relative, a friend or a roommate comprised just over 6% of the survey base, while nearly 2% of respondents live in a group setting with non-related adults.

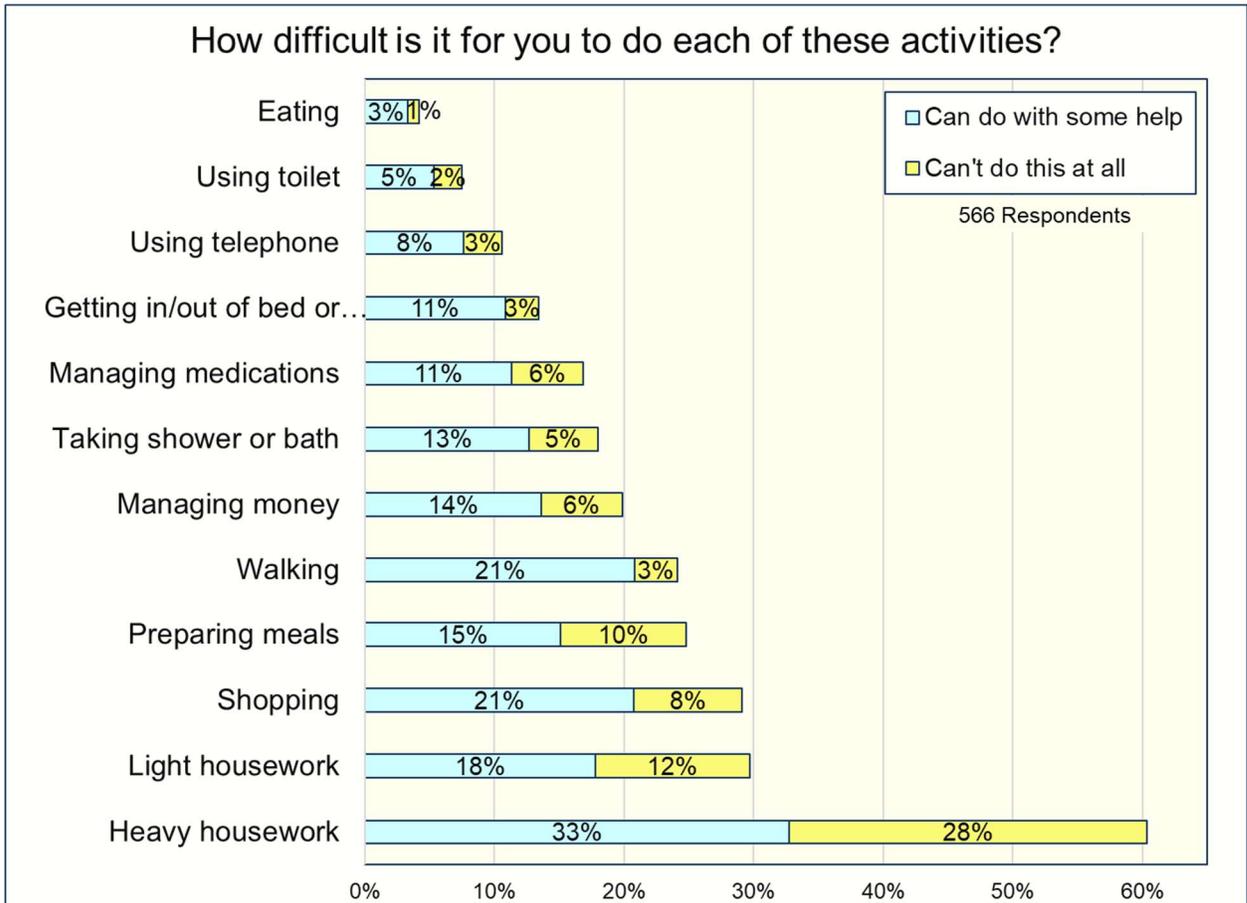
Respondents' Place of Residence	
Live in house, condominium or mobile home owned by self	56.5%
Live in house, condominium or mobile home owned by someone else	13.9%
Live in all-age apartment complex	11.35%
Live in apartment complex for older adults	11.35%
Homeless	1.7%

The majority of respondents to the Agency on Aging’s survey are homeowners (56.5%). Of the 38.3% of respondents who do not own a home, just over 11% live in an apartment complex for older adults and nearly 2% are homeless.

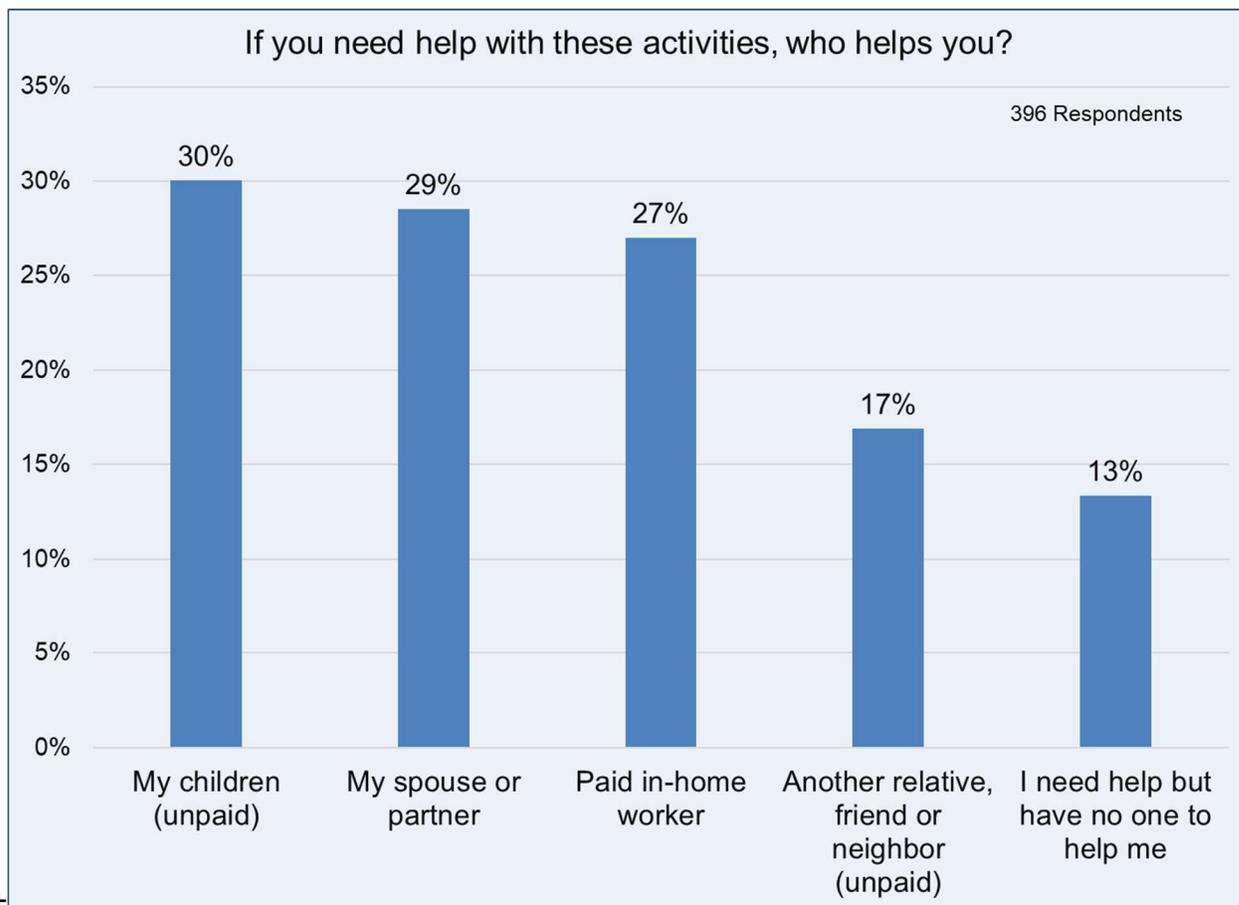
Home Maintenance Needs of Respondents	
Need help maintaining home exterior (i.e. yard work, fencing, painting)	28.0%
*Need home modifications	26.7%
*Of the 26.7% who need home modifications:	
<ul style="list-style-type: none"> • 15.6% need grab bars • 9.1% need ramps • 2.0% need wider doorways and hallways or lower counters 	
Need help with minor home repairs	19.5%
Need help with emergency repairs (i.e. heating, cooling, roofing, plumbing)	18.0%

Agency on Aging survey results indicate a strong need for help with home maintenance and modifications, **and 18% of respondents indicate a need for emergency repairs.**

Activities

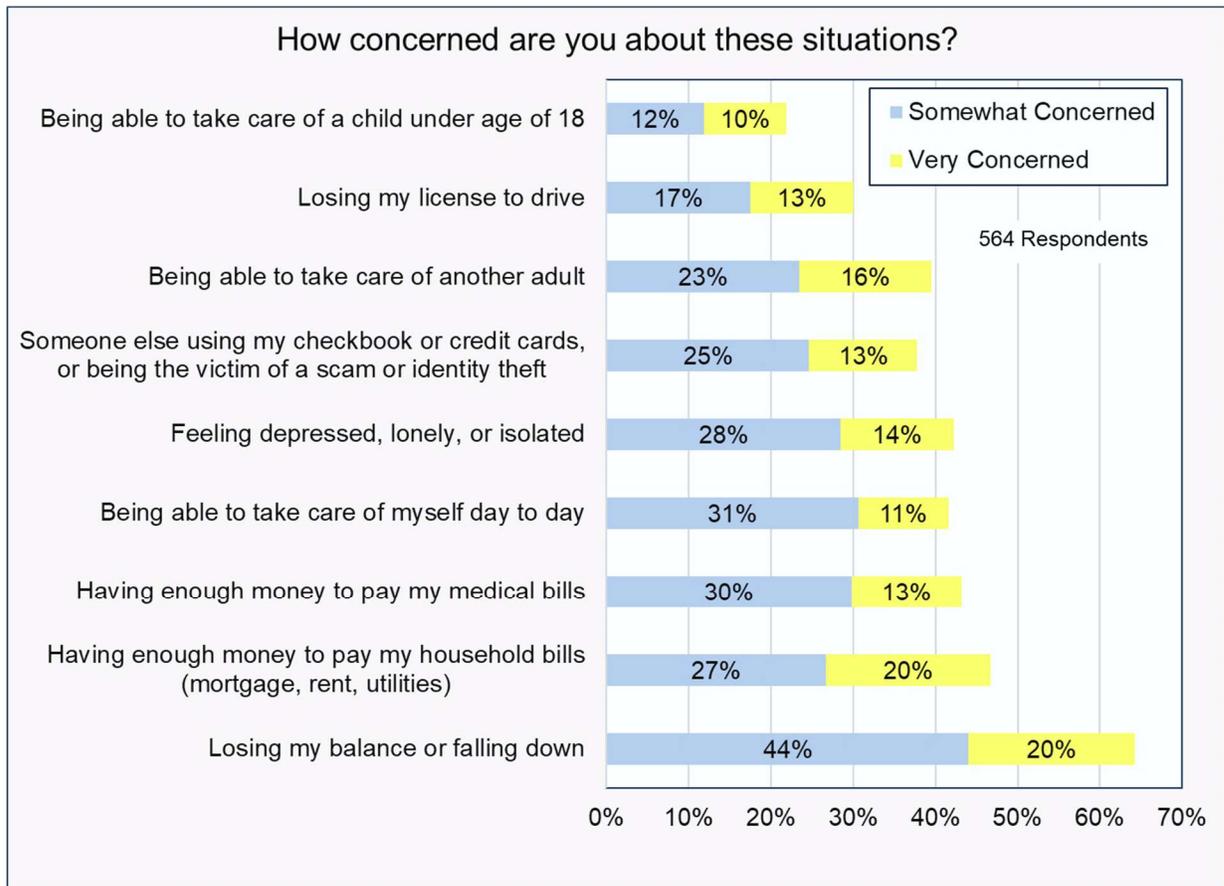


Results from the Agency on Aging’s survey indicate **61% of respondents need help with heavy housework; 30% need help with light housework; 29% need help with shopping; and 25% need help preparing meals.** Another 24% need help walking, 20% need help managing money, 18% need help to take a shower or bath, and 17% need help with managing medications. While these are the types of services offered through In-Home Supportive services, only older adults who have income low enough to qualify for Medi-Cal are eligible. Those who do not qualify for IHSS must rely on family, friends, or private-pay services, for which rates are out-of-reach for many living on a fixed income.



A striking 13% of Agency on Aging survey respondents who need help with day-to-day activities have no one to help them. Of those receiving help, **adult children (30%) and spouses and partners (29%) were primarily named as caregivers**; only 27% reported receiving services from a paid in-home worker. Seventeen-percent of respondents needing assistance rely on another relative, friend, or neighbor for unpaid help.

Concerns



Losing balance or falling is a concern of 64% of respondents to the Agency on Aging’s survey, with 20% of these individuals very concerned. According to the Centers for Disease Control and Prevention, 3 million older adults are treated for fall injuries each year, at least 300,000 older adults are hospitalized for hip fractures, and more than 95% of hip fractures are caused by falling. (<https://www.cdc.gov/injury/features/older-adult-falls/index.html>, accessed February 20, 2020)

Both the ability to care for oneself and feeling depressed, lonely, or isolated weighed in as concerns for 42% of respondents. Results from a 20-year study of middle-aged and older adults found “the higher the social isolation, the larger the effect of loneliness on mortality, and the higher the loneliness, the larger the effect of social isolation.” (Beller J, Wagner A. Loneliness, social isolation, their synergistic interaction, and mortality. *Health Psychol.* 2018;37(9):808-813. doi:10.1037/hea0000605)

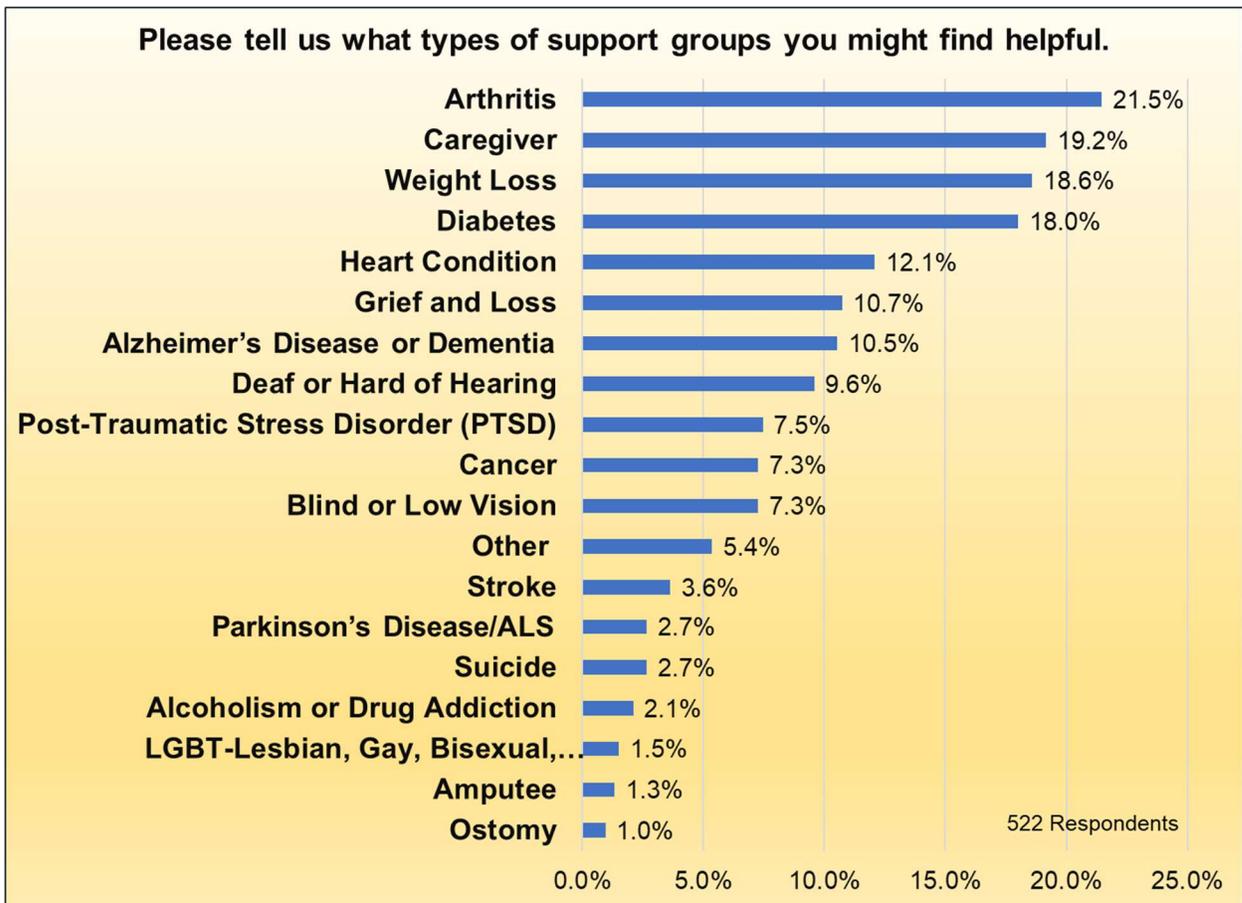
Forty-seven percent of respondents are concerned about having enough money to pay household bills, and 43% are concerned about their ability to pay medical bills. In 2020, the Medicare Part A hospital insurance deductible is \$1,408, an increase of \$120

(9.3%) from 2016. Coinsurance liability after 60 days runs \$322 per day for up to 90 days, an increase of \$30 per day (9.3%) since 2016, and then \$703 per day, an increase of \$59 per day (9.2%) for a maximum of 60 days in a lifetime.

Fraud, scams, and identity theft are concerns for 38% of respondents. Older adults also contend with falling victim to financial abuse at the hands of their own children or caregivers. The National Center on Elder Abuse reports that older adults experiencing elder abuse—even modest abuse--have a 300% higher mortality risk than those who have not experienced abuse. (www.ncea.aoa.gov/Library/Data/index.aspx#impact, accessed May 28, 2020)

Respondents are concerned about their ability to take care of others: **39% are concerned about taking care of another adult, and 22% are concerned about taking care of a child under the age of 18.** For many, providing care for a family member or friend translates into financial insecurity, as the caregiver finds it necessary to reduce work hours, take a leave of absence, or leave the work force prior to building up adequate Social Security and/or retirement income for their own retirement. Many caregivers also find themselves paying out-of-pocket for costly respite care, durable medical equipment, and medical supplies.

Thirty-percent of respondents are concerned about losing their license to drive, a hallmark of independence.



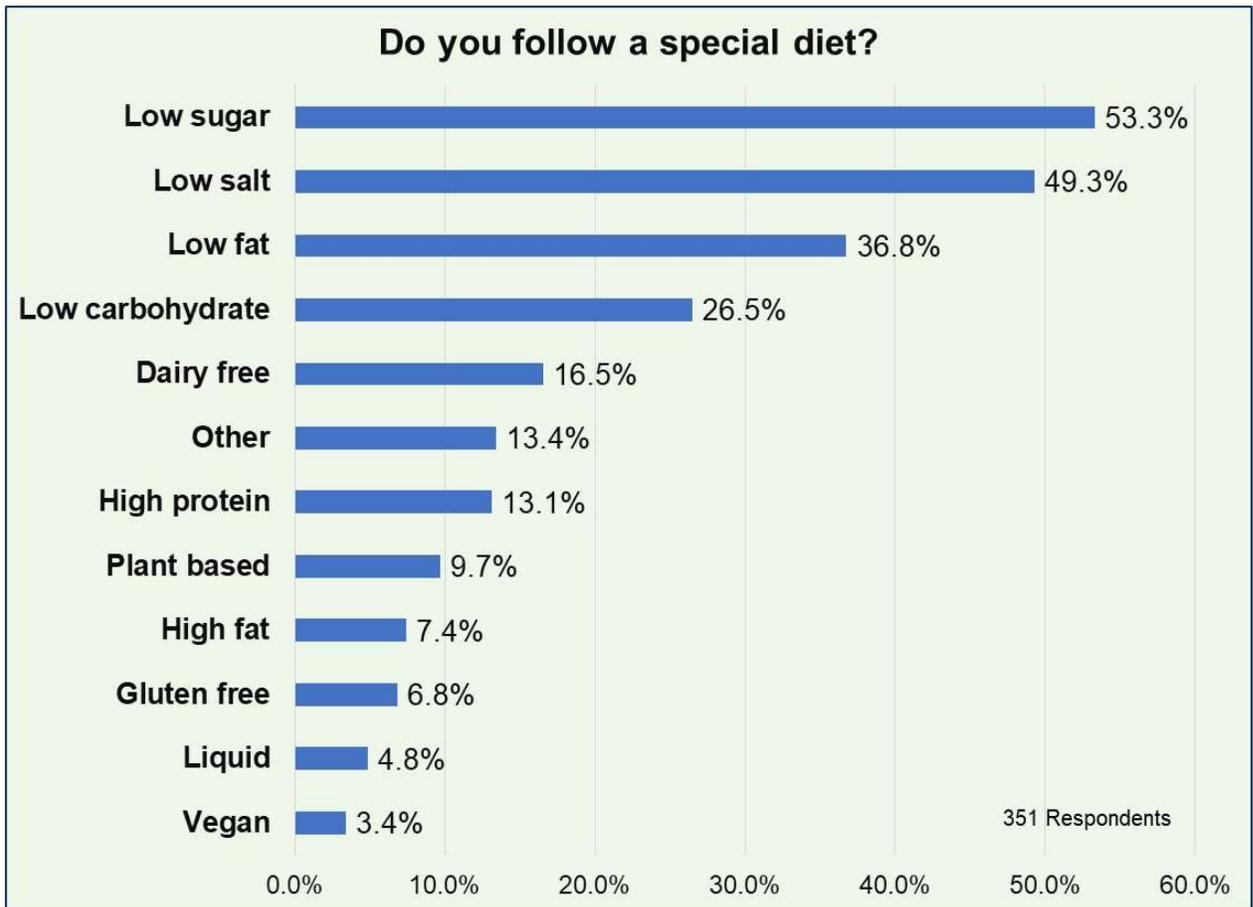
Interest in arthritis support groups among Agency on Aging survey respondents (21.5%) is closely correlated with rates reported by the Centers for Disease Control for doctor-diagnosed arthritis in Fresno County (19.8%) and Madera County (21.9%). https://www.cdc.gov/arthritis/data_statistics/state-data-current.htm

Heavy interest in caregiver support groups (19.2%) is aligned with 39% of respondents concerned about their ability to care for another adult. A Westat study of the National Family Caregiver Support Program (NFCSP) found support groups were the most popular type of NFCSP educational service. Nearly 52% of caregivers surveyed by Westat reported participation in a support group, with 74% rating the groups as “very helpful” (74%) or “somewhat helpful” (24%). (Avison, C., *Outcome Evaluation of the National Family Caregiver Support Program*, prepared by Westat for the Administration for Community Living, December 2018)

The close relationship between obesity and diabetes was echoed in survey respondents’ **strong interest in weight loss (18.6%) and diabetes (18%) support groups.** County Health Rankings for 2019 indicate Fresno County’s 29% obesity rate is the fifth-highest in the state, while Madera County’s obesity rate is 26%. The 2019 County Health Rankings also indicate the prevalence of diabetes among Californians age 65 and over is 23.8%.

