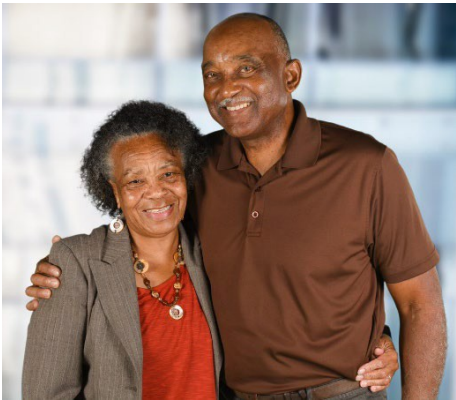


# Aging & Independence Services

**AREA PLAN 2020-2024**  
PSA #23  
**Update FY 22/23**



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**AREA PLAN UPDATE (APU) CHECKLIST**

PSA 23

**Check one:**  FY21-22  FY 22-23  FY 23-24

Use for APUs only

AP Guidance Section	APU Components (To be attached to the APU)	Check if Included	
	➤ <i>Update/Submit A) through I) ANNUALLY:</i>		
n/a	<b>A) Transmittal Letter-</b> (requires <u>hard copy</u> with original ink signatures or official signature stamp-no photocopies)	<input checked="" type="checkbox"/>	
n/a	<b>B) APU-</b> (submit entire APU electronically only)	<input checked="" type="checkbox"/>	
2, 3, or 4	<b>C) Estimate-</b> of the number of lower income minority older individuals in the PSA for the coming year	<input checked="" type="checkbox"/>	
7	<b>D) Public Hearings-</b> that will be conducted	<input checked="" type="checkbox"/>	
n/a	<b>E) Annual Budget</b>	<input checked="" type="checkbox"/>	
10	<b>F) Service Unit Plan (SUP) Objectives and LTC Ombudsman Program Outcomes</b>	<input checked="" type="checkbox"/>	
18	<b>G) Legal Assistance</b>	<input checked="" type="checkbox"/>	
	➤ <i>Update/Submit the following only if there has been a CHANGE or the section was not included in the 2020-2024</i>	Mark Changed/Not Changed (C or N/C)	
		<b>C</b>	<b>N/C</b>
5	Minimum Percentage/Adequate Proportion	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5	Needs Assessment	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	AP Narrative Objectives:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9	• System-Building and Administration	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	• Title IIIB-Funded Programs	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	• Title IIIB-Transportation	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	• Title IIIB-Funded Program Development/Coordination (PD or C)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	• Title IIIC-1	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	• Title IIIC-2	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	• Title IIID	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20	• Title IIIE-Family Caregiver Support Program	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9	• HICAP Program	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12	Disaster Preparedness	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14	Notice of Intent-to Provide Direct Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15	Request for Approval-to Provide Direct Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16	Governing Board	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17	Advisory Council	<input checked="" type="checkbox"/>	<input type="checkbox"/>
21	Organizational Chart(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

**AAA Name:** Aging & Independence Services

**PSA** 23

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.   
\_\_\_\_\_  
**Nick Macchione, Agency Director** Date 4/25/22  
**Health and Human Services Agency**

2. Digitally signed by John Osborne  
Date: 2022.04.13 14:59:47 -07'00'  
**John Osborne** \_\_\_\_\_  
**John Osborne, Chair** Date \_\_\_\_\_  
**Advisory Council**

3. Digitally signed by Gallo, Kimberly  
Date: 2022.04.18 12:31:05 -07'00'  
**Gallo, Kimberly** \_\_\_\_\_  
**Kimberly Gallo, Director** Date \_\_\_\_\_  
**Aging & Independence Services**  
**Area Agency on Aging**

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## 2022 California Department of Aging (CDA) Population Demographic Projections by County and PSA for Intrastate Funding Formula (IFF)

Prepared by Data Team 1/14/22

County Name	PSA #	Population 60+	Non-Minority 60+	Minority 60+	Low Income 60+	Medi-Cal Eligible 60+	Geo. Isolation 60+	SSI/SSP 65+	Population 75+	Lives Alone 60+	Non-English 60+
Source		DoF & A	DoF & B	DoF & C	ACL-1 + D	DHCS & A	Census-1	SSA & A	DoF & E	ACL-2 + F	ACL-3 + G
<b>PSA 1</b>											
Del Norte	1	7,257	4,634	2,623	1,255	1,736	2,523	415	2,278	1,645	20
Humboldt	1	38,207	28,653	9,554	4,810	6,932	9,202	1,450	11,503	9,110	250
Total		45,464	33,287	12,177	6,065	8,668	11,725	1,865	13,781	10,755	270
<b>PSA 2</b>											
Lassen	2	7,197	4,970	2,227	710	1,127	3,634	235	2,312	1,615	4
Modoc	2	3,041	2,333	708	455	586	2,075	123	1,080	775	30
Shasta	2	52,571	42,185	10,386	6,630	9,165	14,975	2,163	18,098	11,650	135
Siskiyou	2	15,093	11,548	3,545	2,450	3,033	8,733	770	5,415	3,975	95
Trinity	2	5,802	4,699	1,103	835	844	4,065	188	2,427	1,250	0
Total		83,704	65,735	17,969	11,080	14,755	33,482	3,479	29,332	19,265	264
<b>PSA 3</b>											
Butte	3	64,003	46,248	17,755	8,880	10,648	10,927	2,475	23,306	13,890	585
Colusa	3	5,458	2,023	3,435	540	1,226	1,435	221	1,533	1,000	480
Glenn	3	6,936	3,632	3,304	1,230	1,578	2,329	383	1,782	1,165	220
Plumas	3	8,824	7,339	1,485	890	1,056	4,931	163	3,372	1,735	15
Tehama	3	18,024	12,306	5,718	2,775	3,672	8,364	753	6,400	3,930	250
Total		103,245	71,548	31,697	14,315	18,180	27,986	3,995	36,393	21,720	1,550
<b>PSA 4</b>											
Nevada	4	38,421	32,437	5,984	4,315	3,582	11,707	526	14,762	7,295	120
Placer	4	112,243	83,345	28,898	10,430	9,168	12,428	2,199	40,626	21,330	980
Sacramento	4	348,333	160,780	187,553	44,715	75,117	6,251	25,954	105,913	67,330	12,190
Sierra	4	1,452	1,255	197	110	188	1,020	0	571	315	0
Sutter	4	22,035	10,442	11,593	2,785	5,915	2,905	1,716	7,452	4,200	1,735
Yolo	4	46,488	22,023	24,465	4,620	7,627	3,110	2,055	14,644	8,420	2,010
Yuba	4	14,788	8,315	6,473	2,140	3,982	4,215	1,005	4,329	3,225	445
Total		583,760	318,597	265,163	69,115	105,579	41,636	33,455	188,297	112,115	17,480
<b>PSA 5</b>											
Marin	5	92,507	65,289	27,218	6,145	6,953	5,180	1,405	33,603	20,870	435
<b>PSA 6</b>											
San Francisco	6	226,183	99,657	126,526	32,740	61,518	0	26,746	82,104	49,750	22,615
<b>PSA 7</b>											
Contra Costa	7	304,792	137,714	167,078	21,465	41,432	1,769	10,325	96,355	48,180	6,315
<b>PSA 8</b>											
San Mateo	8	212,553	85,994	126,559	15,260	24,938	3,580	5,555	73,599	32,095	5,950
<b>PSA 9</b>											
Alameda	9	399,436	133,411	266,025	39,575	81,532	1,320	24,789	123,736	65,225	17,805

County Name	PSA #	Population 60+	Non-Minority 60+	Minority 60+	Low Income 60+	Medi-Cal Eligible 60+	Geo. Isolation 60+	SSI/SSP 65+	Population 75+	Lives Alone 60+	Non-English 60+
Source		DoF & A	DoF & B	DoF & C	ACL-1 + D	DHCS & A	Census-1	SSA & A	DoF & E	ACL-2 + F	ACL-3 + G
<b>PSA 10</b>											
Santa Clara	10	453,456	151,295	302,161	41,640	83,523	4,347	27,325	148,076	60,760	18,025
<b>PSA 11</b>											
San Joaquin	11	156,535	51,927	104,608	19,420	35,335	11,455	10,493	48,382	24,660	6,790
<b>PSA 12</b>											
Alpine	12	436	308	128	75	54	276	0	126	80	0
Amador	12	15,089	11,724	3,365	1,295	1,295	7,670	179	5,454	2,850	25
Calaveras	12	18,318	14,932	3,386	1,695	1,856	11,030	258	7,337	3,535	30
Mariposa	12	6,966	5,678	1,288	805	899	5,411	132	2,705	1,590	4
Tuolumne	12	18,696	15,074	3,622	2,240	2,343	7,537	425	6,884	4,405	90
Total		59,505	47,716	11,789	6,110	6,447	31,924	994	22,506	12,460	149
<b>PSA 13</b>											
San Benito	13	14,078	5,184	8,894	1,065	2,001	2,576	367	4,068	1,445	655
Santa Cruz	13	71,798	40,442	31,356	6,745	10,478	7,012	2,061	21,282	13,880	1,950
Total		85,876	45,626	40,250	7,810	12,479	9,588	2,428	25,350	15,325	2,605
<b>PSA 14</b>											
Fresno	14	199,019	59,351	139,668	30,440	53,058	18,289	17,530	62,014	34,600	13,610
Madera	14	34,551	11,851	22,700	4,400	6,993	11,935	1,754	11,782	5,060	2,465
Total		233,570	71,202	162,368	34,840	60,051	30,224	19,284	73,796	39,660	16,075
<b>PSA 15</b>											
Kings	15	28,110	9,365	18,745	3,695	6,166	2,645	1,650	7,020	3,920	1,695
Tulare	15	86,372	25,626	60,746	15,010	25,818	12,008	7,025	27,304	13,080	6,455
Total		114,482	34,991	79,491	18,705	31,984	14,653	8,675	34,324	17,000	8,150
<b>PSA 16</b>											
Inyo	16	6,738	4,274	2,464	655	903	2,454	158	2,323	1,650	50
Mono	16	4,179	2,739	1,440	245	311	1,415	0	1,321	700	4
Total		10,917	7,013	3,904	900	1,214	3,869	158	3,644	2,350	54
<b>PSA 17</b>											
San Luis Obispo	17	83,281	57,438	25,843	7,070	7,626	10,669	1,327	27,881	15,780	590
Santa Barbara	17	101,182	44,744	56,438	9,885	15,929	5,447	3,316	35,093	19,935	3,580
Total		184,463	102,182	82,281	16,955	23,555	16,116	4,643	62,974	35,715	4,170
<b>PSA 18</b>											
Ventura	18	216,313	98,467	117,846	18,055	28,719	5,252	6,639	70,155	33,260	8,650
<b>PSA 19</b>											
Los Angeles Co.	19	1,461,336	375,447	1,092,607	194,325	408,333	10,719	131,596	469,409	207,085	109,400
<b>PSA 20</b>											
San Bernardino	20	423,290	130,051	293,239	55,435	100,149	21,182	25,800	116,943	59,620	17,535
<b>PSA 21</b>											
Riverside	21	561,511	209,220	352,291	68,505	100,963	21,442	24,895	194,326	85,640	23,555
<b>PSA 22</b>											
Orange	22	768,528	317,055	451,473	77,745	144,167	827	44,743	257,141	115,040	31,680



County Name	PSA #	Population 60+	Non-Minority 60+	Minority 60+	Low Income 60+	Medi-Cal Eligible 60+	Geo. Isolation 60+	SSI/SSP 65+	Population 75+	Lives Alone 60+	Non-English 60+
Source		DoF & A	DoF & B	DoF & A	ACL-1 + D	DHCS & A	Census-1	SSA & A	DoF & E	ACL-2 + F	ACL-3 + G
<b>PSA 23</b>											
San Diego	23	729,001	333,249	395,752	80,050	132,030	22,757	38,857	234,033	125,000	25,990
<b>PSA 24</b>											
Imperial	24	40,183	5,023	35,160	7,955	16,490	4,789	5,531	13,297	5,020	7,790
<b>PSA 25</b>											
Los Angeles City	25	863,781	230,112	626,951	144,575	241,329	723	77,785	284,540	157,945	70,900
<b>PSA 26</b>											
Lake	26	21,498	15,171	6,327	3,395	5,254	6,066	968	8,228	5,790	250
Mendocino	26	27,691	18,054	9,637	3,780	5,495	11,133	1,102	9,686	6,545	275
Total		49,189	33,225	15,964	7,175	10,749	17,199	2,070	17,914	12,335	525
<b>PSA 27</b>											
Sonoma	27	151,644	96,940	54,704	13,485	16,584	17,953	2,949	49,581	32,850	2,235
<b>PSA 28</b>											
Napa	28	39,362	20,683	18,679	3,255	5,092	5,223	815	14,104	8,065	885
Solano	28	113,277	43,929	69,348	9,355	16,595	3,719	3,886	33,956	17,645	2,400
Total		152,639	64,612	88,027	12,610	21,687	8,942	4,701	48,060	25,710	3,285
<b>PSA 29</b>											
El Dorado	29	63,507	49,027	14,480	5,290	5,386	16,600	842	20,284	9,930	485
<b>PSA 30</b>											
Stanislaus	30	117,534	50,714	66,820	15,935	27,288	8,100	7,450	35,996	19,110	5,150
<b>PSA 31</b>											
Merced	31	50,681	14,769	35,912	7,290	14,014	5,905	4,034	15,883	8,270	4,890
<b>PSA 32</b>											
Monterey	32	94,097	28,071	66,026	9,575	17,535	10,445	3,098	29,895	15,710	6,080
<b>PSA 33</b>											
Kern	33	165,900	59,135	106,765	24,810	42,583	17,295	10,887	46,924	27,555	9,835
<b>California</b>		9,259,582	3,618,301	5,641,281	1,104,955	1,946,149	438,984	577,491	3,000,633	1,527,985	456,687

## SOURCES

**ACL-1** Administration for Community Living, Aging Integrated Database (AGid), Web source retrieved on 12/24/21  
Source File: California 2014-2018 American Community Survey (ACS) Special Tabulation on Aging, Ratio of Income in Previous Year to Poverty Level for the Population 60 Years and Over (S21043B)  
<https://agid.acl.gov/DataFiles/ACS2018/Table.aspx?tableid=S21043B&stateabbr=CA>

**ACL-2** Administration for Community Living, Aging Integrated Database (AGid) . Web source retrieved on 12/24/21  
Source File: California 2014-2018 American Community Survey (ACS) Special Tabulation on Aging, Sex by Household Type (Including Living Alone) by Relationship for the Population 60 Years and Over (S21010B)  
<https://agid.acl.gov/DataFiles/ACS2018/Table.aspx?tableid=S21010B&stateabbr=CA>

**ACL-3** U.S. Administration on Aging, Aging Integrated Database (AGid). Web source retrieved on 12/24/21  
Source File: California 2014-2018 American Community Survey (ACS) Special Tabulation on Aging, Age by Ability to Speak English for the Population 60 Years and Older (S21014B)  
<https://agid.acl.gov/DataFiles/ACS2018/Table.aspx?tableid=S21014B&stateabbr=CA>

**Census-1** U.S. Census, American FactFinder

Source File: Census 2010, American Fact Finder, QT-P1, Age Groups and Sex, Geography Rural, 2010 Summary File 1

(New data will not be available until 2020 Decennial Census data becomes available. CDA used existing data from 2010 Decennial Census.)

