

AGING & INDEPENDENCE SERVICES

# AREA PLAN 2024-2028

## 2025-2026 Update

### PSA 23



LIVE WELL  
SAN DIEGO

# AGING & INDEPENDENCE SERVICES

## AREA PLAN UPDATE 2025-2026

PSA 23

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## AREA PLAN UPDATE (APU) CHECKLIST

**Check one:** ☒ FY 25-26 ☐ FY 26-27 ☐ FY 27-28

*Use for APUs only due May 1, 2025, 2026, and 2027*

AP Guidance Section	Required Annual Update Sections	Check Updated
n/a	<b>A) Transmittal Letter-</b> <i>(submit by email with electronic or scanned original signatures)</i>	
n/a	<b>B) APU-</b> <i>(submit entire APU electronically only)</i>	<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"/>
6	<b>D) Priority Services and Public Hearings</b>	<input checked="" type="checkbox"/>
n/a	<b>E) Annual Area Plan Budget</b> (send to <a href="mailto:finance@aging.ca.gov">finance@aging.ca.gov</a> )	<input checked="" type="checkbox"/>
8	<b>F) Service Unit Plan (SUP) and LTC Ombudsman Program Outcomes</b>	<input checked="" type="checkbox"/>
11	<b>G) Legal Assistance</b>	<input checked="" type="checkbox"/>
AP Guidance Section	If there has been a change to another section, check the "Mark Changed" box AND include the "AAA Area Plan Summary of Changes" Attachment A:	Mark Changed
1	Mission Statement	<input type="checkbox"/>
5	Needs Assessment/Targeting	<input type="checkbox"/>
7	AP Narrative Objectives:	<input checked="" type="checkbox"/>
7	• System-Building and Administration	<input checked="" type="checkbox"/>
7	• Title IIIB-Funded Programs	<input checked="" type="checkbox"/>
7	• Title IIIB-Program Development/Coordination (PD or C)	<input type="checkbox"/>
7	• Title IIIC-1 or Title IIIC-2	
7	• Title IIID-Evidence Based	<input type="checkbox"/>
7	• HICAP Program	<input type="checkbox"/>
9	Senior Centers and Focal Points	<input type="checkbox"/>
10	Title IIIE-Family Caregiver Support Program	<input checked="" type="checkbox"/>
12	Disaster Preparedness	<input checked="" type="checkbox"/>
13	Notice of Intent to Provide Direct Services	<input type="checkbox"/>
14	Request for Approval to Provide Direct Services	<input type="checkbox"/>
15	Governing Board	<input checked="" type="checkbox"/>
16	Advisory Council	<input checked="" type="checkbox"/>
17	Multipurpose Senior Center Acquisition or Construction	<input type="checkbox"/>
18	Organizational Chart(s) (Must match Budget)	<input checked="" type="checkbox"/>
19	Assurances	<input type="checkbox"/>
<b>Atch. A</b>	AAA Area Plan Summary of Changes	<input type="checkbox"/>
<b>Atch. B</b>	OCA Modernization Supplemental Summary	<input type="checkbox"/>
<b>Atch. C</b>	Local Master Plan for Aging Supplemental Summary	<input type="checkbox"/>

# TRANSMITTAL LETTER

2025-2026 Area Plan Update

Check one: ☒ FY25-26 ☐ FY 26-27 ☐ FY 27-28

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. Kimberly.Giardina@sdcounty.ca.gov Digitally signed by Kimberly.Giardina@sdcounty.ca.gov  
Date: 2025.04.28 15:51:51 -07'00'

4/28/25

KIMBERLY GIARDINA, DSW, MSW<sup>1</sup>  
Deputy Chief Administrative Officer  
Health and Human Services Agency

Date

2. Susan Mallett  
SUSAN MALLET, Advisory Council Chair<sup>1</sup>  
Aging & Independence Services

4/18/25

Date

3. Jennifer Bransford-Koons Digitally signed by Jennifer Bransford-Koons  
Date: 2025.04.21 17:00:39 -07'00'

4/21/25

JENNIFER BRANSFORD-KOONS, Director<sup>1</sup>  
Aging & Independence Services  
Public Administrator/Public Guardian

Date

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

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## AIS FY 24/25 Budget & Contracts Summary

### Operating Budget

Number of Budget Unit Orgs:	<b>21</b>	
Salaries & Benefits:		\$ 96,152,395
Operating Expenses (Ser & Sup + Other):		\$ 157,730,803
IHSS Public Authority Budget:		\$ 50,923,327
Total Operating Budget:		\$ 304,806,525

### Funding Sources

Number of Funding Sources:	<b>40</b>	
Federal \$:		30.34%
State \$ (Includes Realignment):		60.43%
County \$:		7.30%
Other Grant \$:		1.92%

### Community Contracted Services

Number of Contracts:	<b>56</b>	
IHSS MOE		\$ 109,346,125
Other Contracted Services		\$ 36,667,281
Total:		\$ 146,013,406
Contracted Services as Percentage of Budget		47.90%

**Number of AIS Staff: 654**

## AIS FY 24/25 Funding

By Type:		
Federal	92,491,845	30.34%
State (Includes Realignment)	184,198,131	60.43%
Non-Federal/State	5,866,659	1.92%
County General Purpose Revenue	22,249,890	7.30%
<b>Total Funding:</b>	<b>304,806,525</b>	<b>100.00%</b>

<b>Total Expenditures</b>	<b>304,806,525</b>
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By Program		
IHSS (Fed + State + Realignment)		157,225,516
APS (Includes Realignment)		28,314,318
T-III-C Nutrition	OAA	12,388,049
OAA ARPA	OAA	4,851,505
Home Safe Program	CDSS	3,433,726
MSSP	Title XIX	3,679,572
OARR	CDA	954,195
Access to Technology	CDA	1,131,051
Modernizing Older CA Act	CDA	4,850,815
T-III-B Support	OAA	2,436,652
SD-VISA	VA	4,302,398
County ARPA Nutrition Program	ARPA	-
County ARPA No Cost Transportation	ARPA	-
Ombudsman	OAA	1,596,652
T-III-E Caregiver	OAA	1,584,695
Area Plan Admin	OAA	1,373,550
HICAP	SHIP	714,308
Public Administrator/Guardian	Various	921,772
SNAP Ed	CDA	886,403
Health Brain Initiative	CDPH	371,906
MH Senior Team	Realignment	-
T-III-D Disease Prevention	OAA	247,463
MIPPA	DHHS	281,195
Mental Health Services Act	MHSA	109,004
RSVP	CNCS	105,578
Misc Small Programs		579,141
Public Authority (State + Fed)		50,217,171
Total Non-County Revenue		282,556,635
County General Purpose Revenue		22,249,890
<b>Total Revenue:</b>		<b>304,806,525</b>



# SAN DIEGO UNION TRIBUNE PROOF OF PUBLICATION

The San Diego Union-Tribune

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Sarah Jackson

**FILE NO. 0011723039**

## 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

### San Diego Union-Tribune (Daily)

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:

**03/09/2025**

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

Executed at San Diego, California,  
this 9th day of March, 2025.



Signature

### NOTICE OF PUBLIC HEARING

Aging & Independence Services (AIS), of the Health and Human Services Agency, of the County of San Diego (County), and designated by the California Department of Aging as the Area Agency on Aging for Planning and Service Area (PSA) #23 [San Diego County], will hold a Public Hearing, **Monday, April 14, 2025**, at the **County Operations Center**, located at **5560 Overland Avenue, 3rd floor, San Diego, CA 92123**, during the regularly scheduled Advisory Council meeting held at **12:00 p.m. (noon)** as a part of the process for 2025-26 Area Plan Update. The Area Plan incorporates annual objectives of the PSA's goals and a protection of services offered to San Diego County's older adults and persons with disabilities. There will be remote options for the hearing by phone at (619) 343-2539, (Meeting password: 402 109 836#), or visit <https://www.sandiegocounty.gov/AISAdvisoryCouncil> to join by TEAMS video conference, (Meeting ID: 224 849 240 117; Meeting passcode: eq7c5WR2). For information, please call (858) 495-5885.

**San Diego Union-Tribune**  
**Published: 3/9/25**

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## 2025 Population Demographic Projections by County and PSA for Intrastate Funding Formula (IFF)

Prepared by the California Department of Aging, Budget Operations Bureau 03/22/2024

County Name	PSA	Population 60 Plus	Non-Minority 60 Plus	Minority 60 Plus	Low Income 60 Plus	Medi-Cal Eligible 60 Plus	Geographic Isolation 60 Plus	SSI/SSP 65 Plus	Population 75 Plus	Square Miles	Lives Alone 60 Plus	Non-English 60 Plus
<b>PSA 1</b>												
Del Norte	1	7,040	5,299	1,741	1,330	2,146	3,266	490	2,190	1,006	1,715	35
Humboldt	1	33,307	26,979	6,328	6,230	8,536	13,010	1,580	10,874	3,568	9,050	265
Total PSA	1	40,347	32,278	8,069	7,560	10,682	16,276	2,070	13,064	4,574	10,765	300
<b>PSA 2</b>												
Lassen	2	5,814	4,313	1,501	880	1,424	4,771	276	2,231	4,541	1,555	4
Modoc	2	2,829	2,291	538	550	767	3,081	134	1,076	3,948	690	55
Shasta	2	50,354	41,822	8,532	8,195	11,289	21,584	2,410	16,913	3,776	12,105	130
Siskiyou	2	15,182	12,298	2,884	2,505	3,662	11,343	870	5,572	6,279	4,155	65
Trinity	2	5,790	4,428	1,362	1,895	1,094	5,466	197	2,049	3,179	1,380	0
Total PSA	2	79,969	65,152	14,817	14,025	18,236	46,245	3,887	27,841	21,723	19,885	254
<b>PSA 3</b>												
Butte	3	43,953	33,393	10,560	8,085	12,839	15,031	2,659	13,803	1,636	12,635	490
Colusa	3	4,693	2,315	2,378	760	1,545	2,170	238	1,459	1,151	1,495	310
Glenn	3	6,593	4,286	2,307	1,205	1,928	3,026	380	1,986	1,314	1,285	305
Plumas	3	7,885	6,685	1,200	815	1,198	7,877	179	3,043	2,553	1,570	10
Tehama	3	17,967	13,551	4,416	3,240	4,596	11,367	807	6,185	2,949	3,975	390
Total PSA	3	81,091	60,230	20,861	14,105	22,106	39,471	4,263	26,476	9,603	20,960	1,505
<b>PSA 4</b>												
Nevada	4	38,928	34,256	4,672	5,180	4,668	18,724	616	14,897	958	8,315	110
Placer	4	116,429	89,880	26,549	9,875	12,005	20,110	2,467	42,028	1,407	23,050	780
Sacramento	4	346,336	190,097	156,239	47,060	90,057	11,100	27,632	104,309	965	74,550	10,825
Sierra	4	1,366	1,185	181	205	211	1,286	0	556	953	220	0
Sutter	4	21,647	11,057	10,590	3,375	6,873	3,940	1,637	7,245	603	4,370	1,760
Yolo	4	41,574	24,673	16,901	5,550	9,134	4,547	2,027	12,836	1,015	8,515	1,780
Yuba	4	15,483	9,590	5,893	2,500	5,066	6,476	1,096	4,398	632	3,640	615
Total PSA	4	581,763	360,738	221,025	73,745	128,014	66,183	35,475	186,269	6,533	122,660	15,870
<b>PSA 5</b>												
Marin	5	86,626	71,716	14,910	7,230	8,537	6,267	1,405	33,002	520	20,385	870
<b>PSA 6</b>												
San Francisco	6	205,590	83,280	122,310	36,720	68,848	0	26,408	72,383	47	51,630	20,100
<b>PSA 7</b>												
		Population	Non-Minority	Minority	Low Income	Medi-Cal	Geographic Isolation	SSI/SSP	Population 75	Square	Lives Alone	Non-English

County Name	PSA	60 Plus	60 Plus	60 Plus	60 Plus	Eligible 60 Plus	60 Plus	65 Plus	Plus	Miles	60 Plus	60 Plus
Contra Costa	7	297,574	166,024	131,550	25,305	52,135	3,015	10,916	102,926	717	52,990	6,795
<b>PSA 8</b>												
San Mateo	8	199,329	100,997	98,332	16,920	30,332	4,101	5,486	72,338	449	32,145	5,240
<b>PSA 9</b>												
Alameda	9	378,196	149,260	228,936	44,895	94,569	2,518	25,368	120,027	737	69,210	16,775
<b>PSA 10</b>												
Santa Clara	10	435,174	189,388	245,786	42,600	98,799	7,191	26,424	142,125	1,291	62,105	18,235
<b>PSA 11</b>												
San Joaquin	11	154,466	66,422	88,044	20,885	43,044	15,167	10,773	46,524	1,392	26,605	6,180
<b>PSA 12</b>												
Alpine	12	481	372	109	29	58	418	0	155	738	75	0
Amador	12	14,992	12,658	2,334	1,600	1,733	10,802	198	5,695	595	3,245	70
Calaveras	12	17,657	14,230	3,427	2,340	2,384	14,788	291	6,497	1,020	2,965	35
Mariposa	12	6,947	5,661	1,286	695	1,124	6,540	176	2,605	1,449	1,490	15
Tuolumne	12	19,491	16,185	3,306	2,225	3,035	9,328	486	7,227	2,221	5,120	50
Total PSA	12	59,568	49,106	10,462	6,889	8,334	41,876	1,151	22,179	6,023	12,895	170
<b>PSA 13</b>												
San Benito	13	13,629	6,051	7,578	1,030	2,574	3,945	393	3,817	1,389	1,835	630
Santa Cruz	13	66,897	49,050	17,847	7,865	12,684	11,578	2,131	21,888	445	14,285	1,745
Total PSA	13	80,526	55,101	25,425	8,895	15,258	15,523	2,524	25,705	1,834	16,120	2,375
<b>PSA 14</b>												
Fresno	14	181,419	78,266	103,153	33,075	63,462	26,082	17,778	53,619	5,958	37,530	12,080
Madera	14	32,488	16,460	16,028	5,020	8,885	17,356	1,736	10,182	2,137	4,970	2,645
Total PSA	14	213,907	94,726	119,181	38,095	72,347	43,438	19,514	63,801	8,095	42,500	14,725
<b>PSA 15</b>												
Kings	15	22,552	7,346	15,206	3,655	7,635	3,343	1,716	6,287	1,391	4,105	1,655
Tulare	15	81,177	33,392	47,785	13,925	32,265	18,910	7,059	23,298	4,824	13,085	8,130
Total PSA	15	103,729	40,738	62,991	17,580	39,900	22,253	8,775	29,585	6,215	17,190	9,785
<b>PSA 16</b>												
Inyo	16	6,420	4,699	1,721	1,200	1,051	2,630	157	2,338	10,197	1,790	35
Mono	16	3,895	3,226	669	405	380	1,917	0	1,139	3,049	570	25
Total PSA	16	10,315	7,925	2,390	1,605	1,431	4,547	157	3,477	13,246	2,360	60
<b>PSA 17</b>												
		<b>Population</b>	<b>Non-Minority</b>	<b>Minority</b>	<b>Low Income</b>	<b>Medi-Cal</b>	<b>Geographic Isolation</b>	<b>SSI/SSP</b>	<b>Population 75</b>	<b>Square</b>	<b>Lives Alone</b>	<b>Non-English</b>

County Name	PSA	60 Plus	60 Plus	60 Plus	60 Plus	Eligible 60 Plus	60 Plus	65 Plus	Plus	Miles	60 Plus	60 Plus
San Luis Obispo	17	79,475	63,968	15,507	8,295	9,755	16,912	1,402	28,290	3,301	18,260	630
Santa Barbara	17	99,047	62,020	37,027	10,970	20,341	7,321	3,382	34,114	2,734	21,150	3,665
Total PSA	17	178,522	125,988	52,534	19,265	30,096	24,233	4,784	62,404	6,035	39,410	4,295
<b>PSA 18</b>												
Ventura	18	206,385	128,383	78,002	20,845	36,699	7,017	6,671	66,071	1,841	36,560	7,485
<b>PSA 19</b>												
Los Angeles Co.	19	1,434,789	558,837	840,539	203,490	468,174	21,114	130,449	460,618	3,590	217,020	100,370
<b>PSA 20</b>												
San Bernardino	20	416,375	171,270	245,105	62,770	123,757	31,226	26,509	112,890	20,068	64,000	18,405
<b>PSA 21</b>												
Riverside	21	547,043	297,875	249,168	72,610	128,521	32,223	26,146	180,195	7,209	90,260	25,625
<b>PSA 22</b>												
Orange	22	768,074	415,918	352,156	87,735	177,679	1,811	45,054	244,189	793	123,120	27,510
<b>PSA 23</b>												
San Diego	23	725,390	422,140	303,250	87,435	165,821	37,043	38,981	227,536	4,210	133,355	21,760
<b>PSA 24</b>												
Imperial	24	37,358	6,887	30,471	8,405	19,226	5,926	5,556	12,191	4,176	5,465	8,130
<b>PSA 25</b>												
Los Angeles City	25	820,814	341,932	514,295	159,315	267,833	743	74,660	263,511	469	164,275	62,955
<b>PSA 26</b>												
Lake	26	20,740	15,820	4,920	3,835	6,433	8,625	1,052	7,356	1,257	5,720	195
Mendocino	26	27,887	22,085	5,802	4,805	6,609	15,391	1,204	10,681	3,507	8,005	520
Total PSA	26	48,627	37,905	10,722	8,640	13,042	24,016	2,256	18,037	4,764	13,725	715
<b>PSA 27</b>												
Sonoma	27	140,567	108,841	31,726	14,520	21,172	26,165	3,031	47,835	1,576	32,600	2,310
<b>PSA 28</b>												
Napa	28	40,949	29,522	11,427	3,560	5,921	8,545	805	15,244	748	7,895	1,065
Solano	28	112,310	52,250	60,060	11,130	20,548	6,132	4,103	34,972	822	20,150	1,710
Total PSA	28	153,259	81,772	71,487	14,690	26,469	14,677	4,908	50,216	1,570	28,045	2,775
<b>PSA 29</b>												
El Dorado	29	64,609	53,479	11,130	6,105	6,827	25,475	932	21,203	1,708	11,425	105
<b>County Name</b>	<b>PSA</b>	<b>Population 60 Plus</b>	<b>Non-Minority 60 Plus</b>	<b>Minority 60 Plus</b>	<b>Low Income 60 Plus</b>	<b>Medi-Cal Eligible</b>	<b>Geographic Isolation 60 Plus</b>	<b>SSI/SSP 65 Plus</b>	<b>Population 75 Plus</b>	<b>Square Miles</b>	<b>Lives Alone 60 Plus</b>	<b>Non-English 60 Plus</b>

						60 Plus						
<b>PSA 30</b>												
Stanislaus	30	106,562	57,939	48,623	17,835	32,393	10,750	7,374	31,812	1,496	20,115	4,885
<b>PSA 31</b>												
Merced	31	48,106	17,691	30,415	8,885	17,043	9,459	4,106	13,331	1,938	8,750	5,115
<b>PSA 32</b>												
Monterey	32	92,303	47,195	45,108	10,430	21,165	17,126	2,983	30,398	3,282	15,815	7,020
<b>PSA 33</b>												
Kern	33	151,668	70,028	81,640	30,055	54,492	28,304	11,794	41,513	8,135	30,280	9,845
CALIFORNIA	ALL	8,948,621	4,537,161	4,411,460	1,210,084	2,322,981	651,379	580,790	2,871,672	155,859	1,614,625	428,544

**DATA SOURCES****Population 60 Plus and Population 75 Plus**

State of California, Department of Finance, Demographic Research Unit, Source File: "P-2 2025 State and County Population Projections by Race/Ethnicity and Age (5-year groups)", received 02/14/2025 by Special Run Request

United States Census Bureau, Source File: Census 2020, DEC Demographic Profile, Table DP1, "Profile of General Population and Housing Characteristics", retrieved on 02/22/2024 from <https://data.census.gov>; no change from 2024. Utilized to calculate the specific population split between Los Angeles County (PSA 19) and Los Angeles City (PSA 25).