(2019 County Health Rankings, University of Wisconsin Population Health Institute, School of Medicine and Public Health and the Robert Wood Johnson Foundation, Accessed online on 10/14/2019 at www.countyhealthrankings.org)

Nutrition



Of the 597 respondents to the Agency on Aging’s survey, 351 (58.8%) reported they follow a special diet. The majority of these follow a low sugar (53.3%), low salt (49.3%) or a low fat (36.8%) diet.

Low carbohydrate (26.5%) and dairy-free diets (16.5%) were the next most frequently reported diets.

An equal percentage of respondents (13.1%) reported following plant based/vegan or high protein diets.

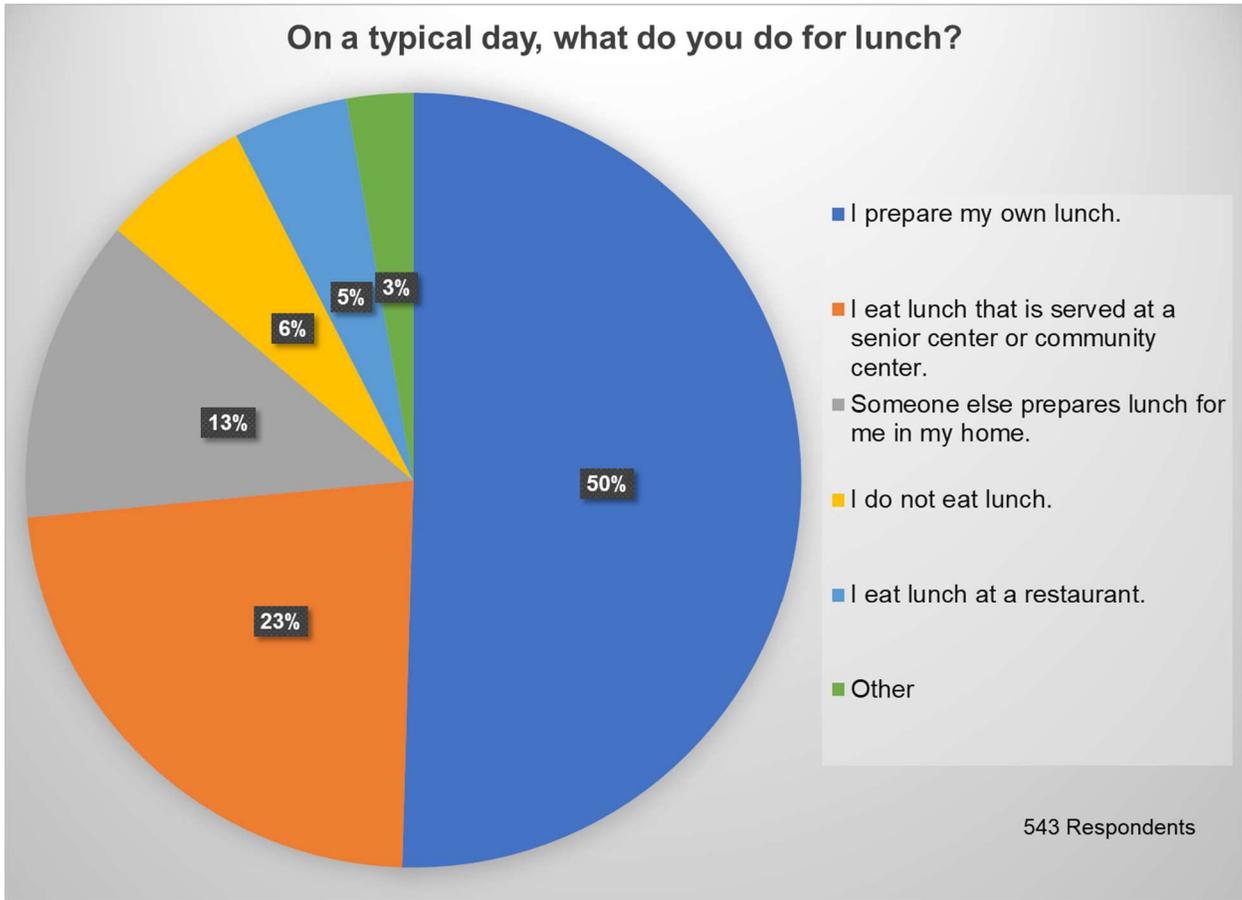
High fat, gluten free, and liquid diets each comprised less than 8% of reported diets.



While the majority of respondents (72.7%) to the Agency on Aging’s survey reported they eat nutritious meals, others reported barriers to good nutrition.

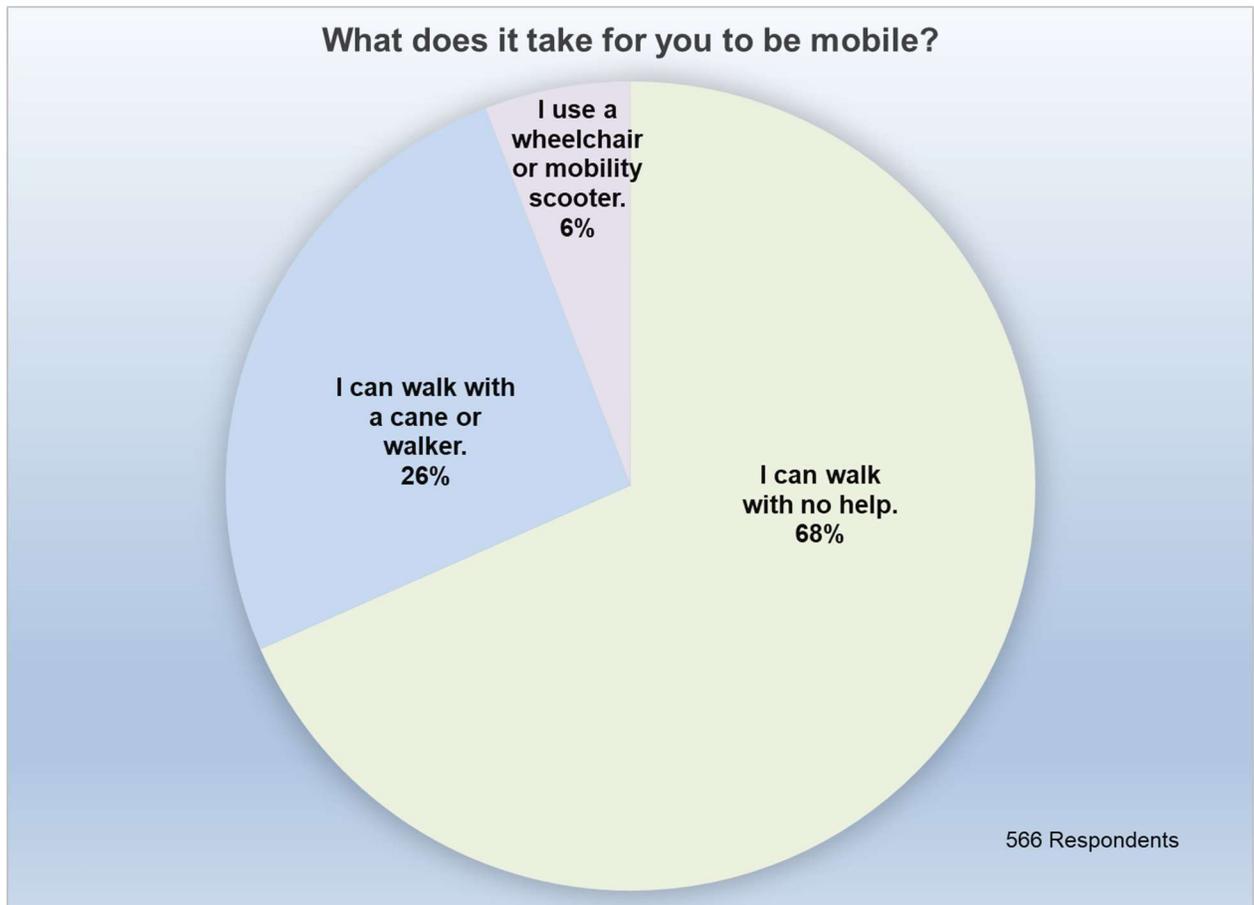
The most commonly reported barrier (14% of respondents) was living alone and not feeling like preparing a meal. Another 11.5% of respondents stated they were physically unable to cook or prepare meals, and 11.1% indicated they didn’t have enough money to buy nutritious foods. Another 7.8% of respondents reported they were physically unable to shop for or carry groceries.

A small number of respondents stated there were no grocery stores in their neighborhood (2.7%) or there was no working refrigerator, stove, or oven where they lived.

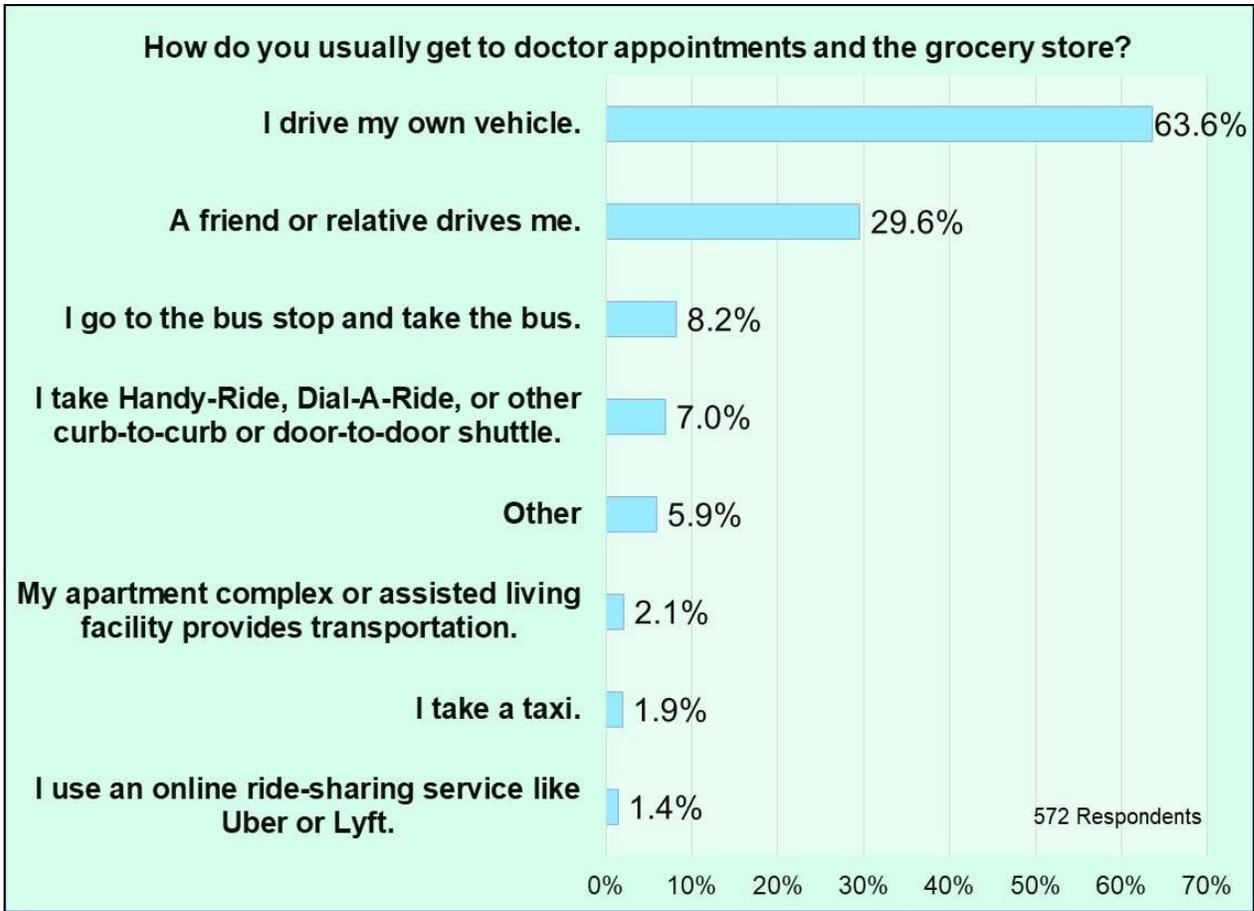


More than half of respondents – 50.5% -- stated they prepare their own lunches. Twenty-three percent of respondents reported eating lunch that is served at a senior or community center (pre-COVID-19). Another 12.7% of respondents indicated someone else prepares lunch for them in their home, 6% do not eat lunch, and 5% eat lunch at a restaurant.

Mobility

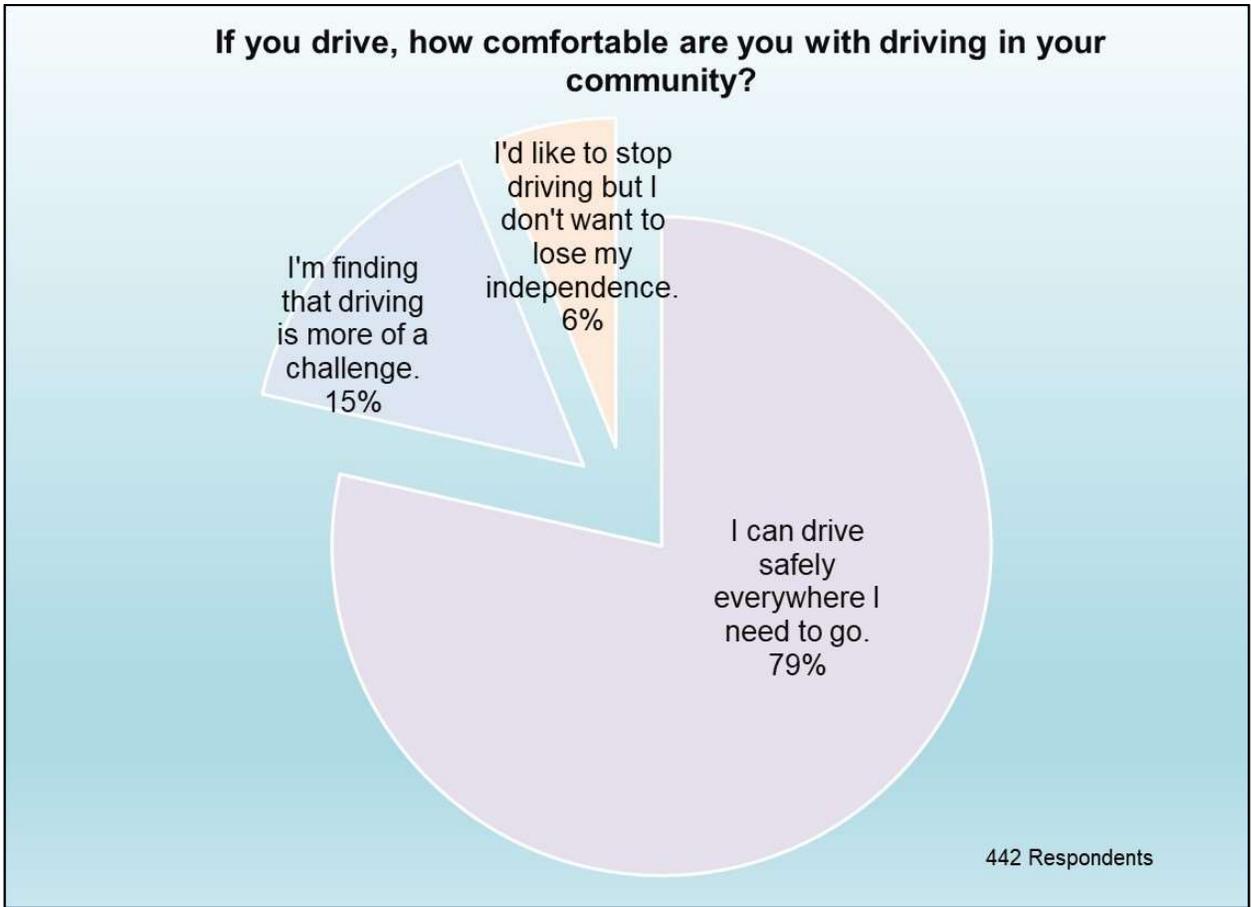


While a majority of Agency on Aging survey respondents (68%) reported they can walk with no help, **32% use a cane, walker, wheelchair, or mobility scooter to be mobile.**



There is a close correlation between the percentage of Agency on Aging survey respondents who report they can walk with no help (68%) and the percentage who drive their own vehicle (63.6%). **Of those who do not drive, nearly 30% rely on a friend or relative to take them to doctor appointments and the grocery store.**

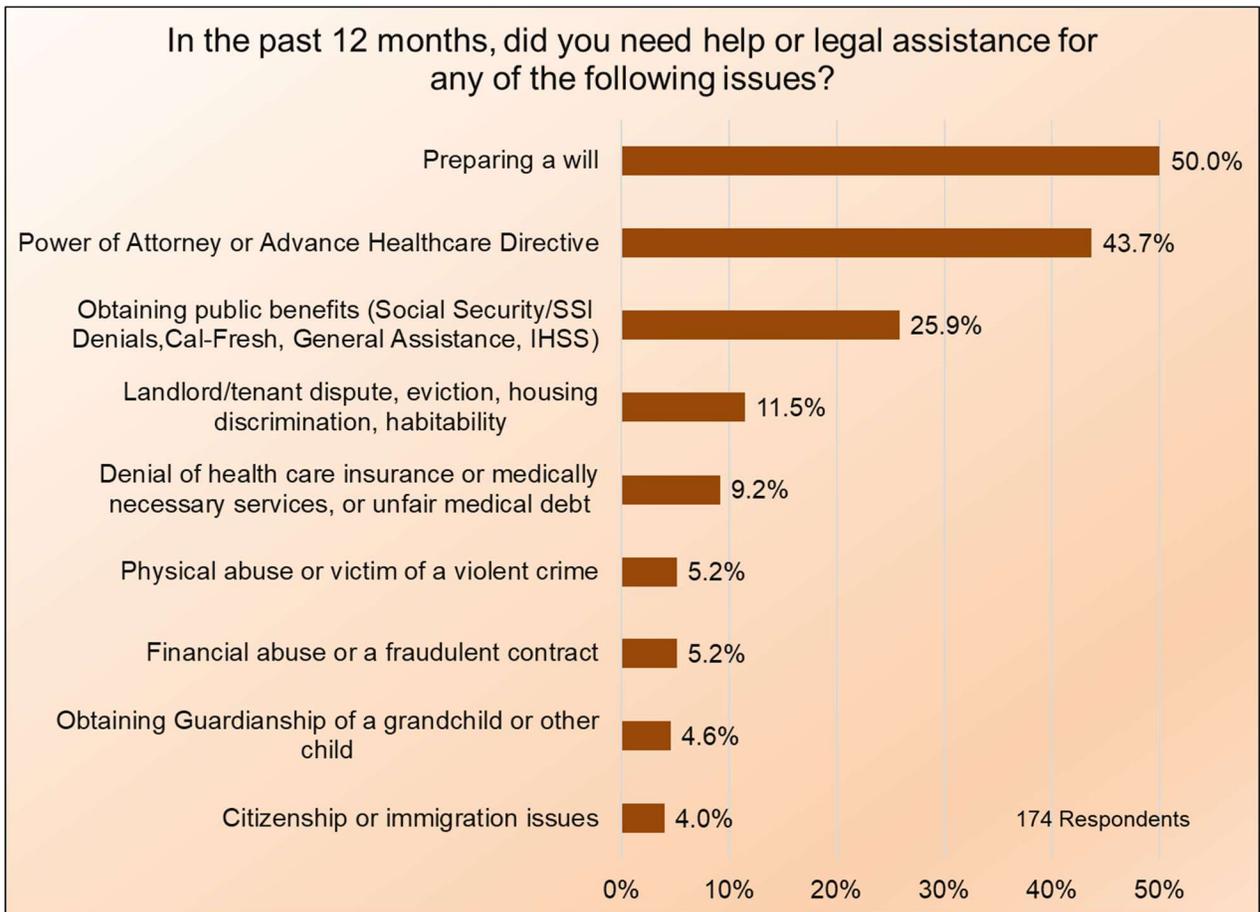
Fixed route public transportation is used by 8.2% of respondents, while 7% rely on paratransit, such as Handy-Ride and Dial-A-Ride. Only 2.1% of respondents access their appointments and shop using transportation provided by their apartment complex or assisted living facility; fewer use a taxi (1.9%) or a ride-sharing service like Uber or Lyft (1.4%).