**Census-2** U.S. Census, American FactFinder

Source File: Summary File 1, 100% Data, Population, Housing Units and Area & Density, Geographic Area: CA-County & County (GCT-PH1) Subdivision & Place Tables

(New data will not be available until 2020 Decennial Census data becomes available. CDA used existing data from 2010 Decennial Census.)

**DHCS** State of California, Department of Health Care Services, Research and Analytic Studies Division. Source data emailed on 10/13/21

Source File: Medi-Cal Beneficiaries Age 60 and Over as of January 2020

Special Run Request

**DOF** Demographic Research

P-2: State and County Population Projections by Race/Ethnicity and Age (5-year groups): 2021

Special Run Request

Sent by Walter Schwarm 1/12/22

**SSA** U.S. Social Security Administration, Office of Retirement and Disability Policy. Web source retrieved on 12/30/21

Source File: SSI Recipients by State and County, Dec 2020

[https://www.ssa.gov/policy/docs/statcomps/ssi\\_sc/index.html](https://www.ssa.gov/policy/docs/statcomps/ssi_sc/index.html)

**A** The 2022 Los Angeles County (PSA 19) and Los Angeles City (PSA 25) 60+ Population and the Medi-Cal Eligible 60+ split calculated on actual population split from 2010 Census. (PSA 19 = 62.85%; PSA 25 = 37.15%).

**B** The 2022 Los Angeles County (PSA 19) and Los Angeles City (PSA 25) Non-Minority 60+ Population split calculated on actual population split from 2010 Census. (PSA 19 = 62.00%; PSA 25 = 38.00%).

**C** The 2022 Los Angeles County (PSA 19) and Los Angeles City (PSA 25) Minority 60+ Population split calculated on actual population split from 2010 Census. (PSA 19 = 63.54%; PSA 25 = 36.46%).

**D** The 2014-2018 ACL Special Tabulation for Los Angeles County (PSA 19) and Los Angeles City (PSA 25) Low-Income 60+ Population (PSA 19 = 57.34%; PSA 25 = 42.66%).

**E** The 2022 Los Angeles County (PSA 19) and Los Angeles City (PSA 25) 75+ Population split calculated on actual population split from 2010 Census (PSA 19 = 62.26%; PSA 25 = 37.74%).

**F** The 2014-2018 ACL Special Tabulation for Los Angeles County (PSA 19) and Los Angeles City (PSA 25) Lives Alone 60+ Population (PSA 19 = 56.73% PSA 25 = 43.27%).

**G** The 2014-2018 ACL Special Tabulation for Los Angeles County (PSA 19) and Los Angeles City (PSA 25) Non-English Speaking 60+ Population (PSA 19 = 60.68%, PSA 25 = 39.32%)

# The San Diego Union-Tribune

## PROOF OF PUBLICATION

### STATE OF CALIFORNIA County of San Diego

The Undersigned, declares under penalty of perjury under the laws of the State of California: That he/she is the resident of the County of San Diego. That he/she is and at all times herein mentioned was a citizen of the United States, over the age of twenty-one years, and that he/she is not a party to, nor interested in the above entitled matter; that he/she is Chief Clerk for the publisher of

#### The San Diego Union-Tribune

a newspaper of general circulation, printed and published daily in the City of San Diego, County of San Diego, and which newspaper is published for the dissemination of local news and intelligence of a general character, and which newspaper at all the times herein mentioned had and still has a bona fide subscription list of paying subscribers, and which newspaper has been established, printed and published at regular intervals in the said City of San Diego, County of San Diego, for a period exceeding one year next preceding the date of publication of the notice hereinafter referred to, and which newspaper is not devoted to nor published for the interests, entertainment or instruction of a particular class, profession, trade, calling, race, or denomination, or any number of same; that the notice of which the annexed is a printed copy, has been published in said newspaper in accordance with the instruction of the person(s) requesting publication, and not in any supplement thereof on the following dates, to wit:

**March 11, 2022**

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Dated in the City of San Diego, California  
on this 11<sup>th</sup> of March 2022

  
Cris Gaza

San Diego Union-Tribune  
Legal Advertising

#### NOTICE OF PUBLIC HEARING

Aging & Independence Services (AIS), of the Health and Human Services Agency, of the County of San Diego, and designated by the California Department of Aging (CDA) as the Area Agency on Aging (AAA) for Planning and Service Area (PSA) #23 [San Diego County], will hold a Public Hearing, Monday April 11, 2022, during the regularly scheduled Advisory Council meeting held at 12:00 PM (noon) as part of the process for the four-year Area Plan 2020-2024, Update FY 22/23 document. The Area Plan incorporates annual objectives of the PSA's goals and a projection of services offered to the County's older adults and persons with disabilities. The hearing will be held virtually via phone at (669) 900-9128 (Meeting ID: 992 5390 3588; Meeting password: 251412), or visit <http://www.aging.sandiegocounty.gov/AISAdvisoryCouncil> to join by video conference (Zoom). For information, please call (858) 495-5566.

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**AIS FY 21/22 Budget & Contracts Summary**

**Operating Budget:**

Number of Budget Unit Orgs:	<b>21</b>	
Salaries & Benefits:		\$ 61,475,010
Operating Expenses (Ser & Sup + Other):		150,866,344
IHSS Public Authority Budget:		<u>35,836,918</u>
Total Operating Budget:		\$ 248,178,272

**Funding Sources:**

Number of Funding Sources:	<b>40+</b>	
Federal \$:		41.81%
State \$ (Includes Realignment):		50.31%
County \$:		6.58%
Other Grant \$:		<u>1.32%</u>
Total Funding:		100.00%

**Community Contracted Services:**

Number of Contracts:	<b>100+</b>	
IHSS MOE		\$ 76,729,704
Great Plates Delivered Program		\$ 45,000,000
Other Contracted Services		\$ 18,922,720
Total:		\$ 140,652,424
Contracted Services as Percentage of Budget		56.67%

**Number of AIS Staff: 492**



## AIS FY 21/22 Funding

<b>By Type:</b>		
Fed	103,756,197	41.81%
State (Includes Realignment)	124,854,660	50.31%
Non-Fed/State	3,268,411	1.32%
County General Purpose Revenue	16,299,004	6.57%
<b>Total Revenue</b>	<b>248,178,272</b>	<b>100.00%</b>

<b>Total Expenditures</b>	<b>248,178,272</b>
---------------------------	--------------------

<b>By Program</b>		
IHSS (Fed + State + Realignment)		109,022,542
APS (Includes Realignment)		15,997,651
Great Plates Delivered Program	FEMA	45,000,000
T-III-B Support	OAA	2,353,436
Ombudsman	OAA	1,183,996
T-III-C Nutrition	OAA	8,126,957
T-III-D Disease Prevention	OAA	211,716
T-III-E Caregiver	OAA	1,370,956
Area Plan Admin	OAA	947,702
T-V Sr. Employment	OAA	403,385
MSSP	Title XIX	2,945,910
HICAP	SHIP	631,477
SNAP Ed	CDSS	162,660
RSVP	CNCS	105,578
MIPPA	DHHS	103,023
MH Senior Team		335,058
Public Administrator/Guardian/Conservator		3,485,127
Misc Small Programs		3,655,176
Public Authority (State + Fed)		35,836,918
<b>Total Non-County Revenue</b>		<b>231,879,268</b>
County General Purpose Revenue		16,299,004
<b>Total Revenue</b>		<b>248,178,272</b>

**SECTION ONE**  
**MISSION STATEMENT**

**AIS**

***"Aging & Independence Services improves the quality of life, advances equity, and fosters dignity for older adults and persons with disabilities by providing information and essential services for health, safety, and independence."***

Aging & Independence Services (AIS) is an Area Agency on Aging (AAA). Therefore, it is understood that AIS will, along with the California Department of Aging and the other AAA's in the aging network strive:

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

**SECTION SEVEN**  
**PUBLIC HEARINGS**

At least one public hearing must be held each year of the four-year planning cycle. CCR Title 22, Article 3, Section 7302(a)(10) and Section 7308, Older Americans Act Reauthorization Act of 2016, Section 314(c)(1).

Fiscal Year	Date	Location	Number of Attendees	Presented in languages other than English? <sup>2</sup> Yes or No	Was hearing held at a Long-Term Care Facility? <sup>3</sup> Yes or No
2020-2021	June 22, 2020	Virtually via phone at (415) 655-0001, or via WebEx ( <a href="https://sdcountyca.webex.com/sdcountyca/j.php?MTID=mefe8eee37a8008c0512b47db97b1fb9a">https://sdcountyca.webex.com/sdcountyca/j.php?MTID=mefe8eee37a8008c0512b47db97b1fb9a</a> ; Meeting ID: 287 448 851; Meeting password: nP5VCeAgE64.)	15	No	No
2021-2022	April 12, 2021	Virtually via phone at (669) 900-9128, or via Zoom ( <a href="https://zoom.us/j/99253903588?pwd=czJJbXZoWUd6RW hVNxJUzjJKSVpPUT09">https://zoom.us/j/99253903588?pwd=czJJbXZoWUd6RW hVNxJUzjJKSVpPUT09</a> ; Meeting ID: 992 5390 3588; Meeting password: 251412)	28	No	No
2022-2023	April 11, 2022	Virtually via phone at (669) 900-9128, or via Zoom ( <a href="https://zoom.us/j/99253903588?pwd=czJJbXZoWUd6RW hVNxJUzjJKSVpPUT09">https://zoom.us/j/99253903588?pwd=czJJbXZoWUd6RW hVNxJUzjJKSVpPUT09</a> ; Meeting ID: 992 5390 3588; Meeting password: 251412)	32	No	No
2023-2024					

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

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

Notification (Legal Notice) of the Public Hearing appeared in the region's largest newspaper. Attendees could join virtually via Zoom or via phone.

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

Yes. Go to question #3

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



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

N/A

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 III B funds to meet the adequate proportion of funding for priority services.

No comments were received concerning minimum percentages.

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

The issue of a lack of adequate and/or affordable care for middle-income seniors and how the Area Plan addresses it was raised.

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

No changes were made to the Area Plan.

<sup>2</sup>A translator is not required unless the AAA determines a significant number of attendees require translation services.

<sup>3</sup>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 NINE**  
**AREA PLAN NARRATIVE GOALS AND OBJECTIVES**

Goal Statements,  
Rationales, and Objectives

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**Goal # 1**

**CAREGIVER SUPPORT**

**Goal:** Caregivers have access to the supports and resources necessary to provide responsive and manageable care to older adults, while also tending to their own wellbeing.

**Rationale:** Family caregivers play a crucial role in providing care for those who are elderly, facing serious illness, or living with dementia. Some of these caregivers may be in the “sandwich generation,” or raising children while also caring for older relatives. These unsung heroes help loved ones to live at home for as long as possible, improving their quality of life. Another important group of caregivers includes kinship caregivers, such as grandparents raising grandchildren. AIS strategies include expanding supports and resources across the spectrum of caregivers and elevating the business community’s involvement in supporting employees who are family caregivers.

