AGING & INDEPENDENCE SERVICES

AREA PLAN
2024-2028

PSA 23

COUNTY OF SAN DIEGO
HEALTH AND HUMAN SERVICES AGENCY

LIVE WELL
SAN DIEGO

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AGING & INDEPENDENCE SERVICES
AREA PLAN 2024-2028

PSA 23
Table of Contents

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2024-2028 4-YEAR AREA PLAN REQUIRED COMPONENTS CHECKLIST

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

Section	Four-Year Area Plan Components	4 Year Plan
TL	Transmittal Letter – *Can be electronically signed and verified, email signed letter or pdf copy of original signed letter can be sent to areaplan@aging.ca.gov*	☒
1	Mission Statement	☒
2	Description of the Planning and Service Area (PSA)	☒
3	Description of the Area Agency on Aging (AAA)	☒
4	Planning Process & Establishing Priorities & Identification of Priorities	☒
5	Needs Assessment & Targeting	☒
6	Priority Services & Public Hearings	☒
7	Area Plan Narrative Goals and Objectives:	☒
7	Title III-B Funded Program Development (PD) Objectives	☒
7	Title III-B Funded Coordination (C) Objectives	☒
7	System-Building and Administrative Goals & Objectives	☒
8	Service Unit Plan (SUP) and Long-Term Care Ombudsman Outcomes	☒
9	Senior Centers and Focal Points	☒
10	Title III-E Family Caregiver Support Program	☒
11	Legal Assistance	☒
12	Disaster Preparedness	☒
13	Notice of Intent to Provide Direct Services	☒
14	Request for Approval to Provide Direct Services	☒
15	Governing Board	☒
16	Advisory Council	☒
17	Multipurpose Senior Center Acquisition or Construction Compliance Review	☒
18	Organization Chart	☒
19	Assurances	☒

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TRANSMITTAL LETTER

2024-2028 Four Year Area Plan/Annual Update
Check one: ☒ FY 24-25 ☐ FY 25-26 ☐ FY 26-27 ☐ FY 27-28
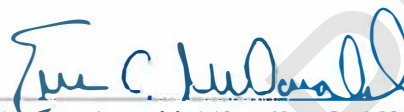
AAA Name: Aging & Independence Services   PSA 23

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. _____
   Nora Vargas, Chairwoman[1]
   San Diego County Board of Supervisors

   4/23/24
   Date

2. _____
   Eric C. McDonald, MD, MPH, FACEP
   Interim Agency Director
   Health and Human Services Agency

   4/18/24
   Date

3. _____
   Stephen Huber, Advisory Council Chair
   Aging & Independence Services

   4/18/2024
   Date

4. _____
   Naomi Chavez, Acting Director, Aging and Adult Services
   Public Administrator/Public Guardian
   Aging & Independence Services

   4/18/2024
   Date

[1]Original signatures or electronic signatures are required.

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AIS FY 23/24 BUDGET & CONTRACTS SUMMARY

Operating Budget:
Number of Budget Unit Orgs:	**19**	
Salaries & Benefits:	$	87,471,402
Operating Expenses (Ser & Sup + Other):		145,279,383
IHSS Public Authority Budget:		48,905,371
Total Operating Budget:	$	281,656,156

Funding Sources:
Number of Funding Sources:	**40+**	
Federal $:		29.36%
State $ (Includes Realignment):		61.47%
County $:		7.95%
Other Grant $:		1.22%
Total Funding:		100.00%

Community Contracted Services:
Number of Contracts:	**60+**	
IHSS MOE	$	97,992,898
Other Contracted Services	$	35,361,965
Total:	$	134,354,863
Contracted Services as Percentage of Budget		47.70%

Number of AIS Staff: **651**

AIS FY 23/24 FUNDING

By Type:		
Federal	82,697,184	**29.36%**
State (Includes Realignment)	173,141,018	**61.47%**
Non-Federal/State	3,428,411	**1.22%**
County General Purpose Revenue	22,389,543	**7.95%**
Total Revenue	**281,656,156**	**100.00%**

Total Expenditures	**281,656,156**

By Program		
IHSS (Fed + State + Realignment)		**138,578,949**
APS (Includes Realignment)		**27,408,061**
T-III-C Nutrition	OAA	**10,397,815**
OAA ARPA	OAA	**4,851,505**
Home Safe Program	CDSS	**3,433,726**
MSSP	Title XIX	**3,679,572**
OARR	CDA	**3,058,098**
Access to Technology	CDA	**2,459,775**
Modernizing Older CA Act	CDA	**2,587,362**
T-III-B Support	OAA	**2,429,791**
SD-VISA	VA	**1,864,150**
County ARPA Nutrition Program	ARPA	**1,500,000**
County ARPA No Cost Transportation	ARPA	**750,000**
Ombudsman	OAA	**1,484,177**
T-III-E Caregiver	OAA	**1,335,302**
Area Plan Admin	OAA	**1,080,445**
HICAP	SHIP	**695,972**
Public Administrator/Guardian	Various	**921,772**
SNAP Ed	CDSS	**284,380**
Health Brain Initiative	CDSS	**371,906**
MH Senior Team	Realignment	**211,100**
T-III-D Disease Prevention	OAA	**206,933**
MIPPA	DHHS	**301,664**
Mental Health Services Act	MHSA	**109,004**
RSVP	CNCS	**105,578**
Misc Small Programs	Various	**894,205**
Public Authority (State + Fed)		**48,265,371**
Total Non-County Revenue		**259,266,613**
County General Purpose Revenue		**22,389,543**
Total Revenue		**281,656,156**

The San Diego Union-Tribune

PROOF of PUBLICATION

STATE OF CALIFORNIA
County of San Diego

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

The San Diego Union-Tribune

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

February 10, 2024

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

Dated in the City of San Diego, California
on this 14th of February 2024

CGaza

Cris Gaza
San Diego Union-Tribune
Legal Advertising

Order ID: 11647242

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, March 11, 2024 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 part of the process for the four-year Area Plan 2024-2028 document. The Area Plan incorporates annual objectives of the PSA's goals and a projection of services offered to the County's older adults and persons with disabilities. There will be a virtual option for the hearing via phone at (669) 900-9128 (Meeting ID: 824 8650 7295; Meeting password: 162815), or visit https://www.sandiegocounty.gov/AISAdvisoryCouncil to join by video conference (Zoom). For information, please call (858) 495-5885.   [SDUT ad 11647242]

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Section 1.

MISSION STATEMENT

Aging & Independence Services

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

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

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

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Section 2.

DESCRIPTION OF THE PLANNING AND SERVICE AREA (PSA)

Physical Characteristics

Planning and Service Area (PSA) 23 serves all of San Diego County, encompassing 4,261 square miles. There are three distinct geographic areas: the 70-mile-long coastline and the coastal plain, the interior uplands and mountains, and the deserts of the Salton Basin. The region is relatively arid. The topography is marked by valley/mesa landforms. Most of the region's urbanization is located in the incorporated cities within the western third of the county. The more rugged uplands, mountains, and deserts are sparsely populated. Incorporated areas encompass only 689 square miles, while unincorporated areas account for the balance of 3,572 square miles.
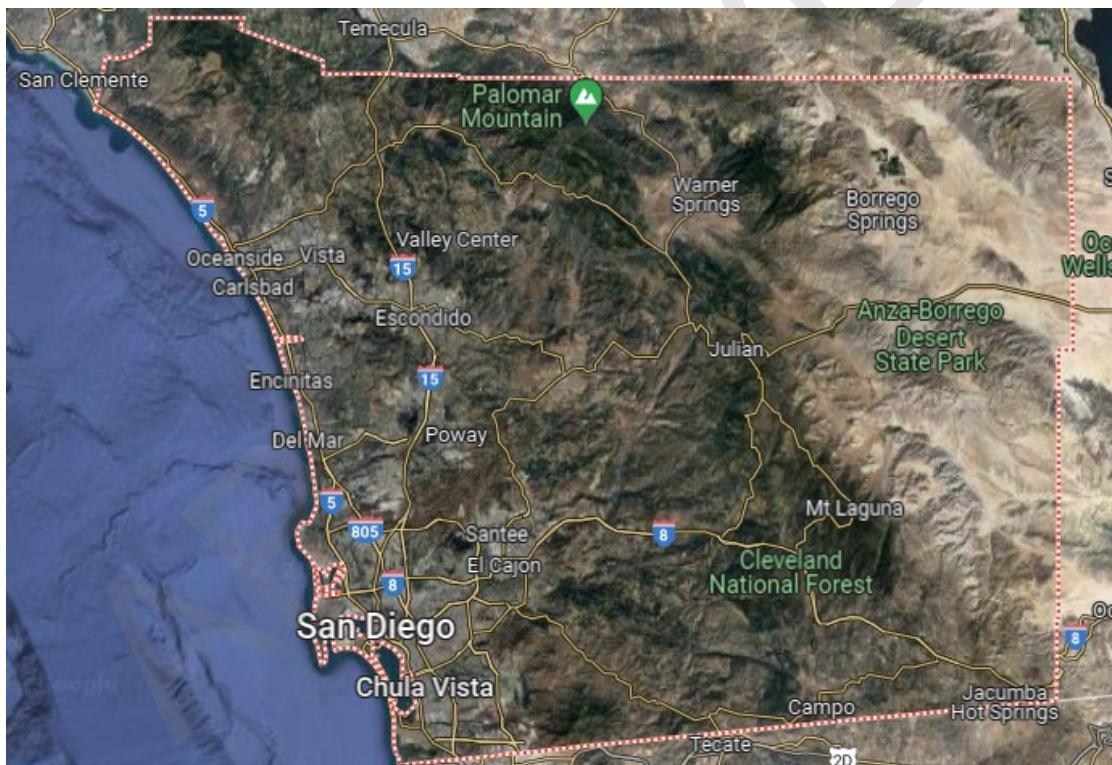
Source: Google. Google Maps.

Demographic Characteristics

The following data are based on 2022 population estimates produced by the San Diego Association of Governments (SANDAG; unless otherwise noted).

Eighty-four percent of the county's total population lives in incorporated areas in the western half/coastal section of the county. Population density in these areas is 4,026 persons per square mile, as compared to 144 persons per square mile in unincorporated areas. There are 18 incorporated cities in the county. The 2022 American Community Survey (administered by the U.S. Census Bureau) ranked the city of San Diego as the eighth largest in population in the nation, and the county as the fifth largest residential population in the nation. San Diego County was ranked second in population within the state, behind Los Angeles County. The county's 2022 population was 3,287,306. The 2022 American Community Survey reported the median age was 37.3, which was slightly higher than the median age in 2019 (36.4). Women and men were evenly split in the county, with about 50% each.

Of the total population (across all ages) in 2022, 42.5% were non-Hispanic white, 34.1% Hispanic, 12.6% Asian, 4.4% black, 0.4% Native Hawaiian or Pacific Islander, 0.4% American Indian or Alaskan Native, 5.0% 2 or more races and 0.5% other.

Characteristics of the Older Adult Population

Population Geographic Distribution

All data in this section is from the American Community Survey (ACS) 2018-2022 5-year estimates. There were 672,022 older adults aged 60 years and older living in San Diego County in 2022. Communities with the greatest number of older adults included city of San Diego, unincorporated areas, and city of Chula Vista. The city of San Diego, the largest city in San Diego County, has a total population of nearly 1.4 million with over 264,000 (19.1%) adults aged 60 years and older. This accounts for 39.3% of all older adults in San Diego County. Nearly 515,000 San Diego County residents reside in unincorporated areas, including over 120,000 (23.3%) adults aged 60 years and older. Older adults residing in unincorporated areas account for 17.9% of all older adults in the county. Chula Vista, the second largest city in San Diego County, has a population of over 276,000 with nearly 50,000 (18%) adults aged 60 years and older. Chula Vista's older adult population makes up 7.4% of the county's total 60+ population. Communities with the greatest percentage of older adults included Del Mar, Solana Beach, and Encinitas. Del Mar has the smallest total population in the county with just under 4,000 residents—over 1,400 being aged 60 and older (36.1%). Solana Beach, the second smallest city in the county, has a total population of just under 13,000 with over 3,700 being aged 60 and older (28.8%). Encinitas has a total population of nearly 62,000 with over 16,500 residents aged 60 and older (26.7%). The older adult population aged 60 and older in Del Mar, Solana Beach, and Encinitas accounts

for 0.2%, 0.6% and 2.5% of the county's total older adult population, respectively. (U.S. Census Bureau, American Community Survey 5-Year 2018-2022 Population Estimates, Table DP05).

Older Adult Population (60+ Years) as a Percentage of the Total Population by Geography, 2018-2022
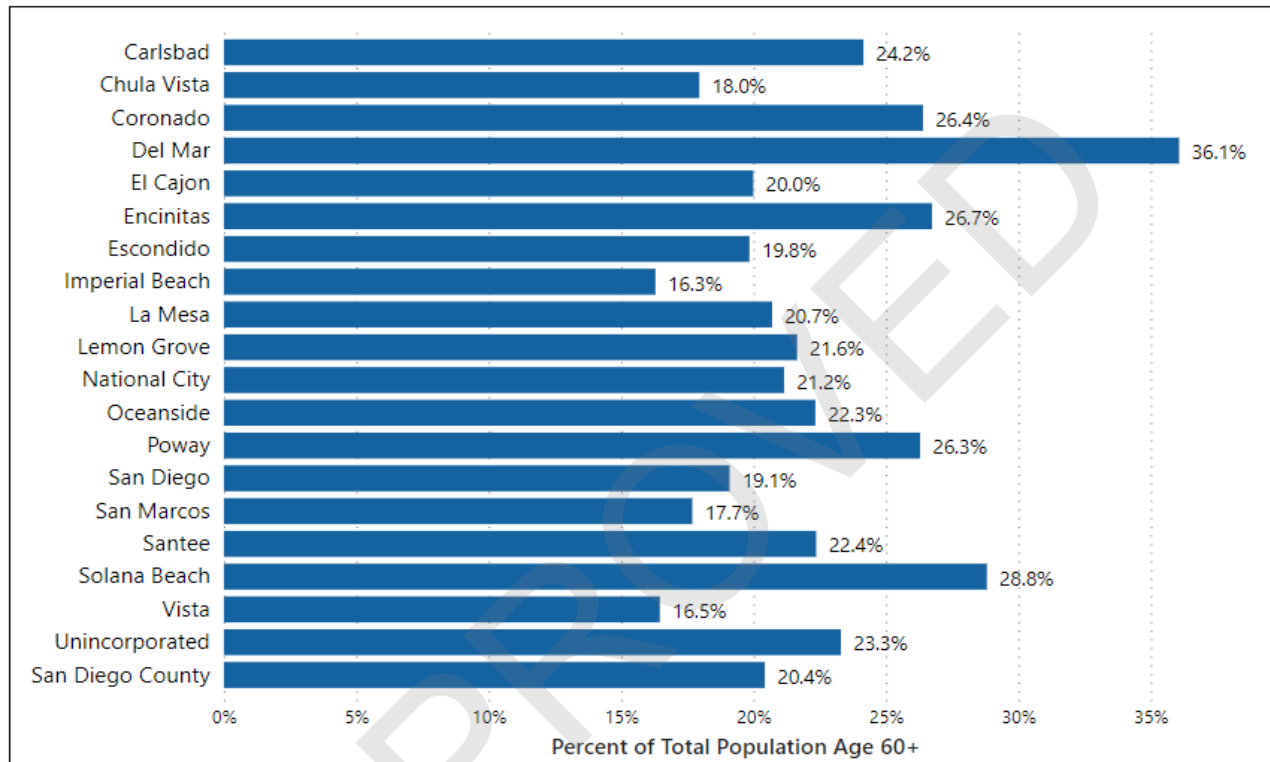
Geography	Percent of Total Population Age 60+
Carlsbad	24.2%
Chula Vista	18.0%
Coronado	26.4%
Del Mar	36.1%
El Cajon	20.0%
Encinitas	26.7%
Escondido	19.8%
Imperial Beach	16.3%
La Mesa	20.7%
Lemon Grove	21.6%
National City	21.2%
Oceanside	22.3%
Poway	26.3%
San Diego	19.1%
San Marcos	17.7%
Santee	22.4%
Solana Beach	28.8%
Vista	16.5%
Unincorporated	23.3%
San Diego County	20.4%

Source: U.S. Census Bureau, American Community Survey 2018-2022 Population Estimates, Table DP05.
Prepared by: County of San Diego Health and Human Services Agency, Aging & Independence Services, 2024.

Older Adult Population as a Percentage of Total Population

In both San Diego County and the State of California, older adults aged 60 years and older made up approximately 21% of the total population in 2022. In the United States, 23.8% of the population were older adults aged 60 years and older (U.S. Census Bureau, American Community Survey 1-Year 2022 Population Estimates, Table S0101).

Older Adult Population (60+ Years) as a Percentage of the Total Population, San Diego County, 2022
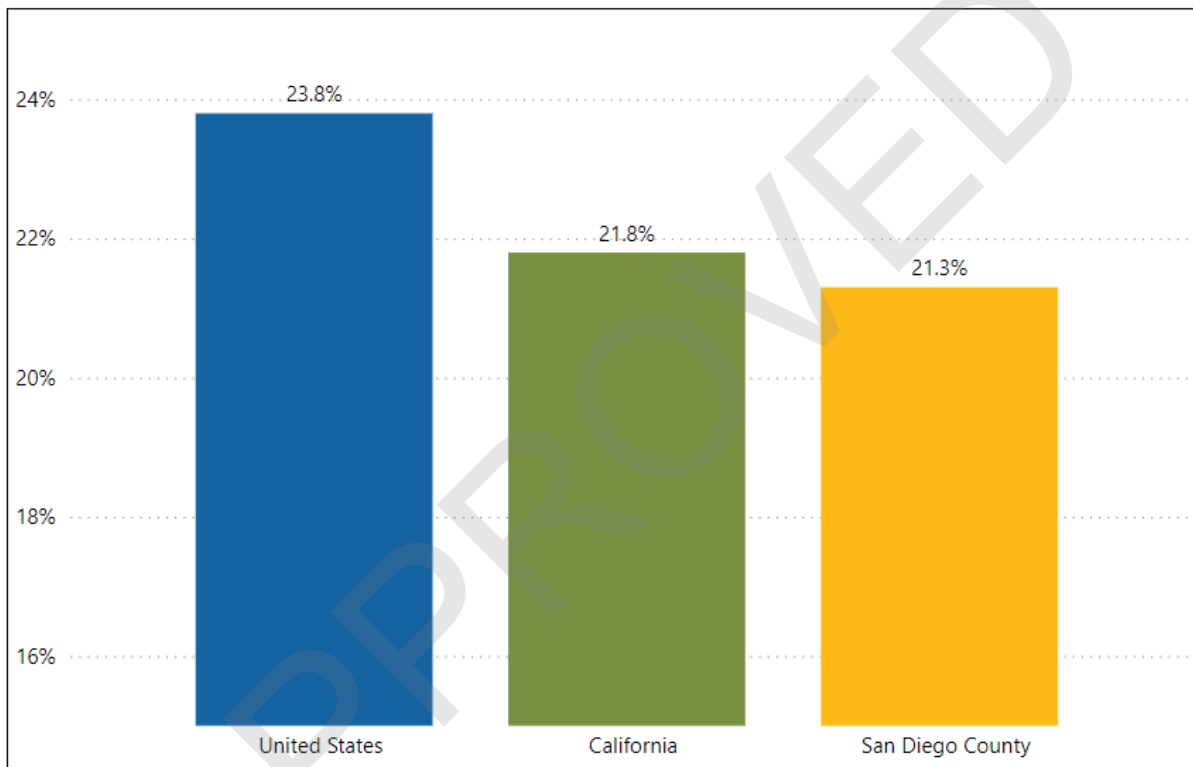
Source: U.S. Census Bureau, American Community Survey 2022 Population Estimates, Table S0101.
Prepared by: County of San Diego Health and Human Services Agency, Aging & Independence Services, 2024.

