



Fresno Madera

# Agency on Aging

Change The Way You Age

Planning and  
Service Area 14



APPROVED

## Fresno-Madera Area Agency on Aging **2024 - 2028 Four-Year Area Plan**

## 2024 - 2028 4-Year Area Plan Required Components Checklist

**To ensure all required components are included, "X" mark the far-right column boxes.  
Enclose a copy of the checklist with your Area Plan; submit this form with the Area Plan  
due 5-1-24 only**

Section	Four-Year Area Plan Components	4-Year Plan
<b>TL</b>	Transmittal Letter – <i>Can be electronically signed and verified, email signed letter or pdf copy of original signed letter can be sent to areaplan@aging.ca.gov</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 & Identification of Priorities	<input checked="" type="checkbox"/>
5	Needs Assessment & Targeting	<input checked="" type="checkbox"/>
6	Priority Services & Public Hearings	<input checked="" type="checkbox"/>
7	Area Plan Narrative Goals and Objectives:	<input checked="" type="checkbox"/>
7	Title IIIB Funded Program Development (PD) Objectives	<input type="checkbox"/>
7	Title IIIB Funded Coordination (C) Objectives	<input type="checkbox"/>
7	System-Building and Administrative Goals & Objectives	<input checked="" type="checkbox"/>
8	Service Unit Plan (SUP) and Long-Term Care Ombudsman Outcomes	<input checked="" type="checkbox"/>
9	Senior Centers and Focal Points	<input checked="" type="checkbox"/>
10	Title III E Family Caregiver Support Program	<input checked="" type="checkbox"/>
11	Legal Assistance	<input checked="" type="checkbox"/>
12	Disaster Preparedness	<input checked="" type="checkbox"/>
13	Notice of Intent to Provide Direct Services	<input checked="" type="checkbox"/>
14	Request for Approval to Provide Direct Services	<input checked="" type="checkbox"/>
15	Governing Board	<input checked="" type="checkbox"/>
16	Advisory Council	<input checked="" type="checkbox"/>
17	Multipurpose Senior Center Acquisition or Construction Compliance Review	<input checked="" type="checkbox"/>
18	Organization Chart	<input checked="" type="checkbox"/>
19	Assurances	<input checked="" type="checkbox"/>

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

AAA Name: 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. Keith Rigby



Signature: Governing Board Chair

4/17/24

Date

2. Brenda Ramshaw



Signature: Advisory Council Chair

4/09/2024

Date

3. Jamie Sharma



Signature: PSA 14 Executive Director

4/17/24

Date

<sup>1</sup> Original signatures or electronic signatures are required.

# TABLE OF CONTENTS

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2024 - 2028 4 - Year Area Plan Required Components Checklist.....	2
Transmittal Letter.....	3
Section 1. Mission Statement.....	5
Section 2. Description of the Planning and Service Area (PSA).....	6
Section 3. Description of the Area Agency on Aging (AAA).....	38
Section 4. Planning Process and Establishing Priorities.....	41
Section 5. Needs Assessment and Targeting.....	50
Section 6. Priority Services and Public Hearings.....	90
Section 7. Area Plan Narrative Goals and Objectives.....	93
Section 8. Service Unit Plan (SUP).....	99
Section 9. Senior Centers and Focal Points.....	129
Section 10. Family Caregiver Support Program.....	131
Section 11. Legal Assistance.....	134
Section 12. Disaster Preparedness.....	138
Section 13. Notice of Intent to Provide Direct Services.....	142
Section 14. Request for Approval to Provide Direct Services.....	143
Section 15. Governing Board.....	161
Section 16. Advisory Council.....	162
Section 17. Multipurpose Senior Center Acquisition or Construction Compliance Review.....	164
Section 18. Organization Chart.....	165
Section 19. Assurances.....	166

# 01 MISSION STATEMENT



## **Mission Statement**

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



## **Goals**

- 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.

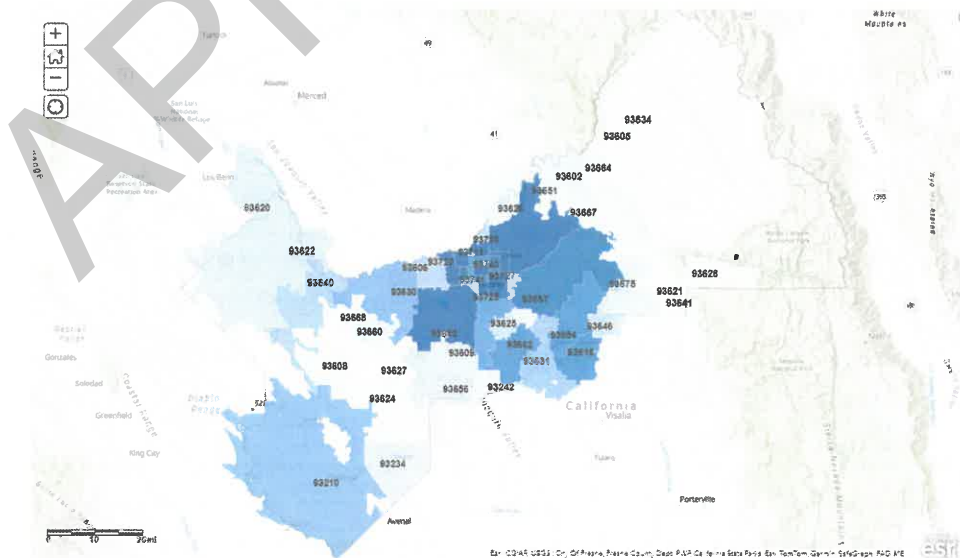
# 02 DESCRIPTION OF THE PLANNING AND SERVICES AREA

This section provides a thorough overview of the physical and demographic characteristics, unique resources, and constraints within the Planning Service Area (PSA) of Fresno and Madera counties. It delves into the distinctive features shaping the PSA's landscape and examines the resources available, identifying potential constraints on planning initiatives. Beyond static descriptors, this section explores the PSA's service system, emphasizing the Fresno-Madera Area Agency on Aging (FMAAA)'s role in program delivery, with a specific focus on Title III C Nutrition Services. Additionally, it investigates other service delivery systems that interact with the Agency or provide services to the older adult population. The inclusion of challenges and successes in local system development enhances the depth of understanding and context for effective planning strategies.

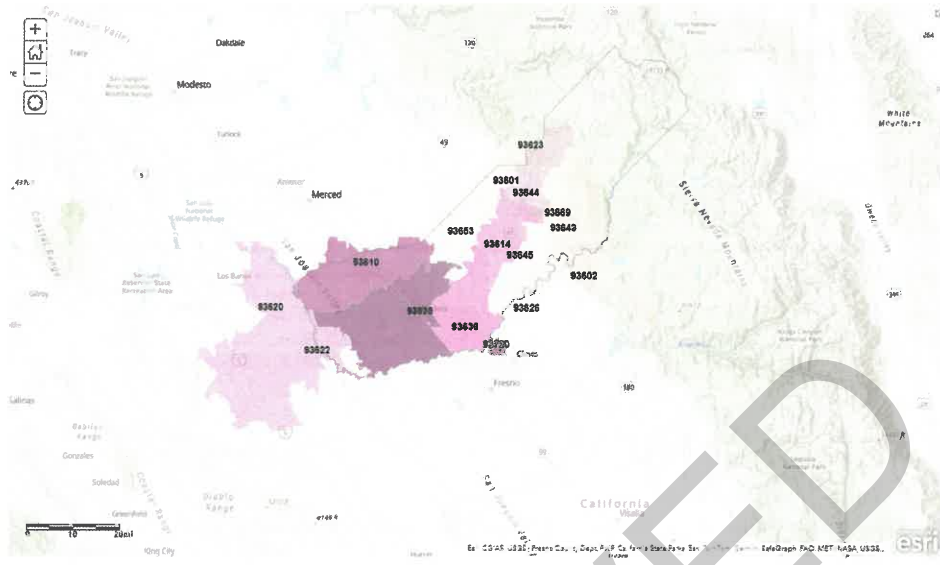
### Geographic Scope and Reach of FMAAA's Service Area

The Fresno-Madera Area Agency on Aging serves both Fresno and Madera counties. The service area is in the geographic center of California and 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.



Map of Fresno County



**Map of Madera County**

### Physical Characteristics

Fresno is the sixth largest county in California, covering 5,958.4 square miles of land area,<sup>1</sup> while Madera is the 24<sup>th</sup> largest, spanning 2,136.9 square miles of land.<sup>2</sup> In 2022, the average annual temperature was 67.3°F in Fresno City<sup>3</sup> and 63.6 °F in Madera.<sup>4</sup> Residents of Fresno and Madera counties are accustomed to triple-digit heat in the summer. The hottest day of 2022 was 114°F in Fresno<sup>5</sup> and 115 °F in Madera.<sup>6</sup> Winter brings cold, foggy days and occasional deep freezes. Snow typically blankets the Sierra foothill and mountain communities. The lowest temperatures in 2022 reached 32 °F in Fresno<sup>7</sup> and 27 °F in Madera.<sup>8</sup> Between 2022 and 2023, there were 17.94 inches of rainfall in Fresno<sup>9</sup> and 12.16 inches in Madera.<sup>10</sup>

<sup>1</sup> United States Census Bureau, Fresno County, CA |

[https://data.census.gov/profile/Fresno\\_County\\_California?g=050XX00US06019](https://data.census.gov/profile/Fresno_County_California?g=050XX00US06019)

<sup>2</sup> United States Census Bureau, Madera County, CA |

[https://data.census.gov/profile/Madera\\_County\\_California?g=050XX00US06039](https://data.census.gov/profile/Madera_County_California?g=050XX00US06039)

<sup>3</sup> National Weather Service, Fresno Average Temperature |

<https://www.weather.gov/media/hnx/Fresno%20Average%20Monthly%20Temperatures.pdf>

<sup>4</sup> National Weather Service, Monthly Mean Average Temperature for Madera Area, CA |

<https://www.weather.gov/wrh/climate?wfo=hnx>

<sup>5</sup> Extreme Weather Watch, Fresno Weather in 2022 |

<https://www.extremeweatherwatch.com/cities/fresno/year-2022>

<sup>6</sup> Extreme Weather Watch, Madera Weather in 2022 |

<https://www.extremeweatherwatch.com/cities/madera/year-2022>

<sup>7</sup> Extreme Weather Watch, Fresno Weather in 2022 |

<https://www.extremeweatherwatch.com/cities/fresno/year-2022>

<sup>8</sup> Extreme Weather Watch, Madera Weather in 2022 |

<https://www.extremeweatherwatch.com/cities/madera/year-2022>

<sup>9</sup> National Weather Service, Fresno Monthly Rainfall by Water Year 1878 – Present |

<https://www.weather.gov/hnx/fath2oyr>

<sup>10</sup> National Weather Service, Monthly Rainfall by Water Year 1928 – Present |

<https://www.weather.gov/hnx/maeh2oyr>

Much of the two-county area is in a historic floodplain, with flash floods occurring in low-lying areas during periods of heavy rainfall. Mono Winds are a localized wind that blows from the direction of Mono Lake into the western slopes of the central Sierra Nevada.<sup>11</sup> The winds are most common from October through April and can rush from 50 to more than 100 miles per hour. The biggest danger associated with Mono Winds are fallen down trees, which can cause power outages and increase 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.

**Demographic Characteristics**

There are 15 cities in Fresno County<sup>12</sup> and two cities in Madera County.<sup>13</sup> Fresno is the fifth-largest city in California, surpassing Sacramento, Long Beach, and Oakland.<sup>14</sup> In 2022, there were 1,015,190 residents living in Fresno County and 160,256 in Madera County.<sup>15</sup> Population estimates by city for Fresno and Madera Counties are shown in **Figure 2.1**.<sup>16</sup> The city of Fresno maintains the highest population among all cities in both counties.

**Figure 2.1. 2022 Population Estimates for Fresno & Madera Counties by City**



Note: Data for cities with population of fewer than 5,000 are not available and therefore, data for San Joaquin City in Fresno County are not displayed in Figure 2.1.

**Figure 2.2** presents the population change between 2010 and 2020 across cities in Fresno and Madera counties.<sup>17</sup> All cities in both counties experienced an increase in population

<sup>11</sup> The Dangers of Mono Winds | <https://www.lessonsofourland.org/wp-content/uploads/2017/09/MonoWinds.pdf>

<sup>12</sup> Visit Fresno County | <https://www.visitfresnocounty.org/plan/treasured-15-cities/>

<sup>13</sup> World Population Review, Madera County | <https://worldpopulationreview.com/us-counties/ca/madera-county/cities>

<sup>14</sup> California Demographics | [https://www.california-demographics.com/cities\\_by\\_population](https://www.california-demographics.com/cities_by_population)

<sup>15</sup> American Community Survey, 2022 1-year Estimates

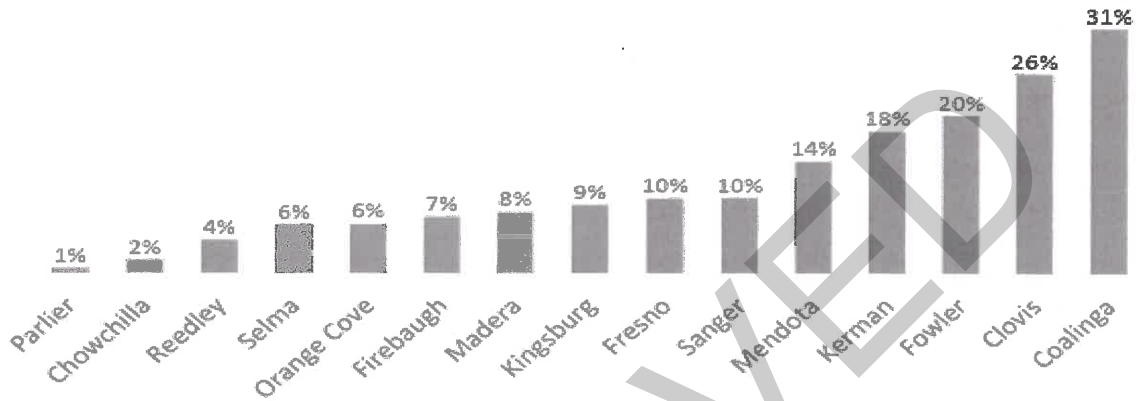
<sup>16</sup> United States Census Bureau QuickFacts

<sup>17</sup> United States Census Bureau QuickFacts



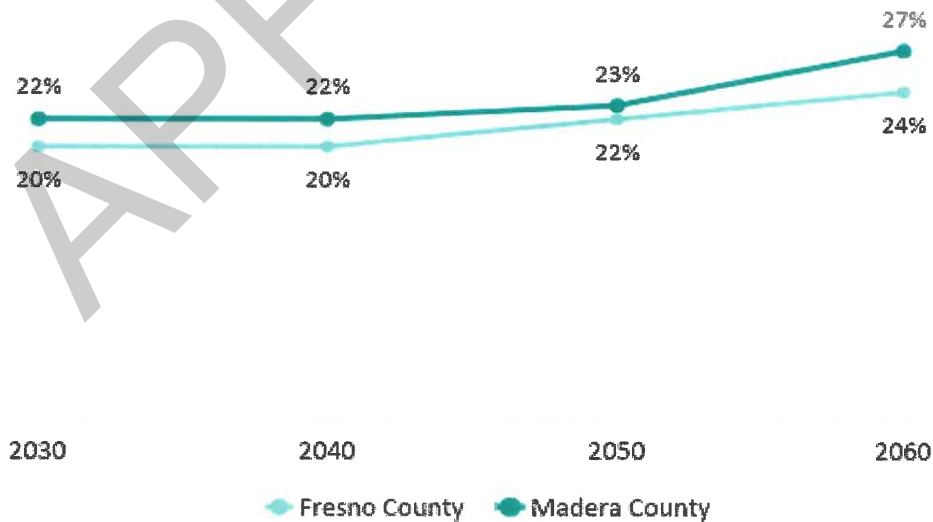
between 2010 and 2020 except for Huron City in Fresno County, which had an eight percent decrease in total population. Coalinga is the city with the highest growth rate (31%) followed by Clovis (26%) and Fowler (20%). Cities in Madera County experienced smaller growth rates between 2010 and 2020, with the population of Madera growing by 8% and Chowchilla by 2%.

**Figure 2.2. Population Change in Fresno & Madera Counties Between 2010 - 2020 by City**



The overall population, as well as the older adult population, is expected to continue growing in the coming years. **Figure 2.3** presents population projections for older adults (60+) for each decade between 2030 to 2060.<sup>18</sup> By 2060, older adults will comprise 24% of Fresno County's and 27% of Madera County's population.

**Figure 2.3. Population Projection for Older Adults (60+) in Fresno & Madera Counties**



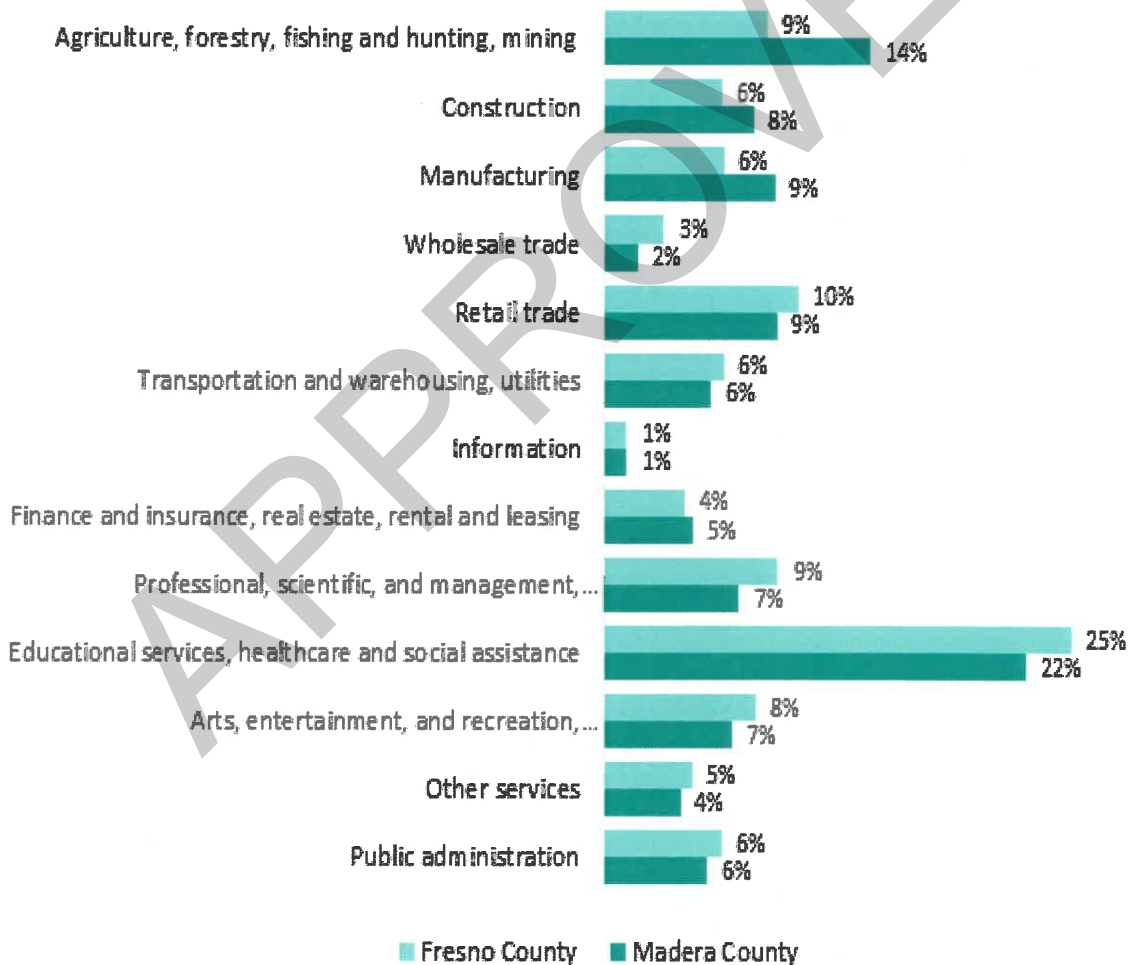
### Employment

<sup>18</sup> California Department of Finance | <https://dof.ca.gov/Forecasting/Demographics/projections/>

### Employment

Residents of Fresno and Madera Counties work in a variety of settings. **Figure 2.4** shows the percentage of employment for both counties by industry.<sup>19</sup> Educational services, healthcare, and social assistance were the industries with the highest number of workers in both counties (25% Fresno County, 22% Madera County). The industry with the next highest number of workers is retail trade for Fresno County (10%) and agriculture, forestry, fishing, hunting, and mining in Madera County (14%). In Fresno County, 55% of older adults between 60 to 64 years old are currently working, followed by 24.6% of those between 65 to 74 years, and 8% of those 75 years and over.<sup>20</sup> The rate of employed older adults is similar for Madera County, with 44% of older adults between the ages of 60 to 64, 18% of those between 65 to 74, and 7% of those 75 years and older still currently working.<sup>21</sup>

**Figure 2.4. Employment in Fresno & Madera Counties by Industry**



<sup>19</sup> American Community Survey, 2022 1-year Estimates (DP03)

<sup>20</sup> American Community Survey, 2022 1-year Estimates

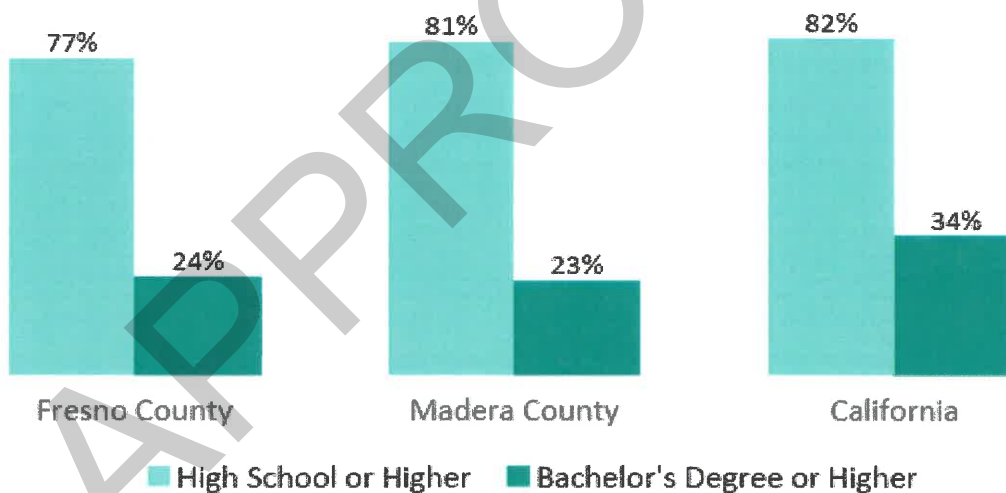
<sup>21</sup> American Community Survey, 2022 1-year Estimates

According to the California Department of Aging, 15% of older adults in Fresno County and 13% in Madera County have incomes below the federal poverty level. Furthermore, 27% of older adults in Fresno County and 20% of older adults in Madera County are eligible for Medi-Cal. The rates of poverty and Medi-Cal eligibility are higher in Fresno County relative to those of the state level (Income below poverty = 12%, Medi-Cal eligibility = 20%).<sup>22</sup>

### Education

Most older adults aged 65 years and older in Fresno (77%) and Madera (81%) Counties have graduated from high school. Furthermore, 24% of older adults in Fresno County and 23% of those in Madera County have obtained a bachelor's degree or higher. **Figure 2.5** compares the rate of educational attainment at the local and state levels. Educational attainment in the two counties is slightly lower than that of the state level.<sup>23</sup>

**Figure 2.5. Educational Attainment at Local and State Levels**



<sup>22</sup> 2022 California Department of Aging (CDA) Population Demographic Projections by County and PSA for Intrastate Funding Formula (IFF) | <https://www.aging.ca.gov/download.ashx?IE0rcNUV0zYSDQkxTL1zk%3d%3d>

<sup>23</sup> American Community Survey, 2022 1-year Estimates

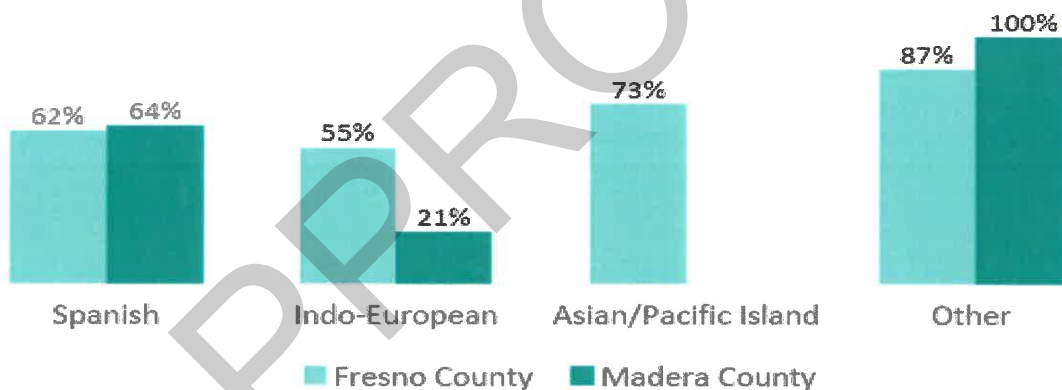
<sup>24</sup> American Community Survey, 1-year Estimates

<sup>25</sup> *Journal of General Internal Medicine*, Linguistic Disparities in Health Care Access and Health Status among Older Adults | <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1924691/>

### Language

Nearly 45% of individuals in Fresno County and 47% in Madera County speak a language other than English.<sup>24</sup> In Fresno County, approximately 4% of older adults (65+) who speak another language speak Spanish, 1% speak an Asian or Pacific Island language, 0.6% speak an Indo-European language, and 0.1% speak another language. In Madera County, approximately 3% of older adults who speak another language speak Spanish, 0.2% speak an Indo-European language, 0.1% speak an Asian or Pacific Island language, and 0.1% speak another language. Older adults who speak a language other than English are more likely to report that they speak English less well compared to other age groups. The percentage of older adults who report speaking English less than very well are displayed in **Figure 2.6**. In Fresno County, more than half of older adults who speak a non-English language report they speak English less than very well. In Madera County, older adults who speak Spanish or “other” language predominately report they speak English less than very well. Older adults with limited English proficiency have been found to have worse access to healthcare and poorer emotional and physical health compared to older adults who speak English only.<sup>25</sup>

**Figure 2.6. Older Adults who Speak English Less than "Very Well" Based on Other Languages Spoken**



### Age, Ethnicity, and Race

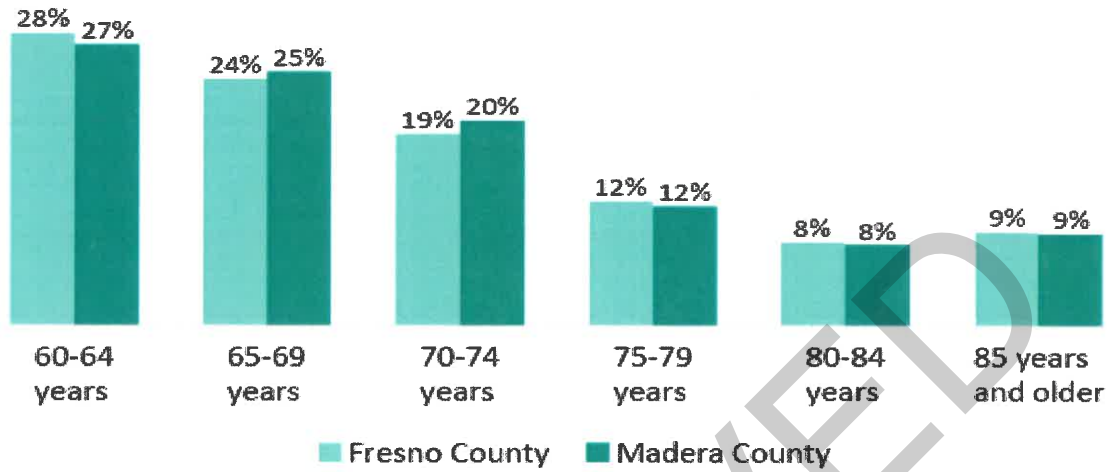
There are an estimated 175,451 older adults aged 60 years or older in Fresno County and 30,641 in Madera County.<sup>26</sup> More than half of the older adult population in both counties is between the ages of 60 to 69 years (see **Figure 2.7** for a breakdown of Fresno and Madera Counties' older adult population by age group). Approximately 32% of older adults in both Fresno and Madera Counties identify as Hispanic/Latino, a higher proportion compared the state level (23%).<sup>27</sup> **Figure 2.8** presents the breakdown of older adults in both counties by racial background.<sup>28</sup> The majority of older adult residents in Fresno (61%) and Madera Counties (67%) identify as White.

<sup>26</sup> American Community Survey, 2022 5-year Estimates (S0101)

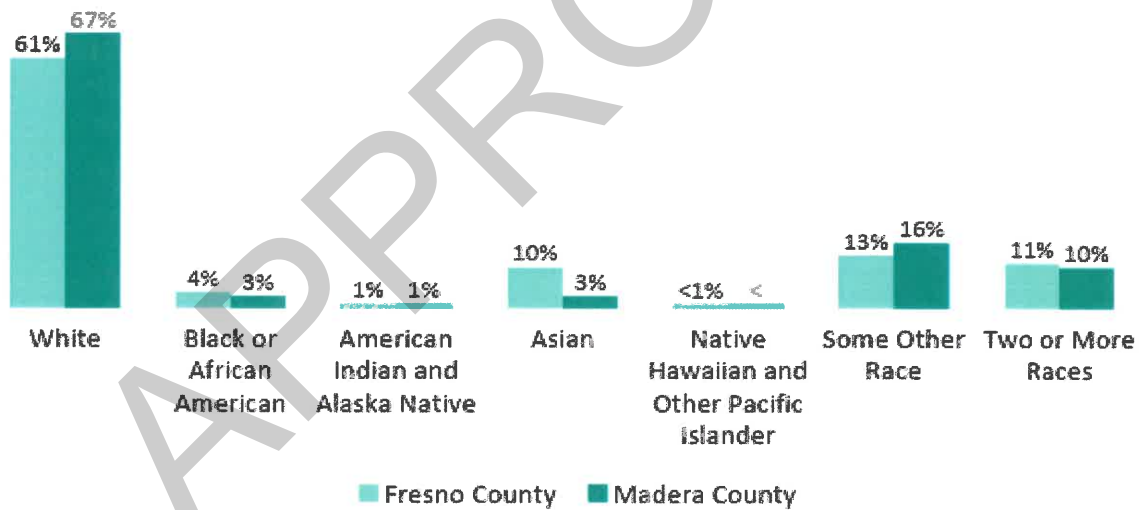
<sup>27</sup> American Community Survey, 5-year Estimates (S0102)

<sup>28</sup> American Community Survey, 5-year Estimates (S0102)

**Figure 2.7. Older Adults in Fresno & Madera Counties by Age Group**



**Figure 2.8. Racial Background of Older Adults in Fresno & Madera Counties**



**Economic Characteristics**

The median household income is \$69,571 in Fresno County and \$76,920 in Madera County.<sup>29</sup> In Fresno County, 27% of households receive social security benefits, and 18% of households earn retirement income. In Madera County, 33% of households receive social security benefits, and 26% earn retirement income.<sup>30</sup> Nearly 22% of households received food stamps or SNAP benefits in the past year.<sup>31</sup> Approximately 13% of older adults aged 65 years and older in

<sup>29</sup> American Community Survey, 2022 1-year Estimates (DP03)

<sup>30</sup> American Community Survey, 2022 1-year Estimates (DP03)

<sup>31</sup> American Community Survey, 2022 1-year Estimates (DP03)

Fresno County and 16% in Madera County had incomes below the federal poverty level.<sup>32</sup> Older adults are vulnerable to experiencing economic insecurity as they age and reduce or stop working. The combination of benefits, assets, and savings may not be sufficient to maintain financial security through the rest of their lives.<sup>33</sup>

### Housing Characteristics

There are an estimated 345,476 housing units in Fresno County, approximately 95% of which are occupied. In Madera County, there are an estimated 51,034 housing units, and approximately 89% are occupied.<sup>34</sup> More than half of housing units in Fresno (55%) and Madera Counties (69%) are owner-occupied, and 34% of these housing units in both counties are owned units without a mortgage.<sup>35</sup> Approximately 45% of housing units in Fresno County and 31% in Madera County are renter-occupied. Older adults aged 60 years or older pay an estimated \$1,019 for rent in Fresno County and \$974 in Madera County. More than half of older adult renters in Fresno County (57%) and 42% in Madera County spend 30% or more of their household income on rent.<sup>36</sup>

### Social Characteristics

Approximately 29% of all households in Fresno County and 36% in Madera County have one or more older adults aged 65 years and older.<sup>37</sup> In Fresno County, 38% of older adults aged 60 years or older live alone, while in Madera County, 30% of older adults live alone.<sup>38</sup> Among those living with family, 10% of older adults in Fresno County report living with grandchildren under the age of 18, 2% of whom are also responsible for these grandchildren. In Madera County, 11% of older adults live with and 2% are responsible for their grandchildren.<sup>39</sup> In both counties, approximately 12% of older adults are veterans, and nearly 36% report having a disability.<sup>40</sup>



## Unique Resources and Constraints Existing Within the Planning and Service Area

<sup>32</sup> American Community Survey, 2022 1-year Estimates (DP03)

<sup>33</sup> United Nations Department of Economic and Social Affairs, Income Poverty in Old Age: An Emerging Development Priority | <https://www.un.org/esa/socdev/ageing/documents/PovertyIssuePaperAgeing.pdf>

<sup>34</sup> American Community Survey, 2022 1-year Estimates (DP04)

<sup>35</sup> American Community Survey, 2022 1-year Estimates (DP04)

<sup>36</sup> American Community Survey, 2022 5-year Estimates (S0102)

<sup>37</sup> American Community Survey, 2022 1-year Estimates (DP02)

<sup>38</sup> American Community Survey, 2022 5-year Estimates (S0102)

<sup>39</sup> American Community Survey, 2022 5-year Estimates (S0102)

<sup>40</sup> American Community Survey, 2022 5-year Estimates (S0102)

## Unique Resources and Constraints Existing Within the Planning and Service Area

### Poverty

In Fresno County, 15% of individuals living below the federal poverty level are aged 60 years and older, a rate similar to Madera County where older adults make up 17% of those below the federal poverty level.<sup>41</sup> The poverty rates for cities and communities in Fresno and Madera Counties are presented in **Table 2.1**.<sup>42</sup> In Fresno County, the highest poverty rates are in Orange Cove, Firebaugh, Mendota, San Joaquin, and Huron. In Madera County, areas with the highest poverty rates are Fairmead CDP, Madera, and North Fork Rancheria.