**Non-Minority 60 Plus and Minority 60 Plus**

State of California, Department of Finance, Demographic Research Unit, Source File: "P-2 2025 State and County Population Projections by Race/Ethnicity and Age (5-year groups)", received 02/14/2025 by Special Run Request

United States Census Bureau, Source File: Census 2020, DEC Demographic and Housing Characteristics, Table P12A, "Sex By Age for Selected Age Categories (White Alone)", retrieved on 02/22/2024 from <https://data.census.gov>; no change from 2024. Utilized to calculate the specific population split between Los Angeles County (PSA 19) and Los Angeles City (PSA 25).

**Low-Income 60 Plus**

Administration for Community Living, AGing Independence, and Disability (AGID) Program Data Portal, Source File: American Community Survey (ACS) Special Tabulation on Aging, 2018-2022, Table S21043B "Ratio of Income to Poverty Level in the Past 12 Months for the Population 60 Years and Over for Whom Poverty Status is Determined", retrieved on 12/19/2024 from <https://agid.acl.gov/>

**Medi-Cal Eligible 60 Plus**

State of California, Department of Health Care Services, Data Analytics Division, Source File: "Medi-Cal Certified Eligibles Ages 60 and Older by County, January 2024", received on 01/23/2025 by Special Run Request

United States Census Bureau, Source File: Census 2020, DEC Demographic Profile, Table DP1, "Profile of General Population and Housing Characteristics", retrieved on 02/22/2024 from <https://data.census.gov>; no change from 2024. Utilized to calculate the specific population split between Los Angeles County (PSA 19) and Los Angeles City (PSA 25).

**Geographic Isolation 60 Plus**

United States Census Bureau, Source File: Census 2020, DEC Demographic and Housing Characteristics, Table P12, "Sex By Age for Selected Age Categories", retrieved on 03/01/2024 from <https://data.census.gov>; no change from 2024

**SSI/SSP 65 Plus**

Social Security Administration, Research, Statistics & Policy Analysis, Source File: Table 3, "Number of Recipients in State (by Eligibility Category, Age, and Receipt of OASDI Benefits) and Amount of Payments by County, December 2023", retrieved on 12/16/2024 from [https://www.ssa.gov/policy/docs/statcomps/ssi\\_sc/2023/ca.pdf](https://www.ssa.gov/policy/docs/statcomps/ssi_sc/2023/ca.pdf)

United States Census Bureau, Source File: Census 2020, DEC Demographic Profile, Table DP1, "Profile of General Population and Housing Characteristics", retrieved on 02/22/2024 from <https://data.census.gov>; no change from 2024. Utilized to calculate the specific population split between Los Angeles County (PSA 19) and Los Angeles City (PSA 25).

**Square Miles**

United States Census Bureau, Source File: Census 2020, QuickFacts, "Land Area in Square Miles", retrieved on 02/21/2024 from <https://www.census.gov/quickfacts/>; no change from 2024

**Lives Alone 60 Plus**

Administration for Community Living, AGing Independence, and Disability (AGID) Program Data Portal, Source File: American Community Survey (ACS) Special Tabulation on Aging, 2018-2022, Table S21010B "Sex by Household Type (Including Living Alone) by Relationship for the Population 60 Years and Over", retrieved on 12/20/2024 from <https://agid.acl.gov>

**Non-English 60 Plus**

Administration for Community Living, AGing Independence, and Disability (AGID) Program Data Portal, Source File: American Community Survey (ACS) Special Tabulation on Aging, 2018-2022, Table S21014B "Ability to Speak English for the Population 60 Years and Older", retrieved on 12/20/2024 from <https://agid.acl.gov>



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

The federal Older Americans Act (OAA), enacted in 1965, provided direction for community involvement in addressing the needs of older persons. States and Area Agencies on Aging (AAA) constitute the administrative structure for programs under the OAA. In 1973, the San Diego County AAA was one of the first PSAs to be designated by the California Department of Aging. Today, as a public agency within the County of San Diego (County) Health and Human Services Agency (HHSA), Aging & Independence Services (AIS) is the federally designated AAA serving the entire area of San Diego County. AIS is governed by the San Diego County Board of Supervisors (Board) and is supported by the structure of HHSA. AIS staff participate in collaborative groups and conduct outreach and coordinate community groups. In the healthcare field, Healthy San Diego (HSD) is the legislatively-designated consortium of four Medi-Cal health plans, County departments with Medi-Cal programs, and Medi-Cal providers and consumers. AIS has a staff liaison on HSD and participates in the Healthy San Diego Consumer and Professional Advisory Committee to bring the perspective of providers of Long-Term Services and Supports.

### Older Adults Living in Poverty within the Planning and Service Area (PSA)

In San Diego County, 9.8% of all older adults aged 60 years and older lived below the federal poverty level (FPL), and 6.6% lived between 100% and 149% of the poverty level in 2023 (U.S. Census Bureau, American Community Survey 5-Year 2019-2023 Population Estimates, Table S0102). Since women generally live longer than men, a higher percentage of women may live on a single income. This, in addition to historical wage inequality and the lower lifetime earnings, may result in a greater number of older adult women living in poverty.

The University of California Los Angeles Elder Index tool analyzing cost of living and income among older adults was unavailable at the time of this report. Data in this section reflects only those living below or just above the federal poverty level (FPL). As the FPL is significantly lower than the cost of living, data in this section does not reflect all older adults living with financial insecurity.

Although there are older adults aged 65+ of all races/ethnicities that may be struggling to make ends meet in San Diego County, Native Hawaiian/Pacific Islander, Black, and other non-white older adults are disproportionately affected (U.S. Census Bureau, American Community Survey 5-Year 2019-2023 Population Estimates, Tables B17001A-B17001I). Since 2019, the percentage of older adults living below the FPL has increased among Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Pacific Islander, and multiracial groups. If this trend continues, older adult minorities will face further financial inequity in 2026. In San Diego County in 2023:

- 17.3% of Native Hawaiian/Pacific Islander older adults reported having incomes below the

federal poverty level.

- 16.7% of Black older adults reported having incomes below the federal poverty level.
- 13.5% of other non-white older adults reported having incomes below the federal poverty level.

## San Diego County Board of Supervisors

The San Diego County Board of Supervisors (Board) has a tradition of support for aging issues and addressing the needs of older adults in this PSA. Setting policy for the County, major functions of the Board include approving the annual operational plan and budget, as well as authorizing and approving operational activities (such as contract procurements) as required.

### San Diego County Board of Supervisors



**Vacant**  
Supervisor  
District One



**Joel Anderson**  
Supervisor  
District Two



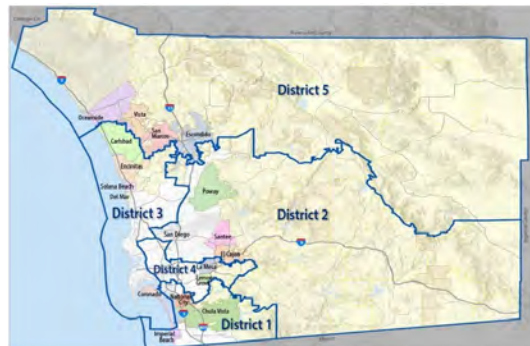
**Terra Lawson-Remer**  
Supervisor  
District Three



**Monica Montgomery Steppe**  
Supervisor  
District Four



**Jim Desmond**  
Supervisor  
District Five



In September 1997, the Board created HHSA and included the AAA as one of its components. As an integrated department in HHSA, the AAA was joined with other services for older adults including Adult Protective Services and In-Home Supportive Services. In February 1999, the AAA's current name, AIS, was introduced. The name now reflects the mission and purpose of the department, which includes serving older adults, persons with disabilities, and their caregivers. On September 24, 2019 (4), after extensive community involvement, the Aging Roadmap was launched at the direction of the Board to ensure the region has policies, programs, and initiatives that equitably support the needs and leverages the contributions of the growing population of older adults in communities throughout the county. Led by AIS, in collaboration with other departments across the County, the Aging Roadmap serves as the County's framework for aging and identifies ten priority areas: Health & Community Support; Housing; Social Participation; Transportation; Dementia; Caregiver Support; Safety; Preparedness; Silver Economy; and Medical & Social Services System.

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## Programs and Services Offered by Aging & Independence Services

AIS provides a variety of OAA funded programs, many of which are delivered through contracted providers:

- **Information & Assistance:** The AIS Call Center is the gateway to information and assistance about AIS programs, as well as other community services for older adults, those living with disabilities, caregivers, and family members. AIS Call Center Specialists also take reports of suspected elder and dependent adult abuse.
- **Case Management:** The Senior Options, Advocacy and Referral Program provides homemaker and personal care services to older adults.
- **Congregate Meals Program:** Provides hot, fresh, nutritious meals to older adults at approximately 30 community and senior center sites throughout the county.
- **Home-Delivered Meals Program:** Provides meals to older adults who are frail, homebound due to illness or disability, or otherwise isolated.
- **Health Promotion:** Evidence-based programs, such as Tai Chi, help older adults to increase functional balance and physical performance to reduce their risk of falls, while workshop series such as “Healthier Living with Chronic Conditions” support older adults to self-manage their health conditions to achieve positive health outcomes.
- **Family Caregiver Support Program:** Provides services such as care management, respite, counseling, education, skills training, support groups, legal assistance, and minor home modification.
- **Grandparents Raising Grandchildren:** In San Diego County in 2018, over 16,000 grandparents were living with and responsible in some way for grandchildren under the age of 18 (U.S. Census Bureau, American Community Survey 2018 1-Year Estimates, Table B10051). Grandparents, along with other kinship caregivers, face unique challenges as they take on the task of being a parental figure later in life. The County of San Diego Grandparents Raising Grandchildren Initiative seeks to educate and inform grandparents about available services as well as obtain input about the unmet needs of this population. The Initiative began with an educational event in April 2012 and has grown to include regional activities to support these families throughout the years. In addition, a handbook for grandparents and other kinship caregivers has been developed, available in English and Spanish, filled with information to assist them as they navigate various systems and issues.
- **Long-Term Care Ombudsman Program:** Advocates for residents in long-term care (LTC) Facilities, such as nursing homes and Residential Care Facilities for the Elderly.

As an integrated agency, AIS provides a variety of other services in addition to OAA funded programs, including:

- **Adult Protective Services (APS):** Serves adults 60 and older and dependent adults 18 and older who are harmed or threatened with harm. APS investigates cases of abuse, including self-neglect, neglect, and abandonment, as well as physical, sexual, and financial abuse.
- **In-Home Supportive Services (IHSS):** IHSS provides services to low-income older adults and persons with disabilities to remain safely in their own homes and prevents premature placement in nursing homes or board and care facilities for older adults.
- **Care Coordination:** Helps older adults and those with disabilities live safely at home. Social workers assess nutrition, transportation, and other needs and implement a care plan. The Multipurpose Senior Services Program is the largest of the care coordination programs offered by AIS.
- **Health and Community Engagement:** Offers programs, education, and resources related to fitness, brain health, caregiving, volunteering, elder abuse education, mental health, and intergenerational work.
- **Public Administrator/Public Guardian:** The Public Administrator manages the estates of decedents and serves as Indigent Officers for San Diego County. The Public Guardian serves as the legally appointed guardian for at-risk individuals who have been determined by the courts to be incapable of caring for themselves.

## Leadership and Community Collaboration

AIS uses several approaches to stay in contact with the community and to promote meaningful interaction. To share information and community resources, AIS utilizes an email distribution list that reaches approximately 10,000 recipients, including older adults, caregivers, County staff, senior centers, service providers, and professionals in the field of aging. Emails are typically sent out weekly and include information on County and AIS programming, as well as that of community partners. In addition, the quarterly Aging & Independence newsletter is sent via the email distribution network, plus an additional 5,000 older adults and providers access the newsletter through community partners and at public locations, such as libraries. Paper copies are also mailed to an additional 2,500 individuals who have requested to receive information via mail. The newsletter reports on activities and events concerning older adults and serves as a vehicle for informing the community about opportunities to be involved in planning and needs assessment processes.

A variety of councils and committees assist AIS in our efforts to serve older adults and persons with disabilities, including to develop service system goals. One of the councils that has been most instrumental to the development of the Area Plan, is the AIS Advisory Council.

### ***Aging & Independence Services Advisory Council***

The AIS Advisory Council is required by the OAA, instituted by the San Diego County Code of Administrative Ordinances Article IIIa – AIS Advisory Council, subject to Board Policy A-74 “Citizen Participation in County Boards, Commissions and Committees,” and authorized for thirty (30) members. The Advisory Council is comprised of individuals who represent older adults and persons with disabilities, as well as professionals working within the aging support network. One third of the membership is appointed by the Board (reference Section 15) with the remainder seated at-large by the Council. The Advisory Council has review and comment purview for all aspects of AIS and works to accomplish defined goals. As defined in its bylaws, it operates through the Executive & Membership Standing Subcommittee (comprised of Advisory Council Officers and the previous past Chair). It establishes Ancillary Subcommittees to address program and policy issues in AIS or the community.

At present, the Ancillary Subcommittees are Healthy Aging, Housing, LTC Ombudsman & Facilities, and Nutrition. The Advisory Council also convenes Ad Hoc Subcommittees as needed to address recurring, short-term roles, including the Area Plan, Budget, By-laws, Legislative, and Nominating subcommittees. The Advisory Council receives overviews, progress reports, and updates on initiatives from representatives of all AIS programs and services, and in return offers comments in relation to community perspective. The Advisory Council also maintains a dual role as the LTC Ombudsman Advisory Council for AIS, a requirement of any such program rendered as a direct service.

In addition to the AIS Advisory Committee, AIS coordinates ten committees on a range of topics: caregiver support, dementia & brain health, health promotion, housing, IHSS, fall prevention, regional outreach (three committees), social participation & inclusion, and transportation. A more detailed description of some of the community collaborations in PSA 23 are included below.

### ***Age Well Transportation***

The Age Well Transportation team consists of organizations, community members, and County staff who are working together to improve the transportation options for older adults in the county. The vision of the team is to support a region where residents have access to safe and affordable transportation options that are accessible for all ages and abilities. Various strategies are utilized by the team to achieve their vision, including transportation education and awareness, as well as supporting equitable transportation initiatives that improve access to quality-of-life activities and services.

### ***Caregiver Coalition of San Diego***

The Caregiver Coalition of San Diego is a provider collaborative supported by AIS. The mission of the Caregiver Coalition of San Diego (Coalition) is to identify and address the needs of caregivers through advocacy efforts and collaboration of a broad coalition membership in order to improve the overall

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quality of life for caregivers, their families, and the community. Through educational conferences, webinars, distribution of the Caregiver Handbook, and a website, Coalition members provide support to family caregivers. The purpose of the Coalition is to make the job of caring for others less stressful by helping caregivers become more knowledgeable. The Coalition keeps a pulse on community needs and the effectiveness of the National Family Caregiver Support Program.

### ***Community Action Networks***

The AIS Outreach and Education team coordinates three regional outreach groups called Community Action Networks (CANs). These consist of older adults and service providers dedicated to improving the quality of life for older adults and adults living with disabilities. The CANs host educational conferences and community resources fairs.

### ***Fall Prevention Task Force***

The Fall Prevention Task Force represents professionals involved in fields related to fall prevention, including physical therapy, home care, home modification, fitness, and health education. The Fall Prevention Task Force convenes virtually on a monthly basis to collaborate on initiatives, resources, awareness campaigns, and programs that advance its mission of reducing falls and their devastating consequences in San Diego County. Members share best practices for preventing falls and receive education on evidence-based interventions and strategies that can be applied to their work with clients and patients. Each year, the Fall Prevention Task Force conducts educational events for Fall Prevention Awareness Week in September and hosts special trainings from the Speakers Bureau and Balance Screeners Bureau to expand the County capacity to offer free fall prevention presentations and balance screenings in the community.

### ***Health Promotion Committee***

The Health Promotion Committee represents professionals and older adults involved in the provision of health and social service programs for older adults, including fitness programs, health education, retirement communities, senior centers, and associations representing specific illnesses or conditions. The Health Promotion Committee provides informal advice to the AIS Health Promotion unit and assists in the distribution of AIS health promotion programs.

### ***In-Home Supportive Services/Public Authority Advisory Committee***

The In-Home Supportive Services/Public Authority (IHSS/PA) Advisory Committee has nine members in which not less than 51% of the individuals are current or past users of personal assistance services, paid for through public or private funds, or as recipients of IHSS. The Advisory Committee provides advice and recommendations to the Board, AIS, IHSS, the IHSS/PA, and other persons or entities related to the delivery of the County IHSS program and IHSS/PA. The Advisory Committee is a non-partisan, non-sectarian, non-profit organization. Although it provides recommendations, it does not take part officially in, nor does it lend its influence on political issues. The IHSS Public Authority is the lead agency



in assisting the Advisory Committee and works collaboratively with AIS staff.