Gender Distribution

In 2022, women in San Diego County comprised 54.2% of the population aged 60 years and older, while men comprised 45.8%. Approximately three-fifths (59.9%) of the county's 80+ population are women. Women outnumber men in all older adult age groups with the proportion increasing at older ages (SANDAG 2022 Current Population Estimates).

Older Adult Population (60+ Years) by Age Group and Sex, San Diego County, 2022

Source: SANDAG 2022 Current Population Estimates. 2023.
Prepared by: County of San Diego Health and Human Services Agency, Aging & Independence Services, 2024.

Race/Ethnicity

Self-reported data from the American Community Survey (2022) indicates 59.5% of all San Diego County older adults aged 60+ were white. This percentage is expected to decrease between now and 2050, primarily because of an increase in the number of Hispanic older adults (from 21.5% of the older adult population in 2022 to 31.3% in 2050). In 2022, an estimated 21.5% of older adults were Hispanic, 13.1% Asian, 4.0% black, 0.9% multiracial, 0.5% Native Hawaiian or Pacific Islander, and 0.4% American Indian or Alaskan Native (California Department of Finance, P-3: State and County Projections Dataset).

Older Adult Population (60+ Years) by Race/Ethnicity, San Diego County, 2022

Source: SANDAG 2022 Current Population Estimates. 2023.
Prepared by: County of San Diego Health and Human Services Agency, Aging & Independence Services, 2024.

English Spoken at Home and English Proficiency

Self-reported data from the American Community Survey (2022) indicates San Diego County is linguistically diverse, even throughout the older adult population. While the majority of older adults speak English only (68.5%), data indicates that 13.9% speak English "very well," and 17.6% speak English less than "very well" (U.S. Census Bureau, American Community Survey 2022 1-Year Estimates, Table S0102).

English Spoken at Home and English Proficiency, Older Adults (60+ Years), San Diego County, 2022
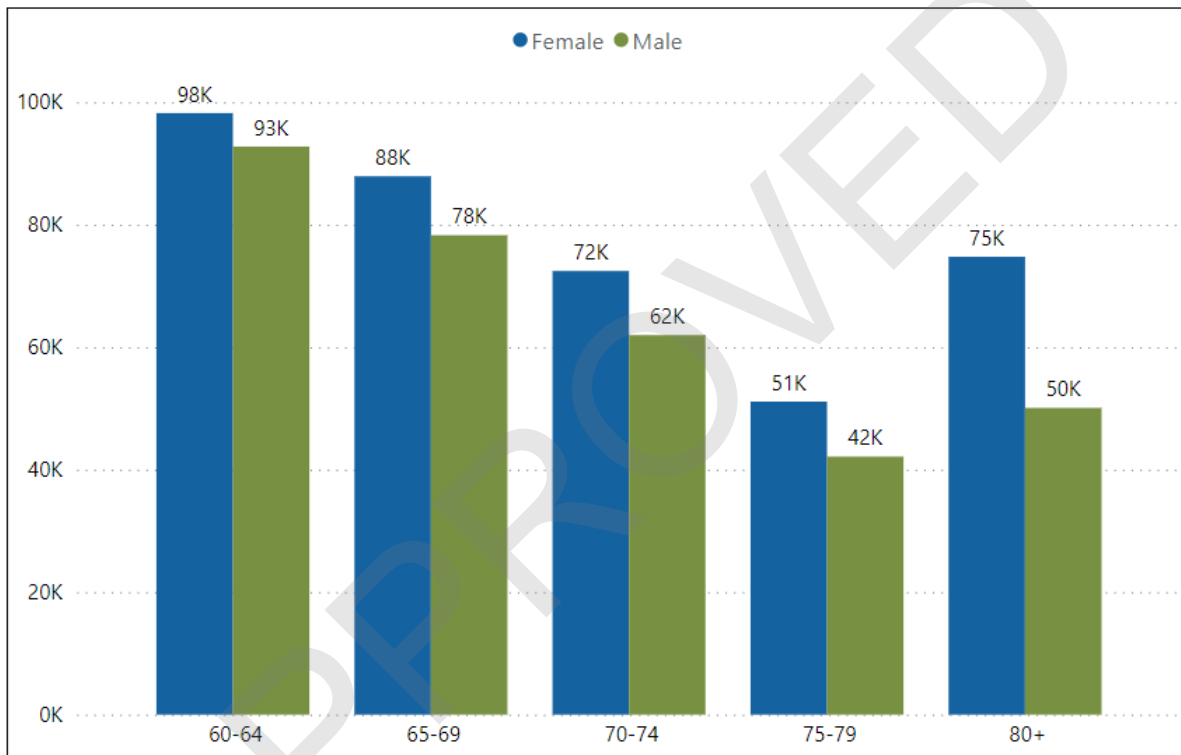

Source: U.S. Census Bureau, American Community Survey 2022 Population Estimates, Table S0102.
Prepared by: County of San Diego Health and Human Services Agency, Aging & Independence Services, 2024.

Poverty Status

In San Diego County, 10.2% 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 2022. 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.

Poverty Status in the Past 12 Months, Older Adults (60+ Years), San Diego County, 2022

Source: U.S. Census Bureau, American Community Survey 2022 Population Estimates, Table S0102.
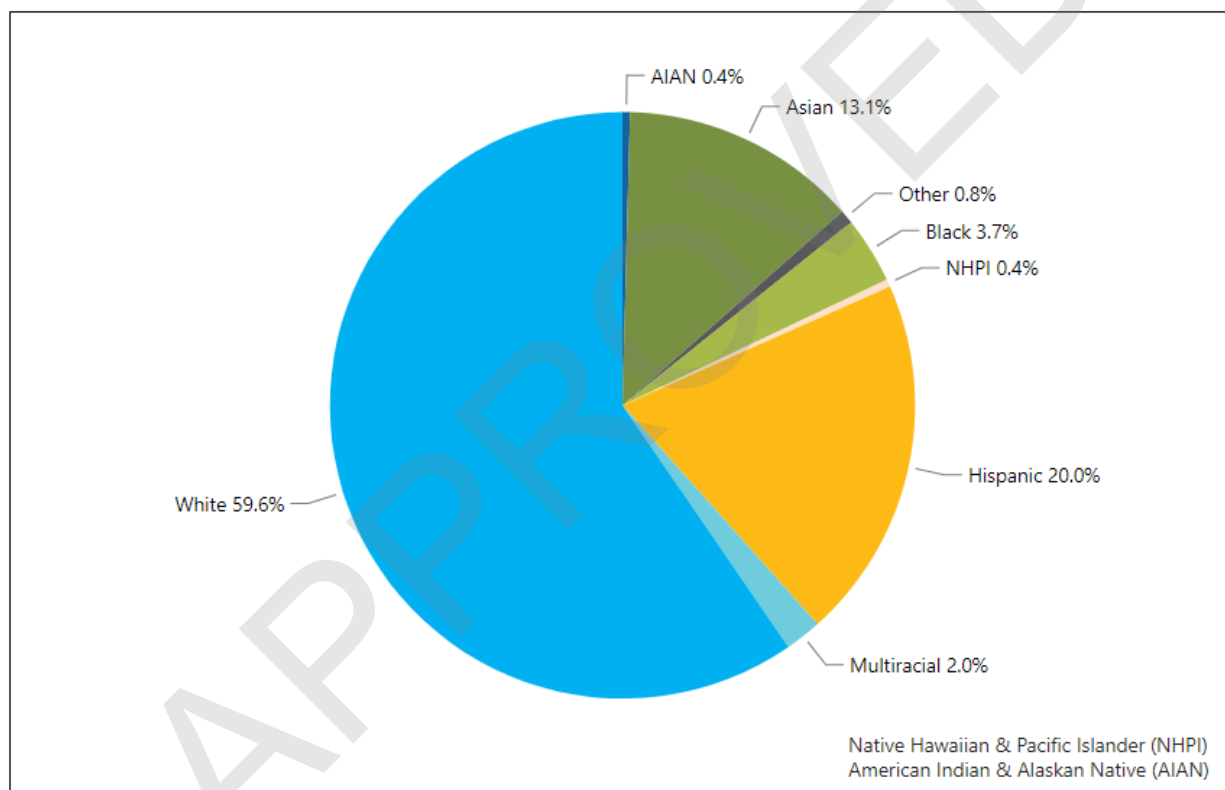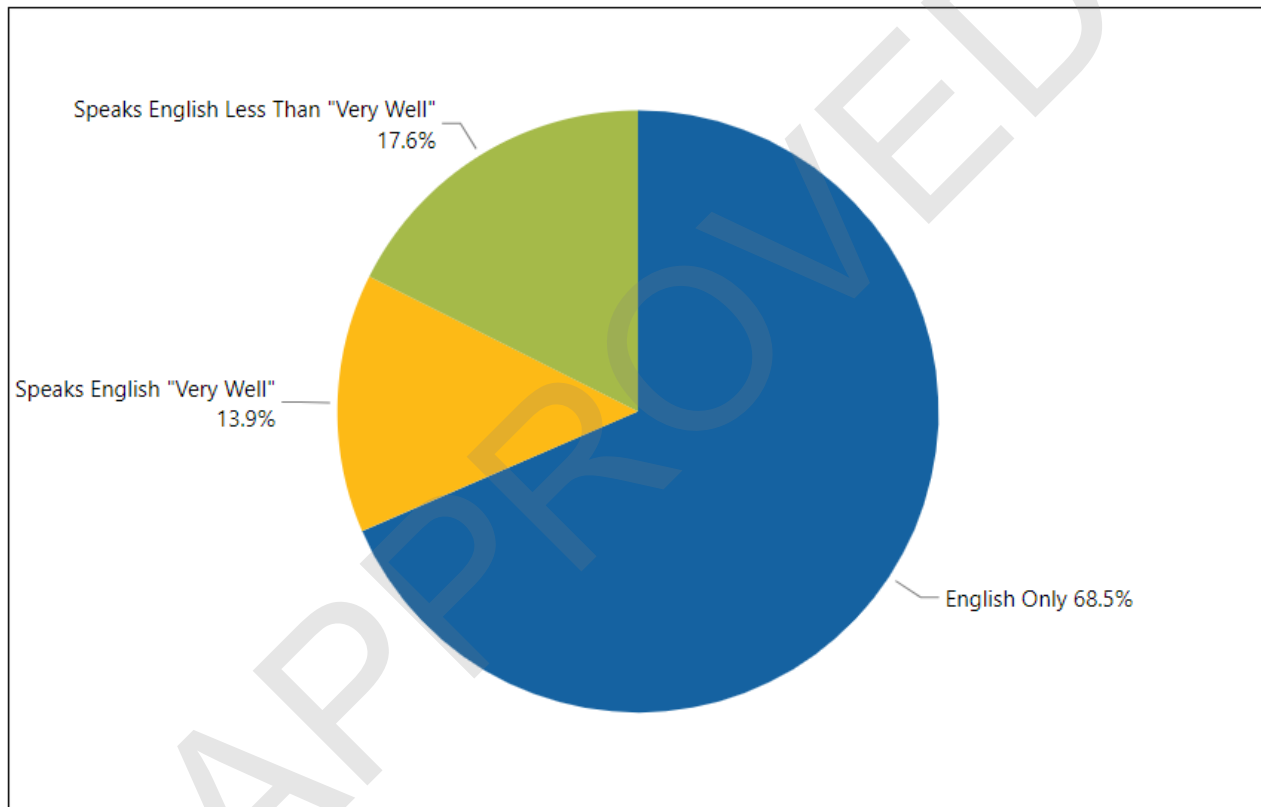Prepared by: County of San Diego Health and Human Services Agency, Aging & Independence Services, 2024.

Although there are older adults aged 65+ of all races/ethnicities that may be struggling to make ends meet in San Diego County, American Indian/Alaskan Native, Native Hawaiian/Pacific Islander, and other non-white older adults are disproportionately affected (U.S. Census Bureau, American Community Survey 1-Year 2022 Population Estimates, Tables B17001A-B17001I). In San Diego County:

- 17.6% of American Indian/Alaskan Native older adults reported having incomes below the federal poverty level.
- 17.3% of Native Hawaiian/Pacific Islander older adults reported having incomes below the federal poverty level.
- 13.9% of other non-white older adults reported having incomes below the federal poverty level.

Percent of Older Adults (65+ Years) * Living Below the Federal Poverty Level (FPL) by Race & Ethnicity, San Diego County, 2022
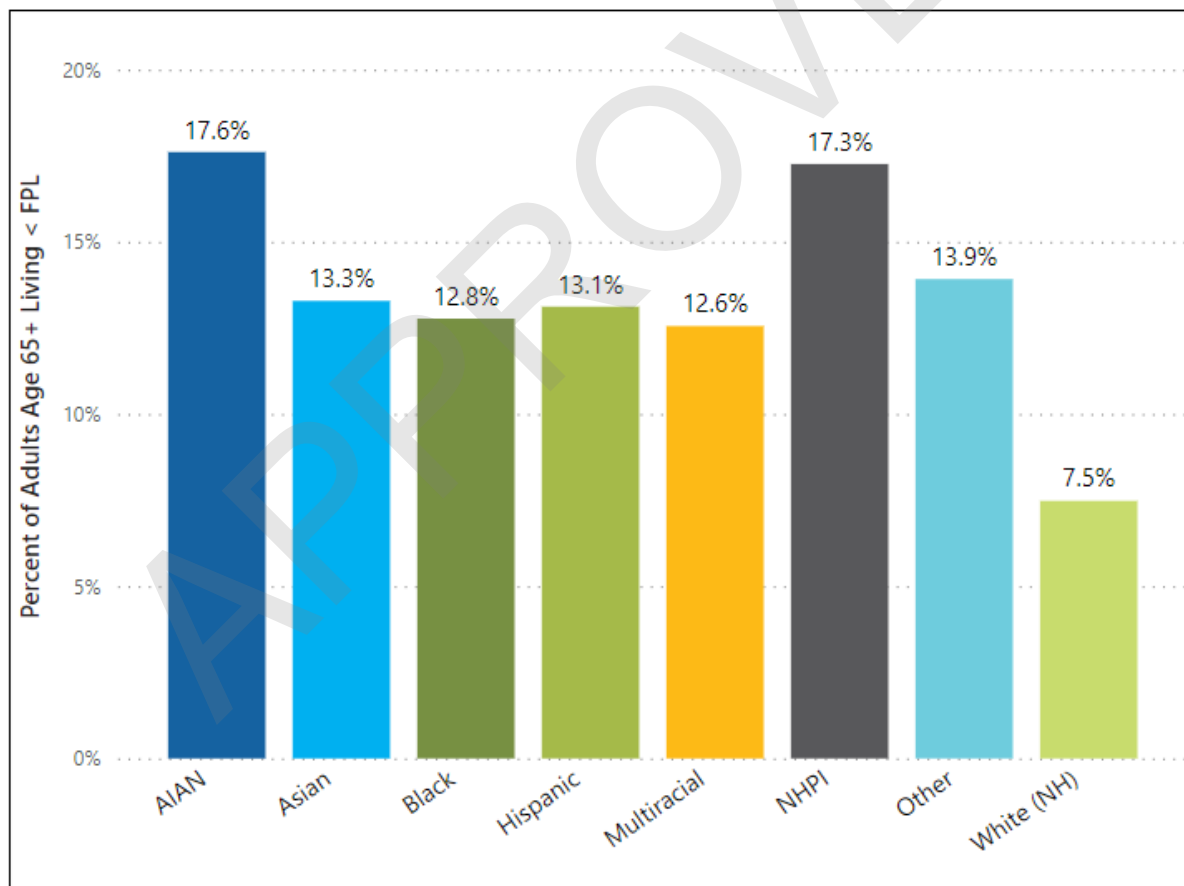
Source: U.S. Census Bureau, American Community Survey 2022
Population Estimates, Tables B17001A-B17001I.
Prepared by: County of San Diego Health and Human Services
Agency, Aging & Independence Services, 2024.

Native Hawaiian & Pacific Islander (NHPI)
American Indian & Alaskan Native (AIAN)
Non-Hispanic (NH)

*Data available only for 65+. This data is the exception to the general older adult category of 60+.

Disability Status

San Diego County adults aged 60 years and older reported having a disability at a lower percentage than the state average. In 2022, an estimated 27.0% of 60+ year-old San Diego residents reported having a disability compared to 29.0% of California residents (U.S. Census Bureau, American Community Survey 2022 1-Year Estimates, Table S0102).

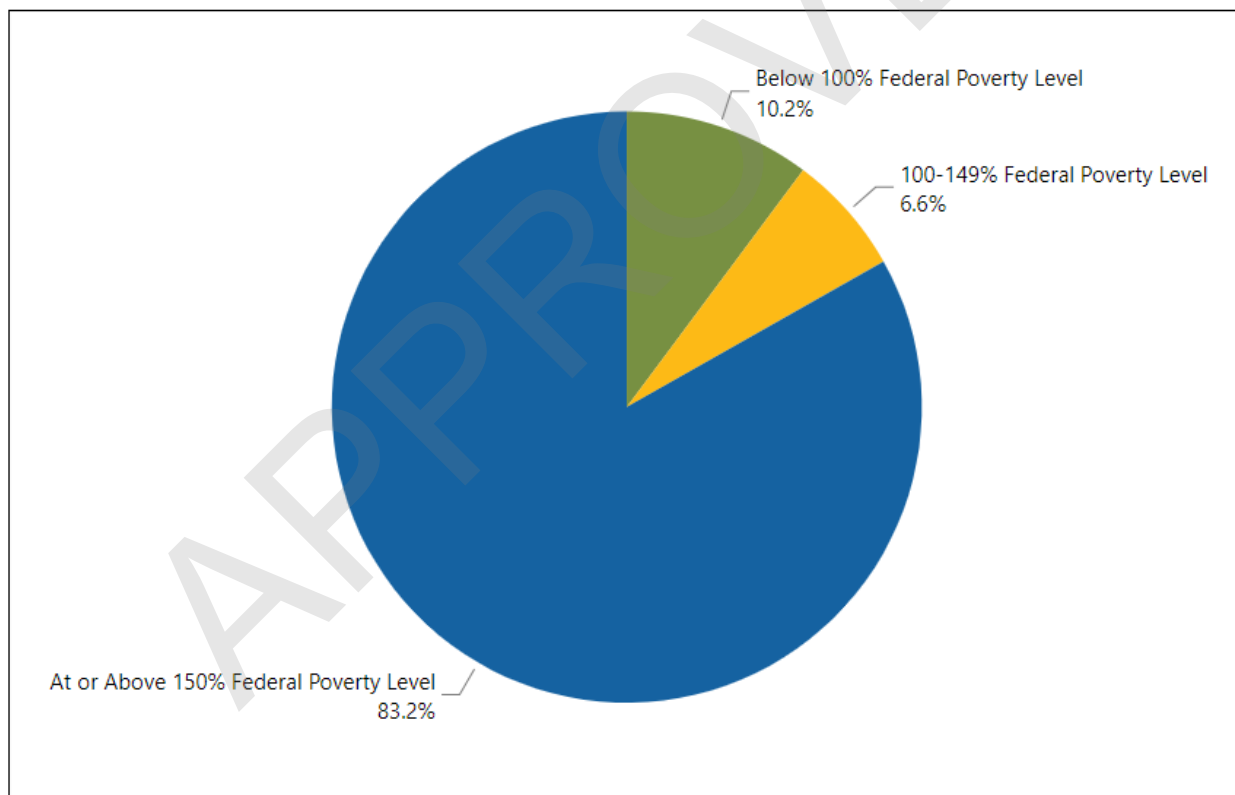**Percent of Older Adults (60+ Years) with a Disability by Age Group, San Diego County, 2022**
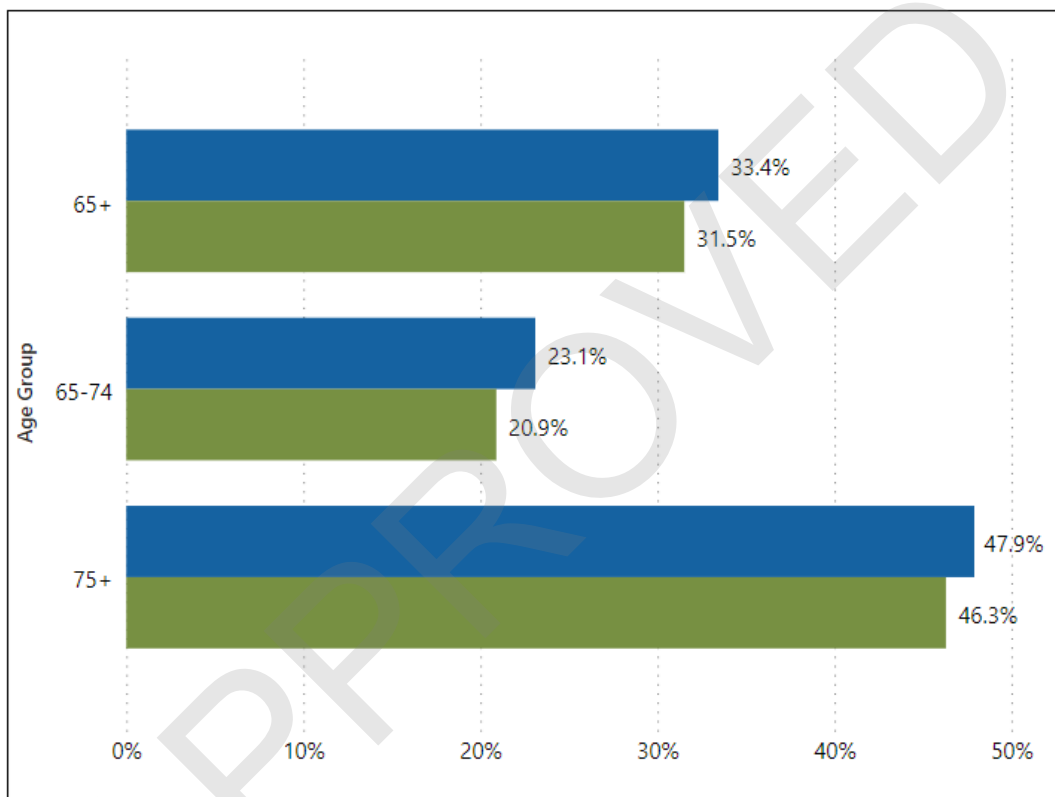
Source: U.S. Census Bureau, American Community Survey 2022 Population Estimates, Table S1810.
Prepared by: County of San Diego Health and Human Services Agency, Aging & Independence Services, 2024.

