



REQUEST FOR PROPOSALS

Contract Cycle: State Fiscal Years 2025-27; Renewable for SFYs 2027-29

Supportive Services (Title III-B)

Nutrition Services (Title III-C)

LTC Ombudsman & Elder Abuse Prevention (Title III-B & VII)

Section VII: AAA4's DIRECT SERVICE PROGRAMS

PROGRAM DESCRIPTIONS

The Agency on Aging Area 4 (AAA4) is the current service provider for the following programs:

1. Title III-B Case Management (*Serving All 7 Counties*)
2. Title III-C Congregate Meals (Non-Traditional) (*Serving Yuba and Sutter Counties only*)
3. Title III-C Home Delivered Meals (*Serving Yuba and Sutter Counties only*)
4. Title III-B Long-Term Care Ombudsman (*Serving All 7 Counties*)
5. Title VII Elder Abuse Prevention (*Serving All 7 Counties*)

A description of the current operation, cost effectiveness, quality of services, and the characteristics of the people being served is provided for each program listed above.

1. Title III-B Case Management

A. A description of the current program's operation:

Our CM program is designed to provide person centered services to older adults and people with disabilities who need assistance navigating complex systems. The **No Wrong Door** philosophy guides our approach, ensuring that no matter how someone enters the "system"—we provide clear guidance and connect them to the resources that best meet their needs.

We offer:

- i. **Person Centered Support:** Tailored Action Plans that focus on the consumer's unique goals and needs
- ii. **Coordination with Local Services:** We work closely with other community organizations to ensure seamless connections for people needing a variety of services – housing, transportation, health care, nutrition and more. We offer warm transfers.



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- iii. Empowerment and Education: We guide consumers in making their own decisions about their care, respecting their autonomy and offering options that align with their preferences.
- iv. Advocacy

Our case managers act as navigators, ensuring that the consumers we serve access the services they need.

B. Data Concerning the service’s/program’s cost effectiveness:

The costs shown in the table below are total program costs which include direct work with clients as well as supervision and training of program staff. Also, AAA4 has a 35-hour work week not 40.

Fiscal Year 23/24	Number of Individuals/Units	Cost per Unit (CPU) (\$205,598/N)
Case Management	642 Unduplicated Persons	\$320.25 per person
	466 CM + 449 E I & A + 273 Supervisor =1188 Hours	\$ 173.06 hour
Fiscal Year 24/25 Q1 & Q2	Number of Individuals/Units	CPU (\$102,799/N)
Case Management	233 Unduplicated Persons	\$441.20 per person
	86 CM +319 E I & A + 137 Supervisor =542 Hours	\$ 189.67 per hour

C. Description of the current quality of services

AAA4 case management program provides older adults access to a wide variety of services and programs. The agency partners with over 100 community-based organizations through contracts for services and through our five (5) Aging Disability Resource Connection (ADRC) projects. In addition, the agency administers 11 evidenced based programs available to older adults enrolled in our case management program. These include nutrition programs, hospital to home transitions program (CTI) and Caregiver Support (BRICC) to name a few. The



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agency also provides case management through other programs that serve veterans and older adults with depression and/or social isolation. The program employs experienced personnel including MSWs, MPAs, and Gerontology experts who are all advocates and specialists in the field. In addition, an experienced Communications Specialist works with staff to develop and implement annual high quality targeted outreach and educational materials.

AAA4 III-B Case Management program provides a Quality Assurance process that includes supervision by a Case Management Supervisor, Program Manager, and Program Administrator. Case Managers attend mandatory client staffing meetings and meet twice a week with management for training and program updates. Clients are offered warm transfers to partner agencies, an option for a follow-up call (E I & A), and a yearly satisfaction survey (reported to the state through the ADRC projects).