In the “Concerns” section of the Agency on Aging’s survey, 30% of respondents indicated they are concerned about losing their license to drive. In the “Activities” section, 30% reported they need help with shopping.

In this section, **15% of respondents reported driving is more of a challenge, and 6% stated they’d like to stop driving but don’t want to lose their independence.**

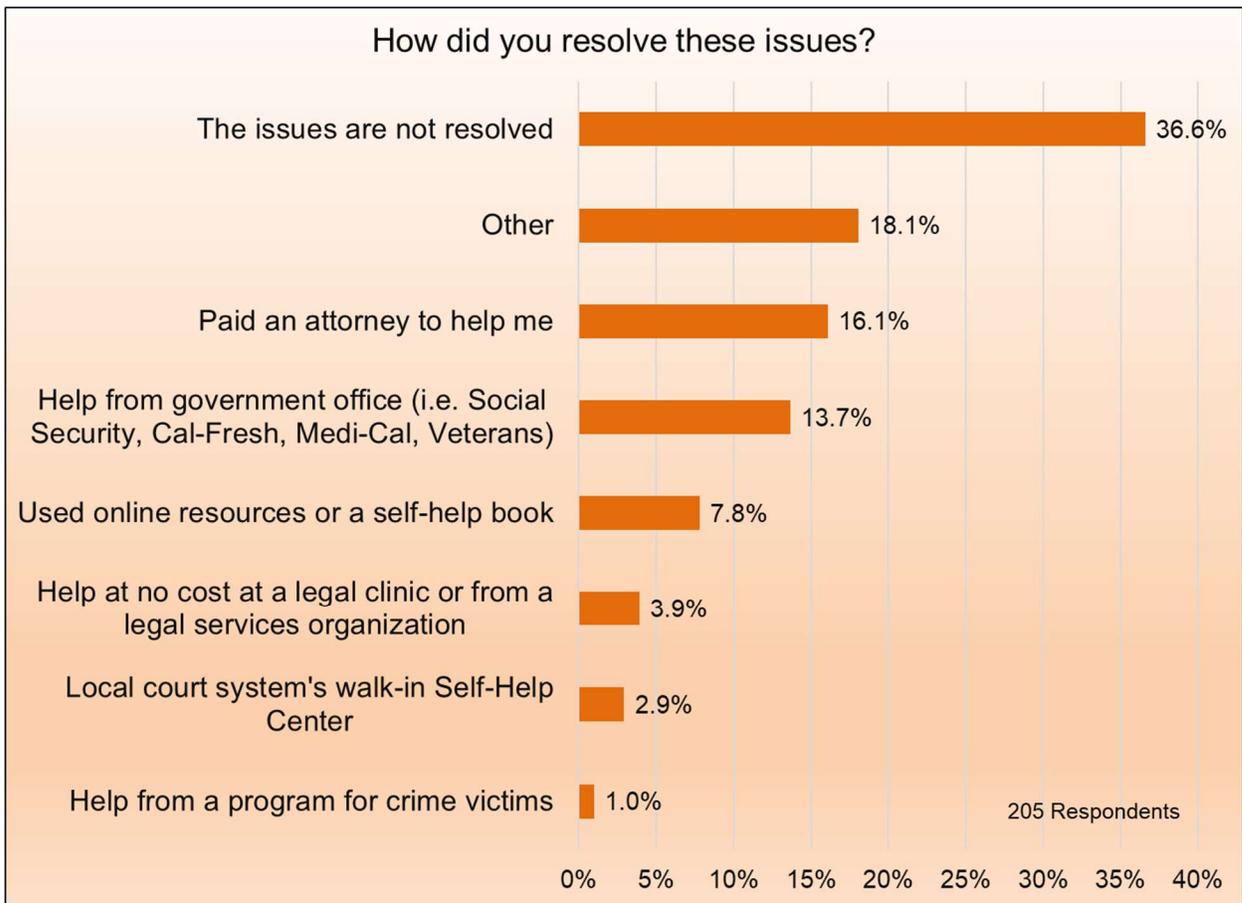
Consumer and Legal Issues



Half of Agency on Aging survey respondents indicated their primary need for consumer/legal assistance was preparation of a will (87 respondents). The second-greatest need was assistance with preparing a power of attorney or advance healthcare directive (76).

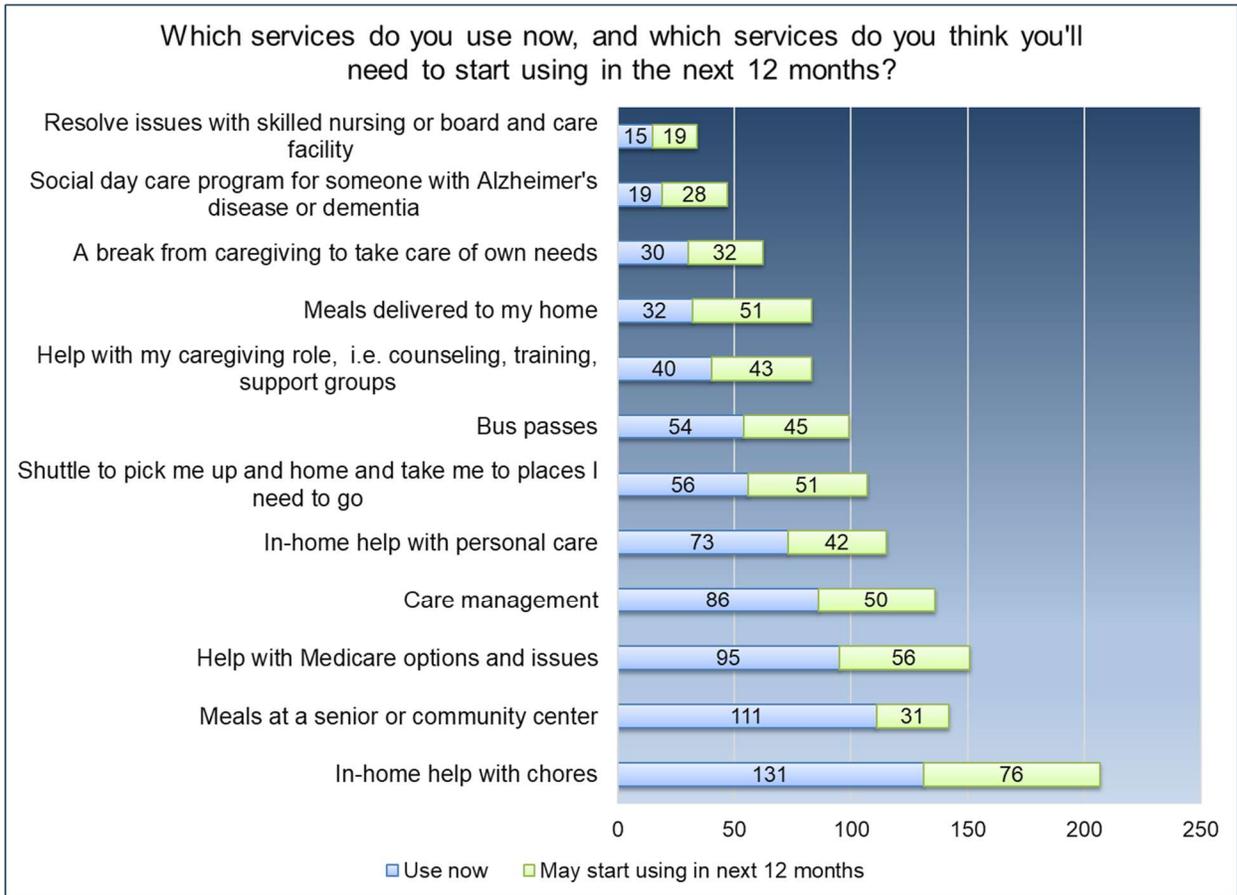
Other significant numbers of respondents needed help with obtaining public benefits (45); housing issues such as landlord/tenant disputes, evictions, housing discrimination or habitability (20); and denial of health care insurance, denial of medically necessary services, or unfair medical debt (16).

Assistance with physical or financial abuse issues was reported as a need by 18 respondents (10.4%). Other reported needs included help with obtaining guardianship of a grandchild or other child (8) and with citizenship or immigration issues (7).



Of those seeking assistance with consumer and legal issues, 36% (75 individuals) reported the issues were not resolved. Some respondents paid an attorney to help them (33), received help from a government office (28), or used online resources or a court’s self-help center (22). A small number reported receiving help at no cost from a legal clinic or legal services organization (8).

Quality of Life



Of Agency on Aging survey respondents, **37.4% reported a need for in-home help with chores** (131 currently have help, and 76 anticipate needing help in the next 12 months). In-home help with personal care was identified as a need by 20.8% of respondents, with 73 currently receiving personal care and 42 indicating a need for personal care in the next 12 months.

Transportation needs were reported by 37.2% of respondents, with 19.3% indicate current or anticipated use of a shuttle, and 17.9% reporting use of or anticipated need of bus passes.

Help with Medicare options and issues was identified as a need by 27.3% of respondents (95 currently receive help, and 56 anticipate needing help in the next 12 months).

Meals at a senior or community center was reported as a need by 25.7% of respondents; 111 were currently receiving these meals, and 31 indicated they may need these meals

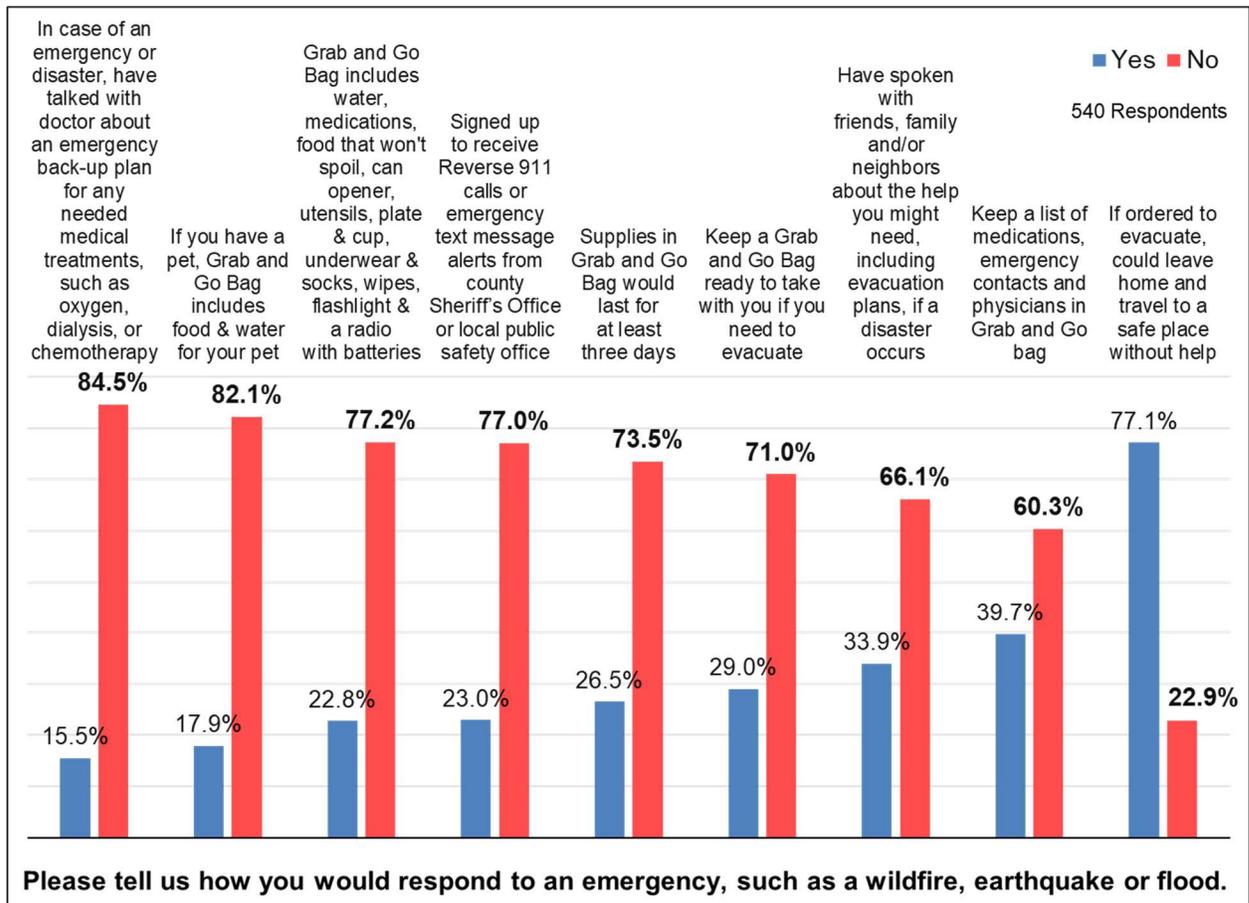
in the next 12 months. Fifteen percent of respondents indicate a need for home-delivered meals, with 32 current recipients and 51 anticipating a need in the next 12 months.

Care management was reported as a needed service by 24.6% of respondents; 86 currently receive care management, and 50 may need this service in the next 12 months.

Fifteen percent of respondents indicated a need for help with their caregiving role, such as counseling, training, and support groups. A break from caregiving activities was reported as a need by 11.2% of participants, while 8.5% indicated a need for a social day care program for someone with Alzheimer's disease or dementia.

The need to resolve issues with a skilled nursing or board and care facility was reported by 6.1% of respondents.

Emergency Preparedness



In response to the catastrophic impact of Hurricane Katrina in 2005, the Agency on Aging's Advisory Council formed a Disaster Preparedness Committee in 2006 and provided educational presentations for older adults on how to prepare a "grab and go" bag with supplies to last three days. The committee disbanded in 2011 upon exhausting available presentation venues.

Three of the 20-largest wildfires in California's history struck in 2018. The Camp Fire of November 2018, which destroyed most of Paradise, California in four hours, claimed the lives of 84 residents, 81 of whom were age 60 or over: 17 were age 90 or over; 19 were age 80-89; 23 were age 70-79; and 22 were age 60-69. The fire destroyed 18,804 structures, of which 14,000 were estimated to be residences, and over 30,000 people were left without a home. In July 2018, the Carr Fire in the Redding area destroyed 1,614 structures and the lives of eight residents, while the Mendocino Complex fire destroyed 280 structures and claimed one life. (*Top 20 Largest California Wildfires*, CalFire, August 8, 2019) (Ramsay, M.L., *The Camp Fire Public Report, A Summary of the Camp Fire Investigation*, Butte County District Attorney, June 16, 2020)

As a result of these catastrophes, the Agency on Aging included questions on its 2019 needs assessment survey to revisit the preparedness of older residents of Fresno and Madera counties for disasters and emergencies.

With 33.9% of Agency on Aging survey respondents indicating they have spoken with friends, family, and/or neighbors about the help they might need during a disaster, including evacuation plans, **only 29% reported keeping a “grab and go” bag**, and **only 26.5% indicated their bag contained supplies to last three or more days**. Only 17.9% included supplies for their pet in their grab and go bag.

While 39.7% of Agency on Aging survey respondents reported keeping a list of medications, emergency contacts, and physicians in their grab and go bag, only 15.5% indicated they have spoken with their physician about an emergency backup plan for medical treatments (i.e. oxygen, dialysis, chemotherapy).

Although 77.1% of respondents reported they could evacuate to a safe place without help, 37% indicated they are in need of transportation services (Quality of Life section of survey) and 29.6% reported they usually rely on a relative or friend to drive them to medical appointments and the grocery store (Mobility section of survey). The Butte County District Attorney’s investigation into the Camp Fire is laden with tragic reports on the older individuals who died trying to escape the fire or had no means to escape—including a woman, age 96, who told her grandson via telephone that she was unable to get her car out of the garage due to the power outage, and she could not reach the manual release. Many of the individuals who lost their lives had limited mobility and/or no access to a vehicle; some were found close to their wheelchairs. (Ramsay, M.L., *The Camp Fire Public Report, A Summary of the Camp Fire Investigation*, Butte County District Attorney, June 16, 2020) Although the fire’s rapid spread made loss of life inevitable, a disproportionate number-- 96%--of those who lost their lives were age 60 or over. We are left to wonder if at least some of these deaths could have been mitigated with an emergency evacuation plan in place.

With the arrival of the COVID-19 pandemic in 2020, the ability to shelter in place with an adequate supply of food and medication has added another layer of complexity and urgency to planning for an emergency.

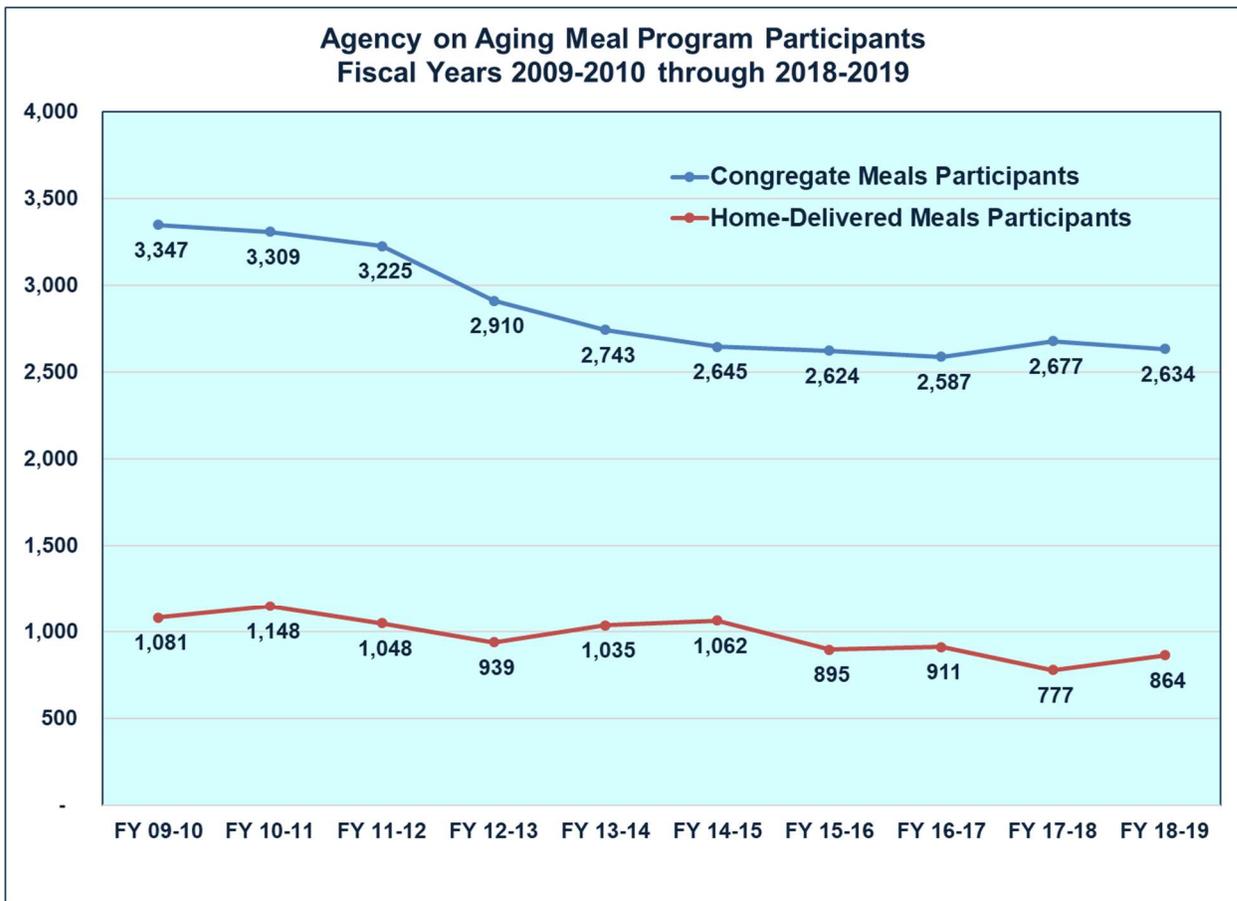
In-House Data Relevant to Needs Assessment

The Agency on Aging tracks primary and secondary information topics handled through its Information and Assistance service. Requests for information from the public from July 1, 2018 through May 20, 2020 indicate information on food programs is by far the greatest need.