#	OBJECTIVES	Projected Start and End Dates	Title IIIB Funded PD or C <sup>4</sup>	Update Status <sup>5</sup>
1.01	Participate/present in 4 community outreach events targeting facilities, caregivers, family, and the community for the purpose of increasing public understanding of issues that are related to ombudsman practices and the needs of long-term care residents. The outcome is measured through the reporting functions within the Ombudsman computer application, Ombudsman Data Integration Network (ODIN).	July 1, 2022 to June 30, 2023		Continued
1.02.a	Through the Family Caregiver Support Program (FCSP), contractor will provide a minimum of 12,000 units of respite service (one hour equals one service unit). Contractor will provide a minimum of 1,600 occurrences of supplemental services to family caregivers through home adaptations and assistive devices to facilitate and fulfill caregiving responsibilities. In addition, the following support services will also be provided for family caregivers: assessment, counseling, support groups, and case management, reaching 8,000 hours annually. Contractor will conduct outreach to a minimum of 12,000 individuals annually with information on caregiver support services. Services will be conducted by persons trained and experienced in the skills required to provide the service. FCSP staff will track the number of hours of support provided and the evaluation of services. Of those clients completing evaluation surveys, an overall satisfaction level of at least 70% will be reported for the combined services offered of assessment, counseling,	July 1, 2022 to June 30, 2023		Revised

	support groups and case management services. Through FCSP Access Assistance Service, contractor will provide 800 units (contacts) of one-to-one guidance provided by an attorney (or the person under the supervision of an attorney) in the use of legal resources and services when assisting a caregiver with caregiving related legal issues.			
1.02.b	Through the Family Caregiver Support Program contracts, provide a minimum of 16,000 hours of respite care for Kinship Caregivers including both in-home and out-of-home supervision. AIS staff will track the number of hours of respite care provided and the level of overall satisfaction with those respite services. At least 70% of customers receiving respite services and completing the satisfaction survey will report an overall improvement in stress level, sense of relief from the burden of caregiving and overall satisfaction with the services received.	July 1, 2022 to June 30, 2023		Continued
1.02.c	Through the Family Caregiver Support Program, AIS staff, in collaboration with community partners, will conduct family caregiver workshops/events, with at least one of those workshop/events targeting Veteran and Military Caregiver Families. A minimum of 200 caregivers will attend these events annually. Attendees will be asked to complete satisfaction surveys following these events and of those completing the survey, at least 70% will report having increased knowledge of resources and support services available and better ability to manage their caregiver role. AIS staff will track both the number of caregiver support events held, number of individuals attending, and percent satisfied.	July 1, 2022 to June 30, 2023		Revised
1.02.d	Through the Family Caregiver Support Program, AIS staff will arrange a minimum of 10 “Lunch & Learn” webinars annually on topics related to caregiver issues. Maintain an annual goal of 10 webinars, which will make it possible for caregivers to receive resource information from remote locations and through archived methods at the Caregiver Coalition website, in order to lessen the burden of traveling to receive support information. At least one session will include information targeted at caregivers in Veteran and	July 1, 2022 to June 30, 2023		Revised

	Military families. Goal is to reach an average of 10 attendees per session.			
1.03	In order to better inform grandparents raising their grandchildren and other kinship caregivers about community resources and services, the AIS Intergenerational Coordinator will oversee the distribution of the locally produced <i>Handbook for Grandparents and Other Relatives Raising Children</i> . The goal is to provide at least 250 kinship family caregivers and/or kinship family service providers with this handbook annually.	July 1, 2022 to June 30, 2023		Continued
1.04	In conjunction with community partners and HHSA Regional teams, continue to support the Grandparents Raising Grandchildren initiative consisting of outreach activities, workshops, and other activities to support these families. Attendees will be asked to complete satisfaction surveys following these events. Of those completing the survey, at least 70% will report having increased knowledge and resources and support services available and better ability to manage their caregiver role.	July 1, 2022 to June 30, 2023		Revised

<sup>4</sup>Indicate if Program Development (PD) or Coordination (C) is the objective (cannot be both). If a PD objective is not completed in the timeline required and is continuing in the following year, any objective revision must state additional tasks.

<sup>5</sup>Use for the Area Plan Updates only to indicate if the objective is New, Continued, Revised, Completed, or Deleted.

**Goal # 2 SAFETY**

<b>Goal:</b> Older adults and persons with disabilities are safe in their homes and community.				
<b>Rationale:</b> Older adults and persons with disabilities ought to be safe in their homes and communities. Unfortunately, reports of elder and dependent adult abuse are increasing. AIS strategies to address this include expanding public awareness of elder abuse, strengthening legal supports to it, supporting older adults who are victims, and increasing prevention efforts. Working with the Sheriff’s Department, District Attorney, and other regional law enforcement entities, we shape policies and practices to keep older adults safe.				
#	OBJECTIVES	Projected Start and End Dates	Title IIIB Funded PD or C <sup>4</sup>	Update Status <sup>5</sup>
2.01	Outreach & Education staff will reach a minimum of 500 mandated reporters annually with in-person or virtual trainings regarding their responsibility to make Elder and Dependent Adult abuse reports.	July 1, 2022 to June 30, 2023		Revised
2.02	The County of San Diego Elder and Dependent Adult Death Review Team (EDADRT) Reviews the circumstances surrounding elder and dependent adult deaths and evaluates the services provided to both victims and perpetrators in an attempt to improve service delivery, close system gaps and decrease the incidence of elder abuse, neglect and suicides in San Diego County. As needed, suspicious elder or dependent adult deaths will be reviewed. The EDADRT will also coordinate joint case reviews with the County of San Diego’s Domestic Violence Fatality Review Team (DVFRT) whenever possible when an elder death involves an intimate partner relationship. A minimum of one joint EDADRT/DVFRT meeting will be held in this fiscal year.	July 1, 2022 to June 30, 2023		Continued
2.03	Receive and investigate allegations of abuse, neglect, or exploitation of residents of long-term care facilities. The outcome is measured through the reporting functions within the Ombudsman computer application, Ombudsman Data Integration Network (ODIN).	July 1, 2022 to June 30, 2023		Continued

2.04	In an effort to provide a safety net for isolated and vulnerable older adults, Project Care contracted agencies will conduct the following services: welfare check phone calls, information and referral, provision of "Vials of Life," home assessment, and short-term case management. Contracted providers will provide a minimum of 6,000 units of Access Assistance to clients annually.	July 1, 2022 to June 30, 2023		Continued
2.05	As a means to standardized training and provide new Adult Protective Services (APS) Specialists with the skills and tools needed to do their jobs, a 12-month Initial Training Program was created and is being utilized to train all new Adult Protective Services Specialists. This program provides coaching, training and support to new APS Investigators emphasizing the need to develop extensive knowledge of other County and non-governmental service programs, in order to develop person centered service plans. The curriculum includes presentations and ride-a-longs with organizations that offer services to vulnerable and at-risk adults in order to avoid future duplication of efforts as well as enhance services through active collaborations.	July 1, 2022 to June 30, 2023		Continued
2.06	Identify, assess and case manage 115 unduplicated at-risk adults with disabilities through the Linkages Program. Outcome will be measured by the tracking of the unduplicated client count in the Linkages database.	July 1, 2022 to June 30, 2023		Continued
2.07	Provide case management services to 215 unduplicated frail seniors, at risk of out-of-home placement. The outcome will be measured by tracking the unduplicated client count served by the Senior Options, Advocacy and Referrals (SOAR) Program in the automated database system.	July 1, 2022 to June 30, 2023		Continued
2.08.a	Operate Cool Zones for the Summer Season of 2022; maintain SharePoint log for record of calls and fan eligibility; initiate fan distribution; track fan inventory for count accuracy against mailing records; close down operations mid-Fall 2022; close-out report to SDG&E; shut-down Call Center extended phone number.	July 1, 2022 to June 30, 2023		Continued
2.08.b	Open Cool Zones operations for the 2022 Summer season, including early 2022 Spring activities of site verification, plan coordination with SDG&E, new site recruitment, hiring temp worker, launching the extension of the Call Center with the Cool Zones helpline, and orienting callers to nearest Cool Zone site using County interactive map.	July 1, 2022 to June 30, 2023		Continued



2.09	Fall Prevention: With Dignity at Home funding, improve safety for frail older adults by providing home modification services and Fall Prevention resource kits via contracted providers. Measure will include number of older adults served.	July 1, 2022 to June 30, 2023		Revised
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**Goal # 3            PREPAREDNESS**

<b>Goal:</b> Older adults and their caregivers are prepared to be safe during disasters.				
<b>Rationale:</b> We live in a region that is impacted by wildfires. Other disasters such as earthquakes are also a threat. In addition to disasters, there are everyday emergencies in individual households where first responders are called to assist an older adult in need. Many of the persons served by AIS programs and services will require special assistance during an emergency or large-scale disaster because of their access or functional limitations. AIS partners with the County’s Office of Emergency Services (OES) to address these needs.				
#	OBJECTIVES	Projected Start and End Dates	Title IIIB Funded PD or C <sup>4</sup>	Update Status <sup>5</sup>
3.01	AIS staff will participate in disaster planning to develop and support long-term emergency plans including: OES’ community Access and Functional Needs (AFN) planning committee, shelter committee, workgroup to update the Disaster Rapid Assessment Team (DRAT) plan, and related exercises to assist OES to meet the needs of people with access and functional needs in an emergency or disaster. AIS will coordinate staffing for the AFN Technical Advisory seat in the Operational Area’s Emergency Operations Center (EOC) during emergencies or disasters.	July 1, 2022 to June 30, 2023		Continued
3.02	AIS will update Adult Protective Services’ Vulnerable Adult Shelter Assessment Team (VASAT) plan to align with the updates to OES’ DRAT plan. The VASAT plan provides protocols for APS staff to visit emergency shelters during a disaster to identify the needs of older adults and persons with disabilities and forward those needs to the EOC for resolution.	July 1, 2022 to June 30, 2023		Continued
3.03	AIS will support OES’ Neighborhood Evacuation Teams (NET), a preparedness campaign in which Community Emergency Response Team members may help vulnerable residents create an evacuation plan and identify other resources to be better prepared during an emergency.	July 1, 2022 to June 30, 2023		Continued
3.04	AIS will, with OES, develop a simple resource guide for older adults to prepare for emergencies.	July 1, 2021 to June 30, 2022		Completed

3.05	AIS will, with OES, begin to develop public service announcements and disaster preparedness resources, including printed flyers, for older adults and persons with disabilities to prepare for power outages.	July 1, 2022 to June 30, 2023		Continued
3.06	AIS will, with OES, begin to develop training for first responders on how to meet the needs of older adults during emergencies and how to recognize and understand related conditions, caregiving issues, warning signs of dementia, and poor physical health.	July 1, 2022 to June 30, 2023		Continued

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**Goal # 4**

**SILVER ECONOMY**

<p><b>Goal:</b> A skilled and diverse workforce with supporting technologies and products support healthy aging in our community. Older adults have opportunities to work and volunteer.</p>				
<p><b>Rationale:</b> The growing older adult population will increase the demand for skilled healthcare and social service workers. Increased capacity and training for those in fields such as home care, with a focus on diversity and the cultural dynamics of different groups within our communities is needed. Older adults continue to want to be engaged members of the community, and many wish to be involved through employment or volunteer work. AIS promotes work and volunteer opportunities for older adults and encourages local businesses to attract, retain, and protect older workers who want or need to stay in the workforce.</p>				
#	OBJECTIVES	Projected Start and End Dates	Title IIIB Funded PD or C <sup>4</sup>	Update Status <sup>5</sup>
4.01.a	Provide at least 18 hours of in-service training to volunteers regarding long-term care issues, eldercare, and ombudsman practice issues. The outcome is measured by sign-in sheets and the ombudsman computer application, Ombudsman Data Integration Network (ODIN).	July 1, 2022 to June 30, 2023		Continued
4.01.b	Conduct at least two 36-hour ombudsman volunteer certification trainings. Outcome is measured by sign-in sheets and reported at the end of the year by the Ombudsman Program Coordinator.	July 1, 2022 to June 30, 2023		Continued
4.01.c	Focus on the retention of the number of certified Long-Term Care (LTC) ombudsman volunteers at 80. The outcome will be measured through the reporting functions within the Voltrak computer software application.	July 1, 2022 to June 30, 2023		Continued
4.01.d	The LTC Ombudsman & Facilities Subcommittee is an ancillary subcommittee established by the AIS Advisory Council to perform some of its functions as the LTC Ombudsman Advisory Council. This Subcommittee will support the Ombudsman program by: <ul style="list-style-type: none"> <li>Maintaining awareness of general regulations governing Skilled Nursing Facilities (SNFs) and Residential Care Facilities for the Elderly (RCFEs).</li> </ul>	July 1, 2022 to June 30, 2023		Continued

	<ul style="list-style-type: none"> <li>Monitoring legislation proposals and changes related to SNFs and RCFEs.</li> <li>Maintaining awareness of the functional integrity of LTC facilities.</li> <li>Interfacing with AIS staff regarding Ombudsman Program standard of operations.</li> <li>Interfacing with AIS staff regarding Ombudsman Program goals and performance.</li> <li>Monitoring Choose Well, the County's online RCFE Rating System in San Diego County.</li> <li>Reporting findings and recommendations to the full Council for action by the Council.</li> </ul>			
4.02	<p>Retired and Senior Volunteer Program (RSVP) staff improve lives, strengthen communities, and foster civic engagement through promotion of service and volunteering in the AmeriCorps Seniors grant focus area of Healthy Futures, which emphasizes healthy and independent living. In the RSVP Program, a minimum of 1,000 volunteers will serve at community partner sites throughout the County. Note: The federal RSVP grant puts limits on the categories that can be counted under their grant.</p>	July 1, 2022 to June 30, 2023		Revised
4.03	<p>Senior Volunteers in Action (SVA) Program helps keep seniors engaged in their communities while providing opportunities to share their knowledge, wisdom, and skills. A minimum of 350 SVA volunteers will contribute their efforts in the community annually.</p>	July 1, 2022 to June 30, 2023		Continued
4.04	<p>Reduce isolation of seniors living in long-term care facilities by linking volunteers, including minor volunteers paired with adult volunteers for an intergenerational component, with isolated seniors currently residing in such facilities, through a contract for the Guardian Angels program. The outcome will be the number of volunteers and isolated seniors served, as well as the number of facility visits completed, which will be tracked via monthly progress reports, and assessment of the satisfaction of participants in the program.</p>	July 1, 2022 to June 30, 2023		Revised

**Goal # 5**

**MEDICAL & SOCIAL SERVICES**

**Goal:** Care coordination among medical and social services provides proactive, seamless, prevention-focused, and responsive support.

**Rationale:** On the prevention side, AIS will increase the focus on the social determinants of health, and improve screening for risks such as food insecurity and social isolation. Within the healthcare arena, we will elevate the importance of dental health care for older adults as this impacts overall health. AIS also has hospital partners committed to providing appropriate patient-centered care to older adults. Recently, two hospitals in our region, Alvarado Hospital and UCSD, achieved various levels of Geriatric Emergency Department Accreditation (GEDA). This accreditation is awarded to Emergency Departments who ensure that older patients receive well-coordinated and appropriate care. The accreditation includes staffing protocols, training for staff, and the appropriate equipment and supplies on-site. Leading the charge nationwide on GEDA is the West Health Institute, headquartered in San Diego. AIS strives to partner with the West Health Institute to have all hospital emergency departments in our region GEDA certified. Both entities will provide funding and support to assist the region’s hospital systems in achieving accreditation.