Medical Encounters Among San Diego County Residents Aged 60 Years and Over, 2021

In 2022, there were 133,371 hospitalizations of older adults aged 60 years and older in San Diego County for any cause, whether scheduled or unscheduled through the emergency department (California Health & Human Services, Department of Health Care Access & Information (2023), and 2022 Hospital Inpatient by Facility). In 2022, there were 231,859 visits by older adults aged 60 years and older that were treated and discharged from a San Diego County emergency department (California Health & Human Services. Department of Health Care Access & Information (2023), 2022 Hospital Emergency Department - Characteristics by Facility).

In 2021, 657 San Diego County residents aged 60 years and older died as a result of an unintentional injury. Over 17,329 older adults were hospitalized, and over 42,000 visited the emergency department as a result of an unintentional injury (County of San Diego Health and Human Services Agency, Public Health Services, Community Health Statistics Unit (2023), *Leading Health Conditions Among Older Adults in San Diego County, 2021*).

Falls are a frequent type of unintentional injury among older adults. In 2021, 323 residents aged 60 years and older died as a result of a fall injury. Nearly 11,000 were hospitalized and over 27,000 visited the emergency department as a result of a fall injury (County of San Diego Health and Human Services Agency, Public Health Services, Community Health Statistics Unit (2023), *Leading Health Conditions Among Older Adults in San Diego County, 2021*).

Falls are a major contributor to deaths from unintentional injuries among older adults residing in San Diego County. Fall injuries accounted for nearly two out of three emergency department visits, and more than half of hospitalizations, among older adults for an unintentional injury (County of San Diego Health and Human Services Agency, Public Health Services, Community Health Statistics Unit (2023), *Leading Health Conditions Among Older Adults in San Diego County, 2021*).

Elder Abuse Reports

In Fiscal Year (FY) 2022-2023, there were 24,073 referrals to Adult Protective Services (APS) through either the APS Call Center or the online referral system, resulting in 18,645 cases. Of the 17,492 cases that closed during FY 2022-2023, 27% had at least one confirmed allegation of self-neglect. Among all APS clients, 87% were aged 60 or older (County of San Diego Health and Human Services Agency, Aging & Independence Services, Adult Protective Services, FY 2022-23).

Alzheimer's Disease and Related Dementias (ADRD)

Over 98,000 San Diegans were projected to be living with Alzheimer's disease or a related dementia in 2020. This number is expected to increase to over 115,000 by 2030. This devastating disease profoundly impacts individuals, families, caregivers, and the health care system. Currently, a projected 250,000 unpaid caregivers provide more than 285 million hours of care for the more than 98,000 residents living with ADRD. Caregivers face financial, emotional, and health consequences of their role and the table below exhibits the greater healthcare costs incurred by caregivers due to the physical and emotional impact of caregiving.

Estimates & Projections of Caregivers of Residents with ADRD, Unpaid Care & Higher Health Care Costs by Year, San Diego County, 2015-2030

Year	Residents with ADRD	Caregivers of those with ADRD	Hours of Unpaid Care	Value of Unpaid Care	Higher Health Care Costs of Caregivers
2015	84,405	214,362	244,104,619	$3,087,213,357	$133,842,214
2020	98,610	250,437	285,185,380	$3,606,765,489	$156,366,737
2030	115,194	292,556	333,147,833	$4,213,350,991	$182,664,481

Source: County of San Diego Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, Alzheimer's Disease and Related Dementias Database.
Prepared by: County of San Diego Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, 2020.

PSA 23 Unique Resources and Constraints

Aging Network in San Diego-Service System Characteristics

AIS serves as the primary agency for aging services in PSA 23, which covers the entire county of San Diego. AIS is part of the County of San Diego Health and Human Services Agency and serves as an integrated agency for a wide variety of aging programs. AIS includes the OAA services as well as other key aging services such as Adult Protective Services, In-Home Supportive Services, the Multipurpose Senior Services Program (MSSP), and more. The AIS Call Center handles referrals for all of these programs.

External Aging Services Network

San Diego County is fortunate to be home to a variety of social service and other providers that bolster the safety net for older adults and offer services in addition to those provided by AIS:

- Non-profit organizations such as ElderHelp of San Diego, Jewish Family Service of San Diego, Interfaith Community Services, and Serving Seniors provide critical programs and services to some of the most vulnerable older adults in the region.
- More than 30 community-based senior centers and recreation centers for all ages offer programming aimed at older adult participants.
- A variety of businesses provide long-term services and supports such as home care, home modification, medical alert systems, and more.
- Healthcare: AIS actively collaborates with healthcare organizations via "Healthy San Diego," the consortium of Medi-Cal health plans and providers for our region and other community committees.

- o San Diego County has four Medi-Cal Managed Care plans that provide the majority of Medi-Cal services to approximately 1 million residents in the county, including over 100,000 older adults.
  - o Programs for All-Inclusive Care for the Elderly (PACE).
  - o Private healthcare organizations and more than 30 Federally Qualified Health Centers provide primary care and hospital services.
- Housing: In addition to privately owned homes and market-rate rental housing, there are six housing authorities serving various jurisdictions and a variety of subsidized and affordable housing programs. San Diego County is home to over 600 Residential Care Facilities for the Elderly and over 80 Skilled Nursing Facilities. There are several programs focused on addressing and preventing older adult homelessness.

Constraints

The size of San Diego County, 4,261 square miles (3,572 square miles of unincorporated area), and the distances to services in the large rural area, can present barriers to the older adult population. Over 120,000 residents over the age of 60 live within the unincorporated areas, accounting for 17.9% of the older adult population in San Diego County (ACS 2018-2022 5-year estimates). Lack of effective public transportation throughout the region is also a cause for concern, with many older adults living in remote locations. Public testimony at the 2023 Area Plan community feedback sessions supported this. Lack of affordable housing is also a serious issue for older adults in the county. If funding remains at current levels, given the expected increase in the older adult population, it will impact the ability to provide services. Limited revenue constrains many innovative and progressive ideas for services to assist older adults and persons with disabilities from being realized.

Other Service Delivery

Involvement with Disaster Preparedness

San Diego County is comprised of 18 cities and unincorporated areas and is vulnerable to a host of both natural and man-made disasters such as earthquakes, flooding, and fires. Terrorism is also a concern as the county is home to several military facilities and has international border access. It is estimated that 355,824 San Diego County residents (non-institutionalized) indicated having a disability (U.S. Census Bureau, American Community Survey 2022 1-Year Estimates, Table S1810) and an estimated 709,690 of San Diego County residents are over the age of 60, which is 21.6% of San Diego County's total population (SANDAG 2022 Current Population Estimates). Given the significant number of older adults and disabled residents in San Diego County and the county's hazards and vulnerabilities, Aging & Independence Services (AIS) establishes a disaster plan, the *Continuity of Operations Plan (COOP),* to ensure we can continue essential services to support the needs of these vulnerable groups during a disaster. The COOP identifies AIS's most critical services that maintain the safety and well-being of the

population served and/or sustains the economic base of the community. The plan is updated annually and details how these services will be operational within 12 hours of an emergency event or disaster and will be sustained for up to 30 days.

AIS partners with the County's Office of Emergency Services (OES) and Public Health Services to address the needs of vulnerable populations in the event of a disaster. AIS staff fill key roles in the OES *Operational Area Emergency Plan*, which includes provisions for meeting the needs of people with access and functional needs and for sheltering vulnerable populations during a disaster. Components include:

- The *Disaster Rapid Assessment Team* plan, which includes the identification of older adults and persons with access and function needs in shelters who may have unmet needs, and when necessary, requests deployment of the *Vulnerable Adult Shelter Assessment Team (VASAT)* team;
- When requested, the VASAT team, which is comprised of AIS staff, deploys to emergency shelters and conducts individual assessments to identify the needs of older adults and persons with access and functional needs;
- The role of an Access and Functional Needs Unit Leader in the Care and Shelter Branch of the Emergency Operations Center;
- The Access and Functional Needs work group facilitated by OES and includes many community partners;
- The role of an Access and Functional Needs Technical Advisor, which includes AIS staff and is a member of the Policy Group in the Emergency Operations Center; and
- Emergency preparedness exercises.

In partnership with OES, AIS developed a Personal Disaster Plan for people with access and functional needs and continues to distribute this plan to the community.

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 conducts 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, 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.

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.

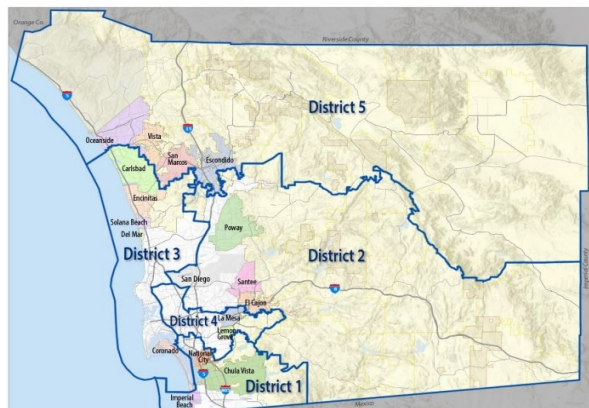Nora Vargas — District 1 — Chair

Joel Anderson — District 2

Terra Lawson-Remer — District 3 — Vice Chair

Monica Montgomery Steppe — District 4

Jim Desmond — District 5

In September 1997, the Board created the 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.

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's 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 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 Coalition's purpose 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 consistent 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's 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.

Section 4.

PLANNING PROCESS & ESTABLISHING PRIORITIES

Strategic planning by AIS is conducted within a policy framework established by the Board, which serves as the governing board for the AAA of PSA 23, and is an ongoing effort involving and drawing upon several sources, including:

- AIS Director and staff
- AIS Advisory Council
- Older Adults
- Professionals in the Aging and Disability Network
- Persons with Disabilities
- Contractors/Providers
- Other Health and Human Services Agency Staff
- Other Interested Individuals

County and AIS Strategic Planning

In 2021, the County reimagined its operational approach to planning and decision making by integrating its General Management System (GMS) with the strategic framework adopted by the Board. This shift takes the GMS in a direction that is reflective of today's communities while preserving the core management principles of strategic planning, operational accountability, enterprise-wide collaboration, and employee connection. At the core of the reimagined GMS is Community Engagement, based on the principle that all that the County does should be for, and created in partnership with, the people served. The outer ring is included to reflect the core values of everything the County does: Integrity, Equity, Access, Belonging, Excellence, and Sustainability.

Five strategic Initiatives provide the framework for the County to set measurable goals: Equity, Sustainability, Community, Empower, and Justice. These initiatives are designed to span the entire organization, break down silos, and extend across groups for all departments to see their work contributing to the overall success of the region.

Operational Plan

The County creates a two-year Operational Plan (the first year of which is adopted by the Board as the County's budget) and is informed by the results of the Five-Year Financial Forecast. The Operational Plan highlights the budget, past fiscal year accomplishments, and upcoming two-year objectives organized within the five strategic Initiatives for all County departments, including AIS.

Aging Roadmap and Planning Process for Area Plan 2024-2028

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, as described in Section 3. The Aging Roadmap serves as the local "Master Plan for Aging" for our region. A stand-alone summary of how the Aging Roadmap aligns with the Area Plan can be found as an Appendix in the *Local Master Plan (MPA) on Aging Supplemental Summary: San Diego County Aging Roadmap*.

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 the Aging Roadmap 2024-2028 Action Plan in the Appendix. The results of the needs assessment for this Area Plan are described using the Aging Roadmap priority area framework. Similarly, the 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 this cycle of the Area Plan, 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; feedback sessions focused on specific communities such as Spanish speakers, individuals with disabilities, LGBTQI+, and low-income older adults; a website to submit comments; an AIS staff survey; and the Community Assessment Survey for Older Adults.

PSA 23 has determined that the percentages used for 2020-2024 are appropriate for 2024-2028, as they align with the demand and capacity of our current contractors. This allows PSA 23 to adapt to changing priorities or needs if they arise. The minimum percentages of Title III-B funds allocated to Access, In-Home Services, and Legal Assistance continue to meet the needs for these services within PSA 23, based on feedback from multiple community engagement channels, including a needs

assessment survey, focus groups, and a public hearing. PSA 23 will continually assess and adjust the allocation of funds as necessary to respond to the evolving priorities or needs of the community.

Additional Collaboration

In addition to the community committees described in Section 3 and the planning process, information for ongoing planning purposes and establishing priorities is also gathered from:

Lesbian, Gay, Bisexual, and Transgender (LGBTQI+) Older Adults

For many years, AIS has made a concerted effort to be responsive to LGBTQI+ needs. New practices include ensuring questionnaires and forms are inclusive of different gender identities. In addition, AIS ensures representation on the Advisory Council and collaborates with the local San Diego LGBT Community Center (the Center) to meet community needs. For instance, AIS hosts a Feeling Fit Club class at the Center. As part of the needs assessment process for this Area Plan, AIS heard feedback from members of the older adult LGBTQI+ community and accessed resources from the National Resource Center on LGBTQI+ Aging for guidance.

Section 5.

NEEDS ASSESSMENT & TARGETING

Introduction

Aging & Independence Services used multiple methods to gather information regarding current conditions, needs and resources to inform priorities, goals, and objectives outlined in the Area Plan. The methods included collecting a range of quantitative and qualitative data from a statewide, statistically valid survey and multiple community and stakeholder feedback sources. The summary of data is organized primarily in the ten focus areas that represent the Aging Roadmap, which are also the organizing framework for the Area Plan goals and objectives.

Data Collection Methods

Area Plan Community Feedback Sessions

AIS conducted seventeen (17) community feedback sessions in fall 2023 with older adults, caregivers, persons with disabilities, and service providers across a range of topic areas and localities in San Diego County. The sessions were held at senior centers, community centers, and similar locations with support from partner and service organizations. Eight of these sessions were fully open to the public while the other nine involved closed groups that had been specifically invited (e.g., attendees of a day program for persons living with dementia). The purpose of the sessions was to hear from participants on a number of topics related to quality of life, caregiving, social isolation, community gathering spaces, public awareness, and the like. Outreach for the sessions included emailing digital flyers through our GovDelivery distribution networks, posting on County of San Diego (County) social media accounts, and distributing paper flyers throughout the community via Health and Human Services Agency (HHSA) staff. Each two-hour session included 20-to-40 participants. Some sessions included multi-lingual support or were conducted in a target language other than English. Following is a list of the sessions:

- AIS Advisory Council (September 11, 2023)-AIS Advisory Council members (invitation only)
- Access to Independence, North Inland Live Well Center, Escondido (October 3, 2023)-Older adults with disabilities (invitation only)
- Salvation Army, El Cajon (October 10, 2023)-Diverse group of attendees including members of the refugee population and low-income and housing insecure older adults (public session; Arabic interpretation provided)
- Gary & Mary West Senior Wellness Center, Downtown San Diego (October 12, 2023)-Diverse group of attendees including low-income and housing insecure older adults (public session)
- George L. Stevens Senior Center, San Diego (October 17, 2023)-Predominantly African American attendees (public session)

- Villa Merced Apartments, Casa Familiar, San Diego (October 18, 2023)-Predominantly Hispanic/Latino population (invitation only; conducted in Spanish)
- San Diego LGBT Center, San Diego (October 20, 2023)-Diverse group of attendees including those from the LGBTQI+ population (public session)
- Virtual Session (October 24, 2023)-(public session)
- Mira Mesa Senior Center, San Diego (October 25, 2023)-(public session)
- Oceanside Country Club Senior Center, Oceanside (October 26, 2023)-(public session)
- Fallbrook Senior Center, Fallbrook (October 30, 2023)-Included older adults living in rural areas (public session)
- Silvercrest Senior Residence, El Cajon (November 7, 2023)-Predominantly Arabic and Chaldean speaking residents (invitation only; conducted in Arabic and Chaldean)
- Congregational Tower, Chula Vista (November 14, 2023)-Predominantly Hispanic/Latino population (invitation only; Spanish interpretation provided)
- Jewish Family Service of San Diego, Session 1 (November 16, 2023)-Persons Living with Dementia (invitation only)
- Jewish Family Service of San Diego, Session 2 (November 16, 2023)-Care Partners for Persons Living with Dementia (invitation only)
- Fall Prevention Task Force Virtual Meeting (November 21, 2023)-Professionals (invitation only)
- Dementia and Brain Health Team Virtual Meeting (November 28, 2023)-Professionals (invitation only)

Following are the questions asked at each session:

1. *What do you see as the most pressing needs for older adults you know?*
2. *Many people wish to remain in their own home for as long as possible but need help to be able to do so. Examples of things people might need include help with grocery shopping, transportation, and help with personal care. Thinking to the future, are there specific kinds of help you wish would be available to you in 5, 10, or 15 years' time that would support you to age safely in your home?*
3. *Think of older adults you know - or yourself - who seem to be lonely or socially isolated. What are their needs?*
4. *People stay engaged in their community in a variety of ways—through volunteer work, educational activities, social activities, fitness, or social clubs. How do you like to stay involved? Is there anything else you wish were available in the community?*
5. *What role do you see for community gathering spaces, such as community centers, for older adults?*
6. *What do you see as the biggest needs or challenges for family caregivers?*

7. *The County strives to make our services accessible to individuals of diverse backgrounds, identities, and incomes. For folks that you know who may not know about us, how do you recommend that we get the word out about our services?*

8. *Please share any additional comments or issues that are of concern to you or the older adults in your community.*

AIS Staff Input Questionnaire

AIS currently employs over 650 staff, many of whom directly serve clients or are otherwise experts on the types of challenges older adults face. AIS staff were invited to share their thoughts via an online staff input questionnaire on the needs they see and what they believe would improve quality of life for older adults, persons with disabilities, and caregivers. Over 70 responses were received. Staff questions closely mirrored those asked at the community feedback sessions and included the following:

1. *What do you see as the most pressing needs for older adults/adults living with disabilities you work with or know?*

2. *People stay engaged in their community in a variety of ways—through volunteer work, educational activities, social activities, fitness, or social clubs.*

   a. *How do the clients you serve or older adults that you know stay involved?*

   b. *Is there anything else you wish were available for them in the community?*

3. *The County strives to make our services accessible to individuals of diverse backgrounds, identities, and incomes. For people you know who may not know about us, how do you recommend that we get the word out about our services?*

4. *If you provide referrals or services to clients, what types of services are not available through AIS or the community that you wish you could refer people to? Please describe the population in need of the service (e.g., people with Medi-Cal, people above Medi-Cal limits).*

5. *Please share any additional comments or issues that are of concern to you or the older adults, persons with disabilities, or caregivers in your community.*

Engage San Diego County – Web-Based Input

AIS utilized the "Engage San Diego County" online platform that is administered by the County of San Diego. The purpose of this method was to provide participants with online-based opportunities to provide input, which included two specific options for submitting input: (1.) a website-based input form; and (2.) an email address "ais.getconnected.hhsa@sdcounty.ca.gov."