## **AAA Funding Sources**

AIS provides services through the various federal, State, County, and other grant sources that have been allocated and awarded. Currently AIS has a total of 40 funding sources that are comprised of federal (30.34%), state (60.43%), county (7.3%) and other grant (2%) funds.

## SECTION 6. PRIORITY SERVICES & PUBLIC HEARINGS

### 2025-2026 Annual Area Plan Update Funding for Access, In-Home Services, and Legal Assistance

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

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

#### Access:

Transportation, Assisted Transportation, Case Management, Information and Assistance, Outreach, Comprehensive Assessment, Health, Public Information, and Project C.A.R.E.

2024-25 <u>40</u> %	25-26 <u>40</u> %	26-27 <u>40</u> %	27-28 <u>40</u> %
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#### In-Home Services:

Personal Care, Homemaker, Chore, Alzheimer’s, and Residential

2024-25 <u>17</u> %	25-26 <u>17</u> %	26-27 <u>17</u> %	27-28 <u>17</u> %
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#### Legal Assistance Required Activities<sup>3</sup>:

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

2024-25 <u>3</u> %	25-26 <u>3</u> %	26-27 <u>3</u> %	27-28 <u>3</u> %
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**Explain how allocations are justified and how they are determined to be sufficient to meet the need for the service within the PSA.**

Minimum percentages of Title III-B funds in the categories of Access, In-Home Services, and Legal Assistance have been determined to meet the need for these services within PSA 23. AIS continually assesses the allocation of funds to services and will adjust if needed.

<sup>2</sup>Minimum percentages of applicable funds are calculated on the annual Title III-B baseline allocation, minus Title III-B administration and minus Ombudsman. At least one percent of the final Title III-B calculation must be allocated for each “Priority Service” category or a waiver must be requested for the Priority Service category(s) that the AAA does not intend to fund.

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

**PUBLIC HEARING:** At least one public hearing must be held each year of the four-year planning cycle. CCR Title 22, Article 3, Section 7302(a)(10) and Section 7308, Older Americans Act Reauthorization Act of 2020, Section 314(c)(1).

Fiscal Year	Date	Location	Number of Attendees	Presented in languages other than English? <sup>4</sup> Yes or No	Was hearing held at a Long-Term Care Facility? <sup>5</sup> Yes or No
2024-2025	March 11, 2024	In person at 5560 Overland Avenue, Suite 310 San Diego, CA 92123 Virtually via phone at (669) 900-9128, or via Zoom (https://zoom.us/j/j/82486507295?pwd=OFd3R G1sOC9ZNzlmMDVyTIFWajg wdz09) Meeting ID: 824 8650 7295 Meeting password: 162815	66	No	No
2025-2026	April 14, 2025	In person at 5560 Overland Avenue, Suite 310 San Diego, CA 92123 Virtually via phone at (619) 343-2539, or via Teams (https://teams.microsoft.c om/l/meetup- join/19%3ameeting_NzBm ZjcxZDUtYzE4ZS00MjIwLW ExMjYtYzYxYjRiNzhmZGJl% 40thread.v2/0?context=%7 b%22Tid%22%3a%224563a f13-c029-41b3-b74c- 965e8eec8f96%22%2c%22 Oid%22%3a%2269679cec- 25ef-496e-8fd7- cd6491e9916d%22%7d) Meeting ID: 224 849 240 117 Meeting password: eq7c5wR2	37	No	No

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

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

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

The Area Plan Notice of Public Hearing was translated and made available in all County Threshold Languages including English, Spanish, Tagalog, Mandarin, Korean, Farsi, Vietnamese, Arabic, Dari, and Somali. Information regarding the Area Plan Public Hearing was disseminated via email to distribution lists that reach over 10,000 residents and service providers, including those who are homebound, disabled, or work with vulnerable populations. The Spring 2025 electronic edition of the AIS newsletter also included details on the Area Plan Public Hearing. The electronic edition is emailed to 9,000 individuals and reaches homebound and disabled older adults, as well as service providers who serve institutionalized older and disabled adults. The Area Plan Notice of Public Hearing was posted publicly in all AIS building lobbies throughout San Diego County and on both AIS's primary webpage and the AIS Advisory County Council webpage. Finally, notification (Legal Notice) of the Public Hearing appeared in the region's largest newspaper, the San Diego Union Tribune. Attendees could join virtually via Microsoft Teams or via telephone.

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

☐ Yes. Go to question #3

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

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

**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.**

The following comments were received concerning minimum percentages of Title III-B funds to meet the adequate proportion of funding for priority services at the public hearing:

- Inquiry regarding an expenditure allocation for the In-Home Supportive Services program.
- Inquiry about components of the In-Home Services category, and if that is inclusive of In-Home Supportive Services.
- Clarification requested on funding allocations and remaining Title III-B funds.

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

The following issues were discussed or raised at the public hearing:

- Availability of services for persons experiencing homelessness.

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

The input received during the public hearing was addressed through existing strategies included in the Area Plan and Aging Roadmap Action Plan and did not constitute changes to the plan. AAA staff responded to all issues raised and provided information and referrals for available programs and services, including those that are not funded by the Older Americans Act or those that are provided through a different agency.

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

<sup>5</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.

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## SECTION 7. AREA PLAN NARRATIVE GOALS & OBJECTIVES

**Goals and Objectives are required per California Code of Regulations Title 22 Section 7300 (c)**

Goals are statements of ideal conditions that the AAA wishes to achieve through its planned efforts.

Objectives are measurable statements of action to meet the goals. Objectives indicate all of the following:

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

### Goal 1: Health & Community Support

**Goal:** When changes and challenges in health occur, older adults and their families are able to find and access relevant resources, support, and care in their community. The community promotes mental health and physical health for people of all ages and abilities.

**Rationale:** San Diego County is home to a variety of social service organizations and programs focused on the needs of older adults, including senior and community centers and safety net programs that support older adults to age in place. However, older adults and their families are not always aware of the available resources that would support them to improve or maintain their health. Strategies to achieve this goal include increasing awareness of existing resources, hosting health promotion classes, and increasing access to technology to support aging in place. Please refer to Appendix A, Aging Roadmap Action Plan 2024 - 2028 for additional activities not funded under the OAA that pertain to Health & Community Support.

#	OBJECTIVES	Projected Start and End Dates	Type of Activity and Funding Source <sup>6</sup>	Update Status <sup>7</sup>
1.01	Provide Information and Assistance through the 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, 2025 to June 30, 2026	Title III-B	

1.02	Health Promotion staff will educate 110 older adults through evidence-based programs such as Chronic Disease Self-Management Education Program, Chronic Pain Self-Management Program, Diabetes Self-Management Program, Programa de Manejo Personal de la Diabetes, Tomando Control de Su Salud, 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, 2025 to June 30, 2026	Title III-D	Revised
1.03	Through the Project Community Action Reaching the Elderly (C.A.R.E.) Program, contractor will provide Title III-B Supportive Services including 2,600 information and assistance contacts. Assistance may be conducted over the phone with an individual to provide information or referrals to services and opportunities that are available within the community, with the possibility of follow-up contact.	July 1, 2025 to June 30, 2026	Title III-B	New
1.04	Through the Project C.A.R.E. Program, contractor will provide Title III-B Supportive Services including 270 comprehensive assessments. A comprehensive assessment involves a home visit, assessment of needs/strengths, goal documentation, and reassessment.	July 1, 2025 to June 30, 2026	Title III-B	New
1.05	Through the Project C.A.R.E. Program, contractor will provide Title III-B Supportive Services including 1,100 telephone reassurance contacts. Contractor staff and volunteers will provide weekly phone calls to reassure and support older adults.	July 1, 2025 to June 30, 2026	Title III-B	New

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

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



## Goal 2: Housing

all of which allow them to age in their community.

communities where older adults have affordable housing options that are within walking distance of shops and services. Strategies to achieve this goal 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). As Housing-related activities are not currently funded under the OAA, no objectives are listed below. Please refer to Appendix A, Aging Roadmap Action Plan 2024 – 2028 for AIS and other County activities that pertain to Housing.

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

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

## Goal 3: Social Participation

promote active living, reduce isolation, and provide enriching experiences with others across age groups and generations.

adults. Conversely, research has demonstrated that social isolation and loneliness are associated with an increased risk of dementia, heart disease, depression, and even premature death. 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. Many OAA funded programs, such as congregate meals and health promotion, provide opportunities for social interaction. Please see Goal 1 (Health & Community Support) for health promotion objectives and Goal 10 (Medical & Social Services) for congregate meals. Please refer to Appendix A, Aging Roadmap Action Plan 2024 – 2028 which includes AIS and other County programs to promote social participation for older adults, such as initiatives to support intergenerational connection.

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

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

## Goal 4: Transportation

**Goal:** Older adults have access to safe and affordable transportation options that are accessible for all ages and abilities.

**Rationale:** Transportation is a crucial component of maintaining independence, accessing needed services, staying socially engaged, and sustaining connections to community life. Alternative transportation access is especially crucial for older adults who no longer drive. Strategies to achieve this goal include providing rides, promoting smart growth, and increasing awareness of transportation options. In addition to the OAA funded transportation activities below, please refer to Appendix A, Aging Roadmap Action Plan 2024 – 2028 for additional transportation activities not funded under the OAA. These include promoting the development of complete streets that address the needs of all users (pedestrians, cyclists, and public transit riders), distributing a transportation resource guide, and more.

#	OBJECTIVES	Projected Start and End Dates	Type of Activity and Funding Source <sup>6</sup>	Update Status <sup>7</sup>
4.01	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 Referral (SOAR) program.	July 1, 2025 to June 30, 2026	Title III-B	
4.02	Address food insecurity by working with Older Californians Nutrition Program contractors to reduce barriers to participation by providing transportation to and from congregate meal sites for eligible participants that lack transportation.	July 1, 2025 to June 30, 2026	Title III-B	

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

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

## Goal 5: Dementia

**Goal:** San Diegans have the information they need to reduce their risk of Alzheimer's disease and related dementias (ADRD); residents with ADRD receive the highest standard of clinical care; individuals with ADRD are well cared for and supported by "Dementia-Friendly" communities to be as independent as possible; and family members have the support they need to care for their loved ones.

**Rationale:** Alzheimer's disease and related dementias continue to impact more individuals and families in our region every year, leading to a growing need for services and programs to support those living with ADRD and their caregivers. While the research and medical community continues to work on advancing treatments, there are many County and community services that support people living with ADRD. AIS is working to promote awareness of dementia and the resources that exist to help those

affected by the disease. While dementia-friendly concepts and activities are infused throughout all ten focus areas, none of our OAA funded activities focus specifically on dementia. Please refer to Appendix A, Aging Roadmap Action Plan 2024 – 2028 for AIS and other County activities that pertain to Dementia.

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

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

## Goal 6: Caregiver Support

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

**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 providing community education and training. Please refer to Appendix A, Aging Roadmap Action Plan 2024 – 2028 for additional AIS and County activities funded by the OAA that pertain to Caregiver Support.

#	OBJECTIVES	Projected Start and End Dates	Type of Activity and Funding Source <sup>6</sup>	Update Status <sup>7</sup>
6.01	Participate/present in four 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, 2025 to June 30, 2026	Title III-B	

6.02a	<p>Through the Family Caregiver Support Program (FCSP), contractor will provide a minimum of 14,000 units of respite service (one hour equals one service unit).</p> <p>Contractor will provide a minimum of 1,700 units (1 hour) of caregiver supplemental services caregiver assessment.</p> <p>In addition, the following support services will also be provided for to family caregivers: counseling, support groups, and training, reaching 3,500 hours annually.</p>	July 1, 2025 to June 30, 2026	Title III-E	Revised
6.02b	Contractor will provide a minimum of 1,220 occurrences of supplemental services to family caregivers, including 150 occurrences of assistive technology and 1,070 occurrences of home modifications, to facilitate and fulfill caregiving responsibilities.	July 1, 2025 to June 30, 2026	Title III-E	New
6.02c	<p>Through FCSP, AIS staff will educate groups of caregivers and provide information about available FCSPs and other caregiver support resources by disseminating publications, posting on social media and websites, and organizing and attending community events, reaching a minimum of 10,000 family caregivers through 100 activities.</p> <p>Through FCSP, AIS staff, in collaboration with community partners, will conduct family caregiver workshops/events. A minimum of 200 caregivers will attend these events annually. AIS staff will track both the number of caregivers attending and support events held.</p>	July 1, 2025 to June 30, 2026	Title III-E	New

6.02d	Contractor will provide 300 units (contacts) of supplemental services legal consultation 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.	July 1, 2025 to June 30, 2026	Title III-E	New
6.02e	Through FCSP, access assistance contractor will provide a minimum of 5,000 hours of caregiver case management at the direction of the caregiver by an individual who is trained and experienced in the case management skills that are required to deliver services and coordination; and to assess the needs, and to arrange, coordinate, and monitor an optimum package of services to meet the needs of the caregiver.	July 1, 2025 to June 30, 2026	Title III-E	New
6.02f	<p>Through FCSP, contractor will provide a minimum of 12,000 hours of respite care for Kinship Caregivers including both in- home and out-of-home care.</p> <p>A minimum of 300 kinship caregivers will be educated about FCSP resources and services through at least 10 events.</p> <p>FCSP contractor will reach 300 kinship caregivers (service unit contact) through access assistance service that provides the individuals with current information on opportunities and services available to the individuals within their communities; assesses the problems and capacities of the individual; links the individual to services; and ensures that the individual receives services they need.</p>	July 1, 2025 to June 30, 2026	Title III-E	New

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

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

## Goal 7: Safety

**Goal:** Older adults and persons with disabilities are safe in their homes and community.

**Rationale:** Older adults and persons with disabilities should 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 approaches to address 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. Please refer to Appendix A, Aging Roadmap Action Plan 2024 – 2028 for additional activities not funded under the OAA that pertain to Safety.

#	OBJECTIVES	Projected Start and End Dates	Type of Activity and Funding Source <sup>6</sup>	Update Status <sup>7</sup>
7.01	Ombudsman staff will reach a minimum of 150 mandated reporters annually with in-person or virtual trainings regarding their responsibility to make Elder and Dependent Adult abuse reports.	July 1, 2025 to June 30, 2026	Title-VII	
7.02	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, ODIN.	July 1, 2025 to June 30, 2026	Title-VII	
7.03	Provide case management services to 215 unduplicated frail older adults that are at risk of out-of-home placement. The outcome will be measured by tracking the unduplicated client count served by SOAR Program in the automated database system.	July 1, 2025 to June 30, 2026	Title III-B	

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

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

## Goal 8: Preparedness

**Goal:** Older adults and their caregivers are prepared to be safe during disasters.

**Rationale:** It is important for all residents, but especially those with unique needs, to be prepared for a disaster and aware of how to stay safe during a time of emergency. We live in a region that is impacted by wildfires, and 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 Office of Emergency Services (OES) to address these needs. Please refer to Appendix A, Aging Roadmap Action Plan 2024 - 2028 for additional AIS and County activities not funded by the OAA that pertain to Preparedness.

#	OBJECTIVES	Projected Start and End Dates	Type of Activity and Funding Source <sup>6</sup>	Update Status <sup>7</sup>
8.01	AIS will purchase and distribute Vials of Life to assist older adults in the event of an emergency.	July 1, 2025 to June 30, 2026	Title III-B	

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

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

## Goal 9: Silver Economy

**Goal:** There is a skilled and diverse workforce of caregivers to support the older adult population. Also, older adults have opportunities to stay engaged in the community through volunteering or paid work.

**Rationale:** 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. In addition, 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 supports efforts to increase the professional caregiver workforce in our community. Please refer to Appendix A, Aging Roadmap Action Plan 2024 - 2028 for additional AIS activities not funded by the OAA that pertain to Silver Economy.

#	OBJECTIVES	Projected Start and End Dates	Type of Activity and Funding Source <sup>6</sup>	Update Status <sup>7</sup>
9.01a	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, ODIN.	July 1, 2025 to June 30, 2026	Title III-B	
9.01b	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, 2025 to June 30, 2026	Title III-B	



9.01c	Focus on the retention of the number of certified Long- Term Care (LTC) Ombudsman volunteers at 35. The outcome will be measured through the reporting functions within the VAND computer software application.	July 1, 2025 to June 30, 2026	Title III-B	
9.01d	<p>The LTC Ombudsman &amp; 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:</p> <ul style="list-style-type: none"> <li>• Maintaining awareness of general regulations governing Skilled Nursing Facilities and Residential Care Facilities for the Elderly.</li> <li>• Monitoring legislation proposals and changes related to Skilled Nursing Facilities and Residential Care Facilities for the Elderly.</li> </ul>	July 1, 2025 to June 30, 2026	Title III-B	

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

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

## Goal 10: Medical & Social Services

**Goal:** Care coordination among medical and social services provides proactive, seamless, prevention-focused, and person-centered support for older adults.

**Rationale:** Because the medical and social services system is rather large, fragmented, and supported by multiple funding streams, it can be very hard for older adults and caregivers to navigate and even to know what is available. AIS strategies include providing essential services to older adults, such as care management programs and the Long-Term Care Ombudsman Program. Please refer to Appendix A, Aging Roadmap Action Plan 2024 - 2028 for additional AIS activities not funded by the OAA that pertain to Medical & Social Services.