AAA4 III-B Case Managers received additional training in the following areas:

- i. Inform USA certification (formerly AIRS)
- ii. Care Transitions Intervention (CTI)
- iii. Benjamin Rose Care Consultation Program
- iv. APS Reporting
- v. Security and Data Protection
- vi. Boston University Center for Aging and Disability Education and Research (CADER) California Training Program Certification:
 - 1) Transitions
 - 2) Case Management Practice
 - 3) Working with Informal Caregivers
 - 4) Care Issues in Aging and Disability Part 1 and 2 Networks
 - 5) Aging and Disability Networks
 - 6) Assessment with Older Adults and Persons with Disabilities
 - 7) Mental Health Training in Options Counseling
 - 8) Understanding Consumer Control
 - 9) Person Centered Planning and Self Direction



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D. Characteristics of the persons being served:

The individuals served by AAA4 Title III-B Case Management program represent a wide and diverse range of backgrounds and needs. We serve older adults aged 60 and above, many of whom face barriers such as mobility limitations, chronic health conditions, or isolation. Our clients often live at or below the Federal Poverty Level and are at risk of institutionalization. We also serve individuals with physical and mental disabilities, including those with Alzheimer's disease, dementia or other cognitive impairments. Many of our program participants are frail, living with visible and/or invisible disabilities, reside in remote rural areas, or are caregivers themselves, dealing with the stress of supporting others while trying to maintain their own health and well-being. The program also works with people in special circumstances, including those who are homeless, terminally ill, exploited or neglected, or facing serious financial hardship, and ensures that these individuals are provided with a trained case manager to discuss issues at hand and present community resources and plan development to address crisis issues. Our focus is on creating a support system that addresses the whole person and the social challenges faced by our most vulnerable populations. Through this flexible, community-centered approach, we not only provide case management that fosters a greater sense of independence and connection to the community, which is vital for the overall well-being of our program participants.

2. Title III-C Congregate Meals (Non-Traditional)

A. A description of the current program's operation:

The Non-traditional Congregate Nutrition (OAA, Title III-C1) under Meals on Wheels Yuba & Sutter (MOW-YS) is a core program of Area 4 Agency on Aging (AAA4). For 11 years, AAA4 has been providing older adults (aged 60 above) and individuals with disabilities in Yuba and Sutter Counties with unique and empowering dining experience. This Non-traditional Congregate Nutrition is a restaurant voucher program called Dine Around Town (DAT). Unlike traditional congregate nutrition programs, our DAT program partners with four local restaurants across both counties, offering program participants the flexibility to use vouchers for meals at their individual choice of these establishments.



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DAT program participants are provided with 20 meal credits per month, which they can redeem at any of the participating restaurants, allowing them to choose between breakfast, lunch, or dinner options throughout the week, including weekends. This model not only supports older adults and people with disabilities with nutritious meals but also fosters a vital social outlet, as participants are encouraged to dine with family, friends, or fellow program participants.

This non-traditional approach promotes independence by providing participants with a sense of choice and flexibility in how and when they access their meals. They have the opportunity to engage in meaningful social interactions with others in their community, mitigating feelings of isolation, which is a critical concern for many of our seniors. This program ensures that participants receive nutritious, balanced meals at restaurants that meet the dietary guidelines of the Older Americans Act (OAA) while offering a variety of meals to cater to their preferences and health needs. The voucher program allows for personalization of meal choices based on cultural and personal preferences, contributing to both physical and emotional well-being.

Each restaurant partner is carefully vetted to ensure high-quality, nutritious meals are consistently provided. Every menu is pre-approved by a Registered Dietitian, who also conducts regular kitchen inspections to ensure that food safety standards are consistently met. This includes monitoring the quality of meal preparation and handling, ensuring that each meal is properly cooked, freshly prepared, and of the highest possible standard. Our team works closely with restaurant staff to ensure that meals meet the dietary needs of older adults, including providing options for special diets such as low-sodium, and heart-healthy meals.

Regular feedback from program participants helps ensure that their needs and preferences are met while fostering positive relationships with the local businesses we support. Beyond meals, we connect program participants with other local food programs and essential health and community-based services. This holistic approach to wellness not only alleviates immediate food insecurity and/or malnutrition but also facilitates access to a broader spectrum of support which



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enables program participants to maintain independence, fosters community connections and improves participant's physical and mental well-being

B. Data concerning the program's cost effectiveness:

The Non-traditional Congregate Nutrition Program (Title III-C1) is designed to maximize both the social and nutritional benefits for program participants while maintaining cost-efficiency. For fiscal year 2024-2025, we are serving about 120 participants, each of whom will receive 20 meal credits per month, totaling 26,000 meals annually. With meal vouchers that can be used at four local restaurants, participants can choose meals that fit their dietary needs and cultural preferences, while the restaurants are reimbursed at a competitive rate that ensures the sustainability of the program.