Visitors to the engagement platform reviewed a brief overview of the Area Plan and clicked on a "Share Your Thoughts" button to the website-based input form and the following instructions:

The County is collecting input from San Diego residents through January 15, 2024, to inform the Area Plan and other AIS efforts including the Aging Roadmap.

Helpful responses could include:

- *Needs and challenges of older adults and persons with disabilities*
- *Potential solutions*
- *Examples of solutions used in other areas for analysis*
- *Gaps in services*
- *Types of resources and programs for consideration*
- *Best practices*

Some topic areas may include (but are not limited to):

- *Isolation and loneliness*
- *Technology*
- *Caregivers*
- *Nutrition and food insecurity*
- *Financial stability*
- *Housing*
- *Transportation*
- *Enrichment opportunities (volunteer, education, social)*
- *Community and senior centers*
- *Safety*
- *Living independently*

Please share your thoughts regarding how AIS can best serve older adults, caregivers, and/or persons living with disabilities. Use the form below or email ais.getconnected.hhsa@sdcounty.ca.gov.

The web input form provided four sections for respondents, with item #1 as required:

1. *Please share your thoughts below.*
2. *Organization (if applicable)*
3. *Email*
4. *Zip Code*

Community Assessment Survey for Older Adults (CASOA)

California Department of Aging partnered with Polco to administer CASOA across the state's Area Agencies on Aging. Published in November 2023, the report provides a statistically valid survey of the strengths and needs of older adults as reported by older adults themselves. It is intended to enable local governments, community-based organizations, the private sector, and other community members to understand more thoroughly and predict more accurately the services and resources required to serve an aging population.

The standardized survey instrument and administration contributes to collecting comparable data across the State of California and its communities. Respondents from this Planning Service Area (i.e., San Diego County) included 1,374 completed surveys from an open participation version (990) and a randomized invitation to households with an adult member aged 55 years or older (384).

Needs Assessment Results Aging Roadmap Priority Areas

AIS organizes the Area Plan goals and objectives by the ten focus areas in the Aging Roadmap, which collectively represent the region's comprehensive system of care, including person-centered and community-wide efforts. The ten areas and their respective vision statements are as follows:

- **Health & Community Support**: 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 and physical health for people of all ages and abilities.
- **Housing**: Older adults live in safe and affordable housing that is located near goods, services, and activities, all of which allows them to age in their community.
- **Social Participation**: 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.
- **Transportation**: Older adults have access to safe and affordable transportation options that are accessible for all ages and abilities.
- **Dementia**: 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.
- **Caregiver Support**: Caregivers have access to the supports and resources necessary to provide responsive and manageable care to older adults, while also tending to their own well-being.
- **Safety**: Older adults and persons with disabilities are safe in their homes and community.
- **Preparedness**: Older adults and their caregivers are prepared to be safe during disasters.

- **Silver Economy**: There is a skilled and diverse workforce of caregivers to support the older adult population. Older adults have opportunities to stay engaged in the community through volunteering and paid work.
- **Medical & Social Services System**: Care coordination among medical and social services provides proactive, seamless, prevention-focused, and person-centered support for older adults.

Needs Assessment Results

Accessibility, diversity, and access to information and resources are assessed within these ten areas and broadly across the system of care. The following sections summarize the needs assessment findings in these areas from the CASOA survey and public input (i.e., community feedback sessions and web-based input).

Health & Community Support

The relative health of the region's older adults and availability of community supports are important indicators of their quality of life. While most residents responding to the CASOA survey rated as excellent or good their overall physical health (74%) and mental health (83%), significant numbers also indicated challenges. Health-related problems were some of the most common challenges listed by older adults in the survey, with 38% reporting physical health challenges and 28% reporting mental health challenges. About half of respondents reported minor, moderate or major problems with their physical health (58%), staying physically fit (53%), and maintaining a healthy diet (48%). Some residents reported minor, moderate, or major problems with feeling depressed (43%), dealing with the loss of a close family member or friend (39%), and experiencing confusion or forgetfulness (33%).

In finding and accessing a range of care and support, about 52% of survey respondents reported being somewhat informed or very informed about services and activities available to older adults. About 29% rated the availability of information about resources as positive while about 37% were found to have information access challenges in the region. Similarly, public input respondents indicated that consistent and accessible community supports are not equally available in communities across the San Diego region. Some of these respondents suggested that more community-based resources could be sources of support such as libraries and food pantries through increased outreach and mobile services. Again, related to technology, many respondents cautioned about heavy reliance on new or advanced technologies for older adults to access support as many older adults struggle to learn or understand how to use them, at least on their own. As reminded by one community feedback session respondent: "We weren't raised with computers. If there was someone who could teach older adults how to use this stuff, that's a great start." AIS staff noted that while many services are available in our region, there is a need for more affordable services for domestic tasks, minor home repairs, and garden upkeep for those who do not qualify for IHSS. Staff also noted the need for a more robust service delivery system in rural areas of the county.

Housing

The housing market in San Diego County is one of the nation's most expensive, with limited options and availability for people with low to moderate incomes and people with limited or varied accessibility needs. In the CASOA survey, only about 12% of respondents reported the cost of living in their community as excellent or good, and only 14% of respondents gave a positive score to the availability of affordable quality housing in their communities. About 44% of older residents in the region reported experiencing housing needs, and about 35% reported problems having housing to suit their needs. Lower numbers of respondents gave excellent or good ratings for the availability of mixed-use neighborhoods (28%), a variety of housing options (23%), and the availability of accessible housing (e.g., homes with a no step entry, single-floor living, wide hallways and doorways) (25%).

Similarly, public input respondents consistently identified housing access and affordability as a top need for older adults in their communities. Many expressed concerns about their ability to live within their income, including potentially losing their home and not knowing where to turn for help or emergency shelter. In addition to addressing affordability, public input respondents spoke to needs for aging-in-place, including the need for a comprehensive needs assessment system that addresses home improvement priorities and service needs. Ensuring that an older adult's home includes accessibility and safety features (e.g., handrails) and that basic needs can be met through regular caregiver visits, grocery delivery services, housekeeping, and similar services are integral to safe and comfortable living and aging-in-place conditions. The CASOA survey indicated similar findings for those with housing maintenance responsibilities, with many reported as problematic doing heavy or intensive housework (66%) and maintaining their home (58%) and yard (56%). AIS staff listed housing as the overall top need for older adults. Staff expressed concern about housing affordability, the lack of housing options (including for kinship caregivers, such as grandparents raising grandchildren), and the need for assistance obtaining safety features so that people can continue to live safely in their homes.

Social Participation

The San Diego region benefits from good weather and a comfortable climate virtually year-round, as well as a variety of recreation and social spaces and activities. According to the CASOA survey, approximately half of the older adult population indicated they were aware of social and recreational opportunities. Specifically, many respondents rated the following features as excellent or good:

- the overall quality of parks and recreation opportunities (64%);
- opportunities to attend religious or spiritual activities (62%);
- opportunities for education, culture, and the arts (59%);
- recreation opportunities (including games, arts, library services, etc.) (48%);
- opportunities to enroll in skill-building or personal enrichment classes (44%); and
- opportunities to attend social events or activities (42%).

Comparatively, the same survey also reported fewer respondents participated in activities, including:

- using a public library in their community (53%);
- participating in religious or spiritual activities with others (38%);
- participating in a recreation program or group activity (30%);
- participating in a club (including book, dance, game, and other social) (26%);
- using a recreation center in their community (23%); and
- using a senior center in their community (17%).

Furthermore, approximately one-third to one-half of respondents reported minor, moderate or major problems with: having interesting social events or activities to attend (45%); having interesting recreational or cultural activities to attend (43%); and feeling bored (38%). Many public input respondents spoke to the importance of providing a variety of activities with consideration of cultural relevance, accessibility, and beginner versus advanced skills capabilities. While some of these respondents appreciated the continued availability of virtual activities, many indicated the importance of in-person activities and events as more engaging and supportive of meaningful participation. Said one respondent: "I would like to see more social events for seniors. We are humans, we need each other, we are social." AIS staff agreed that opportunities for social connection are essential for older adults and persons with disabilities as social isolation is an increasing concern.

Some public input respondents suggested that increased outreach to older adults for social participation could involve volunteerism, intergenerational collaboration, and the like. Focused outreach is necessary in cases where older adults are not inclined so socially engage, including those who fear exposure to health dangers (e.g., covid), or those who've recently lost a partner/spouse and are in mourning. Public input respondents who live in senior or assisted living housing indicated the value of formal and informal well-checks with residents who are inclined to be alone in their room/home, particularly for those without visiting family or friends.

Related to civic engagement, the CASOA survey indicated that the vast majority of respondents (86%) voted in the most recent local election. Generally, about half of respondents reported as excellent or good: opportunities to volunteer (54%); opportunities to participate in community matters (50%); and residents' connection and engagement with their community (46%). However, about one-third of respondents reported minor, moderate or major problems with: finding productive or meaningful activities to do (36%); feeling like their voice is heard in the community (36%); and finding meaningful volunteer work (32%). Also, fewer participated in specific civic engagement activities, including: watched (online or on television) a local public meeting (27%); attended a local public meeting (of local elected officials like City Council or County Commissioners, advisory boards, town halls, HOA, neighborhood watch, etc.) (18%); and participated in a civic group (including Elks, Kiwanis, Masons, etc.) (9%).

Transportation

San Diego County offers a range of transportation options for older adults, with driving by personal vehicle as the predominant option. In the CASOA survey, about 72% gave excellent or good ratings for the ease of getting to the places they usually have to visit with about 57% rating the overall quality of the transportation system (auto, bicycle, food, bus) in their community as excellent or good. Ease of travel by car was considered excellent or good by 75% of respondents, while ease of travel by walking and bicycling was considered excellent or good by 62% and 55% of respondents, respectively.

Nevertheless, public input indicated that mobility challenges and transportation options are a top need for older adults. Only about 31% of survey respondents gave excellent or good ratings for the ease of travel by public transportation in their community, and about 26% reported mobility needs. Public input respondents spoke to the challenges of traveling by public transportation or special transportation services, frequently noting the long travel or wait times and requirements for planning and booking specialized services multiple days in advance. Some of these respondents expressed the need for more low cost, non-Medi-Cal based options for traveling to medical appointments and social activities. Again, related to social participation, some respondents indicated that transportation challenges are a key factor in limiting older adults' visits to senior centers, libraries, and other places with social activities. AIS staff feedback also listed transportation as a top need. Some of the concerns discussed included the need for more transportation options, services that are timely, and increased assistance for wheelchair users and others with disabilities. In addition, staff noted that while transportation services to attend medical appointments are available for many, transportation options that allow older adults or those with disabilities to attend social functions are more limited. Finally, staff noted the need for transportation-related financial assistance for those living on a limited income who are above the Medi-Cal income threshold.

Dementia

Dementia conditions continue to be one of the leading causes of death in San Diego County. public input respondents who serve as care partners of persons living with dementia indicated that the intensity of attention and care that they provide can be exhausting and overbearing for the partner and entire family. Said one participant: "Even with my adult children helping me, my spouse with dementia would not be able to live at home without my support." Furthermore, care and support programs "save the day" as indicated by one care partner, but are in short supply, limited in their scope of services, and/or cost-prohibitive for many families. Many families and care partners find that primary care doctors are very limited in their knowledge of and referrals for dementia support and resources, and that navigating and applying for help from the support system is very difficult and time-consuming. Peer support, education, and respite for care partners can be helpful, but accessibility, flexibility, and convenience are key factors in their usefulness. AIS staff noted that there is a lack of specific services for this population, as well as a lack of properly trained professionals who are equipped to engage with

those who are living with dementia across the field of aging services. In addition, staff noted there is a need for more social activities for people living with dementia.

Caregiver Support

Family caregivers are an integral part of the care system for older adults, but many are severely overburdened in many ways. Overall, many public input respondents indicated that caregiver support is greatly needed, particularly related to managing/reducing the associated stress, addressing mental health, providing respite, and relieving financial pressures. AIS staff who have familiarity with the caregiver support landscape also agreed with these stated needs with a particular emphasis on the need for respite care. Additionally, public input respondents suggested the importance of access to training, services and supports that are convenient and accessible, such as through a "one-stop shop" and tele-health formats given that caregivers have limited spare time. Support groups or one-on-one support may also be valued by some caregivers. Training or support for caregivers in understanding complex diagnoses and medical conditions, particularly when dementia is involved, are lacking in some cases.

Data from the CASOA survey indicates that the caregiving contribution of older adults was substantial in the region, with about 37% of older residents reported providing care to individuals 55 and older for an average of 3.6 hours per week. Older residents also reported providing care to individuals 18-54 (22% for an average of 1.9 hours per week) and individuals under 18 (15% for an average of 1.6 hours per week). Some respondents reported minor, moderate, or major problems with feeling burdened by providing care for another person: emotionally (24%); physically (21%); or financially (19%). AIS staff noted the importance of providing programming support to caregivers, with a particular focus on those caring for someone living with dementia.

Safety

Many public input respondents indicated the importance of safety for older adults as it relates to health, social isolation, and similar topics. Some respondents suggested that older adults have a growing sense that their neighborhoods are less safe in the past, or that they feel less comfortable being alone in their neighborhoods, due to external conditions such as higher numbers of homeless or crime rates, whether actual or perceived. As reported in the CASOA survey, most respondents (66%) indicated their overall feeling of safety in their community as excellent or good.

Regarding falls and injuries, 29% of respondents reported minor, moderate, or major problems with falling or injuring themselves in their home, while 32% reported falling and injuring themselves 1-to-5 or more times in the past 12 months. Some public input respondents suggested that increasing efforts for formal or informal well-checks from volunteer networks, property managers, and the like could help to reduce impacts or incidences of falls. Also, some of these respondents indicated that fraud and scams continue to be an issue for older adults, particularly as they involve sophisticated phone or internet-based approaches that are difficult to discern. Respondents who reported minor, moderate,

or major problems as an abuse victim in the CASOA survey indicated the incidents as: fraud or a scam (25%); crime (15%); and physical or emotional (12%). AIS staff reported scams as one of the top threats to the safety of older adults. Staff discussed the need for continued ongoing education to remind older adults how to protect themselves from scammers, as well as financial assistance for victims of scams.

Preparedness

In close coordination with the County's Office of Emergency Services, AIS works to strengthen emergency preparedness opportunities for older adults and engage in disaster planning for those with access and functional needs. Wildfires and earthquakes are the primary disaster threats in San Diego County. During these emergencies or large-scale disasters, many of the persons served by AIS programs and services with access or functional limitations will require special assistance. While public input respondents and AIS staff did not identify disaster preparedness and evacuation logistics as top concerns, mobility concerns did rate significantly with public input respondents, AIS staff, and CASOA survey respondents.

Silver Economy

Older adults are a significant part of the regional economy as consumers, workers, and volunteers. As calculated in the CASOA survey, it is estimated that older residents contribute $27,267,987,193 annually to their community in the San Diego region, including approximately $11M in unpaid work, and approximately $16M in part- or full-time paid work. The survey indicated about 40% of older adults participated in some kind of volunteer work, and about 54% felt they had excellent or good opportunities to volunteer.

However, the cost of living in San Diego County—currently one of the highest in the nation—continues to be a burden on older adults and their families. In the CASOA survey, while about 64% of older residents rated the overall economic health of their communities positively, only about 12% rated the cost of living as excellent or good. The survey also reported that about 22% had employment needs, and about 44% reported finding work in retirement as problematic. In rating available work opportunities, only 20% rated the quality of as positive, and only 17% rated the variety as positive.

Public input respondents spoke to these cost-of-living burdens, with some noting that many older adults are barely affording to live within their means. Many of these respondents highlighted the value of working and volunteering on reducing social isolation and supporting an active and engaged lifestyle. However, mobility and accessibility to these opportunities are key factors for older adults. As indicated by two respondents: "Since I don't drive, it's hard to find a job," and "if I'm looking at volunteer work, it has to be close to me." Some respondents also indicated that significant technology requirements can be barriers to accessing and participating in these opportunities as many older adults are not tech-savvy. AIS staff echoed the concerns regarding cost of living and note that members of the older adult population are coming out of retirement in order to achieve a minimum standard of living. They also voiced that there is a need for more volunteer opportunities, in particular for opportunities that allow

for serving other older adults to age in place successfully (e.g., friendly visitor programs and assistance with light household tasks and yard work).

Medical & Social Services System

With increasing numbers of older adults as a proportion of the population, there's a growing reliance on a robust and accessible medical and social services system. As indicated in the CASOA survey, nearly three-quarters (74%) of respondents reported their overall physical health as excellent or good, and almost half (48%) rated the overall services provided to older adults in their community as excellent or good. Similarly, about half of survey respondents (52%) reported excellent or good availability of preventative health services (e.g., health screenings, flu shots, educational workshops).

However, the CASOA survey also reported that many respondents reported challenges and difficulties in the health care system in various ways. Only 35% of respondents reported excellent or good availability of affordable quality physical health care, and only 29% positively rated the availability of information about resources. Generally, about one-third of respondents reported minor, moderate, or major problems in multiple health care areas: finding affordable health insurance (39%); getting the oral health care they need (37%); getting the vision care their need (34%); getting the health care they need (33%); and affording the medications they need (32%).

Public input respondents spoke to the complexities of navigating the health and social care system, providers, and insurance as a barrier to finding adequate support or care. Some suggested that these challenges stop some older adults from seeking help at all, leading to declining health. Respondents suggested that navigation and case management support could be improved through ombudsmen and advocates, as well as stronger coordination between health care and social service institutions in transitioning patients between systems and service needs. Additionally, public input respondents indicated that the limited accessibility and affordability of long term and home-based care will continue to be a problem with increasing numbers of older adults. AIS staff spoke of the need to broaden the safety net to include individuals who do not qualify for IHSS but who are in need of help and unable to afford care options.

Accessibility and Diversity

As noted in many of the preceding sections, accessibility considerations are foundational to virtually all aspects of effectively serving older adults. In addition to the accessibility of locations and physical spaces for services, social participation, and the like, many public input respondents spoke to accessibility in the context of culture and language. As the San Diego region's diversity continues to expand, the types of support, care, and public communications for older adults must continue to evolve to be culturally relevant. This includes not only translating and communicating in specific languages, but using communication methods and messengers that are trusted by older adults. That said, many public input respondents indicated that older adults with zero-to-limited English language skills can still benefit from increasing their skills.

Public input respondents suggested that mobile outreach to senior housing communities and known gathering places such as cultural and faith institutions in partnership with trusted community leaders would improve access levels. Leveraging trusted community organizations to reach specific groups is critical, including LGBTQI+ older adults. Many public input respondents who identified as LGBTQI+ older adults or who serve them indicated that many have little-to-no family support compared to other older adults. Additionally, many fear or have lived experiences of discrimination and hate acts that discourage them from social participation, traveling on public transportation, walking in their neighborhood, or seeking care and support. Some respondents also indicated these conditions with specific cultural, ethnic, or racial groups. Continuing to understand these barriers and challenges facing specific populations of older adults is important to supporting equity in the system of care.