#	OBJECTIVES	Projected Start and End Dates	Type of Activity and Funding Source <sup>6</sup>	Update Status <sup>7</sup>
10.01	Provide 15,500 hours annually of homemaker and personal care services through SOAR program. Outcome will be measured by tracking the total number of hours logged in the automated database system.	July 1, 2025 to June 30, 2026	Title III-B	
10.02	Conduct a general visit at least once per quarter in 75% of skilled nursing facilities and 70% of	July 1, 2025 to June 30, 2026	Title III-B	

	residential care facilities for the elderly. The outcome is measured through the reporting functions within the ombudsman computer application, ODIN.			
10.03	Support older adults to live independently by promoting better health and reducing isolation through the provision of approximately 1.5 million congregate, home delivered, and to-go meals annually.	July 1, 2025 to June 30, 2026	Title III-C1 and Title III-C2	
10.04	Maintenance of software designed to meet the requirements of the California Aging Reporting System and support the timely and accurate reporting of required data.	July 1, 2025 to June 30, 2026	Admin	New

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

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

## SECTION 8. SERVICE UNIT PLAN (SUP)

### TITLE III/VII SERVICE UNIT PLAN

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

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

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

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

#### Personal Care (In-Home)

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	2,800	10	
2025-2026	2,800	10	
2026-2027			
2027-2028			

#### Homemaker (In-Home)

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	11,600	10	
2025-2026	11,600	10	
2026-2027			
2027-2028			

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

<b>Fiscal Year</b>	<b>Proposed Units of Service</b>	<b>Goal Numbers</b>	<b>Objective Numbers (if applicable)</b>
<b>2024-2025</b>	6,000	7	
<b>2025-2026</b>	6,000	7	
<b>2026-2027</b>			
<b>2027-2028</b>			

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

<b>Fiscal Year</b>	<b>Proposed Units of Service</b>	<b>Goal Numbers</b>	<b>Objective Numbers (if applicable)</b>
<b>2024-2025</b>	360	10	10.01
<b>2025-2026</b>	360	10	10.01
<b>2026-2027</b>			
<b>2027-2028</b>			

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

<b>Fiscal Year</b>	<b>Proposed Units of Service</b>	<b>Goal Numbers</b>	<b>Objective Numbers (if applicable)</b>
<b>2024-2025</b>	40,000	4	
<b>2025-2026</b>	40,000	4	
<b>2026-2027</b>			
<b>2027-2028</b>			

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

<b>Fiscal Year</b>	<b>Proposed Units of Service</b>	<b>Goal Numbers</b>	<b>Objective Numbers (if applicable)</b>
<b>2024-2025</b>	9,000	1	
<b>2025-2026</b>	12,200	1	
<b>2026-2027</b>			
<b>2027-2028</b>			

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

<b>Fiscal Year</b>	<b>Proposed Units of Service</b>	<b>Goal Numbers</b>	<b>Objective Numbers (if applicable)</b>
<b>2024-2025</b>	2,500	7	
<b>2025-2026</b>	2,500	7	
<b>2026-2027</b>			
<b>2027-2028</b>			

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

<b>Fiscal Year</b>	<b>Proposed Units of Service</b>	<b>Goal Numbers</b>	<b>Objective Numbers (if applicable)</b>
<b>2024-2025</b>	550,000	10	10.03
<b>2025-2026</b>	550,000	10	10.03
<b>2026-2027</b>			
<b>2027-2028</b>			

**Home-Delivered Meals****Unit of Service = 1 meal**

<b>Fiscal Year</b>	<b>Proposed Units of Service</b>	<b>Goal Numbers</b>	<b>Objective Numbers (if applicable)</b>
<b>2024-2025</b>	900,000	10	10.03

<b>2025-2026</b>	900,000	10	10.03
<b>2026-2027</b>			
<b>2027-2028</b>			

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

<b>Fiscal Year</b>	<b>Proposed Units of Service</b>	<b>Goal Numbers</b>	<b>Objective Numbers (if applicable)</b>
<b>2024-2025</b>	48	10	
<b>2025-2026</b>	48	10	
<b>2026-2027</b>			
<b>2027-2028</b>			

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

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

## Title III-B: Other Priority and Non-Priority Supportive Services

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

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

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

### Other Supportive Service Category: Visiting

Unit of Service: 1 Hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	135	9	9.02
2025-2026	0		
2026-2027			
2027-2028			

### Other Supportive Service Category: Disaster Preparedness Materials

Unit of Service: 1 Product

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	3,000	8	8.01
2025-2026	2,000	8	8.01
2026-2027			
2027-2028			

**Other Priority Supportive Service Category: Comprehensive Assessment    Unit of Service: 1 Assessment**

<b>Fiscal Year</b>	<b>Proposed Units of Service</b>	<b>Goal Numbers</b>	<b>Objective Numbers (if applicable)</b>
<b>2024-2025</b>	0		
<b>2025-2026</b>	270	1	1.04
<b>2026-2027</b>			
<b>2027-2028</b>			

**Other Priority Supportive Service Category: Telephone Reassurance    Unit of Service: 1 Contacts**

<b>Fiscal Year</b>	<b>Proposed Units of Service</b>	<b>Goal Numbers</b>	<b>Objective Numbers (if applicable)</b>
<b>2024-2025</b>	0		
<b>2025-2026</b>	1,100	1	1.05
<b>2026-2027</b>			
<b>2027-2028</b>			



# Title III-D: Health Promotion – Evidence-Based

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

**Evidence-Based Program Name(s):** Chronic Disease Self-Management Education, Chronic Pain Self-Management Program, Diabetes Self-Management Program, Programa de Manejo Personal de la Diabetes, Tomando Control de Su Salud, Tai Chi for Arthritis, Tai Chi Moving for Better Balance.

**Unit of Service = 1 contact**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	4,000	1	1.02
2025-2026	4,000	1	1.02
2026-2027			
2027-2028			

## TITLE III-B and TITLE VII: Long-Term Care (LTC) Ombudsman Program Outcomes

### 2025-2026 Update

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

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

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

Complete all Measures and Targets for Outcomes 1-3.

**Outcome 1.** The problems and concerns of long-term care residents are solved through complaint resolution and other services of the Ombudsman Program. Older Americans Act Reauthorization Act of 2020, Section 712(a)(3), (5)]. **Measures and Targets:**

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

Fiscal Year Baseline Resolution Rate	# of partially resolved complaints or fully resolved complaints	Divided by the total number of Complaints	= Baseline Resolution Rate	Fiscal Year Target Resolution Rate
2022-2023	716	1,456	49%	75 % 2024-2025
2023-2024	830	1,540	54%	60 % 2025-2026
2024-2025				% 2026-2027
2026-2027				% 2027-2028

## Program Goals and Objective Numbers:

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

1. FY 2022-2023 Baseline: Number of Resident Council meetings attended <u>71</u> FY 2024-2025 Target: <u>25</u>
2. FY 2023-2024 Baseline: Number of Resident Council meetings attended <u>55</u> FY 2025-2026 Target: <u>35</u>
3. FY 2024-2025 Baseline: Number of Resident Council meetings attended _____ FY 2026-2027 Target: _____
4. FY 2025-2026 Baseline: Number of Resident Council meetings attended _____ FY 2027-2028 Target: _____
Program Goals and Objective Numbers: _____

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

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

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

1. FY 2022-2023 Baseline: Number of Instances <u>1,628</u> FY 2024-2025 Target: <u>1,000</u>
2. FY 2023-2024 Baseline: Number of Instances <u>2,789</u> FY 2025-2026 Target: <u>1,500</u>
3. FY 2024-2025 Baseline: Number of Instances _____ FY 2026-2027 Target: _____
4. FY 2025-2026 Baseline: Number of Instances _____ FY 2027-2028 Target: _____

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

1. FY 2022-2023 Baseline: Number of Instances <u>8,753</u> FY 2024-2025 Target: <u>9,000</u>
2. FY 2023-2024 Baseline: Number of Instances <u>7,350</u> FY 2025-2026 Target: <u>7,500</u>
3. FY 2024-2025 Baseline: Number of Instances _____ FY 2026-2027 Target: _____
4. FY 2025-2026 Baseline: Number of Instances _____ FY 2027-2028 Target: _____
Program Goals and Objective Numbers _____

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

1. FY 2022-2023 Baseline: Number of Sessions <u>17</u> FY 2024-2025 Target: <u>20</u>
2. FY 2023-2024 Baseline: Number of Sessions <u>10</u> FY 2025-2026 Target: <u>15</u>
3. FY 2024-2025 Baseline: Number of Sessions _____ FY 2026-2027 Target: _____
4. FY 2025-2026 Baseline: Number of Sessions _____ FY 2027-2028 Target: _____
Program Goals and Objective Numbers _____

**G. Systems Advocacy (NORS Elements S-07, S-07.1)** One or more new systems advocacy efforts must be provided for each fiscal year Area Plan Update. In the relevant box below for the current Area

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

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

Enter information in the relevant box below.

**FY 2024-2025**

**FY 2024-2025 Systems Advocacy Effort(s):** (Provide one or more new systems advocacy efforts)

Regarding new systems advocacy efforts, AB 1417 changes the requirements for mandated reporting, with the exception of abuse caused by an elder or dependent adult with a physician's diagnosis of dementia and there is no serious bodily injury. Mandated reporters only need to submit a written SOC-341 to law enforcement and Ombudsman.

All other abuse must be reported by mandated reporters as soon as possible no later than 2 hours and submit a written abuse report no later than 24 hours to ombudsman, law enforcement, and licensing.

AB 1417 is a significant change effective January 1, 2024. For the new system advocacy efforts, training and educating mandated reporters on the changes in reporting due to the passage of this assembly bill would be a beneficial multi-year effort.

**FY 2025-2026****Outcome of FY 2024-2025 Efforts:**

During the previous year, efforts were made to educate staff, volunteers and mandated reporters of the changes surrounding AB 1417. In-person and virtual trainings were held reviewing the mandated reporter charts and handouts reviewing AB 1417. Efforts will continue to educate facilities, and mandated reporters of changes as this is a multi-year effort.

**FY 2025-2026 Systems Advocacy Effort(s):** (Provide one or more new systems advocacy efforts.)

The passage of AB 1417, effective January 2024, simplified the reporting process in order to increase mandated reporters' accuracy when reporting abuse or neglect. Educating community organizations including Family Healthcare Centers San Diego, the Aging & Independence Services Advisory Council, Long-Term Care Ombudsman Advisory Council Subcommittee, Jewish Family Service of San Diego, Park De La Cruz, LGBT Center, Elder Help, University of San Diego, San Ysidro Health, and Brain Health Forum is an ongoing effort as there is a constant influx of turnover and growth. This is a challenge but has a positive impact as we are able to increase the reach to more individuals in our community and advocate for more individuals.

**FY 2026-2027****Outcome of FY 2025-2026 Efforts:**

**FY 2026-2027 Systems Advocacy Effort(s):** (Provide one or more new systems advocacy efforts)

**FY 2027-2028****Outcome of 2026-2027 Efforts:**

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

**Outcome 2.** Residents have regular access to an Ombudsman. [(Older Americans Act Reauthorization Act of 2020), Section 712(a)(3)(D), (5)(B)(ii)].

## Measures and Targets:

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

1. FY 2022-2023 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint <u>81</u> divided by the total number of Nursing Facilities <u>84</u> = Baseline <u>96%</u> FY 2024-2025 Target: <u>80%</u>
2. FY 2023-2024 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint <u>73</u> divided by the total number of Nursing Facilities <u>83</u> = Baseline <u>88%</u> FY 2025-2026 Target: <u>90%</u>
3. FY 2024-2025 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint _____ divided by the total number of Nursing Facilities _____ = Baseline _____% FY 2026-2027 Target: _____%
4. FY 2025-2026 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint _____ divided by the total number of Nursing Facilities _____ = Baseline _____% FY 2027-2028 Target: _____%
Program Goals and Objective Numbers: _____

**B. Routine access: Residential Care Communities** (NORS Element S-61) Percentage of RCFEs within the PSA that were visited by an Ombudsman representative at least once each quarter during the fiscal year not in response to a complaint. The percentage is determined by dividing the number of RCFEs in the PSA that were visited at least once each quarter not in response to a complaint by the total number of RCFEs in the PSA. NOTE: This is not a count of visits but a count of facilities. In determining the number of facilities visited for this measure, no RCFE can be counted more than once.

1. FY 2022-2023 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint <u>231</u> divided by the total number of RCFEs <u>556</u> = Baseline <u>42%</u> FY 2024-2025 Target: <u>70%</u>
2. FY 2023-2024 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint <u>130</u> divided by the total number of RCFEs <u>573</u> = Baseline <u>22%</u> FY 2025-2026 Target: <u>60%</u>
3. FY 2024-2025 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint _____ divided by the total number of RCFEs _____ = Baseline _____% FY 2026-2027 Target: _____
4. FY 2025-2026 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint _____ divided by the total number of RCFEs _____ = Baseline _____% FY 2027-2028 Target: _____
Program Goals and Objective Numbers: _____

**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 2022-2023 Baseline: <u>13</u> FTEs FY 2024-2025 Target: <u>12</u> FTEs
2. FY 2023-2024 Baseline: <u>11.88</u> FTEs FY 2025-2026 Target: <u>13</u> FTEs
3. FY 2024-2025 Baseline: _____ FTEs FY 2026-2027 Target: _____ FTEs
4. FY 2025-2026 Baseline: _____ FTEs FY 2027-2028 Target: _____ FTEs
Program Goals and Objective Numbers: _____

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

1. FY 2022-2023 Baseline: Number of certified LTC Ombudsman volunteers <u>48</u> FY 2024-2025 Projected Number of certified LTC Ombudsman volunteers <u>48</u>
2. FY 2023-2024 Baseline: Number of certified LTC Ombudsman volunteers <u>30</u> FY 2025-2026 Projected Number of certified LTC Ombudsman volunteers <u>35</u>
3. FY 2024-2025 Baseline: Number of certified LTC Ombudsman volunteers _____ FY 2026-2027 Projected Number of certified LTC Ombudsman volunteers _____
4. FY 2025-2026 Baseline: Number of certified LTC Ombudsman volunteers _____ FY 2027-2028 Projected Number of certified LTC Ombudsman volunteers _____
Program Goals and Objective Numbers: _____

**Outcome 3.** Ombudsman representatives accurately and consistently report data about their complaints and other program activities in a timely manner. [Older Americans Act Reauthorization Act of 2020, Section 712(c)]

## Measures and Targets:

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

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

On a quarterly basis our program will incorporate ODIN consistency, and coding to improve accuracy in the NORS data reporting. Trainings and educational examples are sent to the staff members quarterly to increase consistency and reduce errors. Training materials are delivered in various modalities to engage staff interest and increase knowledge retention.



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# TITLE VII Elder Abuse Prevention

## SERVICE UNIT PLAN

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

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

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

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

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

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

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

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

- **Hours Spent Developing a Coordinated System to Respond to Elder Abuse**—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 VII Elder Abuse Prevention Service Unit Plan

The agency receiving Title VII Elder Abuse Prevention funding is: County of San Diego Health and Human Services Agency, Aging and Independence Services.

Total # of	2024-2025	2025-2026	2026-2027	2027-2028
Individuals Served	50	50		
Public Education Sessions	1	1		
Training Sessions for Professionals	4	4		
Training Sessions for Caregivers served by Title III-E	0	0		
Hours Spent Developing a Coordinated System	15	15		

Fiscal Year	Total # of Copies of Educational Materials to be Distributed	Description of Educational Materials
2024-2025	200	AIS one-pager, with the role of the Ombudsman & Elder Abuse, Mandated Reporter & SOC 341 information; Mandated report flowchart.
2025-2026	200	AIS one-pager, with the role of the Ombudsman & Elder Abuse, Mandated Reporter & SOC 341 information; Mandated report flowchart.
2026-2027		
2027-2028		

## TITLE III-E Service Unit Plan

### CCR Article 3, Section 7300(d) 2025-2026 Update

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

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

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

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

#### Direct and/or Contracted III-E Services

SUB-CATEGORIES (16 total)	1	2	3
Caregivers of Older Adults (COA)	Proposed Units of Service	Required Goal #(s)	Required Objective #(s)
COA Caregiver Access Case Management	Total hours	Required Goal#(s)	Required Objective #(s)
2024-2025	6,000	6	6.02a
2025-2026	5,000	6	6.02e
2026-2027			
2027-2028			
COA Caregiver Access Information & Assistance	Total Contacts	Required Goal #(s)	Required Objective #(s)
2024-2025	2,000	6	6.02.e
2025-2026	2,000	6	6.02.e
2026-2027			
2027-2028			

<b>COA Caregiver Information Services</b>	<b># Of activities and Total est. audience (contacts) for above</b>	<b>Required Goal #(s)</b>	<b>Required Objective #(s)</b>
<b>2024-2025</b>	<b># Of activities:</b> 2,000 <b>Total est. audience for above:</b> 10,000	6	6.02e
<b>2025-2026</b>	<b># Of activities:</b> 100 <b>Total est. audience for above:</b> 10,000	6	6.02c
<b>2026-2027</b>	<b># Of activities:</b> <b>Total est. audience for above:</b>		
<b>2027-2028</b>	<b># Of activities:</b> <b>Total est. audience for above:</b>		
<b>COA Caregiver Support Groups</b>	<b>Total sessions</b>	<b>Required Goal #(s)</b>	<b>Required Objective #(s)</b>
<b>2024-2025</b>	1,900	6	6.02a
<b>2025-2026</b>	2,500	6	6.02a
<b>2026-2027</b>			
<b>2027-2028</b>			
<b>COA Caregiver Support Counseling</b>	<b>Total hours</b>	<b>Required Goal #(s)</b>	<b>Required Objective #(s)</b>
<b>2024-2025</b>	100	6	6.02a
<b>2025-2026</b>	300	6	6.02a
<b>2026-2027</b>			
<b>2027-2028</b>			
<b>COA Caregiver Respite In-Home</b>	<b>Total hours</b>	<b>Required Goal #(s)</b>	<b>Required Objective #(s)</b>
<b>2024-2025</b>	14,000	6	6.02a
<b>2025-2026</b>	14,000	6	6.02a
<b>2026-2027</b>			
<b>2027-2028</b>			
<b>COA Caregiver Respite Out-of-Home Day Care</b>	<b>Total hours</b>	<b>Required Goal #(s)</b>	<b>Required Objective #(s)</b>
<b>2024-2025</b>	5	6	6.02.a
<b>2025-2026</b>	5	6	6.02.a
<b>2026-2027</b>			
<b>2027-2028</b>			

<b>COA Caregiver Supplemental Services Legal Consultation</b>	<b>Total contacts</b>	<b>Required Goal #(s)</b>	<b>Required Objective #(s)</b>
<b>2024-2025</b>	500	6	6.02a
<b>2025-2026</b>	300	6	6.02d
<b>2026-2027</b>			
<b>2027-2028</b>			
<b>COA Caregiver Supplemental Services Home Modifications</b>	<b>Total occurrences</b>	<b>Required Goal #(s)</b>	<b>Required Objective #(s)</b>
<b>2024-2025</b>	1,500	6	6.02a
<b>2025-2026</b>	1,071	6	6.02b
<b>2026-2027</b>			
<b>2027-2028</b>			
<b>COA Caregiver Supplemental Services Assistive Technologies</b>	<b>Total Occurrences</b>	<b>Required Goal #(s)</b>	<b>Required Objective #(s)</b>
<b>2024-2025</b>	100	6	6.02a
<b>2025-2026</b>	150	6	6.02b
<b>2026-2027</b>			
<b>2027-2028</b>			
<b>COA Caregiver Supplemental Services Caregiver Assessment</b>	<b>Total Hours</b>	<b>Required Goal #(s)</b>	<b>Required Objective #(s)</b>
<b>2024-2025</b>	2,200	6	6.02a
<b>2025-2026</b>	1,700	6	6.02a
<b>2026-2027</b>			
<b>2027-2028</b>			