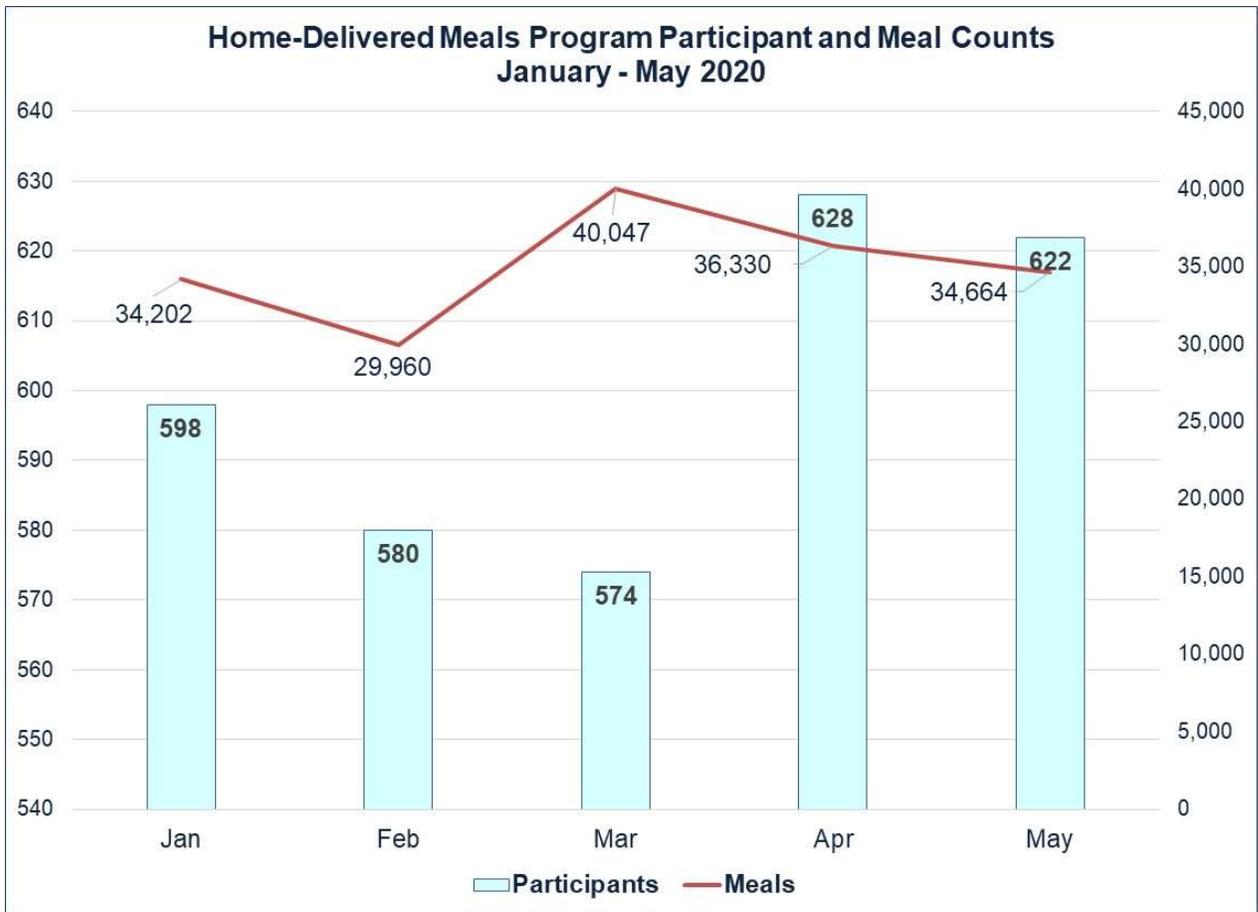
Primary and Secondary Information Topics Handled by Agency on Aging Information and Assistance Service (Frequency >= 25)	
Topic	Topic Frequency July 1, 2018 - May 20, 2020
Food Programs	1,148
Housing Rental Lists	474
In Home Care Services	434
Case Management Programs	354
Transportation-Door to Door, Curb to Curb	333
Insurance-Medicare, Medi-Cal, County	229
Home Repairs & Improvements	217
Long Term Care Placement	208
Legal Services	202
Equipment (Medical, Assistive) & Supplies	201
APS, Law Enforcement & Crisis Hotlines	110
Housing-Emergency	75
Food-Grocery Delivery	66
Agencies on Aging-Other Area	61
Employment & Job Training	61
Alzheimer's Referral, Education & Support	53
Money Management	51
Health Services-Special Programs & Other	42
Housing Advocacy	40
Consumer Information	38
Utilities Assistance	38
Emergency Response Devices/Apps	37
Essential Services	31
Disability Programs/Services	30
Health Services-Dental, Hearing, Vision	30
Veterans Services	28
Health Services-Mental Health	25
Housing-Home Purchase & Rental Assistance	25
Income Programs-County & Social Security	25

Descriptions of the top ten topics for information requests are as follows:

- Food program inquiries are most frequently related to the Home-Delivered Meals and Congregate Nutrition programs.
- Callers requesting the Agency's housing rental list are typically seeking information about rental communities for older adults, particularly those that are rent-subsidized.
- Callers requesting in-home care services are referred to Fresno or Madera County In-Home Supportive Services if determined to meet initial eligibility criteria, or provided with referrals to private-pay in-home care providers; many callers have remarked that they are unable to afford this service.
- Case management program inquiries are often from social workers and other professionals, as well as from family members calling on behalf of their relative.
- Callers requesting transportation information typically need transportation to a medical appointment and are not well enough to use curb-to-curb paratransit.
- Insurance program inquiries are most often related to Medicare; those requiring more than basic information are referred to the Health Insurance Counseling and Advocacy Program (HICAP).
- Callers requesting home repairs and improvements are typically seeking roofing, house painting, or plumbing repairs, ramp installations or other adaptations for mobility.
- Callers requesting information on long-term care placement are typically the partner or adult child of the individual to be placed. These calls often indicate a need for caregiver support, case management, Alzheimer's education, and/or support groups that can help keep the individual in the home environment as an alternative to placement.
- Callers are referred to Essential Services for help – primarily from the faith-based communities in Fresno and Madera counties -- that they cannot find from any other source, such as emergency assistance, emergency housing, clothing and food pantries.
- Requests for legal services are most frequently related to landlord-tenant disputes and estate planning.
- Callers looking for equipment and supplies are most often are in need of wheelchairs, walkers and incontinent supplies.



In the ten-year period from July 1, 2009 through June 30, 2019, the total number of meals provided through the Agency on Aging’s congregate nutrition and home-delivered meals programs combined decreased by 12%. The number of home-delivered meals decreased by 37.6% during this period, while the meals served at senior and community centers decreased by 28.7%. The waiting list for the home-delivered meals program is in constant flux; as of May 21, 2020, there were 287 individuals on the list.



During the first five months of 2020, the Agency on Aging increased both the number of participants and number of meals served through its Older Americans Act funding for the Home-Delivered Meals Program. Meals served during March 2020 include a trial period for provision of three meals per day which was discontinued in response to participants’ feedback. The Agency anticipates continuing provision at the higher levels throughout fiscal year 2020-2021.

The decreasing number of congregate meals served is due to a number of factors. During the 2007-2009 recession, decreased property taxes left several cities with difficult choices in service reductions; for some, this meant reduced staffing and closure of community centers that served as congregate nutrition meal sites. During fiscal year 2008-2009, 40 sites hosted the congregate nutrition program; as of February 2020, 27 sites remained. Many of the remaining centers reduced hours and activities, thus drawing fewer participants to the meal program. As the Greatest Generation ages into their 90s, many lose their mobility and transition to home-delivered meals. Individuals in their 60s are working more years than previous generations, and retired Baby Boomers are not visiting senior centers for meals or social opportunities as frequently as previous generations.

Additional Information From Other Organizations Relevant to Needs Assessment

In preparation for its 2019/2020 Action Plan, the City of Madera conducted 168 in-person surveys at markets, food distribution sites, churches, housing for homeless individuals, and meetings of community groups to determine the public's top five priorities for use of Community Development Block Grant funds. The results were as follows:

Priority	# Ranked as Top 5 Priority
Housing	81
Sidewalk Repair	73
Streetlights	72
Parks	70
Improve Downtown	63
Reduced Speeds	54
Road Improvements	52
Increase Transit	47
Flooding Improvements	42
Bicycle Lanes	37
Home Improvements	27
Sidewalk Improvements	25
Blight	24
Traffic Signals	20
ADA Improvements	9

Priority	# Ranked as Top 5 Priority
Homelessness	70
Farmers' Markets	46
Jobs	42
Healthcare	33
Gardens	28
Seniors	27
Childcare	26
Skills	19
Financial Literacy	13
Assist Businesses	11

Source: City of Madera Community Development Block Grant, 2019/2020 Action Plan, June 25, 2019

Of the City of Madera's 128 survey respondents, only 27 ranked the needs of Seniors as one of their top-five priorities.

The National Research Center obtained opinions from 258 residents of the City of Clovis in 2017. Survey participants were asked to prioritize the City’s strategic planning areas:

Strategic Planning Area	Essential	Very Important	Somewhat Important	Not at all Important
Public Safety (Police/Fire)	80%	18%	2%	1%
Street Repair & Maintenance	51%	41%	8%	0%
Economic Development	52%	29%	16%	2%
Affordable Housing	42%	30%	23%	5%
Land Use Planning	41%	37%	21%	2%
Senior Services	33%	42%	22%	3%
Parks/Trails	32%	44%	21%	3%
Recreation	27%	37%	32%	4%
Public Transportation	24%	34%	34%	7%
Source: National Research Center Inc., The National Citizen Survey, Community Livability Report, Clovis, CA 2017				

Of the 258 respondents to the City of Clovis’ survey, one-third viewed the need for Senior Services as essential, and 42 indicated this need as very important.

Section 6 Targeting

Review of Targeting Priorities Established in the Older Americans Act

The Older Americans Act (OAA) of 1965, as amended by Public Laws 116-131 and enacted on March 25, 2020 (OAA Section 306(a)(4)(B)) requires that Area Agencies on Aging identify individuals eligible for assistance through OAA funded programs, and to inform these individuals and their caretakers of available services, with special emphasis on the following populations:

- Older individuals residing in rural areas;
- Older individuals with greatest economic need (with particular attention to older minority individuals with low income and older individuals residing in rural areas);
- Older individuals with greatest social need (with particular attention to older minority individuals with low income and older individuals residing in rural areas);
- Older individuals at risk for institutional placement;
- Older individuals with severe disabilities;
- Older individuals with limited English proficiency; and
- Older individuals with Alzheimer’s disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals).

“In passing the Older Americans Act (OAA), Congress intentionally did not create a stand-alone system; nor did it intend to cover all costs associated with serving every older American. Rather, OAA funds are to be used strategically to advance changes in our overall system of care and to fill gaps in services.”

Lance Robertson,
Administrator and
Assistant Secretary for
Aging, Administration for
Community Living, before
the U.S. Senate’s Special
Committee on Aging,
May 8, 2019

Locations of Target Populations within Fresno and Madera Counties

Rural Areas

The U.S. Census 2010 has determined that the communities listed below are not part of an urbanized area or part of an urban cluster, and can therefore be considered as rural.

Fresno County Rural Communities			
Community	Zip Code	Community	Zip Code
Auberry	93602	Kingsburg	93631
Big Creek	93605	Lakeshore	93634
Biola	93606	Laton	93242
Burrel	93607	Miramonte	93641
Cantua Creek	93608	Mono Hot Springs	93642
Caruthers	93609	Piedra	93649
Del Rey	93616	Prather	93651
Dunlap	93621	Raisin City	93652
Five Points	93624	Shaver Lake	93664
Fowler	93625	Squaw Valley	93675
Friant	93626	Tollhouse	93667
Helm	93627	Tranquility	93668
Hume	93628		

Madera County Rural Communities			
Community	Zip Code	Community	Zip Code
Ahwahnee	93601	O'Neals	93645
Bass Lake	93604	Raymond	93653
Coarsegold	93614	Wishon	93669
North Fork	93643		

Older adults living in rural areas experience barriers such as geographic isolation, social isolation, limited local services, and limited transportation options when trying to access services.

Greatest Economic Need

Area	Age 65+ Income Below Federal Poverty Level	Age 65+	Age 65+ Poverty Rate
Fresno County	7,978	121,540	6.6%
Madera County	5,131	22,099	23.2%
Total – PSA 14	13,109	143,639	9.1%

Source: U.S. Census Bureau, 2018 American Community Survey 1-Year Estimates, Table S1701, Poverty Status in the Past 12 Months

When targeting older adults in greatest economic need, both the number of older adults in poverty and the area's poverty rate for older adults must be considered.

Older adults with low income are most in need of basic services, including housing, transportation, and food programs. Barriers to accessing these services include waiting lists for low-income housing programs; insufficient income for transportation passes; inability to wait in line for food distributions and/or carry grocery bags on public transit due to medical conditions and/or disabilities; and waiting lists for case management and home-delivered meals programs. Older adults who are homeless have additional barriers, including lack of safe emergency housing, food insecurity, lack of an address for program application forms, and lack of telephone service.

Limited English Proficiency

Area	Age 65+ Speak English Less Than Very Well	Language Spoken at Home by Persons Age 65+ Who Speak English Less Than Very Well			
		Spanish	Indo- European	Asian/ Pacific Island	Other Language
Fresno County	24,114	16,711	2,732	4,565	106
Madera County	4,152	3,926	226	0	0
Total – PSA 14	28,266	20,637	2,958	4,565	106

Source: U.S. Census Bureau, 2018 American Community Survey 1-Year Estimates, Table S1601, Language Spoken at Home

Individuals with limited English proficiency encounter barriers such as social isolation, difficulty enrolling in programs or services where interpretation/translation resources are not provided, and loss of confidentiality when using family members or friends for interpretation/translation.

Individuals Age 65 and Older with a Disability							
Area	Age 65+ with a Disability	Hearing Difficulty	Vision Difficulty	Cognitive Difficulty	Ambulatory Difficulty	Self-Care Difficulty	Independent Living Difficulty
Fresno County	50,237	21,180	11,155	14,860	33,311	12,596	21,517
Madera County	7,780	4,433	1,140	1,608	3,995	1,019	1,721
Total - PSA 14	58,017	25,613	12,295	16,468	37,306	13,615	23,238

Source: U.S. Census Bureau, 2018 American Community Survey 1-Year Estimate, Table S1810, Disability Characteristics

The U.S. Census identifies the population with disabilities within six categories:

- Hearing difficulty: Deaf or having serious difficulty hearing.
- Vision difficulty: Blind or having serious difficulty seeing, even when wearing glasses.
- Cognitive difficulty: Because of a physical, mental, or emotional problem, having difficulty remembering, concentrating, or making decisions.
- Ambulatory difficulty: Having serious difficulty walking or climbing stairs.
- Self-care difficulty: Having difficulty bathing or dressing.
- Independent living difficulty: Because of a physical, mental, or emotional problem, having difficulty doing errands alone, such as visiting a doctor’s office or shopping.

Individuals who indicate difficulty in one or more of these categories are considered by the U.S. Census to have a disability.

Older adults with disabilities are most at risk for losing their independence and institutionalization. Individuals with vision, cognitive, ambulatory, self-care, and/or independent living difficulties are most in need of services to help them remain living in their homes, such as case management, chore, homemaker, home-delivered meals, and personal/home security. These individuals may also be in need of assisted

transportation, including an escort, for medical appointments rather than curb-to-curb paratransit or taxi service.

Caregivers of these individuals are most in need of respite care, adult day care, and the spectrum of services available under the Family Caregiver Support Program.

Individuals with a hearing disability may be in need of interpretation/translation services to access services, such as medical appointments or legal assistance.

Minority Individuals

Race and Ethnicity of Individuals Age 60 and Older				
Population Segment	Fresno County		Madera County	
Race Age 60+	169,961	100%	29,001	100%
White	126,281	74.3%	23,346	80.5%
Black	7,478	4.4%	899	3.1%
American Indian/ Alaskan Native	136	.08%	406	1.4%
Asian	19,205	11.3%	783	2.7%
Native Hawaiian/ Other Pacific Islander	0.0	0.0%	0.0	0.0%
Some Other Race	15,506	9.3%	2,668	9.2%
Two or More Races	4,079	2.4%	870	3.0%
Hispanic Age 60+	56,597	33.3%	8,410	29.0%
Source: U.S. Census Bureau, 2018 American Community Survey 5-Year Estimates, Table S0102, Population 60 Years and Over in the United States				

U.S. Census Bureau data on race and ethnicity of Fresno and Madera county residents age 60 and over indicates:

- Asian: Fresno has an 8.5% greater percentage of older adults who are Asian than Madera County.
- Hispanic Ethnicity: Fresno County has a 4.3% greater percentage of older adults who are Hispanic than Madera County.
- American Indian/Alaskan Native: Madera County has a 4.02% greater percentage of older adults who are American Indian/Alaskan Native than Madera County.

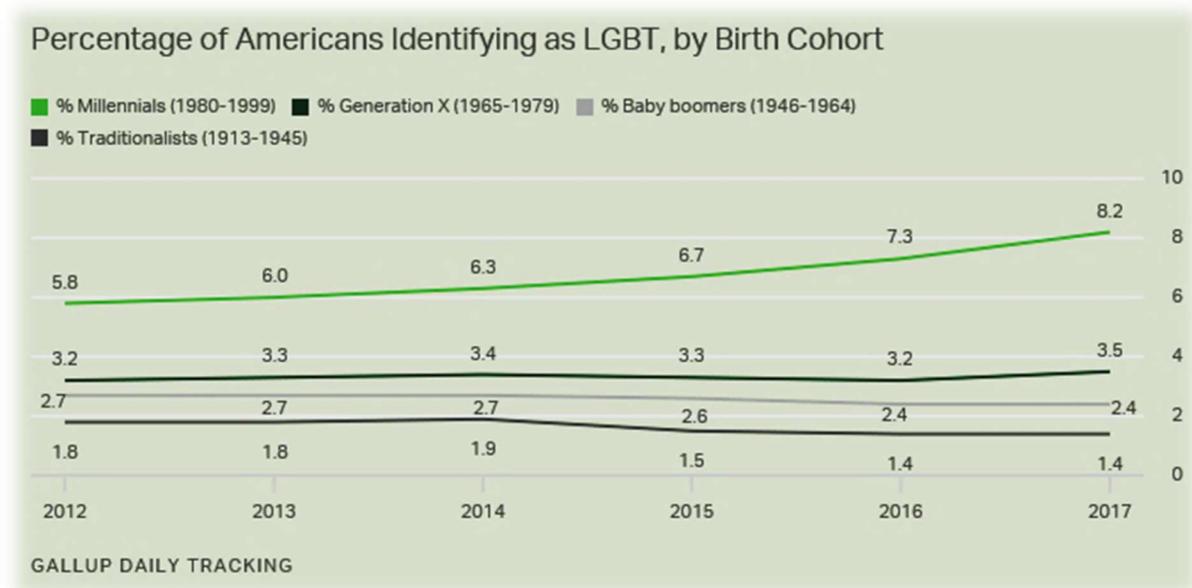
- Black: Fresno County has a 1.3% greater percentage of older adults who are Black than Madera County.
- Two or More Races: Madera County has a slightly higher percentage (.6%) than Fresno County of older adults with two or more races.
- Some Other Race: Percentages between Fresno and Madera County vary only by .1%.

Older adults who are minorities and speak a language other than English face the same barriers as older adults with limited English proficiency, including social isolation, difficulty enrolling in programs or services where interpretation/translation resources are not provided, and loss of confidentiality when using family members or friends for interpretation/translation.

Lesbian, Gay, Bisexual, and Transgender (LGBT) Individuals

Statistics on the lesbian, gay, bisexual, and transgender population are sparse, particularly at the local level.

Gallup estimates, based on over 340,000 interviews conducted in 2017, that 1.4% of individuals born between 1913 and 1945 and 2.4% of those born between 1946 and 1964 self-identify as lesbian, gay, bisexual, or transgender. These percentages are slightly below those reported in 2012, while percentages for the Millennial and Generation X populations increased. (*In U.S., Estimate of LGBT Population Rises to 4.5%*, Frank Newport, Gallup, May 22, 2018)

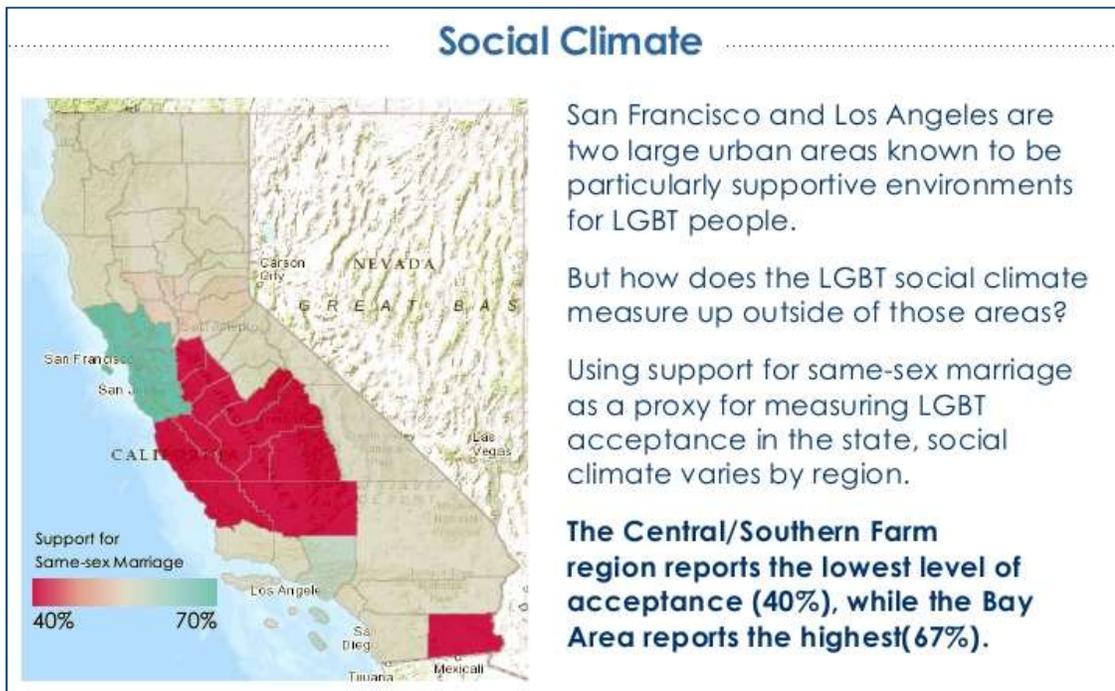


According to the Williams Institute, ten percent (133,400) of California's 1,334,000 LGBT residents live in the twelve-county Southern/Central Farm region of California, which encompasses Fresno and Madera counties. This same region has the lowest levels in the state for acceptance of LGBT people (40%) and LGBT college completion (28%). (*The LGBT Divide in California: A Look at the Socioeconomic Well-being of LGBT People in California*, Angeliki Kastanis, Williams Institute, January 2016)



In terms of the percentage of LGBT residents living in the regions of California⁴:

- Los Angeles County (31%)
- Southern California (not L.A.) (26%)
- Bay Area (22%)
- Southern/Central Farm (10%)
- Central Valley (6%)
- North and Mountain (4%)



San Francisco and Los Angeles are two large urban areas known to be particularly supportive environments for LGBT people.