Information and Resources

Public input respondents frequently indicated the need to effectively outreach and communicate the availability of resources and services to older adults. Many respondents believe traditional media channels such as advertisements and public service announcements on daytime television and in local news outlets and newsletters are still effective with many older adults. Partnering with trusted messengers such as community organizations and media outlets may strengthen the credibility and reach of these efforts. Continuing to promote the AIS Call Center and 2-1-1 San Diego as one-stop sources may be helpful. The CASOA survey reported that 52% of survey respondents reported being somewhat informed or very informed about services and activities available to older adults. However, only about 29% of respondents positively rated the availability of information about resources for older adults, and about 37% of older adults were found to have information access challenges in the region. AIS staff noted that navigating resources can be overwhelming for older adults and that more assistance needs to be available to walk individuals through the available options.

Priority Populations

The Older Americans Act requires that "First and foremost, Area Agencies on Aging (AAA) target aging services to older adults with the greatest economic and social need, including older adults who have experienced the cumulative impacts of discrimination related to race, ethnicity, gender, and age—and the resulting economic and health inequities." Priority populations also include LGBTQI+ persons and persons living with HIV/AIDS or other chronic conditions. This requirement ensures certain populations will receive their fair share of services and is commonly referred to as "targeting" services.

Efforts to identify the priority populations in PSA 23 include maintaining current demographics on the area and gathering information from the AIS Advisory Council, the California Senior Legislature, the AIS Outreach and Education team, the County, Public Health Services (for community health statistics information), Community Action Networks, community feedback sessions, and the Community
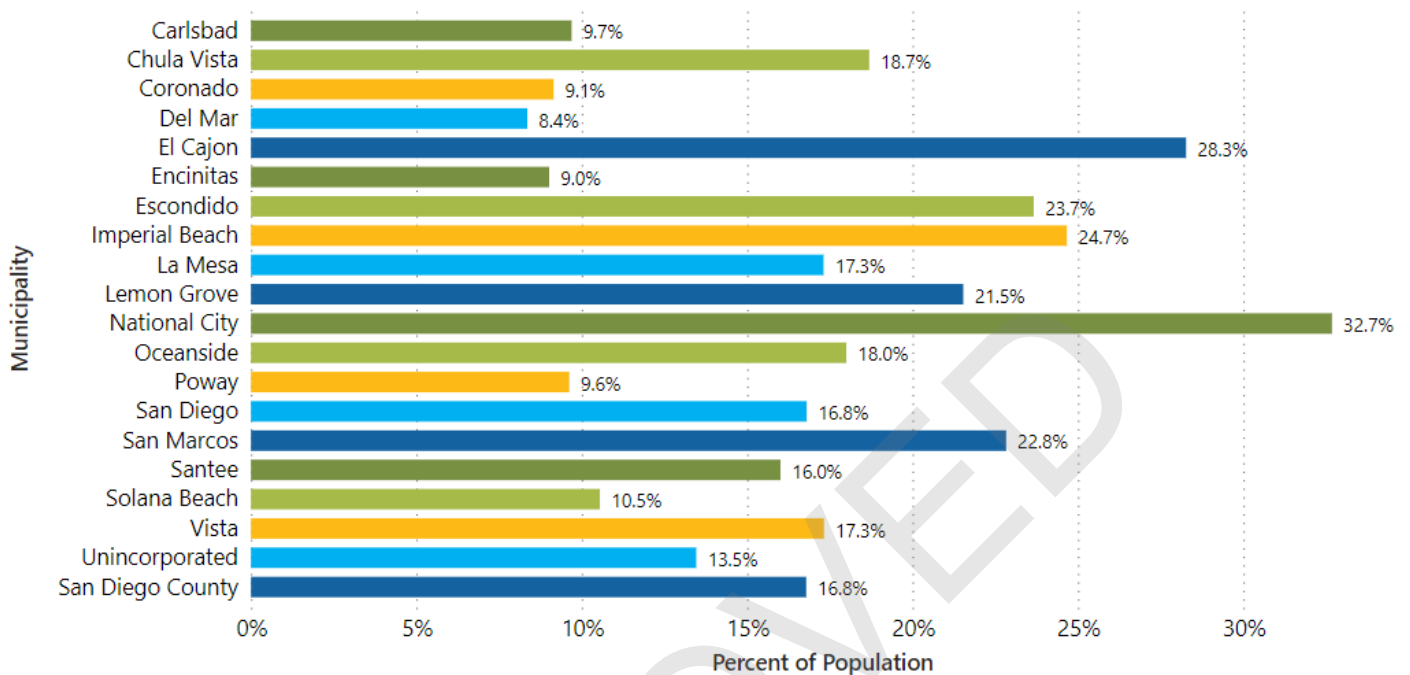
Assessment Survey for Older Adults (CASOA). In addition, the AIS Advisory Council strives to maintain a membership that is representative of the targeted populations.

Priority groups in PSA 23 include older adults with any of the following characteristics:

1. Older adults with the greatest economic need, with particular attention to low-income minority individuals. The term "greatest economic need" means the need resulting from an income level at, or below the federal poverty line.
2. Older adults with the greatest social need, with particular attention to low-income minority individuals. The term "greatest social need" means the need caused by non-economic factors, which include:
   - Physical and mental disabilities;
   - Language barriers; and
   - Cultural, social, or geographical isolation, including isolation caused by racial or ethnic status that: (1) restricts the ability of an individual to perform normal daily tasks or (2) threatens the capacity of the individual to live independently.
3. Older Native Americans;
4. Isolated, abused, neglected, and/or exploited older individuals;
5. Frail older adults;
6. Older adults residing in rural areas;
7. Older adults who are of limited English-speaking ability;
8. Older adults with Alzheimer's disease and related disorders with neurological and organic brain dysfunction, and their caregivers;
9. Older adults with disabilities, with particular attention paid to individuals with severe disabilities;
10. Unemployed low-income adults who are 55 years of age or older (Title V); and
11. LGBTQI+ persons and persons living with HIV/AIDS or other chronic conditions.

Some of AIS services and programs are offered to the entire older adult and disabled population of PSA 23, while certain programs are available only for those in various priority groups as these populations are identified as having the highest level of economic and/or social needs. The AIS Call Center provides access to services and programs through the toll-free number, and translation services are available. Adult Protective Services, In-Home Supportive Services, and case management workers are stationed in several areas of the county, where older adults are identified as having the greatest economic and social need, to provide easy access to prevention and assistive services and programs. In addition, AIS provides targeted outreach through contracted providers, community partners, and Outreach & Education team to reach individuals who are in targeted groups.

**Percentage of Older Adults Age 65+ Living Below 150% FPL by Municipality,
San Diego County, 2018-2022**

Municipality	Percent
Carlsbad	9.7%
Chula Vista	18.7%
Coronado	9.1%
Del Mar	8.4%
El Cajon	28.3%
Encinitas	9.0%
Escondido	23.7%
Imperial Beach	24.7%
La Mesa	17.3%
Lemon Grove	21.5%
National City	32.7%
Oceanside	18.0%
Poway	9.6%
San Diego	16.8%
San Marcos	22.8%
Santee	16.0%
Solana Beach	10.5%
Vista	17.3%
Unincorporated	13.5%
San Diego County	16.8%

Sources: U.S. Census Bureau, American Community Survey 2018-2022 Population Estimates, Table B17024.
Prepared by: County of San Diego Health and Human Services Agency, Aging & Independence Services, 2024.

Cultural and language barriers, as well as limited financial resources, make it difficult for many older adults who are minorities to negotiate the complex services system. For these reasons, AAAs are encouraged to prioritize services and provide language options in an attempt to reach and better serve those most in need.

Language Spoken at Home Among Adults Age 60+
San Diego County, 2019-2022

English & Chinese 0.3%

English & Spanish 9.8%

Other 2.0%

Other 2+ languages 1.6%

Spanish 4.9%

Vietnamese 0.9%

Chinese 0.4%

English 74.9%
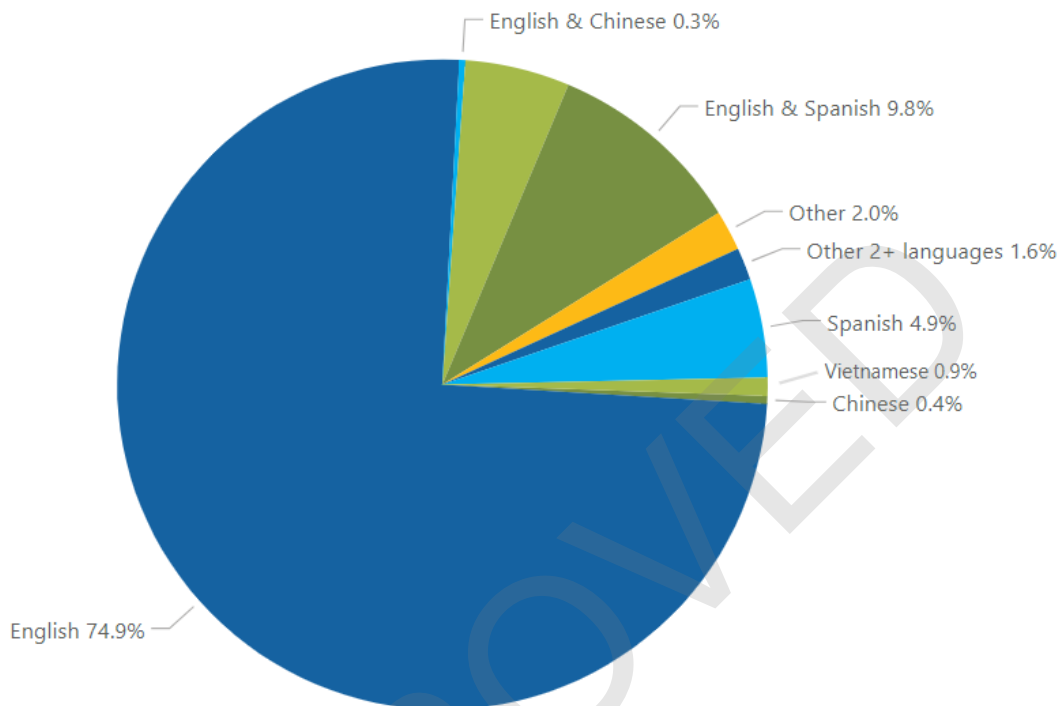
Sources:
UCLA Center for Health Policy Research, Los Angeles, CA. AskCHIS 2019-2022 (pooled). Language Spoken at Home – adults.
UCLA Center for Health Policy Research, Los Angeles, CA. AskCHIS 2019-2022 (pooled). How Well Does Respondent Speak English – adults.
Prepared by: San Diego County Health and Human Services Agency, Aging & Independence Services, 2024.

Methods to Address Needs

AIS priority is to serve older adults with the greatest economic and social need. There is not a single approach which is sufficient to assure that a proportionate share of services reaches these older adults. Therefore, AIS has implemented a regularly monitored, multifaceted strategy that includes:

- Advertising the AIS 1-800-339-4661 phone line and website as a resource hub;
- Working closely with 2-1-1 San Diego to receive and refer callers between agencies;
- Recruiting older adult, minority, or bilingual volunteers;
- Adequately representing targeted groups in the AIS Advisory Council including the LGBTQ+ population;
- Locating senior centers and congregate nutrition sites in areas of minority and low- income concentration;

- Contracting with service providers who demonstrate expertise working with minorities and other under-served groups;
- Including language provisions, terms and conditions in service providers' contracts requiring minority and low-income targeting;
- Monitoring and reviewing service providers' performance in serving minorities;
- Including objectives in the Area Plan and Aging Roadmap Action Plan 2024-28 that relate to targeted populations;
- Collecting and disseminating demographic data on the low-income and minority older adults in the county;
- Including minority, low-income, and refugee populations in outreach efforts;
- Responding to the public via the AIS Call Center program intake procedures utilizing multi-cultural, bi-lingual staff, and interpretation services;
- Serving low-income, minority older adults in all case management services or programs, including In-Home Supportive Services and Adult Protective Services;
- Providing access for non-English speakers to information and assistance through the use of bi-lingual staff in the AIS Call Center, as well as through the use of interpretation services;
- Preparing outreach materials in other languages for distribution in the community; and
- Developing new initiatives to meet the unique social and economic needs of grandparents raising grandchildren.

To ensure older adults with the greatest need are being served, AIS has included objectives in this Area Plan and/or the Aging Roadmap Action Plan 2024-28 that specifically address the need for information about services and programs, as well as the nutrition needs of low-income minority and other targeted groups.

Section 6.

PRIORITY SERVICES & PUBLIC HEARINGS

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

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

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

Access:

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

2024-25__40__%   25-26__40__%   26-27__40__%   27-28__40__%

In-Home Services:

Personal Care, Homemaker, Chore, Adult Day / Health Care, Alzheimer's, Residential

2024-25__17__%   25-26__17__%   26-27__17__%   27-28__17__%

Legal Assistance Required Activities[3]:

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

2024-25__3__%   25-26__3__%   26-27__3__%   27-28__3__%

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.

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[2]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.

[3]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?[4] Yes or No	Was hearing held at a Long- Term Care Facility?[5] 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=OFd3RG1sOC9ZNzlmMDVyTlFWajgwdz09) Meeting ID: 824 8650 7295 Meeting password: 162815	66	No	No
2025-2026					
2026-2027					
2027-2028					

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

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

   Information regarding the community feedback sessions, including the virtual feedback session, 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 fall 2023 print edition of the AIS newsletter also included details on the virtual feedback session, as well as opportunities for people to provide feedback by mail, phone, email, and through the County's online Engage platform. The print edition is mailed to 2,500 individuals and reaches homebound and disabled older adults, as well as service providers who serve institutionalized older and disabled adults. The County also made social media posts encouraging the public to give feedback via the virtual feedback session and the Engage platform. 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 Zoom or via phone.

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.**
   No comments were received concerning minimum percentages of 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 non-medical transportation, including transportation for grocery shopping.
   - Availability of In-Home Supportive Services Public Authority care providers, as well as the frequency in which the Public Authority Registry is updated.
   - Awareness of services among residents with limited English proficiency.
   - In-Home Supportive Services care provider background checks, employment processes, and training and recruitment efforts.
   - The costs of care associated with Related Dementias can be twice the cost of care associated with Alzheimer's Disease.
   - Resources available for unpaid caregivers of In-Home Supportive Services recipients.

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

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

Section 7.

AREA PLAN NARRATIVE GOALS & OBJECTIVES

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

(1) The nature of the action;

(2) The party responsible for the action;

(3) How the action will be accomplished;

(4) The anticipated outcome of that action;

(5) How the outcome of the action will be measured;

(6) The projected dates for starting and completing the action; 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 the Aging Roadmap 2024-2028 Action Plan in the Appendix 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**[6]	**Update Status**[7]
1.01	Provide Information and Assistance (I&A) 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, 2024 to June 30, 2025	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, 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, 2024 to June 30, 2025 | Title III-D | |

[6]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.

[7]Use for the Area Plan Updates only to indicate if the objective is New, Revised, Completed, or Deleted.

Goal 2: Housing

Goal: 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.
Rationale: Housing is a concern for people of all ages in our region, including older adults. AIS envisions 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 the Aging Roadmap 2024-2028 Action Plan for AIS and other County activities that pertain to Housing. Please see the Appendix.

Goal 3: Social Participation

Goal: 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.
Rationale: Feeling a sense of connection and belonging can positively impact health, especially for older 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. The Aging

> Roadmap 2024-2028 Action Plan includes AIS and other County programs to promote social participation for older adults, such as initiatives to support intergenerational connection. Please see the Appendix.

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 the Aging Roadmap 2024-2028 Action Plan in the Appendix for additional transportation activities not funded under the OAA that pertain to Transportation. 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[6]	Update Status[7]
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, 2024 to June 30, 2025	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, 2024 to June 30, 2025	Title III-B	

[6]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.

[7]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 the Aging Roadmap 2024-2028 Action Plan in the Appendix for AIS and other County activities that pertain to Dementia.

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 the Aging Roadmap 2024-2028 Action Plan in the Appendix for additional AIS and County activities not funded by the OAA that pertain to Caregiver Support.

#	OBJECTIVES	Projected Start and End Dates	Type of Activity and Funding Source[6]	Update Status[7]
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, 2024 to June 30, 2025	Title III-B	
6.02.a	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). Contractor will provide a minimum of 1,600 occurrences of supplemental services to family caregivers through home adaptations and assistive	July 1, 2024 to June 30, 2025	Title III-E	

	devices to facilitate and fulfill caregiving responsibilities. In addition, the following support services will also be provided for family caregivers: assessment, counseling, support groups, case management, and training, reaching 10,900 hours annually of community education events provided through FCSP Access Assistance Service, contractor will provide 500 units (contacts) of one- to-one guidance provided by an attorney (or the person under the supervision of an attorney) in the use of legal resources and services when assisting a caregiver with caregiving related legal issues.			
6.02.b	Through the Family Caregiver Support Program, contractor will provide a minimum of 15,000 hours of respite care for Kinship Caregivers including both in-home and out-of-home supervision. AIS staff will track the number of hours of respite care provided. Through FCSP contractor and AIS staff will provide information about available FCSP and other caregiver support resources and services by disseminating publications, conducting media campaigns, and maintaining electronic information systems reaching 250 Kinship Caregivers. A minimum of 250 kinship caregivers will be educated about FCSP resources and services through at least 10 events.	July 1, 2024 to June 30, 2025	Title III-E	
6.02.c	Through the Family Caregiver Support Program, 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.	July 1, 2024 to June 30, 2025	Title III-E	
6.02.d	Through the Family Caregiver Support Program, AIS staff will arrange a minimum of 10 "Lunch & Learn" webinars annually on topics related to caregiver issues. Maintain an annual goal of 10 webinars, which will make it possible for caregivers to receive resource information from remote locations and through archived methods at the Caregiver Coalition website, in order to lessen the burden of traveling to receive support information. The goal is to reach an average of 15 attendees per session.	July 1, 2024 to June 30, 2025	Title III-E	

| 6.02.e | Through the Family Caregiver Support Program, Contractor and AIS staff will educate groups of caregivers and provide information about available Family Caregiver Support Programs and other caregiver support resources by disseminating publications, conducting media campaigns, maintaining electronic, information systems, and organizing and attending community events reaching a minimum of 10,000 family caregivers through 2,000 activities. | July 1, 2024 to June 30, 2025 | Title III-E | |

[6]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.

[7]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 the Aging Roadmap 2024-2028 Action Plan in the Appendix for additional activities not funded under the OAA that pertain to Safety.

#	OBJECTIVES	Projected Start and End Dates	Type of Activity and Funding Source[6]	Update Status[7]
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, 2024 to June 30, 2025	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, Ombudsman Data Integration Network (ODIN).	July 1, 2024 to June 30, 2025	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 the Senior Options, Advocacy and Referral (SOAR) Program in the automated database system. | July 1, 2024 to June 30, 2025 | Title III-B | |

[6]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.

[7]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 the Aging Roadmap 2024-2028 Action Plan in the Appendix 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[6]	Update Status[7]
8.01	AIS will purchase and distribute Vials of Life to assist older adults in the event of an emergency.	July 1, 2024 to June 30, 2025	Title III-B	

[6]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.