**Direct and/or Contracted III-E Services****Direct and/or Contracted III-E Services- Older Relative Caregivers**

<b>SUB- CATEGORIES (16 total)</b>	<b>1</b>	<b>2</b>	<b>3</b>
<b>Older Relative Caregivers (ORC)</b>	<b>Proposed Units of Service</b>	<b>Required Goal #(s)</b>	<b>Required Objective #(s)</b>
<b>ORC Caregiver Information and Assistance</b>	<b>Total Contacts</b>	<b>Required Goal #(s)</b>	<b>Required Objective #(s)</b>
<b>2024-2025</b>	250	6	6.02b
<b>2025-2026</b>	300	6	6.02f
<b>2026-2027</b>			
<b>2027-2028</b>			
<b>ORC Caregiver Information Services</b>	<b># Of activities and Total est. audience (contacts) for above</b>	<b>Required Goal #(s)</b>	<b>Required Objective #(s)</b>
<b>2024-2025</b>	# Of activities: 10 Total est. audience for above: 250	6	6.02b
<b>2025-2026</b>	# Of activities: 10 Total est. audience for above: 300	6	6.02f
<b>2026-2027</b>	# Of activities: Total est. audience for above:		
<b>2027-2028</b>	# Of activities: Total est. audience for above:		
<b>ORC Caregiver Respite In-Home</b>	<b>Total hours</b>	<b>Required Goal #(s)</b>	<b>Required Objective #(s)</b>
<b>2024-2025</b>	1,500	6	6.02b
<b>2025-2026</b>	1,000	6	6.02f
<b>2026-2027</b>			
<b>2027-2028</b>			
<b>ORC Caregiver Respite Out-of-Home Day Care</b>	<b>Total hours</b>	<b>Required Goal #(s)</b>	<b>Required Objective #(s)</b>
<b>2024-2025</b>	9,000	6	6.02b
<b>2025-2026</b>	7,500	6	6.02f
<b>2026-2027</b>			
<b>2027-2028</b>			
<b>ORC Caregiver Respite Out- of-Home Overnight Care</b>	<b>Total hours</b>	<b>Required Goal #(s)</b>	<b>Required Objective #(s)</b>
<b>2024-2025</b>	4,500	6	6.02b
<b>2025-2026</b>	3,500	6	6.02f
<b>2026-2027</b>			



# HEALTH INSURANCE COUNSELING AND ADVOCACY PROGRAM (HICAP) SERVICE UNIT PLAN

## CCR Article 3, Section 7300(d) WIC § 9535(b)

**MULTIPLE PLANNING AND SERVICE AREA HICAPs (multi-PSA HICAP):** Area Agencies on Aging (AAA) that are represented by a multi-PSA, HICAPs must coordinate with their “Managing” AAA to complete their respective PSA’s HICAP Service Unit Plan. CDA contracts with 26 AAAs to locally manage and provide HICAP services in all 58 counties. Four AAAs are contracted to provide HICAP services in multiple Planning and Service Areas (PSAs). The “Managing” AAA is responsible for providing HICAP services in a way that is equitable among the covered service areas.

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

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

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

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

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

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

**SECTION 1: STATE PERFORMANCE MEASURES**

HICAP Fiscal Year (FY)	PM 1.1 Clients Counseled (Estimated)	Goal Numbers
2024-2025	2,700	
2025-2026	2,836	
2026-2027		
2027-2028		
HICAP Fiscal Year (FY)	PM 1.2 Public and Media Events (PAM) (Estimated)	Goal Numbers
2024-2025	112	
2025-2026	115	
2026-2027		
2027-2028		

**SECTION 2: FEDERAL PERFORMANCE MEASURES**

HICAP Fiscal Year (FY)	PM 2.1 Client Contacts (Interactive)	Goal Numbers
2024-2025	5764	
2025-2026	5,844	
2026-2027		
2027-2028		
HICAP Fiscal Year (FY)	PM 2.2 PAM Outreach (Interactive)	Goal Numbers
2024-2025	3,291	
2025-2026	3,839	
2026-2027		
2027-2028		
HICAP Fiscal Year (FY)	PM 2.3 Medicare Beneficiaries Under 65	Goal Numbers
2024-2025	1,100	
2025-2026	1,100	
2026-2027		
2027-2028		

HICAP Fiscal Year (FY)	PM 2.4 Hard to Reach (Total)	PM 2.4a LIS	PM 2.4b Rural	PM 2.4c ESL	Goal Numbers
2024-2025	2,000 (Contacts)	1,600 (Contacts)	0 (Contacts)	350 (Contacts)	
2025-2026	2,185 (Contacts)	1,600 (Contacts)	0 (Contacts)	350 (Contacts)	
2026-2027					
2027-2028					

HICAP Fiscal Year (FY)	PM 2.5 Enrollment Contacts (Qualifying)	Goal Numbers
<b>2024-2025</b>	4,900	
<b>2025-2026</b>	5,824	
<b>2026-2027</b>		
<b>2027-2028</b>		

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

HICAP Fiscal Year (FY)	PM 3.1 Estimated Number of Clients Represented Per FY (Unit of Service)	Goal Numbers
<b>2024-2025</b>	110 (Legal Clients Served)	
<b>2025-2026</b>	110 (Legal Clients Served)	
<b>2026-2027</b>		
<b>2027-2028</b>		
HICAP Fiscal Year (FY)	PM 3.2 Estimated Number of Legal Representation Hours Per FY (Unit of Service)	Goal Numbers
<b>2024-2025</b>	1,700	
<b>2025-2026</b>	1,700	
<b>2026-2027</b>		
<b>2027-2028</b>		
HICAP Fiscal Year (FY)	PM 3.1 Estimated Number of Clients Represented Per FY (Unit of Service)	Goal Numbers
HICAP Fiscal Year (FY)	PM 3.3 Estimated Number of Program Consultation Hours Per FY (Unit of Service)	Goal Numbers
<b>2024-2025</b>	100	
<b>2025-2026</b>	100	
<b>2026-2027</b>		
<b>2027-2028</b>		

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

## 2025-26 Update Justifications for a Service Unit Greater than or Equal to 10%

### Title III-B: Other Priority and Non-Priority Supportive Services

#### *Other Supportive Service Category: Visiting*

As a result of our budget realignment, funding for the contracted Visiting program was reallocated to other Title IIIB services in an effort to prioritize and reach the most vulnerable or isolated older adults in our community.

#### *Other Supportive Service Category: Disaster Preparedness Materials Unit of Service: 1 Product*

The proposed units of service for FY 25/26 decreased from 3,000 to 2,000 (33%) due to an increase in the number of individuals obtaining their disaster preparedness materials online.

#### *Other Priority Supportive Service Category: Comprehensive Assessment*

This is a new Title III-B objective that will be incorporated to align with funding allocation changes in FY 25/26.

#### *Other Priority Supportive Service Category: Telephone Reassurance*

This is a new Title III-B objective that will be incorporated to align with funding allocation changes in FY 25/26.

### TITLE III-B and TITLE VII: Long-Term Care (LTC) Ombudsman Program Outcomes

#### *Complaint Resolution Rate*

The number of partially resolved complaints received increased from 716 to 830 (16%) in FY 23/24. The program continues to enhance professional development and training of new staff, which increased the partial and overall resolution rates.

#### *Work with Resident Councils*

The number of resident council meetings attended decreased from 71 to 55 (22%) in FY 23/24. Fewer resident council meetings were attended, due to a greater focus on maximizing rapport and relationship building with resident council meeting attendees. The target for FY 25/26 increased from 25 to 35 (40%) in anticipation of increasing the number of resident council meetings attended.

### *Work with Family Councils*

The number of family council meetings attended increased from 1 to 4 (300%) in FY 23/24. Ombudsman staff have been working with families to re-start family council meetings that had previously discontinued due to the pandemic, along with educating families about council requirements.

### *Information and Assistance to Facility Staff*

The number of Information and Assistance instances to facility staff increased from 1,628 to 2,790 (71%) in FY 23/24. The variance reflects the increased presence of Ombudsman staff in facilities to address topics regarding care, discharge plans, facility staff, and corrections to ODIN coding. Due to the increased Ombudsman staff presence, the target for FY 25/26 was updated from 1,000 to 1,500 (50%).

### *Information and Assistance to Individuals*

The number of Information and Assistance instances to individuals decreased from 8,750 to 7,350 (16%) in FY 23/24. The decrease reflects a priority shift from information and assistance to training.

### *Community Education*

The number of Community Education sessions decreased from 17 to 10 (41%) in FY 23/24 and the target decreased from 20 to 15 (25%) in FY 25/26, due to a broader focus on educating a larger number of participants at fewer Community Education sessions to maximize resources and participation.

## **TITLE III-E Service Unit Plan**

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

#### *Caregiver Access Case Management*

Total hours decreased from 6,000 to 5,000 (17%) in FY 25/26 due to more care options and resources being readily available to caregivers.

#### *Caregiver Information Services*

Number of activities decreased from 2,000 to 100 (95%) in FY 25/26, primarily due to a change in the nature and approach of outreach activity (large scale media campaigns, events that reach a large number of people, etc.).

#### *Caregiver Supplemental Services Assistive Technologies*

Increased the number of assistive technologies from 100 to 150 (50%) in FY 25/26 to align with clients' needs.

*Caregiver Supplemental Services Caregiver Assessment*

Number of assessment hours decreased from 2,200 to 1,700 hours (23%) in FY 25/26, due to fewer caregiver assessments taking place.

*Caregiver Supplemental Services Home Modifications*

Decreased the number of home modifications from 1,500 to 1,070 (27%) in FY 25/26 to align with clients' needs.

*Caregiver Supplemental Services Legal Consultation*

Decreased number of contacts from 500 to 300 (41%) of supplemental services legal consultation in FY 25/26 to align with clients' needs.

*Caregiver Support Groups*

Number of sessions increased from 1,900 to 2,500 sessions (31%) in FY 25/26, which can be attributed to contractor adding virtual support groups to increase the reach and attendance of the caregiver support groups

*Caregiver Support Counseling*

Number of hours increased from 100 to 300 hours (200%) in FY 25/26, which can be attributed to contractor adding virtual and telehealth counseling, increasing caregiver attendance and session options.

***Direct and/or Contracted III-E Services - Older Relative Caregivers****Caregiver Information and Assistance total Contacts*

Number of contacts increased from 250 to 300 contacts (20%) in FY 25/26. Contractor is employing additional outreach methods to increase Information and Assistance contacts.

*Caregiver Information Services Total Estimated Audience (Contacts)*

Number of contacts was adjusted to mirror the above metric of 300 contacts estimated to attend the information services in FY 25/26. Contractor is employing additional outreach methods to increase Information and Assistance contacts.

*Caregiver Respite In-Home*

Number of total hours decreased from 1,500 to 1,000 total hours (33%) in FY 25/26, older adults and their families are utilizing alternative care options to address their respite needs.

*Caregiver Respite Out-of-Home Day Care*

Number of total hours decreased from 9,000 to 7,500 total hours (17%) in FY 25/26, older adults and their families are utilizing alternative care options to address their respite needs.

*Caregiver Respite Out-of-Home Overnight Care*

Number of total hours decreased from 4,500 to 3,500 total hours (22%) in FY 25/26, older adults and their families are utilizing alternative care options to address their respite needs.

## SECTION 11. LEGAL ASSISTANCE

### 2025-2026 Annual Area Plan Update

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)].<sup>12</sup> CDA developed California Statewide Guidelines for Legal Assistance (Guidelines), which are to be used as best practices by CDA, AAAs and LSPs in the contracting and monitoring processes for legal services, and located at: [https://aging.ca.gov/Providers\\_and\\_Partners/Legal\\_Services/#pp-gg](https://aging.ca.gov/Providers_and_Partners/Legal_Services/#pp-gg)

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

6.8% is allocated to Legal Services.

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

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

The AAA's contract specifies within the Statement of Work 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. The AAA provides multiple links and references in the Statement of Work of the contract to the California Statewide Guidelines for the provider to follow. The Statement of Work specifies that the LSP must abide by the reporting requirements including all specified data points and demographic information. The AAA performs yearly monitoring and monthly invoice reviews to verify that the LSP provides legal services to the target population and community legal education as outlined in the California Statewide Guidelines.



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

During the process of procuring a contract with a Legal Services Provider, we include the top four priority legal issues for the contractor to address and provide solutions for. AAA staff have regular meetings with the legal services provider to collaborate and assess any changes in priorities. When our solicitation is posted, we offer the community and potential providers an opportunity to give feedback, ask questions, and seek clarification. After receiving the feedback, and if warranted, we revise our solicitation to ensure the contract meets the specific needs of our residents. The contract's Statement of Work includes the priority issues for legal services. These priority issues are detailed in the Statement of Work as specific requirements for service delivery. They were established during the contract/ agreement orientation. The top four priority legal issues are public benefits, housing issues, elder abuse, and health care problems.

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

The AAA outlines the designated target population in the contract's Statement of Work. In addition to outlining the target population, the AAA provides a link to a detailed list of substantive legal issues that affect target populations in California and that conform to the requirements of the Older Americans Act (OAA) and other CDA Legal Assistance guidance. The target population are older adults aged 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 older adults and those with the greatest economic and social needs. Family Caregivers providing care for older adults aged 60 years and older, and those providing care for individuals with Alzheimer's disease, are also targeted populations.

The LSP submits monthly invoices and reports to AAA staff in which staff review demographic data of clients that were served to verify the outlined target population. Program staff of the AAA regularly meet with LSP to share information and gather feedback on legal services for target population. Additionally, the AAA cross-refers clients to other services (Question 12). The LSP is also a member of community collaborative groups and partner with AAA to conduct community events to reach target population.

Please see #10 below for discussion of the mechanism for reaching the Legal Services' target population.

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

<b>Fiscal Year</b>	<b># of Legal Assistance Services Providers</b>	<b>Did the number of service providers change? If so, please explain</b>
2024-2025	1 contracted provider in the PSA.	
2025-2026	1 contracted provider in the PSA.	No.
2026-2027		
2027-2028		

**7. 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 older adults. The provider offers services over the phone or through video conferencing as well as face-to-face services at its main office and established community sites. 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 which is in the process of being updated. The website describes services and contains content designed to inform target populations of services and to 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.

The provider participates in in-person outreach opportunities as they become available. Additionally, the provider continues to provide virtual community education opportunities individually and in partnership with other organizations.

**8. What geographic regions are covered by each provider?**

<b>Fiscal Year</b>	<b>Name of Provider</b>	<b>Geographic Region covered</b>
2024-2025	a. Elder Law & Advocacy b. c.	a. All applicable within the PSA b. c.
2025-2026	a. Elder Law & Advocacy b. c.	a. All applicable within the PSA b. c.
2026-2027	a. b. c.	a. b. c.
2027-2028	a. b. c.	a. b. c.

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

Please refer to the discussion in #7 above. Provider offers services over the phone, through video conferencing, and in-person.

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

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 financial elder abuse perpetrated by persons in a position of trust such as paid conservators, trustees, fiduciaries, financial planners and adult children, and scam victimization issues.

Provider continues to see a significant increase in reported scams that capitalize on older adults being forced to use technology to communicate with financial institutions and other entities.

There continues to be an increase in landlord-tenant issues as the pandemic resulted in many tenants not paying rent, a significantly more complicated legal landscape for landlords and tenants, and an influx of filed Unlawful Detainers.

**11. 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 updated website is expected to increase visibility of services within the region.

A significant barrier is inflation and a changing job market. Provider has had to increase salaries of staff in order to retain employees. Program staff have developed expertise in relevant legal subject areas but have also developed skills to address often complex or multiple issues with clients including those who may be frail, emotionally distraught, hard of hearing or cognitively impaired.

**12. 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 LSP has their own internal process of referring clients to the Legal Services Corporation Program (Legal Aid of San Diego). The LSP coordinates referrals to both HICAP and Legal Services within their organization. HICAP is another wrap-around service that the LSP can refer out to clients.

The provider collaborates with community-based service providers which are part of the "SafetyNet" 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.

The LSP coordinates and partners with other various organizations including but not limited to Dementia Care Aware, One Safe Place, California Low-Income Consumer Coalition, and Preventing Older Adults Homelessness Collaborative. The LSP also provides community education events throughout the AAA's jurisdiction to any organization requesting further information.

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## SECTION 12. DISASTER PREPAREDNESS

**Disaster Preparation Planning** Conducted for the 2025-2026 Annual Area Plan Update  
Older Americans Act Reauthorization Act of 2020, Section 306(a)(17); 310, CCR Title 22, Sections 7529 (a)(4) and 7547, W&I Code Division 8.5, Sections 9625 and 9716, CDA Standard Agreement, Exhibit E, Article 1, 22-25, Program Memo 10-29(P)

1. **Describe how the AAA coordinates its disaster preparedness plans, policies, and procedures for emergency preparedness and response as required in OAA, Title III, Section 310 with: local emergency response agencies, relief organizations, state and local governments, and other organizations responsible.**

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. AIS plans to share our disaster preparation guide with the local tribal organizations and increase outreach about our services.

