

AGING & INDEPENDENCE SERVICES

AREA PLAN 2024-2028

2026-2027 Update

PSA 23



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SAN DIEGO

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AGING & INDEPENDENCE SERVICES

AREA PLAN UPDATE 2026-2027

PSA 23

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AREA PLAN UPDATE (APU) CHECKLIST

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

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

AP Guidance Section	Required Annual Update Sections	Check Updated
TL	A) Transmittal Letter- (submit by email with electronic or scanned original signatures)	☒
n/a	B) APU- (submit entire APU electronically only)	☒
2, 3, or 4	C) Estimate- of the number of lower income minority older individuals in the PSA for the coming year	☒
6	D) Priority Services and Public Hearings	☒
n/a	E) Annual Area Plan Budget (send to finance@aging.ca.gov)	☒
8	F) Service Unit Plan (SUP) and LTC Ombudsman Program Outcomes	☒
10	G) Title III E Family Caregiver Support Program	☒
11	H) Legal Assistance	☒
AP Guidance Section	If there has been a change to another section, check the “Mark Changed” box AND include the Attachment A: “AAA Area Plan Summary of Changes”	Mark Changed
1	Mission Statement	
5	Needs Assessment/Targeting	
7	AP Narrative Objectives:	☒
	• System-Building and Administration	☒
	• Title IIIB-Funded Programs	☒
	• Title IIIB-Program Development/Coordination (PD or C)	☒
	• Title IIIC-1 or Title IIIC-2	☒
	• Title IIID-Evidence Based	☒
	• HICAP Program	☒
9	Senior Centers and Focal Points	
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	
18	Organizational Chart(s) (Must match Budget)	☒
19	Assurances	
Atch. A	AAA Area Plan Summary of Changes	☒
Atch. B	OCA Modernization Supplemental Summary	☒
Atch. C	Local Master Plan for Aging Supplemental Summary	☒

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TRANSMITTAL LETTER

2026-2027 Area Plan/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.

Elizabeth A. Hernandez, Ph.D. Digitally signed by Elizabeth A. Hernandez, Ph.D.
Date: 2026.04.27 16:54:51 -07'00'

Elizabeth Hernandez, Ph.D.
Interim Deputy Chief Administrative Officer
Health and Human Services Agency

4/27/26

Date
2.

Susan Mallett

Susan Mallett, Advisory Council Chair
Aging & Independence Services

4/15/26

Date
3.

Allison Boyer Digitally signed by Allison Boyer
Date: 2026.04.16 16:03:58 -07'00'

Allison Boyer, Interim Director
Aging & Independence Services
Public Administrator / Public Guardian

4/16/26

Date

¹Original signatures or electronic signatures are required.

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AIS FY 25/26 Budget & Contracts Summary

Operating Budget

Number of Budget Unit Orgs:	21	
Salaries & Benefits:		\$ 100,900,014
Operating Expenses (Ser & Sup + Other):		\$ 153,816,320
IHSS Public Authority Budget:		\$ 57,470,255
Total Operating Budget:		<u>\$ 312,186,589</u>

Funding Sources

Number of Funding Sources:	35	
Federal \$:		30.45%
State \$ (Includes Realignment):		53.95%
County \$:		13.69%
Other Grant \$:		1.90%
		<u>100.00%</u>

Community Contracted Services

Number of Contracts:	49	
IHSS MOE		\$ 111,979,037
Other Contracted Services		\$ 28,959,327
Total:		<u>\$ 140,938,364</u>
Contracted Services as Percentage of Budget		45.15%

Number of AIS Staff: 651

AIS FY 25/26 Funding

By Type:		
Federal	95,069,089	30.45%
State (Includes Realignment)	168,438,621	53.95%
Non-Federal/State	5,938,238	1.90%
County General Purpose Revenue	42,740,641	13.69%
Total Funding:	312,186,589	100.00%

Total Expenditures	312,186,589
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By Program		
IHSS (Fed + State + Realignment)		146,963,016
APS (Includes Realignment)		25,859,241
T-III-C Nutrition	OAA	11,905,137
OAA ARPA	OAA	1,603,543
Home Safe Program	CDSS	3,197,948
MSSP	Title XIX	3,679,572
Modernizing Older CA Act	CDA	3,391,198
T-III-B Support	OAA	2,436,652
SD-VISA	VA	4,302,398
Ombudsman	OAA	1,717,344
T-III-E Caregiver	OAA	1,517,364
Area Plan Admin	OAA	1,273,550
HICAP	SHIP	714,308
Public Administrator/Guardian	Various	981,772
SNAP Ed	CDA	886,403
CalFresh	CDA	164,166
T-III-D Disease Prevention	OAA	247,463
MIPPA	DHSS	281,195
Mental Health Services Act (PEI)	MHSA	109,004
RSVP	CNCS	109,078
Misc Small Programs & Adj	Various	1,499,219
Public Authority (State + Fed)		56,606,377
Total Non-County Revenue		269,445,948
County General Purpose Revenue		42,740,641
Total Revenue:		312,186,589

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SAN DIEGO UNION TRIBUNE PROOF OF PUBLICATION

The San Diego Union-Tribune

San Diego Union-Tribune (Daily)
7676 Hazard Center Drive # 1025
San Diego, California 92108
(866) 411-4140

Sarah Jackson

FILE NO. 0011781819

PROOF OF PUBLICATION

STATE OF CALIFORNIA
County of San Diego

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

San Diego Union-Tribune (Daily)

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

03/08/2026

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

Executed at San Diego, California,
this 8th day of March, 2026.



Signature

NOTICE OF PUBLIC HEARING

Aging & Independence Services (AIS), of the Health and Human Services Agency, of the County of San Diego (County), and designated by the California Department of Aging as the Area Agency on Aging for Planning and Service Area (PSA) #23 (San Diego County), will hold a Public Hearing, **Monday, April 13, 2026**, at the County Operations Center, located at 5560 Overland Avenue, 3rd floor, San Diego, CA 92123, during the regularly scheduled Advisory Council meeting held at 12:00 p.m. (noon) as a part of the process for 2026-27 Area Plan Update. The Area Plan incorporates annual objectives of the PSA's goals and a protection of services offered to San Diego County's older adults and persons with disabilities. There will be remote options for the hearing by phone at (619) 343-2539, (Meeting password: 402 109 836#), or visit www.sandiegocounty.gov/AISAdvisoryCouncil to join by TEAMS video conference, (Meeting ID: 224 849 240 117; Meeting passcode: eq7c5wR2). For information, please call (858) 495-5885.

San Diego Union-Tribune
Published: 3/8/26

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2026 Population Demographic Projections by County and PSA for Intrastate Funding Formula (IFF)

County Name	PSA	Population 60 Plus	Non-Minority 60 Plus	Minority 60 Plus	Low Income 60 Plus	Medi-Cal Eligible 60 Plus	Geographic Isolation 60 Plus	SSI/SSP 65 Plus	Population 75 Plus	Square Miles	Lives Alone 60 Plus	Non-English 60 Plus
PSA 1												
Del Norte	1	7,371	5,715	1,656	1,295	2,268	3,266	489	2,368	1,006	1,785	50
Humboldt	1	33,036	26,738	6,298	6,750	8,961	13,010	1,656	11,492	3,568	9,005	280
Total PSA	1	40,407	32,453	7,954	8,045	11,229	16,276	2,145	13,860	4,574	10,790	330
PSA 2												
Lassen	2	6,357	4,992	1,365	970	1,454	4,771	285	2,381	4,541	1,635	0
Modoc	2	2,818	2,289	529	675	781	3,081	135	1,104	3,948	725	60
Shasta	2	51,307	42,380	8,927	8,755	11,567	21,584	2,551	17,823	3,776	12,815	225
Siskiyou	2	15,190	12,358	2,832	2,675	3,698	11,343	895	5,920	6,279	4,200	50
Trinity	2	5,901	4,576	1,325	1,905	1,130	5,466	215	2,180	3,179	1,240	0
Total PSA	2	81,573	66,595	14,978	14,980	18,630	46,245	4,081	29,408	21,723	20,615	335
PSA 3												
Butte	3	44,783	33,485	11,298	7,570	13,578	15,031	2,764	14,435	1,636	12,705	490
Colusa	3	4,755	2,387	2,368	890	1,640	2,170	234	1,497	1,151	1,500	340
Glenn	3	6,809	4,483	2,326	1,095	2,041	3,026	382	2,123	1,314	1,240	360
Plumas	3	7,890	6,728	1,162	805	1,242	7,877	199	3,179	2,553	1,785	10
Tehama	3	17,758	13,669	4,089	3,280	4,654	11,367	848	6,212	2,949	3,865	480
Total PSA	3	81,995	60,752	21,243	13,640	23,155	39,471	4,427	27,446	9,603	21,095	1,680
PSA 4												
Nevada	4	39,575	35,081	4,494	5,580	4,800	18,724	618	15,790	958	8,455	150
Placer	4	119,967	91,903	28,064	10,205	12,797	20,110	2,645	44,236	1,407	23,185	840
Sacramento	4	353,332	187,285	166,047	48,080	95,144	11,100	28,747	109,219	965	76,685	11,065
Sierra	4	1,383	1,197	186	240	213	1,286	0	593	953	295	0
Sutter	4	22,361	11,170	11,191	3,650	7,115	3,940	1,599	7,454	603	4,355	1,805
Yolo	4	42,937	25,284	17,653	6,215	9,374	4,547	2,048	13,504	1,015	8,845	1,745
Yuba	4	15,823	9,691	6,132	2,540	5,290	6,476	1,117	4,636	632	3,625	570
Total PSA	4	595,378	361,611	233,767	76,510	134,733	66,183	36,774	195,432	6,533	125,445	16,175
PSA 5												
Marin	5	88,092	72,054	16,038	6,760	8,609	6,267	1,392	34,336	520	20,420	845
PSA 6												
San Francisco	6	208,770	76,587	132,183	38,450	70,854	0	26,414	75,649	47	52,520	19,605
PSA 7												
Contra Costa	7	309,030	163,779	145,251	25,635	55,710	3,015	11,340	107,247	717	53,105	6,720
PSA 8												
San Mateo	8	204,756	91,625	113,131	17,860	31,410	4,101	5,540	74,168	449	32,240	5,390
PSA 9												
Alameda	9	390,117	145,341	244,776	47,350	98,982	2,518	25,793	126,655	737	70,075	17,280
PSA 10												
Santa Clara	10	450,880	181,968	268,912	42,860	102,322	7,191	26,417	149,330	1,291	63,390	18,285

2026 Population Demographic Projections by County and PSA for IFF

County Name	PSA	Population 60 Plus	Non-Minority 60 Plus	Minority 60 Plus	Low Income 60 Plus	Medi-Cal Eligible 60 Plus	Geographic Isolation 60 Plus	SSI/SSP 65 Plus	Population 75 Plus	Square Miles	Lives Alone 60 Plus	Non-English 60 Plus
PSA 11												
San Joaquin	11	160,544	65,186	95,358	21,370	44,881	15,167	11,095	48,265	1,392	27,430	6,155
PSA 12												
Alpine	12	491	388	103	25	55	418	0	176	738	65	0
Amador	12	14,923	12,660	2,263	1,715	1,848	10,802	224	5,978	595	3,245	60
Calaveras	12	17,682	14,238	3,444	2,485	2,504	14,788	309	6,818	1,020	3,085	25
Mariposa	12	7,032	5,711	1,321	855	1,142	6,540	180	2,842	1,449	1,450	4
Tuolumne	12	19,345	16,207	3,138	2,355	3,133	9,328	521	7,570	2,221	5,240	20
Total PSA	12	59,473	49,204	10,269	7,435	8,682	41,876	1,234	23,384	6,023	13,085	109
PSA 13												
San Benito	13	14,267	6,443	7,824	1,280	2,642	3,945	400	4,023	1,389	1,890	580
Santa Cruz	13	68,399	47,901	20,498	8,670	13,190	11,578	2,157	23,198	445	14,760	2,315
Total PSA	13	82,666	54,344	28,322	9,950	15,832	15,523	2,557	27,221	1,834	16,650	2,895
PSA 14												
Fresno	14	188,821	76,812	112,009	33,935	66,501	26,082	18,282	56,919	5,958	37,955	11,925
Madera	14	33,771	16,697	17,074	5,215	9,273	17,356	1,792	11,122	2,137	5,245	2,535
Total PSA	14	222,592	93,509	129,083	39,150	75,774	43,438	20,074	68,041	8,095	43,200	14,460
PSA 15												
Kings	15	22,734	6,631	16,103	3,710	7,895	3,343	1,698	6,513	1,391	4,120	1,540
Tulare	15	83,496	33,376	50,120	13,865	34,421	18,910	7,135	24,017	4,824	13,460	8,990
Total PSA	15	106,230	40,007	66,223	17,575	42,316	22,253	8,833	30,530	6,215	17,580	10,530
PSA 16												
Inyo	16	6,490	4,743	1,747	1,180	1,018	2,630	152	2,461	10,197	1,800	35
Mono	16	3,877	3,181	696	420	390	1,917	35	1,251	3,049	730	0
Total PSA	16	10,367	7,924	2,443	1,600	1,408	4,547	187	3,712	13,246	2,530	35
PSA 17												
San Luis Obispo	17	79,402	63,572	15,830	8,450	9,990	16,912	1,423	29,675	3,301	18,335	640
Santa Barbara	17	98,399	61,232	37,167	11,640	21,262	7,321	3,350	34,943	2,734	21,580	3,505
Total PSA	17	177,801	124,804	52,997	20,090	31,252	24,233	4,773	64,618	6,035	39,915	4,145
PSA 18												
Ventura	18	210,793	126,893	83,900	20,890	38,273	7,017	6,724	69,109	1,841	36,890	7,745
PSA 19												
Los Angeles Co.	19	1,493,841	545,203	951,743	207,520	481,488	21,114	130,928	484,789	3,590	221,245	100,265
PSA 20												
San Bernardino	20	428,906	167,110	261,796	64,145	129,390	31,226	27,436	120,561	20,068	65,850	18,465
PSA 21												
Riverside	21	562,259	293,599	268,660	74,550	136,038	32,223	27,010	187,972	7,209	93,080	25,110
PSA 22												
Orange	22	789,705	405,031	384,674	90,465	185,406	1,811	45,970	254,214	793	121,855	27,070
PSA 23												
San Diego	23	738,011	423,356	314,655	89,095	171,743	37,043	39,680	238,458	4,210	135,895	21,520
PSA 24												
Imperial	24	39,978	7,147	32,831	8,610	20,029	5,926	5,594	13,245	4,176	5,765	8,630

2026 Population Demographic Projections by County and PSA for IFF

County Name	PSA	Population 60 Plus	Non-Minority 60 Plus	Minority 60 Plus	Low Income 60 Plus	Medi-Cal Eligible 60 Plus	Geographic Isolation 60 Plus	SSI/SSP 65 Plus	Population 75 Plus	Square Miles	Lives Alone 60 Plus	Non-English 60 Plus
PSA 25												
Los Angeles City	25	854,597	333,589	517,903	160,995	275,449	743	74,933	276,501	469	166,940	61,580
PSA 26												
Lake	26	21,440	16,475	4,965	3,985	6,599	8,625	1,112	7,891	1,257	5,390	90
Mendocino	26	28,334	22,340	5,994	4,730	6,934	15,391	1,284	11,551	3,507	8,480	660
Total PSA	26	49,774	38,815	10,959	8,715	13,533	24,016	2,396	19,442	4,764	13,870	750
PSA 27												
Sonoma	27	143,269	112,921	30,348	15,125	22,390	26,165	3,140	50,664	1,576	33,130	2,485
PSA 28												
Napa	28	41,359	28,353	13,006	4,180	6,161	8,545	798	15,749	748	8,010	955
Solano	28	114,737	49,707	65,030	11,620	21,405	6,132	4,194	36,562	822	20,845	1,895
Total PSA	28	156,096	78,060	78,036	15,800	27,566	14,677	4,992	52,311	1,570	28,855	2,850
PSA 29												
El Dorado	29	65,914	54,168	11,746	6,150	7,063	25,475	980	22,666	1,708	11,320	100
PSA 30												
Stanislaus	30	110,021	57,074	52,947	18,265	33,444	10,750	7,553	33,462	1,496	20,360	5,065
PSA 31												
Merced	31	49,952	17,751	32,201	10,005	17,630	9,459	4,200	13,912	1,938	9,340	5,790
PSA 32												
Monterey	32	93,771	50,440	43,331	11,530	21,696	17,126	2,963	31,669	3,282	15,840	7,295
PSA 33												
Kern	33	157,282	67,859	89,423	30,835	57,415	28,304	12,353	43,175	8,135	31,095	9,980
CALIFORNIA	ALL	9,214,840	4,466,759	4,748,081	1,241,955	2,414,332	651,379	589,928	3,011,452	155,859	1,641,415	429,674