#	OBJECTIVES	Projected Start and End Dates	Title IIIB Funded PD or C <sup>4</sup>	Update Status <sup>5</sup>
5.01	Provide 15,500 hours annually of homemaker and personal care services through the Senior Options, Advocacy and Referrals (SOAR) program. Outcome will be measured by tracking the total number of hours logged in the automated database system.	July 1, 2022 to June 30, 2023		Revised
5.02	Choose Well, the online voluntary Residential Care Facility for the Elderly (RCFE) Rating System, is operated by contract and includes goals of 51% participation of all licensed RCFEs in San Diego County at any point in time. To increase value of the system for consumers and member facilities 2 advisory workgroup meetings, 2 CEU Lunch & Learns, 6 newsletters, 10 articles, and 150 Facebook posts will be provided annually. System enhancements will be considered and implemented if advisable, including developing a countywide benchmark score of all RCFE facilities and adding a customer experience component to the facility score.	July 1, 2022 to June 30, 2023		Revised

5.03	Attend to potential Medicare Improvement for Patients and Providers Act (MIPPA) mid-year funding announcements; prepare a subsequent Work Plan for the California Department of Aging (CDA); consider contracting and appropriate field work options, and conduct reporting according to the requirements and expectations as they relate to beneficiary application enrollments and other MIPPA objectives.	July 1, 2022 to June 30, 2023		Continued
5.04	Outreach & Education staff will coordinate multiple community events in partnership with community partners annually, where they arrange for behavioral health specialists to conduct Depression Screenings activities for at least 500 older adults and refer them to services if indicated. These activities are in an effort to educate the public about the incidence of depression in older adults as well as resources available to treat it. Staff will track the number of screenings conducted.	July 1, 2022 to June 30, 2023		Continued
5.05	Participate in the Older Adult Behavioral Health System of Care Council (OABHSOCC) to contribute in all phases of planning and implementation of the Mental Health Services Act, to ensure the needs of mentally ill seniors are reflected in program design and service delivery. The outcome will be measured by the inclusion of OABHSOCC recommendations in the Mental Health Services Act programs and by ongoing input into service delivery.	July 1, 2022 to June 30, 2023		Continued
5.06	In an effort to help decrease food insecurity and educate the community about potential eligibility to CalFresh benefits for older adults, AIS staff will provide outreach materials and application assistance to individuals.	July 1, 2021 to June 30, 2022		Completed
5.07	Conduct a general visit at least once per quarter in 75% of skilled nursing facilities and 70% of residential care facilities for the elderly. The outcome is measured through the reporting functions within the ombudsman computer application, Ombudsman Data Integration Network (ODIN).	July 1, 2022 to June 30, 2022		Continued

5.08	<p>AIS will work closely with the County’s Medi-Cal managed care health plans to support dual eligible and Medi-Cal-only beneficiaries who receive Managed Long-Term Services and Supports (LTSS) as CalAIM is implemented. An AIS representative will attend monthly Healthy San Diego meetings, which includes: the seven current Medi-Cal health plans, County of San Diego representatives (Behavioral Health, Public Health, AIS), Community- Based Adult Services (CBAS), and consumer advocacy groups. AIS and the health plans will meet in quarterly “Healthy San Diego Health Plan – AIS Workgroup” meetings. Through these meetings, AIS will represent the needs of the older adult population with the aim of educating and assisting these partners (non-Older Americans Act) in better serving our constituency.</p>	<p>July 1, 2022 to June 30, 2023</p>		Revised
5.09	<p>Complete 90% (13,860 of 15,400) of initial eligibility determinations for IHSS within the 45-day County-imposed program mandate so individuals can remain safely in their own home.</p>	<p>July 1, 2022 to June 30, 2023</p>		Revised
5.10	<p>Ensure 97% (33,077 of 34,100) of annual reassessments for IHSS are completed timely so older adults and persons with disabilities receive the appropriate level of care to remain safely in their own home, exceeding the State performance expectation of 80%.</p>	<p>July 1, 2022 to June 30, 2023</p>		Revised



**Goal # 6 SOCIAL PARTICIPATION**

<b>Goal:</b> A range of social and community engagement opportunities exist for older adults to promote active living and enriching experiences across all age groups and generations.				
<b>Rationale:</b> AIS’ Social Participation Theme Team has the mission of increasing the number of older adults who stay active and engaged. Strategies include: increasing intergenerational activities, providing programs that are inclusive of people with dementia, making a special effort to engage with people who are socially isolated, and promoting opportunities for meaningful civic engagement.				
#	OBJECTIVES	Projected Start and End Dates	Title IIIB Funded PD or C <sup>4</sup>	Update Status <sup>5</sup>
6.01	The Aging & Independence Services Intergenerational Coordinator will increase Awareness of and use of intergenerational intervention models. Staff person will provide technical assistance and support on topics such as recruitment of older adult participants, program curricula and evaluation, and sustainability strategies. Partner agencies are non-OAA funded entities. The goal is to provide at least 50 instances of technical support per year, with at least 10 unduplicated community partners served each year.	July 1, 2022 to June 30, 2023		Continued
6.02	In order to decrease social isolation for some of our community’s most vulnerable and at-risk seniors, Retired and Senior Volunteer Program (RSVP) staff will work in partnership with police departments and the Sheriff’s Department to conduct 5,000 annual “You Are Not Alone” (YANA) home visits and 35,000 phone calls to frail, isolated older adults living at home. RSVP staff will track the number of visits and phone calls through reports from Senior Volunteer Patrol groups. YANA volunteers will be provided additional materials such as behavioral health resources, Meals on Wheels, and 2-1-1 San Diego, to better enable them to support home-bound older adults.	July 1, 2022 to June 30, 2023		Revised
6.03	The Age Well Social Participation Theme Team will continue to work with partners to identify and engage socially isolated older adults. The Team will continue to distribute the “Get Connected” Guide, available in all 5 threshold languages (English, Arabic, Tagalog, Vietnamese, and Spanish), designed to address social isolation by providing accessible and low-barrier ideas for older adults to become more	July 1, 2022 to June 30, 2023		Revised

	engaged in their community. The Guide includes resources for individuals who are mobile and those who are homebound.			
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**Goal # 7                    DEMENTIA-FRIENDLY**

**Goal:** Individuals with dementia live as independently as possible and are encouraged and welcomed by everyone to participate in community life.

**Rationale:** The Dementia-Friendly Theme Team envisions a community that is informed, safe, and inclusive of individuals living with dementia; a community where people do not shy away from someone who is disoriented or struggling, and have the communication tools needed to offer a helping hand. The Dementia-Friendly Theme Team is working to promote awareness of dementia, and the resources that exist to help those affected by the disease. The Theme Team is also coordinating with the Alzheimer’s Project (a regional, cross-disciplinary effort) to incorporate dementia-friendly elements. Dementia-friendly concepts are infused in all 10 of our focus areas.

#	OBJECTIVES	Projected Start and End Dates	Title IIIB Funded PD or C <sup>4</sup>	Update Status <sup>5</sup>
7.01	At the direction of the Board of Supervisors, AIS is working collaboratively on the Alzheimer’s Project with community stakeholders/agencies to address Alzheimer’s disease and develop improved and new resources to mitigate its multiple impacts. An Implementation Plan was developed and approved in March 2015 that is now guiding efforts to strengthen existing resources and usher in new supports in key areas: coordinating community responses to incidents of wandering, supporting caregivers, developing and training physicians on clinical standards for assessment, diagnosis and treatment, and raising the public’s awareness of dementia issues. Accomplishments will be included in the Aging Roadmap Updates Report.	July 1, 2022 to June 30, 2023		Revised
7.02	As the regional lead for Dementia Friends California, the Age Well Dementia-Friendly Theme Team will conduct Dementia Friends sessions for community members and groups throughout the region. The sessions will provide education on communication tips, common misconceptions about dementia, and strategies for getting involved in making our communities more dementia-friendly. The AIS team will support the “Local Champions,” who are certified to teach Dementia Friends sessions, by coordinating training requests and creating and updating trainings that are tailored to the San Diego region. Measures include session resources developed and number of new Dementia Friends trained.	July 1, 2022 to June 30, 2023		Continued

7.03	AIS staff and Age Well community partners will educate the community at large about brain health and issues related to Alzheimer's disease and related dementias (ADRD), reaching at least 500 individuals annually. (These are different topics than the material in the Dementia Friends sessions.)	July 1, 2022 to June 30, 2023		Continued
7.04	In collaboration with the Age Well Social Participation Theme Team, the Dementia-Friendly Theme Team developed a toolkit designed to provide family caregivers with activities they can do with a person living with dementia. The activities included in the toolkit will offer accessible activities (music art, physical activity, etc.) with modifications to meet individual needs. The Theme Team will explore ways to increase access to this toolkit through partnerships with community and clinical partners.	July 1, 2021 to June 30, 2022		Completed
7.05	AIS staff will work with HHSA – Public Health Services and coordinate a California Department of Public Health (CDPH) Healthy Brain Initiative (HBI) grant with major objectives that include: 1) develop an updated prevalence estimate for ADRD in our region; 2) integrate ADRD into local public health planning; 3) develop tools for clinicians to educate patients about brain health and cognitive impairment; 4) raise awareness of the risk of abuse for individuals with dementia; 5) educate caregivers on dementia resources, and 6) work with health systems to implement sustainable policies and procedures for best practices in clinical care. HBI accomplishments will be included in the Aging Roadmap Updates Report.	July 1, 2021 to June 30, 2022		Completed
7.06	AIS staff will work with HHSA – Public Health Services on national Healthy Brain Initiative (HBI) objectives to integrate ADRD into local public health planning, develop tools for clinicians to educate patients about brain health and cognitive impairment, educate caregivers on dementia resources, and work with health systems to implement sustainable policies and procedures for best practices in clinical care. HBI accomplishments will be included in the Aging Roadmap Updates Report.	July 1, 2022 to June 30, 2023		New

**Goal # 8 HEALTH & COMMUNITY SUPPORT**

<b>Goal:</b> When changes and challenges in health occur, older adults and their families know how to find relevant resources, support, and care planning in their community.				
<b>Rationale:</b> AIS' Health and Community Support team envisions communities where older adults have access to health care and community support, even as their needs change through the life course. Strategies to achieve this goal include: increasing awareness of existing resources, increasing access to, and use of, technology to support aging in place, and promoting village-like communities, where neighbors support each other.				
#	OBJECTIVES	Projected Start and End Dates	Title IIIB Funded PD or C <sup>4</sup>	Update Status <sup>5</sup>
8.01	Manage the Veteran Directed Care Program at full census (30) for Veterans who are at risk of nursing home placement Veterans enrolled in San Diego Veterans Independence Services at Any Age (SD-VISA) receive self-directed caregiving services and ongoing options counseling. The goal of SD-VISA is to allow Veterans to age in place with services that are coordinated between the VA Medical Center and other community-based services.	July 1, 2022 to June 30, 2023		Continued
8.02	Provide Information and Assistance (I&A) through the Aging & Independence Services (AIS) Call Center 800 number to an average of 800 callers per month (9,600 per year). The outcome will be measured by the AIS Call Center call management system.	July 1, 2022 to June 30, 2023		Continued
8.03	Conduct a biennial conference to educate community organizations and the public on important issues. A subject theme is developed for each event. Outcomes will be measured by attendance at the event.	July 1, 2022 to June 30, 2023		Revised
8.04	Continue to advance LGBTQ+ sensitivity efforts, in addition to other diversity awareness practices, through activities such as ensuring inclusive language on forms, hosting staff training activities, and/or having staff representation at the annual San Diego PRIDE event.	July 1, 2022 to June 30, 2023		Revised

8.05	Participate in the County's legislative process by reviewing opportunities to identify and submit proposals to advocate for legislation that is consistent with Board of Supervisors policy positions which support the goals of AIS programs. In addition, provide analyses on an ongoing basis on pending legislation that impacts AIS programs and recommend, when necessary, that the County support or oppose legislation. The Older Americans Act requires advocacy on behalf of older people and the process incorporates feedback on legislation reviewed by the AIS Advisory Council with recommendations developed through its protocols and in accordance with County policy. The outcome will be measured by proposals and analyses submitted to the Health and Human Services Agency Executive Office to be acted on by the County's Office of Strategy & Intergovernmental Affairs.	July 1, 2022 to June 30, 2023		Continued
8.06	AIS will foster a positive, strengths-based workforce through periodic leadership team meetings and an annual event for all staff.	July 1, 2022 to June 30, 2023		Continued
8.07	AIS will promote access to and awareness of technology training programs for older adults by publicizing technology training opportunities on a regular basis through our monthly newsletter. In addition, AIS will support community partners to reach at least 500 older adults with brief technology training seminars and/or information on where to go to obtain affordable computers and technology training. The outcome will be that over 5,000 newsletter recipients will have the opportunity to learn about ongoing technology training opportunities for seniors and at least 500 older adults will receive brief technology training seminars and/or information on how to obtain affordable computers and technology training.	July 1, 2022 to June 30, 2023		Continued
8.08	Health Promotion staff will educate 110 seniors through evidence-based programs such as Chronic Disease Self-Management Education Program, Tai Chi for Arthritis and Tai Chi: Moving For Better Balance. These programs are noted as evidence-based in the National Council on Aging evidence-based programs list. Published research has shown that participants have improved self-efficacy and improved health outcomes. AIS Health Promotion staff will track attendance and the number of participants.	July 1, 2022 to June 30, 2023		Revised