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
Nicholas Thomlison	Senior Emergency Services Coordinator	(619) 507-3738	<a href="mailto:Nicholas.Thomlison@sdcounty.ca.gov">Nicholas.Thomlison@sdcounty.ca.gov</a>

3. **Identify the Disaster Response Coordinator within the AAA:**

Name	Title	Telephone	Email
Jana Jordan	Chief, Agency Operations	(619) 507-2099	<a href="mailto:Jana.Jordan@sdcounty.ca.gov">Jana.Jordan@sdcounty.ca.gov</a>

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

<b>Critical Services</b>	<b>How Delivered?</b>	<b>Critical Time</b>
<b>A.</b> AIS Emergency Response	<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>	< 1 hour
<b>B.</b> AIS Administrative Support	<ul style="list-style-type: none"> <li>• Executive Secretary to Director</li> <li>• Check on status of contractors.</li> <li>• Manage facility issues.</li> </ul>	< 1 hour
<b>C.</b> AIS Call Center	<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 IHSS and MSSP clients impacted by event (i.e., power outage, potential evacuees, etc.).</li> </ul>	< 1 hour
<b>D.</b> Adult Protective Services (APS)	<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>	< 4 hours
<b>E.</b> AIS Emergency Response	<ul style="list-style-type: none"> <li>• Deploy to shelters as part of VASAT team.</li> </ul>	< 4 hours
<b>F.</b> Public Administrator Estate Management	<ul style="list-style-type: none"> <li>• Secure vault and Formula Place to ensure warehouse is secured.</li> <li>• Secure and safeguard decedent personal and real property.</li> <li>• Assess and secure all other properties/ residencies.</li> <li>• Deputies will give priority to assisting the Medical Examiner as needed. Handle indigent dispositions as a priority.</li> </ul>	< 4 hour < 4 hour < 12 hour < 12 hour

<b>G. Ombudsman</b>	<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>	< 24 hours
<b>H. Public Guardian Conservatee Management</b>	<ul style="list-style-type: none"> <li>Deputies shall identify and contact all conservatees to assess their health and welfare in the following order of priority:               <ul style="list-style-type: none"> <li>Conservatees in their own home in affected area.</li> <li>Conservatees in licensed facilities in affected areas.</li> <li>All other conservatees.</li> </ul> </li> </ul>	Living in own home < 48 hours for conservatees in facilities
<b>I. In-Home Supportive Services (IHSS)</b>	<ul style="list-style-type: none"> <li>Conduct initial eligibility assessments.</li> <li>Mail Notice of Actions.</li> <li>Provide urgent purchased services.</li> <li>Provide resource referrals.               <ul style="list-style-type: none"> <li>Process disputes/violations.</li> </ul> </li> </ul>	< 24 hours
<b>J. Multipurpose Senior Service Program (MSSP)</b>	<ul style="list-style-type: none"> <li>Contact clients to assess for safety.</li> <li>Provide purchased services/complete service authorizations.</li> <li>Care conference cases prior to approving purchased services.</li> <li>Complete intakes and Level of Care certifications.</li> </ul>	< 24 hours (contact clients)
<b>K. Linkages</b>	<ul style="list-style-type: none"> <li>Contact clients to assess for safety.</li> <li>Provide purchased services.</li> </ul>	< 24 hours (contact clients)
<b>L. SOAR</b>	<ul style="list-style-type: none"> <li>Contact clients to assess for safety.</li> <li>Provide purchased services.</li> </ul>	< 24 hours (contact clients)

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

Please see the table above for the critical services the AAA will provide and prioritize after a disaster. Emergency operations are geared toward participants. There is no differentiation between services provided 'operationally' and for 'participants'.

**6. List critical resources the AAA need to continue operations.**



System Name	Current Location	Other Locations
County Vehicles	Available at the following locations: 5560 Overland Ave., San Diego 92123 401 Mile of Cars, National City 91910 389 N. Magnolia Ave., El Cajon 92020 649 W. Mission Ave., Escondido 92025 8530 La Mesa Blvd., La Mesa 91941 3708 Ocean Ranch Blvd, Oceanside 92056, 1050 Los Vallecitos Blvd, San Marcos, 92069 (One Safe Place) 5101 Market St., San Diego 92114 7666 Formula Place, San Diego 92121.	County Operations Center maintains a fleet of vehicles
Panoramic	Public Administrator/Public Guardian (PAPG)Web based application	Can access from any County/Non- County computer
LEAPS	Web based application	Can access from any County/Non- County computer with Akamai/EAA.
Q Continuum System	Web based application	Can access from any County/Non-County computer
Case Management Information and Payrolling System (CMIPS) II	Mainframe App; User specific for levels of access	Can access from any County/Non- County computer
Volunteer and Newsletter Database	Non-Governmental Supported Desktop Application- asset-based	Can access only on assets that have the application installed
Ombudsman Data Integration Network	Web based application	Can access from any County computer
Electronic Records Management System	Web based application	Can access from any County computer
Managed Care Organization/ MSSP Care	Web based application	Can access from any County computer

Vulnerable Adults Shelter Assessment Team Tools	Stored on S-Drive	Accessible by key essential function staff
County Laptops	Assigned to various essential functions staff	N/A
Enterprise Application Access/Akamai Accounts	Assigned to various essential functions staff	N/A
HotSpot (Mobile Internet Access)	Assigned to various essential functions staff	N/A
Scanners for Imaging	APS, IHSS, and PAPG	N/A
Automatic Call Distribution/ Integrated Voice Response	Call Center; PAPG	N/A
AIS Disaster Line (888) 804-5504	Accessible for all AIS staff	N/A
Mobile Devices	Assigned to various essential functions staff	N/A
AIS Safety and Disaster Response Documents	Stored on S-Drive and AIS Disaster SharePoint	N/A

**7. List any agencies or private/non-government organizations with which the AAA has formal or nonformal emergency preparation or response agreements. (contractual or MOU)**

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.

**8. Describe how the AAA will: Identify vulnerable populations.**

AIS, with Office of Emergency Services (OES), will create a geographic information system (GIS) map of vulnerable clients during disasters. AIS works with the Office of Business Intelligence to identify participants in affected areas or pulls queries from other case management systems.

**Identify possible needs of the participants before a disaster event (PSPS, Flood, Earthquake, etc.).**

Multipurpose Senior Services Program (MSSP) case managers check in on their clients to ensure that they have access to resources, have an emergency plan in place, and are ready and able to report any emergencies. Adult Protective Services (APS) call clients in affected areas to check in on them, determine if further assistance is needed and how it might be provided.

Case Management programs, SOAR, Linkages program, and San Diego Veterans Independence Services at any Age (SD-VISA) call clients in affected areas to check in on them, determine if further assistance is needed and how it might be provided.

In-Home Supportive Services (IHSS) contacts vulnerable IHSS recipients and/or their Authorized representatives residing in affected areas to conduct safety checks and provide resources.

The AIS Call Center is available from 8:00 AM – 5:00 PM Monday through Friday and provides information and assistance about programs and services for older adults, persons with disabilities, and caregivers. AIS collaborates with our partner, 2-1-1 San Diego. 2-1-1 San Diego connects people with community, health, and disaster services and can be reached 24/7.

In the event that contracted services are unable to be provided (ex. home delivered meals), providers conduct wellness checks with impacted participants to offer alternative resources and ensure their wellness. AIS partners with the County's OES and Public Health Services to address the needs of vulnerable populations in the event of a disaster.

#### **Follow up with vulnerable populations after a disaster event.**

The AIS Call Center calls vulnerable populations potentially impacted by disasters.

### **9. How is disaster preparedness training provided?**

#### **AAA to participants and caregivers.**

AIS's Title III-E contractor Southern Caregiver Resource Center (SCRC) provides an emergency preparedness skills presentation for family caregivers. The presentation is available in English and Spanish. SCRC provides County resources, and access to local, state, and federal emergency preparedness support. Additionally, SCRC family consultants make regular wellness check calls.

#### **To staff and subcontractors.**

Staff is trained through the County's Learning Management System online through the AIS Continuity of Operations Plan (COOP) Training Part I. The AIS COOP Training Part II is a tabletop exercise conducted within the staff's unit. The objectives are for staff to understand which activities will continue, how soon they need to function after a disaster, who will perform them, who will be in charge, and the logistics related to working at another site.

Training for subcontractors is not provided through AIS. However, we require all contractors providing OAA services to have their own continuity plan to maintain services to their population in the event of emergencies and/or disasters.

## SECTION 15. GOVERNING BOARD

### GOVERNING BOARD MEMBERSHIP 2025-2026 Annual Area Plan Update CCR Article 3, Section 7302(a)(11)

**Total Number of Board Members:** 5

**Name and Title of Officers:**

**Office Term Expires:**

Terra Lawson-Remer, Vice Chair – District 3	January 2025*
Joel Anderson, Chair Pro Tempore – District 2	January 2025*

**Names and Titles of All Members:**

**Board Term Expires:**

Vacant, Supervisor – District 1	01/08/2029**
Joel Anderson, Supervisor – District 2	01/08/2029
Terra Lawson-Remer, Supervisor – District 3	01/08/2029
Monica Montgomery Steppe, Supervisor – District 4	01/04/2027
Jim Desmond, Supervisor – District 5	01/04/2027

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

The San Diego County Board of Supervisors (Board) for District 2 and District 3 were re-elected for new four-year terms, which began on January 6, 2025.

\*The Board will re-visit a vote for a permanent Chair, Vice Chair, and Chair Pro Tempore after the election runoff in July 2025, when the District 1 seat is expected to be filled.

\*\*An election runoff will be held on July 1, 2025 to fill District 1's vacant seat for the current term ending in January 2029.

## SECTION 16. ADVISORY COUNCIL

### ADVISORY COUNCIL MEMBERSHIP 2025-2026 Annual Area Plan Update

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 (25 filled seats)

**Number and Percent of Council Members over age 60:** 15 **% Council 60+:** 60%

Race/Ethnic Composition	% Of PSA's 60+Population	% on Advisory Council
White	58.1%	80%
Hispanic	21.9%	8.3%
Black	4.0%	8.3%
Asian/Pacific Islander	13.4%	4.2%
Native American/Alaskan Native	0.4%	0%
Other	2.1%	0%

Name and Title of Officers	Office Term Expires:
Susan Mallett, Chair	05/12/2027
Shirley King, 1 <sup>st</sup> Vice Chair	01/08/2029
Wanda Smith, 2 <sup>nd</sup> Vice Chair	09/09/2027
Jacqueline Simon, Secretary	10/13/2026

Name and Title of other members:	Office Term Expires:
Sabrina Bishop	01/04/2027
Kimberly Brown	02/09/2029
Paige Colburn-Hargis	01/08/2029
Faye Detsky-Weil	07/08/2027
Stephen Huber	05/12/2027
Ted Kagan	10/08/2028
Mina Kerr	12/08/2026
Dennis Leggett	02/13/2027
Elaine Lewis	04/13/2029
Michael Lochner	01/12/2029
Silvia Martinez	09/09/2027

Dan McNamara	03/11/2027
David Milroy	01/04/2027
Paul Monarrez	09/28/2028
Bradlyn Mulvey	07/08/2027
Molly Nocon	01/08/2029
Taryn Patterson	09/11/2028
Maureen Phillips	01/08/2029
Smith Sirisakorn	09/09/2027
Richard Spiering	04/07/2028
Cristin Whittaker	02/13/2027

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

**Yes No**

- ☒ ☐ Representative with Low Income
- ☒ ☐ Representative with a Disability
- ☒ ☐ Supportive Services Provider
- ☒ ☐ Health Care Provider
- ☐ ☒ Local Elected Officials
- ☒ ☐ Persons with Leadership Experience in Private and Voluntary Sectors

**Yes No Additional Other (Optional)**

- ☒ ☐ Family Caregiver, including older relative caregiver
- ☐ ☒ Tribal Representative
- ☒ ☐ LGBTQ Identification
- ☒ ☐ Veteran Status
- ☐ ☐ Other\_\_

**Explain any “No” answer(s):** No current applicants.

**Explain what happens when term expires, for example, are the members permitted to remain in their positions until reappointments are secured? Have they been replaced, renewed or other?**

Currently, there are five vacancies, with potential candidates. Four out of the five vacancies are San Diego County Board of Supervisor-appointed AIS Advisory Council seats. The AIS Advisory Council Executive & Membership Subcommittee meets monthly to review vacancies and upcoming term expirations; to identify, recruit, and interview possible candidates; and to make recommendations to the Council and/or appointing Supervisor as appropriate. Recruitment is ongoing for all expiring terms and vacancies.

For those eligible for a second term, the offer is made to remain on the Council when deemed advisable by the Executive & Membership Subcommittee.

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

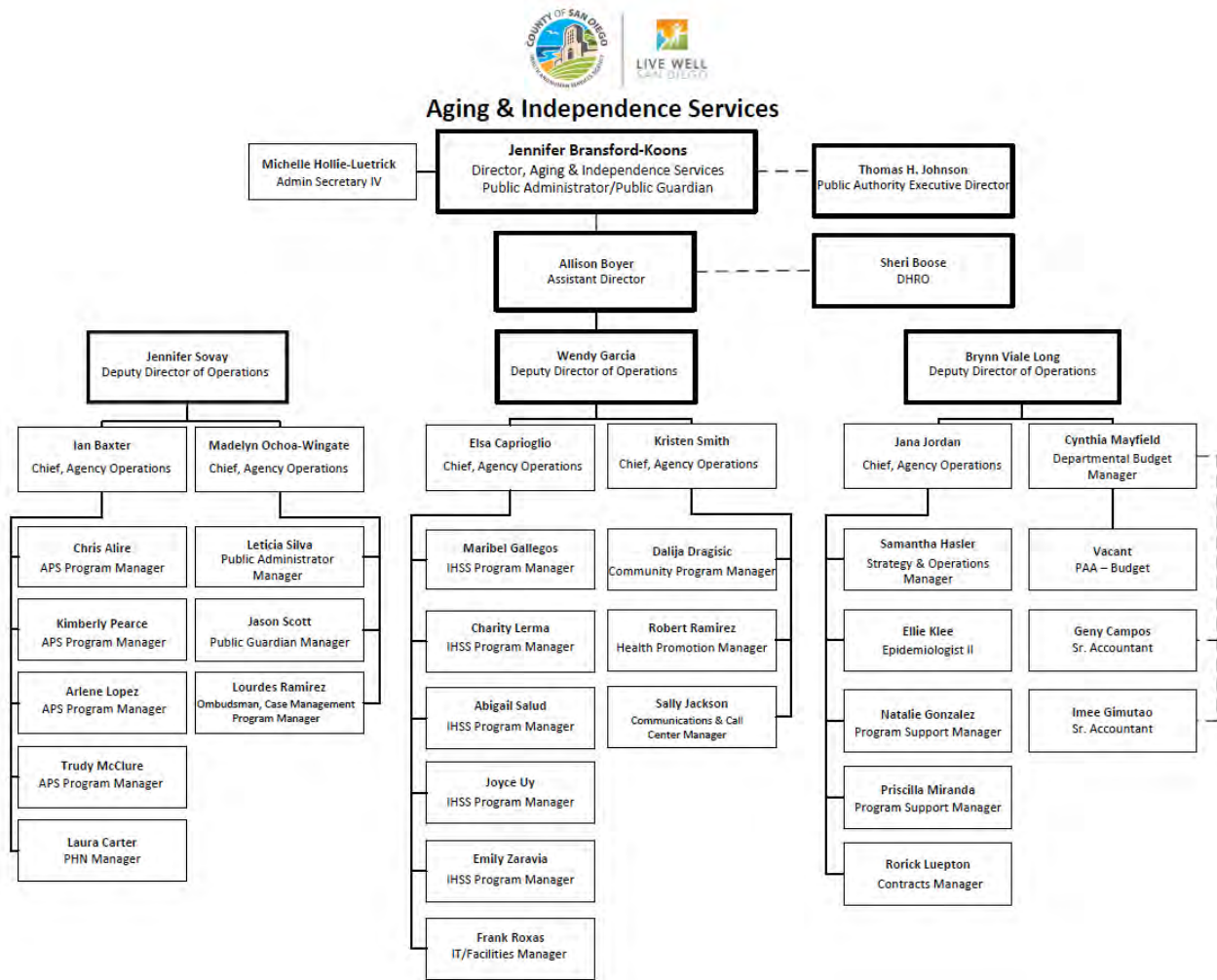
Each member of the San Diego County Board of Supervisors (Board) nominates and recommends to the Board two (2) individuals for appointment to the Advisory Council. Appointments of the ten (10) Council members appointed by the Board are made by majority vote at an open public meeting. Often, individuals who demonstrate interest by participating in the activities of the Council are recommended as qualified persons for appointment by the Board when there are openings.

Members appointed by the Board serve a term coinciding with the Supervisor they represent. No member of the Advisory Council may serve for more than two (2) consecutive terms, regardless of appointing authority.

For the other positions on the Council, interested persons submit applications obtained on the Clerk of the Board of Supervisors website or at the Area Agency on Aging website or office. The Council's Executive & Membership Subcommittee reviews applications and makes recommendations to the Council regarding seating applicants.

Officers are seated annually at the September Council meeting.