[7]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 the Aging Roadmap 2024-2028 Action Plan in the Appendix 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[6]	Update Status[7]
9.01.a	Provide at least 18 hours of in-service training to volunteers regarding long-term care issues, eldercare, and ombudsman practice issues. The outcome is measured by sign-in sheets and the ombudsman computer application, Ombudsman Data Integration Network (ODIN).	July 1, 2024 to June 30, 2025	Title III-B	
9.01.b	Conduct at least two 36-hour Ombudsman volunteer certification trainings. Outcome is measured by sign-in sheets and reported at the end of the year by the Ombudsman Program Coordinator.	July 1, 2024 to June 30, 2025	Title III-B	
9.01.c	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, 2024 to June 30, 2025	Title III-B	
9.01.d	The LTC Ombudsman & Facilities Subcommittee is an ancillary subcommittee established by the AIS Advisory Council to perform some of its functions as the LTC Ombudsman Advisory Council. This Subcommittee will support the Ombudsman program by: ● Maintaining awareness of general regulations governing Skilled Nursing Facilities and Residential Care Facilities for the Elderly. ● Monitoring legislation proposals and changes related to Skilled Nursing Facilities and Residential Care Facilities for the Elderly.	July 1, 2024 to June 30, 2025	Title III-B	

| 9.02 | Reduce isolation of older adults living in long-term care facilities by linking volunteers, including minor volunteers paired with adult volunteers for an intergenerational component, with isolated older adults currently residing in such facilities, through a contract for the Guardian Angels program. The outcome will be the number of volunteers and isolated seniors served, as well as the number of facility visits completed, which will be tracked via monthly progress reports, and assessment of the satisfaction of participants in the program. | July 1, 2024 to June 30, 2025 | Title III-B | |

[6]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.

[7]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 the Aging Roadmap 2024-2028 Action Plan in the Appendix 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[6]	Update Status[7]
10.01	Provide 15,500 hours annually of homemaker and personal care services through the Senior Options, Advocacy and Referrals (SOAR) program. Outcome will be measured by tracking the total number of hours logged in the automated database system.	July 1, 2024 to June 30, 2025	Title III-B	
10.02	Conduct a general visit at least once per quarter in 75% of skilled nursing facilities and 70% of residential care facilities for the elderly. The outcome is measured through the reporting functions within the ombudsman computer application, Ombudsman Data Integration Network (ODIN).	July 1, 2024 to June 30, 2025	Title III-B	
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, 2024 to June 30, 2025	Title III-C1 and Title III-C2	

[6]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.

[7]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 <u>not</u> defined in OAAPS, refer to the <u>Service Categories and Data Dictionary.</u>

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			
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			
2026-2027			
2027-2028			

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

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

Fiscal Year			
2027-2028			

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

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

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

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

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	9,600	1	8.02
2025-2026			
2026-2027			
2027-2028			

Legal Assistance Unit of Service = 1 hour

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

2027-2028			

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

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

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

Fiscal Year	**Proposed Units of Service**	**Goal Numbers**	**Objective Numbers (if applicable)**
2024-2025	900,000	10	10.03
2025-2026			
2026-2027			
2027-2028			

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

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

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			
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			
2026-2027			
2027-2028			

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, 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			
2026-2027			
2027-2028			

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

2024-2028 Four-Year Planning Cycle

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

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

The AAA will establish targets each year in consultation with the local LTC Ombudsman Program Coordinator 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%	<u>75</u> % 2024-2025
2023-2024				__ % 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 __71__   FY 2024-2025 Target: _25_
2. FY 2023-2024 Baseline: Number of Resident Council meetings attended _____   FY 2025-2026 Target: _____
3. FY 2024-2025 Baseline: Number of Resident Council meetings attended _____   FY 2026-2027 Target: _____
4. FY 2025-2026 Baseline: Number of Resident Council meetings attended _____   FY 2027-2028 Target: _____
Program Goals and Objective Numbers: _____

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 _____   FY 2025-2026 Target: _____
3. FY 2024-2025 Baseline: Number of Family Council meetings attended _____   FY 2026-2027 Target: _____
4. FY 2025-2026 Baseline: Number of Family Council meetings attended _____   FY 2027-2028 Target: _____
Program Goals and Objective Numbers: _____

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 __1,628__   FY 2024-2025 Target: _1,000_
2. FY 2023-2024 Baseline: Number of Instances_____   FY 2025-2026 Target: _____
3. FY 2024-2025 Baseline: Number of Instances_____   FY 2026-2027 Target: _____
4. FY 2025-2026 Baseline: Number of Instances_____   FY 2027-2028 Target: _____

Program Goals and Objective Numbers: _____

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 8,753 FY 2024-2025 Target: 9,000	
2. FY 2023-2024 Baseline: Number of Instances _____ FY 2025-2026 Target: _____	
3. FY 2024-2025 Baseline: Number of Instances _____ FY 2026-2027 Target: _____	
4. FY 2025-2026 Baseline: Number of Instances _____ FY 2027-2028 Target: _____	
Program Goals and Objective Numbers: _____	

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 17 FY 2024-2025 Target: 20	
2. FY 2023-2024 Baseline: Number of Sessions _____ FY 2025-2026 Target: _____	
3. FY 2024-2025 Baseline: Number of Sessions _____ FY 2026-2027 Target: _____	
4. FY 2025-2026 Baseline: Number of Sessions _____ FY 2027-2028 Target: _____	
Program Goals and Objective Numbers: _____	

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 1/1/24. For the new system advocacy efforts, I purpose training mandated reporter on the changes in reporting due to the passage of this assembly bill. I believe educating mandated reporters can be a multiyear effort.
FY 2025-2026
Outcome of FY 2024-2025 Efforts: **FY 2025-2026 Systems Advocacy Effort(s):** (Provide one or more new systems advocacy efforts)
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 81 divided by the total number of Nursing Facilities 84 = 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 _____ divided by the total number of Nursing Facilities _____ = Baseline _____% FY 2025-2026 Target: _____
3. FY 2024-2025 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint _____ divided by the total number of Nursing Facilities _____ = Baseline _____% FY 2026-2027 Target: _____
4. FY 2025-2026 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint _____ divided by the total number of Nursing Facilities _____ = Baseline _____% FY 2027-2028 Target: _____
Program Goals and Objective Numbers: _____

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.

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1. FY 2022-2023 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint 231 divided by the total number of RCFEs 556

    = Baseline   42   %
    FY 2024-2025 Target: 70   %

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2. FY 2023-2024 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint_____ divided by the total number of RCFEs_____

    = Baseline _____ %
    FY 2025-2026 Target:_____

---

3. FY 2024-2025 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint_____ divided by the total number of RCFEs_____

    = Baseline _____ %
    FY 2026-2027 Target:_____

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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.

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1. FY 2022-2023 Baseline: 13 FTEs
    FY 2024-2025 Target: 12 FTEs

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2. FY 2023-2024 Baseline: _____FTEs FY 2025-2026 Target: _____ FTEs
3. FY 2024-2025 Baseline:_____FTEs FY 2026-2027 Target: _____FTEs
4. FY 2025-2026 Baseline: _____FTEs FY 2027-2028 Target: _____ FTEs
Program Goals and Objective Numbers: _____

APPROVED

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

1. FY 2022-2023 Baseline: Number of certified LTC Ombudsman volunteers __48__ FY 2024-2025 Projected Number of certified LTC Ombudsman volunteers __48__
2. FY 2023-2024 Baseline: Number of certified LTC Ombudsman volunteers _____ FY 2025-2026 Projected Number of certified LTC Ombudsman volunteers _____
3. FY 2024-2025 Baseline: Number of certified LTC Ombudsman volunteers _____ FY 2026-2027 Projected Number of certified LTC Ombudsman volunteers _____
4. FY 2025-2026 Baseline: Number of certified LTC Ombudsman volunteers _____ FY 2027-2028 Projected Number of certified LTC Ombudsman volunteers _____
Program Goals and Objective Numbers: _____

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.

TITLE VII Elder Abuse Prevention

SERVICE UNIT PLAN

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

☒	Ombudsman Program
☐	Legal Services Provider
☐	Adult Protective Services
☐	Other (explain/list)

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

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

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

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

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

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

provider of in-home and community care to an older individual or to an individual with Alzheimer's disease or a related disorder with neurological and organic brain dysfunction.

- **Hours Spent Developing a Coordinated System to Respond to Elder Abuse** –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			
Public Education Sessions	1			
Training Sessions for Professionals	4			
Training Sessions for Caregivers served by Title III-E	0			
Hours Spent Developing a Coordinated System	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		
2026-2027		
2027-2028		

TITLE III-E Service Unit Plan

CCR Article 3, Section 7300(d)

2024-2028 Four-Year Planning Period

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

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

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

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

Direct and/or Contracted III-E Services

CATEGORIES (16 total)	1	2	3
Family Caregivers- Caregivers of Older Adults and Adults who are caring for an individual of any age with Alzheimer's disease or a related disorder with	*Proposed* **Units of Service**	*Required* **Goal #(s)**	*Required* **Objective #(s)**

neurological and organic brain dysfunction.			
Caregiver Access Case Management	**Total hours**	*Required* **Goal #(s)**	*Required* **Objective #(s)**
2024-2025	6,000	6	6.02.a
2025-2026			
2026-2027			
2027-2028			
Caregiver Information Services	**# Of activities and Total est. audience (contacts) for above**	*Required* **Goal #(s)**	*Required* **Objective #(s)**
2024-2025	**# Of activities:** 2,000 **Total est. audience for above:** 10,000	6	6.02.e
2025-2026	**# Of activities: Total est. audience for above:**		
2026-2027	**# Of activities: Total est. audience for above:**		
2027-2028	**# Of activities: Total est. audience for above:**		
Caregiver Respite In-Home	**Total hours**	*Required* **Goal #(s)**	*Required* **Objective#(s)**
2024-2025	14,000	6	6.02.a
2025-2026			
2026-2027			
2027-2028			
Caregiver Supplemental Services Assistive Technologies	**Total Occurrences**	*Required* **Goal #(s)**	*Required* **Objective #(s)**
2024-2025	100	6	6.02.a
2025-2026			
2026-2027			
2027-2028			

Caregiver Supplemental Services Caregiver Assessment	Total Hours	*Required* Goal #(s)	*Required* Objective #(s)
2024-2025	2,200	6	6.02.a
2025-2026			
2026-2027			
2027-2028			
Caregiver Supplemental Services Home Modifications	Total occurrences	*Required* Goal #(s)	*Required* Objective #(s)
2024-2025	1,500	6	6.02.a
2025-2026			
2026-2027			
2027-2028			
Caregiver Supplemental Services Legal Consultation	Total contacts	*Required* Goal #(s)	*Required* Objective #(s)
2024-2025	500	6	6.02.a
2025-2026			
2026-2027			
2027-2028			
Caregiver Support Groups	Total sessions	*Required* Goal #(s)	*Required* Objective #(s)
2024-2025	1,900	6	6.02.a
2025-2026			
2026-2027			
2027-2028			
Caregiver Support Training	Total hours	*Required* Goal #(s)	*Required* Objective #(s)
2024-2025	700	6	6.02.a
2025-2026			
2026-2027			
2027-2028			
Caregiver Support Counseling	Total hours	*Required* Goal #(s)	*Required* Objective #(s)
2024-2025	100	6	6.02.a
2025-2026			
2026-2027			
2027-2028			

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

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

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/

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)

- o PM 2.4b Rural
- o 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		
2026-2027		
2027-2028		
HICAP Fiscal Year (FY)	**PM 1.2 Public and Media Events (PAM) (Estimated)**	**Goal Numbers**
2024-2025	112	
2025-2026		
2026-2027		
2027-2028		

SECTION 2: FEDERAL PERFORMANCE MEASURES

HICAP Fiscal Year (FY)	PM 2.1 Client Contacts (Interactive)	Goal Numbers
2024-2025	5,764	
2025-2026		
2026-2027		
2027-2028		
HICAP Fiscal Year (FY)	**PM 2.2 PAM Outreach (Interactive)**	**Goal Numbers**
2024-2025	3,291	
2025-2026		
2026-2027		
2027-2028		
HICAP Fiscal Year (FY)	**PM 2.3 Medicare Beneficiaries Under 65**	**Goal Numbers**
2024-2025	1,100	
2025-2026		

HICAP Fiscal Year (FY)	PM 2.1 Client Contacts (Interactive)	Goal Numbers
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					
2026-2027					
2027-2028					

HICAP Fiscal Year (FY)	PM 2.5 Enrollment Contacts (Qualifying)	Goal Numbers
2024-2025	4,900	
2025-2026		
2026-2027		
2027-2028		

SECTION 3: HICAP LEGAL SERVICES UNITS OF SERVICE (IF APPLICABLE)[1]

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

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**
2024-2025	100	
2025-2026		
2026-2027		
2027-2028		

[8]Requires a contract for using HICAP funds to pay for HICAP Legal Services.

Section 9.

SENIOR CENTERS & FOCAL POINTS

COMMUNITY SENIOR CENTERS AND FOCAL POINTS LIST
CCR Title 22, Article 3, Section 7302(a)(14), 45 CFR Section 1321.53(c), Older Americans Act
Reauthorization Act of 2020, Section 306(a) and 102(21)(36)

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

Designated Community Focal Point	Address
Aging & Independence Services is the Community Focal Point for PSA 23, San Diego County	5560 Overland Avenue, Suite 310, San Diego, CA 92123 1-800-339-4661

Section 10.

TITLE III-E FAMILY CAREGIVER SUPPORT PROGRAM

Notice of Intent for Non-Provision of FCSP Multifaceted Systems of Support Services Older Americans Act Reauthorization Act of 2020, Section 373(a) and (b)
2024-2028 Four-Year Planning Cycle

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

Family Caregiver Services

Category	2024-2025	2025-2026	2026-2027	2027-2028
Caregiver Access ☒ Case Management ☒ Information and Assistance	☐ Yes Direct ☒ Yes Contract ☐ No	☐ Yes Direct ☒ Yes Contract ☐ No	☐ Yes Direct ☒ Yes Contract ☐ No	☐ Yes Direct ☒ Yes Contract ☐ No
Caregiver Information Services ☒ Information Services	☒ Yes Direct ☒ Yes Contract ☐ No	☒ Yes Direct ☒ Yes Contract ☐ No	☒ Yes Direct ☒ Yes Contract ☐ No	☒ Yes Direct ☒ Yes Contract ☐ No
Caregiver Support ☒ Training ☒ Support Groups ☒ Counseling	☐ Yes Direct ☒ Yes Contract ☐ No	☐ Yes Direct ☒ Yes Contract ☐ No	☐ Yes Direct ☒ Yes Contract ☐ No	☐ Yes Direct ☒ Yes Contract ☐ No
Caregiver Respite ☒ In Home ☒ Out of Home (Day) ☐ Out of Home (Overnight) ☐ Other:	☒ Yes Direct ☒ Yes Contract ☐ No	☒ Yes Direct ☒ Yes Contract ☐ No	☒ Yes Direct ☒ Yes Contract ☐ No	☒ Yes Direct ☒ Yes Contract ☐ No
Caregiver Supplemental ☒ Legal Consultation ☐ Consumable Supplies ☒ Home Modifications ☒ Assistive Technology ☒ Other (Assessment) ☐ Other (Registry)	☐ Yes Direct ☒ Yes Contract ☐ No	☐ Yes Direct ☒ Yes Contract ☐ No	☐ Yes Direct ☒ Yes Contract ☐ No	☐ Yes Direct ☒ Yes Contract ☐ No

Older Relative Caregiver Services

Category	2024-2025	2025-2026	2026-2027	2027-2028
Caregiver Access ☐ Case Management ☒ Information and Assistance	☐ Yes Direct ☒ Yes Contract ☐ No	☐ Yes Direct ☒ Yes Contract ☐ No	☐ Yes Direct ☒ Yes Contract ☐ No	☐ Yes Direct ☒ Yes Contract ☐ No
Caregiver Information Services ☒ Information Services	☐ Yes Direct ☒ Yes Contract ☐ No	☐ Yes Direct ☒ Yes Contract ☐ No	☐ Yes Direct ☒ Yes Contract ☐ No	☐ Yes Direct ☒ Yes Contract ☐ No
Caregiver Support ☒ Training ☒ Support Groups ☒ Counseling	☐ Yes Direct ☐ Yes Contract ☒ No	☐ Yes Direct ☐ Yes Contract ☒ No	☐ Yes Direct ☐ Yes Contract ☒ No	☐ Yes Direct ☐ Yes Contract ☒ No
Caregiver Respite ☒ In Home ☒ Out of Home (Day) ☒ Out of Home (Overnight) ☐ Other:	☐ Yes Direct ☒ Yes Contract ☐ No	☐ Yes Direct ☒ Yes Contract ☐ No	☐ Yes Direct ☒ Yes Contract ☐ No	☐ Yes Direct ☒ Yes Contract ☐ No
Caregiver Supplemental ☒ Legal Consultation ☒ Consumable Supplies ☒ Home Modifications ☒ Assistive Technology ☒ Other (Assessment) ☒ Other (Registry)	☐ Yes Direct ☐ Yes Contract ☒ No	☐ Yes Direct ☐ Yes Contract ☒ No	☐ Yes Direct ☐ Yes Contract ☒ No	☐ Yes Direct ☐ Yes Contract ☒ No

Justification: For service categories checked "no," explain how the need is already being met in the PSA. If the justification information is the same, multiple service categories can be grouped in the justification statement. The justification must include the following:

Based on community feedback from the Community Assessment Survey for Older Adults and community feedback sessions, AIS (PSA 23) does not use Title IIIE funds for Grandparent Support Services nor Supplemental Services. Instead, AIS collaborates with other County departments and community programs and contributes its own funds to the YMCA Youth & Family Services,3708 Ruffin Road, San Diego, CA 92123, to provide services throughout the PSA.

Support Services provided: (a) Kinship Navigation, and short-term case management services to navigate complex systems including Child Welfare, Public Benefit, school, Mental Health, etc.; (b) In-home services to help kinship families, including grandparents raising grandchildren; (c) Information and Referral to resources in the area; (d) Support Groups (eight weekly county-wide) in English and Spanish for Kinship Caregivers to receive emotional support and education from other Kinship peers;

(e) Family Events, four annual family events to provide family fun & bonding.

Supplemental Services provided: Emergency funding using County funds to remove barriers for making and maintaining placements with relative caregivers (Grandparent caregivers), including purchasing additional furniture and equipment, paying rent deposits, etc.

Section 11.

LEGAL ASSISTANCE

2024-2028 Four-Year Area Planning Cycle

This section must be completed and submitted annually. The Older Americans Act Reauthorization Act of 2020 designates legal assistance as a priority service under Title III-B [42 USC §3026(a)(2)].[12] CDA developed California Statewide Guidelines for Legal Assistance (Guidelines), which are to be used as best practices by CDA, AAAs and LSPs in the contracting and monitoring processes for legal services, and located at: https://aging.ca.gov/Providers_and_Partners/Legal_Services/#pp-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 contract's Statement of Work states that the Contractor shall provide legal services countywide and priority shall be given to legal issues that affect target populations in California that conform to the requirements of the OAA, as stated in the California Statewide Guidelines for Legal Assistance.

4. **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 contract's Statement of Work includes the target population. The target population is older adult 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. 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.

Fiscal Year	# of Legal Assistance Services Providers	Did the number of service providers change? If so, please explain
2024-2025	1 contracted provider in the PSA. Unknown # of service providers overall in this area. Assessing this query is untenable. This is partially due to the illusive nature in defining "legal assistance provider" as it might be related to firms already in service to our population, or more generally, for firms that in theory that might be recruited into our service network; furthermore, given the full field of law firms and non-profit service organizations in our particular urban, suburban, rural PSA, that might be providing pro-bono, or core legal services to their population, and thus the raw number thereof, we are not aware of a mechanism to so ascertain.	
2025-2026		
2026-2027		
2027-2028		

[12]For Information related to Legal Services, contact Jeremy A. Avila at 916 419-7500 or Jeremy.Avila@aging.ca.gov.

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?

Fiscal Year	Name of Provider	Geographic Region covered
2024-2025	a. Elder Law & Advocacy b. c.	a. All applicable within the PSA b. c.
2025-2026	a. b. c.	a. 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 adult s 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 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.

Section 12.