<b>Fresno County Cities/Communities</b>	<b>Poverty Rate</b>
Orange Cove	47%
Firebaugh	43%
Mendota	33%
San Joaquin	33%
Huron	32%
**Big Sandy Rancheria	30%
Fresno	22%
Kerman	22%
*Caruthers CDP	21%
Fowler	21%
Selma	21%
*Bass Lake CDP	20%
Coalinga	19%
Reedley	16%
Sanger	16%
*Riverdale CDP	14%
*Friant CDP	11%
*Auberry CDP	10%
Kingsburg	10%
*Ahwahnee CDP	8%
Clovis	8%
*Laton CDP	7%
*Shaver Lake CDP	7%
<b>Madera County Cities/Communities</b>	<b>Poverty Rate</b>
*Fairmead CDP	30%
Madera	28%
**North Fork Rancheria	22%
Chowchilla	17%
*Oakhurst CDP	16%
*Coarsegold CDP	8%
**Picayune Rancheria	8%

\*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

<sup>41</sup> American Community Survey, 2022 1-year Estimates (S1701)

<sup>42</sup> American Community Survey, 2022 5-year Estimates (S1701)

The 2023 federal poverty guidelines are \$14,580 for an individual and \$19,720 for a two-person household.<sup>43</sup> Eligibility for various federal programs, including those listed below, is determined based on adherence to these guidelines or percentage thereof:

- Supplemental Nutrition Assistance Program (SNAP, 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
- AIDS Drug Assistance Program

The Elder Economic Security Standard Index (Elder Index) serves as an alternative to the federal poverty level, offering a comprehensive measure of income required to meet the basic needs of older adults. Unlike the federal poverty level guidelines, the Elder Index takes into account the varying costs of housing, food, healthcare, transportation, and miscellaneous expenses (e.g., clothing, household, and personal hygiene items) based on variability in cost of living in each of California's counties.<sup>44</sup> In **Figure 2.9**, the estimated yearly cost of living for individuals in Fresno and Madera Counties is presented based on homeownership status, while the same monthly expenses for couples are depicted in **Figure 2.10**.<sup>45,46, 47,48</sup> Housing and healthcare costs constitute the largest proportion of expenses for both individuals and couples in both counties. Additionally, the cost of living in Madera County is approximately 3-5% higher than Fresno County.

<sup>43</sup> U.S. Department of Health and Human Services, HHS Poverty Guidelines for 2023 |

<https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>

<sup>44</sup> Elder Index | <https://elderindex.org/>

<sup>45</sup> Elder Index, Fresno County, Individual |

[https://elderindex.org/explore?state\\_county%5B%5D=5968&views\\_fields\\_combined\\_on\\_off\\_form=0&fields\\_on\\_off\\_hidden\\_submitted=1&housing\\_status%5Bfield\\_housing\\_renter%5D=field\\_housing\\_renter&housing\\_status%5Bfield\\_housing\\_owner\\_free%5D=field\\_housing\\_owner\\_free&housing\\_status%5Bfield\\_housing\\_owner\\_mortgage%5D=field\\_housing\\_owner\\_mortgage&health\\_status=field\\_health\\_good](https://elderindex.org/explore?state_county%5B%5D=5968&views_fields_combined_on_off_form=0&fields_on_off_hidden_submitted=1&housing_status%5Bfield_housing_renter%5D=field_housing_renter&housing_status%5Bfield_housing_owner_free%5D=field_housing_owner_free&housing_status%5Bfield_housing_owner_mortgage%5D=field_housing_owner_mortgage&health_status=field_health_good)

<sup>46</sup> Elder Index, Madera County, Individual |

[https://elderindex.org/explore?state\\_county%5B%5D=5978&views\\_fields\\_combined\\_on\\_off\\_form=0&fields\\_on\\_off\\_hidden\\_submitted=1&housing\\_status%5Bfield\\_housing\\_renter%5D=field\\_housing\\_renter&housing\\_status%5Bfield\\_housing\\_owner\\_free%5D=field\\_housing\\_owner\\_free&housing\\_status%5Bfield\\_housing\\_owner\\_mortgage%5D=field\\_housing\\_owner\\_mortgage&health\\_status=field\\_health\\_good](https://elderindex.org/explore?state_county%5B%5D=5978&views_fields_combined_on_off_form=0&fields_on_off_hidden_submitted=1&housing_status%5Bfield_housing_renter%5D=field_housing_renter&housing_status%5Bfield_housing_owner_free%5D=field_housing_owner_free&housing_status%5Bfield_housing_owner_mortgage%5D=field_housing_owner_mortgage&health_status=field_health_good)

<sup>47</sup> Elder Index, Fresno County, Couple |

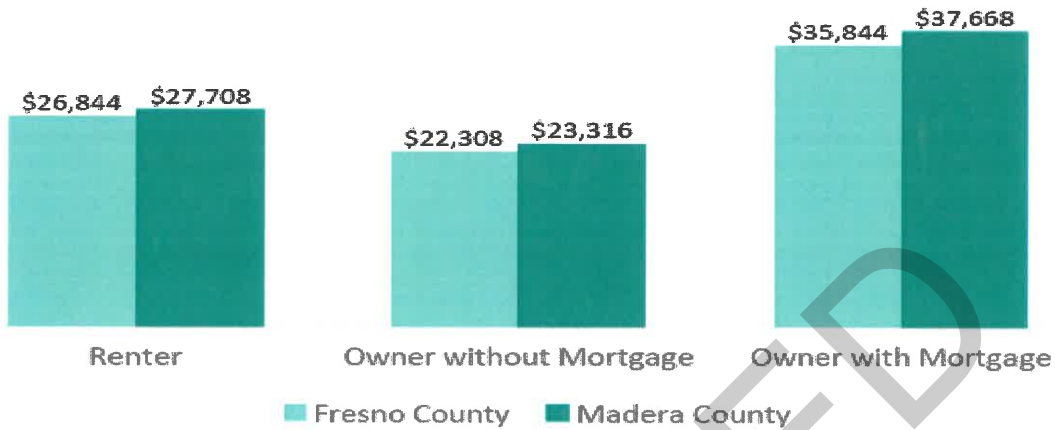
[https://elderindex.org/explore?state\\_county%5B%5D=5968&views\\_fields\\_combined\\_on\\_off\\_form=1&fields\\_on\\_off\\_hidden\\_submitted=1&housing\\_status%5Bfield\\_housing\\_renter%5D=field\\_housing\\_renter&housing\\_status%5Bfield\\_housing\\_owner\\_free%5D=field\\_housing\\_owner\\_free&housing\\_status%5Bfield\\_housing\\_owner\\_mortgage%5D=field\\_housing\\_owner\\_mortgage&health\\_status=field\\_health\\_good](https://elderindex.org/explore?state_county%5B%5D=5968&views_fields_combined_on_off_form=1&fields_on_off_hidden_submitted=1&housing_status%5Bfield_housing_renter%5D=field_housing_renter&housing_status%5Bfield_housing_owner_free%5D=field_housing_owner_free&housing_status%5Bfield_housing_owner_mortgage%5D=field_housing_owner_mortgage&health_status=field_health_good)

<sup>48</sup> Elder Index, Madera County, Couple |

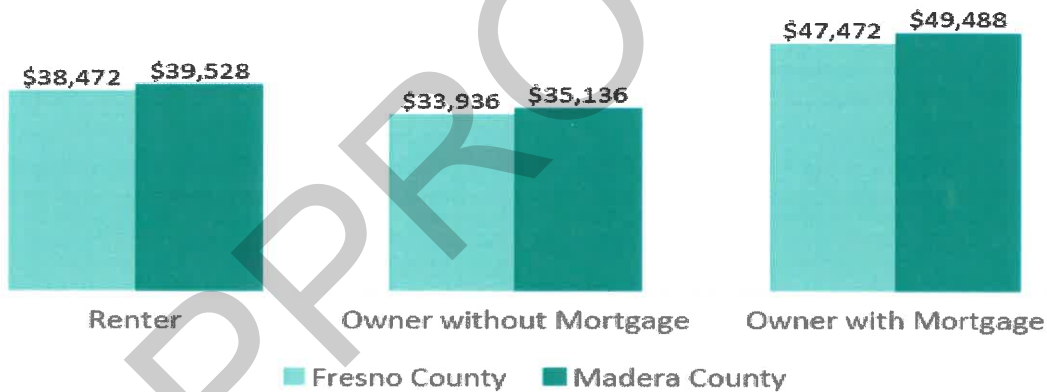
[https://elderindex.org/explore?state\\_county%5B%5D=5978&views\\_fields\\_combined\\_on\\_off\\_form=1&fields\\_on\\_off\\_hidden\\_submitted=1&housing\\_status%5Bfield\\_housing\\_renter%5D=field\\_housing\\_renter&housing\\_status%5Bfield\\_housing\\_owner\\_free%5D=field\\_housing\\_owner\\_free&housing\\_status%5Bfield\\_housing\\_owner\\_mortgage%5D=field\\_housing\\_owner\\_mortgage&health\\_status=field\\_health\\_good](https://elderindex.org/explore?state_county%5B%5D=5978&views_fields_combined_on_off_form=1&fields_on_off_hidden_submitted=1&housing_status%5Bfield_housing_renter%5D=field_housing_renter&housing_status%5Bfield_housing_owner_free%5D=field_housing_owner_free&housing_status%5Bfield_housing_owner_mortgage%5D=field_housing_owner_mortgage&health_status=field_health_good)



**Figure 2.9. Elder Index for Individuals in Fresno & Madera Counties**



**Figure 2.10. Elder Index for Couples in Fresno & Madera Counties**



**Wages**

The average hourly wage across all occupations is \$27.28 in Fresno County<sup>49</sup> and \$26.83 in Madera<sup>50</sup> County (see **Figure 2.11** for comparisons with state and national hourly wages).<sup>51</sup> Wages in Fresno and Madera Counties are lower than both state and national levels. The highest-paying occupations in both counties include legal, management, and healthcare practitioners, while the lowest-paying occupations are in food preparation and serving,

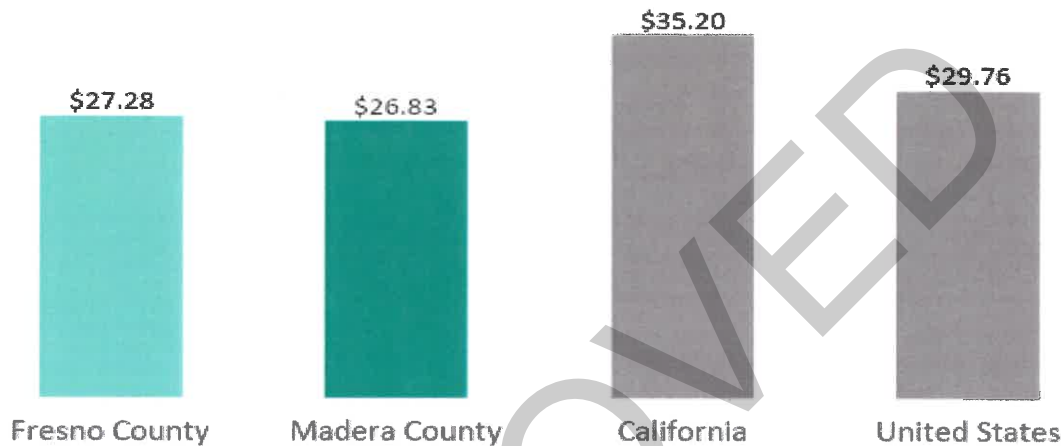
<sup>49</sup> U.S. Bureau of Labor Statistics, Occupational Employment and Wages in Fresno – May 2022 | [https://www.bls.gov/regions/west/news-release/occupationalemploymentandwages\\_fresno.htm#:~:text=Workers%20in%20the%20Fresno%2C%20CA%20Metropolitan%20Statistical%20Area,the%20U.S.%20Bureau%20of%20Labor%20Statistics%20reported%20today](https://www.bls.gov/regions/west/news-release/occupationalemploymentandwages_fresno.htm#:~:text=Workers%20in%20the%20Fresno%2C%20CA%20Metropolitan%20Statistical%20Area,the%20U.S.%20Bureau%20of%20Labor%20Statistics%20reported%20today).

<sup>50</sup> U.S. Bureau of Labor Statistics, Occupational Employment and Wages in Madera – May 2022 | [https://www.bls.gov/regions/west/news-release/occupationalemploymentandwages\\_madera.htm](https://www.bls.gov/regions/west/news-release/occupationalemploymentandwages_madera.htm)

<sup>51</sup> U.S. Bureau of Labor Statistics, Occupational Employment and Wages in California – May 2022 | [https://www.bls.gov/oes/current/oes\\_ca.htm](https://www.bls.gov/oes/current/oes_ca.htm)

healthcare support, and farming, fishing, and forestry. Older adults aged 65 years and older tend to earn less than workers between the ages of 25 and 64 years. On average, older adults earn 80% the annual salary of younger workers.<sup>52</sup>

**Figure 2.11. Hourly Wages at Local, State, and National Levels**



### **Employment**

Nationally, the labor force is anticipated to grow by 5.5% between 2020 and 2030.<sup>53</sup> For older adults aged 75 years and older, this increase is projected to rise from 8.9% to 11.7% during the same timeframe. Currently, 29% of older adults aged 60 years and older in Fresno County and 26% in Madera County are active participants in the labor force.<sup>54</sup> The employment rates for older adults at the local levels closely align with the national rate of 29%.<sup>55</sup>

### **Unemployment**

Unemployment rates in both counties have decreased since the peak of the COVID-19 pandemic. In April 2020, the unemployment rate was 17.4% in Fresno County<sup>56</sup> and 17.7% in

<sup>52</sup> Pew Research Center, The Annual Earnings of Older Workers | [https://www.pewresearch.org/social-trends/2023/12/14/the-annual-earnings-of-older-workers/#:~:text=And%20today%2C%20the%20average%20older,%2473%2C700\).](https://www.pewresearch.org/social-trends/2023/12/14/the-annual-earnings-of-older-workers/#:~:text=And%20today%2C%20the%20average%20older,%2473%2C700).)

<sup>53</sup> U.S. Bureau of Labor Statistics, TED: The Economics Daily | <https://www.bls.gov/opub/ted/2021/number-of-people-75-and-older-in-the-labor-force-is-expected-to-grow-96-5-percent-by-2030.htm>

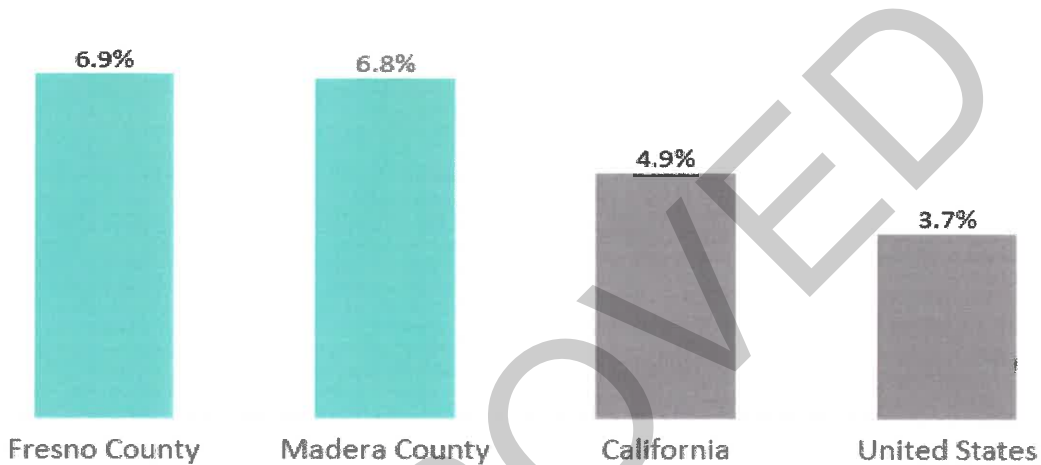
<sup>54</sup> American Community Survey, 5-year Estimates (S0102)

<sup>55</sup> U.S. Bureau of Labor Statistics, Labor Force Statistics from the Current Population Survey | <https://www.bls.gov/cps/cpsaat03.htm>

<sup>56</sup> U.S. Bureau of Labor Statistics, Local Area Unemployment Statistics (Fresno) | [https://data.bls.gov/timeseries/LAUMT06234200000003?amp%253bdata\\_tool=XGtable&output\\_view=data&include\\_graphs=true](https://data.bls.gov/timeseries/LAUMT06234200000003?amp%253bdata_tool=XGtable&output_view=data&include_graphs=true)

Madera County.<sup>57</sup> Currently, unemployment rates are 6.9% in Fresno County<sup>58</sup> and 6.8% in Madera County.<sup>59</sup> However, these rates are higher than both the state (4.9%)<sup>60</sup> and national levels (3.7%)<sup>61</sup>. See **Figure 2.12** for a comparison of unemployment rates at local, state, and national levels. The unemployment among older adults ages 60 years and older in both counties is approximately 2%.<sup>62</sup> Older adults may face additional barriers to securing employment due to age discrimination in the workplace.<sup>63</sup>

**Figure 2.12. Unemployment Rates at Local, State, and National Levels**



**Crime**

Fresno County ranks in the 46<sup>th</sup> percentile for safety<sup>64</sup> and Madera County is in the 63<sup>rd</sup> percentile.<sup>65</sup> In 2022, there were reports of 28,167 property crimes and 7,299 violent crimes in Fresno County.<sup>66</sup> During the same period, there were 2,305 property crimes and 818 violent

<sup>57</sup> U.S. Bureau of Labor Statistics, Local Area Unemployment Statistics (Madera) | [https://data.bls.gov/timeseries/LAUMT063146000000003?amp%253bdata\\_tool=XGtable&output\\_view=data&include\\_graphs=true](https://data.bls.gov/timeseries/LAUMT063146000000003?amp%253bdata_tool=XGtable&output_view=data&include_graphs=true)

<sup>58</sup> U.S. Bureau of Labor Statistics, Economy at a Glance, Fresno, CA | [https://www.bls.gov/eag/eag.ca\\_fresno\\_msa.htm](https://www.bls.gov/eag/eag.ca_fresno_msa.htm)

<sup>59</sup> U.S. Bureau of Labor Statistics, Economy at a Glance, Madera-Chowchilla, CA | [https://www.bls.gov/eag/eag.ca\\_madera\\_msa.htm](https://www.bls.gov/eag/eag.ca_madera_msa.htm)

<sup>60</sup> U.S. Bureau of Labor Statistics, Unemployment Rates for States | <https://www.bls.gov/web/laus/laumstrk.htm>

<sup>61</sup> U.S. Bureau of Labor Statistics, Civilian Unemployment Rate | <https://www.bls.gov/charts/employment-situation/civilian-unemployment-rate.htm>

<sup>62</sup> American Community Survey, 5-year Estimates (S0102)

<sup>63</sup> AARP Research, Age Discrimination among Workers Age 50-Plus | <https://www.aarp.org/research/topics/economics/info-2022/workforce-trends-older-adults-age-discrimination.html#:~:text=Research%20shows%20that%20about%20two%20Wave%201%20to%20Wave%203.>

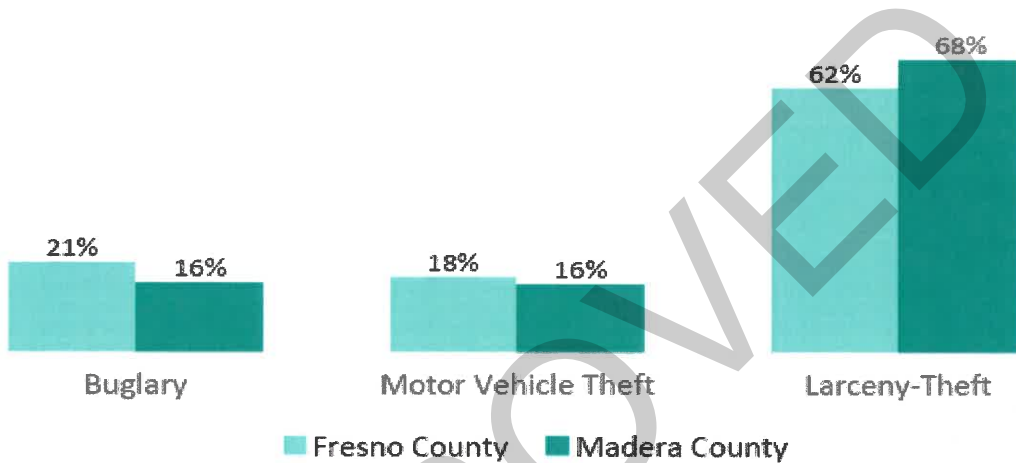
<sup>64</sup> Crime per Capita in Fresno County | <https://crimegrade.org/safest-places-in-fresno-county-ca/>

<sup>65</sup> Crime per Capital in Madera County | <https://crimegrade.org/safest-places-in-madera-county-ca/>

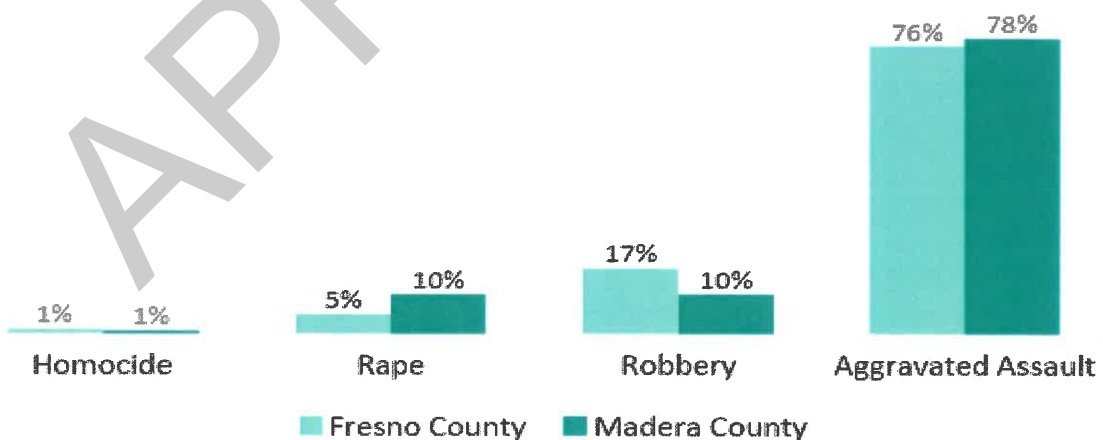
<sup>66</sup> State of California Department of Justice, OpenJustice | <https://openjustice.doj.ca.gov/exploration/crime-statistics/crimes-clearances>

crimes in Madera County.<sup>67</sup> Refer to **Figure 2.13** for a breakdown of property crimes in both counties by type, with larceny being the most common. Similarly, **Figure 2.14** illustrates the breakdown of violent crimes in both counties, where aggravated assault is the most prevalent type in Fresno and Madera Counties. Factors such as physical disabilities, poor physical and mental health, and cognitive impairment can increase older adults' risk of becoming victims of a crime.<sup>68</sup>

**Figure 2.13. Property Crimes in Fresno & Madera Counties**



**Figure 2.14. Violent Crimes in Fresno & Madera Counties**



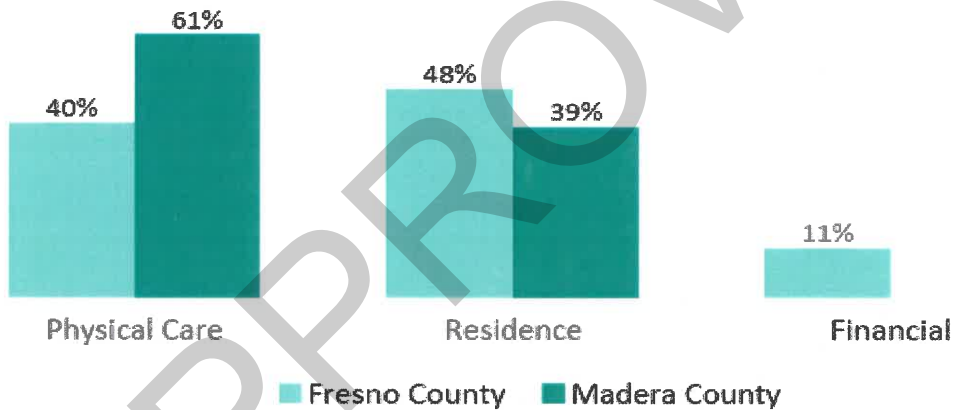
<sup>67</sup> State of California Department of Justice, OpenJustice | <https://openjustice.doj.ca.gov/exploration/crime-statistics/crimes-clearances>

<sup>68</sup> World Health Organization, Abuse of Older People | <https://www.who.int/news-room/fact-sheets/detail/abuse-of-older-people>

**Elder Abuse**

In FY 2022-2023, Adult Protective Services (APS) in Fresno and Madera Counties received 5,117 reports of alleged abuse.<sup>69</sup> These cases were most frequently reported by financial institutions (18%), family members (17%), and social workers (15%). APS categorizes reports by two types of abuse: self-neglect (when individuals fail to meet their own needs) and abuse perpetrated by others.<sup>70</sup> **Figure 2.15** illustrates the proportion of self-neglect by category for both counties, with inability to care for residence as the most reported type self-neglect in Fresno County and failure to provide physical care in Madera County.<sup>71</sup> Additionally, **Figure 2.16** presents data on abuse perpetrated by others, highlighting financial abuse as the most frequently reported type in both counties.<sup>72</sup> The consequences of elder abuse include depression, physical injuries, and premature death.<sup>73</sup> Older adults also take longer to recover from the consequences of abuse.

**Figure 2.15. Adult Protective Services Reports of Self-Neglect by Category in Fresno & Madera Counties**



<sup>69</sup> California Department of Social Services, SOC 242 – Adult Protective Services and County Block Grant Monthly Statistical report |

<https://www.cdss.ca.gov/inforesources/research-and-data/disability-adult-programs-data-tables/soc-242>

<sup>70</sup> California Department of Social Services, Adult Protective Services (APS) |

<https://www.cdss.ca.gov/inforesources/adult-protective-services>

<sup>71</sup> California Department of Social Services, SOC 242 – Adult Protective Services and County Block Grant Monthly Statistical report |

<https://www.cdss.ca.gov/inforesources/research-and-data/disability-adult-programs-data-tables/soc-242>

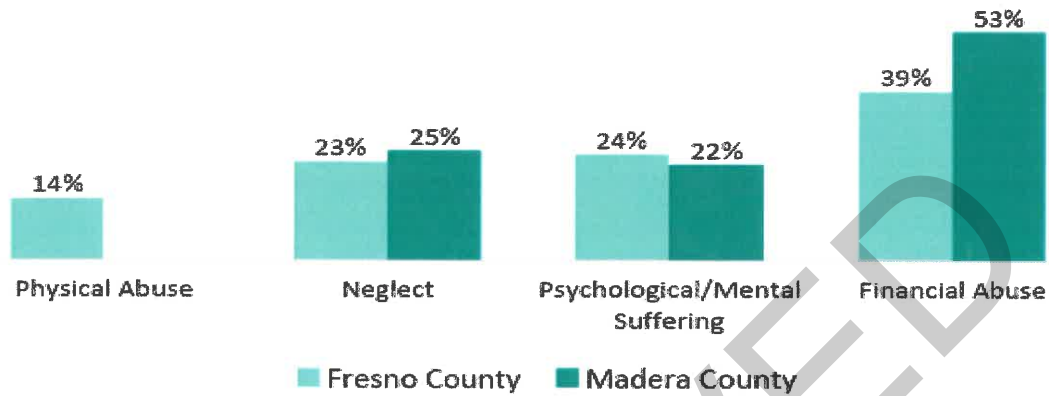
<sup>72</sup> California Department of Social Services, SOC 242 – Adult Protective Services and County Block Grant Monthly Statistical report |

<https://www.cdss.ca.gov/inforesources/research-and-data/disability-adult-programs-data-tables/soc-242>

<sup>73</sup> World Health Organization, Abuse of Older People |

<https://www.who.int/news-room/fact-sheets/detail/abuse-of-older-people>

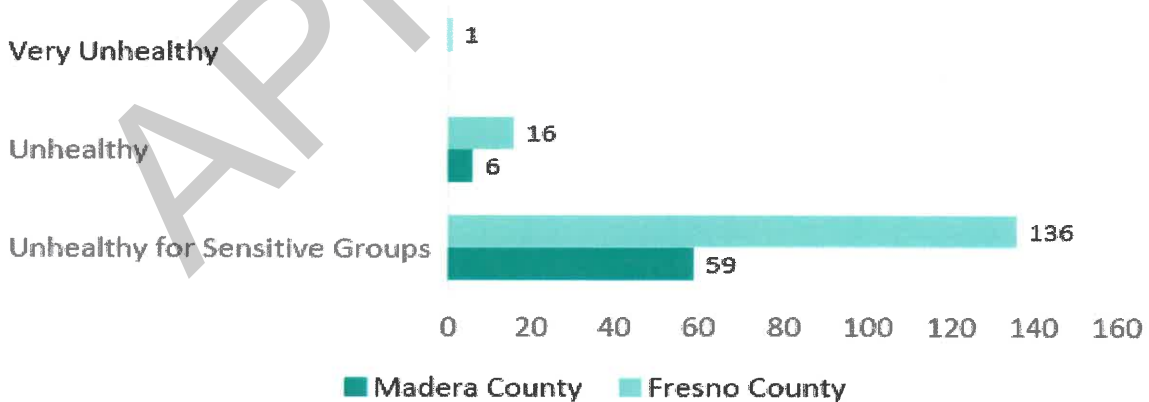
**Figure 2.16. Adult Protective Services Reports of Abuse Perpetrated by Others by Category in Fresno & Madera Counties**



**Health**

The American Lung Association ranked the Fresno-Madera-Hanford Metropolitan Area as the second most polluted area in the country for short-term particle pollution, third for year-round particle pollution, and fourth for high ozone days.<sup>74</sup> Both Fresno and Madera Counties received a failing grade (F) for air quality on a grading system from A to F. **Figure 2.17** below illustrates the number of unhealthy air days in both counties.<sup>75</sup>

**Figure 2.17. Number of Days with Unhealthy Air Quality from Particle Pollution in Fresno & Madera Counties**

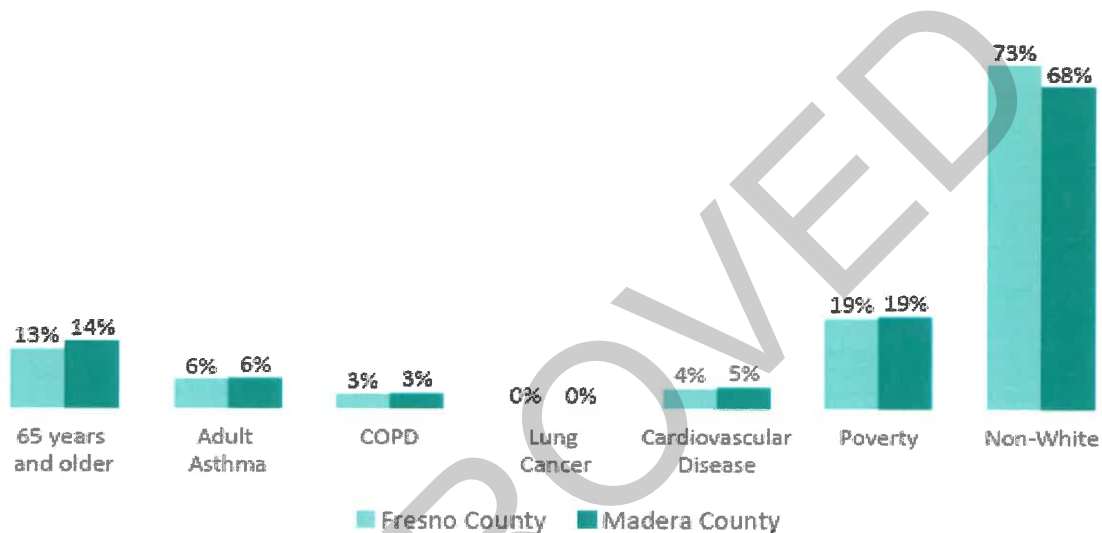


<sup>74</sup> American Lung Association, State of the Air, Fresno-Madera-Hanford, CA | <https://www.lung.org/research/sota/city-rankings/msas/fresno-madera-hanford-ca>

<sup>75</sup> American Lung Association, State of the Air, Report Card: California | <https://www.lung.org/research/sota/city-rankings/states/california>

Older adults aged 65 years and older are particularly vulnerable to the negative health effects of air pollution.<sup>76</sup> As people age, lung tissue and muscles tend to thin and weaken, diminishing lung function and heightening susceptibility to respiratory infections. Moreover, older adults often contend with more chronic conditions compared to the general population, and air pollution can exacerbate symptoms of these health conditions, including asthma, chronic obstructive pulmonary disease, and diabetes. **Figure 2.18** provides a detailed breakdown of populations at risk in both counties based on specific risk factors.<sup>77</sup>

**Figure 2.18. Percentage of Populations at Risk for Health Effects of Air Pollution in Fresno & Madera Counties**



Fresno (#46 out of 58)<sup>78</sup> and Madera (#44 out of 58)<sup>79</sup> Counties rank among the least healthy counties in California. Regarding quality of life, 20% of adults in Fresno County and 21% in Madera County report they have fair or poor health. In Fresno County, 12% of adults also report experiencing frequent physical distress, and 15% report experiencing frequent mental distress (e.g., poor mental and physical health for 14 or more days per month). These rates are slightly higher in Madera County, with 13% of adults reporting frequent physical distress and 17% experiencing frequent mental distress.