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

State of California, Department of Finance, Demographic Research Unit, Source File: "P-2 2026 State and County Population Projections by Race/Ethnicity and Age (5-year groups)", received 02/12/2026 by Special Run Request

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

Non-Minority 60 Plus and Minority 60 Plus

State of California, Department of Finance, Demographic Research Unit, Source File: "P-2 2026 State and County Population Projections by Race/Ethnicity and Age (5-year groups)", received 02/12/2026 by Special Run Request

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

Low-Income 60 Plus

Administration for Community Living, AGING Independence, and Disability (AGID) Program Data Portal, Source File: American Community Survey (ACS) Special Tabulation on Aging, 2019-2022 Population Demographic Projections by County and PSA for IFF

Table S21043B "Ratio of Income to Poverty Level in the Past 12 Months for the Population 60 Years and Over for Whom Poverty Status is Determined", received 2/20/2026 by Special Run Request

Medi-Cal Eligible 60 Plus

State of California, Department of Health Care Services, Data Analytics Division, Source File: "Medi-Cal Certified Eligibles Ages 60 and Older by County, January 2025", received on 01/08/2026 by Special Run Request

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

Geographic Isolation 60 Plus

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

SSI/SSP 65 Plus

Social Security Administration, Research, Statistics & Policy Analysis, Source File: Table 3, "Number of Recipients in State (by Eligibility Category, Age, and Receipt of OASDI Benefits) and Amount of Payments by County, December 2024", retrieved on 12/5/2025 from https://www.ssa.gov/policy/docs/statcomps/ssi_sc/2024/ca.html

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

Square Miles

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

Lives Alone 60 Plus

Administration for Community Living, AGing Independence, and Disability (AGID) Program Data Portal, Source File: American Community Survey (ACS) Special Tabulation on Aging, 2019-2023, Table S21010B "Sex by Household Type (Including Living Alone) by Relationship for the Population 60 Years and Over", received 2/20/2026 by Special Run Request

Non-English 60 Plus

Administration for Community Living, AGing Independence, and Disability (AGID) Program Data Portal, Source File: American Community Survey (ACS) Special Tabulation on Aging, 2019-2023, Table S21014B "Ability to Speak English for the Population 60 Years and Older", received 2/20/2026 by Special Run Request

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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:

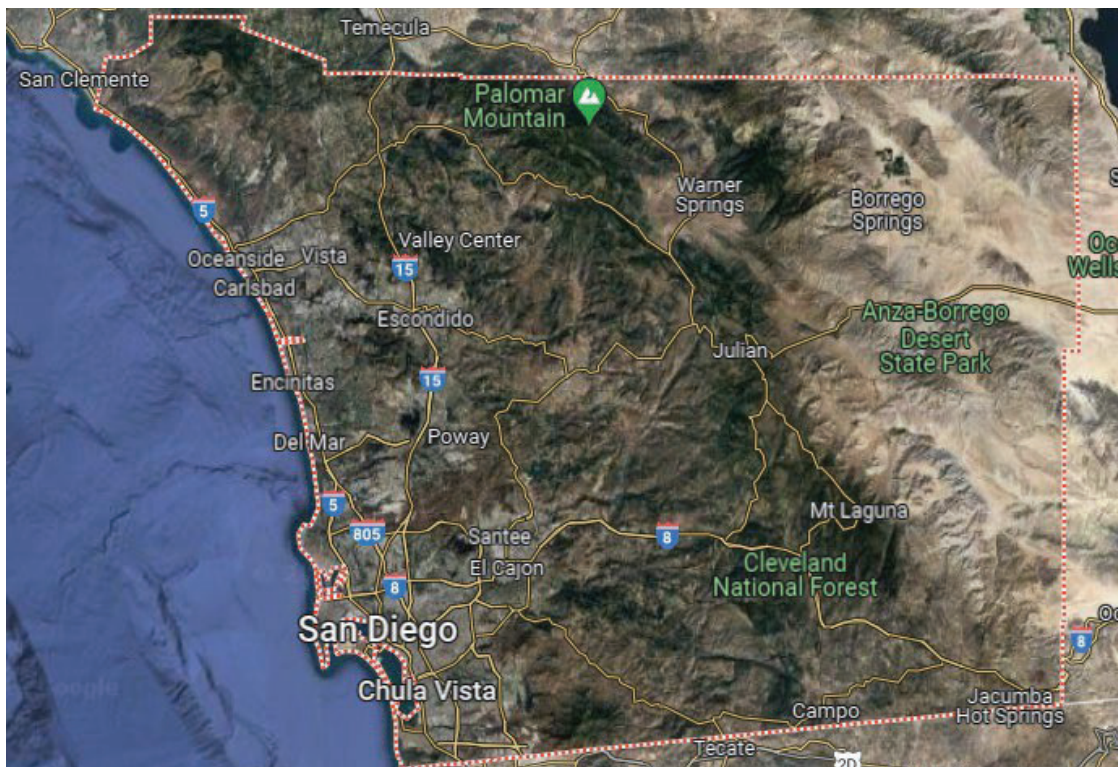
“To provide leadership in addressing issues that relate to older Californians; to develop community-based systems of care that provide services which support independence within California’s interdependent society, and which protects the quality of life of older persons and persons with functional impairments; 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 2024 population estimates produced by the San Diego Association of Governments (SANDAG) unless otherwise noted.

Eighty-five 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 4,073 persons per square mile, as compared to 143 persons per square mile in unincorporated areas. There are 18 incorporated cities in the county. The 2024 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 2024 population was 3,298,799. The 2024 American Community Survey reported the median age was 37.8, 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 2024, 41.7% were non-Hispanic (NH) white, 35.8% Hispanic, 12.9% NH Asian or Pacific Islander (API), 4.2% NH Black, 0.4% NH American Indian, and 5.0% NH other.

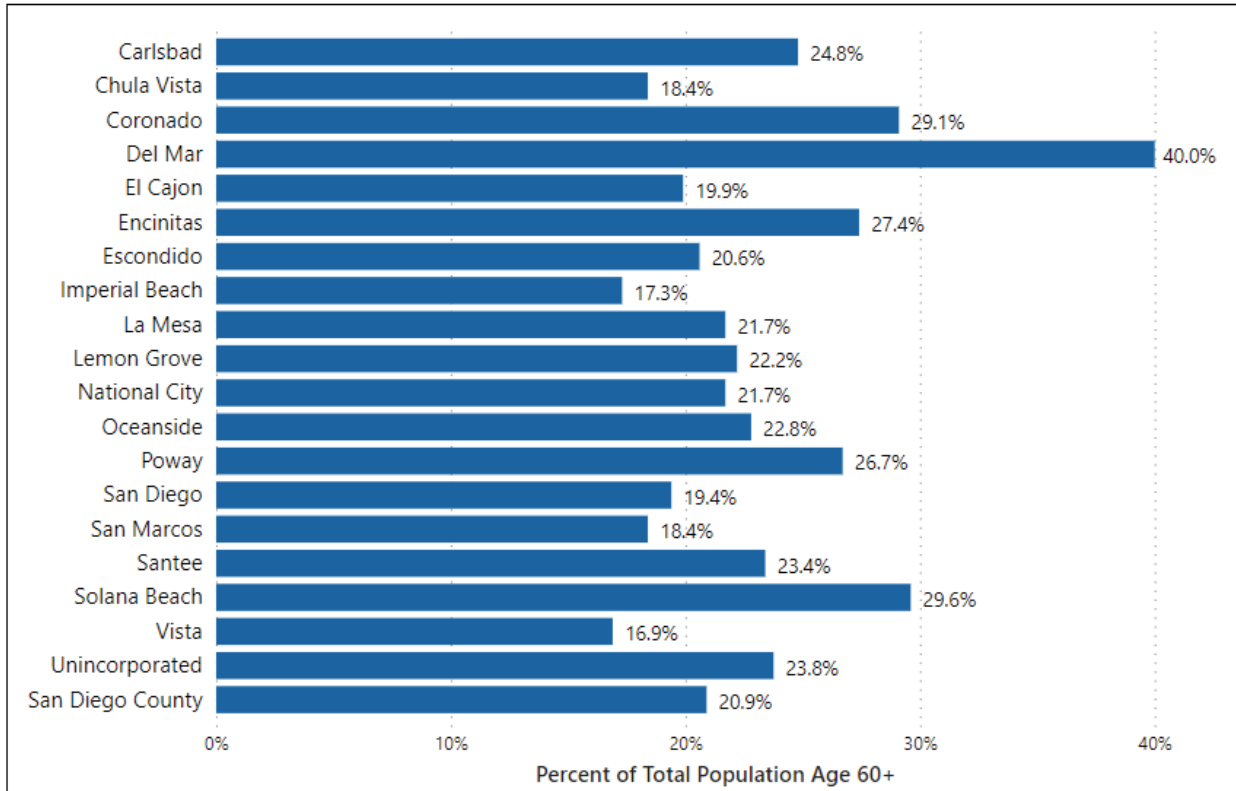
Characteristics of the Older Adult Population

Population Geographic Distribution

All data in this section is from the American Community Survey (ACS) 2019-2023 5-year estimates. There were 685,604 older adults aged 60 years and older living in San Diego County in 2023. 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 269,000 (19.4%) adults aged 60 years and older. This accounts for 39.3% of all older adults in San Diego County. Nearly 602,000 San Diego County residents reside in unincorporated areas, including over 143,000 (23.8%) adults aged 60 years and older. Older adults residing in unincorporated areas account for 20.9% of all older adults in the county. Chula Vista, the second largest city in San Diego County, has a population of over 275,000 with more than 50,600 (18.4%) 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 Coronado. Del Mar has the smallest total population in the county with just under 4,000 residents—nearly 1,600 being aged 60 and older (40.0%). Solana Beach, the second smallest city in the county, has a total population of just under 13,000 with nearly 3,800 being aged 60 and older (29.6%). Coronado has a total population of more than 18,500 with nearly 5,400 residents aged 60 and older (29.1%). The older adult population aged 60 and older in Del Mar, Solana Beach, and Coronado accounts

for 0.2%, 0.6% and 0.8% of the county's total older adult population, respectively. (U.S. Census Bureau, American Community Survey 5-Year 2019-2023 Population Estimates, Table S0101).

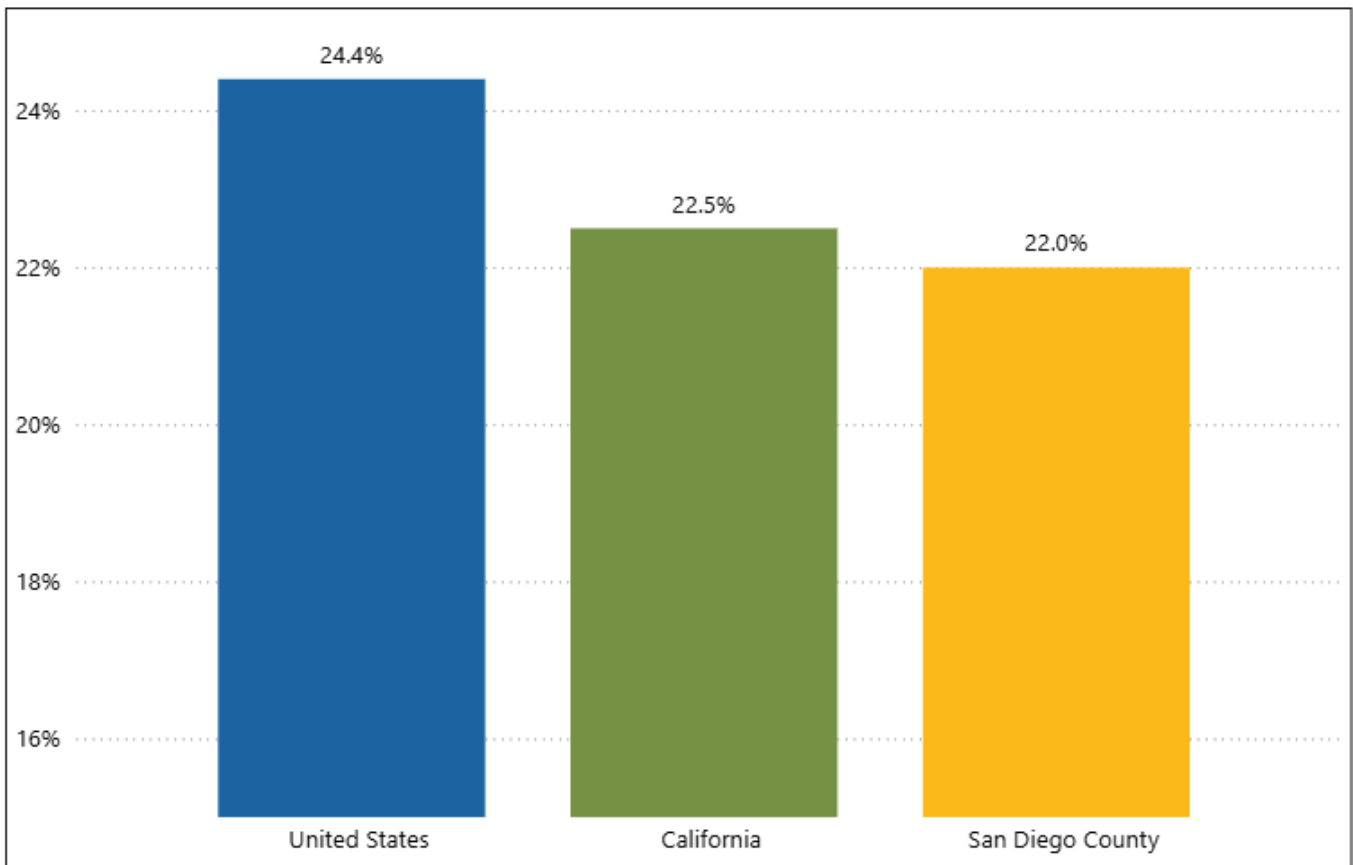
Older Adult Population (60+ Years) as a Percentage of the Total Population by Geography, 2019-2023



Source: U.S. Census Bureau, American Community Survey 2019-2023 Population Estimates, Table S0101.
Prepared by: County of San Diego Health and Human Services Agency, Aging & Independence Services, 2025.

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 22% of the total population in 2024. In the United States, 24.4% of the population were older adults aged 60 years and older (U.S. Census Bureau, American Community Survey 1-Year 2024 Population Estimates, Table S0101).

Older Adult Population (60+ Years) as a Percentage of the Total Population, San Diego County, 2024

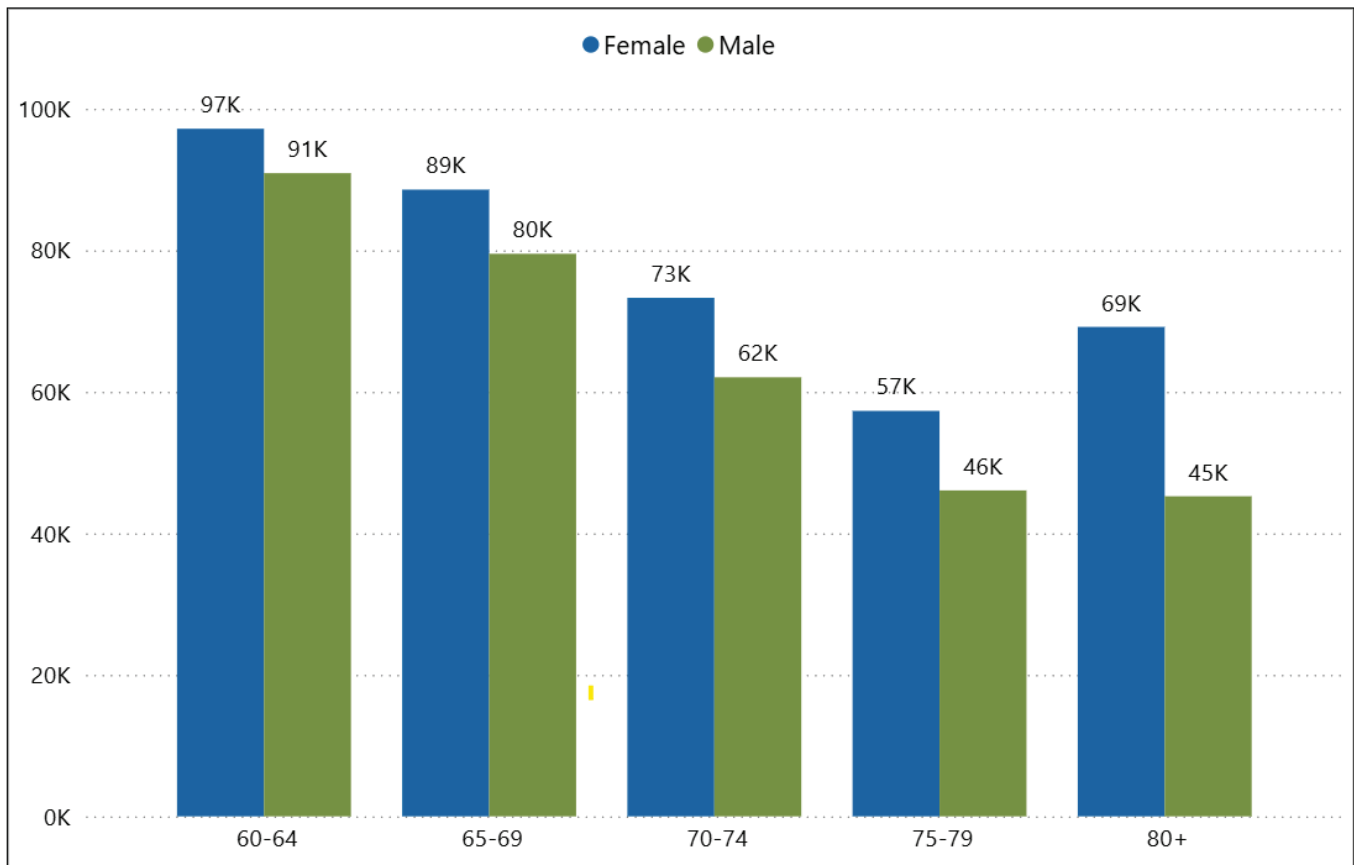
Source: U.S. Census Bureau, American Community Survey 2024 Population Estimates, Table S0101.