But how does the LGBT social climate measure up outside of those areas?

Using support for same-sex marriage as a proxy for measuring LGBT acceptance in the state, social climate varies by region.

The Central/Southern Farm region reports the lowest level of acceptance (40%), while the Bay Area reports the highest (67%).

Older LGBT adults may experience barriers such as social isolation, lack of family support, discrimination when accessing services, fear of harassment or hostility, and fear of hate crimes. Older LGBT partners may also be denied income that heterosexual married partners receive, such as survivor benefits for Social Security and retirement plans, and tax breaks on inheritances.

How Needs of Targeted Population Will Be Addressed

The COVID-19 pandemic has greatly impacted the ability of the Agency on Aging, its subcontractors, and its community partners to reach targeted populations through participation in traditional public outreach venues, such as health and resource fairs, senior and community centers, food commodity distributions, support groups, and special events.

As facilities reopen to the public, the Agency on Aging will resume annual distribution of its Quick Reference Guide of programs and services for older adults to targeted access points, including medical clinics in rural areas and areas with higher percentages of individuals with low income, public benefits offices, and the Fresno Spectrum Center for the LGBT community.

The Agency on Aging will continue to nurture partnerships with community-based organizations that provide services for the targeted groups, with the goal of increasing their knowledge of the Agency on Aging's services and effectively increasing cross-referrals between organizations. The Agency will identify opportunities for these partnerships through inquiries to its Information and Assistance line from staff of community-based organizations; through interactions of the Agency's case management staff with organizations in the course of arranging for client services; through subscriptions to newsletters of community-based organizations; and through its Advisory Council in the course of conducting committee work on the faith-based services, homelessness, elder abuse, and disaster preparedness committees.

The Agency's Web site, fmaaa.org, provides the option to display the site in Spanish, Hmong, Tagalog, Punjabi, and Mongolian. The Agency will continue to update its Web site with current program information and events for older adults.

The Agency will continue to use the services of bilingual staff and a language line to provide callers and clients with interpretation to ensure access to information and services for older adults who do not speak English.

SECTION 7. PUBLIC HEARINGS

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?¹ Yes or No	Was hearing held at a Long-Term Care Facility?² Yes or No
2020-2021	6/30/20	Conducted via Zoom and Teleconference	13	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.

A link to the Agency on Aging’s needs assessment survey and both the English and Spanish versions of the flyer publicizing the survey was provided to service providers and community partners. The survey was publicized on English and Spanish radio stations as part of the Agency’s Older Americans Month publicity campaign in May 2019.

Notice of the June 30, 2020 Area Plan public hearing was published in The Fresno Bee and was posted on the Agency’s Web site. An agenda for the June 30, 2020 Advisory Council meeting, which encompassed the public hearing, was emailed to service providers and community partners, and the draft Area Plan was posted to the Agency on Aging’s Web site, fmaaa.org.

¹ A translator is not required unless the AAA determines a significant number of attendees require translation services.

² AAAs are encouraged to include individuals in LTC facilities in the planning process, but hearings are not required to be held in LTC facilities.

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.
 - Not applicable, PD and/or C funds are not used.
4. Attendees were provided the opportunity to testify regarding setting minimum percentages of Title III B program funds to meet the adequate proportion of funding for Priority Services.
 - Yes. Go to question #5
 - No, Explain:
5. Summarize the comments received concerning minimum percentages of Title IIIB funds to meet the adequate proportion of funding for priority services.
 - Home Repair and Maintenance or Foreclosure: (Make a priority): It is my understanding within an agreement for a Reverse Mortgage that financial institutions require the home be maintained, this would be another reason to have these services a priority especially if it means it is a reason a bank could foreclose on these type pf arrangements.
6. List any other issues discussed or raised at the public hearing.
 - Look into churches that offer home repairs, and the Elks and Kiwanis.
 - Partner with In-Home Supportive services and do follow-up with paid caregivers as well as unpaid family caregivers; support, training and respite are important for both groups.
 - It's good to see the high percentage of cell phone use by older adults. Cell phones have features that are useful for and increase the safety of individuals who are blind.
 - It's interesting to see the high percentage of Internet use by seniors.
 - It's sad that such a low number have a grab and go bag for an emergency. Maybe the bags could be offered in exchange for completing a survey.
 - We will see some changes on how health care is delivered due to COVID-19. I hope we are paying attention; a lot of providers are changing how they provide services.
 - Interpretation/Translation: The two instances represented seems extremely low. Could this be in need of more publicity? How many languages are spoken in Fresno and Madera counties? Do we have access for each language?

- Independent Seniors: I have found that those seniors who have isolated themselves and/or say they are fiercely independent are especially at risk for predatory behaviors directed at them. Even though 75% of predators/abuse are people they know; some sort of “wellness check” may be in order, such as renewing your driver’s license.
- An annual giveaway requiring a survey, like idea of “Go Bags” for emergencies.
- Vetting of recommended resources offered: how a resource is vetted to be included here is something that is unclear (I would outline your vetting process). I have found brochures in office vestibules of some of the Resources listed in the Area Plan and no one could really tell me how the service provider was selected.
- Terms in need of definition: To use this Plan as a tool certain terms seem to be in need of definition – perhaps a glossary of terms could be added. “Legal Services or Legal Assistance” for example are broad terms, and in my experience & research not all charges qualify as “legal fees” – and not all lawyers or paralegals are licensed for the specialties needed and therefore could be a way to scam an elderly person and/or their “caregivers” (another term in need of definition here). Another example, Home Care versus Home Health services – Long Term Care Insurance and I would think Medicaid & Medical are very narrow in their definitions – so anything referred to as such should follow the guidelines for the coding of the “services”. “Case management” is also a term in need of definition.

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

No changes were made to the Area Plan as a result of input by attendees.

The Area Plan includes an overview of significant community-based programs for older adults outside of the Agency on Aging network (Section 2, pages 44-55). In this section, home repair programs administered by Habitat for Humanity, Self-Help Enterprises, and Fresno EOC’s Energy Services Program are described, as well as those offered through tribal rancherias for tribal members. Allocation of Title III B Older Americans Act funding for costly residential repairs would require substantial decreases in funding of priority Title III B Supportive Services currently offered by the Agency on Aging for which there is very high demand (i.e. Case Management, Legal Assistance); subsequently, the Agency refers inquiries for home repairs to organizations that have the expertise and capability to offer this service. The Agency on Aging’s Advisory Council has researched services available for older adults from faith-based organizations for four years, and their valuable findings are used by the Agency’s information and assistance staff, as well as case management and nutrition staff, in providing appropriate referrals. The Agency will ask its Advisory Council to expand its research to service clubs, such as the suggested Elks Lodge.

The Agency on Aging’s service provider for the Family Caregiver Support Program, Valley Caregiver Resource Center, conducts a comprehensive public communications program via interviews, press releases and advertising via television, radio and

newspapers in the English, Spanish, and Hmong languages. The program, until year 2019, was collocated adjacent to Fresno County's In-Home Supportive Services (IHSS) office for nearly two decades, and program staff continue to network with IHSS staff. Although the program, by federal mandate, is targeted for informal (i.e. unpaid) providers of in-home care for older adults or individuals with Alzheimer's disease or a related disorder, paid caregivers are only denied Family Caregiver Support Program services if the requested service duplicates a service they are paid to provide.

Based upon the results of its need assessment survey, the Agency on Aging created a new objective (Area Plan Section 9, Goal 3, Objective D) to address the need to increase the capability of older adults to effectively respond to an emergency. The California Department of Aging's Area Plan contract with the Agency on Aging specifically prohibits purchase of giveaway items.

The impact of COVID-19 on the provision of Older Americans Act services for older adults is addressed in Section 2, pages 18-21 and 42-43 of the Area Plan. The Agency on Aging, along with the entire network of care for older adults, is monitoring and navigating daily changes in State and local directives and guidelines to determine changes in service provision.

During the public hearing, Agency on Aging staff advised most interpretation and translation needs are met by Agency staff and a language line service. The two planned instances of Older Americans Act Title III B Interpretation/Translation service are reserved for infrequent instances where existing resources cannot meet the need. Languages spoken in Fresno and Madera counties are described in Section 2, pages 10-11 of the Area Plan.

Regarding independent and isolated older adults at risk for predatory behavior, the Agency on Aging subcontracts with Valley Caregiver Resource Center for provision of the Elder Abuse Prevention, Education and Training Program to increase elder abuse awareness and reporting (Area Plan Section 9, Goal 4, Objective A), as well as the Long-Term Care Ombudsman Program to provide residents of long-term care facilities with routine access to trained Ombudsmen who inform residents of their rights and seek resolution to identified issues (Area Plan Section 9, Goal 4, Objective B). Valley Caregiver Resource Center is also providing telephone wellness checks, through a subcontract with the Agency on Aging, for older adults who are socially and/or geographically isolated (Area Plan Section 9, Goal 2, Objective D). The Agency also contracts with Central California Legal Services to provide older adults with legal assistance to protect them from physical and financial abuse, unfair business and debt collection practices, and other issues affecting their rights (Area Plan Section 9, Goal 3, Objective C).

References in the Area Plan to services provided by organizations do not constitute a recommendation by the Agency on Aging; rather, they are presented as an overview to determine gaps in services for older adults relevant to planning Older Americans Act services and to avoid duplication of services already provided in the community.

The Agency follows federal and State requirements for issuing Requests for Proposals for provision of Older Americans Act services and awarding subcontracts.

The Area Plan is constructed using the California Department of Aging's required template, which does not include a glossary of terms. Descriptions of Older Americans Act services provided by the Agency on Aging and its service providers are provided in Area Plan Section 3, pages 2-4. There is no coding involved with Older Americans Act service definitions.

Section 8

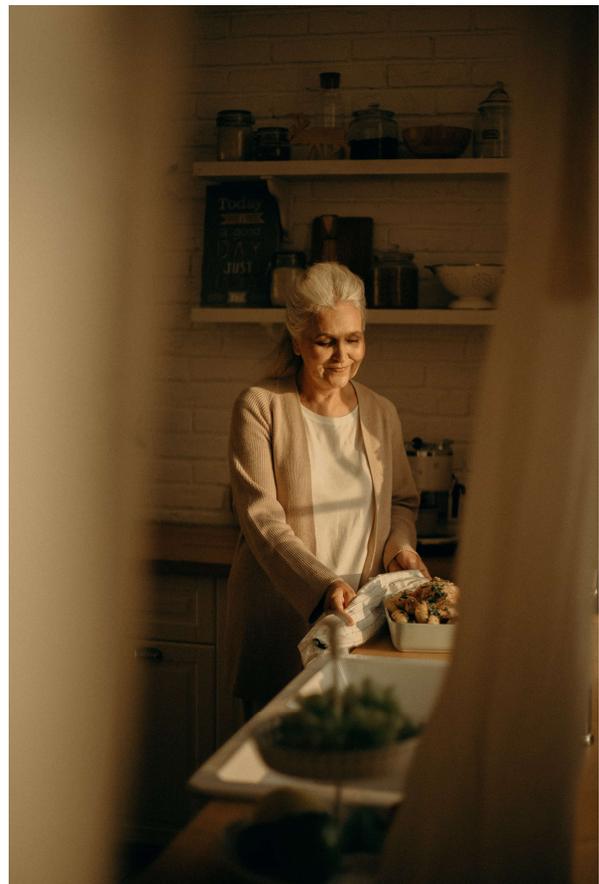
Identification of Priorities

In setting priorities for services, it is first necessary to refer to the California Department of Aging's mission statement for all Agencies on Aging to ensure identified needs fall within the scope of an Agency 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 goals of the Fresno-Madera Area Agency on Aging, which are listed below, must also be considered:

- Reduce hunger and increase food security of older adults who are experiencing barriers to good nutrition;
- Maintain the ability of older adults to live independently for as long as possible;
- Address basic needs and rights of older adults who are the most frail and vulnerable, to promote aging with dignity, and ensure a safe living environment;
- Empower older adults to make informed decisions and sound choices to increase independence and ensure quality of life through connection to resources.



Funding Constraints

The federal Administration on Aging identifies the Older Americans Act as the major vehicle for the organization and delivery of social and nutrition services for older adults and their caregivers. (www.aoa.gov/AOA_programs/OAA/)

Federal funding provided to the Agency on Aging for services is constricted to specific programs and services as defined in Titles III, V, and VII of the Older Americans Act.

Title III B - Supportive Services

The California Code of Regulations defines Supportive Services as “services which maintain individuals in home environments and avoid institutional care.” (22 CCR § 7147) The California Department of Aging has designated 21 services as eligible for funding under Title III B Supportive Services. The Older Americans Act requires agencies on aging to allocate an adequate proportion of Title III B Supportive Service funding to one or more services included each of three categories:

- Access: Transportation, Assisted Transportation, Case Management, Information and Assistance, Outreach, Comprehensive Assessment, Health, Mental Health, and Public Information;
- In-Home Services: Personal Care, Homemaker, Chore, Adult Day/Health Care, Alzheimer’s, Residential Repairs/Modifications, Respite Care, Telephone Reassurance, and Visiting; and
- Legal Assistance: Legal Advice, Representation, Assistance to the Ombudsman Program and Involvement in the Private Bar.

Up to 30% of Title III B Supportive Services funding may be transferred to Title III C – Nutrition Service.

Title III C – Nutrition Service

Title III C, Subpart 1 – Congregate Nutrition Services: Allowable services under this funding stream are congregate meals, nutrition education, and nutrition counseling.

Title III C, Subpart 2 – Home-Delivered Nutrition Services: Home-delivered meals, nutrition education, and nutrition counseling comprise the services available under this funding source.

Up to 40% of Title III C funding may be transferred between the Congregate Nutrition and Home-Delivered Nutrition services.

Title III D - Health Promotion

Title III D Health Promotion funds cannot be used for any programs other than those that meet the Administration on Aging's highest level of criteria for evidence-based programs, and the funding level is sufficient for only one program to be offered.

Title III E - Family Caregiver Support Program

Funding for the Family Caregiver Support Program can be divided between two groups: Caregiver Caring for the Elderly and Grandparent Caring for Child. Within each group, there are five categories of services that can be offered: Support Services (six services); Respite Care (six services); Supplemental Services (four services), Access Assistance (four services), and Information Services (two services). Expenditures for the Supplemental Services category cannot exceed 20% of the total federal and matching non-federal share.

Title VII – Allotments for Vulnerable Elder Rights Protection Activities

Long-Term Care Ombudsman Program: Title VII (a) provides funding for the Ombudsman program. In addition, the government sets aside a portion of Title III B funds that are specifically allocated to the Ombudsman program.

Title VII (b) - Prevention of Elder Abuse, Neglect, and Exploitation: Title VII (b) funding must be used for public education and training of professionals on elder abuse; however, any elder abuse training for caregivers receiving service under the Title III E Family Caregiver Support Program must be reported under Title VII (b).

Health Insurance Counseling and Advocacy Program (HICAP)

This program is administered through the Agency on Aging, and is funded by a mix of federal and state grants. HICAP funds are dedicated to provision of unbiased counseling and enrollment assistance with Medicare, private health insurance, and prescription drug coverage.

Any programs offered through the Agency on Aging require staff to administer the contract, including administrative, program and fiscal monitoring; program, fiscal, and data reporting; provision of technical support if subcontracted; and, if provided directly, day-to-day oversight of program operations. The Agency on Aging is limited to specific amounts for program administration.

Any funds allocated but not expended by an Agency on Aging are redistributed to the State's 33 Agencies on Aging the following fiscal year using an Intrastate Funding Formula. Allocation of one-time-only funds typically occurs in the middle of the fiscal year. These funds allow much needed increases in service levels; however, the amounts provided through this stream fluctuate greatly from year to year and cannot be used for planning purposes.

Although the Older Americans Act is a federally-funded mandate, the funds pass through the State. These funds cannot be released until the State budget is passed. In years when passage of the State budget was delayed, both the Agency on Aging and vendors awaiting timely reimbursement for contracted programs were strapped for operating funds.

The COVID-19 pandemic triggered augmentations to traditional Older Americans Act funding. The COVID-19 Families First Coronavirus Response Act (FFCRA) provides additional funding for Title III C Nutrition Programs. The COVID-19 Coronavirus Aid Relief and Economic Security (CARES) Act may release additional funding for Title III B Supportive Services; Title III C Nutrition Services; Title III E Family Caregiver Support Program; and Title VII Ombudsman programs. Both COVID-19 funding streams allow up to 30% of allocated funds to be transferred to Title III B Supportive services, and allow for 100% transfer between Title III C1 and Title III C2 Home-Delivered Meals programs. Meals provided through FFCRA and CARES Act funds do not carry the same strict dietary restrictions and enrollment criteria as those required under traditional Older Americans Act funding; this provision allowed the Agency on Aging to provide Congregate Nutrition participants with meals via home-delivery when senior and community centers closed. Both the FFCRA and CARES Act funds and services must be budgeted, tracked, and reported separately from those provided under the Older Americans Act, and must be expended prior to using Older Americans Act funds for services.

The Agency on Aging is tasked with planning budgets for programs for which the future is uncertain (i.e., the Congregate Nutrition and Adult Day Care programs); for which maximum vendor capacity has been reached (i.e. Home-Delivered Meals); and for which the impacts of platform conversion on program participation (i.e. offering Case Management, Caregiver Counseling, and Health Insurance Counseling and Advocacy services via telephone and/or online) are untested.

Review of Needs Assessment

Government-provided data and studies from a wide range of organizations, provided in Section 2 of this Area Plan, indicate that older adults in Fresno and Madera counties face many challenges. Income below the federal poverty level plagues over 24,000 older residents (age 60 and over) of the two counties, and among the age 65 and over population there are over 55,000 individuals reporting a disability. Over 20% of Fresno County and nearly 18% of Madera County households participate in the SNAP (food stamp) program. Of residents age 65 and over in the two-county area, over 26,00 speak English less than “very well.” Over Living with triple-digit heat in an area consistently ranked as the most polluted in the country aggravates health conditions, restricts physical activity, contributes to the area’s high obesity rates, and increases social isolation. Violent crime incidents, as well as high property crime rates, require older adults to exercise vigilance both at home and when they venture into the community. Alzheimer’s Disease death rates are on the rise, as are rates for drug induced deaths and suicides, deaths due to unintentional injuries, and deaths due to motor vehicle crashes. Reports of elder abuse in Fresno and Madera counties total over 3,000 per year, and complaints from residents of long-term care facilities total over 650 per year.

Compounding these challenges, shelter-at-home requirements and health advisories resulting from the COVID-19 pandemic have greatly increased social isolation of older adults. Over 38,600 individuals age 60 and over in Fresno and Madera counties live alone, and over 30,000 are geographically isolated. Closures of senior centers, community centers, and libraries; restrictions on religious services; and limitations on family gatherings have changed the very fabric that weaves the hours from day to night. Many physicians are conducting routine visits over the telephone, reducing opportunities for older individuals to have a regular face-to-face connection with someone they trust and confide in. Even as barbers and hair salons, restaurants, and retail stores reopen to the public, older adults are cautioned to stay at home.

Nutrition

The Agency on Aging’s needs assessment survey indicates 25% of respondents need help preparing meals. While the largest barrier to eating nutritious meals was living alone and not feeling like preparing meals, the second largest barrier was being physically unable to cook or prepare meals. Fifteen percent of respondents indicated a current need for home-delivered meals or an upcoming need in the next 12 months. Food programs comprise the majority of inquiries to the Agency on Aging’s Information and Assistance line and the majority of page hits on the Agency’s Web site, and the demand for home-delivered meals is evidenced by the program’s waiting list.

The number of survey respondents who eat lunch at home is over double that of respondents who stated they eat lunch at a senior or community center; special dietary requirements reported by 59% of respondents, particularly low sugar and low salt, may be a contributing factor.