In Fresno County, there is one primary care physician per 1,450 people, one dentist per 1,580 people, and one mental health provider per 230 people. The ratios in Madera County are smaller with one primary care physician per 2,290 people, one dentist per 2,180 people, and one mental health provider per 570 people. At the state level, there is one primary care physician per 1,230 people, one dentist per 1,100 people, and one mental health provider per

<sup>76</sup> American Lung Association, State of the Air, Health Impact of Air Pollution | <https://www.lung.org/research/sota/health-risks#peopleatrisk>

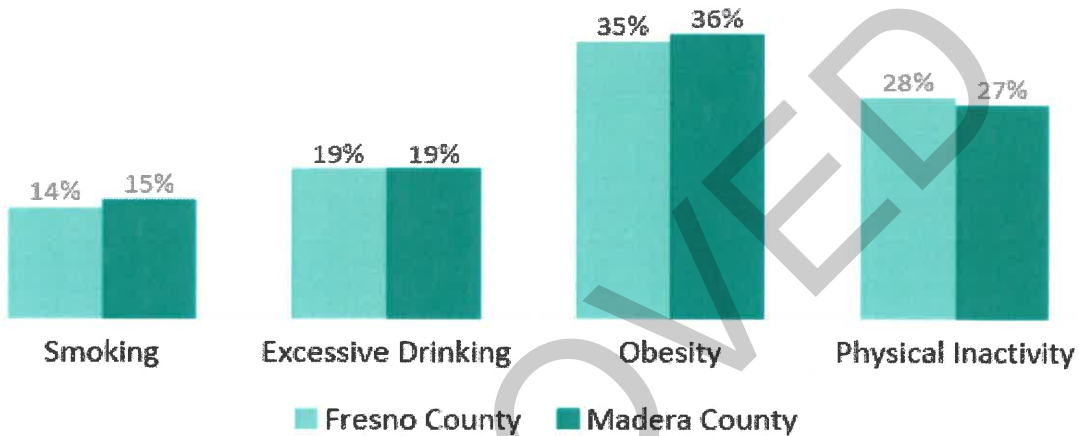
<sup>77</sup> American Lung Association, State of the Air, Health Impact of Air Pollution | <https://www.lung.org/research/sota/health-risks#peopleatrisk>

<sup>78</sup> University of Wisconsin, Population Health Institute, County Health Rankings & Roadmaps, Fresno, CA | <https://www.countyhealthrankings.org/explore-health-rankings/california/fresno?year=2023>

<sup>79</sup> University of Wisconsin, Population Health Institute, County Health Rankings & Roadmaps, Madera, CA | <https://www.countyhealthrankings.org/explore-health-rankings/california/madera?year=2023>

240 people.<sup>80</sup> The life expectancy is 78 years in Fresno County and 79 years in Madera County, compared to 81 years at the state level. **Figure 2.19** presents the proportion of adults in both counties engaging in healthy behaviors that may contribute to poorer quality of life and shorter life expectancy.

**Figure 2.19. Percentage of Adults Engaging in Health Behaviors that Affect Quality of Life and Life Expectancy in Fresno & Madera Counties**



As per the California Department of Public Health's *County Health Status Profiles 2023*,<sup>81</sup> cancer stood out as the leading cause of death from 2019 to 2021 in both Fresno and Madera Counties. This trend remained consistent with the data from 2015 to 2017. Notably, lung cancer exhibited the highest death rate among all reported cancers. **Figure 2.20** illustrates the age-adjusted death rate per 100,000 for the top five causes of death in both counties.

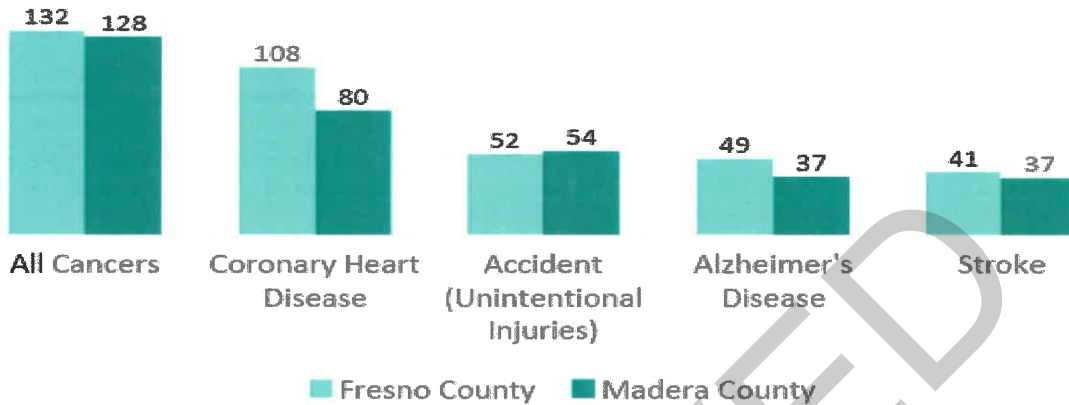
In Fresno County, the death rate experienced changes as follows: an increase of 1% for coronary heart disease, 14% for accidental deaths, 28% for Alzheimer's Disease, a decrease of 7% for all cancers, and a decrease of 9% for cerebrovascular disease/stroke. Meanwhile, in Madera County, the death rate witnessed fluctuations with a 9% increase for accidental deaths, and decreases of 14% for all cancers, 4% for coronary heart disease, 12% for Alzheimer's Disease, and 13% for stroke.

<sup>80</sup> University of Wisconsin, Population Health Institute, County Health Rankings & roadmaps, California | <https://www.countyhealthrankings.org/explore-health-rankings/california?year=2023>

<sup>81</sup> California Department of Public Health, County Health Status Profiles 2023 | [https://www.cdph.ca.gov/Programs/CHSI/CDPH%20Document%20Library/CHSP2023\\_Final\\_Draft\\_v10.pdf](https://www.cdph.ca.gov/Programs/CHSI/CDPH%20Document%20Library/CHSP2023_Final_Draft_v10.pdf)



**Figure 2.20. Age Adjusted Death Rate per 100,000 for Top 5 Causes of Death in Fresno & Madera Counties**



**Housing**

The average home value in Fresno County is \$380,976,<sup>82</sup> with a median rent cost of \$1,400.<sup>83</sup> In Madera County, the average home value rises to \$391,814,<sup>84</sup> accompanied by a median rent cost of \$2,400.<sup>85</sup>



Older adults may consider relocating to facilities with enhanced accessibility features, easier maintenance, and proximity to family, friends, and medical centers as they age. Residential care facilities for the elderly span from small group homes to large retirement communities. Costs for these facilities vary based on the required level of care and geographic location.<sup>86</sup>

In Fresno County, the monthly median cost of an assisted living facility is \$3,900, and the median monthly cost at a nursing facility is \$8,636 for a semi-private room and \$10,038 for a private room.

Comparatively, Madera County reflects a similar monthly median cost for an assisted living facility at \$3,828. However, the costs for both semi-private (\$7,559) and private rooms (\$7,711) at nursing home facilities are lower in Madera than Fresno.

<sup>82</sup> Zillow | <https://www.zillow.com/home-values/1018/fresno-county-ca/>  
<sup>83</sup> Zillow | <https://www.zillow.com/rental-manager/market-trends/fresno-ca/>  
<sup>84</sup> Zillow | <https://www.zillow.com/home-values/1156/madera-county-ca/>  
<sup>85</sup> Zillow | <https://www.zillow.com/rental-manager/market-trends/madera-ca/>  
<sup>86</sup> Genworth, Cost of Care Survey | <https://www.genworth.com/aging-and-you/finances/cost-of-care.html/>

### **Natural Disasters**

Fresno and Madera Counties have experienced natural disasters and extreme weather conditions. Both areas are susceptible to various hazards, including wildland fires, flooding, earthquakes, landslides, and other challenges brought about by severe weather events.<sup>87,88</sup>

Storms originating from the Sierra Nevada mountains can rapidly develop without warning, giving rise to flash floods, mudslides, debris flows, and rockfall that pose potential threats to highways, roads, and residences.<sup>89</sup> Such emergencies also have the potential to isolate mountain communities, limiting access to essential supplies and utilities.

Emergency response personnel are actively monitoring incoming storms and assessing damages from the 2020 Creek Fire, which poses a continued risk of natural disasters.<sup>90</sup> The Creek Fire burned approximately 380,000 acres, causing destruction or damage to nearly 1,000 structures in Fresno and Madera counties.<sup>91</sup> These counties have faced various governor-proclaimed disasters in recent years, such as Hurricane Hilary, severe winter storms, drought, fires, and windstorms.<sup>92</sup> Limited mobility, lack of transportation, communication resources (e.g., phone, internet), and social isolation may place older adults at increased risk of experiencing the consequences of natural disasters or other emergencies.<sup>93</sup>



<sup>87</sup> County of Fresno, <https://www.fresnocountyca.gov/Departments/Public-Health/Office-of-Emergency-Services-OES/About-Fresno-County-Office-of-Emergency-Services#:~:text=Communities%20and%20agencies%20within%20Fresno,weather%20related%20agricultural%20economic%20disasters.>

<sup>88</sup> Madera County, Emergency Info | <https://www.maderacounty.com/government/public-health/emergency-info>

<sup>89</sup> County of Fresno | <https://www.fresnocountyca.gov/Resources/Fresno-County-Emergency/Storm-Readiness>

<sup>90</sup> Fresno Sheriffs | <https://fresnosheriff-cogisonline.hub.arcgis.com/>

<sup>91</sup> ABC News | <https://abc30.com/madera-county-state-of-emergency-snow-and-rain-central-california-resource-shelters/12899428/>

<sup>92</sup> California State Board of Equalization <https://www.boe.ca.gov/proptaxes/disaster-list.htm>

<sup>93</sup> AARP, The Impact of Disasters on Older Adults | <https://www.aarp.org/livable-communities/tool-kits-resources/info-2022/disaster-risks-to-older-adults.html#:~:text=Some%20of%20the%20reasons%20older.or%20family%20nearby%20to%20help.>

## Other Indicators

### Walkability

Walk Score® assesses the walkability of communities, considering factors such as proximity to amenities, population density, block length, and intersection density. **Table 2.1** displays Walk Scores for the five most populous cities in Fresno County, and cities in Madera Counties.<sup>94</sup> Among these cities, Reedley is the most walkable, while the remaining cities are largely car dependent.

**Table 2.2. Walk Scores for Cities in Fresno and Madera Counties**

City	Walk Score®	Walk Score® Ranges	
Fresno	47		
Clovis	37	90-100	Walker's Paradise: Daily errands do not require a car
Sanger	48	70-89	Very Walkable: Most errands can be accomplished on foot
Reedley	50	50-69	Somewhat Walkable: Some errands can be accomplished on foot
Selma	47	25-49	Car-Dependent: Most errands require a car
Madera	42	0-24	Car-Dependent: Almost all errands require a car
Chowchilla	25		

Although Fresno and Madera County communities may score higher on Walk Score®, it is important to note that factors such as heat, pollution, and crime, which can impact the safety of older adults, are not considered. High crime rates, extreme heat, and elevated levels of ozone or particle pollution may hinder safe walking conditions.

### Telephone Service

According to the National Health Interview Survey, 68% of adults reside in a wireless-only household.<sup>95</sup> Across all age groups nationwide, individuals aged 65 years and older are the least likely to live in a wireless-only household, followed by those between 45 and 64 years. Among individuals aged 65 years and older, 18% reported dual use of landlines and wireless phones, 15% mostly used landlines, and 9% solely used landlines, while approximately 1% were without a phone.

Data from the American Community Survey reveal that telephone service is available to 22% of householders ages 65 years and older in Fresno County and 27% in Madera County.<sup>96</sup>

### Internet Usage

Most older adults in Fresno (90%) and Madera Counties (92%) have a computer and access to the internet. Ninety-two percent of older adults in Fresno County and 88% in Madera County have a subscription for broadband internet whereas 8% in Fresno County and 12% do not have access to the internet.

<sup>94</sup> Walk Score | <https://www.walkscore.com/>

<sup>95</sup> National Health Interview Survey Early release Program, Wireless Substitution: Early Release of Estimates from the National Health Interview Survey, January – June 2021 | <https://www.cdc.gov/nchs/data/nhis/earlyrelease/wireless202111.pdf>

<sup>96</sup> American Community Survey, 2022 5-year estimates (B25043)

### 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 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 email inquiries forwarded from the Agency's website.

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
  - *COVID-19 Emergency Meals:* Fresno EOC
  - *Transportation:*
    - Fresno EOC (transportation to four congregate nutrition meal sites in Fresno: Inspiration Park, Mary Ella Brown, Mosqueda, and Ted C. Wills community centers)
    - City of Madera (transit passes)
  - *Legal Assistance:* Central California Legal Services
  - *Health Insurance Counseling and Advocacy Program (HICAP):* Valley Caregiver Resource Center
  - *Family Caregiver Support Program:* Valley Caregiver Resource Center
  - *Adult Day Care:* Valley Caregiver Resource Center
  - *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 provide program literature that best addresses the individual's expressed needs and interests, providing them with resources to connect to services.

- **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**

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 (IHSS).*** The In-Home Supportive Services departments of Fresno and Madera Counties are two of the most significant programs outside of the Agency on Aging network. They provide case management and in-home care for older individuals with low income and individuals with disabilities. As of November 2023, Fresno County's In-Home Supportive Services program served 25,498 individuals, and Madera County's served 2,956 individuals.<sup>97</sup>

***A Program for All-Inclusive Care for the Elderly (PACE).*** PACE operates in Fresno. The program receives funding from Medicare and Medi-Cal to provide participants with a comprehensive range of services, including 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 years and older, meet the level of care requirements for skilled nursing, and live within certain zip codes in Fresno.

***Housing Authority.*** 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 (Section 8).

***Behavioral Health.*** The Fresno County Department of Behavioral Health reports provision of the following services for individuals aged 65 years and older during fiscal year 2022 – 2023.<sup>98</sup>

<sup>97</sup> California Department of Social Services, IHSS Program Data | <https://www.cdss.ca.gov/inforesources/ihss/program-data>

<sup>98</sup> The County of Fresno Department of Behavioral Health, Mental Health Services Act Annual Update 2022 – 2023 | [https://www.fresnocountyca.gov/files/sharedassets/county/v/1/behavioral-health/mhsa/3-year-plan-updates/66951-mhsa-au-and-3yr\\_pei-combined.pdf](https://www.fresnocountyca.gov/files/sharedassets/county/v/1/behavioral-health/mhsa/3-year-plan-updates/66951-mhsa-au-and-3yr_pei-combined.pdf)

Program	Provider	Number of Older Adults (65+) Served
Blue Sky Wellness Center	Kings View	78
Child Welfare Mental Health Team/Katie A Team	Fresno County Department of Behavioral Health	5
Crisis Intervention Team and Rural Triage	Fresno County Department of Behavioral Health, City of Fresno Police Department, Kings View Behavioral Health	254
Multi-Agency Access Program (MAP)	Kings View Corporation, Poverello House, Centro La Familia Advocacy Services, Fresno County Economic Opportunities Commission	277
Perinatal Wellness Center	Fresno County Department of Behavioral Health	1

The Madera County Department of Behavioral Health's prevention and early intervention programs served 75 individuals ages 60 years and older during fiscal year 2020 – 2021.<sup>99</sup>

**Veteran Services.** 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 (i.e., 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.

**Food Assistance.** The Community Food Bank in Fresno distributes food through its Neighborhood Market Program, targeting areas of low income in Fresno and Madera Counties. Their Mobile Pantry program targets rural residents of both counties, and there is a 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.

**AmeriCorps.** Three programs of the Corporation for National and Community Service are offered locally. The Senior Companion Program is administered by Catholic Charities-Diocese

<sup>99</sup> Madera County Department of Behavioral Health Services, Annual Plan Update FY 2022 – 2023 | [https://www.fresnocountyca.gov/files/sharedassets/county/v/1/behavioral-health/mhsa/3-year-plan-updates/66951-mhsa-au-and-3yr\\_pei-combined.pdf](https://www.fresnocountyca.gov/files/sharedassets/county/v/1/behavioral-health/mhsa/3-year-plan-updates/66951-mhsa-au-and-3yr_pei-combined.pdf)

of Fresno; Fresno EOC operates the Foster Grandparent Program; and HandsOn Central California administers the Retired & Senior Volunteer Program (RSVP).

**Central Valley Coalition.** Central Valley Coalition provides low-cost comprehensive balance screening and recommendations for reducing falls and increasing balance and strength for older adults through the Senior Awareness and Fall Education (SAFE). SAFE, operated by the College of Health and Human Services at Fresno State University, offers a Fall Proof 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.** Community Medical Center in Fresno offers A Matter of Balance, an evidence-based program for individuals aged 60 and over who are concerned about falls. The program consists of eight two-hour sessions designed to help participants view falls and fear of falling as controllable. The program also provides exercise training to improve flexibility, balance, and strength, as well as teaches participants changes, they can make in their environment to reduce fall risk factors.

**Saint Agnes Medical Center.** 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.** 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.** 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 who complete the series are further supported through a monthly support group.

**Central California Legal Services (CCLS).** 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 healthcare 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.

**LGBTQ+ Resource Center.** 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.** 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 ages 62 and older who have low income with exterior painting of their homes.

**Self-Help Enterprises.** Self-Help Enterprises operates Emergency Home Repairs, and Roof Repair and Replacement programs for Fresno city homeowners ages 62 and over with low income. Self-Help Enterprises also offers programs for Fresno city homeowners of all ages who have low income, including their 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).** 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.** 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.** 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.** The Picayune Rancheria of the Chukchansi Indians, based in Coarsegold, offers a hot meal program for members of any federally recognized tribe who are ages 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.** The North Fork Rancheria of Mono Indians provides home-delivered meals for tribal citizens ages 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 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.** 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.** 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.** 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.** The "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).** 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.** 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.** The 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.** The Osher Lifelong Learning Institute at Fresno State University offers adults ages 50 and older a lecture series and short courses.

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

**Clovis Adult Education.** Clovis Adult Education’s Older Adult program for persons ages 50 and older offers exercise classes, including the Silver Sneakers program, a Seniorcise and Balance program, as well as computer, art, and quilting classes.

**The Sun Tai Chi Club.** 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

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.

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

Type of Support Group	Organization	Community
Breast Cancer	Sisterhood of Survivors www.sisterhoodofsurvivors.org	Online
	Survive: bcssupport.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 Center-California Cancer Center	Fresno
	Urology Associates of Central California	Fresno
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 (LGBTQIA+)		
Disabled & Fabulous	Fresno EOC Sanctuary LGBTQ+ Resource Center	Fresno
LGBTQIA+	Holistic Cultural & Education Wellness Center	Fresno
LGBTQIA+	Fresno EOC Sanctuary LGBTQ+ Resource Center	Fresno
LGBTQIA+ 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
Parkinson's	Greater Fresno Parkinson's Support Group	Fresno

Type of Support Group	Organization	Community
Stroke	Brain Injury/Stroke Support	Fresno
	Stroke Association	Fresno
Weight Loss	Overeaters Anonymous	Fresno, Clovis
Weight Loss	Take Off Pounds Sensibly (TOPS)	Fresno, Clovis, Madera, Oakhurst, Squaw Valley

**Public Transportation**

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

Fresno-Clovis Metropolitan Area

Fixed Route

- Fresno Area Express (FAX)
- Clovis Stageline

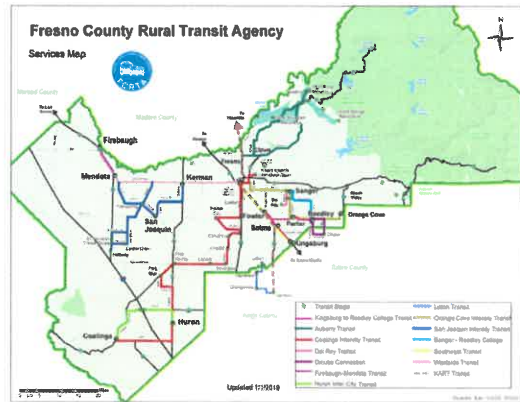
Curb to Curb

- 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 ages 70 years and older can benefit from the Fresno Council of Government's Taxi-Scrip program. This program offers a \$20 value booklet of taxi coupons for just \$5. Eligible individuals can purchase up to ten booklets each month and can use the script with participating taxi services 24 hours a day, seven days a week. Moreover, the Taxi-Scrip can also be applied to Lyft and Uber rides for older adults when booked through the GoGoGrandparent service.

Madera County

The City of Madera offers convenient transportation options for residents. The fixed-route service, Madera Area Express, and curb-to-curb service, Dial-A-Ride, cater to the needs of the city's residents. Importantly, there are no age or disability requirements for utilizing Dial-A-Ride service.

In addition to the city services, Madera County Connection (MCC), operated by Fresno Economic Opportunities Commission, extends its reach throughout the county with three fixed routes on weekdays. These routes cover various areas, including Madera Ranchos, Yosemite Lakes Park, Coarsegold, Oakhurst, Bass Lake, and North Fork, South Fork, Fairmead, Chowchilla, Eastin-Arcola, Ripperdan, and La Vina.

For the mountain communities of Ahwahnee, Bass Lake, Coarsegold, and Oakhurst, the Fresno Economic Opportunities Commission operated the Senior Citizen Bus. The service, available on weekends by reservation, provides transportation for individuals aged 60 years and older, as well as individuals with disabilities, to medical appointments, congregate nutrition meal sites, and shopping centers.

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

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

### **BACKGROUND**

The United States Department of Health and Human Services provides Older Americans Act Funds to state and territorial governments for provision of community-based nutrition, home and community-based services, caregiver support, elder abuse prevention, and programs to promote health and wellness. 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's) through the Area Agencies on Aging.

The Fresno-Madera Area Agency on Aging (FMAAA) is the lead agency in identifying and addressing the needs of older adults and their caregivers in PSA 14. FMAAA serves as a hub for dissemination and information, resources and services both through direct services and through indirect service providers. 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 Agreement (JPA) between Fresno County, Madera County and the City of Fresno designated as the joint powers entities. As a special district of local government, the FMAAA is a separate entity through which its member organizations collaborate to maximize resources and ensure coordinated and efficient provision of services.

FMAAA'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 field of business, health care, social services and non-profit management. The governing board reviews and approves the FMAAA's Area Plan, 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 FMAAA Governing Board, and bring to the table the spectrum of interests of older adults from the local communities. The council's primary role is to provide input, guidance, and recommendations to FMAAA on matters related to the Area Plan, programs, and policies. Advisory Council members often bring diverse perspectives and expertise, contributing to informed decision making and ensuring that FMAAA's initiatives align with the needs and priorities of the Fresno and Madera Communities.

### **COMMUNITY FOCAL POINTS**

Community focal points, also known as senior centers or aging resource centers, are key hubs within local communities that provide a wide range of services and resources specifically tailored to meet the needs of older adults. These centers serve as focal points for aging services information, and socialization, offering a variety of programs and activities to promote health, well-being, and independence among older adults.

The Fresno-Madera Area Agency on Aging is the primary community focal point for older adult services in PSA 14. Community focal points play a vital role in promoting active aging, supporting community engagement, and enhancing the overall quality of life for older adults in the respective Fresno and

Madera communities. An additional 22 senior and community centers in 18 communities located throughout Fresno and Madera Counties serve as focal points locally, where older adults and adults with disabilities can access information on available resources, activities, and services. (See Section 9, Senior Centers and Focal Points). The partnership between the FMAAA and the community focal points deliver comprehensive and accessible services that meet the diverse needs of older adults.

#### **SERVICES OFFERED DIRECTLY BY THE FRESNO-MADERA AREA AGENCY ON AGING**

- Calls to the State's toll-free Senior Information Line (800-510-2020) that originate in Fresno and Madera County are routed to the Agency on Aging's Information and Assistance staff for handling, as well as calls to the FMAAA telephone line (559-214-0299). The FMAAA is managing a higher than usual volume of e-mail inquiries and phone calls due to an increase in public outreach through community resource events.
- The Congregate Nutrition Program serves nutritionally balanced meals in a group setting to individuals aged 60 and older. The purpose of the program is to improve participant's nutritional intake and to offer opportunities to socialize, form new friendships and create lasting relationships. The program encourages the use of volunteers and gives all participants the opportunity to contribute to the cost of the meal. The program is administered through site management contracts with 10 service providers at 18 meal sites.
- The Home-Delivered Meals program is provided to individuals aged 60 and older, who are frail, homebound or isolated. Each meal provides one-third (1/3) of the Dietary Reference Intake and complies with the most current dietary guidelines.
- FMAAA offers nutrition education for both congregate participants and home-delivered meal participants to promote healthy eating habits. Additionally, participants receive information on understanding food labels and managing nutritional choices for diabetes and other health conditions. Nutrition education is provided through site-management staff at FMAAA and the registered dietician contracted with the elderly nutrition program.
- The Multi-Purpose Senior Services Program (MSSP) through FMAAA is designed to support older adults in maintaining their independence and quality of life. The program aims to help Medi-Cal eligible individuals, aged 65 and over who qualify for nursing home placement. The goal for MSSP is for older adults to remain in their homes and communities for as long as possible by providing personalized support through individual care plans specifically tailored to support their needs.
- The Linkages Case Management Program through FMAAA is designed to provide support and assistance to 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. Case Managers work with clients to assess their needs, develop individualized care plans, and coordinate services such as healthcare, housing, transportation and social support. This program aspires to enhance the quality of life and promote independence for older adults in Fresno and Madera Counties.

## **PROGRAMS AND SERVICES SUBCONTRACTED BY THE FRESNO-MADERA AREA AGENCY ON AGING**

- The Long-Term Care Ombudsman Program, administered through Valley Caregiver Resource Center, offers advocacy and support for individuals in long-term care facilities. Trained and certified volunteers serve as ombudsmen, investigating and resolving complaints, to ensure residents' rights are upheld. Ombudsmen also witnesses advanced health care directives and property transfers to ensure quality care and fair treatment.
- The Health Insurance Counseling and Advocacy Program (HICAP), administered through Valley Caregiver Resource Center, provides support and guidance to individuals navigating health insurance options and advocating for their healthcare needs in Fresno and Madera Counties. HICAP staff and trained state-registered volunteers offer invaluable assistance with Medicare, retiree or employer group health insurance, and other health insurance related inquiries, including assistance with appealing denials of Medicare coverage. The HICAP team ensures individuals are making informed and unbiased decisions about their coverage and benefits.
- Valley Caregiver Resource Center oversees the Family Caregiver Support Program designed to offer access, counseling and training support, respite and other supplemental services for individuals to 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 this six-week program to help them take care of their own needs, reduce stress, understand emotions, improve communication, and make effective caregiving decisions.
- Central California Legal Services (CCLS) is a private, not-for-profit, public interest law firm established for the purpose of providing free civil legal assistance to low-income individuals, families, organizations and communities. Services provided include: housing, power of attorneys, wills and trusts, utilities, estate planning, adult restraining orders, and immigration relief, just to name a few. CCLS enhances work performance in Fresno and Madera Counties with multilingual staff members and services of pro bono attorneys and college interns. Additionally, CCLS 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.



## Title Section 4: Planning Process/Establishing Priorities

To inform the development of the 2024-2028 Area Plan, the FMAAA enlisted the services of EVALCORP Research and Consulting (EVALCORP), an applied research firm with extensive experience designing and implementing needs assessments throughout California.

For the FMAA Area Plan, EVALCORP conducted a comprehensive needs assessment to gather information specifically related to the needs of individuals aged 60 and above residing in Fresno and Madera counties. The data collection efforts encompassed both primary and secondary sources, integrating both qualitative and quantitative data, thereby providing an inclusive and multifaceted approach. The development of the Area Plan involved a collaborative effort between FMAAA and EVALCORP, with each agency taking the lead on designated sections of the plan, based on their respective expertise in the subject matter.

### Planning Process Methodology

The planning process methodology initially involved gathering secondary data from existing and readily available sources, including census data, a variety of statistics from other public sources and agencies, and related qualitative resources. This compilation of information, consisting of over 121 data indicators, provided a clear snapshot of the current landscape regarding older adults in Fresno and Madera counties. The indicators were tailored to the population, economy, racial and ethnic composition, vulnerable older adult populations, health and wellness contextual environment, and caregiving aspects of the two counties. This comprehensive overview aimed to present the status of older adults, their needs, and the imminent issues that will impact them in the years to come.

Apart from the secondary data collection and analysis, five primary data collection strategies were employed during the second half of 2023. These strategies aimed to gather extensive information from older adults and caregivers in Fresno and Madera counties, as well as from the entities serving them. These data collection efforts encompassed a multifaceted approach, including:

- a Community Survey targeting older adults
- a Caregiver Survey
- a Provider Survey
- focus Groups
- key stakeholder interviews

This diverse set of research methodologies ensured a comprehensive exploration of perspectives and experiences, thereby enriching our overall understanding of the specific needs and challenges faced by older adults and their caregivers in Fresno County and Madera County.

EVALCORP played a central role in spearheading all activities related to the development of the needs assessment section (Section 5) of the Area Plan. This role involved overseeing the design and implementation of data collection tools, as well as conducting data collection, analysis, and reporting. EVALCORP collaborated closely with FMAAA to throughout the data collection design and administration phases of the Area Plan, ensuring that all data elements remained pertinent and aligned with the informational requirements of Fresno County and Madera County.

In the section that follows, the primary data collection efforts are outlined to provide demographic details and descriptive information about survey respondents, focus group participants, and key stakeholder interviewees. At the outset, it is important to highlight that the community and the caregiver surveys explicitly incorporated the three state-prescribed inquiries regarding sexual orientation and gender identity. EVALCORP, in collaboration with FMAAA, implemented a mixed-method approach to gather

data. This approach was thoughtfully designed to provide a comprehensive understanding of the needs of older adults and caregivers in Fresno and Madera counties by incorporating a diverse range of sources and perspectives. The goal was to ensure an inclusive and representative assessment process and overcome any potential challenges that could be associated with one assessment strategy (e.g., survey fatigue and/or non-response bias).

### Community Survey

EVALCORP conducted a comprehensive survey targeting older adults across Fresno County and Madera County. The survey, which addressed topics such as living situation, well-being, services, lifestyle, and background information, was comprised of 25 questions. To ensure inclusivity, the survey was made available in both English and Spanish, aligning with the predominant languages spoken in the area. Several circulation strategies were implemented to maximize outreach. Initially, an online survey link was distributed through an email list comprising over 50 service providers and community advocates. These individuals, in turn, shared the survey link within the populations they serve. Virtual presentation events were conducted with community stakeholders, including organizations such as United Way of Fresno and Madera Counties. Expanding the reach further, the survey link was also shared through social media platforms, leveraging the extensive reach and connectivity of online networks. This additional avenue aimed to enhance accessibility and inclusivity, tapping into a broader audience.

In addition to the online approach, hard copies of the survey were distributed at diverse community events. These included prominent gatherings such as the Annual Fresno Senior Fair Day, the Local Advocate for Seniors event, the Fair Housing of Central California gathering, and the 2023 Madera Aging Expo. This multi-faceted approach aimed to ensure widespread accessibility and inclusivity, reaching diverse segments of the community. The outcome of these efforts resulted in a total of 103 surveys completed by older adults. **Table 4.1** provides a comprehensive overview of the community survey respondents.

**Table 4.1. Community Survey Respondent Demographic Characteristics**

Characteristic	Population %
N Range = 84 - 99	
<b>County of Residence</b>	
Fresno	98%
Madera	2%
<b>Gender</b>	
Male	40%
Female	60%
Another gender identity	0%
<b>Race</b>	
American Indian or Alaska Native	1%
Asian or Asian American	51%
African American	5%
Native Hawaiian or Pacific Islander	0%
White or Caucasian	43%
<b>Ethnicity</b>	
Non-Hispanic/Latino	73%

Hispanic/Latino	27%
<b>Age Groups</b>	
60-64	42%
65-69	19%
70-74	17%
75-79	11%
80-84	7%
85 or older	4%

### Caregiver Survey

A comprehensive caregiver survey was distributed across the counties to capture the perspectives of informal caregivers—who are defined as individuals who provide unpaid care based on a personal relationship.<sup>1</sup> In this survey, a caregiver was defined as someone aged 18 or older who offered informal, in-home, or community care to a family member or another individual, irrespective of living arrangements. Caregiver responsibilities encompassed a wide range of areas, including personal assistance, household chores, errands, meal preparation, support for appointments, financial management, coordinating external services, and regular check-ins. Consisting of 30 questions, the survey delved into caregiver relationships, care recipient characteristics, the impact of caregiving on employment, health and well-being, types of care provided, caregiver support, awareness, and information sources. The scope of these questions ensured a thorough exploration of caregiving experiences in Fresno County and Madera County. To promote inclusivity, the survey was available in both English and Spanish, reflecting the threshold languages in the area. Diverse distribution strategies were employed, encompassing both online and offline methods. Online dissemination involved sharing survey links with caregiver-serving agencies, fostering widespread accessibility. Additionally, hard copies of the survey were strategically distributed at resource tables during massive community events, such as the 2023 Veteran Caregiver Fair Resources and the Central Valley Alzheimer's Caregiver and Wellness Conference. This comprehensive approach aimed to ensure effective outreach and engagement across various platforms and events. These efforts yielded a total of 72 completed surveys from informal caregivers.

**Table 4.2** provides an overview of caregiver survey respondents. It is important to note that the sample has not been weighted for factors such as age or gender, as relevant data for weighting are lacking. The results of the survey provide a snapshot of family caregivers in Fresno County and Madera County that can be used as the foundation for future assessments. Despite not being weighted, the caregiver survey data contribute valuable information on caregiving in Fresno County and Madera County.

**Table 4.2. Caregiver Survey Respondent Demographic Characteristics**

Characteristic	
N Range = 41 – 53	
County of Residence	
Fresno	94%
Madera	6%
Gender	

<sup>1</sup> [www.caregiver.org/resource/definitions-0/](http://www.caregiver.org/resource/definitions-0/)

Male	13%
Female	85%
Another gender identity	2 %
<b>Race</b>	
American Indian or Alaska Native	0%
Asian or Asian American	7%
African American	13%
Native Hawaiian or Pacific Islander	0%
White or Caucasian	80%
<b>Ethnicity</b>	
Non-Hispanic/Latino	51%
Hispanic/Latino	49%
<b>Age Groups</b>	
18-34	10%
35-44	14%
45-54	18%
55-64	20%
65-74	20%
75-84	16%
85 or older	2%

### Provider Survey

The final survey strategy implemented in the needs assessment involved surveying service providers in Fresno County and Madera County. An outreach strategy was implemented by sending email invitations to encourage participation in an online survey consisting of eight questions. The survey aimed to assess the unmet needs of older adults and family caregivers in the area, identify common barriers faced by older adults when accessing services, and gather recommendations to overcome these obstacles and enhance service delivery. A total of 32 service providers completed the survey. **Table 4.3** provides a summary of descriptive information, including the duration of survey respondents' experience as a service provider, the age group of older adults with which they work, and their specific field of expertise in aging services.