Prepared by: County of San Diego Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, 2026.

Gender Distribution

In 2024, women in San Diego County comprised 54.4% of the population aged 60 years and older, while men comprised 45.6%. Approximately three-fifths (60.5%) 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 2024 Current Population Estimates).

Older Adult Population (60+ Years) by Age Group and Sex, San Diego County, 2024

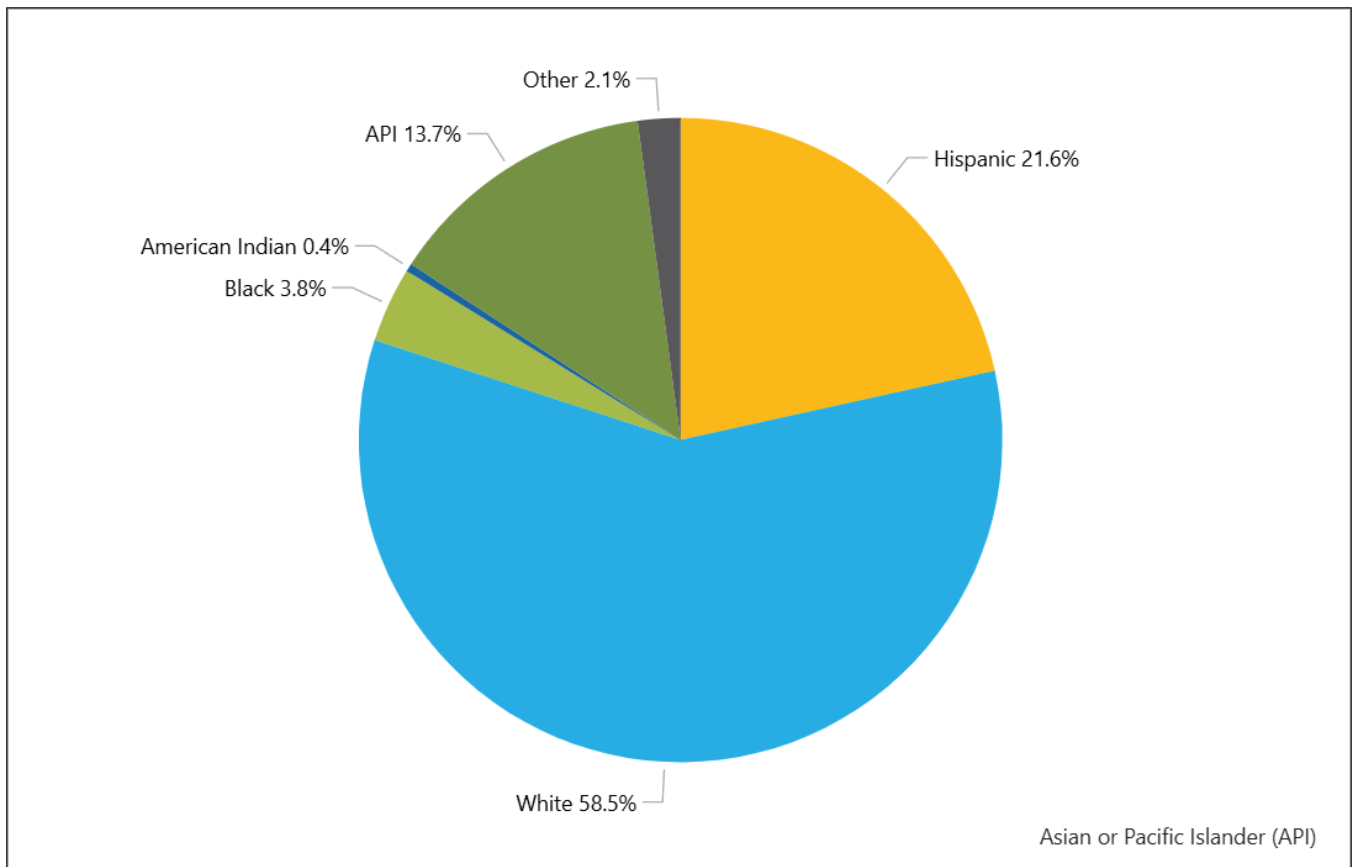


Source: San Diego Association of Governments (SANDAG), 2024 Population Estimates (v24/2025).

Prepared by: County of San Diego Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, 2026.

Race/Ethnicity

Data from 2024 SANDAG indicates 58.5% of all San Diego County older adults aged 60+ were White. In 2024, an estimated 21.6% of older adults were Hispanic, 13.7% Asian or Pacific Islander (API), 3.8% Black, 0.4% American Indian, and 2.1% Other.

Older Adult Population (60+ Years) by Race/Ethnicity, San Diego County, 2024

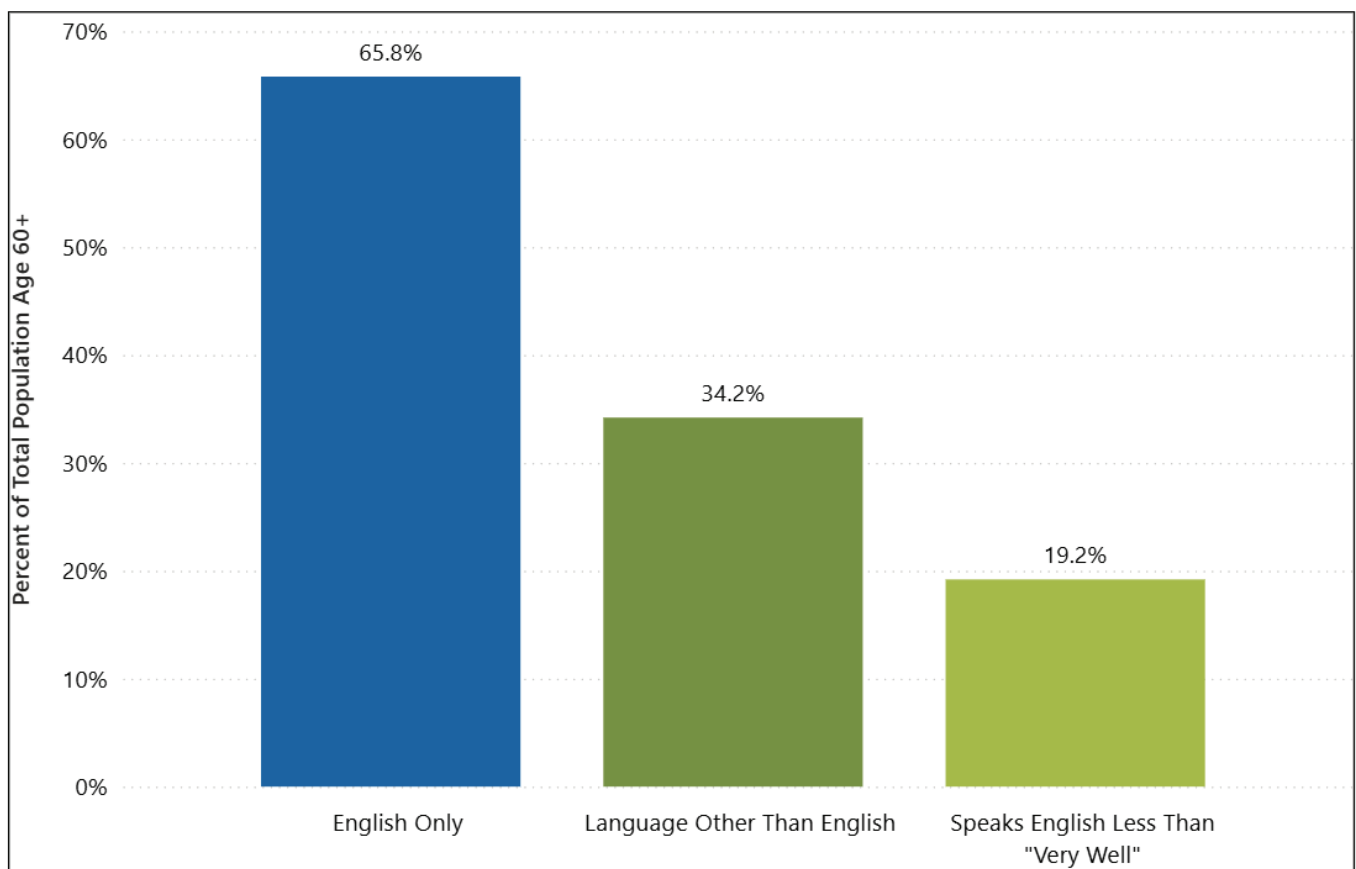
Source: San Diego Association of Governments (SANDAG), 2024 Population Estimates (v24/2025).

Prepared by: County of San Diego Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, 2026.

English Spoken at Home and English Proficiency

Self-reported data from the American Community Survey (2024) indicates San Diego County is linguistically diverse, even throughout the older adult population. While the majority of older adults speak English only (65.8%), data indicates that 34.2% speak a language other than English and, among adults aged 60 years and older, 19.2% speak English less than "very well" (U.S. Census Bureau, American Community Survey 2024 1-Year Estimates, Table S0102).

English Spoken at Home and English Proficiency, Older Adults (60+ Years), San Diego County, 2024



Source: U.S. Census Bureau, American Community Survey 2024 Population Estimates, Table S0102.

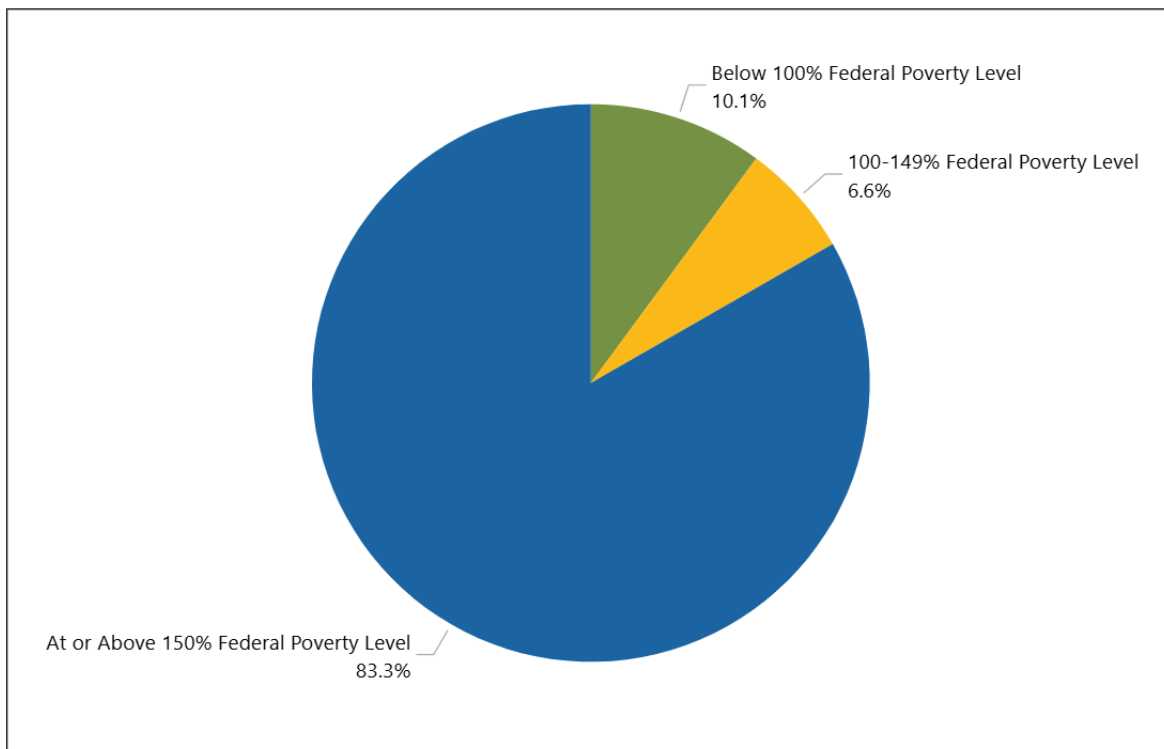
Prepared by: County of San Diego Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, 2026.

Poverty Status

In San Diego County, 10.1% 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 2024. 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 indicates that in 2023, among older adults in California, San Diego had the 12th highest cost of living of the 58 California counties among single older adult renters and 14th highest among older adult couples. The annual cost of living for a single older adult residing in San Diego County was \$36,216 among renters and \$45,564 among homeowners with a mortgage, 2.5 and 3.1 times, respectively, the 2023 federal poverty level for a single adult. Comparatively, annual cost of living for an older adult couple residing in San Diego County in 2023 was \$45,756 among renters and \$55,104 among homeowners with a mortgage. 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 (65+ Years), San Diego County, 2024



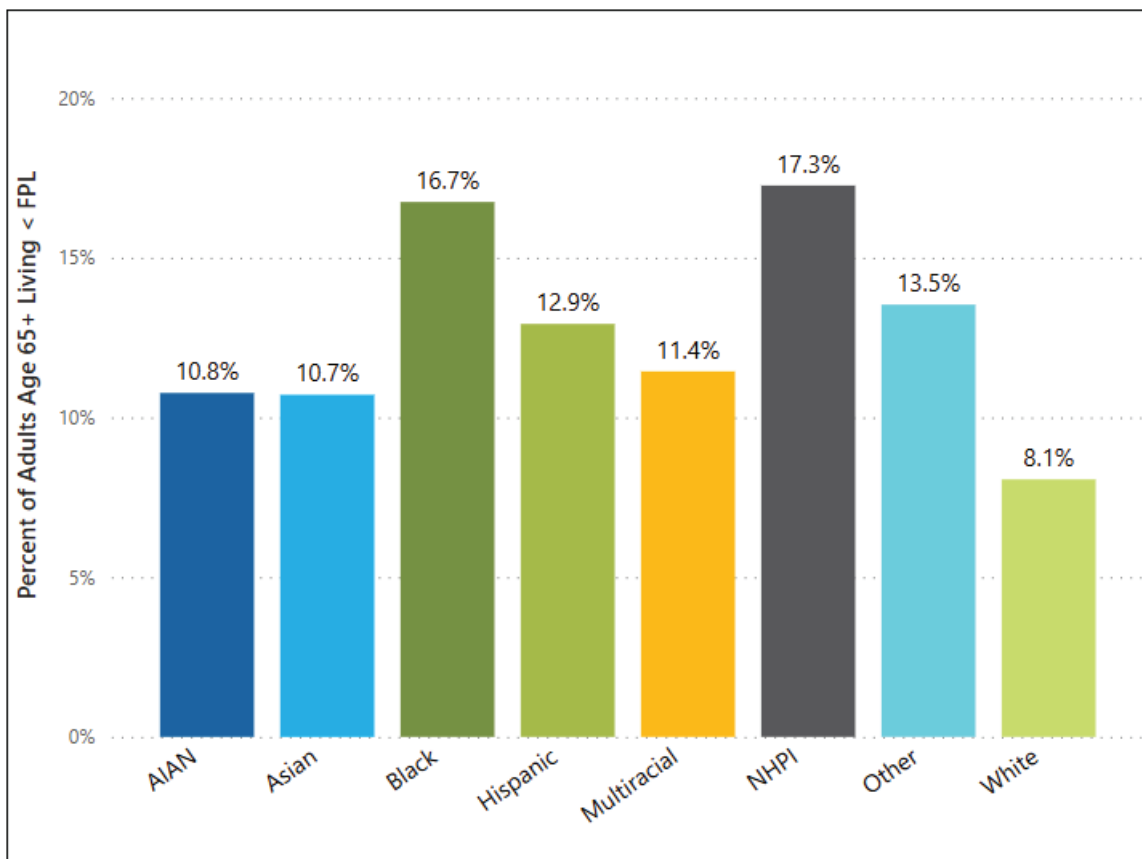
Source: U.S. Census Bureau, American Community Survey 2024 Population Estimates, Table S0102.