Ability to Live Independently at Home

Agency on Aging survey results indicate a strong reliance by respondents on unpaid caregivers, demonstrating the importance of programs that enable caregivers to continue their important role. Of respondents needing help with activities of daily living or instrumental activities of daily living, 30% rely on their children (unpaid); 29% rely on a spouse or partner; and 17% rely on another unpaid relative, friend, or neighbor. Nearly 30% of respondents report a friend or relative drives them to doctor appointments and the grocery store. Of concern to 39% of respondents is their ability to care for another adult, while 22% are concerned about being able to take care of a child.

Care management was identified as a need by nearly 25% of survey respondents; this need is particularly evident with 42% of respondents stating concern with being able to take care of themselves day-to-day, and 13% of respondents reporting a need for assistance with their day-to-day activities but having no one to help them. Ongoing referrals to the Agency's care management programs continue to outpace openings, and waiting lists are a constant. Care management ranks fourth in information topics handled by the Agency's Information and Assistance line.

The Agency's survey demonstrated a strong need for in-home services, such as heavy and light housework, chores, and personal care, as well as home maintenance services, such as yard work, fencing and painting; home modifications; and emergency repairs, such as heating or cooling systems, roofing, and plumbing. In-home care is the third most frequently requested topic handled by the Agency's Information and Assistance line.

A majority of respondents to the Agency's survey (64%) voiced concern about losing balance or falling down, and with good cause; the Centers for Disease Control and Prevention reports that falls are the leading cause of injury-related death among adults age 65 and older. (<https://www.cdc.gov/homeandrecreationalafety/falls/fallcost/deaths-from-falls.html> accessed June 15, accessed June 15, 2020)

Forty-seven percent of Agency on Aging survey respondents stated concern with having enough money to pay household bills, and 43% were concerned with having sufficient funds to pay medical bills. Over 11% of Agency on Aging survey respondents identified not having enough money as a barrier to buying nutritious foods.

Feelings of depression, loneliness, or isolation were reported by 42% of survey respondents; this may be correlated to nearly 44% of respondents reporting they live

alone. Nearly 11% of respondents stated they would find a grief and loss support group helpful.

Thirty-two percent of survey respondents reported use of a mobility device, including canes or walkers (26%) or a wheelchair or mobility scooter (6%). Eighteen percent indicated the need for help with taking a shower or bath, and 14% reported needing help with getting in and out of a bed or chair.

Nearly 22% of Agency on Aging survey respondents stated interest in an arthritis support group, while nearly 19% expressed interest in a weight loss support group and 18% in a diabetes support group.

Basic Needs and Rights of Most Frail and Vulnerable



Among Agency on Aging survey respondents, 38% are concerned about someone else using their checkbook or credit cards, or being the victim of a scam or identity theft; 5.2% sought help due to physical abuse or being victim to a violent crime; and 5.2% sought help due to financial abuse or a fraudulent contract. Another 6.1% of respondents stated the need for help to resolve issues with a skilled nursing or board and care facility.

Nearly 26% of survey respondents sought help in the past year with obtaining public benefits, and nearly 12% needed help with housing issues, such as landlord/tenant disputes. Half of respondents stated they had sought help to prepare a will, and 43.7% needed help preparing a power of attorney or advance healthcare directive. Of those seeking help with consumer or legal issues, nearly 37% stated their issues were not resolved.

Nearly 20% of survey respondents do not feel safe from crime when outdoors in their own neighborhood, and over 10% do not feel safe from crime inside their home.

Responses to the disaster preparedness section of the Agency on Aging's survey indicate the majority of respondents are not adequately prepared to effectively respond to an emergency. Only 29% of respondents keep a grab and go bag; 22.8% stock grab and go bags with essential components; and 26.5% have a grab and go bag with supplies that would last for at least three days.

Connection to Resources

Help with Medicare options and issues was a stated need by 27.3% of Agency on Aging survey respondents. Government health insurance programs, including Medicare and Medi-Cal, are the sixth most frequently handled topic by the Agency's Information and Assistance line.

Transportation was a stated need by 37% of Agency on Aging survey respondents, and is the fifth most frequently requested topic handled by the Aging's Information and Assistance line. Of survey respondents who drive, 6% would like to stop driving but don't want to lose their independence, and 15% are finding driving is more of a challenge. While the low paratransit utilization rate by respondents (7%) may have indicated an educational opportunity in the past, this rate, along with the rate of respondents using fixed route public transit (8.2%), is unlikely to increase with COVID-19 restrictions and concerns.

The perception of older adults as unsavvy with technology is increasingly unfounded. Nearly 74% of Agency on Aging survey respondents use a cell phone as their primary phone. Most are accessing the Internet, with over 45% via a handheld device, 41% via their own computer, and 7% via a computer at a library or senior center. Nearly 58% of survey respondents obtain information on services via the Internet. While nearly 30% of survey respondents go online to find out the latest news, television remains as the primary news source (84.7%).

Prioritization of Needs

Factors influencing prioritization of needs include the Agency on Aging’s needs assessment survey; surveys and studies conducted by other organizations; past and current program participation data and existence of waiting lists; frequency of requests to the Agency on Aging for assistance; designation of services allowed through the Agency on Aging’s available funding streams; the Agency on Aging’s staffing capacity to administer funded programs; the scope of services of other government-funded programs; and availability of services through other organizations.

Based upon these factors, the Agency on Aging has established the following service priorities for the 2020-2024 funding cycle.

Agency on Aging Priority	Agency on Aging Programs and Services
Elder Nutrition	Home-Delivered Meals Congregate Meals Nutrition Education
Maintain Ability of Elders to Live Independently	Case Management Family Caregiver Support Program Health Promotion (Powerful Tools for Caregivers) Personal/Home Security Chore Homemaker Adult Day Care Telephone Reassurance Cash/Material Aid
Elder Rights and Safety	Legal Assistance Long-Term Care Ombudsman Program Elder Abuse Prevention, Education, & Training
Connection to Resources	Information and Assistance Health Insurance Counseling and Advocacy Program Transportation Interpretation/Translation

The Older Americans Act requires Agencies on Aging to determine an adequate proportion of Title III B Supportive Services funding in three categories. Title III B funded services that both support the Agency on Aging’s service priorities and are designated as federal priorities include:

Title III B Priority Category	Title III B Priority Services to Be Provided by Agency on Aging
Access	Case Management Information and Assistance Transportation
In-Home Services	Chore Homemaker Personal Care Personal/Home Security Telephone Reassurance Adult Day Care
Legal Assistance	Legal Assistance

Section 9 Goals and Objectives

Goal 1:	Reduce hunger and increase food security of older adults who are experiencing barriers to good nutrition.
Rationale:	Good nutrition is essential to the health of older adults, and has been determined through this Area Plan's needs assessment process to be the highest priority need of older adults in Fresno and Madera counties. Agencies on Aging are well-positioned to help meet this need through the home-delivered meals and congregate nutrition programs.

*Objective		Projected Start Date	Projected End Date	Update Status
A.	Ensure good nutrition for older adults who are homebound, unable to shop for groceries, and unable to prepare a meal through provision of home-delivered meals for a minimum of 650 older adults each fiscal year.	7/1/2020	6/30/2024	
B.	Transition Congregate Nutrition program from COVID-19 mode of meal provision (delivery to homes of Congregate Nutrition program participants) to provision at senior and community centers as the State provides nutrition program guidance and as centers hosting the program are adequately staffed and demonstrate capability to comply with State and local COVID-19 operating requirements.	7/1/2020	6/30/2022	
C.	Resume participation in the Senior Farmers' Market Nutrition Program beginning in fiscal year 2021-2022 (fiscal year 2020-2021 program cancelled due to COVID-19). The Agency on Aging will distribute \$25,000 worth of farmers' market vouchers to older adults who have low income to increase their nutrition through access to fresh fruit and vegetables.	7/1/2021	6/30/2024	
<i>*No funds will be diverted to Program Development or Coordination during this funding cycle.</i>				

Core Programs and Services

Home-Delivered Meals Program

Nutrition Education

Congregate Nutrition Program

Senior Farmers' Market Nutrition Program

Goal 2:	Maintain the ability of older adults to live independently for as long as possible.
Rationale:	It is less expensive for an older adult to remain in the home with community-based support than to provide care in a skilled nursing facility. Case management and supportive services for older adults who need coordination of care to continue to live independently is key to independence. Providing the family caregiver with the tools and support they need to continue in their caregiving role is essential to keeping older adults in their homes. Telephone wellness checks with isolated older adults help eradicate loneliness and increase their sense of well-being.

*Objective		Projected Start Date	Projected End Date	Update Status
A.	Case Management: Provide Linkages case management and supportive services, such as chore, homemaker, and personal care, for 100 older adults each fiscal year who are at risk for placement but do not qualify for other case management programs.	7/1/2020	6/30/2024	
B.	Provide counseling for a minimum of 250 family caregivers and support groups for a minimum of 40 family caregivers each fiscal year to help them maintain their caregiver role and defer placement of their family member.	7/1/2020	6/30/2024	
C.	Health Promotion: Improve self-care behaviors, management of emotions, self-efficacy, and use of community resources by older adults who are family caregivers through provision of five six-week sessions of the evidence-based Powerful Tools for Caregivers program each fiscal year.	7/1/2020	6/30/2024	
D.	Telephone Reassurance: Decrease social isolation by providing a minimum of 2,150 telephone wellness checks for older adults who are socially and/or geographically isolated due to COVID-19 restrictions.	7/1/2020	06/30/2021	

**No funds will be diverted to Program Development or Coordination during this funding cycle.*

Core Programs and Services

Case Management – Linkages Program

Family Caregiver Support Program (Title III E)

- | | | |
|----|-----------------------|---|
| 1. | Access Assistance | Caregiver Information and Assistance
Caregiver Outreach
Caregiver Interpretation/Translation
Caregiver Legal Resources |
| 2. | Information Services | Community Education on Caregiving
Public Information on Caregiving |
| 3. | Respite Care | Caregiver Respite In-Home Supervision |
| 4. | Support Services | Caregiver Assessment
Caregiver Counseling
Caregiver Support Group
Caregiver Training |
| 5. | Supplemental Services | Assistive Devices for Caregiving
Caregiving Emergency Cash/Material Aid
Caregiving Services Registry |

Health Promotion: Powerful Tools for Caregivers

Adult Day Care

Additional Supportive Services (Title III B)

- | | |
|------------------------|----------------------------|
| Personal/Home Security | Personal Care |
| Chore | Cash/Material Aid |
| Homemaker | Interpretation/Translation |
| Telephone Reassurance | |

Goal 3:	Address basic needs and rights of older adults who are the most frail and vulnerable, to promote aging with dignity, and ensure a safe living environment.
Rationale:	Adult Protective Services in Fresno and Madera counties received 3,222 reports of alleged elder abuse and handled 467 confirmed cases of elder abuse perpetrated by others in 2018. The Long-Term Care Ombudsman Program handled 655 complaints for residents of long-term care facilities in fiscal year 2018-2019. Increased awareness of elder abuse identification and reporting, and the rights of individuals in skilled nursing facilities and residential care facilities for the elderly, is needed to help reduce abuse and ensure rights are protected. Education on emergency preparedness is essential to ensure safety of older adults during earthquakes, floods, and increasing incidents of wildfires and power outages.

*Objective		Projected Start Date	Projected End Date	Update Status
A.	Elder Abuse Prevention, Education and Training: Valley Caregiver Resource Center will provide 18 educational sessions on elder abuse for professionals, caregivers, and the public each fiscal year to increase elder abuse awareness and reporting.	07/01/2020	06/30/2024	
B.	Long-Term Care Ombudsman Program: Valley Caregiver Resource Center will visit Skilled Nursing Facilities in Fresno and Madera counties quarterly, as COVID-19 visiting restrictions permit, to provide residents with routine access to trained Ombudsmen, who will inform residents of their rights and seek resolution to identified issues.	07/01/2020	06/30/2024	
C.	Legal Assistance: Central California Legal Services will provide 700 hours of legal assistance each fiscal year to protect older adults from physical and financial abuse, unlawful evictions, unfair business and debt collection practices, and other issues affecting their rights.	07/01/2020	06/30/2024	
<i>*No funds will be diverted to Program Development or Coordination during this funding cycle.</i>				

*Objective		Projected Start Date	Projected End Date	Update Status
D.	Disaster Preparedness: The Agency on Aging will increase the capability of older adults to effectively respond to an emergency through annual provision of FEMA preparedness checklists and brochures to its case management and home-delivered meals clients. The Agency will also observe National Preparedness Month each September through posting of FEMA public service announcements on its Web site and ongoing updates to the Agency's "Be Safe" Web page, including links to resources in multiple languages. When COVID-19 precautions for older adults are lifted, the Agency on Aging's Advisory Council will plan and provide five peer-to-peer presentations on disaster preparedness for older adults each fiscal year.	07/01/2020	06/30/2024	
*No funds will be diverted to Program Development or Coordination during this funding cycle.				

Core Programs and Services
<p>Long-Term Care Ombudsman Program</p> <p>Elder Abuse Prevention, Education and Training</p> <p>Legal Assistance</p> <p>Disaster Preparedness</p> <p><i>(No funding requested; objectives to be accomplished in the course of conducting customer contacts through Case Management and Home-Delivered Meals programs, through administrative activities, and in the course of conducting Advisory Council activities.)</i></p>

Goal 4:	Empower older adults to make informed decisions and sound choices to increase independence and ensure quality of life through connection to resources.
Rationale:	Ensuring older adults are aware of their options and have the tools they need to navigate through unfamiliar programs and services is essential to ensure their needs are effectively met. Counseling on Medicare plans and available subsidies for beneficiaries with low income continues to be a high-demand service. Information and Assistance is necessary to direct inquiries to the right service in the spectrum of providers. Transportation is needed to physically access essential services, including groceries and medical appointments.

*Objective		Projected Start Date	Projected End Date	Update Status
A.	Health Insurance Counseling and Advocacy Program: Valley Caregiver Resource Center will attain the California Department of Aging's annual minimum benchmark for hours of counseling for Medicare beneficiaries (fiscal year 2020-201 benchmark is 2,014 hours).	07/01/2020	06/30/2024	
B.	The City of Madera will ensure older residents have access to grocery stores, medical facilities, pharmacies, nutrition sites, and social activities through provision of 30,000 public transit passes for fixed route and dial-a-ride services each fiscal year.	07/01/2020	06/30/2024	
C.	The Agency on Aging will help older adults and family caregivers navigate the network of care by reviewing and updating its Web site content a minimum of once a month to ensure information on its programs and services is current and to post information on events and workshops offered by community partners.	07/01/2020	06/30/2024	
<i>*No funds will be diverted to Program Development or Coordination during this funding cycle.</i>				

Section 10
 Service Unit Plan (SUP) Objectives

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

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

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.

Personal Care (In-Home) Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	300	2	A
2021-2022			
2022-2023			
2023-2024			

Homemaker (In-Home) Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	420	2	A
2021-2022			
2022-2023			
2023-2024			

Chore (In-Home) Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	420	2	A
2021-2022			
2022-2023			
2023-2024			

Home-Delivered Meals Unit of Service = 1 meal

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	200,524	1	A
2021-2022			
2022-2023			
2023-2024			

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	410	2	
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	1,500	2	A
2021-2022			
2022-2023			
2023-2024			

Congregate Meals Unit of Service = 1 meal

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	101,814	1	B
2021-2022			
2022-2023			
2023-2024			

Transportation (Access) Unit of Service = 1 one-way trip

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	30,000	4	B
2021-2022			
2022-2023			
2023-2024			

Legal Assistance Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	700	3	C
2021-2022			
2022-2023			
2023-2024			

Nutrition Education Unit of Service = 1 session per participant

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	5,411	1	-
2021-2022			
2022-2023			
2023-2024			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	2,695	4	-
2021-2022			
2022-2023			
2023-2024			

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.

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

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

Other Supportive Service Category: Interpretation/Translation **Unit of Service = 1 Contact**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	2	4	-
2021-2022			
2022-2023			
2023-2024			

Other Supportive Service Category: Personal/Home Security **Unit of Service = 1 Product**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	20	2	-
2021-2022			
2022-2023			
2023-2024			

Other Supportive Service Category: Telephone Reassurance **Unit of Service = 1 Contact**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	2,150	2	D
2021-2022			
2022-2023			
2023-2024			

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.

Service Activities:

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

Powerful Tools for Caregiving			Unit of Service = 1 Contact
Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (Required)
2020-2021	495	2	C
2021-2022			
2022-2023			
2023-2024			

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.

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 (377) + number of partially resolved complaints (235) divided by the total number of complaints received (799) = Baseline Resolution Rate (76.6%) FY 2020-2021 Target Resolution Rate: 75%</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>
<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>
<p>4. FY 2021-2022 Baseline Resolution Rate: Number of complaints partially or fully resolved _____ divided by the total number of complaints received _____ = Baseline Resolution Rate _____ % FY 2023-2024 Target Resolution Rate _____</p>
<p>Program Goals and Objective Numbers: _____</p>

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

<p>1. FY 2018-2019 Baseline: Number of Resident Council meetings attended = 51 FY 2020-2021 Target: 20</p>
<p>2. FY 2019-2020 Baseline: Number of Resident Council meetings attended _____ FY 2021-2022 Target: _____</p>
<p>3. FY 2020-2021 Baseline: Number of Resident Council meetings attended _____ FY 2022-2023 Target: _____</p>
<p>4. FY 2021-2022 Baseline: Number of Resident Council meetings attended _____ FY 2023-2024 Target: _____</p>
<p>Program Goals and Objective Numbers: _____</p>

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

1. FY 2018-2019 Baseline: Number of Family Council meetings attended = 8 FY 2020-2021 Target: 0
2. FY 2019-2020 Baseline: Number of Family Council meetings attended _____ FY 2021-2022 Target: _____
3. FY 2020-2021 Baseline: Number of Family Council meetings attended _____ FY 2022-2023 Target: _____
4. FY 2021-2022 Baseline: Number of Family Council meetings attended _____ FY 2023-2024 Target: _____
Program Goals and Objective Numbers: _____

D. Information and Assistance to Facility Staff (NORS Elements S-53 and S-54)

Count of instances of Ombudsman representatives' interactions with facility staff for the purpose of providing general information and assistance unrelated to a complaint. Information and Assistance may be accomplished by telephone, letter, email, fax, or in-person.

1. FY 2018-2019 Baseline: Number of Instances = 1,937 FY 2020-2021 Target: 1,500
2. FY 2019-2020 Baseline: Number of Instances _____ FY 2021-2022 Target: _____
3. FY 2020-2021 Baseline: Number of Instances _____ FY 2022-2023 Target: _____
4. FY 2021-2022 Baseline: Number of Instances _____ FY 2023-2024 Target: _____
Program Goals and Objective Numbers: _____

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

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

1. FY 2018-2019 Baseline: Number of Instances = 6,071 FY 2020-2021 Target: 3,000
2. FY 2019-2020 Baseline: Number of Instances _____ FY 2021-2022 Target: _____
3. FY 2020-2021 Baseline: Number of Instances _____ FY 2022-2023 Target: _____
4. FY 2021-2022 Baseline: Number of Instances _____ FY 2023-2024 Target: _____
Program Goals and Objective Numbers: _____

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

1. FY 2018-2019 Baseline: Number of Sessions = 43 FY 2020-2021 Target: 6
2. FY 2019-2020 Baseline: Number of Sessions _____ FY 2021-2022 Target: _____
3. FY 2020-2021 Baseline: Number of Sessions _____ FY 2022-2023 Target: _____
4. FY 2021-2022 Baseline: Number of Sessions _____ FY 2023-2024 Target: _____
Program Goals and Objective Numbers: _____

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

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

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

Enter information in the relevant box below.

FY 2020-2021
FY 2020-2021 Systems Advocacy Effort(s): (Provide one or more new systems advocacy effort.) October 2020 is Resident Rights month. New COVID-19 visitation guidelines provide for staff Ombudsmen to visit SNF and RCFE facilities. In recognition of Resident Rights Month, staff will deliver posters, collateral materials, tent cards and Resident Rights information to SNF and RCFE residents. This is very timely as it has often been necessary to override many Resident Rights in response the COVID-19 Pandemic. Our Ombudsmen will re-educate the residents on their rights and how the Ombudsman Program can assist them with any future violations.
FY 2021-2022
FY 2021-2022 Systems Advocacy Effort(s): (Provide one or more new systems advocacy effort.)
FY 2022-2023
FY 2022-2023 Systems Advocacy Effort(s): (Provide one or more new systems advocacy effort.)
FY 2023-2024
FY 2023-2024 Systems Advocacy Effort(s): (Provide one or more new systems advocacy effort.)