**Table 4.3. Provider Survey Respondent Descriptive Information**

Characteristic	Percent
<b>Area or Field of Aging Service (N = 32) *</b>	
Educational classes	53%
Counseling or care management	40%
In-home respite	40%
Out-home respite	30%
Other	30%
Recreational or social activities	30%
Health services	20%
Ombudsperson services	20%

Access to transportation	17%
Applying for government benefits	17%
Congregate meals	17%
Health insurance help	17%
Legal services	17%
Medical supplies help	17%
Home-delivered meals	10%
Housing assistance	7%
<b>Length of Service with Current Agency/Org. (N = 30)</b>	
Less than one year	17%
1-2 years	23%
3-6 years	20%
7-10 years	0%
More than 10 years	23%
<b>Age group of Provider Services (N = 25-28) *</b>	
60-64 years old	87%
65-74 years old	93%
75-79 years old	87%
80-84 years old	83%
85 years or older	83%

\*Percentage may exceed 100 as respondents were able to select more than one response option.

### Focus Groups

As part of the qualitative data collection strategy, 5 focus groups were conducted, engaging a total of 53 participants. These sessions were crucial to gather detailed insights from community members, caregivers, and service providers. Following the guidance outlined in the Area Plan, EVALCORP collaborated with FMAAA to identify specific subpopulations who may be underrepresented within both counties. These individuals are recognized as particularly susceptible to inadequate access to services and resources. Special efforts were made to engage individuals experiencing the greatest economic and social needs, which included those dealing with physical disabilities; persons identifying as LGBTQIA+; and others. More specifically, EVALCORP was responsible for scheduling and facilitating focus groups with persons representing the deaf and hard of hearing community, individuals with visual impairments, veterans, LGBTQIA+ community, and older adults receiving post-acute services. Additionally, EVALCORP organized a separate focus group specifically for service providers, engaging a total of 23 participants from different sectors in the area.

Demographic forms were collected from all focus group participants after each session was completed. These forms requested information on the primary language spoken at home, whether the person had regular internet access, age, gender, sex assigned at birth, sexual orientation or identity, race or ethnicity, city of residence, and length of time living in Fresno County and/or Madera County. A total of 53 forms were completed. The findings from these forms are detailed in **Table 4.4**.

Additionally, descriptive information was gathered from service provider focus group participants. This information included the city covered by the service area, job role, organization or agency size, years of experience providing services for older adults or caregivers, types of services provided, and whether they

worked with specific populations or special needs groups. A total of 19 background information forms were completed. **Table 4.5** summarizes this information.

**Table 4.4. Focus Group Participant Demographics (Community Members)**

Characteristic	Percent
<b>Gender (N = 52)</b>	
Female	71%
Male	25%
Transgender Female	4%
Transgender Male	0%
Genderqueer/Gender Non-Binary	0%
<b>Sex Assigned at Birth (N = 53)</b>	
Female	72%
Male	28%
<b>Sexual Orientation/Identity (N = 49)</b>	
Bisexual	4%
Gay/Lesbian/Same Gender Loving	29%
Questioning/Unsure	0%
Straight/Heterosexual	65%
Other	2%
<b>Race/Ethnicity (N = 53)</b>	
American Indian or Alaska Native	4%
Asian or Asian American	0%
African American	6%
Hispanic/Latino	15%
Native Hawaiian or Pacific Islander	0%
White/Caucasian	73%
Multi-Racial	0%
Other	2%
<b>Age (N = 53)</b>	
Under 60	19%
60 – 64 years	13%
65 – 69 years	21%
70 – 74 years	23%
75 years or older	24%
<b>Primary Language at Home ** (N = 53)</b>	
English	66%
American Sign Language	28%
Spanish	6%
<b>City of Residence** (N = 53)</b>	
Fresno	75%
Madera	15%
Clovis	8%
An Unincorporated Area	2%
<b>Regular Access to the Internet (N = 51)</b>	
Yes	76%

No	24%
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\*= Percentages may exceed 100% because respondents could select more than one option.

\*\*= Categories that were not selected by any participants were not listed. Categories are listed in numerical order.

**Table 4.5. Focus Group Participant Descriptive Information (Service Providers)**

Characteristic	Percent
<b>Service Area Coverage* ** (N = 19)</b>	
All	63%
Fresno	32%
Clovis	32%
Madera	26%
Fowler	21%
Kingsburg	11%
Selma	11%
All Fresno County	5%
Kerman	5%
Oakhurst	5%
Parlier	5%
Reedley	5%
Sanger	5%
<b>Job Title/Role** (N = 19)</b>	
Healthcare and Social Services	53%
Management and Administration	26%
Legal and Advocacy	16%
Brokerage and Coordination	5%
<b>Organization Size (N = 18)</b>	
Small (1-10 employees)	39%
Medium (11-50 employees)	39%
Large (51+ employees)	22%
<b>Years of Experience in Elderly Services (N = 19)</b>	
Less than 1 year	0%
1-5 years	16%
5 to 10 years	21%
More than 10 years	63%
<b>Service Offered* ** (N = 19)</b>	
Edler Abuse Prevention	32%
Home Care Services	32%
Case Management	32%
End-of-Life Planning	32%
Social Services	26%
Respite Care	26%
Legal Services	21%
Healthcare	11%

Insurance	5%
Senior Care Placements	5%
Recreation and Leisure	5%
Food Access	5%
Palliative Care	5%
Hospice	5%
Financial Services	5%
Memory Care	5%
Geriatric Counseling	5%
Housing Services	5%
Mental Health	5%
Mobility and Transportation	5%
Volunteer Opportunities	5%
Other	5%
<b>Special Needs Focus (N = 18)</b>	
Yes	72%
No	28%
<b>Specific Needs Group<sup>*, **</sup> (N = 6)</b>	
Veterans	50%
Dementia Patients	50%
Victims of Crimes	17%
LGBTQ+	17%
Amputees	17%
Caregivers	17%
Linguistically Isolated	17%

\*= Percentages may exceed 100% because respondents could select more than one option.

\*\*= Categories that were not selected by any participants were not listed. Categories are listed in numerical order.

### Key Stakeholder Interviews

In the last primary data collection phase, 5 virtual in-depth interviews were conducted with 7 key stakeholders representing a diverse range of expertise. These interviews aimed to glean insights into experts' experiences working with older adults in Fresno County and Madera County. The interviewees, acknowledged as experts in gerontology, elder abuse, adult day services, family caregiver resources, community organizers, and advocates, possess extensive experience working with Black and African American, Hmong, and Latinx/Hispanic populations. Their engagements involved discussions lasting approximately 45 minutes. During these interviews, each interviewee shared their perspectives on the distinct needs within their area of expertise, as well as the overall requirements of older adults and caregivers in Fresno County and Madera County. Interviewees also provided insights into existing resources, as well as barriers that older adults face in accessing services in Fresno County and Madera County.

### Establishment of Priorities

The findings derived from the needs assessment are outlined in Section 5 of this Area Plan. The FMAAA staff conducts a thorough review and analysis of these results with the aim of discerning primary target



populations (Section 5.2) and identifying the most pressing needs. PSA-14's determination of Title IIIB funds is based on the estimated number of service units, and the number of participants we expect to serve. We projected the funding necessary to meet those needs and computed the "adequate proportion" as follows: 40% Access, 8% In-Home Services and 2% Legal Assistance. Following this assessment, priorities are strategically established by aligning them with these target populations and the identified needs. The comprehensive Needs Assessment was formally presented to the Governing Board in April 2024. During this presentation, discussions were particularly focused on how inflation and the rising cost of living over recent years have emerged as significant challenges. Board members acknowledged these economic pressures as critical issues, emphasizing the increasing difficulty older adults face in managing daily expenses, healthcare costs, and maintaining a sustainable quality of life amidst these financial constraints.

APPROVED

## 05 NEEDS ASSESSMENT AND TARGETING

This section presents a summary of the findings gathered from the primary data collection initiatives and secondary sources outlined in Section 4. Its objective is to offer a comprehensive understanding of the needs of older adults, along with their caregivers, in Fresno and Madera Counties (FMCs). Additionally, it aims to recognize barriers to accessing services, and identify target populations based on these assessments. Findings are categorized into two main sections with the following subsection:

- 5.1. Identification of Needs
  - 5.1.1. Resources and Services
  - 5.1.2. Needs of Local Older Adults
  - 5.1.3. Needs of Older Adult Caregivers
- 5.2. Target Populations
  - 5.2.A. Low Income Older Adults
  - 5.2.B. Older Adults with Limited English-Speaking Capabilities
  - 5.2.C. Vulnerable Older Adults

A variety of data collection methods, including the Community Survey, Caregiver Survey, Service Provider Survey, Focus Groups, and Key Stakeholder Interviews, were conducted to gather diverse perspectives supporting the 2024-28 Area Plan. Through these initiatives, older adults, caregivers, and service providers shared their insights on the community's main challenges, service needs, gaps, and barriers to access across FMCs. The Focus Groups and Key Stakeholder Interviews offered valuable insights into specific populations of older adults, often minoritized within the broader community, and identified as particularly vulnerable to inadequate services and resources. Scores of older adults and caregivers living in the region took part in the Community and Caregiver Surveys, while many others joined Focus Groups. Additionally, professional service providers engaged in a Focus Group and a comprehensive set of interviews and surveys were designed to capture insights from a diverse range of individuals well-versed in the present and evolving needs of older adults in FMCs.

Data from 13 different secondary sources are included to enhance the understanding of the needs and perceptions of services for older adults in FMCs. It also assists in identifying target populations, reinforcing, and complementing the findings of the primary data collection efforts. These sources encompass the American Community Survey, California Department of Aging, California Department of Public Health, Federal Reserve Bank of Minneapolis, FMAAA Community Assessment Survey for Older Adults, Fresno County Department of Public Health, Gallup, National Institute on Aging, National Library of Medicine, and United States Census Bureau.

## SECTION 5.1: IDENTIFICATION OF NEEDS



### 5.1.1. RESOURCES AND SERVICES

A basic understanding of available resources and services plays a key role in addressing the diverse needs of older adults and their caregivers. This subsection aims to highlight the extent to which older adults and their caregivers are acquainted with the range of resources available to them. The analysis then delves into the barriers to accessing service and resource information, as well as familiarity with available resources. It will examine the channels through which older adults and their caregivers typically seek information. Understanding the familiarity and preferences of older adults and caregivers is essential for improving accessibility and tailoring support systems. By exploring their knowledge and access patterns, this subsection aims to uncover opportunities for improvement, ensuring that the available resources are not only comprehensive but also effectively communicated and utilized by those who need them most.

#### ***Familiarity of Available Resources***

Data from the Fresno-Madera Area Agency on Aging Community Assessment Survey for older Adults (CASOA) show that approximately 52% of survey participants indicated being somewhat informed or very informed about services and activities for older adults.<sup>101</sup> Regarding the availability of information about resources for older adults, 23% of respondents rated it positively, while 24% gave positive ratings to the availability of financial or legal planning services. Lastly, approximately 48% of elderly individuals were identified as facing difficulties in accessing information in the area.

The data from the Focus Groups offers valuable insights into the extent of older adults' familiarity with available resources in FMCs. A prominent theme that surfaced among Focus Group participants was a pervasive sense of uncertainty regarding the available services and the challenges older adults encountered in trying to find this information. Some participants expressed the demands of navigating through various service systems – healthcare, social services, community support, mental health, or long-term care – while also refining information-finding skills.

Focus Groups participants paired these challenges with additional barriers, with the most common being digital literacy and internet access. Particularly for older adults with lower incomes and those residing in rural areas, accessing resource information through the internet proved to be a difficulty. Closely following was the challenge of obtaining information through traditional phone channels, described by participants as having long waiting times. Additionally, some participants expressed concerns about potential misunderstandings. They worried that utilizing specific services might impact their eligibility for other forms of assistance and could result in changes to their benefits. This lack of information drove some to assume that certain resources might not be available for them.

The participants in the service providers' Focus Group reinforced the observation of a lack of familiarity with available resources. They highlighted that this was compounded by funding constraints, which hindered organizations' capacity to disseminate resource information, especially concerning support processes and identifying appropriate contacts in different scenarios.

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<sup>101</sup> Fresno-Madera Area Agency on Aging Community Assessment Survey for older Adults (CASOA). November 2023.

As a result, recommendations from all Focus Groups underscored the importance of establishing a centralized, easily accessible space—both virtual and physical—for accessing resource information; designed to accommodate diverse needs, including limitations in digital skills, disabilities, and language barriers. Data obtained from Key Stakeholder Interviews also highlighted the need for simplified information, emphasizing considerations for varying reading levels, language comprehension, and cultural barriers.

The Caregiver Survey serves as a supplementary source of information, complementing the data obtained from the Focus Groups and offering valuable insights into the types of services known to caregivers in FMCs (see **Table 5.1.1**). Survey respondents demonstrated highest awareness of services such as in-home assistance (19%), health insurance information (15%), and home-delivered meals (14%). Conversely, senior housing information and referrals (8%), senior center daily meals (7%), and senior community service employment programs (6%) were among the services survey respondents were least aware of.

<b>Services (N = 120)</b>	<b>Percent</b>
In-home assistance	19%
Health insurance information	15%
Home delivered meals	14%
Transportation	13%
Personal emergency response systems	11%
Senior housing information and referrals	8%
Senior center daily meals	7%
Senior community service employment programs	6%
Other	2%

\* Since respondents were able to select multiple options, percentages may not sum up to 100%.

\* Other types of care identified by caregivers' information and resources from the Deaf and Hard of Hearing Center (1). One respondent did not specify.

### **Interest in Receiving Services**

Delving into the service landscape for older adults in FMCs, respondents of the Community Survey shared their preferences and utilization patterns across diverse service categories (see **Table 5.1.2**). The comprehensive survey findings unveil wellness programs as the service garnering the highest interest but not yet utilized by 58% of respondents. Only 11% of participants expressed interest and were already actively utilizing these programs. This highlights a notable gap between interest and actual engagement, suggesting potential opportunities for outreach and encouragement to bridge this disparity. Conversely, employment training surfaced as the least appealing service, with a large majority of survey respondents (71%) expressing no interest in utilizing this service.

Moreover, within diverse service domains, including health-related services, transportation, and recreation, almost half of respondents expressed interest but had not yet utilized these services. Lower percentages indicated current usage. This highlights the potential for strategic outreach efforts and heightened awareness campaigns to better connect expressed interest with active utilization, thereby fostering increased community engagement with available services. Moreover, it provides an opportunity for refining and expanding existing

services in response to the expressed interest, potentially meeting the evolving needs of the community.

<b>Services (N = 94-97)</b>	<b>Not at all interested in using</b>	<b>Interested but have not used</b>	<b>Interested and already using</b>
Adult Education	42%	35%	23%
Adult Daycare	52%	28%	20%
Advocacy	37%	43%	20%
Case Management / Counseling	51%	36%	13%
Caregiving	52%	35%	13%
Employment Training	71%	24%	5%
Congregate Meals	52%	38%	11%
Government Benefits	26%	48%	25%
Health-Related Services	23%	50%	26%
Housing	44%	42%	15%
In-Home Support	52%	38%	11%
Income Assistance	46%	42%	12%
Legal Assistance	54%	39%	8%
Meal Delivery	51%	41%	8%
Recreation	49%	45%	6%
Transportation	39%	48%	13%
Wellness Programs	30%	58%	11%

\* Since respondents were able to select multiple options, percentages may not sum up to 100%.

### **Accessing Information**

Examining the dynamics of how older adults access information is essential for understanding their interaction with available services. **Table 5.1.3** presents the sources of information for older adults in FMCs who participated in the Community Survey, revealing their preferences and habits. The primary response was word of mouth (28%), followed by television (20%) and radio (16%). This emphasizes the significance of interpersonal communication and traditional media in shaping older adults' service awareness.

Interestingly, senior centers (3%) and the Agency on Aging (4%) emerged as among the least consulted sources for service information. This highlights potential areas for targeted outreach and enhancement to ensure broader dissemination of crucial service information within the community. Understanding these dynamics is key for tailoring communication strategies and fostering a more inclusive and accessible support network for older adults in FMCs.

Information Source	Percentage
Word of mouth	28%
Television	20%
Radio	16%
Internet	10%
Agency on Aging	4%
Social media	4%
Faith based organization	4%
AARP	4%
Medical professionals	4%
Newspaper	4%
Senior center	3%
Other	2%

\* Since respondents were able to select multiple options, percentages may not sum up to 100%.

\* Other types of resources identified by older adults included the Deaf and Hard of Hearing Service Center, the Jakarta Movement, Service Coordinators, Work, and other associations.

**Table 5.1.4** summarizes the preferences and patterns of information sources for respondents in the Caregiver Survey. The results indicate that respondents predominantly turn to medical or health professionals (16%), rely on family, friends, and colleagues (16%), or use the internet (16%) when seeking information. Conversely, less often used sources include faith-based organizations (2%), disease-specific groups or organizations (3%), and caregiving providers (including nursing homes, assisted living facilities, home care, and/or senior daycare) (4%). These findings offer a pathway for developing resources and initiatives that directly address caregivers' unique information-seeking behaviors, ultimately contributing to enhanced support systems for the well-being of older adults in FMCs.

Information Sources (N = 153)	Percentage
Medical or Health Professional	16%
Family, friends, colleagues	16%
Internet	16%
Caregiver Resource Center	12%
Government Websites	9%
Senior Center, Aging Organization	8%
Hospital or Clinic	7%
Books, Magazines	6%
Caregiving Provider (nursing home, assisted living facility, home care, senior daycare)	4%
Disease-Specific Group or Organization	3%
Faith-Based Organization	2%
Other	2%

\* Since respondents were able to select multiple options, percentages may not sum up to 100%.

\* Other types of information sources identified by caregivers included Deaf and Hard of Hearing Service Center.

### 5.1.2. NEEDS OF LOCAL OLDER ADULTS

This subsection delves into the service needs of the local older adult population in FMCs. The presented findings capture the top issues and priority needs acknowledged by the older adults in the community and illuminate critical aspects such as language service requirements and barriers hindering access to essential services. These findings serve to provide valuable insights that will help inform future initiatives and policies, aiming to cultivate a more inclusive and supportive environment for the local elderly community.

#### ***Top Issues Identified***

The top issues identified by older adults play a crucial role in shaping their service needs, highlighting key concerns that directly influence the design and delivery of support tailored to meet their unique requirements. **Table 5.1.5** summarizes the concerns among community survey respondents, providing a comprehensive overview of the diverse range of worries that may impact the quality of life of older adults. Notably, the Community Survey findings highlight medical costs (58%), utility costs (56%), and crime (56%) standing out as primary concerns. Following closely, healthcare (55%) and emergency preparedness (55%) also ranked prominently in respondents' worries. Transportation (53%) and physical health (52%) emerged as additional focal points of high concern for older adults. Conversely, over a third of respondents indicated not being concerned at all about household chores (38%), caregiving (36%), and housing (36%). This underscores the nuanced and multifaceted nature of the concerns among older adults in the area.

<b>Concerns (N=95-97)</b>	<b>Not at all concerned</b>	<b>Somewhat concerned</b>	<b>Very concerned</b>
Physical Health	13%	35%	52%
Housing	36%	15%	48%
Healthcare	18%	27%	55%
Transportation	35%	11%	53%
Loneliness	32%	23%	45%
Utility Costs	20%	24%	56%
Medical Costs	23%	20%	58%
Crime	15%	29%	56%
Legal Issues	35%	19%	46%
Everyday Activities	30%	26%	44%
Caregiving	36%	21%	42%
Household Chores	38%	15%	46%
Emergency Prep	20%	25%	55%
Impact of COVID-19	25%	30%	45%

Many of these concerns align with the findings from our Focus Groups, offering additional insights into the specific challenges faced by older adults in FMCs. Participants were asked to identify the top three issues they and their peers encounter in the community, emphasizing those they believe are the most important to address.

**The three top issues, as indicated by all four community Focus Groups, included:**

- (1) Transportation**
- (2) Isolation and Loneliness**
- (3) Healthcare Access and Coverage**

**Transportation.** Participants overwhelmingly agreed on facing constant challenges with transportation. Many find themselves losing their driving licenses due to age, coupled with a lack of familiarity with navigating public transportation and its limited, unreliable schedule. These factors impose significant limitations on personal mobility and independence. This issue was particularly emphasized for older adults with disabilities, leading to more isolated lives as they expressed insecurities in navigating the transportation system. Moreover, there was ample consensus that this issue was more pronounced in rural areas, where residents face additional hurdles due to services being too distant. Beyond public transportation challenges, participants shared experiences with the Taxi-Script program, as they often faced additional procedural steps to book a ride with on-demand care services, such as Uber or Lyft. Even after navigating through these steps to secure a ride, they encountered longer waiting times due to their lower priority status within the apps. It is important to note that this scenario applies exclusively to individuals with smartphones and available data to request such services, which, as some participants have expressed, is not always the case for many lower-income older adults.



**Isolation and Loneliness.** The second most prominent issues identified in Focus Groups centered around pervasive feelings of isolation and loneliness, notably exacerbated by the COVID-19 pandemic. The shared narratives reflected a collective yearning for social engagement, emphasizing the significance of missing shared activities and the need to be recognized and valued in society. In this regard, participants delved into the often-overlooked “invisibility” and “infantilization” experienced by older individuals, both within healthcare interactions and broader social contexts. This data sheds light on the intricate impact of isolation on mental well-being, serving as a compelling call for cultivating a more inclusive and supportive environment for older adults.

**Healthcare Access and Coverage.** Another recurring concern underscored in the Focus Group discussions revolved around the difficulty participants face in navigating the complexities of the healthcare system. The persistent challenge of limited doctor availability emerged as an important concern, impeding timely access to essential medical attention. Additionally, the issue of health coverage surfaced prominently, impacting not only lower-income individuals but also undocumented older adults. Participants emphasized that in a context marked by an increased cost of living, access to healthcare becomes a substantial issue, highlighting the urgency for addressing these challenges in the healthcare system.

These issues also resonated in the Service Provider Focus Group and emerged consistently in stakeholder interviews. However, service provider participants and interviewees in the system offered a complementary perspective, revealing an additional set of primary concerns.



**The three top issues, as indicated by service providers and stakeholders, included:**

- (1) Elder Abuse and Safeguards**
- (2) Affordable Housing**
- (3) Nutrition**

**Elder Abuse and Safeguards.** Service providers and stakeholders voiced significant concerns regarding elder abuse and identified shortcomings in safeguards. Participants underscored an alarming lack of screening within the In-Home Supportive Services (IHSS), resulting in individuals with criminal backgrounds and substance use issues providing care. This vulnerability, encompassing emotional and physical aspects, exposes older adults to abuse, and financial exploitation emerges as a distressing reality. A specific case shared by a service provider exemplifies the need for protective measures and legal interventions to prevent such abuses. In this case, an IHSS employee inappropriately transferred the family home's property to themselves, emphasizing the urgency for systemic improvements. Abuses within family kinship were also highlighted as frequent, introducing a more challenging dimension to the issue. Experiences shared reveal the hesitancy of victims to report abuse to protect family members, highlighting a complex emotional dynamic where familial ties often inhibit disclosure.

**Affordable Housing.** Insights from service providers and stakeholders shed light on the pressing issue of affordable housing for older adults in FMCs, highlighting the scarcity of affordable housing options. This issue not only exacerbates financial strain but also contributes to heightened vulnerability among older adults. As expressed by some interviewees, this vulnerability encompasses factors such as health, safety, and overall well-being.

CASOA data reinforces these findings. When evaluating aspects of housing, such as affordability and diversity, and community features associated with new urbanism, where individuals can reside near amenities like eateries, shops, workplaces, and services, older adults generally provided lower scores. Merely 23% of respondents gave a favorable rating to the accessibility of affordable, high-quality housing in their communities, and roughly 27% of older adults rated the availability of mixed-use neighborhoods as excellent or good. Additionally, around 49% of older residents in the area expressed facing housing needs, while 29% reported mobility requirements.

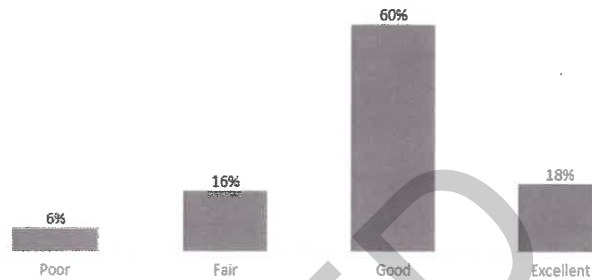
**Nutrition.** Insights from a Focus Group with service providers underscore the critical issue of nutrition in an area characterized by food deserts and low-income families. The prevalence of food deserts significantly restricts access to fresh and nutritious food options for many older adult residents, particularly those facing serious challenges related to transportation and the proximity of grocery stores, especially in rural areas. Service providers expressed that while programs like Meals on Wheels play a valuable role in addressing nutritional needs for older adults in FMCs, they suggested that they may not be sufficient to fully counter the challenges posed by food deserts and the rising cost of living. Indeed, as some pointed out, while these programs offer essential support, they often operate within resource constraints and may not cover all areas or reach every vulnerable older adult.

Identifying issues is a crucial step in understanding the underlying service needs of older adults. The next subsection sheds light on the top priority needs of elders in FMCs that require diligent attention and effective solutions.

### Top Priority Needs Identified

Investigating the needs of older adults involves acknowledging the key role that the availability of services plays in their well-being. When asked survey respondents to rate their overall quality of life, the majority indicated that their quality of life was “Good” (60%), followed by “Excellent” (18%), and “Fair” (16%) (see **Figure 5.1.1**). A small percentage of survey respondents reported their overall quality of life as “Poor” (6%), indicating a favorable assessment.

**Figure 5.1.1. Self-Reported Overall Quality of Life, FMCs Community Survey of Older Adults** (to the right)



According to data from CASOA, most older adults surveyed expressed satisfaction with their communities as suitable places to live and indicated they would recommend them to others.<sup>102</sup> Approximately 78% of respondents expressed intentions to remain in their community throughout their retirement. Moreover, 54% of older residents rated their communities positively as retirement destinations.

The Provider Survey aimed to identify the unmet needs of older adults in FMCs, and the summarized findings in **Table 5.1.6** shed light on key priorities. Notably, 45% of respondents highlighted access to transportation as the most pressing unmet need. In-home health care closely followed at 42%, underscoring the critical importance of healthcare accessibility for this demographic. The subsequent unmet needs, identified by 39% of respondents, included recreational or social activities, health services, assistance with medical supplies, and support in finding housing. These insights align seamlessly with the issues raised by Focus Group participants, who consistently emphasized transportation, healthcare access and coverage, isolation and loneliness, and affordable housing as the foremost issues faced by older adults in FMCs.

Furthermore, the issues mentioned by service providers Focus Group participants, and interviewees, like elder abuse, safeguards, and nutrition, mentioned earlier, were confirmed as unmet needs in the Provider Survey. The survey showed that 30% of respondents identified the need for legal services and fraud and financial abuse education, and 27% pointed out the need for home-delivered meals. This means that the concerns raised by different groups all point to similar needs.

Finally, the Provider Survey data indicates that help finding employment was a less prominent unmet need, cited by only 12% of respondents. Similarly, congregate meals rank lowest on the list, with just 9% of respondents identifying this as an unmet need.

<sup>102</sup> Fresno-Madera Area Agency on Aging, Community Assessment Survey for Older Adults. November 2023.

Table 5.1.6 Unmet Service Needs, FMCs Provider Survey	
Service Needs (N = 33)	Percentage
Access to transportation	45%
In-home health care	42%
Recreational or social activities	39%
Health services	39%
Help with medical supplies	39%
Help finding housing	39%
Physical activities	33%
Home modification	33%
Educational Classes	30%
Legal Services	30%
Fraud and financial abuse education	30%
Applying for government benefits	30%
General Information	30%
Home delivered meals	27%
LGBTQIA+ focused/inclusive services	24%
Help with health insurance	21%
Counseling or care management	18%
Other **	18%
Adult Protective Services	15%
Help finding employment	12%
Congregate meals	9%

\* Since respondents were able to select multiple options, percentages may not sum up to 100%.

\*\* Other unmet needs of older adults that providers identified included help with technology, mental health services, repairs on senior equipment, and information for non-English speakers.

Stakeholder interviewees have brought forth additional service needs that complement the findings from the Provider Survey, offering a more comprehensive understanding of the needs of older adults.

**The two top priority needs, as indicated by Key Stakeholders, included:**

- (1) Information Accessibility and Engagement**
- (2) Advocacy and Empowerment**

**Information Accessibility and Engagement.** This theme underscores the paramount importance of ensuring that information is not only easily accessible but also tailored to the unique needs of older adults, facilitating their awareness of relevant resources, healthcare options, and community activities. Notably, one stakeholder interviewee highlighted the significance of using simple and accessible language, advocating for the dissemination of information through traditional outlets favored by older adults, a community that may not be tech-savvy. Furthermore, the theme delved into a prevailing “disconnect” not only in healthcare but across various realms of services for older adults. This disconnect extends to how health professionals convey information, revealing a gap in understanding health

conditions and navigating treatment steps. It became evident that there is a pressing need for healthcare communication that not only imparts information but also ensures older adults comprehend their health conditions, follow the necessary steps in treatment, and feel empowered to navigate their healthcare journey effectively. This insight underscores the importance of bridging the communication gap, emphasizing the significance of clear, patient-centered communication strategies to enhance health literacy and overall well-being for older adults. This theme sheds light on the multifaceted dimensions of information-related service needs and underscores the need of bridging communication gaps to better serve the older adult population.

**Advocacy and Empowerment.** Advocacy emerged as a crucial service need, as stakeholder interviewees discussed the necessity for robust support systems that go beyond the legislative level, extending into effective accountability and follow-up mechanisms. For one interviewee, this multifaceted advocacy involved championing the rights and well-being of older adults on various fronts, from influencing age-friendly policies to addressing instances of discrimination. It encompassed not only the initial advocacy efforts but also the ongoing commitment to ensure that these policies are implemented and enforced effectively. One of the key aspects of this service need, as mentioned, was empowering older adults to have a voice in decision-making processes that directly impact their lives. This involves creating avenues for meaningful participation in community initiatives, healthcare planning, and other spheres where their input is invaluable. Additionally, the mention of integrating advocacy training for older adults was essential, providing them with the tools and knowledge to effectively engage in these processes and advocate for their needs.

#### ***Language Service Needs for Older Adults***

Language, both spoken and written, serves as a gateway to accessing vital information on available services and resources, participating in decision-making processes, and fostering meaningful connections with service providers for older adults. Data gathered from Focus Groups, involving community and service provider participants, highlights the unique linguistic needs of older adults in FMCs. This exploration uncovers the importance of tailoring communication methods to ensure clarity, inclusivity, and empowerment for elders in the area.

In the Focus Group, participants emphasized the crucial requirement for services in languages such as Spanish, Hmong, Chinese, and Punjabi, emphasizing the importance of linguistic diversity in fostering community support. They also spotlighted the difficulties encountered by older adults who exclusively speak languages other than English. The experience for these individuals was described as “difficult” and “almost impossible” when accessing services. Participants conveyed the frustration older adults encountered when dealing with automated voice systems that struggle to interpret their accent. To address this, some suggested implementing a system allowing individuals to specify their language preferences during phone calls.

Moreover, participants noted the need for their children or other family members to accompany them to doctor’s appointments to understand medical information, which creates an added challenge as it requires the younger generation to take time off work, impacting both the older adults’ understanding of their health condition and their children’s work schedules. This communication gap may result in suboptimal healthcare outcomes, hindered follow-up care, and increased health disparities among non-English-speaking individuals. Additionally, it can contribute to feelings of frustration, anxiety, and a sense of

disempowerment within this demographic, highlighting the critical need for improved language accessibility in healthcare services.

Language service needs to extend to deaf and hard of hearing older adults. Focus group participants addressed the critical role of interpreters, especially in vital settings like hospitals. Data from focus groups shows the central role of Certified Deaf Interpreters (CDIs) in enhancing communication access, particularly during significant life events such as surgeries. Advocacy for certified interpreters in real-life, in-person scenarios was also a recurring theme.

Participants shared numerous stories of technological challenges with Video Relay Interpreting (VRI), and expressed frustration when VRI falls short in critical situations. Frustration within administrative processes, where VRI proves ineffective, was consistently mentioned, alongside a critique of ADA implementation. Participants expressed disappointment, particularly after COVID when everything started to be remote, in businesses prioritizing cost savings over effective communication access. This prioritization led to a “breakdown” in mutual respect during communication processes.

Furthermore, participants emphasized instances where they have repeatedly informed healthcare staff about their need for an interpreter during appointments, even providing contact information for interpreters. However, upon arrival, there is often no interpreter present, resulting in wasted time and frustration. They stressed the importance of providing training for nurses, doctors, and hospital staff to effectively interact and communicate with deaf and hard of hearing individuals. This includes familiarizing them with ADA requirements and ensuring they are proficient in operating and setting up VRI systems.

### **Service Access Barriers**

Service access barriers for older adults present substantial hurdles that hinder their ability to obtain essential services and support. Understanding these barriers is crucial for developing effective interventions and policies aimed at improving access and quality of care for this population. This subsection delves into the various obstacles faced by older adults when seeking access to services, drawing on insights from the Provider Survey, Focus Groups, and Stakeholder Interviews to provide a comprehensive overview of the landscape of service access barriers in FMCs.

Service providers were surveyed regarding the primary barriers encountered by older adults when seeking access to services. Cost of services/financial constraints emerged as the most prevalent obstacle, with 61% of respondents citing it.<sup>103</sup> This was closely followed by barriers related to difficulty using technology or accessing online services, as well as lack of awareness of available services, each reported by 55% of survey respondents. Other notable barriers included limited mobility or transportation difficulties (45%), language barriers for non-English speakers (42%), and inadequate/insufficient support from family or caregivers (42%). **Table 5.1.7** illustrates the breakdown of these barriers, showcasing the percentages reported by respondents.

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<sup>103</sup> CASOA data corroborates these findings, indicating that approximately 46% of elderly individuals revealed experiencing financial hardships. Additionally, roughly 40% of older residents provided positive ratings for the overall economic well-being of their communities. However, only 24% regarded the cost of living as excellent or good.

Additionally, physical, or other impairments affecting access (21%) and age-related stigma or discrimination (21%) received the lowest percentages, yet they are nonetheless important factors to consider given their prevalence.

<b>Table 5.1.7. Barriers to Accessing Services, FMCs Provider Survey</b>	
<b>Type of Barrier (N = 33)</b>	<b>Percentage</b>
Cost of services/financial constraints	61%
Difficulty using technology or accessing online services	55%
Lack of awareness about available services	55%
Limited mobility or transportation difficulties	45%
Language barriers for non-English speakers	42%
Inadequate/Insufficient support from family or caregivers	42%
Difficulty understanding or navigating complex healthcare systems	39%
Limited availability of home-based care or home visits	39%
Fear of losing independence or control	39%
Availability of needed services	24%
<b>Table 5.1.7. Barriers to Accessing Services, FMCs Provider Survey (cont.)</b>	
<b>Type of Barrier (N = 33)</b>	<b>Percentage</b>
Cognitive impairments affecting decision-making	24%
Physical or other impairments affecting access	21%
Age-related stigma or discrimination	21%
Other	3%

\* Since respondents were able to select multiple options, percentages may not sum up to 100%.