Prepared by: County of San Diego Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, 2026.

Although there are older adults aged 65+ of all races/ethnicities that may be struggling to make ends meet in San Diego County, Native Hawaiian/Pacific Islander, Black, and other non-white older adults are disproportionately affected (U.S. Census Bureau, American Community Survey 5-Year 2019-2023 Population Estimates, Tables B17001A-G, I). In San Diego County:

- 17.3% of Native Hawaiian/Pacific Islander older adults reported having incomes below the federal poverty level.
- 16.7% of Black older adults reported having incomes below the federal poverty level.
- 13.5% of other non-white older adults reported having incomes below the federal poverty level.

Percent of Older Adults (65+ Years) * Living Below the Federal Poverty Level (FPL) by Race & Ethnicity, San Diego County, 2023



Source: U.S. Census Bureau, American Community Survey 2019-2023 Population Estimates, Tables B17001A-B17001I.
Prepared by: County of San Diego Health and Human Services
Agency, Aging & Independence Services, 2025.

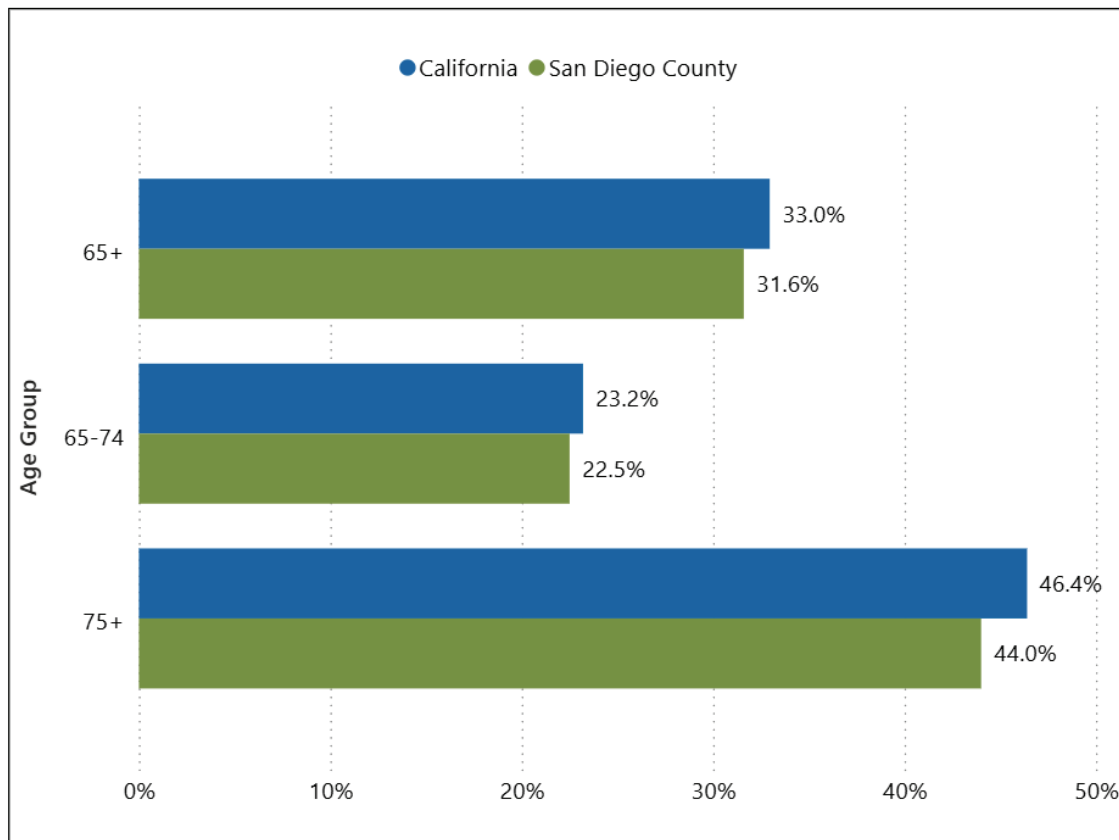
Native Hawaiian & Pacific Islander (NHPI)
American Indian & Alaskan Native (AIAN)
Non-Hispanic (NH)

*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 65 years and older reported having a disability at a lower percentage than the state average. In 2024, an estimated 31.6% of 65 years and older San Diego residents reported having a disability compared to 33.0% of California residents (U.S. Census Bureau, American Community Survey 2024 1-Year Estimates, Table S1810).

Percent of Older Adults (65+ Years) with a Disability by Age Group, San Diego County, 2024



Source: U.S. Census Bureau, American Community Survey 2024 Population Estimates, Table S1810.

Prepared by: County of San Diego Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, 2026.

Medical Encounters Among San Diego County Residents Aged 60 Years and Over, 2023

In 2023, there were 121,129 hospitalizations of older adults aged 60 years and older in San Diego County for any cause (California Department of Health Care Access & Information (HCAI), Patient Discharge Database, 2023). In 2023, there were 224,716 visits by older adults aged 60 years and older that were treated and discharged from a San Diego County emergency department (California Department of Health Care Access & Information (HCAI), Emergency Discharge Database, 2023).

Falls are a frequent type of unintentional injury among older adults. In 2023, 369 residents aged 60 years and older died as a result of a fall injury (California Department of Public Health, Center for Health Statistics, Office of Health Information and Research, Vital Records Business Intelligence System (VRBIS), 2023). More than 12,600 were hospitalized and over 33,000 visited the emergency department as a result of a fall injury (California Department of Health Care Access and Information (HCAI), Emergency Department Database and Patient Discharge Database, 2023).

Falls are a major contributor to deaths from unintentional injuries among older adults residing in San Diego County. Fall injuries were the leading condition for emergency department visits among those aged 60+, and the third leading health condition for hospitalizations among older adults (County of San Diego Health and Human Services Agency, Public Health Services, Community Health Statistics Unit (2025), *Leading Health Conditions - Older Adults 60+ in San Diego County, 2023*).

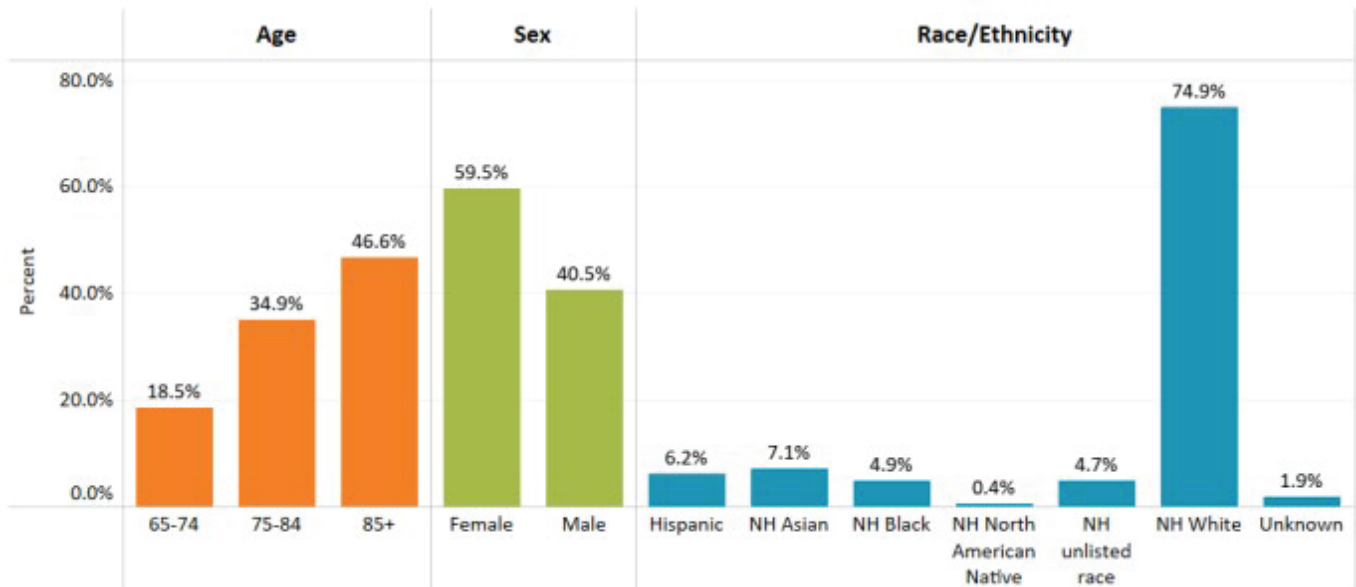
Elder Abuse Reports

In Fiscal Year (FY) 2024-2025, there were 31,833 referrals to Adult Protective Services (APS) through the AIS Call Center, After-Hours Hotline, and the online referral system, resulting in 22,880 cases and 28,707 investigations. Of the 22,849 cases that closed during FY 2024-2025, 29% had at least one confirmed allegation of self-neglect and 87% involved adults aged 60 and older (County of San Diego Health and Human Services Agency, Aging & Independence Services, Adult Protective Services, 2025).

Alzheimer's Disease and Non-Alzheimer's Dementia

In 2022, an estimated 49,000 to 53,500 San Diego adults aged 65 and older were living with Alzheimer's disease or non-Alzheimer's dementia. This number is expected to increase to 76,000 to 91,000 by 2050 (Centers for Medicare and Medicaid Services (CMS), Fee-for-Service Medicare claims, 2020-2022; San Diego Association of Governments (SANDAG) population growth forecasts). These devastating diseases profoundly impact individuals, families, caregivers, and the health care system. In 2022, there were an estimated 94,500 to 102,000 unpaid caregivers providing between 128.3 to 138.6 million hours of care valued at over \$3 billion (Alzheimer's Association (2025). 2025 Alzheimer's Disease Facts and Figures).

Demographics of Medicare Claimants with Alzheimer's Disease and Non-Alzheimer's Dementia Among San Diego County Residents Ages 65 and Older, 2020-2022



Source: Centers for Medicare and Medicaid Services (CMS), Fee-for-Service Medicare claims, 2020-2022; San Diego Association of Governments (SANDAG) population growth forecasts

Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit and Aging & Independence Services, 2025.

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.
 - 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.
 - Programs for All-Inclusive Care for the Elderly (PACE).
 - 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 143,000 residents over the age of 60 live within the unincorporated areas, accounting for 23.8% of the older adult population in San Diego County (ACS 2019-2023 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. In 2024, nearly 380,000 residents (non-institutionalized) had a disability in San Diego County, of which 44.0% (nearly 167,000) were aged 65 years and older (U.S. Census Bureau, American Community Survey 2024 1-Year Estimates, Table S1810). 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 conduct outreach and coordinate community groups. In the healthcare field, Healthy San Diego (HSD) is the legislatively designated consortium of four Medi-Cal health plans, County departments with Medi-Cal programs, and Medi-Cal providers and consumers. AIS has a staff liaison on HSD and participates in the Healthy San Diego Consumer and Professional Advisory Committee to bring the perspective of providers of Long- Term Services and Supports.

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

In San Diego County, 10.1% 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 2024. 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 indicates that in 2023, among older adults in California, San Diego had the 12th highest cost of living of the 58 California counties among single older adult renters and 14th highest among older adult couples. The annual cost of living for a single older adult residing in San Diego County was \$36,216 among renters and \$45,564 among homeowners with a mortgage, 2.5 and 3.1 times, respectively, the 2023 federal poverty level for a single adult. Comparatively, annual cost of living for an older adult couple residing in San Diego County in 2023 was \$45,756 among renters and \$55,104 among homeowners with a mortgage. Data in this section reflects only those living below or just above the federal poverty level (FPL). As the FPL is significantly lower than the cost of living, data in this section does not reflect all older adults living with financial insecurity. Although there are older adults aged 65+ of all races/ethnicities that may be struggling to make ends meet in San Diego County, Native Hawaiian/Pacific Islander, Black, and other non-white older adults are disproportionately affected (U.S. Census Bureau, American Community Survey 5-Year 2019-2023

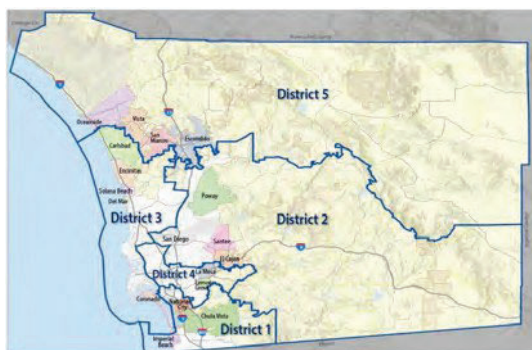
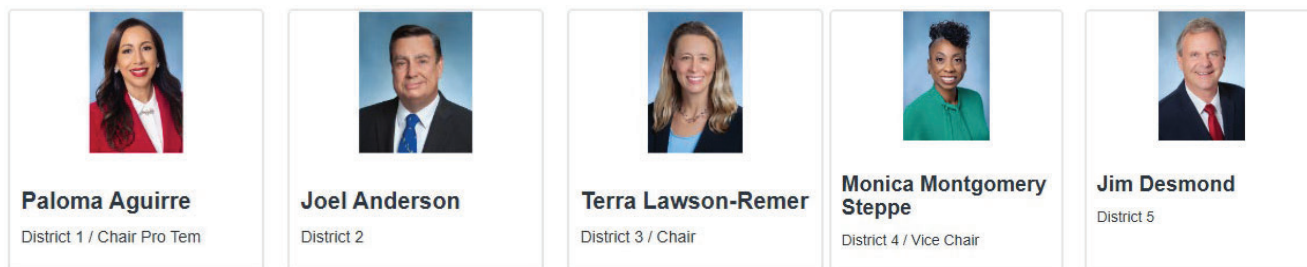
Population Estimates, Tables B17001A-G, I). Since 2019, the percentage of older adults living below the FPL has increased among Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Pacific Islander, and multiracial groups. If this trend continues, older adult minorities will face further financial inequity in 2026. In San Diego County in 2023:

- 17.3% of Native Hawaiian/Pacific Islander older adults reported having incomes below the federal poverty level.
- 16.7% of Black older adults reported having incomes below the federal poverty level.
- 13.5% of other non-white older adults reported having incomes below the federal poverty level.

San Diego County Board of Supervisors

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

San Diego County Board of Supervisors



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

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 2024, 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 2024 1-Year Estimates, Table B10051). Grandparents, along with other kinship caregivers, face unique challenges as they take on the task of being a parental figure later in life. The County of San Diego Grandparents Raising Grandchildren Initiative seeks to educate and inform grandparents about available services as well as obtain input about the unmet needs of this population. The Initiative began with an educational event in April 2012 and has grown to include regional activities to support these families throughout the years. In addition, a handbook for grandparents and other kinship caregivers has been developed, available in English and Spanish, filled with information to assist them as they navigate various systems and issues.
- **Long-Term Care Ombudsman Program:** Advocates for residents in long-term care (LTC) Facilities, such as nursing homes and Residential Care Facilities for the Elderly.

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

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

Leadership and Community Collaboration

AIS uses several approaches to stay in contact with the community and to promote meaningful interaction. To share information and community resources, AIS utilizes an email distribution list that reaches approximately 10,000 recipients, including older adults, caregivers, County staff, senior centers, service providers, and professionals in the field of aging. Emails are typically sent out weekly and include information on County and AIS programming, as well as that of community partners. In addition, the quarterly Aging & Independence newsletter is sent via the email distribution network, plus an additional 5,000 older adults and providers access the newsletter through community partners and at public locations, such as libraries. Paper copies are also mailed to an additional 3,000 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 purpose of the Coalition is to make the job of caring for others less stressful by helping caregivers become more knowledgeable. The Coalition keeps a pulse on community needs and the effectiveness of the National Family Caregiver Support Program.