The cost per meal is carefully managed through our partnerships with local restaurants, where we annually negotiate fair and equitable rates that keep the program affordable for the Area Agency on Aging, while still offering participants a high-quality dining experience. The average cost per meal is \$10.59 and it includes all costs associated with meal preparation, service, taxes and gratuity. By working with local businesses, we not only ensure that the meals are fresh, locally sourced, and prepared by trusted restaurant partners, but we also stimulate the local economy and contribute to the sustainability of small businesses.

Furthermore, the restaurant voucher model significantly reduces administrative costs compared to traditional congregate settings, where food preparation and staffing requirements can be high. By offering participants the flexibility to choose when and where they dine, we reduce the burden on centralized facilities and eliminate the need for costly on-site meal preparation. This approach also encourages greater community engagement, with participants choosing to dine out, often with family or friends, thus strengthening their ties with the community while promoting their social, physical and emotional well-being.

C. A description of the current quality of service:

The quality of services provided through our Dine Around Town (DAT), a non-traditional congregate nutrition is exemplified by our partnerships with four



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reputable local restaurants in Yuba and Sutter Counties. These restaurants are carefully selected for their commitment to serving high-quality, nutritious meals that align with the dietary needs of older adults. Meals are prepared fresh – at time of visit and offer a wide variety of options to cater to diverse tastes and dietary restrictions.

Our restaurant partners are committed to meeting the nutritional standards required under Title III-C1, offering meals that include a balance of protein, vegetables, whole grains, dairy, and fruits in each dish. Additionally, we ensure that menu options are diverse and low in sodium, allowing for personalization of meals based on individual health needs.

In addition to providing nutritious meals, the quality of service extends to the dining experience itself. Participants are welcomed into restaurants where they can interact with staff and other diners, enhancing their social and emotional well-being. Our program focuses on fostering a warm and inviting atmosphere where participants feel valued and part of the community. Furthermore, we offer comprehensive Nutrition Education as part of our commitment to promoting the health and well-being of older adults. Our Nutrition Education supports and equips participants with the knowledge and tools to make informed and sustainable choices about their dietary habits. Through interactive demonstrations, in-person presentations, and informative materials, we educate participants on the importance of balanced nutrition, portion control, proper hydration and healthy cooking techniques, all tailored to the specific needs of older adults. By incorporating these educational elements into our non-traditional congregate nutrition program, we empower participants to maintain optimal health and improve their quality of life.

To ensure the continued high quality of service, we maintain regular communication with our restaurant partners and DAT participants and conduct feedback surveys to capture participant satisfaction, not only regarding food quality but also the social aspects of dining out. This allows us to address any concerns promptly and adapt the program to meet evolving participant needs.



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Many of our participants are looking for ways to engage with others, reduce isolation, and maintain connections with family, friends, or fellow community members. The restaurant voucher program offers a unique opportunity for these participants to not only enjoy delicious and healthy meals but also to interact with others in a meaningful way. For many participants, these social opportunities are an essential part of maintaining their mental and emotional health, as dining at a restaurant can be a joyful, community-building experience.

D. The characteristics of the people being served:

The individuals served by Dine Around Town (DAT) represent a wide and diverse range of backgrounds and needs. Our program targets individuals who seek both the nutritional support provided by balanced meals and the social opportunities that come with dining out. DAT participants are primarily older adults aged 60 and above along with individuals with disabilities who reside in Yuba & Sutter Counties. These participants often face challenges such as social isolation, limited mobility, chronic conditions, financial hardship, and they are typically food insecure due to limited access to nutritious meals. Many of DAT participants often live at or below the Federal Poverty Level and are at risk of malnutrition and institutionalization.