SECTION 18. ORGANIZATIONAL CHARTS





# ORGANIZATIONAL CHARTS (ADMINISTRATION)

## Administration Teams

Brynn Viale Long	Deputy Director of Operations	0%
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Jana Jordan	Chief of Agency Operations	50% - Admin
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Strategy & Operations		
Employee Name	Classification	% FTE - Funding Source
Samantha Hasler	Principal Admin Analyst	0%
Skyler Moore	Administrative Analyst III	0%
Kendall Bremner	Administrative Analyst II	0%
Dayna Zarate	Administrative Analyst II	25% - Admin

Contracts		
Employee Name	Classification	% FTE - Funding Source
Rorick Luepton	Principal Admin Analyst	0%
Andrea Lara	Administrative Analyst III	100% - Admin
Lauren McCasland	Administrative Analyst III	75% - Admin
Hannah Koppers	Administrative Analyst II	100% - Admin
Toni-Anne Simpelo	Administrative Analyst II	100% - Admin
Ronald Bautista	Administrative Analyst II	100% - Admin
Gail Straub	Administrative Analyst II	100% - Admin
Alexander Hensley	Administrative Analyst II	100% - Admin
Ana Ruiz Carrillo	Administrative Analyst II	100% - Admin
Rizaldy Marasigan	Administrative Analyst II	75% - Admin
Raymond Flores	Administrative Analyst II	0%
Delilah Bisase	Public Health Nutrition Manager	75% - III C1 25% - III C2
Danielle Walker	Office Assistant	0%

Cynthia Mayfield	Departmental Budget Manager	75% - Admin
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Budget		
Employee Name	Classification	% FTE - Funding Source
Jennifer Staples	Administrative Analyst III	0%
Hiyab Tesfu	Administrative Analyst III	75% - Admin
Marlene Harper	Administrative Analyst II	0%

Fiscal		
Employee Name	Classification	% FTE - Funding Source
Geny Campos	Senior Accountant	35% - Admin
Eric Bernal	Associate Accountant (Staff Acct)	20% - Admin
Romed Papa	Associate Accountant (Staff Acct)	100% - Admin
Josephine Reynolds	Associate Accountant (Staff Acct)	30% - Admin
Brian Wong	Associate Accountant (Staff Acct)	10% - Admin
Rida Latif	Accountant Clerk Specialist	100% - Admin
Kavita Rani	Accountant Clerk Specialist	40% - Admin
Kathryn Vargas	Accounting Technician	25% - Admin
Imelda De Guzman	Staff Accountant	0%
Tim Hasman	Retiree Non-Exmpt Classfd-Gnrl	0%
Maryam Hessamian	Account Clerk	0%

# ORGANIZATIONAL CHARTS (CALL CENTER, CASE MANAGEMENT, HEALTH & COMMUNITY ENGAGEMENT TEAM, OMBUDSMAN)

## Health & Community Engagement Teams

Kristen Smith	Chief of Agency Operations	0%
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Community Programs		
Employee Name	Classification Name	% FTE - Funding Source
Dalia Dragisic	Aging Program Specialist IV	15% - Admin
Matthew Parcasio	Aging Program Specialist III	0%

Health Promotion Programs		
Employee Name	Classification Name	% FTE - Funding Source
Roberto Ramirez	Health Planning & Program Specialist	8.4% - III D Direct
Carolyn Kendle	Community Health Program Specialist	70% - III D Direct
Isabelle Q. Davis	Health Information Specialist II	90% - III D Direct

Communications & Call Center Programs		
Employee Name	Classification Name	% FTE - Funding Source
Sarah "Sally" Jackson	Aging Program Specialist IV	25% - III B Direct
Mary Pretto	Aging Program Specialist III	100% - III B Direct
Susan Distor Hee	Aging Program Specialist II	100% - III B Direct
Angelica Gudino	Aging Program Specialist II	100% - III B Direct
Melissa Young	Aging Program Specialist II	100% - III B Direct
Tiffany Sanchez	Aging Program Specialist II	100% - III B Direct

## Ombudsman and Case Management Teams

Madelyn Ochoa-Wingate	Chief of Agency Operations	0%
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Case Management		
Employee Name	Classification Name	% FTE - Funding Source
Lourdes Ramirez	Protective Services Program Manager	25% - III B Direct
MaryAnne Briggs	Aging Program Specialist III	100% - III B Direct
Erin Barnett	Aging Program Specialist II	100% - III B Direct
Rene Garcia	Aging Program Specialist II	100% - III B Direct
Vacant	Aging Program Specialist II	100% - III B Direct

Long-Term Care Ombudsman Program		
Employee Name	Working Title/Classification Name	% FTE - Funding Source
Lourdes Ramirez	Protective Services Program Manager	25% - III B Direct
Sunita Upchurch	Ombudsman Coordinator/Aging Program Specialist Supervisor	97% - III B Direct 2.3% - VII EAP Direct .60% - Ombi SHF Cit Pen Direct
Brittney Willis	Ombudsman Supervisor/Aging Program Specialist Supervisor	60% - III B Direct 20% - Ombi SHF Cit Pen Direct 10% - Ombi PH L&C Direct 10% - Ombi SNFOAF Direct
Vacant	Program Specialist II	64% - III B Direct 11% - Ombi SHF Cit Pen Direct 10% - VII Direct 7.5% - Ombi SNFOAF Direct 5% - VII EAP Direct 2.6% - Ombi PH L&C Direct
Vacant	Office Assistant	100% - III B Direct
Deanna Lopez	Intake/Aging Program Specialist II	52% - III B Direct 30% - Ombi SNFOAF Direct 18% - Ombi SHF Cit Pen Direct
Nanette Hallas	Intake/Aging Program Specialist II	55% - III B Direct 35% - Ombi SNFOAF Direct 10% - Ombi PH L&C Direct
Kristin Rigby	Regional Coordinator/APSS	100% - III B Direct
Irene Escobedo	Regional Coordinator/APSS	22% - III B Direct 71% - VII Direct 7% - Ombi SHF Cit Pen Direct
Joshua Ishikawa	Regional Coordinator/APSS	27% - III B Direct 39% - Omb SHF Cit Pen Direct 33% - Ombi SNFOAF Direct
James Gore	Regional Coordinator/APSS	80% - III B Direct 20% - VII EAP Direct
Lisette Melendez	Regional Coordinator/APSS	50% - III B Direct 50% - Ombi SHF Cit Pen Direct
Petra Heim-Rollan	Regional Coordinator/APSS	50% - III B Direct 26.3% - Ombi SHF Cit Pen Direct
Vacant	Regional Coordinator/APSS	71.12% - VII Direct 20% - VII EAP Direct

## SECTION 19. ASSURANCES

Pursuant to the Older Americans Act Reauthorization Act of 2020, (OAA), the Area Agency on Aging assures that it will:

### Sec. 306, AREA PLANS

(a) Each area agency on aging designated under section 305(a)(2)(A) shall, in order to be approved by the State agency, prepare and develop an area plan for a planning and service area for a two-, three-, or four-year period determined by the State agency, with such annual adjustments as may be necessary. Each such plan shall be based upon a uniform format for area plans within the State prepared in accordance with section 307(a)(1). Each such plan shall

(1) provide, through a comprehensive and coordinated system, for supportive services, nutrition services, and, where appropriate, for the establishment, maintenance, modernization, or construction of multipurpose senior centers (including a plan to use the skills and services of older individuals in paid and unpaid work, including multigenerational and older individual to older individual work), within the planning and service area covered by the plan, including determining the extent of need for supportive services, nutrition services, and multipurpose senior centers in such area (taking into consideration, among other things, the number of older individuals with low incomes residing in such area, the number of older individuals who have greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals who have greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals at risk for institutional placement residing in such area, and the number of older individuals who are Indians residing in such area, and the efforts of voluntary organizations in the community), evaluating the effectiveness of the use of resources in meeting such need, and entering into agreements with providers of supportive services, nutrition services, or multipurpose senior centers in such area, for the provision of such services or centers to meet such need;

(2) provide assurances that an adequate proportion, as required under 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;

(3)(A) designate, where feasible, a focal point for comprehensive service delivery in each community, giving special consideration to designating multipurpose senior centers (including multipurpose senior centers operated by organizations referred to in paragraph (6)(C)) as such focal point; and

(B) specify, in grants, contracts, and agreements implementing the plan, the identity of each focal point so designated;

(4)(A)(i) (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 items (aa) and (bb) of sub- clause (I);

(ii) provide assurances that the area agency on aging will 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; and

(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 clause (i).

(B) provide assurances that the area agency on aging will use outreach efforts that will—

(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; and

(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.

(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;

(6) provide that the area agency on aging will—

(A) take into account in connection with matters of general policy arising in the development and administration of the area plan, the views of recipients of services under such plan;

(B) serve as the advocate and focal point for older individuals within the community by (in cooperation with agencies, organizations, and individuals participating in activities under the plan) monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions which will affect older individuals;

(C)(i) where possible, enter into arrangements with organizations providing day care services for children, assistance to older individuals caring for relatives who are children, and respite for families, so as to provide opportunities for older individuals to aid or assist on a voluntary basis in the delivery of such services to children, adults, and families;

(ii) if possible regarding the provision of services under this title, enter into arrangements and coordinate with

organizations that have a proven record of providing services to older individuals, that—

(I) were officially designated as community action agencies or community action programs under section 210 of the Economic Opportunity Act of 1964 (42U.S.C. 2790) for fiscal year 1981, and did not lose the designation as a result of failure to comply with such Act; or

(II) came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs; and that meet the requirements under section 676B of the Community Services Block Grant Act; and

(iii) make use of trained volunteers in providing direct services delivered to older individuals and individuals with disabilities needing such services and, if possible, work in coordination with organizations that have experience in providing training, placement, and stipends for volunteers or participants (such as organizations carrying out Federal service programs administered by the Corporation for National and Community Service), in community service settings;

(D) establish an advisory council consisting of older individuals (including minority individuals and older individuals residing in rural areas) who are participants or who are eligible to participate in programs assisted under this Act, family caregivers of such individuals, representatives of older individuals, service providers, representatives of the business community, local elected officials, providers of veterans' health care (if appropriate), and the general public, to advise continuously the area agency on aging on all matters relating to the development of the area plan, the administration of the plan and operations conducted under the plan;

(E) establish effective and efficient procedures for coordination of—

(i) entities conducting programs that receive assistance under this Act within the planning and service area served by the agency; and

(ii) entities conducting other Federal programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b), within the area;

(F) in coordination with the State agency and with the State agency responsible for mental and behavioral health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental and behavioral health services (including mental health screenings) provided with funds expended by the area agency on aging with mental and behavioral health services provided by community health centers and by other public agencies and nonprofit private organizations;

(G) if there is a significant population of older individuals who are Indians in the planning and service area of the area agency on aging, the area agency on aging shall conduct outreach activities to identify such individuals in such area and shall inform such individuals of the availability of assistance under this Act;

(H) in coordination with the State agency and with the State agency responsible for elder abuse prevention services, increase public awareness of elder abuse, neglect, and exploitation, and remove barriers to education, prevention, investigation, and treatment of elder abuse, neglect, and exploitation, as appropriate; and

(I) to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals;

(7) provide that the area agency on aging shall, consistent with this section, facilitate the areawide development and implementation of a comprehensive, coordinated system for providing long-term care in home and community-based settings, in a manner responsive to the needs and preferences of older individuals and their family caregivers, by—

(A) collaborating, coordinating activities, and consulting with other local public and private agencies and organizations responsible for administering programs, benefits, and services related to providing long-term care;

(B) conducting analyses and making recommendations with respect to strategies for modifying the local system of long-term care to better—

(i) respond to the needs and preferences of older individuals and family caregivers;

(ii) facilitate the provision, by service providers, of long-term care in home and community-based settings; and

(iii) target services to older individuals at risk for institutional placement, to permit such individuals to remain in home and community-based settings;

(C) implementing, through the agency or service providers, evidence-based programs to assist older individuals and their family caregivers in learning about and making behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals; and

(D) providing for the availability and distribution (through public education campaigns, Aging and Disability Resource Centers, the area agency on aging itself, and other appropriate means) of information relating to—

(i) the need to plan in advance for long-term care; and

(ii) the full range of available public and private long-term care (including integrated long-term care) programs, options, service providers, and resources;

(8) provide that case management services provided under this title through the area agency on aging will—

(A) not duplicate case management services provided through other Federal and State programs;

(B) be coordinated with services described in subparagraph (A); and

(C) be provided by a public agency or a nonprofit private agency that—

(i) gives each older individual seeking services under this title a list of agencies that provide similar services within the jurisdiction of the area agency on aging;

(ii) gives each individual described in clause (i) a statement specifying that the individual has a right to make an independent choice of service providers and documents receipt by such individual of such statement;

(iii) has case managers acting as agents for the individuals receiving the services and not as promoters for the agency providing such services; or

(iv) is located in a rural area and obtains a waiver of the requirements described in clauses (i) through (iii);

(9)(A) provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2019 in carrying out such a program under this title;

(B) funds made available to the area agency on aging pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712;

(10) provide a grievance procedure for older individuals who are dissatisfied with or denied services under this title;

(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;

(12) provide that the area agency on aging will establish procedures for coordination of services with entities conducting other Federal or federally assisted programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b) within the planning and service area.

(13) provide assurances that the area agency on aging will—

(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;

(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;

(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 paragraph (4)(A)(i); and

(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

(16) provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care;

(17) include information detailing how the area agency on aging will coordinate activities, and develop long-range emergency preparedness plans, with local and State emergency response agencies, relief organizations, local and State governments, and any other institutions that have responsibility for disaster relief service delivery;

(18) provide assurances that the area agency on aging will collect data to determine—

(A) the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019; and

(B) the effectiveness of the programs, policies, and services provided by such area agency on aging in assisting such individuals; and

(19) provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on those individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019.

(b)(1) An area agency on aging may include in the area plan an assessment of how prepared the area agency on aging and service providers in the planning and service area are for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.

(2) Such assessment may include—

(A) the projected change in the number of older individuals in the planning and service area;

(B) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;

(C) an analysis of how the programs, policies, and services provided by such area agency can be improved, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the planning and service area; and

(D) an analysis of how the change in the number of individuals age 85 and older in the planning and service area is expected to affect the need for supportive services.

(3) An area agency on aging, in cooperation with government officials, State agencies, tribal organizations, or local entities, may make recommendations to government officials in the planning and service area and the State, on actions determined by the area agency to build the capacity in the planning and service area to meet the needs of older individuals for—

- (A) health and human services;
- (B) land use;
- (C) housing;
- (D) transportation;
- (E) public safety;
- (F) workforce and economic development;
- (G) recreation;
- (H) education;
- (I) civic engagement;
- (J) emergency preparedness;
- (K) protection from elder abuse, neglect, and exploitation;
- (L) assistive technology devices and services; and
- (M) any other service as determined by such agency.

(c) Each State, in approving area agency on aging plans under this section, shall waive the requirement described in paragraph (2) of subsection (a) for any category of services described in such paragraph if the area agency on aging demonstrates to the State agency that services being furnished for such category in the area are sufficient to meet the need for such services in such area and had conducted a timely public hearing upon request.

(d)(1) Subject to regulations prescribed by the Assistant Secretary, an area agency on aging designated under section 305(a)(2)(A) or, in areas of a State where no such agency has been designated, the State agency, may enter into agreement with agencies administering programs under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act for the purpose of developing and implementing plans for meeting the common need for transportation services of individuals receiving benefits under such Acts and older individuals participating in programs authorized by this title.

(2) In accordance with an agreement entered into under paragraph (1), funds appropriated under this title may be used to purchase transportation services for older individuals and may be pooled with funds made available for the provision of transportation services under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act.

(e) An area agency on aging may not require any provider of legal assistance under this title to reveal any information that is protected by the attorney-client privilege.

(f)(1) If the head of a State agency finds that an area agency on aging has failed to comply with Federal or State laws, including the area plan requirements of this section, regulations, or policies, the State may withhold a portion of the funds to the area agency on aging available under this title.

(2)(A) The head of a State agency shall not make a final determination withholding funds under paragraph (1) without first affording the area agency on aging due process in accordance with procedures established by the State agency.

(B) At a minimum, such procedures shall include procedures for—

- (i) providing notice of an action to withhold funds;
- (ii) providing documentation of the need for such action; and
- (iii) at the request of the area agency on aging, conducting a public hearing concerning the action.

(3)(A) If a State agency withholds the funds, the State agency may use the funds withheld to directly administer programs under this title in the planning and service area served by the area agency on aging for a period not to exceed 180 days, except as provided in subparagraph (B).

(B) If the State agency determines that the area agency on aging has not taken corrective action, or if the State agency does not approve the corrective action, during the 180-day period described in subparagraph (A), the State agency may extend the period for not more than 90 days.

(g) Nothing in this Act shall restrict an area agency on aging from providing services not provided or authorized by this Act, including through—

(1) contracts with health care payers;

(2) consumer private pay programs; or

(3) other arrangements with entities or individuals that increase the availability of home and community-based services and supports.

## ATTACHMENT A. AAA Area Plan Summary of Change

PSA Number: 23

AAA Name: Aging &amp; Independence Services

Area Plan Current Year: ☒ FY 25-26 ☐ FY 26-27 ☐ FY 27-28

Section	Page(s)	Excerpt Prior Year Content in Area Plan	Excerpt Current Year Content in Area Plan
<b>EXAMPLE:</b> Section 12: Disaster Preparedness	<b>EXAMPLE:</b> Page 45	<b>EXAMPLE:</b> Describe how the AAA coordinates its disaster plans with...The AAA coordinates with XYZ relief organization for emergency preparedness.	<b>EXAMPLE:</b> Describe how the AAA coordinates its disaster plans with...In the last year the XYZ relief organization has closed.... New community ABC organization coordinates with the AAA for emergency response.
Section 3: Description of the Area Agency on Aging	Page 16	San Diego County Board of Supervisors photo included in the description of the Area Agency on Aging.	Updated the San Diego County Board of Supervisors photo to reflect District 1 vacancy. Added an estimate of the number of lower income minority older individuals in the Planning and Service Area for the coming year.
Section 6: Priority Services & Public Hearings	Pages 23-25	Previous public hearing information from the March 11, 2024, Public Hearing.	New public hearing information added after the April 14, 2025, hearing.
Section: 7 Area Plan Goals and Objectives	Pages 26-36	Previous version of the Aging Roadmap Action Plan 2024-2028 was included in the appendix.  Previous version of objective for goal numbers 1.02, 6.02a, 6.02b, 6.02c, 6.02d, and 6.02e.	All goals reference "Appendix A, Aging Roadmap Action Plan 2024-2028" in the rationale, which replaced the prior Appendix. New Appendix A has been submitted with update.  Revised objective for goal numbers 1.02, 6.02a, and 6.02c. Added new objectives 1.03, 1.04, 1.05, 6.02b, 6.02d, 6.02e, 6.02f, and 10.04.

Section 8: Service Unit Plan	Pages 37-51	Fiscal Year (FY) 2024-25 proposed units of service for Visiting, Disaster Preparedness Materials, Information and Assistance, Comprehensive Assessment, Telephone Reassurance, Complaint Resolution Rate, Work with Resident Councils, Work with Family Councils, Information and Assistance to Facility Staff, Information and Assistance to Individuals, Community Education, Systems Advocacy, and Measures and Targets.	Updated proposed units of service for FY 2025-26, provided variance justifications for actuals, and/or revisions for Visiting, Disaster Preparedness Materials, Information and Assistance, Comprehensive Assessment, Telephone Reassurance, Complaint Resolution Rate, Work with Resident Councils, Work with Family Councils, Information and Assistance to Facility Staff, Information and Assistance to Individuals, Community Education, Systems Advocacy, and
Section 8: Service Unit Plan	Pages 55-65	FY 2024-25 proposed units of service for Caregiver Access Case Management, Caregiver Information Services, Caregiver Supplemental Services Assistive Technologies, Caregiver Supplemental Services Caregiver Assessment, Caregiver Supplemental Services Home Modifications, Caregiver Supplemental Services Legal Consultation, Caregiver Support Groups, Caregiver Support Counseling, Caregiver Information and Assistance, Caregiver Information Services, Caregiver Respite In-Home, Caregiver Respite Out-of-Home Day Care, Caregiver Respite Out-of-Home Overnight Care, and Health Insurance Counseling and Advocacy Program	Updated proposed units of service for FY 2025-26, provided variance justifications for actuals, and/or revisions for Caregiver Access Case Management, Caregiver Information Services, Caregiver Supplemental Services Assistive Technologies, Caregiver Supplemental Services Caregiver Assessment, Caregiver Supplemental Services Home Modifications, Caregiver Supplemental Services Legal Consultation, Caregiver Support Groups, Caregiver Support Counseling, Caregiver Information and Assistance, Caregiver Information Services, Caregiver Respite In-Home, Caregiver Respite Out-of-Home Day Care, Caregiver Respite Out-of-Home Overnight Care, and HICAP Service Unit Plan.