\*\* Other unmet needs of older adults that providers identified as barriers were related to health care insurance.

Along with the Provider Survey data, the insights gleaned from the Focus Group discussions offer a comprehensive understanding of the multifaceted challenges encountered by older adults in FMCs, including technological barriers, transportation challenges, healthcare access, cultural considerations, and interagency coordination. These qualitative data offer a nuanced perspective on the barriers faced by older adults in accessing essential services and resources. Themes are ordered based on how frequently they were mentioned, with those more prominently mentioned presented at the beginning.

**Information Accessibility.** This theme sheds light on the challenges encountered by older adults in accessing service and resource information within FMCs. These challenges stem from diverse barriers, including technological literacy, language disparities, and limited information searching skills. This theme underscores the difficulties older adults encounter in navigating online platforms, grappling with complex terminology utilized by agencies, and obtaining pertinent information regarding available services. Some participants emphasized the lack of accessibility for individuals with visual impairments, noting that websites often fail to accommodate their needs. This highlights a critical gap in inclusivity within the digital landscape, further exacerbating the challenges faced by older adults in accessing essential service information.

**Transportation.** This theme builds upon discussions previously detailed in earlier subsections, delving into the obstacles related to transportation faced by older adults. Particularly notable are the challenges encountered by individuals who cannot drive or who reside in rural areas with limited public transportation options. The Focus Group data emphasizes the profound impact of transportation limitations on accessing essential services and attending appointments. Participants expressed frustration over extended periods without visiting their doctors and a loss of their independence. Additionally, they highlighted the dispersed nature of offices and facilities, advocating for a centralized, one-stop-shop approach to address their needs more effectively.

**Healthcare Coverage, Availability, and System Complexities.** This theme consolidates the multifaceted barriers individuals encounter in accessing healthcare services, particularly concerning insurance coverage, and navigating complex healthcare systems.

Many stories were shared around difficulties finding healthcare providers who accept certain types of insurance, with Medicare beneficiaries expressing frustration. Some insurance plans do not cover essential equipment for restrooms or mobility aids, such as wheelchairs, leading to financial burdens for individuals needing these resources. For instance, one participant shared the strain of having to rent a wheelchair at \$50 per week for several months due to insurance restrictions. Focus Groups participants also reported challenges in navigating the intricate healthcare system, resulting in extended wait times for doctor's appointments. Some noted waiting periods of up to 8 months for an appointment, revealing systemic issues in accessibility and efficiency.

Undocumented immigrants face additional barriers due to their legal status, limiting their access to essential healthcare services. While the expansion of Medi-Cal to older undocumented immigrants was welcomed, participants expressed concerns about awareness and trust-building regarding this development. Fear of potential risks to immigration status or legal repercussions were identified as reasons that might hinder some individuals from seeking necessary care.

Finally, transgender older adults shared encountering significant obstacles in accessing healthcare services tailored to their unique medical needs, including hormone treatments and specialized care for transitioning processes. Many mentioned the scarcity of providers willing to accept Medi-Cal, exacerbating the issue for low-income individuals, and underscoring broader challenges in healthcare accessibility for marginalized identities.

Overall, this theme highlights the interconnected nature of healthcare access issues and the need for comprehensive reforms to ensure equitable access to quality healthcare for all individuals, regardless of their background or identity.

**Cultural Norms and Self-Reliance.** This theme illuminates the profound challenges older adults face in accessing essential services due to societal expectations, cultural norms, and personal struggles with accepting help. Focus Group participants shared that many older adults find it incredibly difficult to express their need for assistance and to come to terms with the realities of aging. Some expressed that in numerous cultures, it is customary for family members to provide care for their elders, leading to hesitation or resistance in seeking outside support. Participants agreed that the aging process itself can be emotionally challenging, compounded by societal attitudes that may marginalize or diminish the value of older individuals. These factors create barriers for older adults in acknowledging their need for assistance and accessing the necessary support services, highlighting the need for culturally sensitive approaches to aging care and support systems.

### 5.1.3. NEEDS OF OLDER ADULT CAREGIVERS

The focus of this subsection is on the needs of older adult informal caregivers, drawing insights from data collected through the Caregiver and Service Provider Surveys, and interviews with key stakeholders. As the exploration unfolds, the experiences of caregivers within the community are examined, encompassing who they care for, their roles and responsibilities in caregiving, the time investment required for their caregiving duties, and the top priority needs identified by respondents. Additionally, the impact of caregiving on caregivers themselves is explored, including the emotional, physical, and financial toll it often entails. Finally, the discussion shifts to the critical service needs identified by survey respondents, highlighting areas where additional support and resources are essential to



meet the diverse and needs of older adult caregivers in the community. Recognizing and prioritizing the needs of caregivers is crucial, as it not only enhances their well-being but also directly impacts the quality of care provided to older adults in the Fresno and Madera community. By ensuring that caregivers receive adequate support and resources, the FMAAA can ultimately promote the health, dignity, and overall quality of life for older adults under their care.

#### *Insights Into Caregiver Dynamics*

The survey administered to informal caregivers in FMCs provides insights into the diverse caregiving scenarios and demographics within FMCs, as depicted in **Table 5.1.8** Most caregiver respondents, constituting 66%, reported caring for a family member. Additionally, 23% provided care for a friend, while 11% indicated caregiving for another individual beyond family or friends.

A large portion of caregiver respondents, comprising 64%, reported providing care for a single recipient. Meanwhile, 27% were responsible for the care of two recipients, 8% were managing care for three recipients, and only 2% were responsible for more than three recipients.

The data reveals varied relationships to the care recipient. Notably, 37% identified themselves as children or children-in-law of the care recipient, followed by 28% who were friends of the care recipient. A smaller percentage, ranging from 4% to 13%, reported being parents, spouses or partners, other relatives, or non-relatives of the care recipient.



Finally, the age distribution of care recipients also emerged from the survey data. Approximately 21% of caregivers provided care for individuals between the ages of 55 and 64, while an equal percentage cared for those aged 65 to 74. Notably, 29% reported caring for individuals between 75 and 84 years old, and an equivalent proportion provided care for those aged 85 or older.

<b>Table 5.1.8. Caregivers' Profile, FMCs Caregiver Survey</b>	
<b>Caregiving Scenarios (N = 72)</b>	<b>Percentage</b>
<b>Care Recipient</b>	
Caregiver for Family Member	66%
Caregiver for Friend	23%
Caregiver for Other*	11%
<b>Number of Care Recipients</b>	
Caregiving for one care recipient	64%
Caregiving for two care recipients	27%
Caregiving for three care recipients	8%
Caregiving for more than three care recipients	2%
<b>Relationship of Caregiver to Recipient</b>	
Child or Child in Law of Care Recipient	37%
Friend of Care Recipient	28%
Spouse or Partner of Care Recipient	13%
Other Relative of Care Recipient	11%
Other Non-Relative of Care Recipient	7%
Parent of Care Recipient	4%
<b>Age Distribution of Care Recipients</b>	
Care for somebody between ages 75-84	29%
Care for somebody 85 or older	29%
Care for somebody between ages 55-64	21%
Care for somebody between ages 65-74	21%

When asked about the nature of care caregivers offered to their recipients, respondents provided insight into their diverse roles and responsibilities. Most survey respondents (67%) reported offering companionship to their care recipients, emphasizing the importance of emotional support in caregiving. Additionally, a substantial portion (65%) indicated that they handle homemaking responsibilities, highlighting the practical assistance caregivers provide in maintaining a comfortable living environment for their recipients. Moreover, a notable proportion (60%) reported providing transportation assistance, underscoring the essential role caregivers play in facilitating mobility and access to necessary services.

A detailed breakdown of the caregiving roles and responsibilities of surveyed caregivers is presented below in **Table 5.1.9**.

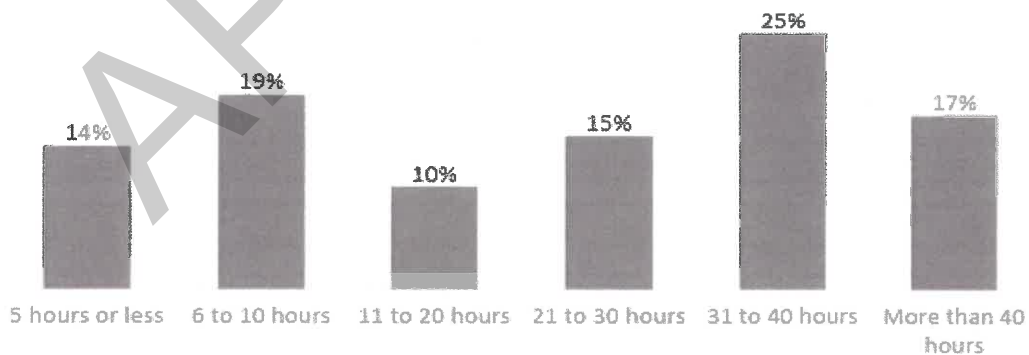
Table 5.1.9. Caregiving Roles and Responsibilities, FMCs Caregiver Survey	
Roles and Responsibilities (N = 72)	Percentage
Companionship	67%
Homemaking (shopping, cleaning, preparing meals)	65%
Transportation	60%
Healthcare assistance (medications, wound care)	51%
Personal care assistance (feeding, bathing, toileting, dressing, grooming)	42%
Financial assistance (paying bills, managing budget)	38%
Other	6%

\* Since respondents were able to select multiple options, percentages may not sum up to 100%.

\* Other types of care identified by caregivers included paperwork (1), handyman services (1), driving in poor weather conditions (1). One respondent did not specify.

**Figure 5.1.2** provides a detailed breakdown of the hours per week spent on caregiving by surveyed caregivers in FMCs. Among respondents, 14% reported dedicating 5 hours or less per week to caregiving, while 19% allocated 6 to 10 hours. Notably, 17% of caregivers reported spending more than 40 hours per week on caregiving duties. It is important to recognize that the caregiving responsibilities reported by surveyed caregivers in FMCs represent a significant contribution of unpaid work to their communities. This highlights the often overlooked yet invaluable role of informal caregivers in supporting vulnerable individuals within their households and communities.

**Figure 5.1.2. Weekly Time Allocation to Caregiving Responsibilities, FMCs Caregiver Survey**



### **Effects of Caregiving Responsibilities**

Providing care can impact the caregiver's life in various ways, influencing their capacity to work, participate in social interactions and relationships, and sustain good physical and mental well-being. On the flip side, caregiving can also yield significant fulfillment and reinforce bonds, thereby enriching the caregiver's overall quality of life. As the population ages and disability increases, it becomes imperative to comprehend the physical and mental strain experienced by caregivers, the diverse responsibilities they undertake, and the broader societal and economic ramifications of long-term chronic illnesses or disabilities. Analyzing these topics helps develop strategies to support individuals and their communities, while also safeguarding the health of caregivers and care recipients.

### **Employment**

The role of caregiving can significantly impact caregivers' employment. Many caregivers find themselves juggling caregiving responsibilities alongside their employment, often leading to challenges in maintaining a work-life balance. Indeed, the demands of caregiving, such as managing medical appointments, providing emotional support, and coordinating care logistics, can result in increased stress levels and time constraints, potentially affecting caregivers' ability to fulfill their work obligations.

Caregiver Survey respondents were asked about the impact of caregiving on their employment. **Table 5.1.10** delves into the repercussions of caregiving on employment, revealing that most respondents disclosed various negative effects. A noteworthy portion of respondents reported challenges such as punctuality issues, having to leave work early, or take time off to provide care (20%). Furthermore, 17% indicated that they had to give up work entirely due to caregiving responsibilities. Additionally, 15% reported early retirement from the work force to attend to family caregiving needs, while 13% stated they had to take a leave of absence from work. These findings underscore the profound impact of caregiving on employment decisions and highlight the need for supportive workplace policies and resources for caregivers.

<b>Employment Disruptions (N = 46)</b>	<b>Percentage</b>
Go in late, leave early, or take time off during the day to provide care	20%
Give up work entirely	17%
Retire Early	15%
Take a leave of absence	13%
Transition from full-time to part-time work, or take a less demanding job	9%
Turn down a promotion	4%
Lose any of your job benefits	0%

\* Since respondents were able to select multiple options, percentages may not sum up to 100%.

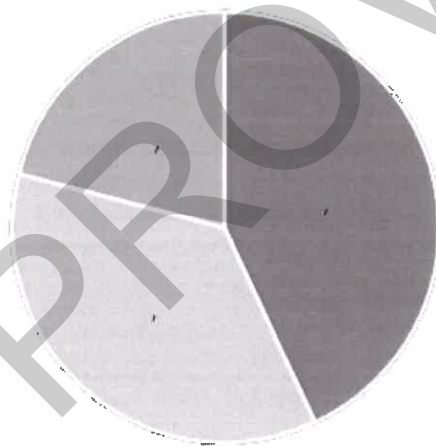
### Health

The demands of caregiving, both physical and emotional, can exact a toll on caregivers' well-being, increasing their vulnerability to burnout, depression, and various health challenges. As caregivers prioritize the needs of their care recipients, their own health and well-being may inadvertently take a back seat. As highlighted by the Centers for Disease Control and Prevention (CDC), caregivers face an elevated risk of developing multiple chronic diseases, a consequence of inadvertently sidelining their own health while tending to the needs of others. In California, a significant 39% of caregivers report grappling with two or more chronic conditions.<sup>104</sup>

**Figure 5.1.3** depicts the impact of caregiving on the health status of respondents. In response to a question about how providing care to their family member or friend affected their health, 43% of respondents indicated "not affected," 36% reported "made it better," and 21% noted "made it worse."

Regarding their own health, the majority of caregiver respondents characterized it as "Good" (66%), followed by "Excellent" (19%), "Fair" (11%), and "Poor" (4%).

**Figure 5.1.3. Caregiving's Effect on Health Status, FMCs Caregiver Survey**



The demand for caregivers is anticipated to rise as the elderly population continues to grow. A considerable number of middle-aged and older adults who are currently not fulfilling caregiving roles anticipate doing so in the future. By adopting strategic measures, FMAAA has the potential to catalyze essential improvements within systems that support the health and well-being of both caregivers and the individuals under their care in FMCs.

### Top Priority Needs Identified

<sup>104</sup> Centers for Disease Control and Prevention – Caregiving for Family and Friends | <https://www.cdc.gov/aging/caregiving/caregiver-brief.html#:~:text=Caregivers%20are%20at%20increased%20risk,while%20providing%20care%20to%20others.&text=40.7%25%20of%20caregivers%20report%20having%20two%20or%20more%20chronic%20diseases.>

Caregivers in FMCs were queried regarding available services. **Table 5.1.11** outlines the perceived deficits in these services, with financial assistance emerging as the most cited (19%), followed by a desire for self-care classes and services (13%), and a call for caregiver support groups (12%). Moreover, resources aiding caregivers in caring for their loved ones, such as information on assisted living facilities and nursing homes, were reported as unavailable by only 7% of respondents.

Type of Service (N = 150)	Percentage
Financial assistance	19%
Self-care classes and services	13%
Support group for caregivers	12%
Educational classes on caregiving	11%
Counseling	10%
General information about caring for a loved one	9%
Help providing care	9%
A short break from providing services	8%
Resources to help you care for loved ones (e.g., information about assisted living facilities, nursing homes, etc.)	7%
Other	2%

\* Since respondents were able to select multiple options, percentages may not sum up to 100%.

\* Other types of services identified by caregivers included evening educational sessions, and affordable caregiving assistance.

The Caregiver Survey also revealed insights into the multifaceted areas where caregivers require additional support or information to bolster their caregiving efforts. Among the notable findings, financial assistance emerged as a top priority for 10% of respondents, followed closely by the need for resources to manage emotional and physical stress (9%) and finding personal time amidst caregiving responsibilities (8%). Additionally, 7% of survey respondents expressed a desire for general caregiving information and education, while an equal percentage sought guidance on ensuring home safety and managing work-family balance. The survey findings also highlighted the importance of addressing caregivers' needs for assistance with care provision (6%), short-term respite (6%), engaging in activities (6%), and end-of-life decision making (6%). Challenges in communication with healthcare professionals (5%) and managing challenging behaviors (5%) were also noted.

<b>Table 5.1.12. Areas Requiring Additional Support or Information for Caregiving Efforts, FMCs Caregiver Survey</b>	
<b>Areas of Assistance (N = 234)</b>	<b>Percentage</b>
Getting or receiving financial assistance	10%
Managing your emotional and physical stress	9%
Finding time for yourself	8%
General information about caring for a loved one	7%
Education or classes on caregiving	7%
Keeping the person you care for safe at home	7%
Balancing your work and family responsibilities	7%
Help with providing care	6%
A short-term break from caregiving	6%
Activities you can do with the person you care for	6%
Making end-of-life decisions	6%
How to talk with doctors/healthcare professionals about the person you care for	5%
Managing challenging behaviors	5%
Managing incontinence or toileting problems	4%
Moving or lifting the person you care for	4%
Finding non-English language educational materials	2%
Finding an assisted living facility, nursing home, or home care agency	1%
Other	0%

\* Since respondents were able to select multiple options, percentages may not sum up to 100%.

\* Other types of assistance identified by caregivers included more help getting durable medical equipment.

**Table 5.1.13** presents data on the unmet needs of caregivers, derived from the FMCs' Provider Survey. Among the identified needs, a majority of surveyed service providers identified the

need for a short-term break from caregiving responsibilities, representing 58% of responses. Additionally, 48% indicated a need for one-time or short-term financial assistance. Other prominent needs included access to support groups with fellow caregivers (39%), counseling or assistance in managing care (39%), and education or classes specifically tailored to caregiving (33%). Self-care classes and services were also identified as a need by 33% of respondents. Lastly, a portion of respondents expressed a need for general information about caring for a loved one (27%).

<b>Needs (N = 33)</b>	<b>Percentage</b>
A short-term break from caregiving duties	58%
One-time or short-term cash assistance to help with financial matters (N=16)	48%
Support groups with other caregivers	39%
Counseling or help managing care	39%
Education or classes on caregiving	33%
Self-care classes and services	33%
General information about caring for a loved one	27%
Other	12%

\* Since respondents were able to select multiple options, percentages may not sum up to 100%.

\*\* Other unmet needs of caregivers of older adults that providers identified included assistance with in-home care, a desire for more services available in other languages, a need for information on best practices, and a need for more respite services.

The qualitative data obtained from Key Stakeholder Interviews serves to enrich and complement the findings from the Caregiver and Provider Surveys, offering deeper insights into the intricate landscape of caregivers' needs. Several key themes emerged prominently from these interviews, shedding light on critical aspects of caregiver experiences.

**Awareness and Education.** Interviewees expressed a need for increased awareness regarding available resources, indicating a desire for better understanding and access to support systems. This highlights the necessity for educational initiatives aimed at informing caregivers about their responsibilities and available assistance. Additionally, data indicates caregivers require guidance in formulating long-term care plans for their loved ones, particularly as they navigate complex systems and transition into caregiving roles themselves. Addressing this need through targeted education and guidance can empower caregivers to fulfill their roles effectively and access the support they require.

**Trust and Assistance-Seeking.** Stakeholders also highlighted an essential need among caregivers, especially those from diverse cultural backgrounds like immigrant communities, for trust in existing support systems. Instances of abuse and scams have created a reluctance among caregivers (and elder care recipients) to seek assistance. Interviewees suggested enhancing awareness through increased media coverage of such abuses, along with

concerted efforts to rebuild trust and foster open communication channels between caregivers and support services.

**Healthcare Professional Training and Availability.** Stakeholders emphasize the necessity for healthcare professionals to receive enhanced training, particularly in catering to the needs of caregivers and individuals with cognitive impairments. The shortage of gerontologists exacerbates the challenges faced by caregivers and older adults, highlighting the need for specialized training programs to equip healthcare professionals with the skills and knowledge necessary to provide effective care and support, to mitigate caregiver stress and improve overall outcomes for both caregivers and care recipients.



**Burnout Prevention and Support Need.** Preventing caregiver burnout emerged as another significant theme, especially among older adult caregivers, underscoring the need for specialized support interventions. Inadequacies in existing caregiver support groups, especially regarding inclusivity for LGBTQ+ caregivers. This was exemplified by the challenges faced by one individual in substantiating their relationship when their partner was admitted to the hospital, exposing broader issues related to inclusion and transparency. Creating safe and inclusive spaces within the healthcare system and support networks can provide caregivers with the necessary resources and emotional support to prevent burnout and sustain their caregiving responsibilities effectively.

Overall, the synthesis of qualitative and quantitative data presented in this subsection underscores the complex and nuanced character of informal caregiving. It emphasizes the critical necessity for comprehensive, inclusive, and culturally sensitive support systems to effectively cater to the diverse needs of both caregivers and older adult care recipients.



## SECTION 5.2: TARGETING

The following section provides information on targeting priorities per the Older Americans Act and the California Code of Regulations.

The target populations established in the Older Americans Act, the Older Californians Act, and the California Code of Regulations (CCR) Title 22, Division 1.8 include individuals with the characteristics listed below, whether these persons are in the community or in long-term care facilities.

The Older Americans Act priorities are:

- I. Older individuals with greatest economic and social need, with particular attention to low-income minority individuals. The term “greatest economic need” means the need resulting from an income level at or below the poverty line. The term “greatest economic need” means the need caused by non-economic factors, which include:
  - a. Physical and mental disabilities
  - b. Language barriers and
  - c. Cultural or social isolation caused by, among other things, racial and ethnic status, sexual orientation, human immunodeficiency virus (HIV) status, gender identity, or gender expression that does either of the following:
    - i. Restricts the ability of an individual to perform normal daily tasks
    - ii. Threatens the capacity of the individual to live independently
- II. Older Native Americans
- III. Isolated, abused, neglected and/or exploited older individuals
- IV. Frail older individuals and their caregivers
- V. Older individuals residing in rural areas
- VI. Older individuals with limited English-speaking ability
- VII. Older individuals with Alzheimer’s disease or related disorders with neurological and organic brain dysfunction, and their caregivers
- VIII. Older individuals with disabilities with particular attention to individuals with severe disabilities
- IX. Unemployed, low-income persons who are 55 years old or older
- X. Caregiver as defined in Title III E, which includes older caregivers providing care and support to persons with developmental disabilities

Described below are the Targeting Services outlined in 22 CCR §7310:

- XI. Older individuals with the greatest economic need with particular attention to low-income minority individuals
- XII. Older individuals with the greatest social need with particular attention to low-income minority individuals
- XIII. Older Native Americans

Special emphasis shall be given to the following group of older individuals:

- XIV. Who reside in rural areas
- XV. With severe disabilities
- XVI. With limited English-speaking abilities
- XVII. With Alzheimer’s disease or related disorders and those taking care of these individuals

### Target Populations within Fresno County and Madera County

A needs assessment was conducted that found three target groups in Fresno County and Madera County. These target groups correspond with the Older Americans Act and Title 22 of the California Code of Regulations. The three identified groups are not mutually exclusive. Older adults categorized into more than one group are at increased risk of having serious unmet service needs. The target groups within Fresno County and Madera County are:

- A. Low-income older adults, including those falling below the federal poverty line, as well as those above the federal poverty line but below the Elder Economic Security Standard Index
- B. Older individuals with limited English-speaking abilities
- C. Vulnerable populations including frail and/or isolated older adults.

The subsequent subsections will provide concise descriptions of these target populations, outlining their characteristics, distribution, and specific needs.

#### A. LOW-INCOME OLDER ADULTS

Low-income older adults emerge as a key demographic, distinguished by their distinct needs and challenges. **Table 5.2.1** presents the proportion of older adults aged 60 and above living below the Federal Poverty Level, revealing higher percentages in Fresno County (15%) and Madera County (17%) compared to California (12%) and the United States (11%). These disparities underscore the necessity for targeted support, especially amid the challenges posed by inflation during the COVID-19 pandemic.

**Table 5.2.1. Older Adults (60+) Below the Federal Poverty Level<sup>105</sup>**

Area	60+ Population	60+ Population Below Poverty Level	60+ Poverty Rate (%)
Fresno County	182,158	27,280	15%
Madera County	32,097	5,453	17%
California	8,369,394	984,845	12%
United States	77,793,941	8,675,955	11%

For perspective, the poverty rates in 2022 can be compared to 2021 estimates. While the national poverty rate for those aged 60 and older remained stable at 11%, Fresno County saw an increase from 13% in 2021 to 15% in 2022, whereas Madera County experienced a slight decrease from 19% to 17%.<sup>106</sup> These fluctuations reflect the dynamic nature of socioeconomic conditions, influenced by factors including economic policies and external events like the pandemic.

Referencing **Table 5.2.2** on inflation rates, it becomes evident that inflation peaked in 2022 at 8%, impacting the purchasing power of fixed-income individuals, including many low-income older adults. This surge exacerbates financial strain and contributes to observed fluctuations in poverty rates.

<sup>105</sup> 2022 American Community Survey 1-Year Estimates

<sup>106</sup> 2021 American Community Survey 1-Year Estimates

**Table 5.2.2 Rate of Inflation Over the Past 5 Years in the United States<sup>107</sup>**

Year	Rate of Inflation
2019	1.80%
2020	1.20%
2021	4.70%
2022	8.00%
2023	4.1%

Considering both the number of older adults living in poverty and the area's poverty rate is essential when targeting low-income older adults. Fresno and Madera Counties exhibit higher poverty rates among older adults compared to the national and state averages. According to the U.S. Census Bureau, 16% of older adults in Madera County and 13% in Fresno County fall below the Federal Poverty Line, ranking them among the top counties with high poverty rates in California.<sup>108 109</sup>

Moreover, the Community Assessment Survey for Older Adults (CASOA) highlighted financial concerns among surveyed older adults, with a significant portion expressing worries about meeting daily expenses (62%) and property taxes (48%). These challenges extend beyond those classified as below the poverty level, especially given the high inflation rate in 2022.

The surge in inflation exacerbates economic hardships, potentially pushing more individuals into poverty. FMAAA should closely monitor this area due to the high disparity in poverty rates among older adults in Fresno and Madera Counties, which are nearly 50% higher than the national average.

Additionally, housing insecurity poses a concern as diminished purchasing power strains older adults' ability to afford housing expenses. This may lead to increased demand for social services, necessitating adaptations to effectively meet the evolving needs of the community.

The needs assessment outlined in Section 5.1 provides a detailed view of the challenges facing low-income older adults, reinforcing the urgency of addressing their vulnerabilities highlighted in this summary.

Fresno and Madera Counties offer diverse services for low-income older adults, focusing on addressing hunger concerns through initiatives like home-delivered meals, congregate nutrition programs, and food assistance programs:

- In addition to the Agency on Aging network, In-Home Supportive Services departments provide essential case management and in-home care tailored to older individuals and those with disabilities.

<sup>107</sup> Federal Reserve Bank of Minneapolis. Consumer Price Index, 1913- | <https://www.minneapolisfed.org/about-us/monetary-policy/inflation-calculator/consumer-price-index-1913->

<sup>108</sup> 2022 American Community Survey 1-Year Estimates

<sup>109</sup> California State Council on Developmental Disabilities, California Poverty Levels by County | <https://scdd.ca.gov/wp-content/uploads/sites/33/2023/03/Exhibit-A-California-Poverty-Levels-by-County-2021-1.pdf?emrc=6436d1986e6cc>

- Fresno hosts the Program for All-Inclusive Care for the Elderly (PACE), delivering comprehensive medical, dental, and social services to eligible participants aged 55 and above.
- Housing support is available through Fresno Housing Authority, Housing Authority of the City of Madera, and Habitat for Humanity, offering public housing options, voucher programs, and critical home repairs for older adults.
- Legal assistance is provided through events like Senior Citizens Law Day hosted by Central California Legal Services, offering services such as will drafting and advance healthcare directives.
- The Fresno Madera Continuum of Care aids individuals experiencing homelessness with transitional services, connecting them to housing, education, healthcare, and employment training through various member organizations.
- The California Alternate Rates for Energy (CARE) program offers a monthly discount of 20% or greater on gas and electricity bills, with eligibility based on income criteria or enrollment in specific public assistance programs.
- The Low-Income Home Energy Assistance Program (LIHEAP) in Fresno County provides financial aid and crisis intervention to eligible households struggling with high energy costs and emergencies, while also offering energy efficiency education and counseling services.
- The Fair Housing Council of Central California is a non-profit organization committed to eradicating housing discrimination and promoting housing opportunities for all through advocacy, assistance for victims of discrimination, and enforcement of fair housing laws, including the Community Reinvestment Act and the Equal Credit Opportunity Act, utilizing a comprehensive approach encompassing private enforcement, education, outreach, research, and advocacy.
- The Central California Food Bank combats hunger by collecting and distributing food, forming partnerships to promote self-sustainability, and assuming a leadership role in addressing hunger-related issues within the community.
- CalFresh, California's food stamp program, enables individuals to purchase food at various outlets including grocery stores, farmers markets, and select restaurants, with benefits extendable to buying seeds and plants for home food cultivation, while also serving as a vital tool in addressing hunger, promoting health, fostering opportunity, and aiding disaster response efforts.
- Catholic Charities Diocese of Fresno offers assistance, instills hope, and supports individuals facing hunger, homelessness, displacement, disasters, unemployment, or hardships throughout the eight-County San Joaquin Valley.
- Community Action Partnership of Madera County, Inc. (CAPMC) coordinates and finances various programs to aid individuals and families in overcoming poverty and enhancing their economic circumstances, including childcare, domestic violence services, energy assistance, Head Start, shelter provisions, transportation, victim support, and volunteer opportunities.
- Madera County Housing Assistance Programs assist eligible CalWORKs applicants or recipients facing homelessness or at risk of homelessness by providing temporary or permanent financial support, including temporary assistance up to 16 days per year, permanent assistance for securing or maintaining housing, and expanded assistance for victims of domestic abuse, with exceptions for certain circumstances such as domestic violence or declared disasters.
- Madera County Department of Social Services collaborates with various entities to enhance community well-being by empowering individuals and families, protecting vulnerable populations, fostering self-sufficiency, and delivering respectful services with professionalism and integrity.
- The Fresno County Department of Social Services (DSS) caters to highly diverse communities in California, aiming to provide programs that promote safety,

self-sufficiency, health, and overall well-being for individuals and families, both at home, in school, and in the workplace.

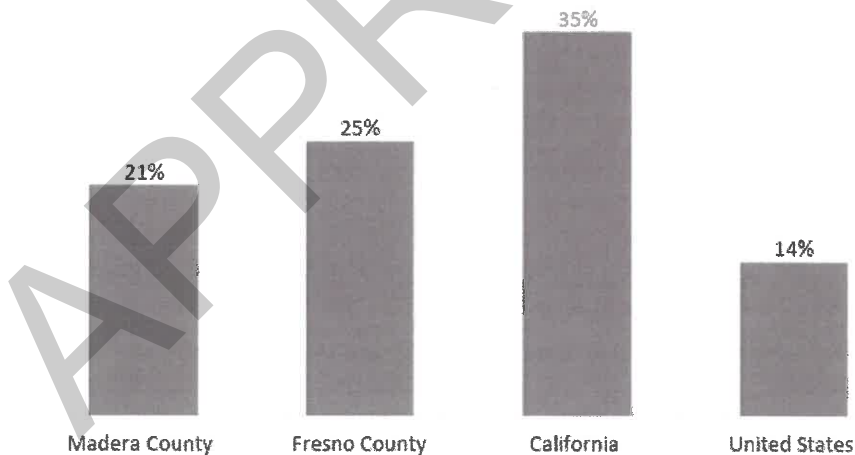
Reading and Beyond was born from a community-driven effort to boost reading skills among Fresno's children, and now extends its services across multiple California counties, emphasizing the nexus between parental economic success and children's educational attainment through outcomes-based programs like California Bridge Academies and Family Success.

For more detailed information, please refer to Section 2 ("The Service System within the Planning and Service Area" and "Significant Programs for Older Adults Outside of the Agency on Aging Network").

**B. OLDER ADULTS WITH LIMITED ENGLISH-SPEAKING CAPABILITIES**

The needs assessment also identified older individuals with limited English-speaking abilities as a vulnerable group in both Fresno County and Madera County. **Figure 5.2.1** illustrates the proportion of foreign-born older adults in the United States in comparison with California, Fresno County, and Madera County. Given that foreign-born older adults may face challenges with English proficiency, it's noteworthy that the percentage in Madera County (21%) exceeds the national average by an estimated 50% (14%). Similarly, Fresno County's proportion (25%) is approaching double the national average, underlining the importance of addressing language accessibility concerns for this population.

**Figure 5.2.1 Percentage of Foreign-Born Older Adults Aged 60 and Older<sup>110</sup>**



**Table 5.2.3** displays the percentage of older adults in Fresno County and Madera County, in comparison to the United States and the State of California, who have English proficiency less than "very well." The table also identifies the native language of these older adults. The proportion of older adult Spanish speakers in Fresno County (62%) and Madera County (64%)

<sup>110</sup> 2021 American Community Survey 5-Year Estimates

is approximately similar to California's percentage (64%) and higher than that of the United States (58%).

Moreover, Fresno County (55%) exhibits a higher percentage compared to the United States (45%), California (50%), and even Madera County (21%) of older adults whose first language belongs to the Indo-European category (excluding Spanish) and whose English proficiency falls below the "Very Well" level.

Similarly, Fresno County (73%) presents a higher percentage of older adults who are native speakers of an Asian or Pacific Islander language and have English proficiency less than "very well" compared to the United States (68%) and California (70%). Conversely, Madera County reports an estimated 0% of older adults in this category.<sup>111</sup>

Lastly, the percentage of older adults who are native speakers of a language neither Indo-European (including Spanish) nor Asian or Pacific Islander, and who speak English with less than "very well" proficiency, is higher in Fresno County (87%) and Madera County (100%) compared to California (53%) and the United States (42%).

**Table 5.2.3 Percentage of 65+ Individuals with English Proficiency Below "Very Well" Among Different Language-Speaking Groups<sup>112</sup>**

Area	Spanish Speakers	Other Indo-European Language Speakers	Asian and Pacific Island Language Speakers	Other Language Speakers
Fresno County	62%	55%	73%	87%
Madera County	64%	21%	0%	100%
California	64%	50%	70%	53%
United States	58%	45%	68%	42%

In Section 5.1.2, additional insights into the language needs of older adults in Fresno County and Madera County can be found, further reinforcing the previous analysis by highlighting older adults with limited English proficiency as an at-risk subgroup.