Community Action Networks

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

Fall Prevention Task Force

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

Health Promotion Committee

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

In-Home Supportive Services/Public Authority Advisory Committee

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

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

AAA Funding Sources

AIS provides services through the various federal, State, County, and other grant sources that have been allocated and awarded. Currently AIS has a total of 35 funding sources that are comprised of federal (30.45%), state (53.95%), county (13.69.3%) and other grant (1.9%) funds.

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 reimaged 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 reimaged 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

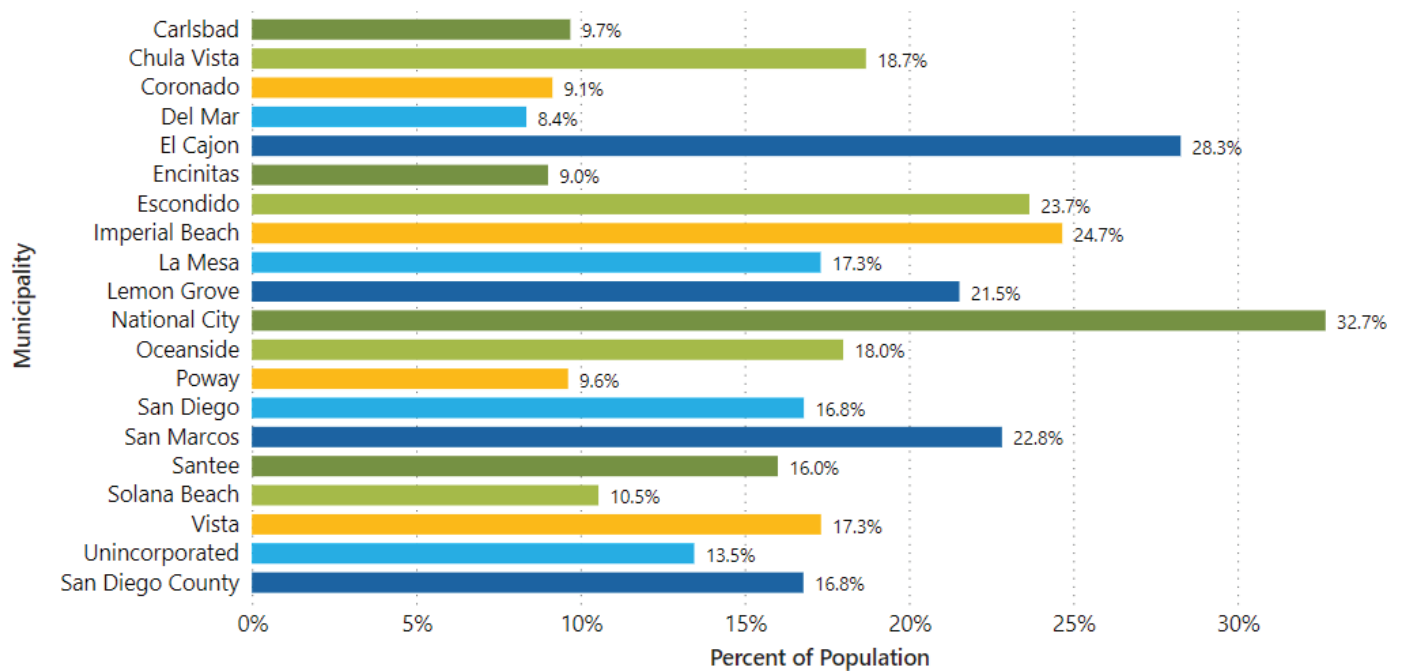
Assessment Survey for Older Adults (CASOA). In addition, the AIS Advisory Council strives to maintain a membership that is representative of the targeted populations.

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**

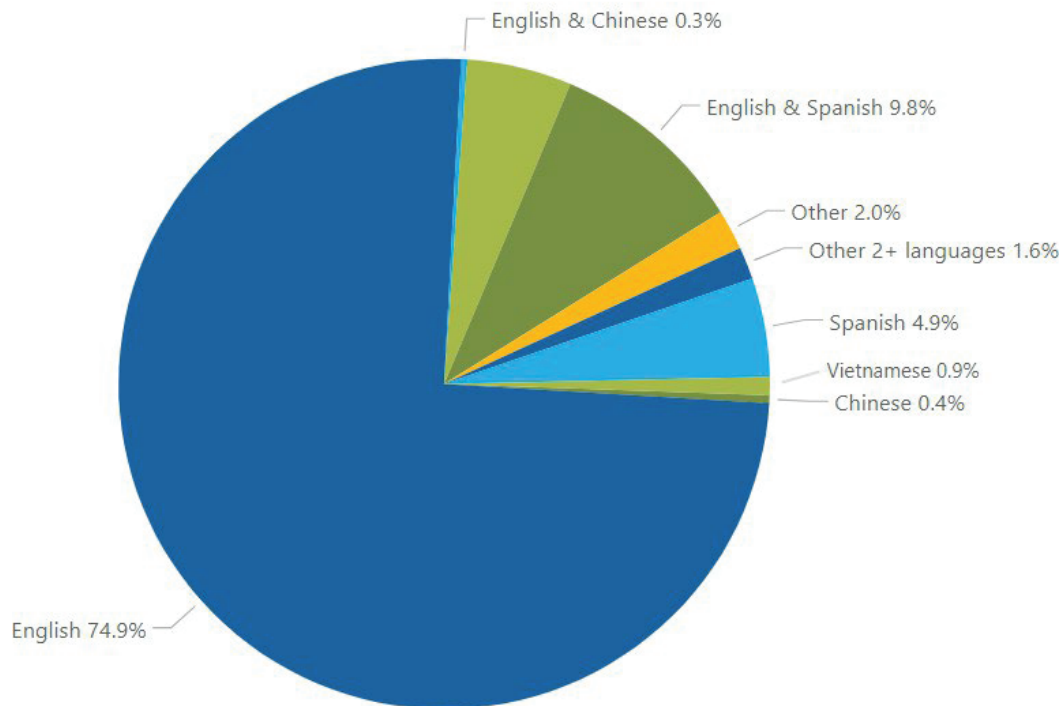


Sources: U.S. Census Bureau, American Community Survey 2018-2022 Population Estimates, Table B17024.

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



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

2026-2027 Annual Area Plan Update Funding for Access, In-Home Services, and Legal Assistance

The CCR, Article 3, Section 7312, requires the AAA to allocate an “adequate proportion” of federal funds to provide Access, In-Home Services, and Legal Assistance in the PSA. The annual minimum allocation is determined by the AAA through the planning process. The minimum percentages of applicable Title III-B funds² 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 2025-26 through FY 2027-2028.

Access:

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

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

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

2024-25 <u>17</u> %	25-26 <u>17</u> %	26-27 <u>17</u> %	27-28 <u>17</u> %
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Legal Assistance Required Activities³:

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

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

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

²Minimum 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.

³Legal 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=OFd3RG1sOC9ZNzlmMDVyTIFWajgwdz09) Meeting ID: 824 8650 7295 Meeting password: 162815	66	No	No
2025-2026	April 14, 2025	In person at 5560 Overland Avenue, Suite 310 San Diego, CA 92123 Virtually via phone at (619) 343-2539, or via Teams (https://teams.microsoft.com/l/meetup-join/19%3ameeting_NzBmZjcxZDUtYzE4ZS00MjIwLWExMjYtYzYxYjRiNzhmZGJl%40thread.v2/0?context=%7b%22Tid%22%3a%224563af13-c029-41b3-b74c-965e8eec8f96%22%2c%22Oid%22%3a%2269679cec-25ef-496e-8fd7-cd6491e9916d%22%7d) Meeting ID: 224 849 240 117 Meeting password: eq7c5wR2	37	No	No

[illegible]

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

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

The Area Plan Notice of Public Hearing was translated and made available in all County Threshold Languages (English, Spanish, Tagalog, Mandarin, Korean, Farsi, Vietnamese, Arabic, Dari, and Somali), posted on AIS's primary webpage and AIS Advisory Council webpage, and in all AIS building lobbies throughout San Diego County. The English and translated Area Plan Notices of Public Hearing were disseminated by email to distribution lists that reach over 10,000 residents and service providers, including those who are homebound, disabled, or work with vulnerable populations. The Spring 2026 electronic edition of the AIS newsletter also included details on the Area Plan Notice of Public Hearing. The electronic edition is emailed to 9,000 individuals and reaches homebound and disabled older adults, as well as service providers who serve institutionalized older and disabled adults. Finally, the Area Plan Notice of the Public Hearing (LegalNotice) appeared in the region's largest newspaper, the San Diego Union Tribune. Attendees could join virtually through Microsoft Teams or by telephone.

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

- ☐ Yes. Go to question #3
☒ Not applicable, PD and/or C funds are not used. Go to question #4.

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

N/A

4. Attendees were provided the opportunity to testify regarding setting minimum percentages of Title III-B program funds to meet the adequate proportion of funding for Priority Services.

- ☒ Yes. Go to question #5
☐ No, Explain:

5. Summarize the comments received concerning minimum percentages of Title III-B funds to meet the adequate proportion of funding for priority services.

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

- Inquiry regarding which level of government (State or local) determines how minimum percentages are allocated.

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

There were no other issues discussed or raised at the public hearing.

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

AAA staff responded to all comments raised during the public hearing and provided clarifying information that did not constitute any changes to the Area Plan.

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

⁵AAAs 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 Appendix A, Aging Roadmap Action Plan 2024 - 2028 for additional activities not funded under the OAA that pertain to Health & Community Support.

#	OBJECTIVES	Projected Start and End Dates	Type of Activity and Funding Source ⁶	Update Status ⁷
1.01	Provide Information and Assistance through the AIS Call Center 800 number to an average of 800 callers per month (9,600 per year). The outcome will be measured by the AIS Call Center call management system.	July 1, 2026 to June 30, 2027	Title III-B	

1.02	Health Promotion staff will educate 200 older adults through evidence-based programs such as Tai Chi for Arthritis, Tai Chi: Moving for Better Balance and the Feeling Fit Club. 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, 2026 to June 30, 2027	Title III-D	Revised
1.03	Through the Project Community Action Reaching the Elderly (C.A.R.E.) Program, contractor will provide Title III-B Supportive Services including 2,700 information and assistance contacts. Assistance may be conducted over the phone with an individual to provide information or referrals to services and opportunities that are available within the community, with the possibility of follow-up contact.	July 1, 2026 to June 30, 2027	Title III-B	Revised
1.04	Through the Project C.A.R.E. Program, contractor will provide Title III-B Supportive Services including 250 comprehensive assessments. A comprehensive assessment involves a home visit, assessment of needs/strengths, goal documentation, and reassessment.	July 1, 2026 to June 30, 2027	Title III-B	Revised
1.05	Through the Project C.A.R.E. Program, contractor will provide Title III-B Supportive Services including 1,300 telephone reassurance contacts. Contractor staff and volunteers will provide weekly phone calls to reassure and support older adults.	July 1, 2026 to June 30, 2027	Title III-B	Revised

⁶ If not a program specific goal, 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 the 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.

⁶ If not a program specific goal, 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 the 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 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.

⁶ If not a program specific goal, 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 the 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 4: Transportation

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

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

#	OBJECTIVES	Projected Start and End Dates	Type of Activity and Funding Source ⁶	Update Status ⁷
4.01	Continue to provide 360 one-way trips 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, 2026 to June 30, 2027	Title III-B	Revised
4.02	Address food insecurity by working with Older Californians Nutrition Program contractors to reduce barriers to participation by providing 40,000 transportation units of service to and from congregate meal sites for eligible participants that lack transportation.	July 1, 2026 to June 30, 2027	Title III-B	Revised

⁶ If not a program specific goal, 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 the 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 Appendix A, Aging Roadmap Action Plan 2024 – 2028 for AIS and other County activities that pertain to Dementia.

⁶ If not a program specific goal, 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 the 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 6: Caregiver Support

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

Rationale: Family caregivers play a crucial role in providing care for those who are elderly, facing serious illness, or living with dementia. Some of these caregivers may be in the “sandwich generation,” or raising children while also caring for older relatives. These unsung heroes help loved ones to live at home for as long as possible, improving their quality of life. Another important group of caregivers includes kinship caregivers, such as grandparents raising grandchildren. AIS strategies include expanding supports and resources across the spectrum of caregivers and providing community education and training. Please refer to Appendix A, Aging Roadmap Action Plan 2024 – 2028 for additional AIS and County activities funded by the OAA that pertain to Caregiver Support.

#	OBJECTIVES	Projected Start and End Dates	Type of Activity and Funding Source ⁶	Update Status ⁷
6.01	Participate/present in 20 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, 2026 to June 30, 2027	Title III-B	Revised

6.02a	Through the Family Caregiver Support Program (FCSP), contractor will provide a minimum of 10,000 units of respite service (one hour equals one service unit) and 130 hours of out of home daycare. Contractor will provide a minimum of 1,500 units (1 hour) of caregiver supplemental services caregiver assessment. In addition, the following support services will also be provided to family caregivers: counseling (260), support groups (2,300), reaching 2,560 hours annually.	July 1, 2026 to June 30, 2027	Title III-E	Revised
6.02b	Contractors (two contractors for different regions) will provide a minimum of 1,250 occurrences of supplemental services to family caregivers, including 150 occurrences of assistive technology and 1,100 occurrences of home modifications, to facilitate and fulfill caregiving responsibilities.	July 1, 2026 to June 30, 2027	Title III-E	Revised
6.02c	Through FCSP, AIS staff will educate groups of caregivers and provide information about available FCSPs and other caregiver support resources by disseminating publications, posting on social media and websites, and organizing and attending community events, reaching a minimum of 10,000 family caregivers through 100 activities. Through FCSP, AIS staff, in collaboration with community partners, will conduct family caregiver workshops/events. A minimum of 200 caregivers will attend these events annually. AIS staff will track both the number of caregivers attending and support events held.	July 1, 2026 to June 30, 2027	Title III-E	

6.02f	Through FCSP, contractor will provide a minimum of 6,200 out of home day care hours of respite, 6,730 out of home overnight respite and 295 hours of respite in home for special needs care for Kinship Caregivers. A minimum of 300 kinship caregivers will be educated about FCSP resources and services through at least 10 events. FCSP contractor will reach 75 kinship caregivers (service unit contact through access assistance service that provides the individuals with current information on opportunities and services available to the within their communities; assesses the problems and capacities of the individual; links the individual to services; and ensures that the individual receives services they need.	July 1, 2026 to June 30, 2027	Title III-E	Revised
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⁶ If not a program specific goal, 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 the 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 Appendix A, Aging Roadmap Action Plan 2024 – 2028 for additional activities not funded under the OAA that pertain to Safety.				
#	OBJECTIVES	Projected Start and End Dates	Type of Activity and Funding Source 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, 2026 to June 30, 2027	Title-VII	
7.02	Receive and investigate allegations of abuse, neglect, or exploitation of residents of long-term care facilities. The outcome is measured through the reporting functions within the Ombudsman computer application, ODIN.	July 1, 2026 to June 30, 2027	Title-VII	
7.03	Provide case management services to 215 unduplicated frail older adults that are at risk of out-of- home placement. The outcome will be measured by tracking the unduplicated client count served by SOAR Program in the automated database system.	July 1, 2026 to June 30, 2027	Title III-B	

⁶ If not a program specific goal, 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 the 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 Appendix A, Aging Roadmap Action Plan 2024 - 2028 for additional AIS and County activities not funded by the OAA that pertain to Preparedness.

#	OBJECTIVES	Projected Start and End Dates	Type of Activity and Funding Source ⁶	Update Status ⁷
8.01	AIS will purchase and distribute Vials of Life to assist older adults in the event of an emergency, totaling 2,000 proposed units of service.	July 1, 2026 to June 30, 2027	Title III-B	

⁶ If not a program specific goal, 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 the 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 Appendix A, Aging Roadmap Action Plan 2024 - 2028 for additional AIS activities not funded by the OAA that pertain to Silver Economy.