DISASTER PREPAREDNESS

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

1. **Describe how the AAA coordinates its disaster preparedness plans, policies, and procedures for emergency preparedness and response as required in OAA, Title III, Section 310 with: 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	Group Program Manager	(619) 507-3738	Nicholas.Thomlison@sdcounty.ca.gov

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

Name	Title	Telephone	Email
Jana Jordan	Chief, Agency Operations	(619) 507-2099	Jana.Jordan@sdcounty.ca.gov

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):**

Critical Services	How Delivered?	Critical Time
A. AIS Emergency Response	- DOC Responders - EOC Responders - AIS COOP Coordinator - California Department of Aging (CDA) Special Populations Coordinator	< 1 hour
B. AIS Administrative Support	- Executive Secretary to Director - Check on status of contractors. - Manage facility issues.	< 1 hour
C. AIS Call Center	- Take mandated abuse reports. - Provide information and assistance. - Assist program staff to call to check on AIS clients in impacted areas as directed by HHSA DOC. - Contact vulnerable IHSS and MSSP clients impacted by event (i.e., power outage, potential evacuees, etc.).	< 1 hour
D. Adult Protective Services (APS)	- Investigate abuse reports. - Provide emergency purchase of services. - Continue cross reporting. - Contact vulnerable clients to check on status.	< 4 hours
E. AIS Emergency Response	Deploy to shelters as part of VASAT team.	< 4 hours
F. Public Administrator Estate Management	- Secure vault and Formula Place to ensure warehouse is secured. - Secure and safeguard decedent personal and real property. - Assess and secure all other properties/ residencies. - Deputies will give priority to assisting the Medical Examiner as needed. Handle indigent dispositions as a priority.	< 4 hour < 4 hour < 12 hour < 12 hour
G. Ombudsman	- Investigate complaints in care facilities. - Conduct site visits. - Conduct cross reporting. - Accept community calls and abuse reports.	< 24 hours
H. Public Guardian Conservatee Management	Deputies shall identify and contact all conservatees to assess their health and welfare in the following order of priority:	< 24 hours conservatees

Critical Services	How Delivered?	Critical Time
	o Conservatees in their own home in affected area. o Conservatees in licensed facilities in affected areas. o All other conservatees.	living in own home < 36 hours for conservatees in facilities < 48 hours for conservatees in facilities
I. In-Home Supportive Services (IHSS)	● Conduct initial eligibility determinations. ● Mail notices. ● Submit requests for urgent IHSS services. ● Provide resource referrals. ● Process exceptions for provider violations.	< 24 hours
J. Multipurpose Senior Service Program (MSSP)	● Contact clients to assess for safety. ● Provide purchased services/complete service authorizations. ● Care conference cases prior to approving purchased services. ● Complete intakes and Level of Care certifications.	< 24 hours (contact clients)
K. Linkages	● Contact clients to assess for safety.	< 24 hours (contact clients)
L. SOAR	● Contact clients to assess for safety.	< 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)	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
CARA/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

System Name	Current Location	Other Locations
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)**
   a. AIS has roles in the Operational Area Emergency Plan, Annex G, Care and Shelter Operations, Annex Q, Evacuation.
   b. 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, Senior Options, Advocacy and Referrals (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 Continuity of Operations Plan (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 13.

NOTICE OF INTENT TO PROVIDE DIRECT SERVICES

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

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

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

Check applicable direct services	**Check each applicable Fiscal Year**			
Title III-B	**24-25**	**25-26**	**26-27**	**27-28**
☒ Information and Assistance	☒	☒	☒	☒
☒ Case Management	☒	☒	☒	☒
☐ Outreach	☐	☐	☐	☐
☐ Program Development	☐	☐	☐	☐
☐ Coordination	☐	☐	☐	☐
☒ Long Term Care Ombudsman	☒	☒	☒	☒
Title III-D	**24-25**	**25-26**	**26-27**	**27-28**
☒ Health Promotion – health	☒	☒	☒	☒
Title III-E[9]	**24-25**	**25-26**	**26-27**	**27-28**
☒ Information Services	☒	☒	☒	☒
☐ Access Assistance	☐	☐	☐	☐
☐ Support Services	☐	☐	☐	☐
☐ Respite Services	☐	☐	☐	☐
☐ Supplemental Services	☐	☐	☐	☐
Title VII	**24-25**	**25-26**	**26-27**	**27-28**
☒ Long Term Care Ombudsman	☒	☒	☒	☒
Title VII	**24-25**	**25-26**	**26-27**	**27-28**
☒ Prevention of Elder Abuse, Neglect, and Exploitation.	☒	☒	☒	☒

[8]Refer to CDA Service Categories and Data Dictionary.

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

- Hiring of older, minority and bilingual staff and volunteers;
- Adequately representing targeted groups in the Advisory Council;
- Locating senior centers and congregate nutrition sites in areas of minority and low-income concentration;
- Contracting with minority service providers;
- Including language, provisions, terms and conditions in service providers' contracts requiring minority and low-income targeting;
- Monitoring and reviewing service providers' performance in serving minorities;
- Including minority related objectives in the Area Plan;
- Collecting and disseminating demographic data on the minority elderly in the county;
- Including minority, low-income and refugee populations in outreach efforts;
  Serving low-income, minority older adults in all case management, In-Home Supportive Services, and Adult Protective Services;
- Providing access for non-English speakers to information and assistance through the use of Spanish speaking staff in the AIS Call Center as well as through the use of the interpretation services; and
- Preparing outreach materials in other languages and distributing these in the community.

Section 14.

REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES

Complete and submit for CDA approval each direct service not specified previously. The request for approval may include multiple funding sources for a specific service.

☐ **Check box if not requesting approval to provide any direct services.**

Identify Service Category: Nutrition Education – Registered Dietitian
Check applicable funding source[9]:

☐ III-B   ☒ IIIC-1   ☒ IIIC-2   ☐ IIIE   ☐ VII   ☐ HICAP

Request for Approval Justification:

☐ Necessary to Assure an Adequate Supply of Service <u>OR</u>

☒ More cost effective if provided by the AAA than if purchased from a comparable service provider.

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

☒ FY 24-25   ☒ FY 25-26   ☒ FY 26-27   ☒ FY 27-28

Provide: documentation below that substantiates this request for direct delivery of the above stated service.[10]

Staffing the AIS Registered Dietitian helps provide a comprehensive picture of how services will address local need(s) resulting in effective delivery of services and efficient use of program funds.

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[9] Section 15 does not apply to Title V (SCSEP).

[10] For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs agree.

Identify Service Category: Personal Care – via SOAR Program (Senior Options, Advocacy & Referral)

Check applicable funding source[9]:

☒ III-B   ☐ IIIC-1   ☐ IIIC-2   ☐ IIIE   ☐ VII   ☐ HICAP

Request for Approval Justification:

☐ Necessary to Assure an Adequate Supply of Service <u>OR</u>

☒ More cost effective if provided by the AAA than if purchased from a comparable service provider.

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

☒ FY 24-25   ☒ FY 25-26   ☒ FY 26-27   ☒ FY 27-28

Provide: documentation below that substantiates this request for direct delivery of the above stated service.[10]

AIS also provides direct case management services. Services provide for an assessment of an individual's needs and arrangement for in-home and other services. Based on the assessment, the case manager arranges services by authorizing the purchase of services from the County-approved vendor list that is developed by a competitive request for proposal (RFP), resulting in effective delivery of services.

Identify Service Category: Homemaker – via SOAR Program (Senior Options, Advocacy and Referral)

Check applicable funding source[9]:

☒ III-B   ☐ IIIC-1   ☐ IIIC-2   ☐ IIIE   ☐ VII   ☐ HICAP

Request for Approval Justification:

☐ Necessary to Assure an Adequate Supply of Service <u>OR</u>

☒ More cost effective if provided by the AAA than if purchased from a comparable service provider.

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

☒ FY 24-25   ☒ FY 25-26   ☒ FY 26-27   ☒ FY 27-28

Provide: documentation below that substantiates this request for direct delivery of the above stated service.[10]

AIS also provides direct case management services. Services provide for an assessment of an individual's needs and arrangement for in-home and other services. Based on the assessment, the case manager arranges services by authorizing the purchase of services from the County-approved

vendor list that is developed by a competitive request for proposal, resulting in effective delivery of services.

Identify Service Category: Assisted Transportation – via SOAR Program (Senior Options, Advocacy and Referral)

Check applicable funding source[9]:

☒ III-B   ☐ IIIC-1   ☐ IIIC-2   ☐ IIIE   ☐ VII   ☐ HICAP

Request for Approval Justification:

☐ Necessary to Assure an Adequate Supply of Service <u>OR</u>

☒ More cost effective if provided by the AAA than if purchased from a comparable service provider.

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

☒ FY 24-25   ☒ FY 25-26   ☒ FY 26-27   ☒ FY 27-28

Provide: documentation below that substantiates this request for direct delivery of the above stated service.[10]

AIS also provides direct case management services. Services provide for an assessment of an individual's needs and arrangement for in-home and other services. Based on the assessment, the case manager arranges services by authorizing the purchase of services from the County-approved vendor list that is developed by a competitive request for proposal (RFP), resulting in effective delivery of services.

Identify Service Category: Respite – via SOAR Program (Senior Options, Advocacy and Referral)

Check applicable funding source[9]:

☐ III-B   ☐ IIIC-1   ☐ IIIC-2   ☒ IIIE   ☐ VII   ☐ HICAP

Request for Approval Justification:

☐ Necessary to Assure an Adequate Supply of Service <u>OR</u>

☒ More cost effective if provided by the AAA than if purchased from a comparable service provider.

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

☒ FY 24-25   ☒ FY 25-26   ☒ FY 26-27   ☒ FY 27-28

Provide: documentation below that substantiates this request for direct delivery of the above stated service.[10]

AIS also provides direct case management services. Services provide for an assessment of an individual's needs and arrangement for in-home and other services. Based on the assessment, the case manager arranges services by authorizing the purchase of services from the County-approved vendor list that is developed by a competitive request for proposal (RFP), resulting in effective delivery of services.

Identify Service Category: Disaster Preparedness Materials – Vials of Life

Check applicable funding source[9]:

☒ III-B   ☐ IIIC-1   ☐ IIIC-2   ☐ IIIE   ☐ VII   ☐ HICAP

Request for Approval Justification:

☐ Necessary to Assure an Adequate Supply of Service <u>OR</u>

☒ More cost effective if provided by the AAA than if purchased from a comparable service provider.

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

☒ FY 24-25   ☒ FY 25-26   ☒ FY 26-27   ☒ FY 27-28

Provide: documentation below that substantiates this request for direct delivery of the above stated service.[10]

Given the nature of security and continuity of services in a disaster or situation of public exigency, disaster preparedness is not a function that can be outsourced and thus is budgeted and provided as a direct service. It is more economical and efficient to work directly with another County department, the Office of Emergency Services.

Section 15.

GOVERNING BOARD

GOVERNING BOARD MEMBERSHIP
2024-2028 Four-Year Area Plan Cycle
CCR Article 3, Section 7302(a)(11)

Total Number of Board Members: 5

Name and Title of Officers:	**Office Term Expires:**
Nora Vargas, Chairwoman – District 1	January 2025*
Terra Lawson-Remer, Vice Chair – District 3	January 2025*
Joel Anderson, Chair Pro-Tempore	January 2025*

Names and Titles of All Members:	**Board Term Expires:**
Nora Vargas, Supervisor – District 1	01/06/2025
Joel Anderson, Supervisor – District 2	01/06/2025
Terra Lawson-Remer, Supervisor – District 3	01/06/2025
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?

* Board Member Officer elections occur during the first Board Meeting of the calendar year; 2025 meeting schedule has not been released as of the date of Area Plan submission.

Section 16.

ADVISORY COUNCIL

ADVISORY COUNCIL MEMBERSHIP

2024-2028 Four-Year Planning Cycle

Older Americans Act Reauthorization Act of 2020 Section 306(a)(6)(D)45 CFR, Section 1321.57 CCR Article 3, Section 7302(a)(12)

Total Council Membership (include vacancies)   30   (20 filled seats)

Number and Percent of Council Members over age 60:   14   **% Council 60+:** 70%

Race/Ethnic Composition	% Of PSA's 60+Population	% on Advisory Council
White	59.6%	80%
Hispanic	20.0%	5%
Black	3.7%	5%
Asian/Pacific Islander	13.5%	10%
Native American/Alaskan Native	0.4%	0%
Other	2.8%	0%

Name and Title of Officers: **Office Term Expires:**

Stephen Huber, Chair	05/12/2027
Susan Mallet, 1st Vice Chair	05/14/2026
Shirley King, 2nd Vice Chair	01/06/2025
Wanda Smith, Secretary	09/09/2027

Name and Title of other members: **Office Term Expires:**

Faye Detsky-Weil	07/08/2027
Ted Kagan	10/08/2024
Mina Kerr	12/08/2026
Ethel Larkins	01/06/2025
Elaine Lewis	05/13/2025
Silvia Martinez	09/09/2027
Dan McNamara	03/11/2027
Bradlyn Mulvey	07/08/2027
Casey Myers	10/08/2024

Molly Nocon	01/06/2025
John Osborne	01/06/2025
Taryn Patterson	09/11/2024
Jacqueline Simon	10/13/2026
Smith Sirisakorn	01/04/2027
Kristine Stensberg	10/13/2026
Pualani Vazquez	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

☒   ☐ LQBTQ 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 ten vacancies, with potential candidates. Six out of the ten 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 Committee.

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 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 17.

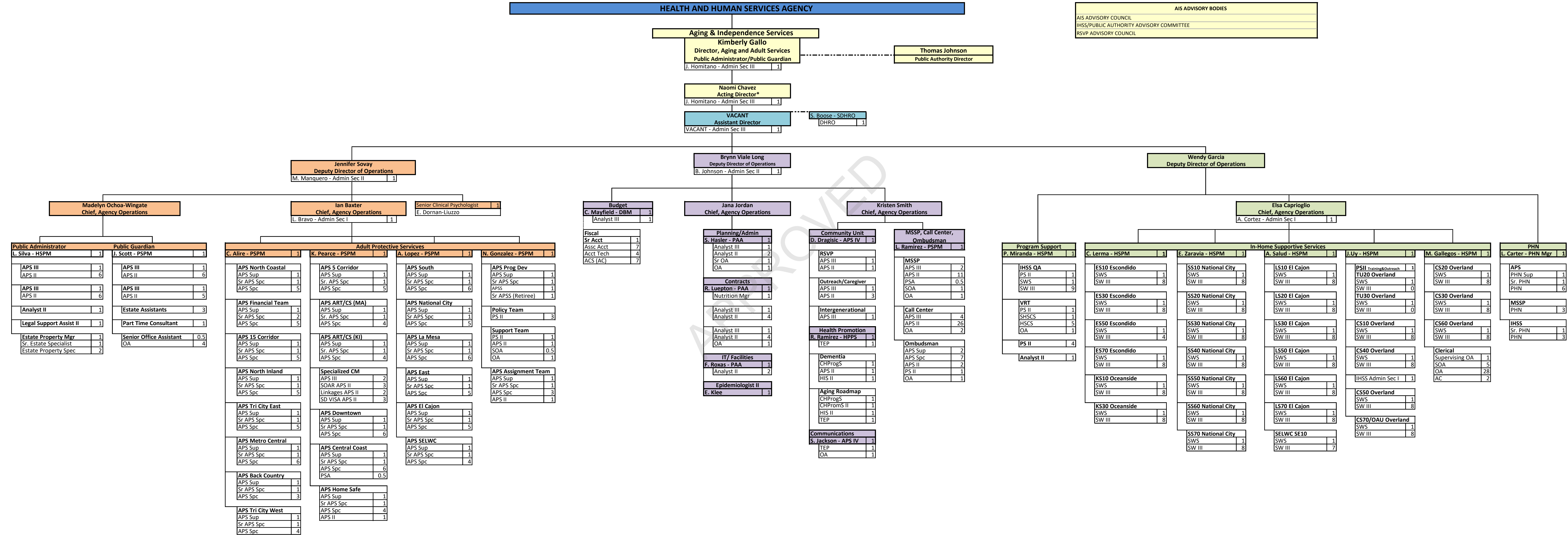# MULTIPURPOSE SENIOR CENTER ACQUISITION OR CONSTRUCTION COMPLIANCE REVIEW[11]

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

☒ No. Title III-B funds not used for Acquisition or Construction.

☐ Yes. Title III-B funds used for Acquisition or Construction.

Section 18.

ORGANIZATIONAL CHARTS

HEALTH AND HUMAN SERVICES AGENCY

Aging & Independence Services
Kimberly Gallo
Director, Aging and Adult Services
Public Administrator/Public Guardian
J. Homitano - Admin Sec III — 1

Thomas Johnson
Public Authority Director

Naomi Chavez
Acting Director*
J. Homitano - Admin Sec III — 1

VACANT
Assistant Director
VACANT - Admin Sec III — 1

S. Boose - SDHRO
DHRO — 1

Jennifer Sovay
Deputy Director of Operations
M. Manquero - Admin Sec II — 1

Brynn Viale Long
Deputy Director of Operations
B. Johnson - Admin Sec II — 1

Wendy Garcia
Deputy Director of Operations

Madelyn Ochoa-Wingate
Chief, Agency Operations
L. Bravo - Admin Sec I — 1

Ian Baxter
Chief, Agency Operations
L. Bravo - Admin Sec I — 1

Senior Clinical Psychologist — 1
E. Dornan-Liuzzo

Budget
C. Mayfield - DBM — 1
Analyst III — 1

Jana Jordan
Chief, Agency Operations

Kristen Smith
Chief, Agency Operations

Elsa Caprioglio
Chief, Agency Operations
A. Cortez - Admin Sec I — 1

Public Administrator / Public Guardian

Public Administrator — L. Silva - HSPM
Public Guardian — J. Scott - PSPM — 1

APS III	1
APS II	6
APS III	1
APS II	6
Analyst II	1
Legal Support Assist II	1
Estate Property Mgr	1
Sr. Estate Specialist	1
Estate Property Spec	2

APS III	1
APS II	6
APS III	1
APS II	5
Estate Assistants	3
Part Time Consultant	1
Senior Office Assistant	0.5
OA	4

Adult Protective Services

C. Alire - PSPM — 1 | K. Pearce - PSPM — 1 | A. Lopez - PSPM — 1 | N. Gonzalez - PSPM — 1

APS North Coastal
APS Sup — 1; Sr APS Spc — 1; APS Spc — 5

APS 5 Corridor
APS Sup — 1; Sr. APS Spc — 2; APS Spc — 6

APS South
APS Sup — 1; Sr APS Spc — 1; APS Spc — 6

APS Prog Dev
APS Sup — 1; Sr APS Spc — 1; APSS — 1; Sr APSS (Retiree) — 1

APS Financial Team
APS Sup — 1; Sr APS Spc — 2; APS Spc — 4

APS ART/CS (MA)
APS Sup — 1; Sr. APS Spc — 1; APS Spc — 5

APS National City
APS Sup — 1; Sr APS Spc — 1; APS Spc — 5

Policy Team
PS II — 3

APS 15 Corridor
APS Sup — 1; Sr APS Spc — 1; APS Spc — 5

APS ART/CS (KI)
APS Sup — 1; Sr. APS Spc — 1; APS Spc — 6

APS La Mesa
APS Sup — 1; Sr APS Spc — 1; APS Spc — 6

Support Team
PS II — 1; APS II — 1; SOA — 0.5; OA — 1

APS North Inland
APS Sup — 1; Sr APS Spc — 1; APS Spc — 5

Specialized CM
APS III — 2; SOAR APS II — 3; Linkages APS II — 2; SD VISA APS II — 3