In addition, we prioritize serving those who are culturally or socially isolated, those with language barriers, and individuals who face discrimination or marginalization, such as veterans, ethnic minorities, or individuals who identify as LGBTQ. Many of our program participants face mobility limitations and live with visible or invisible disabilities, cognitive impairments, live alone or are caregivers themselves, dealing with the stress of supporting others while trying to maintain their own health and well-being.

DAT also works with people in special circumstances, including those who are continuing to work or seeking work, are exploited or neglected, or facing serious financial hardship, and ensures that these individuals receive the critical nutrition and community connection they need. Our focus is on creating a support system that addresses not just food insecurity, but also the broader health and social challenges faced by our most vulnerable populations. Through this flexible, community-centered approach, we not only provide access to meals but also foster



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a greater sense of independence and connection to the community, which is vital for the overall well-being of our program participants.

3. Title III-C Home Delivered Meals:

A. A description of the current program's operation:

Meals on Wheels Yuba & Sutter program (MOW-YS) is part of Home-Delivered Meal (OAA, Title III-C2) and is a core initiative of Agency on Aging Area 4 (AAA4). For over 12 years, AAA4 has been delivering nutritious, freshly prepared home-delivered meals to older adults (aged 60 and above) and individuals with disabilities in Yuba and Sutter Counties. Our program directly addresses food insecurity and malnutrition by delivering five healthy, nutrient-dense meals each week to about 140 homebound and vulnerable individuals, who are frail, physically or mentally impaired, and socially isolated and have inadequate support for food.

At MOW-YS, we understand the importance of offering meals that do more than just feed the body; they promote health and dignity. All meals provided through our program are prepared by local, trusted restaurants, fostering community partnerships and boosting the local economy. These meals are specifically crafted to meet the dietary needs of older adults, ensuring that they are not only delicious but also nutritionally balanced. Our meals include carefully portioned servings of protein, vegetables, fruits, grains or starches, and dairy to meet the dietary guidelines set by the Older Americans Act (OAA) Title III-C2.

Every menu is pre-approved by a Registered Dietitian, who also conducts regular kitchen inspections to ensure that food safety standards are consistently met. This includes monitoring the quality of meal preparation and handling, ensuring that each meal is properly cooked, freshly prepared, and of the highest possible standard.

MOW-YS team conducts daily operations from Yuba City office, which includes quarterly assessments to (re)assess client eligibility and safety at program participant's home and over the phone, annual satisfaction surveys to capture feedback on food quality and program experience, other surveys to gauge client



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improvements in food security, independence, and health. The team manages a robust data collection process, using the HIPAA-compliant database which allows comprehensive tracking of client demographics, monthly service utilization, and program outcomes. Staff, volunteers and restaurant partners are trained annually in data security protocols and are mandated reporters for elder abuse. AAA4 uses a state-wide database to track client information, a volunteer management software system to track volunteer related information and maintains mobile app licenses and meal-delivery software to safeguard client information during delivery routes.

Beyond meals, we connect program participants with other local food programs, and other essential health and community-based services through referrals to AAA4's case management staff at the Yuba-Sutter Aging Disability Resource Connection (ADRC). This collaboration facilitates access to a broader spectrum of support, from mental and behavioral health services to assistance with transportation, legal or caregiving support. By providing consistent access to nutritious meals while also addressing the foundational barriers of our vulnerable program participants, this program aims to improve program participants' physical and mental well-being, reduce healthcare risks, and foster community connections. This holistic approach to wellness not only alleviates immediate food insecurity but also enables program participants to gain and/or maintain independence, remain living in their homes longer, and reduce dependence on costly medical interventions.

B. Data concerning the program's cost effectiveness.

In fiscal year 2024-2025, MOW-YS is serving about 140 program participants residing in Yuba & Sutter Counties, providing each with 260 home-delivered meals annually, at an average cost of \$9.92 per meal. This rate includes all costs associated with meal preparation, including food vendor's associated administrative costs, packaging, and delivery, ensuring quality and safety for program participants who are homebound and without sufficient support.