#	OBJECTIVES	Projected Start and End Dates	Type of Activity and Funding Source ⁶	Update Status ⁷
9.01a	Provide at least 18 hours (instances) of in-service training to volunteers regarding long-term care issues, eldercare, and ombudsman practice issues. The outcome is measured by sign-in sheets and the ombudsman computer application, ODIN.	July 1, 2026 to June 30, 2027	Title III-B	

9.01b	Conduct at least two 36-hour Ombudsman volunteer certification trainings. Outcome is measured by sign-in sheets and reported at the end of the year by the Ombudsman Program Coordinator.	July 1, 2026 to June 30, 2027	Title III-B	
9.01c	Focus on the retention of the number of certified Long- Term Care (LTC) Ombudsman volunteers at 35. The outcome will be measured through the reporting functions within the VAND computer software application.	July 1, 2026 to June 30, 2027	Title III-B	
9.01d	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, 2026 to June 30, 2027	Title III-B	

⁶ If not a program specific goal, 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 the 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 Appendix A, Aging Roadmap Action Plan 2024 - 2028 for additional AIS activities not funded by the OAA that pertain to Medical & Social Services.

#	OBJECTIVES	Projected Start and End Dates	Type of Activity and Funding Source ⁶	Update Status ⁷
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10.01	Provide 14,400 hours annually of homemaker and personal care services through SOAR program. Outcome will be measured by tracking the total number of hours logged in the automated database system.	July 1, 2026 to June 30, 2027	Title III-B	Revised
10.02	Conduct a general visit at least once per quarter in 90% of skilled nursing facilities and 60% of residential care facilities for the elderly. The outcome is measured through the reporting functions within the ombudsman computer application, ODIN.	July 1, 2026 to June 30, 2027	Title III-B	Revised
10.03	Support older adults to live independently by promoting better health through providing 50 sessions of Nutrition Education and reducing isolation through the provision of approximately 1.5 million congregate, home delivered, and to-go meals annually.	July 1, 2026 to June 30, 2027	Title III-C1 Title III-C2	Revised
10.04	Maintenance of software designed to meet the requirements of the California Aging Reporting System and support the timely and accurate reporting of required data.	July 1, 2026 to June 30, 2027	Admin	

6 If not a program specific goal, 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 the 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 not defined in OAAPS, refer to the [Service Categories and Data Dictionary](#).

1. Report the units of service to be provided with **ALL regular AP funding sources**. Related funding is reported in the annual Area Plan Budget (CDA 122) for Titles III-B, III-C-1, III-C-2, III-D, and VII. Only report services provided; others may be deleted.
2. A written justification is required for service unit decrease greater than 10%: Citation: CDA Program Guide, Section 4.4.(1) Scope of Work

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	10.01
2025-2026	2,800	10	10.01
2026-2027	2,800	10	10.01
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	10.01
2025-2026	11,600	10	10.01
2026-2027	11,600	10	10.01
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	6,000	7	
2026-2027	5,000	6	6.02e
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	4	4.01
2025-2026	360	4	4.01
2026-2027	360	4	4.01
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	4.02
2025-2026	40,000	4	4.02
2026-2027	40,000	4	4.02
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	9,000	1	
2025-2026	12,200	1	1.01 & 1.03
2026-2027	12,300	1	1.01 & 1.03
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	6	6.02d
2025-2026	2,500	6	6.02d
2026-2027	2,500	6	6.02d
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	550,000	10	10.03
2026-2027	550,000	10	10.03
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	900,000	10	10.03
2026-2027	900,000	10	10.03
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	10.03
2025-2026	48	10	10.03
2026-2027	50	10	10.03
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	0		
2026-2027	0		
2027-2028			

Other Supportive Service Category: Disaster Preparedness Materials

Unit of Service: 1 Product

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

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	0		
2025-2026	270	1	1.04
2026-2027	250	1	1.04
2027-2028			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	0		
2025-2026	1,100	1	1.05
2026-2027	1,300	1	1.05
2027-2028			

Title III-D: Health Promotion – Evidence-Based

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

Evidence-Based Program Name(s): Tai Chi for Arthritis, Tai Chi Moving for Better Balance, Feeling Fit Club
Unit of Service = 1 session

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	4,000	1	1.02
2025-2026	4,000	1	1.02
2026-2027	800	1	1.02
2027-2028			

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

2026-2027 Update

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

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

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

Complete all Measures and Targets for Outcomes 1-3.

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

- A. Complaint Resolution Rate** (NORS Element CD-08) (Complaint Disposition). The average California complaint resolution rate for FY 2022-2023 was 52%.

Fiscal Year Baseline Resolution Rate	# of partially resolved complaints or fully resolved complaints	Divided by the total number of Complaints	= Baseline Resolution Rate	Fiscal Year Target Resolution Rate
2022-2023	716	1,456	49%	75 % 2024-2025
2023-2024	830	1,540	54%	60 % 2025-2026
2024-2025	293	411	71%	60 % 2026-2027
2026-2027				% 2027-2028

Program Goals and Objective Numbers:

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

1. FY 2022-2023 Baseline: Number of Resident Council meetings attended <u>71</u> FY 2024-2025 Target: <u>25</u>
2. FY 2023-2024 Baseline: Number of Resident Council meetings attended <u>55</u> FY 2025-2026 Target: <u>35</u>

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| 3. FY 2024-2025 Baseline: Number of Resident Council meetings attended <u>107</u>
FY 2026-2027 Target: <u>50</u> |
| 4. FY 2025-2026 Baseline: Number of Resident Council meetings attended _____
FY 2027-2028 Target: _____ |

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

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| 1. FY 2022-2023 Baseline: Number of Family Council meetings attended 1
FY 2024-2025 Target: 1 |
| 2. FY 2023-2024 Baseline: Number of Family Council meetings attended <u>4</u>
FY 2025-2026 Target: <u>1</u> |
| 3. FY 2024-2025 Baseline: Number of Family Council meetings attended <u>13</u>
FY 2026-2027 Target: <u>10</u> |
| 4. FY 2025-2026 Baseline: Number of Family Council meetings attended _____
FY 2027-2028 Target: _____ |

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.

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| 1. FY 2022-2023 Baseline: Number of Instances <u>1,628</u>
FY 2024-2025 Target: <u>1,000</u> |
| 2. FY 2023-2024 Baseline: Number of Instances <u>2,789</u>
FY 2025-2026 Target: <u>1,500</u> |
| 3. FY 2024-2025 Baseline: Number of Instances <u>3,849</u>
FY 2026-2027 Target: <u>3,500</u> |
| 4. FY 2025-2026 Baseline: Number of Instances _____
FY 2027-2028 Target: _____ |

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.

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| 1. FY 2022-2023 Baseline: Number of Instances <u>8,753</u>
FY 2024-2025 Target: <u>9,000</u> |
| 2. FY 2023-2024 Baseline: Number of Instances <u>7,350</u>
FY 2025-2026 Target: <u>7,500</u> |

3. FY 2024-2025 Baseline: Number of Instances <u>8,521</u> FY 2026-2027 Target: <u>8,200</u>
4. FY 2025-2026 Baseline: Number of Instances _____ FY 2027-2028 Target: _____

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

1. FY 2022-2023 Baseline: Number of Sessions <u>17</u> FY 2024-2025 Target: <u>20</u>
2. FY 2023-2024 Baseline: Number of Sessions <u>10</u> FY 2025-2026 Target: <u>15</u>
3. FY 2024-2025 Baseline: Number of Sessions <u>48</u> FY 2026-2027 Target: <u>25</u>
4. FY 2025-2026 Baseline: Number of Sessions ----- FY 2027-2028 Target: _____

Systems Advocacy (NORS Elements S-07, S-07.1) One or more new systems advocacy efforts must be provided for each fiscal year Area Plan Update. In the relevant box below for the current Area Plan year, in narrative format, please provide at least one new priority systems advocacy effort the local LTC Ombudsman Program will engage in during the fiscal year. The systems advocacy effort may be a multi-year initiative, but for each year, describe the results of the efforts made during the previous year and what specific new steps the local LTC Ombudsman program will be taking during the upcoming year. Progress and goals must be separately entered each year of the four-year cycle in the appropriate box below.

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

Enter information in the relevant box below.

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

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

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

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

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

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

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

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

FY 2026-2027

Outcome of FY 2025-2026 Efforts: System advocacy efforts were implemented in FY 2025-2026 to educate staff, volunteers, and mandated reporters about changes surrounding AB 1417. A total of 80 professionals and 200 caregivers participated in trainings, and educational materials were distributed to support awareness and compliance.

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

For FY 2026-2027, systems advocacy efforts will include participation in the Peace Officer Standards Training video production for Elder and Dependent Adult Abuse. The video will be used

to train California law enforcement officers on current mandated reporting requirements (AB 1417).

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.

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| 1. FY 2022-2023 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint <u>81</u> divided by the total number of Nursing Facilities <u>84</u> = Baseline <u>96%</u>
FY 2024-2025 Target: <u>80%</u> |
| 2. FY 2023-2024 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint <u>73</u> divided by the total number of Nursing Facilities <u>83</u> = Baseline <u>88%</u>
FY 2025-2026 Target: <u>90%</u> |
| 3. FY 2024-2025 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint <u>82</u> divided by the total number of Nursing Facilities <u>84</u> = Baseline <u>98%</u>
FY 2026-2027 Target: <u>100%</u> |
| 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: _____ % |

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

1. FY 2022-2023 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint <u>231</u> divided by the total number of RCFEs <u>556</u> = Baseline <u>42%</u> FY 2024-2025 Target: <u>70%</u>
2. FY 2023-2024 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint <u>130</u> divided by the total number of RCFEs <u>573</u> = Baseline <u>22%</u> FY 2025-2026 Target: <u>60%</u>
3. FY 2024-2025 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint <u>203</u> divided by the total number of RCFEs <u>595</u> = Baseline <u>34%</u> FY 2026-2027 Target <u>90%</u>
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: _____

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

1. FY 2022-2023 Baseline: <u>13</u> FTEs FY 2024-2025 Target: <u>12</u> FTEs
2. FY 2023-2024 Baseline: <u>11.88</u> FTEs FY 2025-2026 Target: <u>13</u> FTEs
3. FY 2024-2025 Baseline: <u>12</u> FTEs FY 2026-2027 Target: <u>12</u> FTEs
4. FY 2025-2026 Baseline: _____ FTEs FY 2027-2028 Target: _____ FTEs

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

1. FY 2022-2023 Baseline: Number of certified LTC Ombudsman volunteers <u>48</u> FY 2024-2025 Projected Number of certified LTC Ombudsman volunteers <u>48</u>
2. FY 2023-2024 Baseline: Number of certified LTC Ombudsman volunteers <u>30</u> FY 2025-2026 Projected Number of certified LTC Ombudsman volunteers <u>35</u>
3. FY 2024-2025 Baseline: Number of certified LTC Ombudsman volunteers <u>29</u> FY 2026-2027 Projected Number of certified LTC Ombudsman volunteers <u>35</u>
4. FY 2025-2026 Baseline: Number of certified LTC Ombudsman volunteers ____ FY 2027-2028 Projected Number of certified LTC Ombudsman volunteers ____

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.
- Volunteers will be trained to enter data in the Ombudsman database to improve timeliness of data entry.
- Updating computer equipment to make data entry easier.
- Initiating a case review process to ensure case entry is completed in a timely manner.

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

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 FCSP, educational materials distributed, and hours of activity spent developing a coordinated system which addresses elder abuse prevention, investigation, and prosecution.

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

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

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

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

contracted service provider with services provided by Adult Protective Services, local law enforcement agencies, legal services providers, and other agencies involved in the protection of elder and dependent adults from abuse, neglect, and exploitation.

- **Educational Materials Distributed** –Indicate the type and number of educational materials to be distributed to the general public, professionals, and caregivers (this may include materials that have been developed by others) to help in the identification, prevention, and treatment of elder abuse, neglect, and exploitation.
- **Number of Individuals Served** –Indicate the total number of individuals expected to be reached by any of the above activities of this program.

Title VII Elder Abuse Prevention Service Unit Plan

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

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

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

TITLE III-E Service Unit Plan

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

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

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

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

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

Direct and/or Contracted III-E Services

SUB-CATEGORIES (16 total)	1	2	3
Caregivers of Older Adults (COA)	Proposed Units of Service	Required Goal #(s)	Required Objective #(s)
COA Caregiver Access Case Management	Total hours	Required Goal#(s)	Required Objective #(s)
2024-2025	6,000	6	6.02a
2025-2026	5,000	6	6.02e
2026-2027	5,000	6	6.02e
2027-2028			
COA Caregiver Access Information & Assistance	Total Contacts	Required Goal #(s)	Required Objective #(s)
2024-2025	2,000	6	6.02e
2025-2026	2,000	6	6.02e
2026-2027	2,500	6	6.02e
2027-2028			

COA 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	6.02e
2025-2026	# Of activities: 100 Total est. audience for above: 10,000	6	6.02c
2026-2027	# Of activities: 100 Total est. audience for above: 10,000	6	6.02c
2027-2028	# Of activities: Total est. audience for above:		
COA Caregiver Support Groups	Total sessions	Required Goal #(s)	Required Objective #(s)
2024-2025	1,900	6	6.02a
2025-2026	2,500	6	6.02a
2026-2027	2,300	6	6.02a
2027-2028			
COA Caregiver Support Counseling	Total hours	Required Goal #(s)	Required Objective #(s)
2024-2025	100	6	6.02a
2025-2026	300	6	6.02a
2026-2027	250	6	6.02a
2027-2028			
COA Caregiver Respite In-Home	Total hours	Required Goal #(s)	Required Objective #(s)
2024-2025	14,000	6	6.02a
2025-2026	14,000	6	6.02a
2026-2027	10,000	6	6.02a
2027-2028			
COA Caregiver Respite Out-of-Home Day Care	Total hours	Required Goal #(s)	Required Objective #(s)
2024-2025	5	6	6.02.a
2025-2026	5	6	6.02.a
2026-2027	130	6	6.02a
2027-2028			

COA Caregiver Supplemental Services Legal Consultation	Total contacts	Required Goal #(s)	Required Objective #(s)
2024-2025	500	6	6.02a
2025-2026	300	6	6.02d
2026-2027	475	6	6.02d
2027-2028			
COA Caregiver Supplemental Services Home Modifications	Total occurrences	Required Goal #(s)	Required Objective #(s)
2024-2025	1,500	6	6.02a
2025-2026	1,071	6	6.02b
2026-2027	1,100	6	6.02b
2027-2028			
COA Caregiver Supplemental Services Assistive Technologies	Total Occurrences	Required Goal #(s)	Required Objective #(s)
2024-2025	100	6	6.02a
2025-2026	150	6	6.02b
2026-2027	150	6	6.02b
2027-2028			
COA Caregiver Supplemental Services Caregiver Assessment	Total Hours	Required Goal #(s)	Required Objective #(s)
2024-2025	2,200	6	6.02a
2025-2026	1,700	6	6.02a
2026-2027	1,500	6	6.02a
2027-2028			

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

SUB- CATEGORIES (16 total)	1	2	3
Older Relative Caregivers (ORC)	Proposed Units of Service	Required Goal #(s)	Required Objective #(s)
ORC Caregiver Information and Assistance	Total Contacts	Required Goal #(s)	Required Objective #(s)
2024-2025	250	6	6.02b
2025-2026	300	6	6.02f
2026-2027	75	6	6.02f
2027-2028			
ORC 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	6.02b
2025-2026	# Of activities: 10 Total est. audience for above: 300	6	6.02f
2026-2027	# Of activities: 10 Total est. audience for above: 300	6	6.02f
2027-2028	# Of activities: Total est. audience for above:		
ORC Caregiver Respite In-Home	Total hours	Required Goal #(s)	Required Objective #(s)
2024-2025	1,500	6	6.02b
2025-2026	1,000	6	6.02f
2026-2027	295	6	6.02f
2027-2028			
ORC Caregiver Respite Out-of-Home Day Care	Total hours	Required Goal #(s)	Required Objective #(s)
2024-2025	9,000	6	6.02b
2025-2026	7,500	6	6.02f
2026-2027	6,200	6	6.02f
2027-2028			
ORC Caregiver Respite Out- of-Home Overnight Care	Total hours	Required Goal #(s)	Required Objective #(s)
2024-2025	4,500	6	6.02b
2025-2026	3,500	6	6.02f
2026-2027	6,730	6	6.02f
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 complete the service unit plan with targets that meet or improve on each PM. Contact CDA.HICAP@aging.ca.gov for guidance on annual HICAP performance measure targets and definitions

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

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

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

SECTION 1: STATE PERFORMANCE MEASURES

HICAP Fiscal Year (FY)	PM 1.1 Clients Counseled (Estimated)	Goal Numbers
2024-2025	2,700	
2025-2026	2,836	
2026-2027	2,840	
2027-2028		
HICAP Fiscal Year (FY)	PM 1.2 Public and Media Events (PAM) (Estimated)	Goal Numbers
2024-2025	112	
2025-2026	115	
2026-2027	115	
2027-2028		

SECTION 2: FEDERAL PERFORMANCE MEASURES

HICAP Fiscal Year (FY)	PM 2.1 Client Contacts (Interactive)	Goal Numbers
2024-2025	5764	
2025-2026	5,844	
2026-2027	5,850	
2027-2028		
HICAP Fiscal Year (FY)	PM 2.2 PAM Outreach (Interactive)	Goal Numbers
2024-2025	3,291	
2025-2026	3,839	
2026-2027	3,850	
2027-2028		
HICAP Fiscal Year (FY)	PM 2.3 Medicare Beneficiaries Under 65	Goal Numbers
2024-2025	1,100	
2025-2026	1,100	
2026-2027	740	
2027-2028		

HICAP Fiscal Year (FY)	PM 2.4 Hard to Reach (Total)	PM 2.4a LIS	PM 2.4b Rural	PM 2.4c ESL	Goal Numbers
2024-2025	2,000 (Contacts)	1,600 (Contacts)	0 (Contacts)	350 (Contacts)	
2025-2026	2,185 (Contacts)	1,600 (Contacts)	0 (Contacts)	350 (Contacts)	
2026-2027	2200 (Contacts)	1,610 (Contacts)	0 (Contacts)	360 (Contacts)	
2027-2028					

HICAP Fiscal Year (FY)	PM 2.5 Enrollment Contacts (Qualifying)	Goal Numbers
2024-2025	4,900	
2025-2026	5,824	
2026-2027	5,825	
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	110 (Legal Clients Served)	
2026-2027	115 (Legal Clients Served)	
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	1,700	
2026-2027	1,710	
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	100	
2026-2027	105	
2027-2028		

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

2026-27 Update Justifications for a Service Unit Greater than or Equal to 10%

Title III/VII-B

Case Management (Access)

Case Management (Access) decreased from 6,000 to 5,000 (-17%) due to case management program clients utilizing alternative resources available to them. Additionally, client enrollments have also decreased, due to other CalAIM services being offered in the community.