APS East
APS Sup — 1; Sr APS Spc — 1; APS Spc — 5

APS Assignment Team
APS Sup — 1; Sr APS Spc — 1; APS Spc — 3; APS II — 1

APS Tri City East
APS Sup — 1; Sr APS Spc — 1; APS Spc — 5

APS Downtown
APS Sup — 1; Sr APS Spc — 1; APS Spc — 6

APS El Cajon
APS Sup — 1; Sr APS Spc — 1; APS Spc — 5

APS Metro Central
APS Sup — 1; Sr APS Spc — 1; APS Spc — 6

APS Central Coast
APS Sup — 1; Sr APS Spc — 1; APS Spc — 6; PSA — 0.5

APS SELWC
APS Sup — 1; Sr APS Spc — 1; APS Spc — 4

APS Back Country
APS Sup — 1; Sr APS Spc — 1; APS Spc — 3

APS Home Safe
APS Sup — 1; Sr APS Spc — 1; APS Spc — 4; APS II — 1

APS Tri City West
APS Sup — 1; Sr APS Spc — 1; APS Spc — 4

Fiscal
Sr Acct	1
Assc Acct	7
Acct Tech	4
ACS (AC)	7

Planning/Admin — S. Hasler - PAA

RSVP
APS III — 1; APS II — 1

Outreach/Caregiver
APS III — 1; APS II — 3

Intergenerational
APS II — 1

Health Promotion — R. Ramirez - HPPS
TEP — 1

Dementia
CHProgS — 1; APS II — 1; HIS II — 1

Aging Roadmap
CHProgS — 1; CHPromS II — 1; HIS II — 1; TEP — 1

Communications — S. Jackson - APS IV
TEP — 1; OA — 1

Contracts — R. Luepton - PAA — 1
Nutrition Mgr — 1
Analyst III — 1; Analyst II — 4
Analyst III — 1; Analyst II — 4; OA — 1

IT/ Facilities — F. Roxas - PAA
Analyst II — 2

Epidemiologist II — E. Klee — 1

Community Unit — D. Dragisic - APS IV — 1

Call Center
APS III — 4; APS II — 26; OA — 2

Ombudsman
APS Sup — 2; APS Spc — 7; APS II — 2; PS II — 1; OA — 1

MSSP, Call Center, Ombudsman — L. Ramirez - PSPM — 1

MSSP
APS III — 2; APS II — 11; PSA — 0.5; SOA — 1; OA — 1

Program Support — P. Miranda - HSPM

IHSS QA
PS II — 1; SWS — 1; SW III — 9

VRT
PS II — 1; SHSCS — 1; HSCS — 5; OA — 1

PS II — 4

Analyst II — 1

In-Home Supportive Services

C. Lerma - HSPM — 1
ES10 Escondido: SWS — 1; SW III — 8
ES30 Escondido: SWS — 1; SW III — 8
ES50 Escondido: SWS — 1; SW III — 8
ES70 Escondido: SWS — 1; SW III — 8
KS10 Oceanside: SWS — 1; SW III — 8
KS30 Oceanside: SWS — 1; SW III — 8

E. Zaravia - HSPM — 1
SS10 National City: SWS — 1; SW III — 8
SS20 National City: SWS — 1; SW III — 8
SS30 National City: SWS — 1; SW III — 8
SS40 National City: SWS — 1; SW III — 8
SS50 National City: SWS — 1; SW III — 8
SS60 National City: SWS — 1; SW III — 8
SS70 National City: SWS — 1; SW III — 8

A. Salud - HSPM — 1
LS10 El Cajon: SWS — 1; SW III — 8
LS20 El Cajon: SWS — 1; SW III — 8
LS30 El Cajon: SWS — 1; SW III — 8
LS50 El Cajon: SWS — 1; SW III — 8
LS60 El Cajon: SWS — 1; SW III — 8
LS70 El Cajon: SWS — 1; SW III — 8
SELWC SE10: SWS — 1; SW III — 7

J.Uy - HSPM — 1
PSII Training&Outreach: SW III — 1
TU20 Overland: SWS — 1; SW III — 0
TU30 Overland: SWS — 1; SW III — 0
IHSS Admin Sec I — 1

M. Gallegos - HSPM — 1
CS20 Overland: SWS — 1; SW IIr — 8
CS30 Overland: SWS — 1; SW III — 8
CS60 Overland: SWS — 1; SW III — 8
CS40 Overland: SWS — 1; SW III — 8
CS50 Overland: SWS — 1; SW III — 8
CS70/OAU Overland: SW III — 8
Clerical
Supervising OA — 1; SOA — 5; OA — 28; AC — 2

PHN — L. Carter - PHN Mgr — 1
APS PHN Sup — 1; Sr. PHN — 1; PHN — 6
MSSP PHN — 3
IHSS Sr. PHN — 1; PHN — 3

Administration Team

Jana Jordan
Chief of Agency Operations (50%)

Budget	
Cynthia Mayfield - Departemental Budget Manager (75%)	1
Vacant - Analyst III (75%)	1

Fiscal	
Vacant - Senior Accountant (35%)	1
Geny Campos - Associate Accountant (Staff Acct) (20%)	1
Romed Papa - Associate Accountant (Staff Acct) (100%)	1
Josephine Reynolds - Associate Accountant (Staff Acct) (30%)	1
Vacant - Associate Accountant (Staff Acct) (10%)	1
Osasere Ero - Accountant Clerk Specialist (100%)	1
Ruofei Shi - Accountant Clerk Specialist (40%)	1
Kathryn Vargas - Accounting Technician (25%)	1

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

Epidemiologist II	
Ellie Klee - Epidemiologist II (0%)	1

Strategy & Operations	
Samantha Hasler - Principal Admin Analyst (0%)	1
Skyler Moore - Analyst III (0%)	1
Kendall Bremmer - Analyst II (50%)	1
Dayna Zarate - Analyst II (50%)	1

Contracts	
Rorick Luepton - Principal Admin Analyst (75%)	1
Terri Foster - Analyst III (100%)	1
Lauren McCasland - Analyst III (75%)	1
Hannah Koppers - Analyst II (100%)	1
Andrea Lara - Analyst II (100%)	1
Ronald Bautista - Analyst II (100%)	1
Gail Straub - Analyst II (100%)	1
Alexander Hensley - Analyst II (100%)	1
Ana Ruiz Carrillo - Analyst II (100%)	1
Rizaldy Marasigan - Analyst II (100%)	1
Raymond Flores - Analyst II (75%)	1
Vacant - Public Health Nutrition Manager (100%)	1
Danielle Walker - Office Assistant (0%)	1

Health & Community Engagement and Ombudsman Team

Kristen Smith Chief of Agency Operations (50%)	

Community Unit	
Dalia Dragisic - Adult Protective Services Specialist IV (15%)	1
Matthew Parcasio - Aging Program Specialist III (100%)	1

Health Promotion	
Roberto Ramirez - Health Planning & Program Specialist (0%)	1
Freida Acido - Community Health Program Specialist (87%)	1
Toni-Anne Simpelo - Community Health Program Specialist II (88%)	1

Long-Term Care Ombudsman & Call Center Programs	
Lourdes Ramirez - Protective Services Program Manager (100%)	1

Call Center Program	
Mary Pretto - Aging Program Specialist III (100%)	1
Susan Distor Hee - Aging Program Specialist II (100%)	1
Angelica Gudino - Aging Program Specialist II (100%)	1
Melissa Young - Aging Program Specialist II (100%)	1
Tiffany Sanchez - Aging Program Specialist II (100%)	1

Long-Term Care Ombudsman Program	
Sunita Upchurch - Ombudsman Coordinator (100%)	1
Brittney Willis - Ombudsman Supervisor (100%)	1
Vacant - Aging Program Specialist II (100%)	1
Vacant - Office Assistant (100%)	1
Deanna Lopez - Intake (100%)	1
Nanette Hallas - Intake (100%)	1
Kristin Rigsby - Regional Coordinator (100%)	1
Irene Escobedo - Regional Coordinator (100%)	1
Joshua Ishikawa - Regional Coordinator (100%)	1
James Gore - Regional Coordinator (100%)	1
Lissette Melendez - Regional Coordinator (100%)	1
Petra Heim-Rollan - Regional Coordinator (100%)	1
Bob Muballe - Regional Coordinator (100%)	1

Adult Protective Services Program

Ian Baxter Chief of Agency Operations (0%)	

Specialized Case Management	
Kimberly Pearce - Protective Services Program Manager (0%)	1
Jacquelyne Marquez - Aging Program Specialist III (100%)	1
Erin Barnett - Aging Program Specialist II (100%)	1
Jeffrey Cabral - Aging Program Specialist II (100%)	1
Audra Valenzuela - Aging Program Specialist II (100%)	1

Section 19.

ASSURANCES

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

A. Assurances

1. OAA 306(a)(2)

    Provide an adequate proportion, as required under Older Americans Act Reauthorization Act of 2020 Section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services—

    (A) services associated with access to services (transportation, health services (including mental and behavioral health services) outreach, information and assistance, (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible) and case management services);

    (B) in-home services, including supportive services for families of older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and

    (C) legal assistance; and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded;

2. OAA 306(a)(4)(A)(i)(I-II)

    (I) provide assurances that the area agency on aging will -

    (aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;

    (bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and;

    (II) include proposed methods to achieve the objectives described in (aa) and (bb) of subclause (I);

3. OAA 306(a)(4)(A)(ii)

Include in each agreement made with a provider of any service under this title, a requirement that such provider will—

(I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;

(II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and

(III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area.

4. OAA 306(a)(4)(A)(iii)

With respect to the fiscal year preceding the fiscal year for which such plan is prepared—

(I) identify the number of low-income minority older individuals in the planning and service area.

(II) describe the methods used to satisfy the service needs of such minority older individuals; and

(III) provide information on the extent to which the area agency on aging met the objectives described in assurance number 2.

5. OAA 306(a)(4)(B)

Use outreach efforts that —

(i) identify individuals eligible for assistance under this Act, with special emphasis on—

(I) older individuals residing in rural areas.

(II) older individuals with greatest economic need (with particular attention to low- income minority individuals and older individuals residing in rural areas);

(III) older individuals with greatest social need (with particular attention to low- income minority individuals and older individuals residing in rural areas);

(IV) older individuals with severe disabilities.

(V) older individuals with limited English proficiency.

(VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(VII) older individuals at risk for institutional placement, specifically including survivors of the Holocaust; and

(ii)   inform the older individuals referred to in sub-clauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance;

6. OAA 306(a)(4)(C)

Contain an assurance that the Area Agency on Aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas;

7. OAA 306(a)(5)

Provide assurances that the Area Agency on Aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement with agencies that develop or provide services for individuals with disabilities;

8. OAA 306(a)(6)(I)

Describe the mechanism(s) for assuring that each Area Plan will include information detailing how the Area Agency will, to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals.

9. OAA 306(a)(9)(A)-(B)

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

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

10. OAA 306(a)(11)

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

(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;

(B) An assurance that the Area Agency on Aging will to the maximum extent practicable,

coordinate the services the agency provides under this title with services provided under title VI; and

(C) An assurance that the Area Agency on Aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.

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

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

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

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

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

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

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

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

12. 306(a)(14)

Provide assurances that preference in receiving services under this Title will not be given by the Area Agency on Aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title;

13. 306(a)(15)

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

(A) to provide benefits and services to older individuals, giving priority to older individuals identified in Section 306(a)(4)(A)(i); and

(B) in compliance with the assurances specified in Section 306(a)(13) and the limitations specified in Section 212;

14. OAA 305(c)(5)

In the case of a State specified in subsection (b)(5), the State agency shall provide assurance,

determined adequate by the State agency, that the Area Agency on Aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area.

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

i. no individual (appointed or otherwise) involved in the designation of the State agency or an Area Agency on Aging, or in the designation of the head of any subdivision of the State agency or of an Area Agency on Aging, is subject to a conflict of interest prohibited under this Act;

ii. no officer, employee, or other representative of the State agency or an Area Agency on Aging is subject to a conflict of interest prohibited under this Act; and

iii. mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

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

i. enter into contracts with providers of legal assistance, which can demonstrate the experience or capacity to deliver legal assistance;

ii. include in any such contract provisions to assure that any recipient of funds under division (i) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and

iii. attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis.

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

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

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

To the extent practicable, that legal assistance furnished under the plan will be in addition to any

legal assistance for older individuals being furnished with funds from sources other than this Act and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals; and

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

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

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

Any Area Agency on Aging, in carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for -
   i.   public education to identify and prevent abuse of older individuals.
   ii. receipt of reports of abuse of older individuals.
   iii. active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and
   iv. referral of complaints to law enforcement or public protective service agencies where appropriate.

21. OAA 307(a)(15)

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

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

(B)   To designate an individual employed by the Area Agency on Aging, or available to such Area Agency on Aging on a full-time basis, whose responsibilities will include:
   i.   taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and
   ii. providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effective linguistic and cultural differences.

22. OAA 307(a)(18)

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

(A)   reside at home and are at risk of institutionalization because of limitations on their ability to function independently;

(B)   are patients in hospitals and are at risk of prolonged institutionalization; or

(C)   are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

23. OAA 307(a)(26)

Area Agencies on Aging will provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care.

B. Code of Federal Regulations (CFR), Title 45 Requirements:

24. CFR [1321.53(a)(b)]

(a) The Older Americans Act intends that the area agency on aging shall be the leader relative to all aging issues on behalf of all older persons in the planning and service area. This means that the area agency shall proactively carry out, under the leadership and direction of the State agency, a wide range of functions related to advocacy, planning, coordination, inter-agency linkages, information sharing, brokering, monitoring and evaluation, designed to lead to the development or enhancement of comprehensive and coordinated community-based systems in, or serving, each community in the Planning and Service Area. These systems shall be designed to assist older persons in leading independent, meaningful and dignified lives in their own homes and communities as long as possible.

(b) A comprehensive and coordinated community-based system described in paragraph (a) of this section shall:

(1) Have a visible focal point of contact where anyone can go or call for help, information or referral on any aging issue;

(2) Provide a range of options:

(3) Assure that these options are readily accessible to all older persons: The independent, semi-dependent and totally dependent, no matter what their income;

(4) Include a commitment of public, private, voluntary and personal resources committed to supporting the system;

(5) Involve collaborative decision-making among public, private, voluntary, religious and fraternal organizations and older people in the community;

(6) Offer special help or targeted resources for the most vulnerable older persons, those in danger of losing their independence;

(7) Provide effective referral from agency to agency to assure that information or assistance is received, no matter how or where contact is made in the community;

(8) Evidence sufficient flexibility to respond with appropriate individualized assistance, especially for the vulnerable older person;

(9) Have a unique character which is tailored to the specific nature of the community;

(10) Be directed by leaders in the community who have the respect, capacity and authority necessary to convene all interested persons, assess needs, design solutions, track overall success, stimulate change and plan community responses for the present and for the future.

25. CFR [1321.53(c)]

The resources made available to the Area Agency on Aging under the Older Americans Act are to be used to finance those activities necessary to achieve elements of a community-based system set forth in paragraph (b) of this section.

26. CFR [1321.53(c)]

Work with elected community officials in the planning and service area to designate one or more focal points on aging in each community, as appropriate.

27. CFR [1321.53(c)]

Assure that services financed under the Older Americans Act in, or on behalf of, the community will be either based at, linked to or coordinated with the focal points designated.

28. CFR [1321.53(c)]

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

29. CFR [1321.53(c)]

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

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

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

31. CFR [1321.61(d)]

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

32. CFR [1321.69(a)]

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

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 the Aging Roadmap 2024-2028 Action Plan in the Appendix. The results of the needs assessment for this Area Plan are described using the Aging Roadmap priority area framework. Similarly, the 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 the Aging Roadmap Action Plan 2024-28 in the Area Plan Appendix for a chart 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, Department of Homeless Solutions and Equitable Communities, 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. Ten 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.

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:

APPENDIX: AGING ROADMAP ACTION PLAN 2024-2028

Introduction

The Aging Roadmap is San Diego County's regional vision and framework for supporting healthy aging for people of all ages. Building upon age-friendly efforts, in 2019, it was approved by the San Diego County Board of Supervisors as a broad framework to encompass aging services and age-friendly work across County of San Diego (County) departments. As the lead for the Aging Roadmap, AIS continuously collaborates with the community, as described in Section 3. The Aging Roadmap serves as our region's "Master Plan for Aging."

Community involvement 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. The community needs assessment conducted for the AIS Area Plan 2024-2028 was used to inform the development of both the Area Plan and the Aging Roadmap Action Plan. The Aging Roadmap Action Plan 2024-2028 includes programs and initiatives 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.

Health and Community Support

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 providing translation, soliciting diverse community input, and marketing in places accessible to diverse older adults.
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 hosting workshops, events, and community classes such as fitness classes, fall prevention, and chronic disease self-management.
	Aging & Independence Services, 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 the Digital Divide	Aging & Independence Services	Bring technology programs to older adults to reduce the impacts of the digital divide.
Legislative Involvement	Aging & Independence Services	Participate in the County's legislative process and involve the AIS Advisory Council through the ad hoc Legislative Subcommittee, which advises on the County's Legislative Program and gives feedback on priorities related to older adults and persons with disabilities.

Housing

TOPIC	WHO	PROGRAMS & INITIATIVES
New Housing	Planning and Development Services	Develop and present program options to the Board of Supervisors for incentivizing the development of new older adult housing.
	Housing & Community Development Services	Continue construction on affordable senior housing apartment complexes.
Homelessness Prevention and Intervention	Office of Homeless Solutions	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.
	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	Aging & Independence Services and 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	Aging & Independence Services and Housing and Community Development Services	Provide resources for Age-Friendly home modifications.

Collaborative Efforts and Education	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

TOPIC	WHO	PROGRAMS & INITIATIVES
Reducing the Digital Divide	Aging & Independence Services, contracted community partners, and Office of Equitable Communities	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 and 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	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.

	Age Well Social Participation & Inclusion Team	Publicize and distribute guides for social engagement: Ways to Engage and Get Connected!

Transportation

TOPIC	WHO	PROGRAMS & INITIATIVES
Transportation Education	Age Well Transportation & Community Connections Team	Encourage event coordinators to increase older adult access to their events by: • Hosting events and activities at accessible locations near public transportation • Including transportation options on event publicity
		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. Receive feedback from residents about transportation needs and challenges to inform development of future programs.
Transportation Services	Aging & Independence Services and Contracted Community Partners	Through AIS Care Coordination programs, provide transportation services for clients.
		Offer transportation to older adults to access congregate meal sites.

Dementia

TOPIC	WHO	PROGRAMS & INITIATIVES
Equitable Distribution of Information	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	Aging & Independence Services and Medical Care Services	Work closely with The Alzheimer's Project Clinical Roundtable as well as other dementia and brain health professionals and institutions to identify and share information that is supportive of the effective screening, diagnosis, and care management of those living with dementia.
	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	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

TOPIC	WHO	PROGRAMS & INITIATIVES
Caregiver Education	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

TOPIC	WHO	PROGRAMS & INITIATIVES
Elder Abuse Prevention and Awareness	District Attorney and 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

TOPIC	WHO	PROGRAMS & INITIATIVES
Strengthen Preparedness	Aging & Independence Services, Office of Emergency Services, and the 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.
		Train 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

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	IHSS Public Authority	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.
Aging Services Professionals	Aging & Independence Services	Foster a strengths-based and inclusive work environment that promotes employee engagement.

Medical & Social Services System

TOPIC	WHO	PROGRAMS & INITIATIVES
Improving Care	Medical Care Services and 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 and Aging & Independence Services	Educate Skilled Nursing Facility (SNF) providers on resources for transitioning residents from these facilities to lower levels of care in the community, when appropriate.
		Support the development of smooth referral processes for SNF diversion by participating in the San Diego Duals- Long Term Services and Supports Working Group which convenes local health and social service providers to identify and address gaps in care related to Medi-Cal services for older adults.
Age-Friendly Health Systems	Medical Care Services	Work with Clinical leads within the County to achieve recognition of County clinical services as "Age Friendly" using the 4 M's Framework by the Trust for America's Health.
		Share best practices of Age-Friendly Health Systems (i.e., 4 M's) with local Federally Qualified Health Centers.

Essential Social Services	Aging & Independence Services	Provide ongoing essential social services, including In-Home Supportive Services and care coordination programs.
	Aging & Independence Services	Assist older adults, persons with disabilities, caregivers, and service providers with information, assistance, and referrals via the Aging & Independence Services Call Center.
	Aging & Independence Services	Provide care coordination for vulnerable older adults and persons with disabilities through programs such as MSSP, SOAR, Linkages, and SD-VISA.
	Behavioral Health Services	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 Clinics.