Various services cater to older individuals with limited English proficiency in Fresno County and Madera County:

- Camarena Health in Madera offers Project Dulce, providing culturally appropriate diabetes management and education, including workshops available in English and Spanish.

<sup>111</sup> This figure could vary due to factors such as chance, represented by a margin of error of 50%. Thus, while the percentage is listed as 0%, there remains a level of uncertainty surrounding this statistic.

<sup>112</sup> 2022 American Community Survey 1-Year Estimates

- United Way operates a 211 Call Center serving Fresno and Madera counties, offering information and referrals in multiple languages for various community-based services 24/7.

For more detailed information, please refer to Section 2 (“The Service System within the Planning and Service Area” and “Significant Programs for Older Adults Outside of the Agency on Aging Network”).

**C. VULNERABLE OLDER ADULTS**

Vulnerable groups of older adults are identified throughout Section 5, with a specific focus in Section 5.1.2. It's crucial to recognize that isolation or frailty can affect anyone, irrespective of socioeconomic status. By conducting a multicultural analysis, the needs assessment identified vulnerable subgroups of older adults who may face isolation due to factors such as race or ethnicity, disability, sexual orientation, geographic location, and HIV status. These identified vulnerable subgroups encounter obstacles in accessing services, posing a threat to their ability to lead healthy and independent lives.

***Racial and Ethnic Minorities***

Below, **Table 5.2.4** provides a breakdown of adults aged 60 and older across various racial and ethnic categories in the United States, California, Fresno County, and Madera County. Notably, the percentage of African Americans in Fresno County (4%) and Madera County (3%) is lower compared to the United States (10%) and California (5%). Conversely, the proportion of individuals aged 60 and older identifying as Hispanic or Latino in Fresno County (34%) and Madera County (31%) surpasses both the national (9%) and state (22%) averages.

Historically, African Americans, American Indians/Alaska Natives, and Hispanic/Latinos have been among the racial and ethnic groups vulnerable to receiving fewer or culturally insensitive services throughout the nation. The higher percentages of Hispanic and Latino older adults in Fresno and Madera Counties underscore the potential demand for services and information in Spanish, as well as the necessity for culturally sensitive programming and outreach initiatives tailored to address their unique needs and preferences. Conversely, the relatively lower percentages of African American and American Indian/Alaska Native older adults present an opportunity for targeted outreach efforts to ensure equitable access to services for these historically underserved groups.

**Table 5.2.4 Estimates of Adults Aged 60 and Older According to Race and Ethnicity**<sup>113</sup>

<sup>113</sup> 2021 American Community Survey 5-Year Estimates

Race and Ethnicity	Fresno County	Madera County	California	United States
<b>Total Population (Age 60+)</b>	171,357	30,257	7,968,822	73,789,09
<b>One race</b>	92%	93%	94%	97%
<b>White</b>	66%	71%	63%	79%
<b>African American</b>	4%	3%	6%	10%
<b>American Indian and Alaska Native</b>	1%	2%	1%	1%
<b>Asian</b>	9%	3%	16%	5%
<b>Native Hawaiian and Other Pacific Islander</b>	>1%	0%	>1%	>1%
<b>Some other race</b>	11%	15%	9%	3%
<b>Two or more races</b>	8%	7%	6%	3%
<b>Hispanic or Latino origin (of any race)</b>	34%	31%	22%	9%
<b>White alone, not Hispanic or Latino</b>	50%	60%	54%	74%

Section 5.1.2 sheds light on some of the main challenges faced by ethnic minorities in Fresno County and Madera County, particularly those rooted in cultures with strong traditions of multigenerational households and where family-based care is the predominant and often the only accepted form of caregiving. Additionally, Section 5.1.3 delves into the ramifications of reliance on family care, shedding light on the considerable burden placed on unpaid caregivers in terms of their health and employment.

Support for older adult racial and ethnic minorities in Fresno County and Madera County is diverse and tailored to their unique needs:

- Native American entities like Picayune Rancheria of Chukchansi Indians provide resources such as hot meal programs, food cards, and housing support for indigenous populations.
- North Fork Rancheria of Mono Indians offers home-delivered meals and a Tribal Transit Program for Native American citizens aged 60 and above.
- Big Sandy Rancheria offers rental assistance, housing rehabilitation, and transportation services for medical appointments to tribal members in Fresno, Madera, and Kings counties.
- Sierra Tribal Consortium provides residential alcohol and drug abuse treatment and recovery programs for tribal members.
- Camarena Health in Madera offers Project Dulce, a diabetes management program available in English and Spanish, and the Central California Nikkei Foundation serves



Asian older adults with various supportive services through the Nikkei Service Center in Fresno.

- Fresno American Indian Health Project (FAIHP) fosters a culture of wellness and improves the quality of life for all Tribal Nations and Communities, while embracing and empowering individuals from diverse backgrounds and providing culturally-based health and wellness services that address mental, emotional, physical, and spiritual needs.
- The Fresno Center offers mental health resources, aid with immigration matters, and community support to marginalized communities.
- The Jakara Movement, a grassroots organization, aims to empower and organize Punjabi Sikhs and other marginalized communities, advancing their health, education, and economic, social, and political empowerment, while fostering a Gurmat-inspired community rooted in the struggle of ancestors, dedicated to gender equality and caste abolitionism, and nurturing youth leadership and community capacity for a better future.
- The Fresno Family Resource Center, is committed to providing equal opportunities for all youth, distributing donations impartially to children in need, and cultivating a better world, while its mission is to empower the West Fresno community's health and well-being through culturally sensitive services, leveraging its multicultural board and staff to address community concerns, and spearheading programs at the Maxie Parks Community Center to enhance the lives of underprivileged Southwest Fresno youth and families.
- Central Valley Immigrant Integration Collaborative (CVIIC) is committed to facilitating immigrants' full engagement in fostering resilient, diverse, and welcoming communities by partnering with allies to provide expansive immigration services, enhancing member capabilities to empower immigrant populations, fostering leadership development, altering prevailing narratives surrounding immigrants, and advocating for policies that facilitate immigrants' pursuit of their aspirations.
- Centro La Familia Advocacy Services provides a diverse array of programs aimed at aiding crime victims, supporting families and children, fostering health and wellness, promoting civic engagement, and more, with many programs offering outreach, advocacy, and educational services to individuals in need, delivered through culturally sensitive and respectful means by bilingual staff.
- Binational of Central California prioritizes tackling and mitigating health disparities among low to moderate-income, immigrant (both documented and undocumented), urban and rural, as well as farm and frontline production worker communities, through a comprehensive approach aimed at connecting them with essential resources and holistic services such as food assistance, healthcare, financial education, employment training, and community involvement.

For more detailed information, please refer to Section 2 ("The Service System within the Planning and Service Area" and "Significant Programs for Older Adults Outside of the Agency on Aging Network").

### ***Older Adults Living with Disabilities***

**Table 5.2.5** displays the estimated number and percentages of non-institutionalized citizens aged 60 years or older living with one or more disabilities. It's important to note that these estimates from the Census specifically exclude individuals residing in institutions, such as

nursing homes, prisons, mental hospitals, and juvenile correctional facilities.<sup>114</sup> While utilizing estimates that encompass the institutionalized population would be ideal, the data presented here represent the most comprehensive available information.

The table indicates that the estimated percentage of non-institutionalized adults aged 60 and older living with a disability in Fresno County (36.0%) and Madera County (36.1%) is relatively similar and exceeds that of both the United States (29.4%) and California (28.6%).

**Table 5.2.5 Estimated Percentages of Non-Institutionalized Adults Aged 60+ Living with Disability** <sup>115</sup>

Area	Total Population	Estimated Percentage
Fresno County	168,509	36.0%
Madera County	29,337	36.1%
California	7,860,777	28.6%
United States	72,436,239	29.4%

Section 5.1.2 outlines the challenges faced by older adults living with one or more disabilities in Fresno County and Madera County when accessing services. These include physical barriers such as inadequate transportation options, limited availability of specialized medical equipment, and insufficient accommodations for cognitive or mobility impairments. Such barriers can significantly hinder their ability to access essential services and resources, highlighting the importance of implementing comprehensive accessibility measures to ensure inclusivity for all older adults in the community. As depicted in **Table 5.2.6**, the proportion of older adults from Deaf and Hard of Hearing communities in Fresno County (17%) and Madera County (16%) exceeds both the state (13%) and national averages (14%). The qualitative insights provided in Section 5.1.2 shed light on the daily challenges faced by deaf and hard of hearing older adults when accessing services. This includes encountering barriers such as hospitals lacking interpretation services or facing frequent technological failures, underscoring the critical need for improved accessibility measures.

**Table 5.2.6 Estimated Percentages of Non-Institutionalized Adults Aged 65 and Older Living with Hearing Difficulty** <sup>116</sup>

<sup>114</sup> United States Census Bureau, National Terms and Definitions | <https://www.census.gov/programs-surveys/popest/about/glossary/national.html#:~:text=Civilian%20Noninstitutionalized%20Population,hospitals%2C%20and%20juvenile%20correctional%20facilities>

<sup>115</sup> 2022 American Community Survey 1-Year Estimates

<sup>116</sup> 2022 American Community Survey 1-Year Estimates

Area	Estimated Percentage
Fresno County	17%
Madera County	16%
California	13%
United States	14%

There are several services available in Fresno County and Madera County for older adults living with disabilities:

- In-Home Supportive Services in Fresno and Madera Counties provide essential case management and care for older individuals with low income and disabilities, serving thousands of individuals annually.
- Program for All-Inclusive Care for the Elderly (PACE) in Fresno offers comprehensive services, including medical, dental, and social support, to eligible participants aged 55 and above.
- Saint Agnes Medical Center provides A Healthier You program, focusing on improving the health of individuals with chronic conditions like arthritis, hypertension, and diabetes.
- Preventative services such as A Matter of Balance for fall prevention and diabetes prevention programs are available through Community Medical Center and California Health Collaborative.
- Resources for Independence-Central Valley offers a range of programs for individuals with disabilities, including housing assistance, assistive technology, travel training, and disaster assistance.
- Support services for the Deaf and Hard of Hearing community are provided by the Deaf and Hard of Hearing Service Center, offering information, counseling, job placement, and advocacy, while Valley Center for the Blind offers assistance and training for individuals with vision loss.
- Located in Fresno, Valley Center for the Blind, offers services for the blind and visually impaired, expanding from social and recreational ideas to comprehensive resources, serving Fresno and surrounding Madera, Kings, and Tulare counties, with a dedicated staff passionate about aiding individuals with vision loss, committed to staying updated on cutting-edge technology, and fostering a sense of hope and independence for all clients.
- The California Department of Veterans Affairs (CalVet) dedicates itself to serving California veterans and their families, ensuring they receive the state and federal benefits they deserve, with a mission to connect them with earned benefits through education, advocacy, and direct services, aiming to set the national standard for veteran advocacy and services while prioritizing high-quality care, operational effectiveness, workforce investment, and excellent customer service.
- Aged, Blind and Disabled ( ABD ) Medi-Cal for Fresno County extends Medi-Cal services to individuals aged 65 or older, those who are blind, or individuals with disabilities regardless of age or immigration status, encompassing various services such as health care coverage, Medicare premium assistance, support for long-term care, SSI Medi-Cal advocacy, and assistance for individuals applying for IHSS services,

with eligibility based on meeting income, residency, age, disability, or blindness criteria.

- Madera County Medi-Cal guide helps facilitate access to Medi-Cal, a California state health program, provides no-cost or low-cost health coverage to a wide range of individuals, including adults, seniors, pregnant women, former foster youth up to age 26, families with children, persons with disabilities, and children in foster care.
- Home and Community-Based Alternatives (HCBA) Waiver offers care management services through a multidisciplinary Care Management Team (CMT) to individuals at risk of nursing home or institutional placement, coordinating Waiver and State Plan services and arranging other available long-term services and supports within the participant's community-based residence.
- Home and Community-Based Services Waiver for the Developmentally Disabled (HCBS-DD) offers coordination and delivery of services for Californians with developmental disabilities are overseen by DDS through a network of 21 community-based, non-profit agencies known as regional centers, which assess eligibility, provide case management, and develop, purchase, and coordinate services tailored to everyone's Individual Program Plan.
- Assisted Living Waivers (ALW) serves Medi-Cal-eligible individuals requiring nursing facility-level care who wish to reside in residential care or publicly funded senior/disabled housing, with eligibility determined by institutional and spousal impoverishment prevention rules, aiming to transition seniors and disabled individuals from nursing facilities to community-based settings and providing at-risk individuals with ALW services to meet their care needs while remaining in residential care or public subsidized housing.
- Central Valley Regional Center (CVRC) operates as one of California's 21 regional centers, private non-profit entities contracted with the Department of Developmental Services (DDS), established through parent advocacy in the 1960s to ensure families receive necessary support for caring for their loved ones at home and fostering independence within the community, offering intake and assessment services for eligibility for Early Start and Lanterman programs, and assigning Service Coordinators to provide advocacy, case management, and assistance in navigating available resources. The Fresno Community Based Adult Services (CBAS) Center operates as a Community-Based Adult Services program, offering a range of therapeutic and social services to enhance the well-being and independence of adults facing health challenges, with participants encouraged to engage in activities promoting physical mobility, productivity, and social connections, facilitated by a dedicated multilingual staff focused on individualized care and fostering friendships, mental stimulation, and independence celebration.
- City of Fresno Handy Ride offers curb-to-curb transportation for eligible individuals with disabilities who cannot use the FAX City bus system, in compliance with the Americans with Disabilities Act (ADA), operating within the same hours and service days as the regular bus system, covering a defined service area, with a cash fare of \$1.25 per ride.
- Madera Dial-A-Ride (DAR) functions as a curb-to-curb public transit system provided by the City of Madera, catering to various passenger needs including work, medical appointments, school, meetings, and events, equipped with wheelchair lifts, although it is not suitable for emergency or critical medical transport.
- The California State Disability Insurance (SDI) program offers short-term Disability Insurance (DI), a short-term wage replacement benefits to eligible California workers. To qualify for DI benefits, one must be unable to perform their regular work for at least eight days, experience wage loss due to disability, be employed or actively seeking work at the onset of disability, have earned at least \$300 with SDI deductions during

the base period, receive medical care within the first eight days of disability, file the Claim for Disability Insurance Benefits within specified timeframes, and have the medical certification portion of the claim completed by a licensed or accredited practitioner, with citizenship or immigration status not affecting eligibility.

- The Social Security Administration of the United States Government provides Social Security Disability Insurance (SSDI), also known as "Disability," that offers monthly payments to individuals whose disability prevents or restricts their capacity to work.

For more detailed information, please refer to Section 2 ("The Service System within the Planning and Service Area" and "Significant Programs for Older Adults Outside of the Agency on Aging Network").

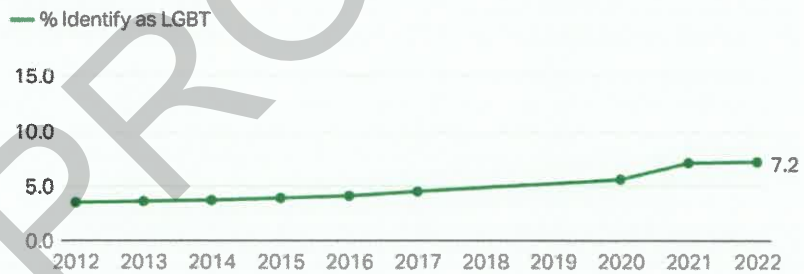
**LGBTQ+ Older Adults**

According to aggregated polling data from telephone surveys of over 10,000 American adults conducted in 2022 by Gallup, approximately 7% of respondents identified as "lesbian, gay, bisexual, transgender, or something else." As illustrated in **Figure 5.2.2**, this figure has shown a steady increase from under 5% in 2012 to approximately 7.2% in 2022. Despite this growth, the LGBTQ+ population remains a minority within the overall population.

Furthermore, this demographic has historically been vulnerable to receiving fewer services or encountering a lack of culturally sensitive services.<sup>117</sup>

**Figure 5.2.2 Americans' Self-Identification as Lesbian, Gay, Bisexual, Transgender or Something Other Than Heterosexual, 2012-2022** <sup>118</sup> (to the right)

Which of the following do you consider yourself to be? You can select as many as apply. Straight or heterosexual; Lesbian; Gay; Bisexual; Transgender



Respondents who volunteer another identity (e.g., queer, same-gender-loving; pansexual) are recorded as "Other LGBT" by interviewers. These responses are included in the LGBT estimate. Data were not collected in 2018 and 2019. 2012-2013 wording: Do you, personally, identify as lesbian, gay, bisexual or transgender?

GALLUP

As indicated in **Table 5.2.7**, the LGBTQ+ population constitutes a smaller proportion of the older adult population in Fresno and Madera Counties compared to the national average of 7.2% (as shown in **Figure 5.2.2**). Collectively, LGBTQ+ older adults comprise an estimated 6% of the older adult population in Fresno County and Madera County.

<sup>117</sup> National Library of Medicine. Health Care Disparities Among Lesbian, Gay, Bisexual, and Transgender Youth: A Literature Review" | <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5478215/>

<sup>118</sup> Reproduced from Gallup, U.S. LGBT Identification Steady at 7.2% | <https://news.gallup.com/poll/470708/lgbt-identification-steady.aspx>

**Table 5.2.7 Older Adult Sexual Orientation in Fresno County and Madera County**<sup>119</sup>

Sexual Orientation	Percent
Heterosexual	94%
Lesbian	1%
Gay	2%
Bisexual	1%
Identify in another way	2%

In addition to comprising a minority of the older adult population, LGBTQ+ older adults in Fresno and Madera Counties contend with a social environment characterized by potential barriers such as social isolation and discrimination. One significant indicator of this environment is reflected in attitudes toward LGBTQ+ marriage in California. As illustrated in **Table 5.2.8**, nearly 3 out of every 10 Californians expressed support for denying LGBTQ+ couples the right to a legal union, thereby impeding access to the rights afforded to married couples. Notably, the percentage of individuals opposed to LGBTQ+ marriage was higher in Fresno County (31%) and Madera County (50%) compared to the statewide average in California (29%).

**Table 5.2.8 Attitudes in California Towards LGBTQ+ Marriage**<sup>120</sup>

Position on Same-Sex Marriage	California (N=1,539)	Fresno County (N=51)	Madera County (N=8)
Favor	69%	63%	50%
Oppose	29%	31%	50%
Don't Know	2%	6%	0%

Research and data describing LGBTQ older adults in Fresno County and Madera County are available in Section 5.1.2. Focus group data reveals the nuanced challenges experienced by LGBTQ+ older adults, emphasizing the critical need for specialized healthcare providers and mental health professionals who are knowledgeable and affirming of LGBTQ+ identities and experiences.

Services are available to support LGBTQ+ older adults in Fresno County and Madera County. Fresno EOC's LGBTQ+ Resource Center in downtown Fresno offers comprehensive services such as case management, resource access, peer-led support groups, and advocacy for individuals across the LGBTQ+ spectrum.

<sup>119</sup> Fresno-Madera Area Agency on Aging, November 2023 Community Assessment Survey for Older Adults

<sup>120</sup> Public Policy Institute of California, February 2023 Statewide Survey |

<https://www.ppic.org/data-set/ppic-statewide-survey-data-2023/>

For more detailed information, please refer to Section 2 (“The Service System within the Planning and Service Area” and “Significant Programs for Older Adults Outside of the Agency on Aging Network”).

**Socially and Geographically Isolated Older Adults**

Social isolation or physical frailty can occur across socioeconomic status. Socially isolated older adults have unique needs and face challenges that may impact lifespan and health, according to the National Institute on Aging.<sup>121</sup>

As detailed in Section 5.1.2, older adults residing in rural areas of Fresno County and Madera County face considerable difficulties in accessing services, exacerbated by the concentration of services in urban centers like Fresno. Moreover, many struggle with the dual challenge of accessing reliable and affordable transportation, further impeding their ability to access essential resources.

Living in rural areas often intersects with barriers related to race and ethnicity, particularly for minority communities. A significant portion of individuals residing in these rural areas are non-English speaking farm workers, many of whom are undocumented. This compound set of challenges underscores the critical need for targeted interventions and support mechanisms to address the unique needs of older adults in rural and minority communities.

As depicted in **Table 5.2.9**, data sourced from the 2023 California Department of Aging provides insights into the numbers of geographically isolated older adults aged 60 and above, as along with older adults aged 60 and older who reside alone.

**Table 5.2.9 Socially and Geographically Isolated Older Adults Aged 60 and Older**<sup>122</sup>

Area	Geo-Isolation	Lives Alone
Fresno County (PSA 14)	18,289	36,430
Madera County (PSA 14)	11,935	5,010
<b>Total (PSA 14)</b>	<b>30,224</b>	<b>41,440</b>

FMAAA supports socially and geographically isolated older adults in Fresno County and Madera County are supported through public transportation options. Below is a list of transportation options for those living in rural areas:

Rural Areas with Local Service and Regularly Scheduled Trips to Fresno

<sup>121</sup> National Institute on Aging. Social isolation, loneliness in older people pose health risks | <https://www.nia.nih.gov/news/social-isolation-loneliness-older-people-pose-health-risks>

<sup>122</sup> 2023 California Department of Aging (CDA), Population Demographic Projections by County and PSA for Intrastate Funding Formula (IFF)

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

For more detailed information, please refer to Section 2 (“The Service System within the Planning and Service Area” and “Significant Programs for Older Adults Outside of the Agency on Aging Network”).

**Older Adults Living with HIV/AIDS**

Approximately half of all people living with HIV nationwide are adults 50 years of age and older, as improved treatments have made it possible for people to live longer with the disease.<sup>123</sup> Among older adults, HIV-related symptoms may be mistaken for other age-related conditions. As such, older adults are less likely to be tested for HIV compared to their younger

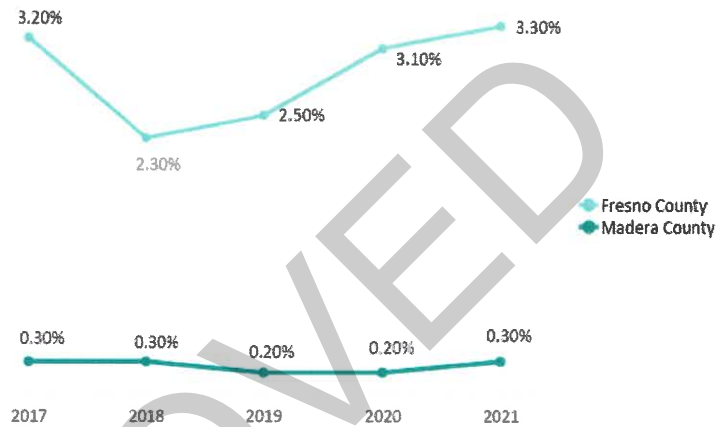
<sup>123</sup> National Institute on Aging. HIV, AIDS, and Older Adults | <https://www.nia.nih.gov/health/hiv-aids/hiv-aids-and-older-adults#:~:text=Older%20people%20living%20with%20HIV%20also%20have%20an,addiction%2C%20and%20they%20tend%20to%20be%20more%20isolated.>



counterparts.<sup>124</sup> Late diagnosis may be more likely to progress to AIDS.<sup>125</sup> Further, older adults with HIV may be at increased risk of developing other medical conditions such as dementia, diabetes, and osteoporosis. Older adults living with HIV also tend to be more isolated, and thus are at increased risk of experiencing mental illness such as depression and addiction.<sup>126</sup>

In Fresno County, newly diagnosed cases of HIV have been increasing steadily since 2018, though new cases in Madera County have remained relatively stable and consistently lower relative to rates in Fresno County.<sup>127</sup>

**Figure 5.2.3** displays the rate of newly diagnosed cases of HIV in both counties between 2017 and 2021. In 2022, 65% of newly diagnosed cases in Fresno County were among persons who identify as Hispanic/Latino.<sup>128</sup>



**Figure 5.2.3. Newly Diagnosed HIV Cases in Fresno & Madera Counties, 2017 - 2021<sup>129</sup>** (to the right)

Services are available in Fresno County and Madera County for older adults living with HIV/AIDS. For example, Positive Life offers support groups in Fresno. The LGBTQ+ Resource Center in downtown Fresno also offers resources for older adults living with HIV/AIDS.

<sup>124</sup> National Institute on Aging, HIV, AIDS, and Older Adults | <https://www.nia.nih.gov/health/hiv-aids/hiv-aids-and-older-adults#:~:text=Older%20people%20living%20with%20HIV%20also%20have%20an,addiction%2C%20and%20they%20tend%20to%20be%20more%20isolated.>

<sup>125</sup> National Institute on Aging, HIV, AIDS, and Older Adults | <https://www.nia.nih.gov/health/hiv-aids/hiv-aids-and-older-adults#:~:text=Older%20people%20living%20with%20HIV%20also%20have%20an,addiction%2C%20and%20they%20tend%20to%20be%20more%20isolated.>

<sup>126</sup> National Institute on Aging, HIV, AIDS, and Older Adults | <https://www.nia.nih.gov/health/hiv-aids/hiv-aids-and-older-adults#:~:text=Older%20people%20living%20with%20HIV%20also%20have%20an,addiction%2C%20and%20they%20tend%20to%20be%20more%20isolated.>

<sup>127</sup> California Department of Public Health, 2021 California HIV Surveillance Report | [https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/California\\_HIV\\_Surveillance\\_Report\\_2021\\_ADA.pdf](https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/California_HIV_Surveillance_Report_2021_ADA.pdf)

<sup>128</sup> Fresno County Department of Public Health, 2022 STI & HIV Annual Report | [https://www.fresnocountyca.gov/files/assets/county/v/1/public-health/epidemiology-surveillance-and-data-management/sti-reports/sti\\_hiv-annual-report-2022.pdf](https://www.fresnocountyca.gov/files/assets/county/v/1/public-health/epidemiology-surveillance-and-data-management/sti-reports/sti_hiv-annual-report-2022.pdf)

<sup>129</sup> California Department of Public Health, 2021 California HIV Surveillance Report | [https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/California\\_HIV\\_Surveillance\\_Report\\_2021\\_ADA.pdf](https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/California_HIV_Surveillance_Report_2021_ADA.pdf)

**SECTION 6. PRIORITY SERVICES & PUBLIC HEARINGS**

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

The CCR, Article 3, Section 7312, requires the AAA to allocate an “adequate proportion” of federal funds to provide Access, In-Home Services, and Legal Assistance in the PSA. The annual minimum allocation is determined by the AAA through the planning process. The minimum percentages of applicable Title III B funds<sup>2</sup> listed below have been identified for annual expenditure throughout the four-year planning period. These percentages are based on needs assessment findings, resources available within the PSA, and discussions at public hearings on the Area Plan.

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

**Access:**

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

2024-25: <b>40%</b>	25-26	26-27	27-28
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**In-Home Services:**

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

2024-25: <b>8%</b>	25-26	26-27	27-28
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**Legal Assistance Required Activities:<sup>3</sup>**

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

2024-25: <b>2%</b>	25-26	26-27	27-28
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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.

PSA-14’s determination of Title IIIB funds is based on the estimated number of service units, and the number of participants we expect to serve. We projected the funding necessary to meet those needs and computed the “adequate proportion” as follows: 40% Access, 8% In-Home Services and 2% Legal Assistance. Revised 10.14.24 (see section 4, establishing priorities)

<sup>2</sup> 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.

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

**PUBLIC HEARING:** At least one public hearing must be held each year of the four-year planning cycle.

CCR Title 22, Article 3, Section 7302(a)(10) and Section 7308, Older Americans Act Reauthorization Act of 2020, Section 314(c)(1).

Fiscal Year	Date	Location	Number of Attendees	Presented in languages other than English? <sup>4</sup> Yes or No	Was hearing held at a Long-Term Care Facility? <sup>5</sup> Yes or No
2024-2025	April 9, 2024	<b>Physical Meeting:</b> 1625 E. Shaw Ave. Suite 123 Fresno, CA 93710  <b>Virtual Meeting:</b> Zoom	30	Yes, American Sign Language Interpreter	No
2025-2026					
2026-2027					
2027-2028					

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

1. Summarize the outreach efforts used in seeking input into the Area Plan from institutionalized, homebound, and/or disabled older individuals.
  - Section 5 of the Needs Assessment of this 2024-2028 Four Year Area plan described activities conducted by the Agency on Aging to obtain input of the target population for the area plan.
  - The outreach efforts included a Notice of Public Hearing that was posted in the Fresno Bee and Madera Tribune for 30 days. Additionally, a notice was posted on the Agency’s website and posted on-site at the physical location of the

Fresno-Madera Area Agency on Aging. The public hearing notice was sent to the Agency's Governing Board, and was presented during the Advisory Council meeting with 12 members in attendance along with our ASL interpreter. Additionally, the virtual zoom link was sent to community partners and service providers to join in and share with comments and questions.

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.

2024-2028 Four-Year Area Plan-April 9, 2024:

- No comments were received concerning minimum percentages of Title IIIB funds to meet adequate proportion of funding for priority services.

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

2024-2028 Four-Year Area Plan-April 9, 2024:

The following questions were raised and discussed during the public hearing:

- 1) Did the Older Adult Sexual Orientation slide include "decline to state" responses?
  - a. EvalCorp responded via chat and confirmed that it did not.
- 2) Does the Title III E: Caregiver Support, cover both Madera and Fresno counties?
  - a. Yes
- 3) Do participants have to have a case open to received home modifications and repairs, and how do they open a case?

- a. Yes, they are required to be a III B participant and they can contact our office and speak with our Information and Assistance Specialist to see if they qualify and be added to our waitlist. We have 313 slots for MSSP and 100 for Linkages.
- 4) Do we call FMAAA to sign up caregivers?
  - a. You can contact the FMAAA for more information but will be referred to Valley Caregiver Resource Center for caregiving assistance.
- 5) Does IHSS still cover 283 hrs.
  - a. Fresno County, Division Chief Angie Stillwell was present and confirmed this number.
- 6) What are the requirements to have a case remain open?
  - a. SW visit every 3 months and nurse visit every 6 months.
7. Note any changes to the Area Plan that were a result of input by attendees.

2024-2028 Four-Year Area Plan-April 9, 2024:

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

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

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

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

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

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

### **Goal # 1**

**Goal:** 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.

<b>List Objective Number(s) _____ and Objective(s) [Refer to CCR Article 3, Section 7300 (c)] (Priority Service if applicable)</b>	<b>Projected Start and End Dates</b>	<b>Type of Activity and Funding Source<sup>6</sup></b>	<b>Update Status<sup>7</sup></b>
<b>A:</b> Increase the number of participants in the C-1 program by opening 22, C-1 sites in Fresno and Madera Counties. Through the transition of the COVID-19 program, set to end 6.30.24, this will drastically increase the C1 participants living within the serving zip codes of the current COVID-19 homes.	07/01/2024 to 06/30/2025	A  Title IIIC1	Continued  Proposing 225,000 meals served in FY 2425

<b>B:</b> Ensure good nutrition for homebound eligible individuals, who are unable to shop for groceries and prepare meals. Through the home-delivered meals program for a minimum of 800 older adults each fiscal year	07/01/2024 To 06/30/2025	A  Title III C2	Continued  Expanding from 518,000 to 600,000 meals a year and increasing from 650 to 800 unduplicated older adults
<b>C:</b> Resume participation in the Seniors Farmers Market Program (SFMNP) through the California Department of Food and Agriculture (CDFA). The agency will distribute up to \$15,000 worth of Farmers' Market vouchers to eligible older adults, to increase their nutrition through access to fresh fruits, vegetables and honey.	05/01/2024 To 11/30/2024	A  Non-OAA  CDFA	Continued
<b>D:</b> Coordinate with Agency Registered Dietician to provide individualized guidance to individuals who are at nutritional risk based on their nutrition history, dietary intake, chronic illness and more.	07/01/2024 To 06/30/2025	A  Nutrition Counseling C1/C2	New  Start with 8 hours for FY 2425
<b>E:</b> Coordinate with Agency Registered Dietician and Nutrition Program Manager to provide relevant and proper dissemination to support food, nutrition and physical activity choices.	07/01/2024 To 06/30/2025	A  Nutrition Education C1/C2	Continued  Expand to 18 C1 sites and 4 sessions to C2 Participants (22 total)

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

Core Programs and Services	
Home-Delivered Meals Program	Nutrition Education and Nutrition Counseling
Congregate Nutrition Program	Senior Farmers Market Program

**Goal # 2**

**Goal:** 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 program than to provide care in a skilled or residential nursing facility. 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. Case management and supportive services for older adults who need coordination of care to continue to live independently is also a key to independence.

<p><b>A:</b> Case Management: Provide Linkages case management and support services such as; chore, homemaker, and personal care for 115 older adults each fiscal year who are at risk for placement, but do not qualify for other case management programs.</p>	<p>07/01/2024 to 06/30/2025</p>	<p>A Title III B</p>	<p>Continued Expanding hours from 1,500 to 2,500</p>
<p><b>B:</b> Health Promotion-Evidence-Based. Improve self-care behaviors, management of emotions, self-efficacy, and use of community resources by older adults who are family caregivers.</p>	<p>07/01/2024 to 06/30/2025</p>	<p>A Title IIID</p>	<p>Continued Expanding from 315 contacts to 480 in FY2425</p>
<p><b>C:</b> Outreach with individuals by the Agency for the purpose of identifying potential clients or their caregivers and encouraging them their use of existing services and benefits.</p>	<p>07/01/2024 to 06/30/2025</p>	<p>A Title IIIB</p>	<p>New Proposing 20 contacts for FY 2425</p>
<p><b>D:</b> Residential modifications of homes that are necessary to facilitate the ability of older individuals to remain safely in their home.</p>	<p>07/01/2024 To 06/30/2025</p>	<p>A Title IIIB</p>	<p>Continued Expanding from 10 to 15</p>
<p><b>E:</b> Caregiver Case Management: A family caregiver support program service provided to a caregiver. Goal is to provide support and coordination to a minimum of 850 family caregivers and provide 24 caregiving support groups in the FY.</p>	<p>07/01/2024 To 06/30/2025</p>	<p>A Title IIIE</p>	<p>New and continued</p>



F. Caregiver Respite service that includes the provision of care receiver assistance with eating, bathing, toileting, transferring, and or dressing.	07/01/2024 to 06/30/2025	A Title III E	Continued
G. Through Family Caregiver Support Program, Support Services are provided to a caregiver, a group of caregivers and/or family caregivers to support the caregiver in various ways. These much needed supports for the Caregivers create a connection in multiple platforms: in-person, virtual, group, individual. Telephone, etc.	07/01/2024 to 06/30/2025	A Title III E	Continued and Expanding

Core Programs and Services	
Case Management – Linkages Program (IIIB)	
Family Caregiver Support Program (Title III E)	
1. Access Assistance	Information and Assistance Case Management (IIIE)
2. Information Services	Information Services
3. Respite Care	In Home Respite Out of Home Respite (Day)
4. (Support) Counseling, Support, Training	Training Counseling Support Groups
5. Supplemental Services	Legal Consultation Consumable Supplies Assistive Technology
Health Promotion – Evidence-Based: Powerful Tools for Caregivers (Title IIID)	

Additional Supportive Services (Title III B)	
Personal/Home Security	Personal Care
Chore	Cash/Material Aid

Homemaker	Interpretation/Translation
Public Outreach	
Information & Assistance	Transportation

**Goal # 3**

**Goal:** 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 County received 5,117 reports of alleged elder abuse in FY 2022-2023. These cases were most frequently reported by financial institutions (18%) and family members (17%). Additionally, the Long-Term Care Ombudsman Program handled \_\_\_\_ complaints for residents in long-term facilities in fiscal year 2022-2023. Increased awareness of elder abuse identification and reporting 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.