8.09	Health Promotion staff will lead two coalitions (Health Promotion Committee and Fall Prevention Task Force) focused on health issues to collaborate and leverage resources for the benefit of seniors. Staff will track programs and resources developed.	July 1, 2022 to June 30, 2023		Continued
8.10	In order to help reduce the risk of elder and dependent adult abuse in our community and increase knowledge of community supports and resources, AIS staff will conduct community presentations reaching at least 2,000 community members annually. Presentation topics will range from Elder Abuse and Aging & Independence Programs and Services to behavioral health and Advance Health Care planning. Staff will track the number of community members reached through these presentations.	July 1, 2022 to June 30, 2023		Continued
8.11	Health Promotion staff will promote, conduct, and maintain attendance at a minimum of 25 Feeling Fit exercise classes with at least 1,000 participants in one year. Health Promotion staff will track the number of classes offered and the number of participants in each session.	July 1, 2022 to June 30, 2023		Continued
8.12	The Age Well Health & Community Support Theme Team will work with partners to increase awareness of 2-1-1 San Diego and the AIS call center, with special focus on underserved populations and communities that would benefit from knowledge of resources. Measures include education and outreach efforts, materials developed, and number reached with those materials.	July 1, 2022 to June 30, 2023		Continued
8.13	Through the CalFresh Healthy Living program, educate at least 50 older adults on nutrition and the importance of physical activity.	July 1, 2022 to June 30, 2023		Continued
8.14	Through the CalFresh Healthy Living program, engage 2 cohorts of low-income seniors in a Policy, System, and Environment (PSE) community improvement project.	July 1, 2022 to June 30, 2023		Continued

**Goal # 9            HOUSING**

<b>Goal:</b> Older adults live in safe and affordable housing that is located near goods, services, and activities, all of which allows them to age in their community.				
<b>Rationale:</b> Housing is a concern for people of all ages in our region, including older adults. The Housing Theme Team envisions communities where older adults have affordable housing options that are within walking distance of shops and services. The Housing Theme Team’s strategies include increasing mixed-use zoning, initiating programs to prevent homelessness, increasing the affordable housing stock, and educating the community on the opportunities to construct accessory dwelling units (also called granny flats).				
#	OBJECTIVES	Projected Start and End Dates	Title IIIB Funded PD or C <sup>4</sup>	Update Status <sup>5</sup>
9.01	Continue working with partners to educate homeowners about the Accessory Dwelling Unit (ADU) building process, including permitting, planning, and fees. Measures include event attendance and number of residents who receive educational materials.	July 1, 2022 to June 30, 2023		Continued

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**Goal # 10            TRANSPORTATION**

<b>Goal:</b> Older adults have access to safe and affordable transportation options that are accessible for all ages and abilities.				
<b>Rationale:</b> The Transportation Theme Team has a vision of communities in which older adults can get around even if they can no longer drive. Strategies to achieve this vision include promoting the development of complete streets (that address the needs of all users, including pedestrians, cyclists, and public transit users), promoting smart growth and increasing awareness of transportation options.				
<b>#</b>	<b>OBJECTIVES</b>	<b>Projected Start and End Dates</b>	<b>Title IIIB Funded PD or C<sup>4</sup></b>	<b>Update Status<sup>5</sup></b>
10.01	Continue to provide 180 roundtrips for non-emergency medical and other essential transportation. The outcome will be measured by client records maintained by AIS staff through Senior Options, Advocacy and Referrals (SOAR).	July 1, 2022 to June 30, 2023		Continued
10.02	Address food insecurity by working with senior nutrition contractors to provide transportation for those clients not eligible for home delivered meals that also lack transportation to get to the nutrition center independently.	July 1, 2022 to June 30, 2023		Continued
10.03	Continue to update the "Ride Well to Age Well Guide," which catalogs transportation options for older adults by region in San Diego County. Work with community partners to distribute Guide in digital and paper versions and provide education regarding transportation options in San Diego County.	July 1, 2022 to June 30, 2023		Continued

**SECTION TEN**  
**SERVICE UNIT PLAN (SUP) OBJECTIVES**

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SUP Projections funded by the  
Older Americans Act

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

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

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

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

**1. Personal Care (In-Home)**

**Unit of Service = 1 hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
<b>2020-2021</b>	3,225	5	
<b>2021-2022</b>	2,400	5	
<b>2022-2023</b>	2,400	5	
<b>2023-2024</b>			

**2. Homemaker (In-Home)**

**Unit of Service = 1 hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
<b>2020-2021</b>	12,275	5	
<b>2021-2022</b>	11,060	5	
<b>2022-2023</b>	11,060	5	
<b>2023-2024</b>			

**3. Chore (In-Home)**

**Unit of Service = 1 hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
<b>2020-2021</b>	0		Not a current program output
<b>2021-2022</b>	0		Not a current program output
<b>2022-2023</b>	0		Not a current program output
<b>2023-2024</b>			

**4. Home-Delivered Meal****Unit of Service = 1 meal**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	647,513	8	
2021-2022	647,513	8	
2022-2023	647,513	8	
2023-2024			

**5. Adult Day/ Health Care (In-Home)****Unit of Service = 1 hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	13,200	8	
2021-2022	13,200	8	
2022-2023	13,200	8	
2023-2024			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	6,000	5	
2021-2022	6,000	5	
2022-2023	6,000	5	
2023-2024			

**7. Assisted Transportation (Access)****Unit of Service = 1 one-way trip**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	360	10	10.01
2021-2022	360	10	10.01
2022-2023	360	10	10.01
2023-2024			

**8. Congregate Meals****Unit of Service = 1 meal**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	550,522	8	
2021-2022	550,522	8	
2022-2023	550,522	8	
2023-2024			

**9. Nutrition Counseling****Unit of Service = 1 session per participant**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	0		Not a current program output
2021-2022	0		Not a current program output
2022-2023	0		Not a current program output
2023-2024			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	55,596	10	
2021-2022	55,596	10	
2022-2023	55,596	10	
2023-2024			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	2,950	8	
2021-2022	2,950	8	
2022-2023	2,950	8	
2023-2024			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	10,500	8	
2021-2022	10,500	8	
2022-2023	10,500	8	
2023-2024			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	15,000	8	8.02
2021-2022	9,600	8	8.02
2022-2023	9,600	8	8.02
2023-2024			

**14. Outreach (Access)** **Unit of Service = 1 contact**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	0		Not a current program output
2021-2022	0		Not a current program output
2022-2023	0		Not a current program output
2023-2024			

NAPIS Service Category – “Other” Title III Services

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

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

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

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

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

**Table 15-a**

**Other Service Category: Visiting**

**Unit of Service: 1 Hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
<b>2020-2021</b>	50	4	
<b>2021-2022</b>	50	4	
<b>2022-2023</b>	135	4	
<b>2023-2024</b>			

**Table 15-b**

**Other Service Category: Disaster Preparedness Materials**

**Unit of Service: 1 Product**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
<b>2020-2021</b>	5,000	3	
<b>2021-2022</b>	5,000	3	



<b>2022-2023</b>	5,000	3	
<b>2023-2024</b>			

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**16. Title IIID/Health Promotion—Evidence Based**

- Provide the specific name of each proposed evidence-based program.

**Unit of Service = 1 contact**

**Evidence-Based Program Name(s):** Evidence-based health promotion programs (Chronic Disease Self- Management Education [CDSME] and Tai Chi)

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	CDSME: 640; Tai Chi: 3,240	8	
2021-2022	CDSME: 326 Tai Chi: 1,652	8	
2022-2023	CDSME: 326 Tai Chi: 1,652	8	
2023-2024			

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

**2020-2024 Four-Year Planning Cycle**

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

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

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

Complete all Measures and Targets for Outcomes 1-3;

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

**Measures and Targets:**

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

1. FY 2018-2019 Baseline Resolution Rate: Number of complaints resolved <u>791</u> + number of partially resolved complaints <u>407</u> divided by the total number of complaints received <u>2,033</u> = Baseline Resolution Rate <u>58.9%</u> FY 2020-2021 Target Resolution Rate <u>58%</u>
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2. FY 2019-2020 Baseline Resolution Rate: Number of complaints partially or fully resolved <u>706</u> divided by the total number of complaints received <u>970</u> = Baseline Resolution Rate <u>73%</u> FY 2021-2022 Target Resolution Rate <u>60%</u>
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<p>3. FY 2020 - 2021 Baseline Resolution Rate:  Number of complaints partially or fully resolved <u>622</u> divided by the total number of complaints received <u>861</u> = Baseline Resolution Rate <u>72</u> %  FY 2022-2023 Target Resolution Rate <u>60</u>%</p>
<p>4. FY 2021-2022 Baseline Resolution Rate:  Number of complaints partially or fully resolved _____ divided by the total number of complaints received _____ = Baseline Resolution Rate _____ %  FY 2023-2024 Target Resolution Rate _____</p>
<p>Program Goals and Objective Numbers:</p>

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

<p>1. FY 2018-2019 Baseline: Number of Resident Council meetings attended <u>333</u>  FY 2020-2021 Target: <u>160</u></p>
<p>2. FY 2019-2020 Baseline: Number of Resident Council meetings attended <u>157</u>  FY 2021-2022 Target: <u>175</u></p>
<p>3. FY 2020-2021 Baseline: Number of Resident Council meetings attended <u>29</u>  FY 2022-2023 Target: <u>100</u></p>
<p>4. FY 2021-2022 Baseline: Number of Resident Council meetings attended _____  FY 2023-2024 Target: _____</p>
<p>Program Goals and Objective Numbers: _____</p>

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

<p>1. FY 2018-2019 Baseline: Number of Family Council meetings attended <u>24</u>  FY 2020-2021 Target: <u>10</u></p>
<p>2. FY 2019-2020 Baseline: Number of Family Council meetings attended <u>6</u>  FY 2021-2022 Target: <u>11</u></p>
<p>3. FY 2020-2021 Baseline: Number of Family Council meetings attended <u>0</u>  FY 2022-2023 Target: <u>5</u></p>
<p>4. FY 2021-2022 Baseline: Number of Family Council meetings attended _____  FY 2023-2024 Target: _____</p>
<p>Program Goals and Objective Numbers: _____</p>

**D. Information and Assistance to Facility Staff (NORS Elements S-53 and S-54)** Count of instances of Ombudsman representatives' interactions with facility staff for the purpose of providing general information and assistance unrelated to a complaint. Information and Assistance may be accomplished by telephone, letter, email, fax, or in-person.

<p>1. FY 2018-2019 Baseline: Number of Instances <u>2,098</u>  FY 2020-2021 Target: <u>1,000</u></p>
<p>2. FY 2019-2020 Baseline: Number of Instances <u>1,681</u>  FY 2021-2022 Target: <u>1,000</u></p>

3. FY 2020-2021 Baseline: Number of Instances <u>1,938</u> FY 2022-2023 Target: <u>1,000</u>
4. FY 2021-2022 Baseline: Number of Instances _____ FY 2023-2024 Target: _____
Program Goals and Objective Numbers: _____

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

1. FY 2018-2019 Baseline: Number of Instances <u>15,778</u> FY 2020-2021 Target: <u>7,500</u>
2. FY 2019-2020 Baseline: Number of Instances <u>16,229</u> FY 2021-2022 Target: <u>10,000</u>
3. FY 2020-2021 Baseline: Number of Instances <u>21,117</u> FY 2022-2023 Target: <u>10,000</u>
4. FY 2021-2022 Baseline: Number of Instances _____ FY 2023-2024 Target: _____
Program Goals and Objective Numbers: _____

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

1. FY 2018-2019 Baseline: Number of Sessions <u>25</u> FY 2020-2021 Target: <u>5</u>
2. FY 2019-2020 Baseline: Number of Sessions <u>9</u> FY 2021-2022 Target: <u>10</u>
3. FY 2020-2021 Baseline: Number of Sessions <u>4</u> FY 2022-2023 Target: <u>5</u>
4. FY 2021-2022 Baseline: Number of Sessions _____ FY 2023-2024 Target: _____
Program Goals and Objective Numbers: _____

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

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

specific new steps the local LTC Ombudsman program will be taking during the upcoming year. Progress and goals must be separately entered each year of the four-year cycle in the appropriate box below.

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

<b>FY 2020-2021</b>
<b>FY 2020-2021 Systems Advocacy Effort(s):</b> (Provide one or more new systems advocacy efforts) Work with law enforcement entities to improve response and investigation of abuse complaints; continue attending committees and supportive decision-making work groups.
<b>FY 2021-2022</b>
<b>Outcome of FY 2020-2021 Efforts:</b> Despite COVID-19 in-person restrictions, successful continued coordination with law enforcement and other community partners occurred remotely. Program supervisors attend monthly Psychiatric Emergency Response Team (PERT) meetings that include various law enforcement associates. Quarterly meetings with the Department of Justice (DOJ), District Attorney (DA), and Community Care Licensing (CCL) occurred virtually. Meeting attendance with ElderLaw & Advocacy, Jewish Family Services (JFS) Patient Advocacy, Elder Protection Council, AIS Ombudsman Advisory Committee, and the Elder Death Review Team was continuous. Program supervisors also attend regular behavioral health/case management provider meetings.
<b>FY 2021-2022 Systems Advocacy Effort(s):</b> (Provide one or more new systems advocacy efforts) To help grow our volunteer-based program, the Long-Term Care Ombudsman Program (LTCOP) will network and collaborate with the newly contracted volunteer recruiter. The recruitment, training, and retention of volunteers is crucial. LTCOP will also join efforts with organizations such as AARP, educational institutions, and the AIS LTC Facilities Advisory Committee to promote volunteer opportunities. The hiring of additional paid staff to help supervise and mentor volunteers will be done.
<b>FY 2022-2023</b>
<b>Outcome of FY 2021-2022 Efforts:</b> Outcome of efforts were isolation prevention and intervention in long-term care facilities.
<b>FY 2022-2023 Systems Advocacy Effort(s):</b> (Provide one or more new systems advocacy efforts) To educate facility, staff, residents, and community stakeholders of the importance of visitation and the effects of isolation. Provide information and interpretation of All Facility Letters (AFL) and Provider Information Notices (PIN).