Despite the modest cost per meal, the benefits of MOW-YS extend far beyond just nutrition. By addressing the essential needs of our elderly and disabled clients, we



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reduce their risks of hospitalization, institutionalization, and other costly healthcare interventions. The program's impact on food security and overall well-being is consistently measured through satisfaction surveys and other health assessments.

We also offer a range of medically tailored meal options for individuals with specific health conditions, such as diabetes, and are actively working toward expanding our meal options to cater to those with renal, gluten-free, and vegetarian dietary needs. This level of personalization ensures that our clients not only receive high-quality meals but also meals that directly support their health and wellness.

In addition, we also offer comprehensive Nutrition Education as part of our commitment to promoting the health and well-being of older adults. Our Nutrition Education program is designed to support and equip participants with the knowledge and tools to make informed and sustainable choices about their dietary habits. Through informative materials, we educate participants on the importance of balanced nutrition, portion control, proper hydration and healthy cooking techniques, all tailored to the specific needs of older adults. By incorporating these educational elements into our home-delivered meal program, we empower participants to maintain optimal health and improve their quality of life.

Through our program, we aim to reduce food insecurity, enhance clients' physical and overall health, and promote their independence, all while fostering community connections through our staff and volunteer visits and calls. The program's cost-effectiveness is evident in the positive outcomes we see in our clients, from improved health metrics to reduced social isolation, demonstrating the program's far-reaching value.

C. A description of the current quality of services.

Meals on Wheels Yuba & Sutter (MOW-YS) is committed to providing the highest quality of service, which starts with our food. We partner with local restaurants that share our dedication to fresh, nutritious, and high-quality meals. These restaurant partners are held to the highest culinary standards, with menus developed specifically for older adults, keeping in mind nutritional needs, dietary restrictions, and palatability.



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Each meal is prepared with a focus on variety and flavor. Our meals include balanced portions of fresh vegetables, high-quality proteins (whole-muscle meat), whole grains, and healthy fats, offering not just sustenance but a flavorful dining experience that delights the senses. Special attention is given to program participants with specific dietary needs, such as those with diabetes, where meals are designed to be both flavorful and suitable for blood sugar management.

The quality assurance processes we employ include regular kitchen inspections by our Registered Dietitian to ensure that every meal meets the stringent standards of the Older Americans Act. In addition to food preparation, we ensure that our meal packaging is secure and capable of maintaining meal integrity during delivery. Our drivers and volunteers receive training in food safety protocols, ensuring that meals are delivered on time, at the proper temperature, and in a safe and respectful manner. All program participants also receive nutrition education on various nutrition and health related topics including proper food safety and handling.

We also offer ongoing opportunities for feedback through annual satisfaction surveys, where clients can provide input on food quality, delivery timeliness, and overall program experience. This feedback is integral to maintaining the high standards of service our clients deserve.

Moreover, we are committed to helping our clients live healthier lives beyond just providing meals. We connect participants with additional local resources and essential health services, all while fostering a sense of community through ongoing engagement and support.

D. The characteristics of the people being served:

The individuals served by Meals on Wheels Yuba & Sutter (MOW-YS) represent a wide and diverse range of backgrounds and needs. We serve older adults aged 60 and above, many of whom face barriers such as mobility limitations, chronic health conditions, or isolation. Our clients often live at or below the Federal Poverty Level and are at risk of institutionalization. We also serve individuals with physical and mental disabilities, including those with Alzheimer's disease, dementia or other cognitive impairments.



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In addition, we prioritize serving those who are culturally or socially isolated, those with language barriers, and individuals who face discrimination or marginalization, such as veterans, ethnic minorities, or individuals who identify as LGBTQ. Many of our program participants are frail, living with visible and/or invisible disabilities, reside in remote rural areas, or are caregivers themselves, dealing with the stress of supporting others while trying to maintain their own health and well-being.

MOW-YS also works with people in special circumstances, including those who are homeless, terminally ill, exploited or neglected, or facing serious financial hardship, and ensures that these individuals receive the critical nutrition and community connection they need. Our focus is on creating a support system that addresses not just food insecurity, but also the broader health and social challenges faced by our most vulnerable populations.