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

Other Priority Supportive Service Category: Telephone Reassurance

Telephone Assurance services increased from 1,100 to 1,300 (+18%) in FY 26/27, due to the partial-year incorporation of this IIIB supportive service in the FY 25/26 Area Plan, combined with this being the first full year of providing IIIB telephone reassurance services.

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

Complaint Resolution Rate

The complaint resolution rate increased from 54% to 71% (+31%) in FY 24/25. The complaint resolution rate increased due to enhanced professional development and training of new staff.

Work with Resident Councils

The number of resident council meetings attended increased from 55 to 107 (+95%) in FY 24/25. More resident council meetings were attended, due to a greater focus on maximizing rapport and relationship building with resident council meeting attendees. The target for FY 26/27 increased from 35 to 50 (+43%) in anticipation of increasing the number of resident council meetings attended.

Work with Family Councils

The number of family council meetings attended increased from 4 to 13 (+225%) in FY 24/25. Ombudsman staff have been working with families to re-start family council meetings that had previously discontinued due to the pandemic, along with educating families about council requirements. The target for FY 26/27 increased from 1 to 10 (+900%) in anticipation of continued growth in the number of family council meetings attended.

Information and Assistance to Facility Staff

The number of Information and Assistance instances to facility staff increased from 2,790 to 4,020 (+44%) in FY 24/25. The variance reflects the increased presence of Ombudsman staff in facilities to address topics regarding care, discharge plans, facility staff, and corrections to ODIN coding. Due to the increased Ombudsman staff presence, the target for FY 26/27 was updated from 1,500 to 3,500 (+133%).

Community Education

The number of Community Education sessions increased from 10 to 21 (+110%) in FY 24/25 and the target increased from 15 to 20 (+33%) in FY 26/27, due to a broader focus on educating a larger number of participants at fewer Community Education sessions to maximize resources and participation.

Routine Access: Nursing Facilities (NORS Element S-58)

The target measure (percentage) of SNFs 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, increased from 90% to 100% (+10%) due to the program's enhanced facility assignment process.

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

The target measure (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, increased from 60% to 90% (+30%) due to the program's enhanced facility assignment process.

Title III-D: Health Promotion Evidence-Based Programs

Health Promotion Evidence-Based Programs decreased from 4,000 to 800 (-80%) in FY 26/27 due to change in unit of measure for the service unit reporting. Previously unit of service was captured by number of program participants whereas going forward, the unit of service will be measured by session. Additionally to streamline services and decrease duplication of efforts for health promotion programs offered by other organizations within the jurisdiction of the county, the PSA decided to focus on Tai Chi and Feeling Fit programs (a newly designated evidence-based program) in lieu of the Chronic Disease Self-Management Education, Chronic Pain Self-Management Program, Diabetes Self-Management Program, Programa de Manejo Personal de la Diabetes, Tomando Control de Su Salud. Actual service levels remain unchanged.

TITLE III-E Service Unit Plan

Direct and/or Contracted III-E Services

Caregiver Access Case Management

Case Management services decreased from 5,000 to 2,000 (-60%) in FY 26/27 due to correction of past reports that mistakenly included contractor match units. Actual service levels remain unchanged, with no expected impact on the community.

Caregiver Access Information & Assistance

Information and Assistance services decreased from 2,000 to 600 (-70%) in FY 26/27 due to correction of past reports that mistakenly included contractor match units. Actual service levels remain unchanged, with no expected impact on the community.

Caregiver Support Groups

Support Groups decreased from 2,500 to 250 (-90%) in FY 26/27 due to a correction of the service unit measure. Actual service levels remain unchanged.

Caregiver Counseling

Caregiver Counseling services decreased from 300 to 70 (-77%) in FY 26/27 due to correction of past reports that mistakenly included contractor match units. Actual service levels remain unchanged, with no expected impact on the community.

Caregiver Respite In-Home

Respite services decreased from 14,000 to 8,000 (-43%) in FY 26/27 due to correction of past reports that mistakenly included contractor match units. Actual service levels remain unchanged, with no expected impact on the community.

Caregiver Respite Out-of-Home Day Care

Out-of-Home Day Care services increased from 5 to 100 (+1,900%) in FY 26/27 as older adults and family caregivers increasingly accessed out-of-home day care and alternative care options to meet their respite needs.

Caregiver Supplemental Services Caregiver Assessment

Services decreased from 1,700 to 725 (-57%) in FY 26/27 due to correction of past reports that mistakenly included contractor match units. Actual service levels remain unchanged, with no expected impact on the community.

Caregiver Supplemental Services Legal Consultation

Legal Consultation services increased from 300 to 475 (+58%) in FY 26/27 due to a correction of the service unit measure. Actual service levels remain unchanged.

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

Information and Assistance services for kinship caregivers decreased from 300 to 75 (-75%) in FY 26/27 due to correction of past reports that mistakenly included contractor match units. Actual service levels remain unchanged, with no expected impact on the community.

Caregiver Respite In-Home

In-Home Respite services for kinship caregivers decreased from 1,000 to 295 (-70%) in FY 26/27 due to clarified service unit descriptions, updated budget allocations, and revised reporting practices. Actual service levels remain unchanged, with no expected impact on the community.

Caregiver Respite Out-of-Home Day Care

Out-of-Home Day Care Respite services for kinship caregivers decreased from 7,500 to 6,207 (-17%) in FY 26/27 due to clarified service unit descriptions, updated budget allocations, and revised reporting practices. Actual service levels remain unchanged, with no expected impact on the community.

Caregiver Respite Out-of-Home Overnight Care

Out-of-Home Overnight Respite services for kinship caregivers increased from 3,500 to 6,730 (+92%) in FY 26/27 due to clarified service unit descriptions, updated budget allocations, and revised reporting practices. Actual service levels remain unchanged, with no expected impact on the community.

Health Insurance Counseling and Advocacy Program (HICAP) Service Unit Plan

Medicare Beneficiaries Under 65

Medicare Beneficiaries Under 65 decreased from 1,100 to 740 (-33%) in FY 26/27 to align reported figures with state-prescribed performance goals.

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 addresses. This information must match the total number of senior centers and focal points reported in the Older Americans Act Performance System (OAAPS) State Performance Report (SPR) module of the California Aging Reporting System.

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. This must be completed and updated annually.

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

Family Caregiver Services

Category	2024-2025	2025-2026	2026-2027	2027-2028
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 III-E 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.

Section 11. LEGAL ASSISTANCE

2026-2027 Annual Area Plan Update

This section must be completed and submitted annually. The Older Americans Act Reauthorization Act of 2020 designates legal assistance as a priority service under Title 111-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 111-B funding is allocated to Legal Services? Discuss:**

6.8% is allocated to Legal Services.

- 2. Does the LSP(s) in your area solicit voluntary contributions or donations from recipients? If yes, considering 42 U.S.C. § 3030c-2(b), please describe the manner in which the funds are solicited, and describe how the funds support the expansion of legal services in your PSA.**

The Legal Services Provider does not require voluntary contributions or donations as a condition of receiving services, in compliance with 42 U.S.C. § 3030c-2(b).

- 3. Please indicate whether the AAA provides the LSP(s) a copy or link to the California Statewide Guidelines for Legal Assistance. How does the AAA monitor and/or support the LSP's implementation of the statewide guidelines?**

The AAA's contract specifies within the Statement of Work that the contractor shall provide legal services countywide, and priority shall be given to legal issues that affect target populations in California that conform to the requirements of the OAA, as stated in the California Statewide Guidelines for Legal Assistance. The AAA provides multiple links and references in the Statement of Work of the contract to the California Statewide Guidelines for the provider to follow. The Statement of Work specifies that the LSP must abide by the reporting requirements including all specified data points and demographic information. The AAA performs yearly monitoring and monthly invoice reviews to verify that the LSP provides legal services to the target population and community legal education as outlined in the California Statewide Guidelines.

- 4. Please describe the partnership work between the AAA and the LSP(s) (e.g., quarterly meetings, coordinated outreach efforts, etc.)? Please identify any topics, priorities, and/or trainings addressed in your discussions.**

The AAA maintains an ongoing collaborative partnership with the Legal Services Provider (LSP) to ensure legal services meet the needs of older adults in the PSA. Collaboration begins during the procurement and contracting process, during which the AAA and LSP jointly identify service

expectations, priority legal issues, target populations, and outreach strategies. These priorities are included in the contract's Statement of Work and reviewed during contract orientation.

AAA staff and the LSP meet regularly to collaborate on service delivery, assess changes in priorities, review outreach efforts, and discuss emerging legal trends. The AAA reviews monthly invoices and reports, including client demographic data, to verify compliance with the Older Americans Act and the California Statewide Guidelines for Legal Assistance.

The AAA and LSP coordinate outreach and community education activities and collaborate with community partners to reach priority populations. Partnership discussions commonly address priority legal issues, strategies for reaching underserved populations, cross-referral processes, and coordination with programs such as the Long-Term Care Ombudsman Program, HICAP, and other community-based organizations. This ongoing collaboration supports continuous quality improvement and ensures legal services remain responsive to local needs.

5. What are the top four (4) legal areas the LSP(s) prioritizes in your PSA? Do the AAA and LSP(s) jointly work to identify the priority areas?

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.

6. Please describe any trends or changes in your local needs over the past year(s). What resources (e.g., funding, education, training, etc.) have been allocated to accommodate any changes in the local needs or trends?

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.

The provider has used State Bar funding to support cases involving tenant issues, which continue to generate a high volume of calls. They also secured a small amount of funding specifically for individuals living in mobile homes, though this support is relatively limited. When client volume spikes, the provider makes a concerted effort to ensure that the case types prioritized in the contract

are given precedence. State Bar funding has been instrumental in helping the provider meet client needs that extend beyond what County funding covers. The provider continues to seek new funding sources to help meet the growing demand for services in the community.

7. What are the target groups in your PSA? Do the AAA and LSP(s) jointly work to identify the target groups?

The AAA outlines the designated target population in the contract's Statement of Work. In addition to outlining the target population, the AAA provides a link to a detailed list of substantive legal issues that affect target populations in California and that conform to the requirements of the Older Americans Act (OAA) and other CDA Legal Assistance guidance. The target population are older adults aged 60 years and older, with priority given to minority clients, and to cases involving public benefits, landlord/tenant disputes, elder abuse, health care problems, consumer fraud and legal protective services. Special priority is provided to homebound and isolated older adults and those with the greatest economic and social needs. Family Caregivers providing care for older adults aged 60 years and older, and those providing care for individuals with Alzheimer's disease, are also targeted populations.

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

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

8. What methods of outreach is the LSP(s) using to reach the target groups?

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 at 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. Providers participate 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. Within the next year, the provider's outreach will try to implement a social media presence and will plan to start up a podcast series to bring awareness to their program.

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.).

Please refer to the discussion in #8 above. Provider offers services over the phone, through video conferencing, and in-person.

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

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.

11. How many LSPs are in your PSA? Complete the 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.	No.
2025-2026	1 contracted provider in the PSA.	No.
2026-2027	1 contracted provider in the PSA.	No.
2027-2028		

12. What geographic regions are covered by each LSP? Complete the table below.

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. Elder Law & Advocacy b. c.	a. All applicable within the PSA b. c.
2026-2027	a. Elder Law & Advocacy b. c.	a. All applicable within the PSA b. c.
2027-2028	a. b. c.	a. b. c.

13. What other organizations or groups does your LSP(s) coordinate services with? Please also address the AAA's coordination efforts with the Ombudsman program, the local Legal Services Corporation program, and the local Health Insurance Counseling and Advocacy program (HICAP).

Provider and other legal programs in the geographic area regularly cross-refer and cooperate on cases. Provider also provides legal consultations and education regarding laws and regulations, as it applies to residents in long-term care settings, to staff and volunteers. The provider coordinates services with their legal representative for the Long-Term Care Ombudsman Program, law school supported legal clinics, the local legal aid program, the district attorney's and city attorney's elder abuse divisions, state consumer licensing and enforcement agencies such as those overseeing automotive repairs and contractors, law enforcement, and with other specialty nonprofit legal services providers in the community. The LSP has their own internal process of referring clients to the Legal Services Corporation Program (Legal Aid of San Diego). The LSP coordinates referrals to both HICAP and Legal Services within their organization. HICAP is another wrap-around service that the LSP can refer out to clients.

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

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

SECTION 12. DISASTER PREPAREDNESS

Disaster Preparation Planning Conducted for the 2026-2027 Annual Area Plan Update
Older Americans Act Reauthorization Act of 2020, Section 306(a)(17); 310, CCR Title 22,
Sections 7529 (a)(4) and 7547, W&I Code Division 8.5, Sections 9625 and 9716, CDA Standard
Agreement, Exhibit E, Article 1, 22-25, Program Memo 10-29(P)

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

The AAA (AIS) coordinates its disaster preparedness plans and activities with local emergency response agencies, relief organizations, state and local governments, and other organizations responsible for emergency preparedness through the Office of Emergency Services (OES) of the County of San Diego which orchestrates periodic regional meetings for both internal and external responsible parties, as outlined in the AIS Disaster Plan Continuity of Operations Planning (COOP) Annex. AIS plans to share our disaster preparation guide with the local tribal organizations and increase outreach about our services.