**FY 2023-2024**

**Outcome of 2022-2023 Efforts:**

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

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

**Measures and Targets:**

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

1. FY 2018-2019 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint 87  
FY 2020-2021 Target: 75%

2. FY 2019-2020 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint 87  
FY 2021-2022 Target: 75%

3. FY 2020-2021 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint 65%  
FY 2022-2023 Target: 75%

4. FY 2021-2022 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint \_\_\_\_\_  
FY 2023-2024 Target: \_\_\_\_\_

Program Goals and Objective Numbers: \_\_\_\_\_

**B. Routine Access: Residential Care Communities** (NORS Element S-61) Number 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. NOTE: This is not a count of *visits* but a count of *facilities*. In determining the number of facilities visited for this measure, no RCFE can be counted more than once.

1. FY 2018-2019 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint <u>541</u> FY 2020-2021 Target: <u>70%</u>
2. FY 2019-2020 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint <u>608</u> FY 2021-2022 Target: <u>70%</u>
3. FY 2020-2021 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint <u>13%</u> FY 2022-2023 Target: <u>70%</u>
4. FY 2021-2022 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint _____ FY 2023-2024 Target: _____
Program Goals and Objective Numbers: _____

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

1. FY 2018-2019 Baseline: <u>11.25</u> FTEs FY 2020-2021 Target: <u>11.25</u> FTEs
2. FY 2019-2020 Baseline: <u>11.25</u> FTEs FY 2021-2022 Target: <u>11.25</u> FTEs
3. FY 2020-2021 Baseline: <u>11</u> FTEs FY 2022-2023 Target: <u>11.25</u> FTEs
4. FY 2021-2022 Baseline: _____ FTEs FY 2023-2024 Target: _____ FTEs
Program Goals and Objective Numbers: _____

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

1. FY 2018-2019 Baseline: Number of certified LTC Ombudsman volunteers <u>94</u> FY 2020-2021 Projected Number of certified LTC Ombudsman volunteers <u>65</u>
2. FY 2019-2020 Baseline: Number of certified LTC Ombudsman volunteers <u>73</u> FY 2021-2022 Projected Number of certified LTC Ombudsman volunteers <u>80</u>



3. FY 2020-2021 Baseline: Number of certified LTC Ombudsman volunteers <u>54</u> FY 2022-2023 Projected Number of certified LTC Ombudsman volunteers <u>75</u>
4. FY 2021-2022 Baseline: Number of certified LTC Ombudsman volunteers _____ FY 2023-2024 Projected Number of certified LTC Ombudsman volunteers _____
Program Goals and Objective Numbers: _____

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

**Measures and Targets:**

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

Some examples could include:

- Hiring additional staff to enter data
- Updating computer equipment to make data entry easier

<p>Our program will:</p> <ul style="list-style-type: none"> <li>• Hire additional staff.</li> <li>• Provide active volunteers with Surface Pros to improve communication between paid staff and volunteers, while improving timeliness and efficiency of case and activity reporting.</li> </ul>
--

**TITLE VIIA ELDER ABUSE PREVENTION SERVICE**  
**UNIT PLAN OBJECTIVES**

The program conducting the Title VIIA 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)

## **TITLE VIIA ELDER ABUSE PREVENTION SERVICE UNIT PLAN OBJECTIVES**

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

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

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

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

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

- **Public Education Sessions** –Indicate the total number of projected education sessions for the general public on the identification, prevention, and treatment of elder abuse, neglect, and exploitation.
- **Training Sessions for Professionals** –Indicate the total number of projected training sessions for professionals (service providers, nurses, social workers) on the identification, prevention, and treatment of elder abuse, neglect, and exploitation.
- **Training Sessions for Caregivers Served by Title III E** –Indicate the total number of projected training sessions for unpaid family caregivers who are receiving services under Title III E of the Older Americans Act (OAA) on the identification, prevention, and treatment of elder abuse, neglect, and exploitation. Older Americans Act Reauthorization Act of 2016, Section 302(3) 'Family caregiver' means an adult family member, or another individual, who is an informal provider of in-home and community care to an older individual or to an individual with Alzheimer's disease or a related disorder with neurological and organic brain dysfunction.
- **Hours Spent Developing a Coordinated System to Respond to Elder Abuse** –Indicate the number of hours to be spent developing a coordinated system to respond to elder abuse. This category includes time spent coordinating services provided by the AAA or its contracted service provider with services provided by Adult Protective Services, local law enforcement agencies, legal services providers, and other agencies involved in the protection of elder and dependent adults from abuse, neglect, and exploitation.
- **Educational Materials Distributed** –Indicate the type and number of educational materials to be distributed to the general public, professionals, and caregivers (this may include materials that have been developed by others) to help in the identification, prevention, and treatment of elder abuse, neglect, and exploitation.
- **Number of Individuals Served** –Indicate the total number of individuals expected to be reached by any of the above activities of this program.

**TITLE VIIA ELDER ABUSE PREVENTION SERVICE UNIT PLAN OBJECTIVES**

The agency receiving Title VIIA Elder Abuse Prevention funding is: Aging & Independence Services

<b>Fiscal Year</b>	<b>Total # of Public Education Sessions</b>
<b>2020-2021</b>	0
<b>2021-2022</b>	1
<b>2022-2023</b>	1
<b>2023-2024</b>	

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

<b>Fiscal Year</b>	<b>Total # of Training Sessions for Caregivers served by Title III E</b>
<b>2020-2021</b>	0
<b>2021-2022</b>	0
<b>2022-2023</b>	0
<b>2023-2024</b>	

<b>Fiscal Year</b>	<b>Total # of Hours Spent Developing a Coordinated System</b>
<b>2020-2021</b>	15
<b>2021-2022</b>	15
<b>2022-2023</b>	15
<b>2023-2024</b>	

<b>Fiscal Year</b>	<b>Total # of Copies of Educational Materials to be Distributed</b>	<b>Description of Educational Materials</b>
<b>2020-2021</b>	100	Ombudsman, Live Well Thriving & Safety brochures, with the role of the Ombudsman & Elder Abuse, Mandated Reporter
	100	Reporter & SOC341 information; Mandated Reporter flowchart
<b>2021-2022</b>	100	Ombudsman, Live Well Thriving & Safety brochures, with the role of the Ombudsman & Elder Abuse, Mandated Reporter
	100	Reporter & SOC341 information; Mandated Reporter flowchart
<b>2022-2023</b>	100	Ombudsman, Live Well Thriving & Safety brochures, with the role of the Ombudsman & Elder Abuse, Mandated Reporter

	100	Reporter & SOC341 information; Mandated Reporter flowchart
<b>2023-2024</b>		

<b>Fiscal Year</b>	<b>Total Number of Individuals Served</b>
<b>2020-2021</b>	100
<b>2021-2022</b>	100
<b>2022-2023</b>	100
<b>2023-2024</b>	

APPROVED

**TITLE IIIIE SERVICE UNIT PLAN OBJECTIVES**

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

**2020-2024 Four-Year Planning Period**

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

**Direct and/or Contracted IIIIE Services**

<b>CATEGORIES</b>	<b>1</b>	<b>2</b>	<b>3</b>
<b>Family Caregiver Services</b>	<b><i>Proposed</i></b> <b>Units of Service</b>	<b><i>Required</i></b> <b>Goal #(s)</b>	<b><i>Optional</i></b> <b>Objective #(s)</b>
<b>Caregivers of Older Adults</b>			
<b>Information Services</b>	<b># of activities and Total est. audience for above</b>		
<b>2020-2021</b>	# of activities: 2,000 Total est. audience for above: 12,000	1	
<b>2021-2022</b>	# of activities: 2,000 Total est. audience for above: 12,000	1	
<b>2022-2023</b>	# of activities: 2,000 Total est. audience for above: 12,000	1	
<b>2023-2024</b>	# of activities: Total est. audience for above:		
<b>Access Assistance</b>	<b>Total contacts</b>		
<b>2020-2021</b>	800	1	
<b>2021-2022</b>	800	1	
<b>2022-2023</b>	800	1	1.02.a
<b>2023-2024</b>			

<b>Support Services</b>	<b>Total hours</b>		
2020-2021	10,000	1	
2021-2022	10,000	1	
2022-2023	8,000	1	1.02.a
2023-2024			
<b>Respite Care</b>	<b>Total hours</b>		
2020-2021	12,000	1	
2021-2022	12,000	1	
2022-2023	12,000	1	1.02.a
2023-2024			
<b>Supplemental Services</b>	<b>Total occurrences</b>		
2020-2021	2,000	1	
2021-2022	2,000	1	
2022-2023	1,600	1	1.02.a
2023-2024			

**Direct and/or Contracted IIIE Services**

<b>Older Elderly Relative</b>	<b>Proposed Units of Service</b>	<b>Required Goal #(s)</b>	<b>Optional Objective #(s)</b>
<b>Information Services</b>	<b># of activities and Total est. audience for above</b>		
2020-2021	# of activities: 6 Total est. audience for above: 400	1	
2021-2022	# of activities: 4 Total est. audience for above: 300	1	
2022-2023	# of activities: 4 Total est. audience for above: 200	1	
2023-2024	# of activities: Total est. audience for above:		

<b>Older Elderly Relative</b>	<b><i>Proposed</i> Units of Service</b>	<b><i>Required</i> Goal #(s)</b>	<b><i>Optional</i> Objective #(s)</b>
<b>Access Assistance</b>	<b>Total contacts</b>		
2020-2021	400	1	
2021-2022	400	1	
2022-2023	200	1	
2023-2024			
<b>Support Services</b>	<b>Total hours</b>		
2020-2021	0		
2021-2022	0		
2022-2023	0		
2023-2024			
<b>Respite Care</b>	<b>Total hours</b>		
2020-2021	16,000	1	
2021-2022	16,000	1	
2022-2023	16,000	1	
2023-2024			
<b>Supplemental Services</b>	<b>Total occurrences</b>		
2020-2021	0		
2021-2022	0		
2022-2023	0		
2023-2024			

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

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

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

**STATE & FEDERAL PERFORMANCE TARGETS:** The Administration for Community Living (ACL) establishes targets for the State Health Insurance Assistance Program (SHIP)/HICAP performance measures (PMs). ACL introduced the current SHIP PMs in late 2016, and continues to manage the PMs in conjunction with the SHIP Annual Resource Report, used to inform Congress. The SHIP PMs are comprised of five (5) base elements, with one multi-layered category. The PMs are not used in performance-based funding scoring methodology, but instead are assessed to determine a Likert scale comparison model for setting National PM Targets that define the proportional penetration rates needed for statewide improvements.

Using ACL’s approach, CDA HICAP calculates State and Federal Performance Measures with goal-oriented targets for each AAA’s Planning and Service Area (PSA). The PMs are calculated at the county-level data, then displayed under each Planning Service Area. In general, the State and Federal Performance Measures include the following:

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



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

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

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

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

**HICAP Legal Services Units of Service (if applicable) <sup>6</sup>**

<b>Fiscal Year (FY)</b>	<b>3.1 Estimated Number of Clients Represented Per FY (Unit of Service)</b>	<b>Goal Numbers</b>
<b>2020-2021</b>	100	5
<b>2021-2022</b>	100	5
<b>2022-2023</b>	100	5
<b>2023-2024</b>		

<b>Fiscal Year (FY)</b>	<b>3.2 Estimated Number of Legal Representation Hours Per FY (Unit of Service)</b>	<b>Goal Numbers</b>
<b>2020-2021</b>	1,770	5
<b>2021-2022</b>	1,770	5
<b>2022-2023</b>	1,770	5
<b>2023-2024</b>		

<b>Fiscal Year (FY)</b>	<b>3.3 Estimated Number of Program Consultation Hours Per FY (Unit of Service)</b>	<b>Goal Numbers</b>
<b>2020-2021</b>	125	5
<b>2021-2022</b>	125	5
<b>2022-2023</b>	125	5
<b>2023-2024</b>		

<sup>2</sup> Requires a contract for using HICAP funds to pay for HICAP Legal Services

**SECTION TWELVE**  
**DISASTER PREPAREDNESS**

**Disaster Preparation Planning** Conducted for the 2020-2024 Planning Cycle Older Americans Act Reauthorization Act of 2016, Section 306(a)(17); 310, CCR Title 22, Sections 7529 (a)(4) and 7547, W&I Code Division 8.5, Sections 9625 and 9716, CDA Standard Agreement, Exhibit E, Article 1, 22-25, Program Memo 10-29(P)

1. Describe how the AAA coordinates its disaster preparedness plans and activities with local emergency response agencies, relief organizations, state and local governments, and other organizations responsible for emergency preparedness and response as required in OAA, Title III, Section 310:
  - The AAA (AIS) coordinates its disaster preparedness plans and activities with local emergency response agencies, relief organizations, state and local governments, and other organizations responsible for emergency preparedness through the Office of Emergency Services (OES) of the County of San Diego which orchestrates periodic regional meetings for both internal and external responsible parties, as outlined in the AIS Disaster Plan – Continuity of Operations Planning (COOP) Annex.