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

Measures and Targets:

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

1. FY 2018-2019 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint (36) divided by the total number of Nursing Facilities (38) = Baseline 100% FY 2020-2021 Target: 50%
2. 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 _____ % FY 2021-2022 Target: %
3. 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 _____ % FY 2022-2023 Target: %
4. FY 2021-2022 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint _____ divided by the total number of Nursing Facilities = Baseline _____ % FY 2023-2024 Target: %
Program Goals and Objective Numbers: 3.B

B. Routine access: Residential Care Communities (NORS Element S-61)

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

1. FY 2018-2019 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint (178) divided by the total number of RCFEs (207) = Baseline (85%) FY 2020-2021 Target: 50%
2. 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: __%
3. 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: __%
4. FY 2021-2022 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint () divided by the total number of RCFEs () = Baseline (%) FY 2023-2024 Target: __%
Program Goals and Objective Numbers: _____

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

1. FY 2018-2019 Baseline: 6.3FTEs FY 2020-2021 Target: 6.875 FTEs
2. FY 2019-2020 Baseline: _____FTEs FY 2021-2022 Target: _____FTEs
3. FY 2020-2021 Baseline: _____FTEs FY 2022-2023 Target: _____FTEs
4. FY 2021-2022 Baseline: _____FTEs FY 2023-2024 Target: _____FTEs
Program Goals and Objective Numbers: _____

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

1. FY 2018-2019 Baseline: Number of certified LTC Ombudsman volunteers: 49 FY 2020-2021 Projected Number of certified LTC Ombudsman volunteers: 30
2. FY 2019-2020 Baseline: Number of certified LTC Ombudsman volunteers _____ FY 2021-2022 Projected Number of certified LTC Ombudsman volunteers _____
3. FY 2020-2021 Baseline: Number of certified LTC Ombudsman volunteers _____ FY 2022-2023 Projected Number of certified LTC Ombudsman volunteers _____
4. FY 2021-2022 Baseline: Number of certified LTC Ombudsman volunteers _____ FY 2023-2024 Projected Number of certified LTC Ombudsman volunteers _____
Program Goals and Objective Numbers:___

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

Fiscal Year 2020-2021 NORS Efforts:

Additional staff will be hired to assist with Ombudsman Data Integration Network (ODIN 2020) data entry, case creation, document uploading, monitoring of open cases and the case review and closure process.

Fiscal Year 2021-2022 NORS Efforts:

Fiscal Year 2022-2023 NORS Efforts:

Fiscal Year 2023-2024 NORS Efforts:

TITLE VIIA ELDER ABUSE PREVENTION
SERVICE UNIT PLAN OBJECTIVES

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 Valley Caregiver Resource Center.

Fiscal Year	Total # of Public Education Sessions
2020-2021	4
2021-2022	
2022-2023	
2023-2024	

Fiscal Year	Total # of Training Sessions for Professionals
2020-2021	10
2021-2022	
2022-2023	
2023-2024	

Fiscal Year	Total # of Training Sessions for Caregivers served by Title III E
2020-2021	4
2021-2022	
2022-2023	
2023-2024	

Fiscal Year	Total # of Hours Spent Developing a Coordinated System
2020-2021	60
2021-2022	
2022-2023	
2023-2024	

Fiscal Year	Total # of Copies of Educational Materials to be Distributed	Description of Educational Materials
2020-2021	500	Elder Abuse Awareness & Prevention, Financial Abuse, How to Report Elder Abuse, Mandated Reporting, Sexual Abuse in Skilled Nursing Facilities, Available Community Resources, Bureau of Medi-Cal Fraud & Elder Abuse Information, U.S. Attorney’s Office Information, Victim Assistance Resources
2021-2022		
2022-2023		
2023-2024		

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	Proposed Units of Service	Required Goal #(s)	Optional Objective #(s)
Information Services	# of activities and Total estimated audience for above		
2020-2021	# of activities: 43 Total estimated audience for above: 3,220	2	-
2021-2022	# of activities: Total estimated audience for above:		
2022-2023	# of activities: Total estimated audience for above:		
2023-2024	# of activities: Total estimated audience for above:		
Access Assistance	Total Contacts		
2020-2021	1,371	2	-
2021-2022			
2022-2023			
2023-2024			
Support Services	Total Hours		
2020-2021	2,148	2	-
2021-2022			
2022-2023			
2023-2024			

Direct and/or Contracted III E Services

CATEGORIES	1	2	3
Family Caregiver Services Caring for Elderly	Proposed Units of Service	Required Goal #(s)	Optional Objective #(s)
Respite Care	Total Hours		
2020-2021	6,444	2	-
2021-2022			
2022-2023			
2023-2024			
Supplemental Services	Total Occurrences		
2020-2021	45	2	-
2021-2022			
2022-2023			
2023-2024			

Direct and/or Contracted III E Services

CATEGORIES	1	2	3
Grandparent Services Caring for Children	Proposed Units of Service	Required Goal #(s)	Optional Objective #(s)
Information Services	# of activities and Total estimated audience for above		
2020-2021	# of activities:0 Total estimated audience for above:0	-	-
2021-2022	# of activities:0 Total estimated audience for above:0	-	-
2022-2023	# of activities:0 Total estimated audience for above:0	-	-
2023-2024	# of activities:0 Total estimated audience for above:0	-	-
Access Assistance	Total Contacts		
2020-2021	0	-	-
2021-2022	0	-	-
2022-2023	0	-	-
2023-2024	0	-	-
Support Services	Total Hours		
2020-2021	0	-	-
2021-2022	0	-	-
2022-2023	0	-	-
2023-2024	0	-	-
Respite Care	Total Hours		
2020-2021	0	-	-
2021-2022	0	-	-
2022-2023	0	-	-
2023-2024	0	-	-
Supplemental Services	Total Occurrences		
2020-2021	0	-	-
2021-2022	0	-	-
2022-2023	0	-	-
2023-2024	0	-	-

**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): Not applicable

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

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

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

Section 11 Community Focal Points

COMMUNITY FOCAL POINTS LIST

CCR Title 22, Article 3, Section 7302(a)(14), 45 CFR Section 1321.53(c), OAA 2006 306(a)

Note: Focal Points were active as of February 2020; sites may be intermittently closed or have limited hours and services due to the COVID-19 pandemic.

PSA 14 Designated Community Focal Points		
Fresno County		
Fresno-Madera Area Agency on Aging	2520 W. Shaw Ln. #101A	Fresno, CA 93711
Clovis Senior Center	850 4th St.	Clovis, CA 93612
Coalinga Senior Center	220 E. Forest Ave.	Coalinga, CA 93210
Firebaugh Senior Center	1601 Thomas Conboy Ave.	Firebaugh, CA 93622
Huron Senior Center	16900 5 th St.	Huron, CA 93234
Kerman Senior Center	720 S. 8 th St.	Kerman, CA 93630
Kingsburg Senior Center	1450 Ellis St.	Kingsburg, CA 93631
Mary Ella Brown Community Center	1350 E. Annadale Ave.	Fresno, CA 93706
Mendota Senior Center	415 Sorenson Ave.	Mendota, CA 93640
Mosqueda Community Center	3670 E. Butler Ave.	Fresno, CA 93702
Orange Cove Senior Center	699 6 th St.	Orange Cove, CA 93646
Pinedale Community Center	7170 N. San Pablo Ave.	Pinedale, CA 93650
Reedley Senior Center	100 N. East Ave.	Reedley, CA 93654
Sanger Senior Center	730 Recreation Ave.	Sanger, CA 93657
Sierra Oaks Senior and Community Center	33276 Lodge Rd.	Tollhouse, CA 93667
Ted C. Wills Community Center	770 N. San Pablo Ave.	Fresno, CA 93728
Madera County		
Chowchilla Senior Center	820 Robertson Blvd.	Chowchilla, CA 93610
Frank A. Bergon Senior Center	238 S. D St.	Madera, CA 93637
Pan-American Community Center	703 E. Sherwood Way	Madera, CA 93638
Ranchos/Hills Senior Center	37330 Berkshire Dr.	Madera Ranchos, CA 93636
Sierra Senior Center	49111 Cinder Ln.	Oakhurst, CA 93644

Disaster Preparation Planning Conducted for the 2016-2020 Planning Cycle OAA Title III, Sec. 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:

The Fresno-Madera Area Agency on Aging includes its Service Provider Emergency Resource Information form as an exhibit in each service provider contract. Service providers are required to designate a primary and secondary emergency contact, indicate all emergency services that could be provided from each location where contracted services are offered, and indicate shelter, transportation, emergency water supply, and number of days facility could function using a back-up power source. The Agency on Aging maintains copies of each provider's emergency resource exhibit in a binder for ease of reference in the event of an emergency. The Agency on Aging also maintains a list of all emergency contacts in Microsoft Excel, updates the list following execution of annual provider contracts, and places the list at the front of the binder.

The File of Life[®] has historically provided a synopsis of the client's health information for access by emergency personnel. The file has been enhanced by the Agency on Aging to include a section for physician authorization of prescriptions to assist individuals with obtaining their medications following a disaster. The File of Life[®], housed in a plastic protective pouch and typically attached to the client's refrigerator for accessibility by first responders, can be easily removed and transported with the client should an evacuation be necessary. The Agency on Aging and its contracted service providers continue to distribute File of Life[®] packets through Health Promotion, Information and Assistance, and Outreach activities.

The Agency on Aging recognizes that just as a caregiver cannot attend to the needs of a client unless the caregiver is functional, each individual Agency on Aging staff member must be prepared for a disaster in order to provide critical Agency on Aging services following a disaster event. Each staff member has been provided with a backpack containing a "grab and go" emergency kit. The Agency on Aging incorporates basic response emergency training, such as fire drills and first aid, in staff safety meetings, and offers fire extinguisher training for staff. Emergency contact triage lists

are updated and distributed to Agency on Aging personnel on an ongoing basis.

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):

	Title	Telephone	Email
Ken Austin	Emergency Manager, Fresno County Office of Emergency Services	Office: 559-600-4065	kaustin@co.fresno.ca.us
Sergeant Joseph Wilder	OES Coordinator, Madera County Sheriff's Department	Office: 559-675-7770	jwilder@maderacounty.com

3. Identify the Disaster Response Coordinator within the AAA:

Name	Title	Telephone	Email
Primary: Jean Robinson	Executive Director	Office: 559-214-0299	jrobinson@fmaaa.org
Secondary: Tim Savage	Interim Administrative/ Programs Manager	Office: 559-214-0299 ext. 102	tsavage@fmaaa.org

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 Case Management	a Via telephone
b Home-Delivered Meals	b Contracted meal vendor
c Information and Assistance	c Telephone, Agency Web site

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

The Agency on Aging has not established formal agreements for emergency preparedness or response.

6. Describe how the AAA will:

- Identify vulnerable populations.

Agency on Aging staff complete Client Emergency forms during assessments of Care Management and Home-Delivered Meals clients. This one-page form profiles the client's needs in the event of an emergency, including the client's high-risk score; oxygen and insulin requirements; local

and out of area emergency contact and household access information; household member and pet information; and location of the client's File of Life® packet.

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

Agency on Aging staff will use the contact information on the Client Emergency forms to conduct telephone calls to assess the needs of clients identified as vulnerable.

2020-2024 Four-Year Planning Cycle

Funding for Access, In-Home Services, and Legal Assistance

The CCR, Article 3, Section 7312, requires the AAA to allocate an “adequate proportion” of federal funds to provide Access, In-Home Services, and Legal Assistance in the PSA. The annual minimum allocation is determined by the AAA through the planning process. The minimum percentages of applicable Title III B funds¹ 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 2023-24

Access:

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

2020-2021: 40%	2021-2022: 40%	2022-2023: 40%	2023-2024: 40%
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In-Home Services:

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

2020-2021: 8%	2021-2022: 8%	2022-2023: 8%	2023-2024: 8%
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Legal Assistance Required Activities:²

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

2020-2021: 2%	2021-2022: 2%	2022-2023: 2%	2023-2024: 2%
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Explain how allocations are justified and how they are determined to be sufficient to meet the need for the service within the PSA:

The ongoing needs assessments and funding constraints are the determinate factors for the allocation of funding for all services. Funding for priority services is reserved at the levels indicated above to ensure an adequate amount is available for federally-designated priorities for Title III B services that have also been identified as priority services at the local level.

¹ 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.

² 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 14

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

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

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

Check applicable direct services

Check each applicable Fiscal Year

Title 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 checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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 IIID	20-21	21-22	22-23	23-24
<input type="checkbox"/> Disease Prevention and Health Promo.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Title IIIE ¹	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 checked="" 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"/>
<input type="checkbox"/> Respite Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Supplemental Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Title 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.

Section 6 of this Area Plan provides detailed information on targeting plans; in summary, this includes distribution of literature to targeted access points, partnerships with community-based organizations, Web site display in six languages, and use of bilingual staff and a language line.

¹ Refer to PM 11-11 for definitions of Title III E categories.

SECTION 15 - REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES PSA 14

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: Service Category: Case Management

Check applicable funding source:¹

- IIIB
- IIIC-1
- IIIC-2
- 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.²

The Agency on Aging provides the Linkages Case Management program with Title III B funding for individuals age 60 and over, targeting individuals who do not qualify for the Multipurpose Senior Services Program (MSSP) and who are frail and most at risk for placement. Direct provision of services by the Agency's case management staff allows for effective and timely cross-coordination across programs. Incoming referrals from community-based organizations (i.e. In-Home Supportive Services, hospital discharge planners, senior and community center coordinators) as well as the Agency's direct service staff (i.e. Information and Assistance, Congregate Nutrition, and Home-Delivered Meals) are centrally handled and uniformly triaged by the Agency's case management staff. An initial assessment of client needs enables the Agency to provide direct services such as Home-Delivered Meals, Personal Care, Chore, and Homemaker services, as well as referrals through Information and Assistance to other services, to individuals on the Case Management waiting list. Linkages program enrollments are maintained at a constant level, which enables openings to be immediately filled as they occur.

¹ Section 15 does not apply to Title V (SCSEP).

² For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs are in agreement.

SECTION 15 - REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES PSA 14

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: Service Category: Cash/Material Aid

Check applicable funding source:³

- IIIB
- IIIC-1
- IIIC-2
- 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.⁴

Cash/Material Aid funds are extremely limited. The Agency on Aging reserves these funds as a measure of last resort for clients who have been fully assessed by the Agency's Case Management staff as most in need of services and whose well-being is endangered by loss of PG&E or other essential services.

¹ Section 15 does not apply to Title V (SCSEP).

² For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs are in agreement.

SECTION 15 - REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES PSA 14

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: Service Category: Chore

Check applicable funding source:⁵

- IIIB
- IIIC-1
- IIIC-2
- 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.⁶

Direct provision of Chore services enables the Agency on Aging’s Title III B Linkages case managers and Title III C2 eligibility workers to timely arrange for Chore services for clients who have been fully assessed as most in need for services and most at risk of placement. The Agency on Aging has established vendor contracts for Chore services through its Multipurpose Senior Services Program (MSSP). These vendors have been vetted for contractual compliance and cost-effective provision of services.

¹ Section 15 does not apply to Title V (SCSEP).

² For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs are in agreement.

SECTION 15 - REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES **PSA 14**

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: Service Category: Homemaker

Check applicable funding source:⁷

- IIIB
- IIIC-1
- IIIC-2
- 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.⁸

Direct provision of Homemaker services enables the Agency on Aging's Title III B Linkages case managers and Title III C2 eligibility workers to timely arrange for Homemaker services for clients who have been fully assessed as most in need for services and most at risk of placement. The Agency on Aging has established vendor contracts for Homemaker services through its Multipurpose Senior Services Program (MSSP). These vendors have been vetted for contractual compliance and cost-effective provision of services.

¹ Section 15 does not apply to Title V (SCSEP).

² For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs are in agreement.

SECTION 15 - REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES PSA 14

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: Service Category: Interpretation/Translation

Check applicable funding source:⁹

- IIIB
- IIIC-1
- IIIC-2
- 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.¹⁰

The greatest need for Interpretation/Translation services by the Agency’s clients has historically been Spanish-to-English and English-to-Spanish. The Agency on Aging handles most requests for Interpretation/Translation through staff who are bilingual in English and Spanish, and uses a Language Line vendor for additional language needs. Due to minimal historical need, maintaining Interpretation/Translation as a direct service with a Language Line vendor is timelier and more cost-effective than establishing a provider contract.

¹ Section 15 does not apply to Title V (SCSEP).

² For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs are in agreement.

SECTION 15 - REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES PSA 14

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: Service Category: Personal Care

Check applicable funding source:¹¹

- IIIB
- IIIC-1
- IIIC-2
- 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.¹²

Direct provision of Personal Care services enables the Agency on Aging's Title III B Linkages case managers to timely arrange for Personal Care services for clients who have been fully assessed as most in need for services and most at risk of placement. The Agency on Aging has established vendor contracts for Personal Care services through its Multipurpose Senior Services Program (MSSP). These vendors have been vetted for contractual compliance and cost-effective provision of services.

¹ Section 15 does not apply to Title V (SCSEP).

² For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs are in agreement.

SECTION 15 - REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES PSA 14

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: Service Category: Personal/Home Security

Check applicable funding source:¹³

- IIIB
- IIIC-1
- IIIC-2
- 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.¹⁴

Direct provision of Personal/Home Security services enables the Agency on Aging's Title III B Linkages case managers to timely arrange for Personal/Home Security services for clients who have been fully assessed as most in need for services and most at risk of placement. The Agency on Aging has established vendor contracts for Personal/Home Security services through its Multipurpose Senior Services Program (MSSP). These vendors have been vetted for contractual compliance and cost-effective provision of services.

¹ Section 15 does not apply to Title V (SCSEP).

² For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs are in agreement.

SECTION 15 - REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES PSA 14

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: Service Category: Transportation

Check applicable funding source:¹⁵

- IIIB
- IIIC-1
- IIIC-2
- 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.¹⁶

The Agency on Aging provides Transportation through direct services and through subcontracts with two services providers. Direct provision of Transportation services enables the Agency on Aging's Title III B Linkages case managers to timely arrange for Transportation services for clients who have been fully assessed as most in need for services and most at risk of placement. Subcontracts with two service providers provide additional points of access to Transportation services for older adults who could not otherwise go to medical appointments, shop for groceries, participate in meal programs, and participate in social activities.

¹ Section 15 does not apply to Title V (SCSEP).

² For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs are in agreement.

SECTION 15 - REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES PSA 14

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: Service Category: Congregate Meals

Check applicable funding source:¹⁷

- IIIB
- IIIC-1
- IIIC-2
- 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.¹⁸

The Agency on Aging's model for Congregate Nutrition service delivery includes subcontracts with city and county governments, as well as non-profit organizations, for nutrition site management at 27 senior and community centers located throughout Fresno and Madera counties, as well as a vendor agreement for provision of meals to these centers. These centers are strategically located in rural areas and centers of urban areas to ensure access for older adults with low income in greatest geographical and social need; as well as for older adults who speak Spanish as their primary language. The Agency on Aging provides quarterly training for nutrition site management staff; inspects kitchens; conducts monitoring for contractual compliance; and handles entry and upload of client data to the California Aging Reporting System. The Agency on Aging also conducts the Request for Proposal process to identify the most qualified and cost-effective meal vendor; the vendor provides a centralized meal reservation system.

¹ Section 15 does not apply to Title V (SCSEP).

² For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs are in agreement.

SECTION 15 - REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES PSA 14

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: Service Category: Home-Delivered Meals

Check applicable funding source:¹⁹

- IIIB
- IIIC-1
- IIIC-2
- 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.²⁰

The Agency on Aging provides the Home-Delivered Meals program for individuals age 60 and over, with highest priority for individuals with two or more of the following risk factors: Age 90 or over; three or more California Activities of Daily Living ranked 4 (lots of human help) or 5 (cannot do it at all); lives alone with no daily in-home care and unable to leave home without assistance; recovering from recent hospital stay; and/or has cognitive or other mental impairment and requires substantial supervision. Direct provision of services by the Agency's Home-Delivered Meals staff allows for effective and timely cross-coordination across programs. Incoming referrals from community-based organizations (i.e. In-Home Supportive Services, hospital discharge planners, senior and community center coordinators) as well as the Agency's direct services staff (i.e. Case Management and Information and Assistance) are centrally handled and uniformly triaged by the Agency's Home-Delivered Meals eligibility workers. An initial assessment of client needs enables the Agency to identify those who may benefit from direct services such as Case Management, Chore, and Homemaker services, as well as referrals through Information and Assistance to other community-based services. Home-Delivered Meals program enrollments are maintained at a constant level, which enables openings to be immediately filled as they occur.

¹ Section 15 does not apply to Title V (SCSEP).

² For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs are in agreement.

SECTION 15 - REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES **PSA 14**

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: Service Category: Nutrition Education

Check applicable funding source:²¹

- IIIB
- IIIC-1
- IIIC-2
- 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.²²

The Agency on Aging is a direct-service provider for the Congregate Nutrition and Home-Delivered Meals programs. Direct contact with nutrition program participants, as well as senior and community center coordinators, ensures Nutrition Education topics are focused on participant needs. In addition, direct service provision is effectively coordinated with the Agency on Aging's scheduled monitoring visits to Congregate Nutrition sites and scheduled deliveries to Home-Delivered Meals participants.

¹ Section 15 does not apply to Title V (SCSEP).

² For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs are in agreement.

SECTION 15 - REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES PSA 14

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: Service Category: Information and Assistance

Check applicable funding source:²³

- IIIB
- IIIC-1
- IIIC-2
- 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.²⁴

Familiarity with the full network of services available for older adults is essential for providing effective referrals. Agency on Aging staff are uniquely positioned to provide Information and Assistance through daily interaction with Agency program staff and contracted service providers, as well relationships with community-based providers and subscriptions to their newsletters. These same interactions enable the Agency to actively maintain a comprehensive resource directory with content specific to the older adult population and family caregivers. Agency on Aging staff are also able to listen for cues that indicate the individual is in need of a wider spectrum of support than the initial expressed need, to educate the individual on options that address the complexity of their issue(s), and to provide follow-up calls to ensure referrals were helpful and to offer additional resources if necessary.

¹ Section 15 does not apply to Title V (SCSEP).

² For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs are in agreement.