4. Title III-B: Long-Term Care Ombudsman Program

1. A description of the current program's operation:

The PSA 4 Long-Term Care Ombudsman Program (LTCOP) operates under the program guidelines and provisions of the Office of the State Long-Term Care Office (OSLTCO). This Program is staffed by exceptionally trained, highly educated, state-certified professionals and volunteers. PSA 4 Long-term Care Ombudsman Program is the only type of entity within the 7-county nursing home system with one of its primary missions to be an advocate for the residents with the purpose of ensuring they receive the care to which they are entitled and guaranteed by statute. The primary roles and responsibilities of PSA 4 Ombudsmen are:

- **Investigating and Resolving Complaints** made by residents, family members, facility staff, care providers, legal resident representatives or conservators, and other interested parties for nursing home models in all seven (7) counties.
- **Conducting Regular, at a Minimum Quarterly Visits** to all long-term care facilities in the seven (7) county areas of Nevada, Placer, Sacramento, Sierra, Sutter, Yolo, and Yuba. This area encompasses 6,532 square miles including areas in the Sierra Nevada Mountain Range and as far down the southern end of Metropolitan Sacramento County through Galt.



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- **Educating** residents, families, facility staff, and local community members about residents' rights, best practices, abuse, quality care, Medicare and Medi-Cal, facility placement, care planning, personal preferences and choices, and safety. Ombudsmen may also provide educational sessions, group meetings, and facility training topics. Ombudsmen may also provide educational sessions, such as group discussion meetings or one-on-one conversations.
- **Advocating** for policies and legislation that protects and enhances the rights and well-being of long-term care residents and systems advocacy. PSA-4 LTC Ombudsman program is a paying member of CLTCOA and a Legislative Committee member. The PSA-4 committee members must donate significant hours meeting and speaking with legislators, providing testimony to state assembly members, drafting and tracking legislative bills related to furthering ombudsman programs.
- **Other PSA-4 Ombudsman Responsibilities** include attending resident care conferences, attending resident and family council meetings, witnessing Advance Health Care Directives (AHCD), ensuring resident dignity, investigating abuse of physical or chemical restraints, handling improper transfer or discharges, and information and assistance to individual and facility staff.

2. Data concerning the program's cost effectiveness:

For the purpose of providing a singular measure, for State Fiscal Year 2024-25 AAA4's LTCOP is on pace to provide 11,122 total hours of services (paid staff plus volunteer time) at an annual budget of \$1,058,042 for a total operational cost of \$95.13/hour. This figure includes ALL costs, not just personnel costs. Also, AAA4 staff work 35 hours per week not 40.

Reliance on volunteers. PSA-4 Ombudsman train, work, mentor, and guide unpaid volunteers, to assist Regional Ombudsman staff with consistent visit support, outreach, complaint investigation, and resources. While there is no salary paid to volunteers, there are costs associated with marketing, recruitment, training, travel expenses, uniforms, and business operational supplies.

Complaint resolution success:



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The PSA-4 Ombudsman Program is mandated to support the mission, goals, and production requirements in the Annual and 4-Year Area Plan, state and federal regulations, and Administration on Aging requirements to ensure a substantial percentage of resident complaints are resolved to the resident's satisfaction

Funding:

The Ombudsman Program regularly faces state and federal funding limitations, restrictions, decreases, or declines which can impact the ability to conduct regular facility visits, community outreach, and timely complaint resolution. The cost of operating PSA 4's Long-Term Care Ombudsman Program is expected to increase as the number of long-term care residents increases along with the complexity of current abuse, mental health, behavioral, and general complaint cases expand.

Statewide Program Structure:

The Agency on Aging Area 4 operates a network of seven (7) counties: Nevada, Placer, Sacramento, Sierra, Sutter, Yolo, and Yuba with assigned Regional Ombudsmen and volunteers that live in or near the county areas (see attached distribution map). Having Regional Ombudsman located within the seven (7) county areas provides for timely localized response to resident concerns. It is also more cost effective for travel expenses. Having close, locally stationed ombudsman either minimizes or eliminates hotel and per-diem costs.

Number of Complaints Received and Resolved:

The annual report from the California Ombudsman Program State Office provides data on the total number of complaints filed and the percentage successfully addressed.