2. Identify each of the local Office of Emergency Services (OES) contact person(s) within the PSA that the AAA will coordinate with in the event of a disaster (add additional information as needed for each OES within the PSA):

Name	Title	Telephone	Email
Brynn Viale Long	Chief, Agency Operations	Office: 858-694-3624 Cell: 619-455-3913	Brynn.Viale@sdcounty.ca.gov

3. Identify the Disaster Response Coordinator within the AAA:

Name	Title	Telephone	Email
Frank Roxas	Principal Admin Analyst	Office: 858-495-5994 Cell: 619-455-7363	Franklin.Roxas@sdcounty.ca.gov

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

Critical Services	How Delivered?
AIS Emergency Response: < 1 hour recovery	<ul style="list-style-type: none"> <li>• DOC Responders</li> <li>• EOC Responders</li> <li>• AIS COOP Coordinator</li> <li>• California Department of Aging (CDA) Special Populations Coordinator</li> </ul>
AIS Administration: < 1 hour recovery	<ul style="list-style-type: none"> <li>• Manage facilities issues</li> <li>• Check on status of contractors</li> </ul>

AIS Call Center: < 1 hour recovery	<ul style="list-style-type: none"> <li>• Take mandated abuse reports</li> <li>• Provide information and assistance</li> <li>• Assist program staff to call to check on AIS clients in impacted areas as directed by HHSA DOC</li> <li>• Contact vulnerable clients impacted by event (i.e., power outage, potential evacuees, etc.)</li> </ul>
Adult Protection Services (APS): < 4 hour recovery	<ul style="list-style-type: none"> <li>• Investigate abuse reports</li> <li>• Provide emergency purchase of services</li> <li>• Continue cross reporting</li> <li>• Contact vulnerable clients to check on status</li> </ul>
AIS Emergency Response: < 4 hours recovery	<ul style="list-style-type: none"> <li>• Deploy to shelters as part of VASAT team</li> </ul>
Ombudsman: < 24 hour recovery	<ul style="list-style-type: none"> <li>• Investigate complaints in care facilities</li> <li>• Conduct site visits</li> <li>• Conduct cross reporting</li> <li>• Accept community calls and abuse reports</li> </ul>
In-Home Support Services (IHSS): < 72 hours recovery	<ul style="list-style-type: none"> <li>• Conduct client initial eligibility assessments</li> <li>• Mailing of Notice of Actions</li> <li>• Provide urgent purchased services</li> <li>• Provide resource referrals</li> <li>• Process - Disputes/Violations</li> </ul>
Multipurpose Senior Service Program (MSSP) < 168 hours recovery	<ul style="list-style-type: none"> <li>• Contact clients to assess for safety</li> <li>• Conduct home visits</li> <li>• Provide purchased services/complete service authorizations</li> <li>• Care conference cases prior to approving purchased services</li> <li>• Complete Level of Care certifications</li> </ul>

- List any agencies with which the AAA has formal emergency preparation or response agreements.
  - AIS has roles in the *Operational Area Emergency Plan, Annex G, Care and Shelter Operations, Annex Q, Evacuation.*
  - All service and supply contracts deemed essential in an emergency include disaster preparedness and response language.
- Describe how the AAA will:
  - Identify vulnerable populations.
    - AIS, with OES, will GIS map vulnerable clients during disasters.
  - Follow-up with these vulnerable populations after a disaster event.
    - The AIS Call Center calls vulnerable populations potentially impacted by disasters.

**SECTION SIXTEEN**  
**GOVERNING BOARD**

**GOVERNING BOARD MEMBERSHIP**  
**2020-2024 Four-Year Area Plan Cycle**

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

**Total Number of Board Members: 5**

**Name and Title of Officers:**

**Office Term Expires:**

Nathan Fletcher, Chair – District 4	2023
Nora Vargas, Vice-Chair – District 1	2025

**Names and Titles of All Members:**

**Board Term Expires:**

Nora Vargas, Supervisor – District 1	2025
Joel Anderson, Supervisor – District 2	2025
Terra Lawson-Remer, Supervisor – District 3	2025
Nathan Fletcher, Supervisor – District 4	2023
Jim Desmond, Supervisor – District 5	2023

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

Supervisors Fletcher and Desmond’s terms expire on January 2, 2023. They have the option to run for reelection for a second, four-year term.

**SECTION SEVENTEEN**  
**ADVISORY COUNCIL**

**ADVISORY COUNCIL MEMBERSHIP**  
**2020-2024 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): 30 (22 filled seats)

Number of Council Members over age 60: 16 (73% of filled seats)

<b>Race/Ethnic Composition</b>	<b>% of PSA's 60+Population*</b>	<b>% on Advisory Council</b>
White	46.0	59.1
Hispanic	34.2	13.6
NH Black	4.7	9.1
NH Asian/Pacific Islander	11.1	18.2
NH Native American/Alaskan Native	0.5	0
Other	3.5	0

NH = Non-Hispanic

\*Source: SANDAG Data Surfer, 2020 Current Population Estimates.

<https://datasurfer.sandag.org/>. Retrieved 2/1/2022.

Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, 2022.

**Name and Title of Officers:**

**Office Term Expires:**

Osborne, John Chair	Supervisorial District #3 – T. Lawson-Remer (2 <sup>nd</sup> Term)	1/6/25
Maeoka, Chris 1 <sup>st</sup> Vice Chair	(1 <sup>st</sup> Term)	7/12/23
Huber, Stephen 2 <sup>nd</sup> Vice Chair	(1 <sup>st</sup> Term)	5/12/23
Mallett, Susan Secretary	(1 <sup>st</sup> Term)	5/14/26

**Name and Title of other members:**

**Office Term Expires:**

Bonilla, Judi		(2 <sup>nd</sup> Term)	5/13/21
Detsky-Weil, Faye		(1 <sup>st</sup> Term)	7/8/23
Fields, LaRue		(2 <sup>nd</sup> Term)	9/11/24
Flynn, Monica	Supervisory District #4 – N. Fletcher	(1 <sup>st</sup> Term)	1/2/23
Garbanzos, Joe	Supervisory District #1 – N. Vargas	(2 <sup>nd</sup> Term)	1/6/25
King, Shirley	Supervisory District #3 – T. Lawson-Remer	(1 <sup>st</sup> Term)	1/6/25
Larkins, Ethel	Supervisory District #1 – N. Vargas	(1 <sup>st</sup> Term)	1/6/25
Ling, Paul		(1 <sup>st</sup> Term)	9/2/24
Martinez, Sylvia		(1 <sup>st</sup> Term- Partial)	9/9/23
Mulvey, Bradlyn		(1 <sup>st</sup> Term - Partial)	7/8/23
Nocon, Molly	Supervisory District #2 – J. Desmond	(1 <sup>st</sup> Term)	1/6/25
Simon, Jacqueline	Supervisory District #5 – J. Anderson	(1 <sup>st</sup> Term)	1/2/23
Smith, Wanda		(1 <sup>st</sup> Term)	9/9/23
Splitgerber, Thomas	Supervisory District #2 – J. Desmond	(1 <sup>st</sup> Term)	1/6/25
Taylor, Lorelei		(2 <sup>nd</sup> Term)	10/11/22
Vazquez, Pualani		(1 <sup>st</sup> Term – Partial)	2/13/22
Villafana, Luz	Supervisory District #4 – N. Fletcher	(1 <sup>st</sup> Term)	1/2/23
Weber, Darlene	Supervisory District #5 – J. Desmond	(2 <sup>nd</sup> Term)	1/2/23
(vacant)			
(vacant)			
(vacant)			
(vacant)			
(vacant)			
(vacant)			
(vacant)			
(vacant)			
(vacant)			

**SECTION EIGHTEEN**  
**LEGAL ASSISTANCE**

**2020-2024 Four-Year Area Planning Cycle**

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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)].

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>

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

6% is allocated to Legal Services.

2. Specific to Legal Services, has there been a change in your local needs in the past four years? If so, please identify the change (include whether the change affected the level of funding and the difference in funding levels in the past four years). **Yes/No, Discuss:**

Yes, provider has experienced an increase in the type and frequency of mortgage defaults and loan modification issues, financial elder abuse perpetrated by persons in a position of trust such as paid conservators, trustees, fiduciaries, financial planners and adult children, scam victimization and student loan defaults-collection issues. The level of funding has not changed.

3. Specific to Legal Services, does the AAA's contract/agreement with the Legal Services Provider(s) (LSPs) specify that the LSPs are expected to use the California Statewide Guidelines in the provision of OAA legal services? **Yes/No, Discuss:**

Yes, the contract's Statement of Work states that the Contractor shall provide legal services countywide and priority shall be given to legal issues that affect target populations in California that conform to the requirements of the OAA, as stated in the California Statewide Guidelines for Legal Assistance.

4. Does the AAA collaborate with the Legal Services Provider(s) to jointly establish specific priorities issues for legal services? If so, what are the top four (4) priority legal issues in your PSA? **Yes/No, Discuss:**

Yes, public benefits issues, housing issues, elder abuse and health care.

5. Specific to Legal Services, does the AAA collaborate with the Legal Services Provider(s) to jointly identify the target population? **Yes/No, Discuss:**

Yes. The target population is seniors sixty (60) years and older, with priority given to minority clients, and to cases involving public benefits, landlord/tenant disputes, elder abuse, health care problems, consumer fraud and legal protective services. Special priority is provided to homebound and isolated seniors and those with the greatest economic and social needs. Family Caregivers providing care for seniors, age sixty (60) years and older, are also a targeted population. Priority is given to those

with the greatest economic and social needs and those providing care for individuals with Alzheimer's disease. Please see #10 below for discussion of the mechanism for reaching the Legal Services' target population.

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

The targeted populations are seniors sixty (60) years and older, with priority given to minority clients, and to cases involving public benefits, landlord/tenant disputes, elder abuse, health care problems, consumer fraud and legal protective services. Priority is given to those with the greatest economic and social needs and those providing care for individuals with Alzheimer's disease.

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

Fiscal Year	# of Legal Assistance Services Providers
<b>2020-2021</b>	1 contracted provider in the PSA. Unknown # of service providers overall in this area. <i>Assessing this query is untenable. This is partially due to the illusive nature in defining "legal assistance provider" as it might be related to firms already in service to our population, or more generally, for firms that in theory that might be recruited into our service network; furthermore, given the full field of law firms and non-profit service organizations in our particular urban, suburban, rural PSA, that might be providing pro-bono, or core legal services to their population, and thus the raw number thereof, we are not aware of a mechanism to so ascertain.</i>
<b>2021-2022</b>	1 contracted provider in the PSA. Unknown # of service providers overall in this area. <i>Assessing this query is untenable. This is partially due to the illusive nature in defining "legal assistance provider" as it might be related to firms already in service to our population, or more generally, for firms that in theory that might be recruited into our service network; furthermore, given the full field of law firms and non-profit service organizations in our particular urban, suburban, rural PSA, that might be providing pro-bono, or core legal services to their population, and thus the raw number thereof, we are not aware of a mechanism to so ascertain.</i>
<b>2022-2023</b>	1 contracted provider in the PSA. Unknown # of service providers overall in this area. <i>Assessing this query is untenable. This is partially due to the illusive nature in defining "legal assistance provider" as it might be related to firms already in service to our population, or more generally, for firms that in theory that might be recruited into our service network; furthermore, given the full field of law firms and non-profit service organizations in our particular urban, suburban, rural PSA, that might be providing pro-bono, or core legal services to their population, and thus the raw number thereof, we are not aware of a mechanism to so ascertain.</i>



2023-2024	
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8. What methods of outreach are Legal Services providers using? **Discuss:**

The provider uses printed materials describing its range of services and delivery model. Printed materials are distributed in mailings and are also hand-delivered to places frequented by seniors. The provider offers face-to-face services at over 30 established community sites, and now offers services over the phone or through video conferencing. It is able to collaborate with the sites to distribute outreach materials on an ongoing basis in order to target priority populations such as those in greatest economic need and minorities.

Provider's staff attorneys participate in community education presentations throughout the geographic region, discussing substantive legal topics and describing services. Provider participates in community events such as health fairs in order to reach potential priority populations. Attendees can ask questions about provider's range of services, make appointments and receive substantive educational materials.

Provider also maintains a website and a blog which describe services and contain content designed to inform target populations of services and educate internet users in substantive legal areas. Provider utilizes no- or low-cost radio and television advertising and is featured in newspaper and newsletter articles whenever these opportunities are available.

Due to the COVID-19 pandemic, in-person outreach opportunities were limited. The provider, individually and in partnership with other organizations, focused their efforts on providing virtual community education opportunities.

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

Fiscal Year	Name of Provider	Geographic Region covered
2020-2021	a. Elder Law & Advocacy b. c.	a. All applicable within the PSA b. c.
2021-2022	a. Elder Law & Advocacy b. c.	a. All applicable within the PSA b. c.
2022-2023	a. Elder Law & Advocacy b. c.	a. All applicable within the PSA b. c.
2023-2024	a. b. c.	a. b. c.

10. 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:**

Please refer to the discussion in #8 above.

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

Major types of legal issues handled by the provider include public benefits issues such as: Social Security denial and overpayment; landlord/tenant disputes including subsidized housing evictions; elder abuse and fraud against elders; healthcare problems including denials of coverage, quality of care, and billing issues; consumer fraud; legal protective services which include collaboration with the State Ombudsman and Adult Protective Services programs; personal rights protection; powers of attorney-financial and healthcare; age discrimination.

Provider experienced an increase in the type and frequency of mortgage defaults and loan modification issues, financial elder abuse perpetrated by persons in a position of trust such as paid conservators, trustees, fiduciaries, financial planners and adult children, scam victimization and student loan defaults-collection issues.

During the COVID-19 pandemic, the provider experienced a significant increase in reported scams that capitalized on seniors being forced to use technology to communicate with financial institutions. The pandemic also resulted in many tenants not paying rent, a significantly more complicated legal landscape for landlords and tenants, and an influx of filed Unlawful Detainers.

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

Possible barriers are getting knowledge to those in need of services. The array of outreach utilized by the provider addresses overcoming those barriers by being visible within the community and collaborating with community partners.

The COVID-19 pandemic and limitations on in-person gatherings initially resulted in fewer inquiries and requests for the provider's services. However, the provider was able to pivot and was soon able to address almost all legal issues by using technology to overcome their inability to meet with clients in person. The closure of courts delayed many matters that required adjudication.

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

**Discuss:**

Provider and other legal programs in the geographic area regularly cross-refer and cooperate on cases. Provider also provides legal consultations and education regarding laws and regulations, as it applies to residents in long-term care settings, to staff and volunteers. The provider coordinates services with their legal representative for the Long-Term Care Ombudsman Program, law school-supported legal clinics, the local legal aid program, the district attorney's and city attorney's elder abuse divisions, state consumer licensing and enforcement agencies such as those overseeing automotive repairs and contractors, law enforcement, and with other specialty nonprofit legal services providers in the community.