SECTION 15 - REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES PSA 14

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: Service Category: Caregiver Information and Assistance

Check applicable funding source:²⁵

- IIIB
- IIIC-1
- IIIC-2
- 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.²⁶

Familiarity with the full network of services available for older adults is essential for providing effective referrals. Agency on Aging staff are uniquely positioned to provide Caregiver Information and Assistance through daily interaction with Agency program staff and contracted service providers, as well relationships with community-based providers and subscriptions to their newsletters. These same interactions enable the Agency to actively maintain a comprehensive resource directory with content specific to the older adult population and family caregivers. Agency on Aging staff are also able to listen for cues that indicate the individual is in need of a wider spectrum of support than the initial expressed need, to educate the individual on options that address the complexity of their issue(s), and to provide follow-up calls to ensure referrals were helpful and to offer additional resources if necessary.

¹ Section 15 does not apply to Title V (SCSEP).

² For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs are in agreement.

**GOVERNING BOARD MEMBERSHIP
2016-2020 Four-Year Area Plan Cycle**

CCR Article 3, Section 7302(a)(11)

Total Number of Board Members: 15

Name and Title of Officers

Office Term Expires

James Poptanich, Fresno City

January 4, 2021

John Sears, Madera County, First Vice-Chair

January 3, 2022

Ronald Adolph, Fresno County, Second Vice-Chair

January 3, 2022

Names and Titles of Non-Officer Members

Board Term Expires

Steve Brandau, Board Member, Fresno County

January 6, 2025

Leonard Haggerty, Board Member, Fresno County

January 4, 2021

Rodney Ashley, Board Member, Fresno City

January 4, 2021

Luis Chavez, Board Member, Fresno City

January 4, 2021

Robert Poythress, Board Member, Madera County

January 4, 2021

Keith Rigby, Board Member, Madera County

January 4, 2021

Edward Saliba, Board Member, Fresno City

January 3, 2022

Robert Ward, Board Member, Fresno County

January 4, 2021

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

Vacancies awaiting appointment by the Agency on Agency’s Joint Power Authorities:

1 - City of Fresno

1 - County of Fresno

2 - County of Madera

**ADVISORY COUNCIL MEMBERSHIP
2016-2020 Four-Year Planning Cycle**

Older Americans Act Reauthorization of 2016 Section 306(a)(6)(D)
45 CFR, Section 1321.57; CCR Article 3, Section 7302(a)(12)

Total Council Membership (include vacancies): 21
Number of Council Members over age 60: 7

<u>Ethnic Composition</u>	<u>*% of PSA's 60+ Population</u>	<u>% on Advisory Council</u>
Hispanic or Latino of Any Race	31.5%	33.3%
White Alone, Not Hispanic or Latino	54.1%	33.3%
<u>Race Composition</u>		
White	74.9%	33.3%
Black or African American	4.1%	8.3%
Native American/Alaskan Native	1%	-
Asian/Pacific Islander	8.1%	16.7%
Some Other Race	9.5%	8.3%
Two or More Races	2.2	

**Source: U.S. Census Bureau, 2018 American Community Survey 5-Year Estimates (Table S0102, Population 60 Years and Over in the United States)*

<u>Name and Title of Officers</u>	<u>Office Term Expires</u>
Raymond Lopez, Fresno County, Chair	June 30, 2022
Ren Ramshaw, Fresno City, First Vice-Chair	June 30, 2021
Verlaine Elinburg, Madera County, Second Vice-Chair	June 30, 2023

<u>Name and Title of Other Members</u>	<u>Office Term Expires</u>
Myrna Bowman, Member, Fresno County	June 30, 2022
Sharon Diaz, Member, Madera County	June 30, 2022
Paula Faulkner, Member, Fresno County	June 30, 2021
Minerva Garcia, Member, Fresno County	June 30, 2022
Corinne Long, Member, Madera County	June 30, 2022
Michael Mendez, Jr., Member, Fresno County	June 30, 2021
Kin Tan, Member, Fresno City	June 30, 2022
Virginia Wheeler, Member, Fresno City	June 30, 2022
Jerry Zuniga, Member, Fresno City	June 30, 2021

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

Note: Information regarding members who represent the categories indicated below is available from the Fresno-Madera Area Agency on Aging’s Administration office.

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

Explain any **"No"** answer(s):

The Agency on Aging recruits for Advisory Council members representative of the older adult population in Fresno and Madera counties. No Advisory Council members have self-identified as having low income. Local elected officials currently serve on the Agency on Aging’s Governing Board.

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

There are currently nine vacancies on the Advisory Council (Fresno City-3; County of Fresno-2; County of Madera-4). The Agency on Aging’s Advisory Council meets September through June. The Agency conducts a major recruitment campaign each August to bring interested parties to the September meeting. Subsequent recruitment is done via emails to community partners and one-on-one with guests who attend Advisory Council meetings. Each joint power entity has seven seats on the Council and over 50% of Council members must be age 60+, as per the Council bylaws; these restrictions sometimes require deferring applications, despite openings.

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

An ad hoc selection committee of the Agency on Aging’s Governing Board interviews Advisory Council applicants and recommends appointments to the Governing Board; the full Governing Board votes on the appointments.

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:

The Fresno-Madera Area Agency on Aging (FMAAA) seeks to protect older adults and adults with disabilities, particularly those with the greatest social and economic need, from direct challenges to independence, choice, and financial security through provision of Title III B legal services. These legal services help older individuals and adults with disabilities understand their rights, exercise options through informed decision making, and achieve optimal benefit from the support and opportunities promised by law.

2. Based on your local needs assessment, what percentage of Title IIIB funding is allocated to Legal Services?

The minimum percentage of Title IIIB funding allocated for Legal Services is 2%.

3. Specific to Legal Services, has there been a change in your local needs in the past four years? No. 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).

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. Contents of the California Statewide Guidelines, as provided in California Department of Aging Program Memo 05-19, have been incorporated in Exhibit A, the Program Exhibit, of the Agency on Agency’s contract with its legal services provider.

5. Does the AAA collaborate with the Legal Services Provider(s) to jointly establish specific priorities issues for legal services? Yes.

If so what are the top four (4) priority legal issues in your PSA?

Landlord/tenant issues; consumer/finance issues; elder abuse; and late life issues, including wills, advance health care directives, and power of attorney.

6. Specific to Legal Services, does the AAA collaborate with the Legal Services Provider(s) to jointly identify the target population? Yes.

If so, what is the targeted senior population in your PSA **AND** what mechanism is used for reaching the target population? Discussion:

The targeted population is older adults who have low income and older adults with limited English proficiency. Please see Item 7 below for mechanisms used to reach these individuals.

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

Older adults with low income and limited English proficiency are targeted for legal services. In addition to the outreach methods described in item 10 below, the Agency on Aging’s staff, the City of Madera’s Older Adult Services staff, and staff and volunteers of senior and community centers inform older adults of available services, including legal services.

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	
2022-2023	
2023-2024	

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

Central California Legal Services has implemented a Senior Legal Advice Line.

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

CCLS promotes its services and events on its Web site and Facebook page; through its newsletter and emails to its extended community network; and through public service announcements in local media. Much of CCLS’ communication is presented in the Spanish language.

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

Fiscal Year	Name of Provider	Geographic Region Covered
2020-2021	Central California Legal Services	Fresno & Madera Counties
2021-2022		
2022-2023		
2023-2024		

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

Older adults can access legal services by calling Central California Legal Services' (CCLS) Senior Legal Advice Line or completing CCLS' online application for services. Referrals to CCLS are generated from inquiries to the Fresno-Madera Area Agency on Aging's Information and Assistance and Case Management staff, as well as through the Agency on Aging's contracted service providers.

CCLS rose to the challenges of the COVID-19 pandemic by offering online clinics on elder abuse, bankruptcy, workers compensation and COVID-19, and housing law updates in Spring and Summer 2020. Prior to the onset of COVID-19, CCLS provided in-person community workshops, such as those offered in October and November 2019 on evictions and renter's rights at three libraries in central and west Fresno as well as the rural Kingsburg and Fowler libraries, and provided attendees with self-help packets. CCLS has also historically partnered with the San Joaquin Valley College of Law in Clovis to offer Senior Citizens Law Day each June, featuring a day of workshops on estate planning, Medicare, identity theft, and elder abuse, as well as individual appointments to assist older adults with preparation of a simple, power of attorney, and advance health care directive. CCLS also offers Veterans free assistance with estate planning at the Veterans Service Office in Fresno. In partnership with the Superior Court of California, CCLS offers free guardianship clinics for grandparents and other adults seeking legal responsibility for the care of a minor.

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:

Housing, late life planning, consumer/finance, and elder abuse are the major types of legal issues handled by CCLS.

14. In the past four years, has there been a change in the types of legal issues handled by the Title IIIB legal provider(s) in your PSA? No.

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

Transportation, both rural and urban, illness or disability, and low income are barriers for older adults accessing legal assistance. CCLS' introduced its Senior Legal Advice Line to overcome these barriers, and now handles all intakes via telephone or from applications submitted via its Web site.

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

CCLS coordinates services with other service providers for older adults, including FBI Victim Assistance, Disability Rights of California, Fresno County Sheriff's Department, Fresno County District Attorney's Office, Adult Protective Services, Fresno County Department of Social Services-In Home Supportive Services, Valley Caregiver Resource Center-Long Term Care Ombudsman Program, the Alzheimer's Association, Rape Counseling Services, and hospice services.

SECTION 19 - MULTIPURPOSE SENIOR CENTER ACQUISITION OR CONSTRUCTION COMPLIANCE REVIEW¹

CCR Title 22, Article 3, Section 7302(a)(15)
20-year tracking requirement

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

Yes. Title IIIB funds used for Acquisition or Construction.

Complete the chart below.

Title III Grantee and/or Senior Center	Type Acq/Cons	IIIB Funds Awarded	% of Total Cost	Recapture Period MM/DD/YY		Compliance Verification (State Use Only)
				Begin	Ends	
Name: Address:						
Name: Address:						
Name: Address:						
Name: Address:						

¹⁴ Acquisition is defined as obtaining ownership of an existing facility (in fee simple or by lease for 10 years or more) for use as a Multipurpose Senior Center.

SECTION 20. FAMILY CAREGIVER SUPPORT PROGRAM

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 checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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 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

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

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 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 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.

Justification: For each service category checked “no”, explain how it is being addressed within the PSA. The justification must include the following:

- Provider name and address of agency
- Description of the service
- Where the service is provided (entire PSA, certain counties, etc.)
- Information that influenced the decision not to provide the service (research, needs assessment, survey of senior population in PSA, etc.)
- How the AAA ensures the service continues to be provided in the PSA without the use of Title III E funds

Family Caregiver Support Program – Grandparent Caring for Child

The Family Caregiver Support Program was established in 2001 to serve individuals caring for an older family member. The Reauthorization of the Older Americans Act in 2006 added new eligibility criteria which encompassed grandparents caring for a child; however, no additional funds were provided with which to serve this expanded client base. In fact, baseline funding for the Family Caregiver Support Program for Fresno and Madera counties decreased from \$517,418 in fiscal year 2018-2019 to \$440,602 in fiscal year 2020-2021.

As per the Older Americans Act, Section 372 (b), priority for provision of the Family Caregiver Support Program is for caregivers who provide care for individuals with Alzheimer’s disease or related disorders with neurological and organic brain dysfunction. Section 373 (c) (2) of the Older Americans Act states that in addition to the priority described in Section 372(b), priority shall be given A) to caregivers who are older individuals with greatest social need, and older individuals with greatest economic need (with particular attention to low-income older individuals); and (B) to older relative caregivers of children with severe disabilities, or individuals with disabilities who have severe disabilities.

A Grandparent or Older Individual Who is a Relative Caregiver is defined as a grandparent, step-grandparent, or other relative (other than the parent) by blood, marriage, or adoption of the child, and who meets the following additional criteria in Section 372(a)(4)(B) of the Older Americans Act:

1. Is the primary caregiver of the child because the biological or adoptive parents are unable or unwilling to serve as the primary caregivers of the child; and
2. Has a legal relationship with the child, as such legal custody, adoption, or guardianship, or is raising the child informally.

The U.S. Census Bureau’s 2018 American Community Survey 5-Year Estimates indicate that 11,228 individuals in Fresno and Madera counties are designated as responsible for their grandchildren. Assuming these grandparents are 60 years of age or older, they account for 5.9% of the older adult population (190,762) in the two-county area.

The State’s fiscal year 2020-2021 contract with the Agency on Aging specifies that the Agency shall not expend more than \$58,747 to provide Family Caregiver Support Program Services for grandparents. **Any funding allocated for grandparents would require a reduction in services for non-grandparent family caregivers, for whom fiscal year 2020-2021 baseline funding has already been reduced by \$76,816 as compared to fiscal year 2019-2020.**

Grandparents who meet the eligibility criteria for the Family Caregiver Support Program are welcome to participate in the program; however, callers to the Agency on Aging's Information and Assistance line have inquired about caregiver services for grandparents. This is most likely attributable to the different needs of grandparents caring for grandchildren than the needs of family caregivers caring for an older adult. For example, respite care for a family caregiver caring for an older adult typically involves finding a registered in-home care adult care provider or adult day care, where respite care for a grandparent caring for a child may involve finding day care providers for children, after school programs, and summer/day camps. The aging services infrastructure does not encompass services for



children, and as such, it is difficult for the Agency on Aging to directly accommodate this type of need. Similarly, the Caregiving Services Registry established for caregivers of older adults does not include providers who can provide respite care for children in the grandparent's absence. While grandparents may find services such as Caregiver Support Groups and Caregiver Training offered through the aging services infrastructure helpful, these services are primarily used by family caregivers caring for an older adult with Alzheimer's disease or neurological and organic brain dysfunctions and do not provide the optimal opportunity for sharing like experiences.

A list of resources and services for grandparents caring for grandchildren is provided on the following pages. The Agency on Aging's Information and Assistance staff will refer any grandparents who are seeking support to the organization that best fits their needs.

Grandparent Resources and Services

AARP GrandFamilies Guide

<http://www.aarp.org/relationships/friends-family/info-08-2011/grandfamilies-guide-getting-started.html>

Online tips, tools, and resources for grandparents and other relatives raising children.

California Work Opportunity and Responsibility to Kids (CalWORKs)

www.MyBenefitsCalWIN.org

4468 E. Kings Canyon Road
Fresno, CA 93702
(559) 600-1377

1620 Sunrise Ave.
Madera, CA 93638
(559) 675-2300

Cash assistance for families with low income if there is a minor child in the home whose parent(s) are unable to provide adequate support because either parent is deceased; either parent is physically or mentally incapacitated; the principal earner is unemployed; or either parent is continually absent from the home in which the child is living.

Centro La Familia

302 Fresno St., Suite 102, Fresno, CA 93706
(559) 237-2961

Offers parenting skills classes and culturally based access navigation and peer support services for families with low income, including linkages to professional services and support groups, in English and Spanish both in its Fresno office and in rural communities in Fresno County. Provides assistance with enrollment in public benefit programs.

Central Valley Children's Services Network

1911 N. Helm Ave., Fresno, CA 93727
(559) 456-1100

Provides referrals to licensed child care providers in Fresno County and offers an online resource directory for parents.

Child Health and Disability Prevention Program

Fresno County Department of
Community Health
1221 Fulton St., Fresno, CA 93721
(559) 600-3281

Madera County Department of
Public Health
1604 Sunrise Ave., Madera, CA 93638
(559) 675-7608

Provides care coordination to assist families with medical appointment scheduling, transportation, and access to diagnostic and treatment services. Provides periodic health assessments and services for children of families with low to moderate income.

Exceptional Parents Unlimited

4440 N. First St., Fresno, CA 93726
(559) 229-2000

Federally funded through the U.S. Department of Education as a Parent Training and Information Center for 13 counties, including Fresno and Madera counties. Parenting workshops, support groups, and resource center for families facing extraordinary medical, developmental, and parenting challenges. Services provided in English, Spanish, and Hmong.

First 5 Fresno County

2405 Tulare St., Suite 200, Fresno, CA 93721
(559) 558-4900

Offers parenting education programs for families with children ages 0-5.

First 5 Madera County

Madera Family Resource Center
525 E. Yosemite Ave., Madera, CA 93638
(559) 661-5155

Chowchilla Family Resource Center
405 Trinity Ave., Chowchilla, CA 93610
(559) 201-5000

Operates family resource centers for families with children ages 0-5, providing case management, parent and caregiver seminars, and referrals to family support resources. Family Resource Center on Wheels offered at North Fork Library and Oakhurst Library; call (559) 201-5000 for schedule.

Foster Kinship Care Education Project

Fresno City College

1101 E. University Ave., Fresno, CA 93741

(559) 489-2230

In collaboration with Fresno and Madera counties, provides pre-service training for relative/kinship caregivers and foster/adoptive parents.

Foundation for Grandparenting - GRAND Magazine

www.grandmagazine.com

Online articles and resources for grandparents.

Generations United - National Center on Grandfamilies

www.gu.org

Online resources on federal laws and initiatives designed to help grandfamilies.

Grandfamilies State Law and Policy Resource Center

Grandfamilies.org

Provides online resources for grandfamilies, including a searchable database of laws and regulations affecting grandfamilies; relevant resources and publications for grandparents raising grandchildren, and personal stories from grandfamilies.

Guardianship Clinic

Central California Legal Services/Superior Court of California

(559) 570-1200

Free guardianship clinics offered twice a month at the B.F. Sisk Courthouse in Fresno for grandparents and other adults seeking legal responsibility for caring for a child.

Head Start Program

Fresno Economic Opportunities Commission
1920 Mariposa Mall, Suite 200, Fresno, CA 93721
(559) 263-1200

Family assistance, including referrals to resources, offered in Fresno. No cost preschool program for children ages 3-5 years for families with low income.

National Alliance on Mental Illness (NAMI)

7545 N. Del Mar Ave. #105, Fresno, CA 93711
(559) 224-2469

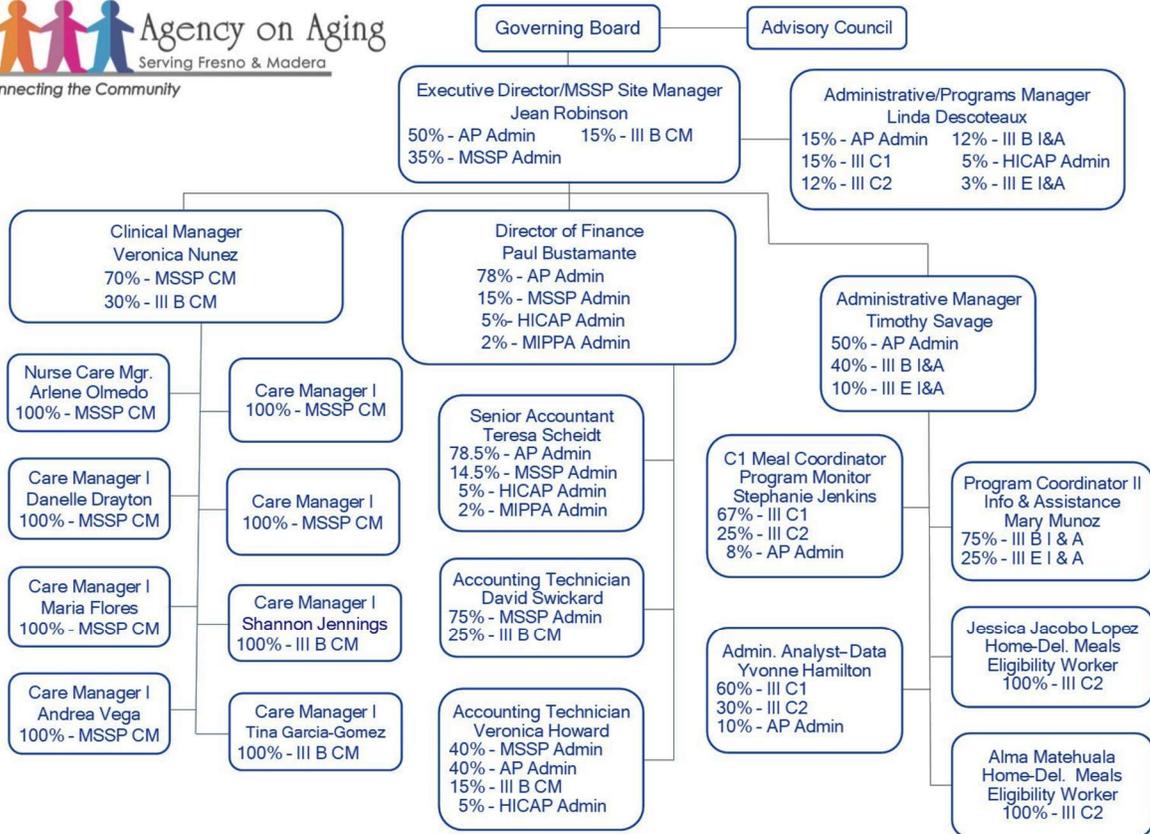
Support group for parents, guardians, grandparents, and close friends of children and adolescents affected by mental illness offered in Fresno; NAMI Basics education program for parents and other caregivers of children and adolescents living with mental illnesses offered in Fresno.

School Age Child Care Program

Fresno Economic Opportunities Commission
1920 Mariposa Mall, Suite 200, Fresno, CA 93721
(559) 263-1015

Safe child care offered in Parlier and Selma for subsidized and low income families for children age 5-12; parents must be employed, attending school, or in training.

Section 21 Organization Chart



CM = Case Management; HICAP= Health Insurance Counseling & Advocacy Program; I & A = Information & Assistance;
MIPPA = Medicare Improvements for Patients and Providers Act; MSSP=Multipurpose Senior Services Program

06/23/2020

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.