<b>A:</b> Elder abuse Prevention, Education and Training: Valley Caregiver Resource Center will provide 60 educational sessions on elder abuse for professionals, caregivers and the public.	07/01/2024 to 06/30/2025	A Title VII	Continued  # of Sessions: 20 Public 20 Professionals 20 Caregivers
<b>B:</b> Long-Term Care Ombudsman Program: Valley Caregiver Resource Center will visit skilled nursing facilities in Fresno and Madera Counties to provide residents with routine access to trained Ombudsman, who will inform residents of their rights and seek resolution to identified issues.	07/01/2024 to 06/30/2025	A Title VII	Continued  Expanding from 75% resolution rate to 80%
<b>C:</b> Legal Assistance: Central California Legal Services will provide 1,200 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.	07/01/2024 to 06/30/2025	A Title III B	Continued  Proposing 1,200-unit hours

D. Through Supplemental Services, the Caregivers of Older Adults can purchase items to facilitate caregiving responsibilities. Support caregivers through Assessments, provide legal consultation that encompass the and support the caregiving responsibilities	07/01/2024 to 06/30/2025	A Title III E	Continued/Expanding
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Core Programs and Services			
Long-Term Care Ombudsman Program			
Elder Abuse Prevention, Education, and Training			
Legal Assistance			
Family Caregiver Support Program-Supplemental Services			

**Goal # 4**

**Goal:** 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 are 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.

<b>A:</b> Health Insurance Counseling and Advocacy Program (HICAP) through Valley Caregiver Resource Center will counsel and contact older adults in Fresno and Madera Counties and provide HICAP services.	07/01/2024 to 06/30/2025	A HICAP	Continued Propsoing 1,300 clients counseled and enrolling 375 qualifying contacts.
<b>B:</b> The Agency on Aging will help older adults and family caregivers navigate the network of care by reviewing and updating its website content a minimum of once a month to ensure information on its programs and services is current and to post information on events	07/01/2024 To 06/30/2025	A Title IIIB Title IIIE	New Agency website will be easier to navigate and promote resources and

and workshops offered by community partners.			services
<b>C:</b> The Agency on Aging will provide 2,000 individuals with information on services available within the communities, link individuals to the services and opportunities that are vetted within the community and establish adequate follow-up procedures.	07/01/2024 To 06/30/2025	A  Title IIIB	Continued
<b>D:</b> The Agency on Aging will work with and find reputable community providers to support with Transportation to include vouchers or transit passes.	07/01/2024 To 06/30/2025	A  Title IIIB and Experiment with MOCA grants funds first	New  Expanding

Core Programs and Services	
Information and Assistance	Transportation
Health Insurance Counseling & Advocacy Program (HICAP)	

<sup>6</sup> Indicate if the objective is Administration (Admin.) Program Development (PD) or Coordination (C). If a PD objective is not completed in the timeline required and is continuing in the following year, provide an update with additional tasks. For program specific goals and objectives please identify service category where applicable.

<sup>7</sup> Use for the Area Plan Updates to indicate if the objective is New, Continued, Revised, Completed, or Deleted.

**SECTION 8. SERVICE UNIT PLAN (SUP)****TITLE III/VII SERVICE UNIT PLAN  
CCR Article 3, Section 7300(d)**

The Service Unit Plan (SUP) uses the Older Americans Act Performance System (OAAPS) Categories and units of service. They are defined in the OAAPS State Program Report (SPR).

For services not defined in OAAPS, refer to the [Service Categories and Data Dictionary](#).

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

**Personal Care (In-Home)**

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	200	2	A
2025-2026			
2026-2027			
2027-2028			

**Homemaker (In-Home)**

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	350	2	A
2025-2026			
2026-2027			
2027-2028			

**Chore (In-Home)**

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	350	2	A
2025-2026			
2026-2027			
2027-2028			

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

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	-		Adult Day Health in IIIB- will not be funded through OAA
2025-2026	-		
2026-2027	-		
2027-2028	-		

Case Management (Access)

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	2,500	2	A
2025-2026			
2026-2027			
2027-2028			

Assisted Transportation (Access)

Unit of Service = 1 one-way trip

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

Transportation (Access)

Unit of Service = 1 one-way trip

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	20	4	D
2025-2026			
2026-2027			
2027-2028			

Information and Assistance (Access)

Unit of Service = 1 contact

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	2,000	4	C
2025-2026			
2026-2027			
2027-2028			

Outreach (Access)

Unit of Service = 1 contact

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	20	2	C
2025-2026			
2026-2027			
2027-2028			

Legal Assistance

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	1,200	3	C
2025-2026			
2026-2027			
2027-2028			

Congregate Meals

Unit of Service = 1 meal

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	225,000	1	A
2025-2026			
2026-2027			
2027-2028			

Home-Delivered Meals

Unit of Service = 1 meal

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	650,000	1	B
2025-2026			
2026-2027			
2027-2028			

Nutrition Counseling

Unit of Service = 1 hour

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

Nutrition Education

Unit of Service = 1 session

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	22	1	E
2025-2026			
2026-2027			
2027-2028			

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

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

**Title IIIB, Other Priority and Non-Priority Supportive Services**

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



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

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

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (If applicable)
2024-2025	5	2	-
2025-2026			
2026-2027			
2027-2028			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (If applicable)
2024-2025	350	2	-
2025-2026			
2026-2027			
2027-2028			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (If applicable)
2024-2025	20	2	-

<b>2025-2026</b>			
<b>2026-2027</b>			
<b>2027-2028</b>			

**Other Supportive Service Category: Residential Repairs/Modifications  
Unit of Service= 1 Modification**

<b>Fiscal Year</b>	<b>Proposed Units of Service</b>	<b>Goal Numbers</b>	<b>Objective Numbers (If applicable)</b>
<b>2024-2025</b>	15	2	D
<b>2025-2026</b>			
<b>2026-2027</b>			
<b>2027-2028</b>			

**Other Supportive Service Category: Public Information (Edited 10.10.24)  
Unit of Service= 1 Activity**

<b>Fiscal Year</b>	<b>Proposed Units of Service</b>	<b>Goal Numbers</b>	<b>Objective Numbers (If applicable)</b>
<b>2024-2025</b>	5004	2	C
<b>2025-2026</b>			
<b>2026-2027</b>			
<b>2027-2028</b>			

**3. Title IIID/Health Promotion—Evidence-Based**

**Evidence-Based Program Name(s): Powerful Tools for Caregivers (Edited 10.9.24)  
Unit of Service = 1 contact**

<b>Fiscal Year</b>	<b>Proposed Units of Service</b>	<b>Goal Numbers</b>	<b>Objective Numbers (If applicable)</b>
<b>2024-2025</b>	480	2	B
<b>2025-2026</b>			
<b>2026-2027</b>			
<b>2027-2028</b>			

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

**2024-2028 Four-Year Planning Cycle**

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

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

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

Complete all Measures and Targets for Outcomes 1-3.

**Outcome 1.**

The problems and concerns of long-term care residents are solved through complaint resolution and other services of the Ombudsman Program. Older Americans Act Reauthorization Act of 2020, Section 712(a)(3), (5)]

**Measures and Targets:**

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

Fiscal Year Baseline Resolution Rate	# of partially resolved or fully resolved complaints	Divided by the total number of Complaints	= Baseline Resolution Rate	Fiscal Year Target Resolution Rate
2022-2023	<b>249</b>	<b>301</b>	<b>83%</b>	<b>80 %</b> 2024-2025
2023-2024				_____% 2025-2026
2024-2025				_____% 2026-2027
2026-2027				_____% 2027-2028

Program Goals and Objective Numbers: 1.A

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

1. FY 2022-2023 Baseline: Number of Resident Council meetings attended <b>41</b> 2. FY 2024-2025 Target: <b>40</b>
2. FY 2023-2024 Baseline: Number of Resident Council meetings attended _____ FY 2025-2026 Target: _____
3. FY 2024-2025 Baseline: Number of Resident Council meetings attended _____ FY 2026-2027 Target: _____
4. FY 2025-2026 Baseline: Number of Resident Council meetings attended _____ FY 2027-2028 Target: _____
Program Goals and objective Numbers: <u>1.B</u>

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

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

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

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

1. FY 2022-2023 Baseline: Number of Instances <b>2,287</b> FY 2024-2025 Target: <b>2,400</b>
2. FY 2023-2024 Baseline: Number of Instances _____ FY 2025-2026 Target: _____
3. FY 2024-2025 Baseline: Number of Instances _____ FY 2026-2027 Target: _____
4. FY 2025-2026 Baseline: Number of Instances _____ FY 2027-2028 Target: _____
Program Goals and Objective Numbers: <u>1.D</u>

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

1. FY 2022-2023 Baseline: Number of Instances <b>7.063</b> FY 2024-2025 Target: <b>6.800</b>
2. FY 2023-2024 Baseline: Number of Instances _____ FY 2025-2026 Target: _____
3. FY 2024-2025 Baseline: Number of Instances _____ FY 2026-2027 Target: _____
4. FY 2025-2026 Baseline: Number of Instances _____ FY 2027-2028 Target: _____
Program Goals and Objective Numbers: <u>1.E</u>

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

1. FY 2022-2023 Baseline: Number of Sessions 95 FY 2024-2025 Target: <b>80</b>
2. FY 2023-2024 Baseline: Number of Sessions _____ FY 2025-2026 Target: _____
3. FY 2024-2025 Baseline: Number of Sessions _____ FY 2026-2027 Target: _____
4. FY 2025-2026 Baseline: Number of Sessions _____ FY 2027-2028 Target: _____
Program Goals and Objective Numbers: <u>1.F</u>

**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

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.

<p><b>FY 2024-2025:</b></p>
<p>On January 1, 2024, AB 1417 (Chapter 580, Statutes of 2023) amended the CA Welfare and Institutions Code relating to mandated reporting of elder and dependent adult abuse in long-term care facilities. The bill clarified the required conditions and standardized the process for mandated reporting of known, suspected or alleged abuse committed by residents diagnosed with dementia occurring in long-term care facilities, as well as all other perpetrators.</p> <p>Many facility owners, administrators and staff are not aware of the significant change and how it affects their responsibility as a Mandated Reporter. The LTCOP will offer training on the new processes to all licensed facilities in Fresno and Madera counties. This will be completed through presentations at facilities, group trainings and a plan to combine efforts and partner with the CCL and CDPH District Offices in Fresno.</p> <p>In addition, a campaign to inform and educate hospice providers in Fresno and Madera Counties will be developed and implemented. The hospice staff are mandated reporters and there has been a noticeable increase in the number of SOC 341 reports received at the LTCOP office. Providing training and partnering with the local agencies will help develop partnerships and will foster communication and cooperation, which will result in improved advocacy for our residents.</p>
<p><b>FY 2025-2026</b></p>
<p><b>Outcome of FY 2024-2025 Efforts:</b></p> <p><b>FY 2025-2026 Systems Advocacy Effort(s):</b> (Provide one or more new systems advocacy efforts)</p>
<p><b>FY 2026-2027</b></p>
<p><b>Outcome of FY 2025-2026 Efforts:</b></p> <p><b>FY 2026-2027 Systems Advocacy Effort(s):</b> (Provide one or more new systems advocacy efforts)</p>

**FY 2027-2028**

**Outcome of 2026-2027 Efforts:**

**FY 2027-2028 Systems Advocacy Effort(s):** (Provide one or more new systems advocacy efforts)

**Outcome 2.**

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

**Measures and Targets:**

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

**B.**

1. FY 2022-2023 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint 35 divided by the total number of Nursing Facilities: 37  
= Baseline 95 %  
FY 2024-2025 Target: 96%

2. FY 2023-2024 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 2025-2026 Target: \_\_\_\_\_

3. FY 2024-2025 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint \_\_\_\_\_ divided by the total number of Nursing Facilities \_\_\_\_\_  
= Baseline \_\_\_\_\_ %  
FY 2026-2027 Target: \_\_\_\_\_

4. FY 2025-2026 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint \_\_\_\_\_ divided by the total number of Nursing Facilities \_\_\_\_\_ = Baseline \_\_\_\_\_ %  
FY 2027-2028 Target: \_\_\_\_\_

Program Goals and Objective Numbers: 2.A

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

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

1. FY 2022-2023 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint 202 divided by the total number of RCFEs 223 = Baseline **91%**

FY 2024-2025 Target: 92 %

2. FY 2023-2024 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 2025-2026 Target: \_\_\_\_\_

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

FY 2026-2027 Target: \_\_\_\_\_

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

FY 2027-2028 Target: \_\_\_\_\_

Program Goals and Objective Numbers: 2.B



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

1. FY 2022-2023 Baseline: <b>6.51</b> FTEs FY 2024-2025 Target: <b>5.25</b> _____ FTEs
2. FY 2023-2024 Baseline: _____ FTEs FY 2025-2026 Target: _____ FTEs
3. FY 2024-2025 Baseline: _____ FTEs FY 2026-2027 Target: _____ FTEs
4. FY 2025-2026 Baseline: _____ FTEs FY 2027-2028 Target: _____ FTEs
Program Goals and Objective Numbers: <u>2.C</u>

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

1. FY 2022-2023 Baseline: Number of certified LTC Ombudsman volunteers <b>35</b> FY 2024-2025 Projected Number of certified LTC Ombudsman volunteers <b>40</b>
2. FY 2023-2024 Baseline: Number of certified LTC Ombudsman volunteers _____ FY 2025-2026 Projected Number of certified LTC Ombudsman volunteers _____
3. FY 2024-2025 Baseline: Number of certified LTC Ombudsman volunteers _____ FY 2026-2027 Projected Number of certified LTC Ombudsman volunteers _____
4. FY 2025-2026 Baseline: Number of certified LTC Ombudsman volunteers _____ FY 2027-2028 Projected Number of certified LTC Ombudsman volunteers _____
Program Goals and Objective Numbers: <u>2.D</u>

**Outcome 3.**

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

**Measures and Targets:**

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

Some examples could include:

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

<p><b>Fiscal Year 2024-25:</b> Individual Ombudsman Monthly Activity Logs, Complaint Intake Forms and Case Notes will be closely reviewed to ensure that every possible opportunity to capture measurable data has captured on the report. The intent is to reconcile the number of instances reported on the logs with the all actions taken by the Ombudsman. This will identify missed opportunities where instances of Information &amp; Assistance to Facility Staff, and Information &amp; Assistance to Individuals were not captured. Additional training will be emphasized at every Monthly Case Review Meeting. The extra effort will result in a keener awareness of the purpose of tracking measurable data and an increase in the total of instances of Information &amp; Assistance to Facility Staff, and Information &amp; Assistance to Individuals.</p>
<p>Fiscal Year 2025-2026</p>
<p>Fiscal Year 2026-2027</p>
<p>Fiscal Year 2027-2028</p>

# ELDER ABUSE PREVENTION



## TITLE VII ELDER ABUSE PREVENTION SERVICE UNIT PLAN

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

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

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

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

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

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

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

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

**(PSA 14)**

–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.



APPROVAL

**TITLE VII ELDER ABUSE PREVENTION SERVICE UNIT PLAN**

The agency receiving Title VII Elder Abuse Prevention funding is:

Fresno-Madera Area Agency on Aging

Total # of	2024-2025	2025-2026	2026-2027	2027-2028
<b>Individuals Served</b>	1,000			
<b>Public Education Sessions</b>	20			
<b>Training Sessions for Professionals</b>	20			
<b>Training Sessions for Caregivers served by Title III E</b>	20			
<b>Hours Spent Developing a Coordinated System</b>	100			

Fiscal Year	Total # of Copies of Educational Materials to be Distributed	Description of Educational Materials
<b>2024-2025</b>	1,000	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
<b>2025-2026</b>		
<b>2026-2027</b>		
<b>2027-2028</b>		

**TITLE III E SERVICE UNIT PLAN**

**CCR Article 3, Section  
7300(d)**

**2024-2028 Four-Year  
Planning Period**

This Service Unit Plan (SUP) uses the five federally mandated service categories that encompass 16 subcategories. Refer to the [CDA Service Categories and Data Dictionary](#) for eligible activities and service unit measures. Specify proposed audience size or units of **service for ALL** budgeted funds.

Providing a goal with associated objectives is mandatory for services provided. The goal states the big picture and the objectives are the road map (specific and measurable activities) for achieving the big picture goal.

For example: **Goal 3:** Provide services to family caregivers that will support them in their caregiving role, thereby allowing the care receiver to maintain a healthy, safe lifestyle in the home setting.

- Objective 3.1: Contract for the delivery of virtual self-paced caregiver training modules. Review data monthly to strategize how to increase caregiver engagement in these modules.
- Objective 3.2: Facilitate a monthly in person support group for caregivers where they can share success stories and challenges, share information regarding experiences with HCBS. Respite day care will be available for their loved one if needed.
- Objective 3.3: Do caregiver assessments every 6 months to stay connected to the caregiver and knowledgeable about their needs.

**Direct and/or Contracted III E Services**

<b>CATEGORIES (16 total)</b>	<b>1</b>	<b>2</b>	<b>3</b>
<b>Family Caregivers - Caregivers of Older Adults and Adults who are caring for an individual of any age with Alzheimer’s disease or a related disorder with neurological and organic brain dysfunction.</b>	<b><i>Proposed Units of Service</i></b>	<b><i>Required Goal #(s)</i></b>	<b><i>Required Objective #(s)</i></b>
<b>Caregiver Access Case Management</b>	<b>Total hours</b>	<b><i>Required Goal #(s)</i></b>	<b><i>Required Objective #(s)</i></b>

2024-2025	1,368	2	E
2025-2026			
2026-2027			
2027-2028			

Caregiver Access Information & Assistance	Total Contacts	Required Goal #(s)	Required Objective #(s)
2024-2025	1,750	4	B
2025-2026			
2026-2027			
2027-2028			
Caregiver Information Services	# Of activities and Total est. audience (contacts) for above:	Required Goal #(s)	Required Objective #(s)
2024-2025	95 Activities	4	B
2025-2026	# Of activities and Total est. audience (contacts) for above:		
2026-2027	# Of activities and Total est. audience (contacts) for above:		
2027-2028	# Of activities and Total est. audience (contacts) for above:		
Caregiver Respite In-Home	Total hours	Required Goal #(s)	Required Objective #(s)
2024-2025	6,375	2	E
2025-2026			
2026-2027			
2027-2028			
Caregiver Respite Other	Total hours	Required Goal #(s)	Required Objective #(s)
2024-2025	-		
2025-2026	-		
2026-2027	-		

2027-2028	-		
<b>Caregiver Respite Out-of-Home Day Care</b>	<b>Total hours</b>	<b>Required Goal #(s)</b>	<b>Required Objective #(s)</b>
2024-2025	500	2	E
2025-2026			
2026-2027			
2027-2028			
<b>Caregiver Respite Out-of-Home Overnight Care</b>	<b>Total hours</b>	<b>Required Goal #(s)</b>	<b>Required Objective #(s)</b>
2024-2025	-		
2025-2026	-		
2026-2027	-		
2027-2028	-		
<b>Caregiver Supplemental Services Assistive Technologies</b>	<b>Total Occurrences</b>	<b>Required Goal #(s)</b>	<b>Required Objective #(s)</b>
2024-2025	8	3	D
2025-2026			
2026-2027			
2027-2028			
<b>Caregiver Supplemental Services Caregiver Assessment</b>	<b>Total hours</b>	<b>Required Goal #(s)</b>	<b>Required Objective #(s)</b>
2024-2025	1,100	3	D
2025-2026			
2026-2027			
2027-2028			
<b>Caregiver Supplemental Services Caregiver Registry</b>	<b>Total Occurrences</b>	<b>Required Goal #(s)</b>	<b>Required Objective #(s)</b>
2024-2025	-	-	-
2025-2026			



2026-2027			
2027-2028			
<b>Caregiver Supplemental Services Consumable Supplies</b>	<b>Total occurrences</b>	<b>Required Goal #(s)</b>	<b>Required Objective #(s)</b>
2024-2025	6	3	D
2025-2026			
2026-2027			
2027-2028			
<b>Caregiver Supplemental Services Home Modifications</b>	<b>Total occurrences</b>	<b>Required Goal #(s)</b>	<b>Required Objective #(s)</b>
2024-2025	-	-	-
2025-2026			
2026-2027			
2027-2028			
<b>Caregiver Supplemental Services Legal Consultation</b>	<b>Total contacts</b>	<b>Required Goal #(s)</b>	<b>Required Objective #(s)</b>
2024-2025	4	3	D
2025-2026			
2026-2027			
2027-2028			
<b>Caregiver Support Groups</b>	<b>Total sessions</b>	<b>Required Goal #(s)</b>	<b>Required Objective #(s)</b>
2024-2025	84	2	G
2025-2026			
2026-2027			
2027-2028			
<b>Caregiver Support Training</b>	<b>Total hours</b>	<b>Required Goal #(s)</b>	<b>Required Objective #(s)</b>
2024-2025	330	2	G
2025-2026			

2026-2027			
2027-2028			
<b>Caregiver Support Counseling</b>	<b>Total hours</b>	<b>Required Goal #(s)</b>	<b>Required Objective #(s)</b>
2024-2025	24	2	G
2025-2026			
2026-2027			
2027-2028			

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**Direct and/or Contracted IIIE Services- Older Relative Caregivers**

*\*Not applicable-PSA-14 does not contract with Older Relative Caregivers\**

<b>CATEGORIES (16 total)</b>	<b>1</b>	<b>2</b>	<b>3</b>
<b>Older Relative Caregivers</b>	<i>Proposed Units of Service</i>	<i>Required Goal #(s)</i>	<i>Required Objective #(s)</i>
<b>Caregiver Access Case Management</b>	<b>Total hours</b>	<i>Required Goal #(s)</i>	<i>Required Objective #(s)</i>
<b>2024-2025</b>			
<b>2025-2026</b>			
<b>2026-2027</b>			
<b>2027-2028</b>			
<b>Caregiver Access Information &amp; Assistance</b>	<b>Total hours</b>	<i>Required Goal #(s)</i>	<i>Required Objective #(s)</i>
<b>2024-2025</b>			
<b>2025-2026</b>			
<b>2026-2027</b>			
<b>2027-2028</b>			
<b>Caregiver Information Services</b>	<b># Of activities and Total est. audience (contacts) for above</b>	<i>Required Goal #(s)</i>	<i>Required Objective #(s)</i>
<b>2024-2025</b>	<b># Of activities: Total est. audience for above:</b>		
<b>2025-2026</b>	<b># Of activities: Total est. audience for above:</b>		
<b>2026-2027</b>	<b># Of activities: Total est. audience for above:</b>		
<b>2027-2028</b>	<b># Of activities: Total est. audience for above:</b>		

<b>Caregiver Respite In-Home</b>	<b>Total hours</b>	<b>Required Goal #(s)</b>	<b>Required Objective #(s)</b>
2024-2025			
2025-2026			
2026-2027			
2027-2028			
<b>Caregiver Respite Other</b>	<b>Total hours</b>	<b>Required Goal #(s)</b>	<b>Required Objective #(s)</b>
2024-2025			
2025-2026			
2026-2027			
2027-2028			
<b>Caregiver Respite Out-of-Home Day Care</b>	<b>Total hours</b>	<b>Required Goal #(s)</b>	<b>Required Objective #(s)</b>
2024-2025			
2025-2026			
2026-2027			
2027-2028			
<b>Caregiver Respite Out-of-Home Overnight Care</b>	<b>Total hours</b>	<b>Required Goal #(s)</b>	<b>Required Objective #(s)</b>
2024-2025			
2025-2026			
2026-2027			
2027-2028			
<b>Caregiver Supplemental Services Assistive Technologies</b>	<b>Total Occurrences</b>	<b>Required Goal #(s)</b>	<b>Required Objective #(s)</b>
2024-2025			
2025-2026			
2026-2027			

2027-2028			
<b>Caregiver Supplemental Services Caregiver Assessment</b>	<b>Total hours</b>	<b>Required Goal #(s)</b>	<b>Required Objective #(s)</b>
2024-2025			
2025-2026			
2026-2027			
2027-2028			
<b>Caregiver Supplemental Services Caregiver Registry</b>	<b>Total Occurrences</b>	<b>Required Goal #(s)</b>	<b>Required Objective #(s)</b>
2024-2025			
2025-2026			
2026-2027			
2027-2028			
<b>Caregiver Supplemental Services Consumable Supplies</b>	<b>Total occurrences</b>	<b>Required Goal #(s)</b>	<b>Required Objective #(s)</b>
2024-2025			
2025-2026			
2026-2027			
2027-2028			
<b>Caregiver Supplemental Services Home Modifications</b>	<b>Total occurrences</b>	<b>Required Goal #(s)</b>	<b>Required Objective #(s)</b>
2024-2025			
2025-2026			
2026-2027			
2027-2028			
<b>Caregiver Supplemental Services Legal Consultation</b>	<b>Total contacts</b>	<b>Required Goal #(s)</b>	<b>Required Objective #(s)</b>
2024-2025			

<b>2025-2026</b>			
<b>2026-2027</b>			
<b>2027-2028</b>			
<b>Caregiver Support Groups</b>	<b>Total sessions</b>	<b>Required Goal #(s)</b>	<b>Required Objective #(s)</b>
<b>2024-2025</b>			
<b>2025-2026</b>			
<b>2026-2027</b>			
<b>2027-2028</b>			
<b>Caregiver Support Training</b>	<b>Total hours</b>	<b>Required Goal #(s)</b>	<b>Required Objective #(s)</b>
<b>2024-2025</b>			
<b>2025-2026</b>			
<b>2026-2027</b>			
<b>2027-2028</b>			
<b>Caregiver Support Counseling</b>	<b>Total hours</b>	<b>Required Goal #(s)</b>	<b>Required Objective #(s)</b>
<b>2024-2025</b>			
<b>2025-2026</b>			
<b>2026-2027</b>			
<b>2027-2028</b>			

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**PSA: 14**

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

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

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

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

**STATE & FEDERAL PERFORMANCE TARGETS:** The HICAP is assessed based on State and Federal Performance Measures. AAAs should set targets in the service unit plan that meet or improve on each PM displayed on the *HICAP State and Federal Performance Measures* tool located online at:

[https://www.aging.ca.gov/Providers\\_and\\_Partners/Area\\_Agencies\\_on\\_Aging/Planning/](https://www.aging.ca.gov/Providers_and_Partners/Area_Agencies_on_Aging/Planning/)

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

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

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

**SECTION 1: STATE PERFORMANCE MEASURES**

<b>HICAP Fiscal Year (FY)</b>	<b>PM 1.1 Clients Counseled (Estimated)</b>	<b>Goal Numbers</b>
2024-2025	1,360	4
2025-2026		
2026-2027		
2027-2028		
<b>HICAP Fiscal Year (FY)</b>	<b>PM 1.2 Public and Media Events (PAM) (Estimated)</b>	<b>Goal Numbers</b>
2024-2025	110	4
2025-2026		
2026-2027		
2027-2028		

**SECTION 2: FEDERAL PERFORMANCE MEASURES**

<b>HICAP Fiscal Year (FY)</b>	<b>PM 2.1 Client Contacts (Interactive)</b>	<b>Goal Numbers</b>
2024-2025	2,802	4
2025-2026		
2026-2027		
2027-2028		
<b>HICAP Fiscal Year (FY)</b>	<b>PM 2.2 PAM Outreach (Interactive)</b>	<b>Goal Numbers</b>
2024-2025	1,800	4
2025-2026		
2026-2027		
2027-2028		



<b>HICAP Fiscal Year (FY)</b>	<b>PM 2.3 Medicare Beneficiaries Under 65</b>	<b>Goal Numbers</b>
2024-2025	508	4
2025-2026		
2026-2027		
2027-2028		

<b>HICAP Fiscal Year (FY)</b>	<b>PM 2.4 Hard to Reach (Total)</b>	<b>PM 2.4a LIS</b>	<b>PM 2.4b Rural</b>	<b>PM 2.4c ESL</b>	<b>Goal Numbers</b>
2024-2025	1,395	1,000	0	375	4
2025-2026					
2026-2027					
2027-2028					

<b>HICAP Fiscal Year (FY)</b>	<b>PM 2.5 Enrollment Contacts (Qualifying)</b>	<b>Goal Numbers</b>
2024-2025	2,800	4
2025-2026		
2026-2027		
2027-2028		

**SECTION 3: HICAP LEGAL SERVICES UNITS OF SERVICE (IF APPLICABLE)<sup>1</sup>**

Fresno-Madera HICAP does not provide Legal Services Units in PSA-14

<b>HICAP Fiscal Year (FY)</b>	<b>PM 3.1 Estimated Number of Clients Represented Per FY (Unit of Service)</b>	<b>Goal Numbers</b>
2024-2025		
2025-2026		
2026-2027		
2027-2028		
<b>HICAP Fiscal Year (FY)</b>	<b>PM 3.2 Estimated Number of Legal Representation Hours Per FY (Unit of Service)</b>	<b>Goal Numbers</b>
2024-2025		
2025-2026		
2026-2027		
2027-2028		
<b>HICAP Fiscal Year (FY)</b>	<b>PM 3.3 Estimated Number of Program Consultation Hours Per FY (Unit of Service)</b>	<b>Goal Numbers</b>
2024-2025		
2025-2026		
2026-2027		
2027-2028		

<sup>8</sup> Requires a contract for using HICAP funds to pay for HICAP Legal Services.

# 09 SENIOR CENTERS AND FOCAL POINTS

## Community Senior Centers and Focal Points List

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

In the form below, provide the current list of designated community senior centers and focal points with addresses. This information must match the total number of senior centers and focal points reported in the Older Americans Act Performance System (OAAPS) State Performance Report (SPR) module of the California Aging Reporting System.



<b>Planning and Service Area 14 - Designated Community Focal Points</b>		
<b>Fresno County</b>		
Fresno-Madera Area Agency on Aging	2520 w. Shaw Ln. #101A	Fresno, CA 93711
Clovis Senior Center	753 3 <sup>RD</sup> 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 <sup>th</sup> St.	Huron, CA 93234
Inspiration Park	5770 W Gettysburg Ave	Fresno, CA 93722
Kerman Senior Center	720 S. 8 <sup>th</sup> 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 <sup>th</sup> 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
<b>Planning and Service Area 14 - Designated Community Focal Points (cont.)</b>		
<b>Madera County</b>		
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
Coarsegold Community Center	35610 CA-41	Coarsegold, CA 93614
North Fork Scout Center	33507 Rd. 230	North Fork, CA 93643

**SECTION 10. FAMILY CAREGIVER SUPPORT PROGRAM**

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

**Older Americans Act Reauthorization Act of 2020, Section 373(a) and (b)  
2024-2028 Four-Year Planning Cycle**

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

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

**Family Caregiver Services**

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

### Older Relative Caregiver Services

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

**Justification:** If any of the five main categories are **NOT** being provided please explain how the need is already being met in the PSA.

PSA-14, prioritizes its services based on a thorough needs assessments that was conducted within the community. The results determined that 62% of caregivers living in Fresno and Madera Counties are family members providing care to a loved one or loved ones and are under the age of 62.

As this time, PSA-14 does not provide Older Relative Caregiver Services because the Family Caregiver Services-both provided directly and through contracted partners-are effectively meeting the needs identified in the assessment. By focusing resources on the most critical services, the agency ensures that caregivers in Fresno and Madera Counties receive the support they need in the most efficient and impactful way possible.

If future assessments indicate a greater need for Older Relative Caregiver Services, the Agency may revisit its service offerings to address those needs accordingly.

## LEGAL SERVICES

### 2024-2028 Four-Year Area Planning Cycle

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

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

**Discuss: Two percent per FMAAA**

2. How have your local needs changed in the past year(s)? Please identify any changes (include whether the change affected the level of funding and the difference in funding levels in the past four years).

**Discuss: As the senior population increases so does the demand for legal services. There is more demand for assistance with Housing Eviction Defense, Elder Abuse Restraining Orders and Health matters. Seniors need assistance to manage medical debt and need assistance to ensure they receive the procedures and equipment needed. Estate Planning is another area that is extremely important to seniors. There is a need for legal documents, particularly Wills, Trusts, and Powers of Attorney. Seniors who own homes and live on fixed incomes need Trusts to protect their property and generational wealth. While there is an increased need in all these areas, there has been a noticeable increase in demand for assistance with Elder Abuse Restraining Orders.**

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

**Discuss: The contract with FMAAA requires that we provide services to those seniors who are most in need. The goal of Legal Assistance is to deliver high-quality, cost-effective services to address the unmet legal needs of individuals 60 years of age or older, with emphasis on those in greatest economic and social need with particular attention to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas. By screening potential senior clients through our Legal Advice Line and conducting outreach to rural areas as well as areas with the highest number of seniors with limited English proficiency we can target those seniors most in need.**

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

**Discuss: CCLS provides monthly and quarterly reports to FMAAA which indicate the senior work being done on both a monthly and quarterly basis. In addition, we communicate regularly on other reports that may be needed as well as funding matters. The top priorities for seniors are: Elder Abuse, Guardianships, Powers of Attorney, Housing Eviction Defense and Health matters.**

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

**Discuss: The Case Acceptance Guidelines for legal services provided to older adults require prioritization of available legal services to those applicants demonstrating the greatest economic need. Applicants outside of this target group receive services on a non-priority basis, subject to program resources. The outreach activities generate calls from older adults in greatest economic need, as reported to us by our Legal Advice and Referral Line staff.**

**The Case Acceptance Guidelines for legal services provided to older adults require prioritization of available legal services to those applicants who are socially isolated. Community outreach and collaboration with other organizations is coordinated to reach those who are socially isolated. CCLS staff and volunteers screen for social isolation and make appropriate referrals.**

**The Case Acceptance Guidelines for legal services provided to older adults require prioritization of available legal services to those applicants who self-identify as ethnic minorities. Community outreach, legal education, and clinics offer materials and information in languages other than English. CCLS receives training in cultural competency and utilizes bilingual and bicultural staff when available.**

**FMAAA serves as a partner with CCLS to provide resources and direction on the most effective way to reach our targeted senior population. Collaboration with and outreach to community partners including Valley Caregiver Resource Center, HICAP, Elder Abuse Roundtables, Adult Protective Services and Ombudsman Services, as well as other providers that serve this population.**

- 6. How many legal assistance service providers are in your PSA?