Section 11: Legal Assistance	Pages 66-71	Legal services for FY 2024-25.	Updated section with the legal services for FY 2025-26. No significant changes from 4-year plan.
Section 12: Disaster Preparedness	Pages 72-77	FY 2024-25 Local Office of Emergency Services contacts and location of County vehicle fleets.	Local Office of Emergency Services contact name and title updated.  Additional location added to current locations that maintain fleet of County vehicles. CARA system no longer utilized as an electronic records management system in AIS.
Section 15: Governing Board	Page 78	Previous San Diego County Board of Supervisors (Board) districts seats, titles, and terms.	Updated the Board term expiration dates for Supervisors Terra Lawson-Remer and Joel Anderson who were both re-elected until 2029. Removed Nora Vargas from document as District 1 Supervisor.
Section 16: Advisory Council	Pages 79-81	FY 2024-25 Council membership.	Advisory Council membership updated with current members. Overall race/ethnic and age composition of the Council updated based on current Council membership.
Section 18: Organizational Charts	Pages 82-84	Organizational Charts reflecting the structure of the organization during FY 2024-25.	Updated with most current organizational structure.

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## ATTACHMENT B. LOCAL MASTER PLAN ON AGING (MPA) SUPPLEMENTAL SUMMARY

### San Diego County Aging Roadmap

As described in the Area Plan Planning Process, the Aging Roadmap is San Diego County's regional vision and framework for supporting healthy aging for people of all ages. It is the product of ongoing community input and collaboration that began in 2016 when the County joined the AARP Network of Age-Friendly Communities. Building upon these age-friendly efforts and with additional community input, in 2019, it was approved by the Board as a broad framework to encompass aging services and age-friendly work across County departments. As the lead for the Aging Roadmap, AIS continuously collaborates with the community. The Aging Roadmap serves as the local "Master Plan for Aging" for our region.

**Community, Planning, and Development:** The priorities voiced by the community informed the development of programs and initiatives in the Aging Roadmap. The ten priority areas are: Health & Community Support, Housing, Social Participation, Transportation, Dementia, Caregiver Support, Safety, Preparedness, Silver Economy, and Medical & Social Services System. For more information on the vision of each of these priority areas as well as programs within each area, refer to Appendix A, Aging Roadmap 2024-2028 Action Plan. The results of the needs assessment for this Area Plan are described using the Aging Roadmap priority area framework. Similarly, the Area Plan Narrative Goals and Objectives are organized according to the same framework. The Aging Roadmap Action Plan encompasses the Area Plan goals as well as other programs and initiatives.

For the 2024-28 cycle of the Area Plan and Aging Roadmap, our planning process included several avenues of collecting input from older adults, public agencies, government entities, and other organizations that serve focus populations. The avenues included: a feedback session focused on aging network professionals including public agencies and government entities; nine feedback sessions focused on specific communities such as Spanish speakers, individuals with disabilities, LGBTQ+, and low-income older adults; a website to submit comments; an AIS staff survey; and the Community Assessment Survey for Older Adults.

**Implementation:** See Appendix A, Aging Roadmap Action Plan 2024-28 for the table describing the programs and initiatives of the Aging Roadmap. It includes and goes beyond Older Americans Act programs and AIS programs. It also includes programs and initiatives of County contractors, committees coordinated by AIS staff, and aging-related work of departments across the

County. For example, there are several County departments that work on older adult housing issues including the following departments within HHSA: AIS, Behavioral Health Services, and Housing and Community Development Services. In the Land Use and Environment Group, the Department of Planning Services oversees long-range planning for zoning and incentives for age-friendly housing development. Nine community committees on topics ranging from housing to fall prevention to general outreach contribute to the progress of the Aging Roadmap. These committees include professionals in the respective topic areas as well as older adults.

**Evaluation:** Each year in September, AIS submits an Annual Update to the Board, describing the major accomplishments of the previous fiscal year. In addition, many of the specific programs and initiatives within the Aging Roadmap have their own focused evaluations. The original Aging Roadmap and the subsequent Aging Roadmap Annual Update reports can be found on the County website at: [www.Aging.SanDiegoCounty.gov](http://www.Aging.SanDiegoCounty.gov).



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## OLDER CALIFORNIANS ACT (OCA) MODERNIZATION

### SUPPLEMENTAL SUMMARY

Program Memo 23-13 outlines the funding intent, allowable activities, and distribution of general funds for modernizing the Mello-Granlund Older Californians Act. Funding for these efforts include State General Funds granted in response to the AAAs network's legislative proposal. If the AAA is using the modernization funding to expand the scope of the existing OCA programs and/or fund community-based service programs, the supplemental summary document of the actions being taken at the AAA should be completed. The narrative summary should include programmatic actions being funded and the services provided including Nutrition Modernization programs.

☐ Not Participating in OCA Modernization

**Description of program(s) being funded:**

**Services being provided:**

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## **APPENDIX A. AGING ROADMAP ACTION PLAN 2024 – 2028**

As the older adult population continues to grow and becomes more culturally, linguistically, and ethnically diverse, our systems of care need to be flexible to meet a wider range of needs. Much has changed since the original Aging Roadmap goals were developed in 2019. COVID-19 exacerbated many challenges for older adults and brought to the forefront new issues and concerns.

A community needs assessment was conducted in Fall 2023 to inform the development of Aging & Independence Services (AIS) programs and the Aging Roadmap Action Plan. The Aging Roadmap Action Plan 2024-2028 below includes programs and initiatives of County contractors, committees coordinated by AIS staff, and aging-related work of departments across the County. The ten priority areas are: Health & Community Support, Housing, Social Participation, Transportation, Dementia, Caregiver Support, Safety, Preparedness, Silver Economy, and Medical & Social Services System.

## HEALTH & COMMUNITY SUPPORT

### Vision:

When changes and challenges in health occur, older adults and their families are able to find and access relevant resources, support, and care in their community. The community promotes mental health and physical health, for people of all ages and abilities.

TOPIC	WHO	PROGRAMS & INITIATIVES
Equity Focused Outreach and Engagement	Aging & Independence Services	Increase awareness of aging resources and services through culturally relevant and equity-focused outreach and engagement strategies such as conducting presentations and hosting resource tables in a variety of communities, providing translation, and soliciting diverse community input.
		Publicize information about County programs, community resources, and events via Gov Delivery e-network of stakeholders, AIS Quarterly Newsletter, presentations, and other community outreach.
Promote Physical and Mental Health	Aging & Independence Services and contracted community partners	Empower older adults and caregivers to be safe, resilient, healthy, and informed by providing fitness classes, events and workshops on topics including on fall prevention and chronic disease self- management.
	Behavioral Health Services and contracted community partners	Promote mental wellbeing with education, community depression screenings, and focused programs to engage older adults.
Leverage Partnerships	Aging & Independence Services	Leverage existing partnerships with regional community partners, community centers, and senior centers to ensure residents are aware of and have access to programs which they may be eligible for.
Reducing Digital Divide	Aging & Independence Services and contracted community partners	Bring technology programs to older adults to reduce the impacts of the digital divide.

## HOUSING

### Vision:

Older adults live in safe and affordable housing that is located near goods, services, and activities, all of which allow them to age in their community.

TOPIC	WHO	PROGRAMS & INITIATIVES
New housing	Planning and Development Services	Finalize development and present program options to the Board of Supervisors for incentivizing the development of new senior housing.
	Housing & Community Development Services	Continue construction on affordable senior housing apartment complexes.
Homelessness Prevention and Intervention	Homeless Solutions and Equitable Communities and contracted community partners	Provide rental support to low-income older adults through continued implementation of the Pilot Shallow Rental Subsidy Program.
		Provide housing navigation and case management to support older adults experiencing chronic homelessness through the Home Safe program.
		Conduct pilot Home Share Program for Older Adults.
	Aging & Independence Services	Support housing insecure Adult Protective Services clients to find and secure safe housing through the Home Safe program.
Supportive Housing	Behavioral Health Services	Provide older adult residents living with Serious Mental Illness in affordable housing with Full Service Partnership programs to support their housing security and other needs.
Housing Alternatives	AIS Age Well Housing Team Planning and Development Services	Increase awareness of affordable housing opportunities by providing community education on options such as Accessory Dwelling Units and shared housing programs and ensure that older adults know how and where to access housing information.

Aging in Place	<p>Aging &amp; Independence Services</p> <p>Housing and Community Development Services</p>	Provide resources for Age-Friendly home modifications.
Collaborative Efforts and Education	AIS Age Well Housing Team	Enhance efforts of local housing partners by providing a forum for organizations to share information regarding projects for older adults. These partners approach housing from multiple angles, including land use and building codes, affordable housing development, home modifications, and supporting housing insecure residents.
		Educate the community on current older adult housing issues and resources.

## SOCIAL PARTICIPATION

### Vision:

Older adults have access to a range of social and community engagement opportunities that promote active living, reduce isolation, and provide enriching experiences with others across age groups and generations.

TOPIC	WHO	PROGRAMS & INITIATIVES
Bridging the Digital Divide	Aging & Independence Services and contracted community partners Homeless Solutions and Equitable Communities	Through the AIS Digital Connections program, increase access to technology and improve digital literacy for older adults throughout San Diego County by providing no-cost tablets, resources for no- or low-cost broadband, and information on local digital literacy training options.
Intergenerational Connection	Aging & Independence Services Department of Parks & Recreation	Encourage intergenerational connection by providing interactive programs that bring different age groups together for activities such as pickleball, cooking, and gardening at County community centers and other community sites.
	Aging & Independence Services	Provide technical assistance to community organizations on how to develop and successfully implement intergenerational programs.
Access to Social Engagement	AIS Age Well Transportation & Community Connections Team	Offer education and resources about local transportation options that enhance mobility independence, regional awareness, and access to social activities.
	AIS Age Well Social Participation & Inclusion Team	Publicize and distribute guides for social engagement: Ways to Engage and Get Connected!
	Aging & Independence Services	Publicize information about community events, programs, and opportunities to engage via Gov Delivery e-network of stakeholders, AIS Quarterly Newsletter, presentations, and other community outreach.

## TRANSPORTATION

### Vision:

Older adults have access to safe and affordable transportation options that are accessible for all ages and abilities.

TOPIC	WHO	PROGRAMS & INITIATIVES
Transportation Education	AIS Age Well Transportation & Community Connections Team	Encourage event coordinators to increase older adult access to their events by: <ul style="list-style-type: none"> <li>• Hosting events and activities at accessible locations near public transportation</li> <li>• Including transportation options on event publicity</li> </ul>
		Offer education and resources about local and alternative transportation options that enhance mobility independence, regional awareness, and access to daily life activities.
Equitable Access	Aging & Independence Services and contracted community partners	With American Rescue Plan Act funding, continue the two-year No-Cost Transportation Program for Older Adults in 2025. Receive feedback from residents about transportation needs and challenges to inform development of future programs.

# DEMENTIA

## Vision:

San Diegans have the information they need to reduce their risk of Alzheimer’s disease and related dementias (ADRD); residents with ADRD receive the highest standard of clinical care; individuals with ADRD are well cared for and supported by “Dementia-Friendly” communities to be as independent as possible; and family members have the support they need to care for their loved ones.

TOPIC	WHO	PROGRAMS & INITIATIVES
Prevention and Equity	AIS Age Well Dementia & Brain Health Team	Work with community partners to develop and share brain health information that is regionally relevant, engaging to all ages, and culturally tailored to connect with diverse populations throughout the county.
Improving ADRD Care for patients and their caregivers	Aging & Independence Services and contracted community partners Medical Care Services	Work closely with The Alzheimer’s Project Clinical Roundtable as well as other dementia and brain health professionals and institutions to share information that is supportive of the effective screening, diagnosis, and care management of those living with dementia.  Work with healthcare organizations on improving their Electronic Health Record systems to support best practices in ADRD care, and supporting physicians’ offices to connect patients and families to community resources.
	Aging & Independence Services	The Alzheimer’s Response Team (ART) will continue to make home visits to people living with ADRD and their families. ART social workers educate residents on addressing challenges associated with dementia and provide care coordination and linkages to other community resources.
Building Dementia-Friendly Communities	AIS Age Well Dementia & Brain Health Team	Provide workshops and resources to individuals and diverse community sectors (e.g., libraries, restaurants, churches, etc.) to educate them on what it means to be “dementia-friendly” and how to create environments that are welcoming to those living with dementia and their caregivers.



## CAREGIVER SUPPORT

### Vision:

Caregivers have access to the supports and resources necessary to provide responsive and quality care to older adults, while also tending to their own well-being.

TOPIC	WHO	PROGRAMS & INITIATIVES
Caregiver Education	Aging & Independence Services Caregiver Coalition of San Diego	Educate older adults and family caregivers about existing local resources for family caregivers through in-person events and online webinars in a variety of languages.
		Educate staff and volunteers of local organizations (e.g., businesses, non- profits) about existing local resources for family caregivers and how they can educate their teams.
		Continue to support caregivers by updating, publishing, and distributing the Caregiver Handbook to the community.
Caregiver Resources	Aging & Independence Services and contracted community partners	Support eligible family caregivers through Older Americans Act services including care management, legal services, minor home modifications, outreach and education, counseling, and respite.
	Behavioral Health Services and contracted community partners	Provide mental health prevention and early intervention services and resource navigation for family caregivers.

# SAFETY

## Vision:

Older adults and persons with disabilities are safe in their homes and community.

TOPIC	WHO	PROGRAMS & INITIATIVES
Elder Abuse Prevention and Awareness	District Attorney  Aging & Independence Services	Conduct community awareness and education on elder abuse and scam prevention including training and media campaign with print and social media ads.
		Develop training for first responders to recognize and report signs of abuse and deficiencies in care and wellbeing.
		Support Elder Justice Task Force efforts to bring scammers to justice and focus on creative ways to return the stolen funds to older adult victims.
	District Attorney	Coordinate the Elder Protection Council and provide regular outreach and education to community partners, organizations, and directly to older adults and their caregivers.
Elder Abuse Response	District Attorney	Prosecute cases of elder abuse and support victims.
Protection for Vulnerable Adults	Aging & Independence Services	Seek resolution of complaints and advocate for the rights of residents in long-term care facilities to ensure their dignity, quality of life, and care, through the Long-Term Care Ombudsman Program.
		Investigate and respond to reports of elder and dependent adult abuse, and connect victims to resources.
		Provide Public Guardian and Public Administrator services to protect adults who are not capable of managing their personal affairs and finances.
Fall Prevention	San Diego Fall Prevention Task Force	Educate service providers and older adults living in the community about how to prevent falls.
	Aging & Independence Services and Community Partners	Provide Tai Chi classes at various host sites in the community.
		Distribute fall prevention home safety kits to older adults who are susceptible to falls.

## PREPAREDNESS

### Vision:

Older adults and their caregivers are prepared to be safe during disasters.

TOPIC	WHO	PROGRAMS & INITIATIVES
Strengthen Preparedness	Aging & Independence Services Office of Emergency Services Access and Functional Needs (AFN) Working Group (comprised of community stakeholders such as Cal Fire and disability service organizations)	Distribute the Personal Disaster Plan for People who May Need Assistance booklet in multiple languages, reaching residents throughout San Diego County.
		Prepare AFN Working Group members to train community residents on making an effective personal disaster plan.
Response	Aging & Independence Services and community partners	Coordinate community partners to provide seasonal “Cool Zone” sites for older adults and other residents to stay safe during extreme heat.

## SILVER ECONOMY

### Vision:

There is a skilled and diverse workforce of caregivers to support the older adult population. Also, older adults have opportunities to stay engaged in the community through volunteering or paid work.

TOPIC	WHO	PROGRAMS & INITIATIVES
Train In-Home Supportive Services (IHSS) Caregivers	IHSS Public Authority	Expand trainings to increase the number of Individual Providers available to serve as caregivers for IHSS recipients by increasing training offerings and expanding them to different areas of the county.
Recruit IHSS Caregivers		Increase efficiency and accessibility of provider enrollment by creating and implementing mobile enrollment options and expediting the enrollment timeline.
Older Adult Volunteers	Aging & Independence Services	Recruit new organizations that host volunteers and add these organizations to the Senior Volunteer website.
		Support older adults in identifying enriching volunteer opportunities by conducting outreach and assistance with prospective volunteers.

## MEDICAL & SOCIAL SERVICES SYSTEM

### Vision:

Care coordination among medical and social services provides proactive, seamless, prevention focused, and person-centered support for older adults.

TOPIC	WHO	PROGRAMS & INITIATIVES
Improving Care	Medical Care Services Aging & Independence Services	Support The Alzheimer's Project Clinical Roundtable in advancing their long-term goal to integrate Alzheimer's disease and related dementias best practices into primary care workflows.
Supporting Providers and Maximizing Independence	Medical Care Services Aging & Independence Services Healthy San Diego Duals Transitions of Care Workgroup	Educate health care and social service providers on resources for transitioning residents from facilities to lower levels of care in the community, when appropriate.
		Support seamless referral processes for SNF diversion by finalizing the Transitions of Care Toolkit for Medi-Cal services for older adults.
Essential Social Services	Aging & Independence Services	Provide ongoing essential social services, including In-Home Supportive Services and care coordination programs such as MSSP, SOAR, Linkages, and SD-VISA.
		Assist older adults, persons with disabilities, caregivers, and service providers with information, assistance, and referrals via the Aging & Independence Services Call Center.
	Behavioral Health Services and contracted community partners	Provide essential mental health services for older adults with serious mental illness and substance use disorders.
	Public Health Services	Provide essential public health services for older adults such as vaccinations at Public Health Centers, the Senior Oral Health Coalition, tuberculosis control, and HIV services.