Staffing costs:

PSA 4 LTC Ombudsman Program uses funding to make in-person visits to skilled nursing facilities, intermediate care facilities (ICF, ICF/DD, ICF/DD-Habilitative, ICF/DD-Nursing), adult residential care facilities, adult day programs, adult day health care facilities, adult residential facilities for persons with special health care needs, residential care facilities for the elderly, congregate living health facilities, and swing beds in acute care facilities. The program incurs costs for both volunteer and paid staff that includes benefit costs, training, and administrative functions. The Ombudsman Program must be able to budget for the ongoing training, education, and support of both staff and volunteers.

Impact on Resident Quality of Life:



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While not easily quantified, the program improves residents' quality of life by addressing concerns related to care, safety, and dignity. PSA 4 Ombudsmen are dedicated to advocating for residents' rights and ensuring a high quality of care for all long-term care residents. Data from the PSA 4 Ombudsman data system shows PSA 4 residents are also experiencing increasingly complex needs. Older residents are living longer in long-term care facilities in addition to requiring continually higher levels of care. PSA 4 ombudsmen stay current with annual re-certification training requirements including Medicare and Medi-Cal law changes, and local long-term care program elements.

3. A description of the current quality of services:

PSA 4 Long-Term Care Ombudsman program currently provides an extended array of services focused on advocating for residents' rights and quality of care in all long-term care facilities. These free to resident services include investigating and resolving complaints about resident treatment, offering information and support to residents and their families, information and referral services, and conducting system-level advocacy to improve care standards.

- **Comprehensive services:** PSA4 ombudsman programs address a wide range of concerns including resident rights violations, physical, verbal, or mental abuse, poor quality care, dietary issues, medical care concerns, improper transfers or discharges, and inappropriate use of restraints.
- **Complaint investigation and resolution:** A primary function of PSA-4 ombudsmen is to investigate, mitigate, and attempt to resolve complaints raised by residents, their families, and other concerned persons.
- **Facility visits:** PSA 4 ombudsmen must, by law, regularly visit long-term care facilities to monitor conditions and interact with residents.
- **Information and assistance:** PSA 4 Ombudsmen provide information and support to residents, families, and facility staff regarding resident rights, available services, education, advocacy, systemic challenges, and complaint procedures.
- **Collaboration with Other Agencies:** PSA 4 has developed strong and effective partnerships with regulatory agencies, adult protective services, multi-disciplinary teams, elder care resource programs, and legal assistance programs.



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4. The characteristics of the people being served:

Common characteristics of the people being served by the PSA 4 Long-Term Care Ombudsman Program are residents and individuals who are over age 60, although the program does serve younger adults with disabilities in behavioral homes, adult residential facilities, or others that have special needs and disabilities. Many LTC facility residents have chronic health conditions, significant disabilities, cognitive impairments (dementia, Alzheimer's Disease), and require specialized care and support. They are all residents in various types of a multitude of long-term care facilities. The residents are vulnerable due to their physical, mental, and emotional conditions. Several long-term care residents do not have any familial support. They rely on the Ombudsman Program to advocate, educate, support, assist, help, and empower them. The residents are susceptible to neglect, abuse, and exploitation. PSA 4 also recognizes the number of transgressors, Native Americans, and other specialty or underserved population in California nursing home are increasing.

5. Title VII: Elder Abuse Prevention

A. A description of the current program's operation:

AAA4 has experience providing services to older adults in a seven-county service area (Planning and Service Area 4) for more than fifty years, and Older Americans Act Title VIIA Elder Abuse Prevention (EAP) services since 2016. Over the years we have expanded and enhanced the EAP program's quality, overall reach, and number of activities and services provided with the goal of preventing elder abuse, neglect, and exploitation.

We provide four of the five available activities under this grant:

- Public Education Sessions
- Training Sessions for Professionals
- Development of a Coordinated System to Respond to Elder Abuse
- Distribution of Education Materials

Program activities are currently provided in some way by most AAA4 staff, including the Long-Term Care Ombudsmen (LTCO) in the form of community



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outreach and distribution of materials, training and educational presentations to the general public and professionals such as social workers and nurses, and coordination with organizations responsible for preventing and responding to and litigating elder abuse cases such as Adult Protective Services, District Attorney's Offices, and Police/Sheriff's Departments.