**Complete table below.**

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



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

**Discuss: CCLS provides community education to our seniors through Fresno and Madera County informing them of the legal services available to seniors. We collaborate with our community partners to reach more seniors. For example, we regularly partner with Valley Caregiver Resources Center and Senior Centers across our service areas. We attend community Health Resource Fairs and events in recognition of seniors to reach Fresno and Madera County seniors. We also were regularly guests on broadcast media covering the service area, such as Radio Bilingual (English / Spanish) and Channel 21 (Spanish).**

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

<b>Fiscal Year</b>	<b>Name of Provider</b>	<b>Geographic Region covered</b>
<b>2024-2025</b>	a. Central California Legal Services (CCLS) b. c.	a. Fresno County and Madera County b. c.
<b>2025-2026</b>	a. b. c.	a. b. c.
<b>2026-2027</b>	a. b. c.	a. b. c.
<b>2027-2028</b>	a. b. c.	a. b. c.

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

**Discuss: In the past year, CCLS senior programs survived the Covid-19 pandemic by continuing to provide services remotely, including through our Legal Advice Line (telephone) and virtual services. In the spring of 2023, most of our senior centers reopened, allowing CCLS to provide increased outreach and increased direct services to seniors. As our senior centers and communities are now re-opening, our in-person services and outreach has increased dramatically - as well as our caseloads. We are currently handling cases for seniors both virtually and in-person to meet the immediate needs of our seniors and client communities. Seniors can access information at the CCLS website, they can choose to meet with an attorney/advocate in person or schedule a phone/zoom conference. U.S mail can be used to send and receive documents depending on what is most convenient for the senior.**

10. Identify the major types of legal issues that are handled by the Title III B legal provider(s) in your PSA (please include new legal problem trends in your area).

**Discuss: As the senior population continues to grow in our service area, we are seeing an increase in the number of seniors seeking legal services each year. Presently, the number of seniors requesting legal services has grown to approximately 30% of all applicants for legal aid and continues to rise annually. In addition to legal issues traditionally handled by our senior legal team (e.g., estate planning, elder abuse) we have seen increases in the number of seniors experiencing housing, consumer fraud, guardianship, medical debt and health access issues. For example, CCLS is engaged in several affirmative litigation cases for seniors who are victims of fraudulent solar consumer loans, which subject their homes to possible foreclosure. The increase in the number of seniors seeking help - and expansion of the types of legal services needed - require additional attorney staffing (and additional funding).**

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

**Discuss: Connecting with isolated, rural and homebound clients remains a challenge, especially for those with Limited English Proficiency (LEP). CCLS reconfigured its service delivery platforms to include "virtual" legal services, added an on-line application for new services, and tested a new system for electronic document signing. We have added staff and volunteer resources to our telephone Legal Advice and Referral Line, and recently replaced our entire telephone system program wide. Technology is part of the solution, but also raises issues of lack of internet access, lack of computer literacy, and ADA accessibility concerns. CCLS continues our collaboration with community partners and other stakeholders as we look for innovative ways to connect with seniors and overcome barriers to providing services.**

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

**Discuss: Older adults seeking legal assistance benefit from CCLS' relationships with other organizations and service providers. Historically, CCLS has partnered with the Fresno Vet Center, San Joaquin College of Law, and the Fresno County Bar Association's Pro Bono Services Section. Valley Caregiver Resource Center works with CCLS to coordinate services, including CCLS community education and legal clinics for older adults at locations in Fresno and Madera. CCLS coordinates legal assistance with Adult Protective Services and law enforcement on an organizational level through participation in the Elder Abuse Round Table, and on individual cases (with client consent) to deliver legal services and promote client safety.**

## **SECTION 12. DISASTER PREPAREDNESS**

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

1. Describe how the AAA coordinates its disaster preparedness plans, policies, and procedures for emergency preparedness and response as required in OAA, Title III, Section 310 with:

The Fresno-Madera Area Agency on Aging is implementing an Emergency Plan specific to our physical site address at 2520 W. Shaw Lane Suite #101A Fresno, CA 93711, these emergency plans will be specific to our in-house employees at FMAAA. We will have emergency exit plans posted by doors in office and doors that lead to the outside. Additionally, we will have quarterly emergency meetings to discuss specific topics, ie: fire, flooding, earthquake, active shooter. We have joined both the Fresno and Madera Access and Functional Needs Committees to assist in the emergency preparedness and evacuation plans for our older adults and adults with disabilities. Also, we plan to reach out to the Fresno Police Department and Fresno County Sheriff's Office and the Office of Emergency Services (OES) to help with the planning for an active shooter to assist with implementation and accuracy.

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.

- 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):

	<b>Title</b>	<b>Telephone</b>	<b>Email</b>
Terri Mejorado	Emergency Manager, Fresno County Office of Emergency Services	Office: 559-600-4065	tmejorado@fresnocountyca.gov OES@fresnocounty.ca.gov
Sheriff Tyson J. Pogue	Director of Emergency Services, Madera County Sheriff's Department	Office: 559-675-7770	tpogue@co.madera.ca.gov

- Identify the Disaster Response Coordinator within the AAA:

<b>Name</b>	<b>Title</b>	<b>Telephone</b>	<b>Email</b>
Primary: Jamie Sharma	Executive Director	Office: 559-214-0299	jsharma@fmaaa.org
Secondary: Hillaree Bennett	Program Director	Office: 559-319-0863	hbennett@fmaaa.org

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

<b>Critical Services</b>	<b>How Delivered?</b>
Case Management	a Via telephone
Home-Delivered Meals	b Contracted meal vendor
Information and Assistance	c Telephone, Agency Web site
Transportation Services	d Fresno EOC Transit Systems

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

<b>Critical Services</b>	<b>How Delivered?</b>
<b>A. Technical Assistance- Cyber Attack</b>	<b>A.</b> Xobee Networks and internal staff will ensure data protection, restore any lost files, and re-establish communication lines through backup systems and cybersecurity protocols
<b>B. Fire and Building Safety</b>	<b>B.</b> In the event of a fire or building evacuation, we will coordinate with the local fire department and relocate our staff to an alternate location to continue providing core services remotely or from another safe site
<b>C. Continuing Food Services (Home-Delivered Meals and Congregate Sites)</b>	<b>C.</b> In coordination with local emergency response teams, our vendors and, community partners, will ensure that meal delivery to home delivered clients (C2) and to congregate sites (C1) continues during and after the disaster.
<b>D. Wellness Checks for Vulnerable Clients</b>	<b>D.</b> Social Work Care Managers will conduct wellness checks through phone calls or, if necessary, in-person visits when it is safe to do so. We will also explore using community partners or local emergency services to assist in ensuring client safety during/after the disaster.
<b>E. Threats of Harm and Evacuation</b>	<b>E.</b> PSA-14 would coordinate with the local police department and If evacuation is required, staff will relocate to a secure site and continue providing core services remotely. Wellness checks and meal deliveries will be conducted via phone, ensuring client safety while coordinating with emergency services as needed
<b>F. Employee Needs-Mental health and physical needs</b>	<b>F.</b> We will ensure employees have access to mental health and medical resources through our benefits program, and we will coordinate temporary work-from-home or relocation options as needed. Additionally, each staff member has been provided with a backpack containing a “grab and go” emergency kit.

6. List critical resources the AAA need to continue operations.
  - Electricity
  - Water/Sewage
  - Information Technology Assistance
  - Fleet vehicles/Transportation/Gas
  
7. List any agencies or private/non-government organizations with which the AAA has formal or nonformal emergency preparation or response agreements. (contractual or MOU)

The City of Clovis has built a new Senior Center that opened in November of 2023 and will serve as a safe place for older adults to turn to during a disaster. The main hall holds 300 people and there is a large generator that provides five days of power. With our positive rapport and connection with the City of Clovis, we can communicate and send the most at-risk older adults to this place for safety and security in a major disaster.

We are also in the planning stages of coordinating a staging area for rural evacuations with the Sierra Resource Conservation District and their Collective Impact Team. Together, this team will provide emergency services, resources, emergency housing, food and other supplies, and assistance with pet care.

We have reestablished communication and outreach efforts with the Central California Animal Disaster Team to assist older adults and adults with disabilities with their pets during evacuation procedures.

PSA-14 has connected with the Fresno and Madera County Office of Emergency Services, we are included on the blast email threads and have direct lines of communication to which members of the respective counties to contact when local disasters occur. IE: floods, extreme heat, fires, etc. We receive and connect with up to date information on evacuation sites, resources for cooling centers and available resources to disseminate to our employees, who in-turn connect with our participants and/or the FMAAA direct Information and Assistance Line.

Planning and coordination efforts are underway for the disaster preparedness efforts with local tribal organizations.

Lastly, we have been communicating with Fresno EOC Transit Services to provide emergency transportation during evacuations. We have received the Director's private line for immediate assistance until the formal plans are put into place over the next year.

## 8. Describe how the AAA will:

- Identify vulnerable populations and identify their possible needs:

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 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.

## 9. How is disaster preparedness training provided?

- AAA to participants and caregivers

The Fresno-Madera Area Agency on Aging disseminates disaster preparedness information on social media and their website resource pages.

The Fresno-Madera Area Agency on Aging's subcontracted agency, Valley Caregiver Resource Center provides different types of emergency preparedness trainings to registered caregivers throughout the year.

- To staff and subcontractors

The Fresno-Madera Area Agency on Aging team receives Emergency Preparedness Training annually, and our last training was completed on September 20, 2023.

All subcontractors are responsible for providing emergency preparedness training completion reports to the FMAAA annually.

# 13 NOTICE OF INTENT TO PROVIDE DIRECT SERVICES

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

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

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

Check applicable direct services

**Title IIIB**

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

Check each applicable Fiscal Year

	24-25	25-26	26-27	27-28
<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 checked="" type="checkbox"/> Outreach	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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**

**27-28**  Health Promotion – Evidence-Based

	24-25	25-26	26-27	27-28
<input type="checkbox"/> Health Promotion – Evidence-Based	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Title IIIE<sup>9</sup>**

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

	24-25	25-26	26-27	27-28
<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 VII**

Long Term Care Ombudsman

	24-25	25-26	26-27	27-28
<input type="checkbox"/> Long Term Care Ombudsman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Title VII**

Prevention of Elder Abuse, Neglect, and Exploitation.

	24-25	25-26	26-27	27-28
<input type="checkbox"/> Prevention of Elder Abuse, Neglect, and Exploitation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

**Section 5.1 (Identification of Needs) and Section 5.2 (Target Populations) of this Area Plan provides detailed information on targeting plans; in summary, this includes distribution of literature to target access points, partnerships with community-based organizations, focus groups, caregiver surveys, provider surveys and use of bilingual staff and a language line.**

8 Refer to CDA Service Categories and Data Dictionary.



# 14 REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES

## SECTION 14. REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES

**Complete and submit for CDA approval each direct service not specified previously. 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: Case Management**

Check applicable funding source:<sup>9</sup>

- IIIIB
- IIIC-1
- IIIC-2
- IIIE
- VII
- HICAP

### Request for Approval Justification:

- Necessary to Assure an Adequate Supply of Service OR
- More cost effective if provided by the AAA than if purchased from a comparable service provider.

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

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

**Provide:** documentation below that substantiates this request for direct delivery of the above stated service<sup>10</sup>

**The Agency on Aging provides the Linkages Case Management program with Title IIIIB Funding for individuals aged 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 (In-Home**

**Supportive Services, hospital discharge planners, senior and community center coordinators) as well as the Agency's direct staff (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 opening to be immediately filled as they occur.**

<sup>9</sup> Section 15 does not apply to Title V (SCSEP).

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

APPROVED

**SECTION 14. REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES**

Complete and submit for CDA approval each direct service not specified previously. 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: Cash/Material Aid**

Check applicable funding source:<sup>9</sup>

- IIIIB
- IIIC-1
- IIIC-2
- IIIIE
- VII
- HICAP

Request for Approval Justification:

- Necessary to Assure an Adequate Supply of Service OR
- More cost effective if provided by the AAA than if purchased from a comparable service provider.

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

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

**Provide:** documentation below that substantiates this request for direct delivery of the above stated service<sup>10</sup>:

**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 the loss of PG&E or other essential services.**

<sup>9</sup> Section 15 does not apply to Title V (SCSEP).

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

**SECTION 14. REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES**

Complete and submit for CDA approval each direct service not specified previously. 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: Chore**

Check applicable funding source:<sup>9</sup>

- IIIIB
- IIIC-1
- IIIC-2
- IIIE
- VII
- HICAP

Request for Approval Justification:

- Necessary to Assure an Adequate Supply of Service OR
- More cost effective if provided by the AAA than if purchased from a comparable service provider.

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

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

**Provide:** documentation below that substantiates this request for direct delivery of the above stated service<sup>10</sup>

**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 for 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.**

<sup>9</sup> Section 15 does not apply to Title V (SCSEP).

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

**SECTION 14. REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES**

Complete and submit for CDA approval each direct service not specified previously. 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: Homemaker**

Check applicable funding source:<sup>9</sup>

- IIIIB
- IIIC-1
- IIIC-2
- IIIIE
- VII
- HICAP

Request for Approval Justification:

- Necessary to Assure an Adequate Supply of Service OR
- More cost effective if provided by the AAA than if purchased from a comparable service provider.

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

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

**Provide:** documentation below that substantiates this request for direct delivery of the above stated service<sup>10</sup>

**Direct provision of Homemaker services enables the Agency on Aging’s Title IIIB 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 for 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.**

<sup>9</sup> Section 15 does not apply to Title V (SCSEP).

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

**SECTION 14. REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES**

Complete and submit for CDA approval each direct service not specified previously. 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: Interpretation/Translation**

Check applicable funding source:<sup>9</sup>

- IIIIB
- IIIC-1
- IIIC-2
- IIIE
- VII
- HICAP

Request for Approval Justification:

- Necessary to Assure an Adequate Supply of Service OR
- More cost effective if provided by the AAA than if purchased from a comparable service provider.

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

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

**Provide:** documentation below that substantiates this request for direct delivery of the above stated service<sup>10</sup>

**The greatest need for Interpretation/Translation services by Agency’s clients has historically been Spanish-to-English and English-to-Spanish. The Agency 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 more cost-effective and timelier than establishing a provider contract.**

<sup>9</sup> Section 15 does not apply to Title V (SCSEP).

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

**SECTION 14. REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES**

Complete and submit for CDA approval each direct service not specified previously. 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: Personal Care**

Check applicable funding source:<sup>9</sup>

- IIIIB
- IIIC-1
- IIIC-2
- IIIE
- VII
- HICAP

Request for Approval Justification:

- Necessary to Assure an Adequate Supply of Service OR
- More cost effective if provided by the AAA than if purchased from a comparable service provider.

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

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

**Provide:** documentation below that substantiates this request for direct delivery of the above stated service<sup>10</sup>

**Direct provision of Personal Care services enables the Agency on Aging’s Title IIIB 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 for 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.**

<sup>9</sup> Section 15 does not apply to Title V (SCSEP).

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

**SECTION 14. REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES**

Complete and submit for CDA approval each direct service not specified previously. 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: Personal/Home Security**

Check applicable funding source:<sup>9</sup>

- IIIIB
- IIIC-1
- IIIC-2
- IIIIE
- VII
- HICAP

**Request for Approval Justification:**

- Necessary to Assure an Adequate Supply of Service OR
- More cost effective if provided by the AAA than if purchased from a comparable service provider.

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

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

**Provide:** documentation below that substantiates this request for direct delivery of the above stated service<sup>10</sup>

**Direct provision of Personal/Home Security services enables the Agency on Aging’s Title IIIB 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 for 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.**

<sup>9</sup> Section 15 does not apply to Title V (SCSEP).

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



**SECTION 14. REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES**

Complete and submit for CDA approval each direct service not specified previously. 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: Transportation**

Check applicable funding source:<sup>9</sup>

- IIIIB
- IIIC-1
- IIIC-2
- IIIE
- VII
- HICAP

Request for Approval Justification:

- Necessary to Assure an Adequate Supply of Service OR
- More cost effective if provided by the AAA than if purchased from a comparable service provider.

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

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

**Provide:** documentation below that substantiates this request for direct delivery of the above stated service<sup>10</sup>

**The Agency on Aging provides Transportation through direct services and through subcontracts with service providers. Direct provision of Transportation services enables the Agency on Agency’s Title IIIB Linkages case managers to timely arrange for Transportation services for clients who have been fully assesses as most in need for services and most at-risk for placement. Subcontractors with 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.**

<sup>9</sup> Section 15 does not apply to Title V (SCSEP).

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

**SECTION 14. REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES**

Complete and submit for CDA approval each direct service not specified previously. 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: Residential Repairs/Modifications**

Check applicable funding source:<sup>9</sup>

- IIIIB
- IIIC-1
- IIIC-2
- IIIIE
- VII
- HICAP

Request for Approval Justification:

- Necessary to Assure an Adequate Supply of Service OR
- More cost effective if provided by the AAA than if purchased from a comparable service provider.

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

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

**Provide:** documentation below that substantiates this request for direct delivery of the above stated service<sup>10</sup>

**The Agency on Aging provides Residential Repairs/Modifications to make living spaces safer and more accessible for older adults. Some examples could include; installing grab bars, ramps for wheelchair accessibility, or repair steps and walkways. The goal is to enhance the quality of life and safety for older adults, enabling them to continue living independently in their own home for as long as possible.**

<sup>9</sup> Section 15 does not apply to Title V (SCSEP).

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

**SECTION 14. REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES**

Complete and submit for CDA approval each direct service not specified previously. 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: Congregate Meals**

Check applicable funding source:<sup>9</sup>

- IIIIB
- IIIC-1
- IIIC-2
- IIIE
- VII
- HICAP

Request for Approval Justification:

- Necessary to Assure an Adequate Supply of Service OR
- More cost effective if provided by the AAA than if purchased from a comparable service provider.

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

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

**Provide:** documentation below that substantiates this request for direct delivery of the above stated service<sup>10</sup>

**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 18 senior and community centers located throughout Fresno and Madera Counties, additionally, meals are purchased through a vendor agreement. Area Plan goals and C1 monies will help open 4 more sites in FY 2425. These centers are strategically located in rural areas and center 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 site-management staff; inspects kitchens, conducts monitoring for contractual compliance; and handles entry and upload of client data to the California Aging Reporting System (CARS).**

<sup>9</sup> Section 15 does not apply to Title V (SCSEP).

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

**SECTION 14. REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES**

Complete and submit for CDA approval each direct service not specified previously. 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: Home Delivered Meals**

Check applicable funding source:<sup>9</sup>

IIIIB

IIIC-1

IIIC-2

IIIIE

VII

HICAP

Request for Approval Justification:

Necessary to Assure an Adequate Supply of Service OR

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

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

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

**Provide:** documentation below that substantiates this request for direct delivery of the above stated service<sup>10</sup>

**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 all); lives along 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 program staff allows for effective and timely cross-coordination within programs. Incoming referrals from community-based organizations (In-Home Supportive Services, hospital discharge planners, senior and community center coordinators) as well as the Agency's direct services staff (Case Management, MSSP social workers, Information and Assistance leads/referrals) 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.**

<sup>9</sup> Section 15 does not apply to Title V (SCSEP).

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

APPROVED

**SECTION 14. REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES**

Complete and submit for CDA approval each direct service not specified previously. 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: Nutrition Education**

Check applicable funding source:<sup>9</sup>

- IIIIB
- IIIC-1
- IIIC-2
- IIIE
- VII
- HICAP

Request for Approval Justification:

- Necessary to Assure an Adequate Supply of Service OR
- More cost effective if provided by the AAA than if purchased from a comparable service provider.

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

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

**Provide:** documentation below that substantiates this request for direct delivery of the above stated service<sup>10</sup>

**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, community center coordinators, and the Agency's Registered Dietician, 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, quarterly.**

<sup>9</sup> Section 15 does not apply to Title V (SCSEP).

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

**SECTION 14. REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES**

Complete and submit for CDA approval each direct service not specified previously. 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: Nutrition Counseling**

Check applicable funding source:<sup>9</sup>

IIIIB

IIIC-1

IIIC-2

IIIIE

VII

HICAP

Request for Approval Justification:

Necessary to Assure an Adequate Supply of Service OR

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

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

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

**Provide:** documentation below that substantiates this request for direct delivery of the above stated service<sup>10</sup>

**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, community center coordinators, and the Agency's Registered Dietician, ensures Nutrition Counseling topics are focused on participant needs. Feedback from community surveys and discussion with participants has opened conversations for counseling to be discussed with participants for specific nutrition needs based on chronic illness, obesity, or specific cultural diets and many more factors have encouraged the option to provide nutrition counseling.**

<sup>9</sup> Section 15 does not apply to Title V (SCSEP).

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

**SECTION 14. REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES**

Complete and submit for CDA approval each direct service not specified previously. 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: Information and Assistance**

Check applicable funding source:<sup>9</sup>

- IIIIB
- IIIC-1
- IIIC-2
- IIIE
- VII
- HICAP

Request for Approval Justification:

- Necessary to Assure an Adequate Supply of Service OR
- More cost effective if provided by the AAA than if purchased from a comparable service provider.

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

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

**Provide:** documentation below that substantiates this request for direct delivery of the above stated service<sup>10</sup>

**Familiarity with the full network of aging 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 as relationships with community-based service providers and subscriptions to their newsletters. These same connections 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 needs a wider spectrum of support that the initial expressed need, to educate the individual on options that address the complexity of their issue(s), to provide follow-up calls to ensure referrals were helpful and to offer additional resources if necessary.**

<sup>9</sup> Section 15 does not apply to Title V (SCSEP).

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



**SECTION 14. REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES**

Complete and submit for CDA approval each direct service not specified previously. The request for approval may include multiple funding sources for a specific service.

Check box if not requesting approval to provide any direct services.

**Identify Service Category: Public Outreach**

Check applicable funding source:<sup>9</sup>

- IIIIB
- IIIC-1
- IIIC-2
- IIIE
- VII
- HICAP

Request for Approval Justification:

- Necessary to Assure an Adequate Supply of Service OR
- More cost effective if provided by the AAA than if purchased from a comparable service provider.

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

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

**Provide:** documentation below that substantiates this request for direct delivery of the above stated service<sup>10</sup>

**The Agency on Aging plans to provide Public Outreach to promote the independence and well-being of older adults. These outreach initiatives by the Agency on Aging involve disseminating information about available services and resources for the older adults in Fresno and Madera Counties. The Agency on Aging will promote community engagement, attend local events, reach the underserved populations and advocate for the aging population.**

<sup>9</sup> Section 15 does not apply to Title V (SCSEP).

<sup>10</sup> For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs agree

**SECTION 14. REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES**

Complete and submit for CDA approval each direct service not specified previously. 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: Caregiver Information and Assistance**

Check applicable funding source:<sup>9</sup>

IIIIB

IIIC-1

IIIC-2

IIIE

VII

HICAP

**Request for Approval Justification:**

Necessary to Assure an Adequate Supply of Service OR

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

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

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

**Provide:** documentation below that substantiates this request for direct delivery of the above stated service<sup>10</sup>

**Familiarity with the full network of aging 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 as relationships with community-based service providers and subscriptions to their newsletters. These same connections 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 needs a wider spectrum of support that the initial expressed need, to educate the individual on options that address the complexity of their issue(s), to provide follow-up calls to ensure referrals were helpful and to offer additional resources if necessary.**

<sup>9</sup> Section 15 does not apply to Title V (SCSEP).

<sup>10</sup> For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs agree

# 15 GOVERNING BOARD

**GOVERNING BOARD MEMBERSHIP  
2024-2028 Four-Year Area Plan Cycle**

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

**Total Number of Board Members: 7**

<b>Name and Title of Officers:</b>	<b>Office Term Expires:</b>
Keith Rigby, Chair, Madera County	Pending response from Madera County Board of Supervisors
James Poptanich, First Vice Chair, Fresno County	January 6, 2025

<b>Names and Titles of All Members:</b>	<b>Board Term Expires:</b>
Steve Brandau, Board of Supervisors, Fresno County, District 2	January 6, 2025
Susan Good, Fresno County	January 5, 2026
John Sears, Madera County	Pending response from Madera County Board of Supervisors
Robert Macaulay, Madera County, Board of Supervisors, District 4	January 3, 2025
Luis Chavez, Fresno City Council, District 5	January 5, 2026

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

Edward Saliba, Term expired April 9, 2024. He started on the Agency on Aging Advisory Council and was asked to be on the Governing Board over twenty years ago. Mr. Saliba recently retired from his profession and sold his business in February 2024. Although he is still volunteering on other boards, he shared that he had to let go of other commitments, and the Fresno-Madera Area Agency on Aging Governing Board was one of the boards he had to leave.

Executive Director Jamie Sharma is actively recruiting for new Governing Board Members.

# 16 ADVISORY COUNCIL

## ADVISORY COUNCIL MEMBERSHIP 2024-2028 Four-Year Planning Cycle

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

Total Council Membership (include vacancies) **14 Members 7 Vacancies**

Number and Percent of Council Members over age 60: **10 71 % Council 60+**

<b>Race/Ethnic Composition</b>	<b>% Of PSA's 60+Population</b>	<b>% on Advisory Council</b>
White	50%	64%
Hispanic	21%	36%
Black		
Asian/Pacific Islander		
Native American/Alaskan Native		
Other		

<b>Name and Title of Officers:</b>	<b>Office Term Expires:</b>
Brenda Ramshaw--Chair	June 30, 2024
Sharon Diaz—First Vice Chair	June 30, 2024
Raymond Lopez--Second Vice Chair	June 30, 2024

<b>Name and Title of Other Members:</b>	<b>Office Term Expires:</b>
Minerva Garcia	June 30, 2024
Michael Mendez Jr.	June 30, 2024
Chrissy Buckles	December 13, 2026
Michael Bishop	December 13, 2026
Anne Bishop	December 13, 2026
Jan Clagg	December 13, 2026
Tonya Frost	June 30, 2027
Angela Stillwell	June 30, 2027
Verlaine Elinburg	June 30, 2024
Greg Steen	December 13, 2026
Mariel Ortiz	June 30, 2027

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

Yes No

- Representative with Low Income  
Michael Mendez, Minerva Garcia, Angela Stillwell, Verlaine Elinburg, Tonya Frost
- Representative with a Disability  
Michael Mendez, Minerva Garcia, Mariel Ortiz, Angela Stillwell, Tonya Frost
- Supportive Services Provider  
Mariel Ortiz, Angela Stillwell, Chrissy Buckles, Jan Clagg, Tonya Frost
- Health Care Provider  
Chrissy Buckles, Tonya Frost
- Local Elected Officials
- Persons with Leadership Experience in Private and Voluntary  
Raymond Lopez, Sharon Diaz, Ren Ramshaw, Greg Steen, Tonya Frost

Sectors

Yes No Additional Other (Optional)

- Family Caregiver, including older relative caregiver  
Angela Stillwell, Ren Ramshaw, Tonya Frost
- Tribal Representative  
Tonya Frost
- LQBTQ Identification  
Angela Stillwell, Tonya Frost
- Veteran Status  
Angela Stillwell, Jan Clagg, Michael Bishop, Tonya Frost
- Other: Seniors 60+  
Minerva Garcia

Explain any "No" answer(s):

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

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

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. The Agency on Aging's Advisory Council consists of 21 individuals, seven from each JPA area. The Agency on Aging's Governing Board's ad hoc selection committee interviews individuals who indicate interest in Advisory Council membership, and recommends appointments to the Governing Board.

# 17 MULTIPURPOSE SENIOR CENTER ACQUISITION OR CONSTRUCTION COMPLIANCE REVIEW

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

**20-year tracking requirement**

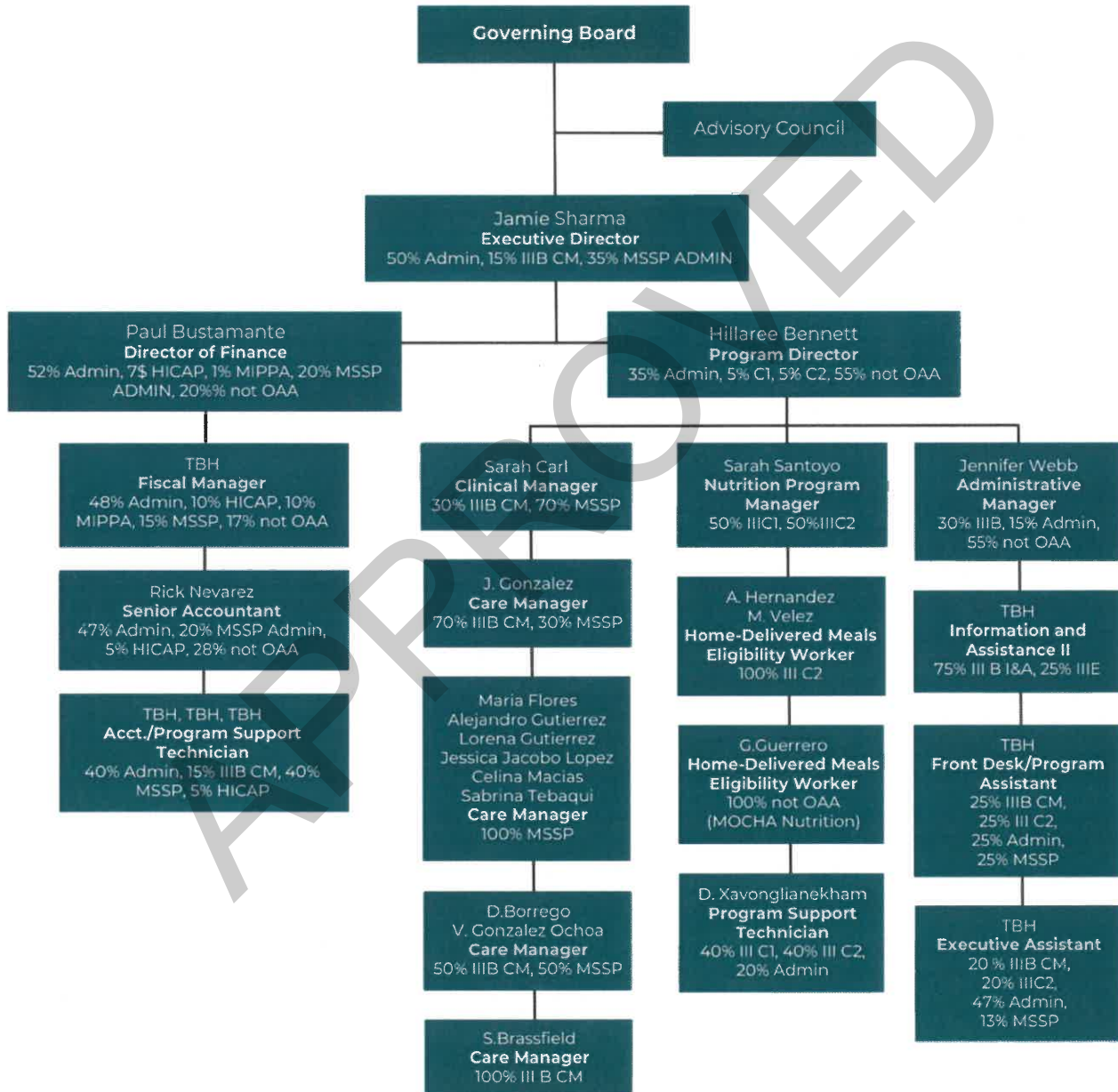
- No. Title IIIB funds not used for Acquisition or Construction.
- Yes. Title IIIB funds used for Acquisition or Construction.

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

Title III Grantee and/or Senior Center	Type Acq/Const	IIIB Funds Awarded	% Total Cost	Recapture Period Begin	Recapture Period End	Compliance Verification State Use Only
Name: Address:						
Name: Address:						
Name: Address:						
Name: Address:						

<sup>6</sup> Acquisition is defined as obtaining ownership of an existing facility (in fee simple or by lease

# 18 ORGANIZATION CHART



for 10 years or more) for use as a Multipurpose Senior Center.

# 19 ASSURANCES

## **Pursuant to the Older Americans Act Reauthorization Act of 2020, (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 2020 Section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services—

- (A) services associated with access to services (transportation, health services (including mental and behavioral health services) outreach, information and assistance, (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible) and case management services);
- (B) in-home services, including supportive services for families of older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and
- (C) legal assistance; and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded;

#### 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, specifically including survivors of the Holocaust; and
  - (ii) inform the older individuals referred to in sub-clauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance;
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)(6)(I)  
Describe the mechanism(s) for assuring that each Area Plan will include information detailing how the Area Agency will, to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals.
9. OAA 306(a)(9)(A)-(B)
  - (A) Provide assurances that the Area Agency on Aging, in carrying 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 2019 in carrying out such a program under this title;
  - (B) funds made available to the Area Agency on Aging pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712;
10. 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, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;
  - (B) An assurance that the Area Agency on Aging will to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and
  - (C) An assurance that the Area Agency on Aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.
11. 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;

12. 306(a)(14)  
Provide assurances that preference in receiving services under this Title will not be given by the Area Agency on Aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title;
13. 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 Section 306(a)(4)(A)(i); and
  - (B) in compliance with the assurances specified in Section 306(a)(13) and the limitations specified in Section 212;
14. OAA 305(c)(5)  
In the case of a State specified in subsection (b)(5), the State agency 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.
15. 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.
16. 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.
17. 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.
18. 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
  19. 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.
  20. OAA 307(a)(12)(A)  
Any Area Agency on Aging, in carrying out such services will 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.
  21. 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.
  22. 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.

23. OAA 307(a)(26)  
Area Agencies on Aging will 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, inter-agency 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 persons, 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 that services financed under the Older Americans Act in, or on behalf of, the community will be either based at, linked to or coordinated with the focal points designated.

28. CFR [1321.53(c)]

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

29. 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.

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

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

31. 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.

32. 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.

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