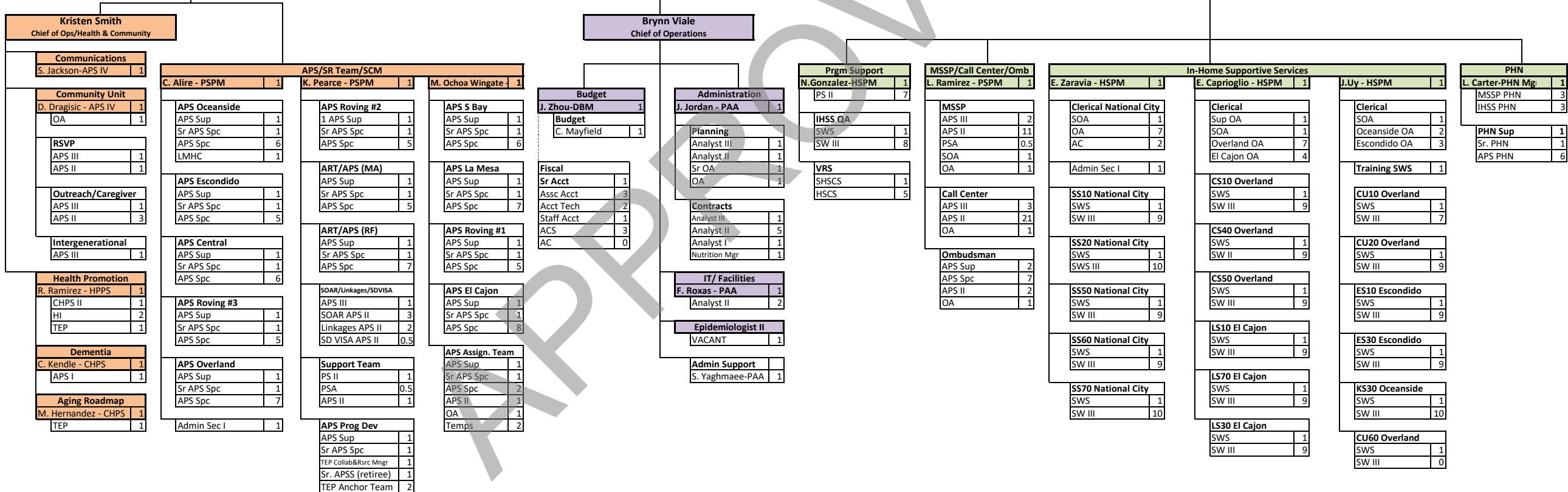
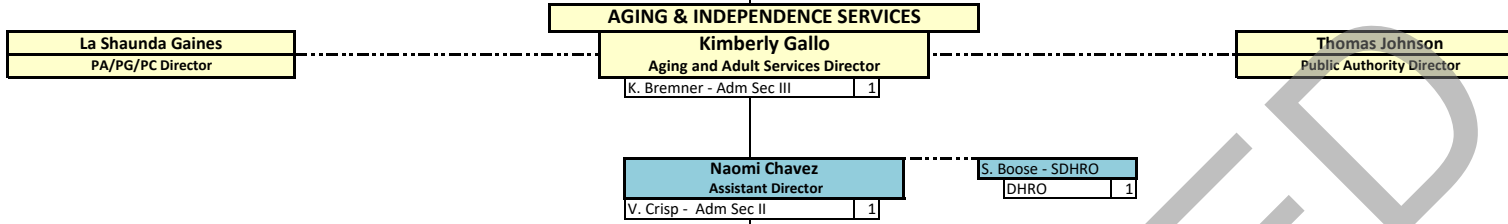
The provider collaborates with community-based service providers which are part of the "safety-net" for older individuals residing within the geographic location such as nutrition programs, caregiver resource centers and senior housing groups. For example, in the discussion of their legal issues with a staff attorney, clients who indicate that they have little or no funds to purchase food are referred to a meal/nutrition provider for services.

APPROVED

**SECTION TWENTY-ONE  
ORGANIZATIONAL CHART**

**HEALTH AND HUMAN SERVICES AGENCY**

AIS ADVISORY BODIES
AIS ADVISORY COUNCIL
IHSS/PUBLIC AUTHORITY ADVISORY COMMITTEE
RSVP ADVISORY COUNCIL



**Brynn Viale Long  
Chief of Operations (100%)**

<b>Budget</b>	
<b>Jing Zhou - Departemental Budget Manager (75%)</b>	1
Cynthia Mayfield - Analyst III (75%)	1

<b>Administration</b>	
<b>Jana Jordan - Principal Admin Analyst (0%)</b>	1

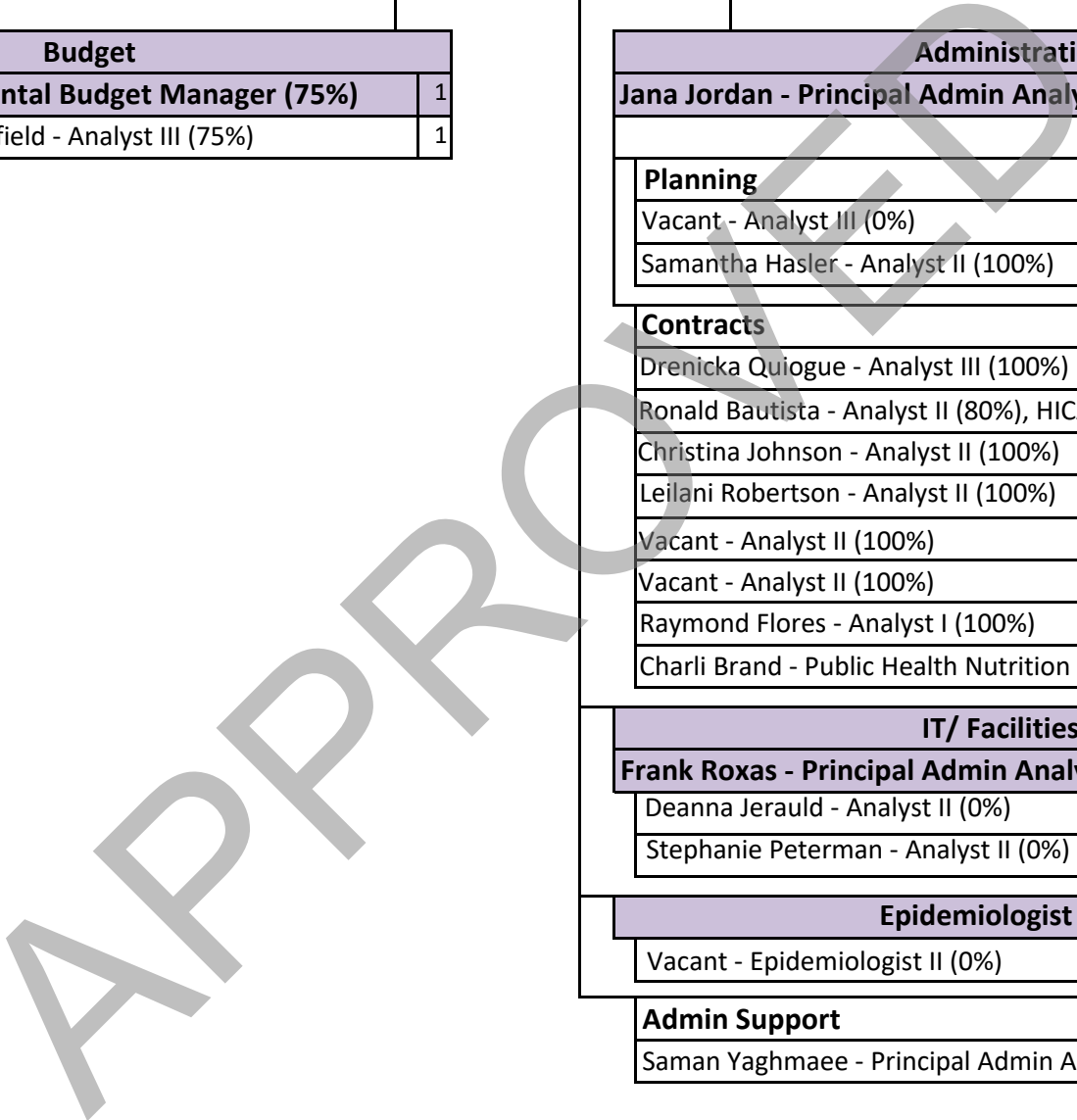
<b>Planning</b>	
Vacant - Analyst III (0%)	1
Samantha Hasler - Analyst II (100%)	1

<b>Contracts</b>	
Drenicka Quiogue - Analyst III (100%)	1
Ronald Bautista - Analyst II (80%), HICAP Analyst (20%)	1
Christina Johnson - Analyst II (100%)	1
Leilani Robertson - Analyst II (100%)	1
Vacant - Analyst II (100%)	1
Vacant - Analyst II (100%)	1
Raymond Flores - Analyst I (100%)	1
Charli Brand - Public Health Nutrition Manager (100%)	1

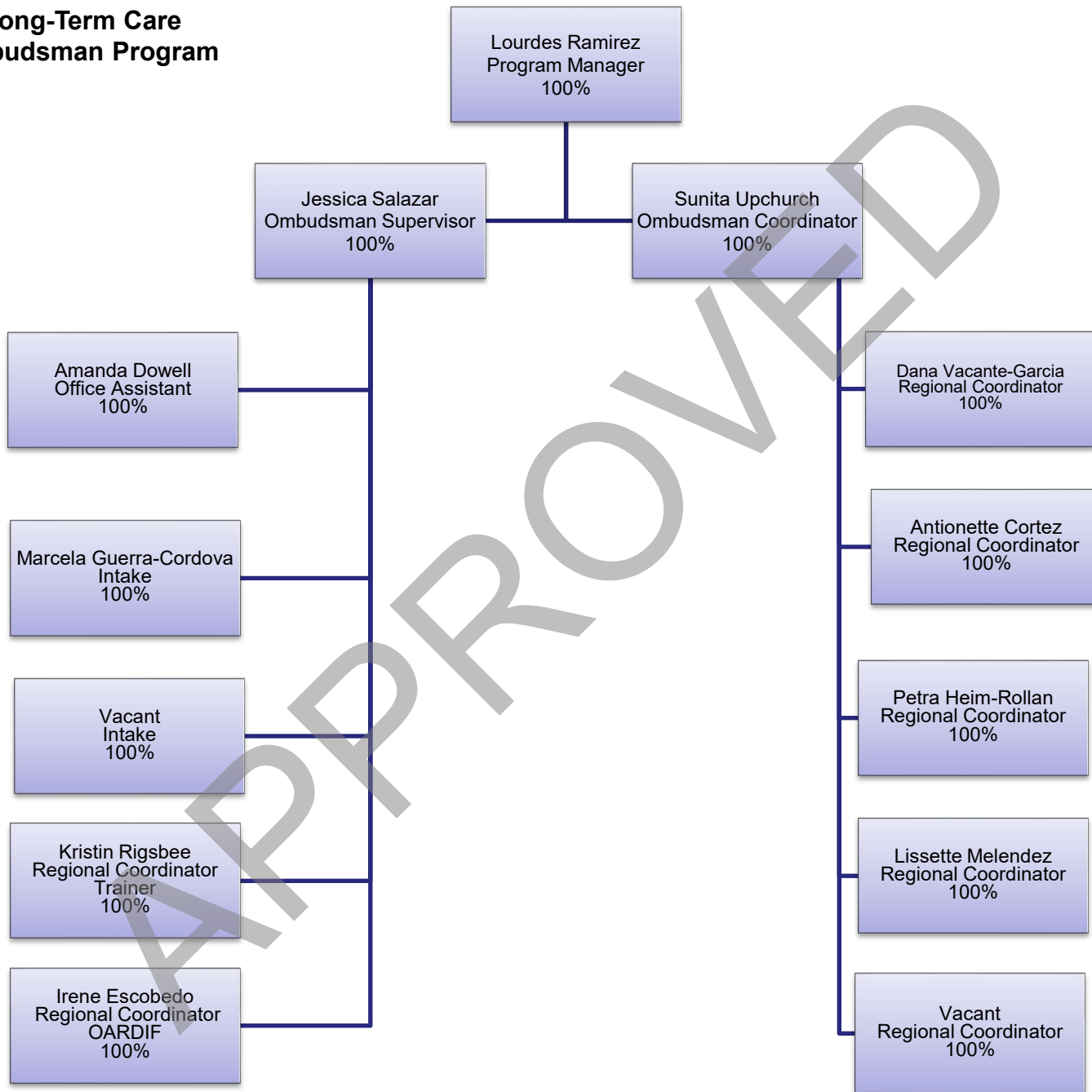
<b>IT/ Facilities</b>	
<b>Frank Roxas - Principal Admin Analyst (0%)</b>	1
Deanna Jerauld - Analyst II (0%)	1
Stephanie Peterman - Analyst II (0%)	1

<b>Epidemiologist II</b>	
Vacant - Epidemiologist II (0%)	1

<b>Admin Support</b>	
Saman Yaghmaee - Principal Admin Analyst (100%)	1



# Long-Term Care Ombudsman Program



## **SECTION 22 - 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 2016 Section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services—

- (A) services associated with access to services (transportation, health services (including mental 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)(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;

9. OAA 306(a)(11)

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

(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, 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.

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

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

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

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

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

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

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

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

11. 306(a)(14)

Provide assurances that preference in receiving services under this Title 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;

12. 306(a)(15)

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

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

13. 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.

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

(B)

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

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

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

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

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

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

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

assistance for older individuals; and

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

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

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

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.

20. OAA 307(a)(15)

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

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

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

- (i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and
- (ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effective linguistic and cultural differences.

21. OAA 307(a)(18)

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

- (A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;
- (B) are patients in hospitals and are at risk of prolonged institutionalization; or
- (C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

22. OAA 307(a)(26)

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:

### 23. 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.

### 24. 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.

### 25. 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.

### 26. 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.

### 27. CFR [1321.53(c)]

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

CFR [1321.53(c)]

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

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

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

29. CFR [1321.61(d)]

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

30. CFR [1321.69(a)]

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

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