AAA4 conducts an annual advertising campaign to educate the public about how to identify, address and prevent elder and dependent adult abuse

B. Data concerning the program's cost effectiveness:

Extensive Reach: Though federal EAP funding has not increased in nearly nine years we have been implementing the program, we have improved the quality and reach of a targeted message each year through our vast partnerships, collaborations and coordination with multiple organizations throughout our seven-county planning and service area.

AAA4 communicates with and educates hundreds of thousands of individuals about elder and dependent abuse in multiple ways, including the following:

- Five ADRCs consisting of Independent Living Centers and other organizations serving older adults and people with disabilities; coordination with funded and other partners; government agencies including Adult Protective Services, police/sheriff's departments, district attorney's offices, advocacy organizations, and coalitions.
- AAA4 staff include the topic of elder abuse detection and response in community presentations and meetings.
- Elder abuse materials are distributed at all public outreach events throughout the year.
- Information and resources are available on our webpage, including information on how and where to report elder abuse and a downloadable fact sheet.

Cost per Unit: Due to our extensive range and the number of staff participating in this effort, the cost of services is very low per activity provided.

- Public Education Sessions: Provided by all LTC Ombudsman and other AAA4 staff including Regional Services Coordinators. An annual campaign is conducted every June during Elder Abuse Awareness Month.



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- Training Sessions for Professionals: Provided by all LTC Ombudsmen.
- Hours Spent Developing a Coordinated System to Respond to Elder Abuse: The LTC Ombudsmen are members of multiple collaborative groups and task forces including Multi-Disciplinary Teams (MDT).
- Educational Materials Distributed: All agency outreach events and mailings include EAP program materials and a LTC Ombudsman program brochure. Educational information is also distributed via our website and multiple social media platforms and during the Elder Awareness Month campaign.
- Individuals Reached Through Activities: The number of individuals served directly by EAP staff and indirectly through access to targeted EAP-funded education or training activities and resources has increased significantly over the years, resulting in a dramatic reduction in the cost per person reached.

Average funding per year: \$28,000

AAA4 Cost Per Unit (CPU = # of Individuals Reached):

Fiscal Year	Number of Individuals Reached = N	CPU (\$28,000 / N)
FY 17-18*	368	\$76/person reached
FY 23-24	2,431,260	1.2 cents/person reached

**The first year data is available*

C. A description of the current quality of services:

With early nine years of experience implementing Title VIIA EAP program, AAA4’s EAP activities and services are braided throughout all services provided from incoming daily phone calls to case management, community outreach and presentation, and education.

- All AAA4 staff and volunteers, excluding Long-Term Care Ombudsman, are required to undergo annual mandated reporter training.
- Our certified LTC Ombudsman Program staff are active participants of multiple coalitions to ensure systemic coordination to respond to elder and dependent abuse.
- Experienced personnel: MSWs, MPAs, Gerontology experts, and certified LTC Ombudsman are all advocates and specialists in the field.



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- An experienced Communications Specialist works with staff to develop and implement annual high quality EAP campaigns and develop ongoing targeted outreach and educational materials.

D. The characteristics of the people being served:

Elder abuse can occur anywhere – in the home, in nursing homes, other institutions. It affects seniors and dependent adults across all socio-economic groups, cultures, and races. Based on available information, women and “older” elders are more likely to be victimized. Dementia is a significant risk factor. Mental health and substance abuse issues – of both abusers and victims – are risk factors. Isolation can also contribute to risk.

A combination of medical, psychological, functional, social, and economic factors may be associated with the occurrence of elder maltreatment. These risk factors may potentially expose older adults to a heightened risk of abuse. Examples include but are not limited to: Chronic medical and mental health conditions, cognitive impairment, physical, financial, and emotional dependence, a history of poor family relationships, caregiver burden, social isolation, lack of access or support and resources.

AAA4's EAP program attempts to reach a broad sector of the populations that are at the highest risk of abuse and neglect through its comprehensive activities.