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

Name	Title	Telephone	Email
Cody Gallagher	Senior Emergency Services Coordinator	(619) 340-3957	Cody.Gallagher@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 Department Operations Center coordinates HHSA operations and resources • County Emergency Operations Center manages emergency response and resources • AIS COOP Coordinator collaborates with HHSA DOC • California Department of Aging (CDA) Disaster Response Coordinator	< 1 hour
B. AIS Administrative Support	• Executive Secretary to Director • Check on status of contractors • Manage facility issues • Manage IT issues • Facilitate urgent procurements and/or amendments to support disaster response	< 1 hour
C. AIS Call Center	• Take mandated abuse reports • Provide information and assistance • Assist program staff to call to check on clients in impacted areas as directed by HHSA DOC	< 1 hour
D. Adult Protective Services (APS)	• Investigate reports of abuse • Provide emergency purchase of services • Cross reporting • Contact impacted clients to provide resources	< 4 hours
E. AIS Emergency Response	• Deployment to shelters as part of VASAT	< 4 hours
F. Public Administrator Estate Management	• Secure vault and Formula Place to ensure warehouse is secure.	< 4 hour
	• Secure and safeguard decedent personal and real property.	< 4 hour
	• Assess and secure all other properties and residences.	< 12 hour
	• Deputies will give priority to assisting the Medical Examiner as needed. Handle indigent dispositions as a priority.	< 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 Conservator Management	- Deputies shall identify and contact all conservatees to assess their health and welfare in the following order of priority: - Conservatees in their own home in affected area - Conservatees in licensed facilities in affected areas - All other conservatees	< 24 hours for conservatees living in own home < 48 hours for conservatees in facilities
I. In-Home Supportive Services (IHSS)	- Contact impacted clients to provide resources - Provide urgent services	< 12 hours
	- Conduct client initial eligibility - Mailing of Notice of Actions. - Process disputes and/or violations	< 24 hours
J. Multipurpose Senior Service Program (MSSP)	- Contact impacted clients to provide resources - Provide long-term case management - Make monthly client phone calls - 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 impacted clients to provide resources - Provide purchased services.	< 24 hours (contact clients)
L. SOAR	- Contact impacted clients to provide resources - Provide purchased services	< 24 hours (contact clients)
M. SD-VISA	- Contact impacted clients to provide resources - Provide monthly client phone calls	< 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	AIS Vehicles Reservation available at the following locations: • 5560 Overland Ave., San Diego 92123 • 401 Mile of Cars Way, National City 91910 • 389 N. Magnolia Ave., El Cajon 92020 • 649 W. Mission Ave., Escondido 92025 • 3708 Ocean Ranch Blvd, Oceanside 92056 • 7666 Formula Place, San Diego 92121	The AIS Vehicle Reservation form is accessible from any County computer/non-county computer through Akamai/EAA with Wi-Fi connection. If Wi-Fi is not available – jetpack/MiFi or mobile phone hot spot if available.
Panoramic	SDPAPG -- Logon	Access from any County computer/non-county computer through Akamai/EAA with Wi-Fi connection. If Wi-Fi is not available – jetpack/MiFi or mobile phone hot spot if available.
LEAPS Case Management System	Login	Access from any County computer/non-county computer through Akamai/EAA with Wi-Fi connection. If Wi-Fi is not available – jetpack/MiFi or mobile phone hot spot if available.
GetCare	GetCare	Access from any County computer/non-county computer through Akamai/EAA with Wi-Fi connection. If Wi-Fi is not available – jetpack/MiFi or mobile phone hot spot if available.

System Name	Current Location	Other Locations
Case Management Information and Payrolling System (CMIPS) II	https://cmipsii.ca.gov/CMIPSInfo/login	Access from any County computer/non-county computer through Akamai/EAA with Wi-Fi connection. If Wi-Fi is not available – jetpack/MiFi or mobile phone hot spot if available.
Ombudsman Data Integration Network	Login - CDA Login Portal	Can access only on County devices that have the application installed.
Outsystems (Electronic Records Management)	https://file.sdcounty.ca.gov/ERMS_AIS	Can access only on County devices that have the application installed
Managed Care Organization/ MSSP Care	MSSPCare Online	Can access only on County assets that have the application installed
Vulnerable Adults Shelter Assessment Team	HHSA-AIS - AIS Emergency Reporting - VASAT - All Documents	Access from any County computer/non-county computer through Akamai/EAA with Wi-Fi connection. If Wi-Fi is not available – jetpack/MiFi or mobile phone hot spot if available.
County Laptops	Assigned to various essential functions staff.	N/A
HotSpot (Mobile Internet Access)	Assigned to various essential functions staff.	N/A
Scanners for Imaging	Available at the following locations: • 5560 Overland Ave., San Diego, CA. 92123 • 401 Mile of Cars Way, National City, CA. 91910 • 389 N. Magnolia Ave., El Cajon, CA. 92020 • 649 W. Mission Ave., Escondido, CA. 92025 • 3708 Ocean Ranch Blvd., Oceanside, CA. 92056 • 5101 Market St., San Diego, CA. 92114	N/A

System Name	Current Location	Other Locations
Automatic Call Distribution/ Integrated Voice Response	Call Center; PAPG	N/A
AIS Safety and Disaster Response Documents	HHSA-AIS - AIS Emergency Reporting - Shared Documents - Safety and Disaster Response - All Documents	Access from any County computer/non-county computer through Akamai/EAA with Wi-Fi connection. If Wi-Fi is not available – jetpack/MiFi or mobile phone hot spot if available.

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

AIS has roles in the Operational Area Emergency Plan, Annex G, Care and Shelter Operations, Annex Q, Evacuation. All service and supply contracts deemed essential in an emergency include disaster preparedness and response language.

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

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

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

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

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

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

The AIS Call Center is available from 8:00 AM – 5:00 PM Monday through Friday and provides information and assistance about programs and services for older adults, persons with disabilities,

and caregivers. AIS collaborates with our partner, 2-1-1 San Diego. 2-1-1 San Diego connects people with community, health, and disaster services and can be reached 24/7.

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

Follow up with vulnerable populations after a disaster event.

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

9. How is disaster preparedness training provided? AAA to participants and caregivers.

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

To staff and subcontractors.

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

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

SECTION 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-E⁹	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.	☒	☒	☒	☒

⁹Refer 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 source⁹:

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

Request for Approval Justification:

☐ Necessary to Assure an Adequate Supply of Service OR

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

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

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

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

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 source⁹:**

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

Request for Approval Justification:

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

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

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

Provide: documentation below that substantiates this request for direct delivery of the above stated service.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 source⁹:**

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

Request for Approval Justification:

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

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

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

Provide: documentation below that substantiates this request for direct delivery of the above stated service.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 source⁹:

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

Request for Approval Justification:

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

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

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

Provide: documentation below that substantiates this request for direct delivery of the above stated service.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 source⁹:

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

Request for Approval Justification:

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

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

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

Provide: documentation below that substantiates this request for direct delivery of the above stated service.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 source⁹:

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

Request for Approval Justification:

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

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

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

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

2026-2027 Annual Area Plan Update

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

Total Number of Board Members: 5

Name and Title of Officers:

Office Term Expires:

Terra Lawson-Remer, Chair – District 3	January 2027
Monica Montgomery Steppe, Vice Chair – District 4	January 2027
Paloma Aguirre, Chair Pro Tempore – District 1	January 2027

Names and Titles of All Members:

Board Term Expires:

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

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

N/A

SECTION 16. ADVISORY COUNCIL

ADVISORY COUNCIL MEMBERSHIP 2026-2027 Annual Area Plan Update

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

Total Council Membership (include vacancies): 30 (24 filled seats)

Number and Percent of Council Members over age 60: 17 % Council 60+: 71%

Race/Ethnic Composition	% Of PSA's 60+Population	% on Advisory Council
White	58.1%	91.7%
Hispanic	21.9%	4.2%
Black	4.0%	0%
Asian/Pacific Islander	13.4%	4.2%
Native American/Alaskan Native	0.4%	0%
Other	2.2%	0%

Name and Title of Officers	Office Term Expires:
Susan Mallett, Chair	05/14/2026
Elaine Lewis, 1 st Vice Chair	04/13/2029
Wanda Smith, 2 nd Vice Chair	09/09/2027
Jacqueline Simon, Secretary	10/13/2026

Name and Title of other members:	Office Term Expires:
Antoinette Alioto	02/09/2029
Brett Bergmann	04/07/2028
Paige Colburn-Hargis	01/08/2029
Sheila Coulbourn	09/28/2028
Faye Detsky-Weil	07/08/2027
Stephen Huber	05/12/2027
Rhys Jones	10/13/2026
Ted Kagan	10/08/2028
Mina Kerr	12/08/2026
Deepti Kurup	01/08/2029

Dennis Leggett	02/13/2027
Michael Lochner	01/12/2029
Silvia Martinez	09/09/2027
Dan McNamara	03/11/2027
David Milroy	01/04/2027
Bradlyn Mulvey	07/08/2027
Molly Nocon	01/08/2029
Taryn Patterson	09/11/2028
Maureen Phillips	01/08/2029
Cristin Whittaker	02/13/2027

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

Yes No

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

Yes No Additional Other (Optional)

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

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

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

The AIS Advisory Council Executive & Membership Subcommittee meets monthly to review vacancies and upcoming term expirations; to identify, recruit, and interview possible candidates; and to make recommendations to the Council and/or appointing Supervisor as appropriate. Recruitment is ongoing for all expiring terms and vacancies. For those eligible for a second term, the offer is made to remain on the Council when deemed advisable by the Executive & Membership Subcommittee.

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

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

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

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

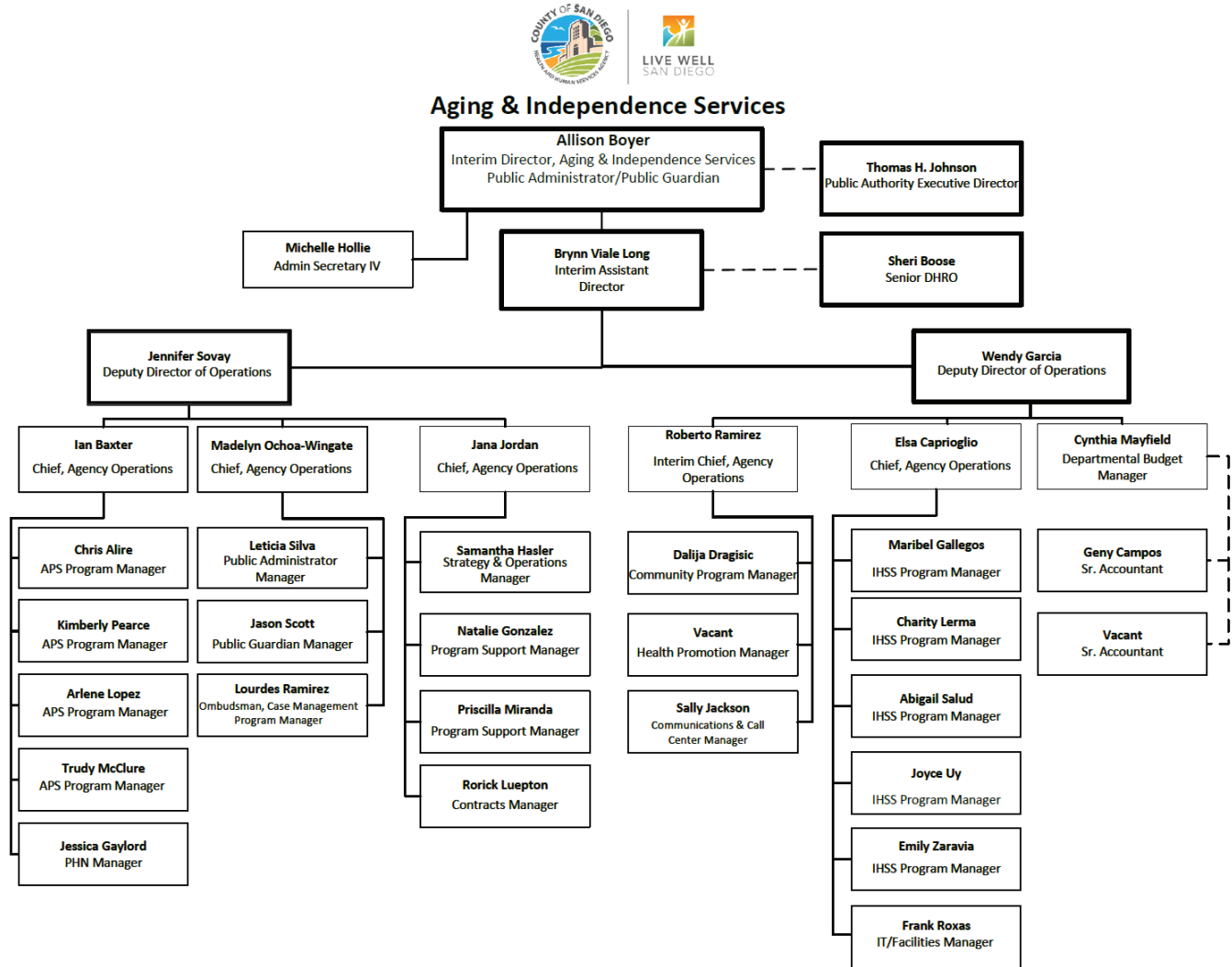
Officers are seated annually at the September Council meeting.

Section 17. MULTIPURPOSE SENIOR CENTER ACQUISITION OR CONSTRUCTION COMPLIANCE REVIEW¹¹

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



ORGANIZATIONAL CHARTS (ADMINISTRATION)

Administration Teams			
Brynn Viale Long	Deputy Director of Operations		0%
Jana Jordan	Chief of Agency Operations		0%
Strategy & Operations			
Employee Name	Classification	Position Classification	% FTE - Funding
Samantha Hasler	Principal Admin Analyst		0%
Skylar Moore	Administrative Analyst III		0%
Kendall Bremner	Administrative Analyst II		0%
Dayna Zarate	Administrative Analyst II	ACPS-Adm: Adm Anlyst II	25% - Admin
Contracts			
Employee Name	Classification	Position Classification	% FTE - Funding
Rorick Luepton	Principal Admin Analyst	ACPS-Con: Prncpl Adm Anlyst	40% - Admin
Andrea Lara	Administrative Analyst III	ACPS-Con: Adm Anlyst III	75% - Admin
Lauren McCasland	Administrative Analyst III	ACPS-Con: Adm Anlyst III	75% - Admin
Hannah Koppers	Administrative Analyst II	ACPS-Con: Adm Anlyst II	90% - Admin
Toni-Anne Simpelo	Administrative Analyst II	ACPS-Con: Adm Anlyst II	80% - Admin
Ronald Bautista	Administrative Analyst II	ACPS-Con: Adm Anlyst II	80% - Admin
Gail Straub	Administrative Analyst II	ACPS-Con: Adm Anlyst II	80% - Admin
Alexander Hensley	Administrative Analyst II	ACPS-Con: Adm Anlyst II	80% - Admin
Ana Ruiz Carrillo	Administrative Analyst II	ACPS-Con: Adm Anlyst II	80% - Admin
Rizaldy Marasigan	Administrative Analyst II	ACPS-Con: Adm Anlyst II	80% - Admin
Raymond Flores	Administrative Analyst II		0%
Delilah Bisase	Public Health Nutrition Manager	ACPS-CON: PH Nutrition Mgr	75% - III C1 25% - III C2
Danielle Walker	Office Assistant		0%
Cynthia Mayfield	Departmental Budget Manager	ACPS-Adm: Dept Budget Mgr	75% - Admin
Budget			
Employee Name	Classification	Position Classification	% FTE - Funding
VACANT	Administrative Analyst III		0%
Hiyab Tesfu	Administrative Analyst III	ACPS-Adm: Adm Anlyst III	75% - Admin
Mariene Harper	Administrative Analyst II		0%
Fiscal			
Employee Name	Classification	Position Classification	% FTE - Funding
Geny Campos	Senior Accountant	ACPS-Fis: Sr Acctant	35% - Admin
Eric Bernal	Associate Accountant (Staff Acct)	ACPS-Fis: Assoc Acct	20% - Admin
Romed Papa	Associate Accountant (Staff Acct)	ACPS-Fis: Assoc Acct	100% - Admin
Josephine Reynolds	Associate Accountant (Staff Acct)	ACPS-Fis: Assoc Acct	30% - Admin
Brian Wong	Associate Accountant (Staff Acct)	ACPS-Fis: Assoc Acct	10% - Admin
Rida Latif	Accountant Clerk Specialist	ACPS-Fis: Acct Clrk Spc	100% - Admin
Kavita Rani	Accountant Clerk Specialist	ACPS-Fis: Acct Clrk Spc	40% - Admin
Kathryn Vargas	Accounting Technician	ACPS-Fis: Acct Tech	25% - Admin
Imelda De Guzman	Staff Accountant		0%
Tim Hasman	Retiree Non-Exmpt Classfd-Gnrl		0%
Maryam Hessamian	Account Clerk		0%

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

Ombudsman and Case Management Teams			
Madeilyn Ochao-Wingate	Chief of Agency Operations		0%
Employee Name	Classification Name	Position Classification	% FTE - Funding Source
Courdes Ramirez	Protective Services Program Manager	OP-Csa Mgt APS II	58.6% - III B Direct
MaryAnne Briggs	Aging Program Specialist III	OP-Csa Mgt APS II	58.6% - III B Direct
Erin Barnett	Aging Program Specialist II	OP-Csa Mgt APS II	58.6% - III B Direct
Rene Garcia	Aging Program Specialist II	OP-Csa Mgt APS II	58.6% - III B Direct
Vacant	Aging Program Specialist II	OP-Csa Mgt APS II	58.6% - III B Direct

Long-Term Care Ombudsman Program			
Employee Name	Working Title/Classification Name	Position Classification	% FTE - Funding Source
Lourdes Ramirez	Protective Services Program Manager	OP-PSPM OMB	25% - III B Direct
Sunita Upchurch	Ombudsman Coordinator/Adult Protective Services Supervisor	OP-OMB APS Sup	47.2% - III B Direct 7% - Ombi VII Direct 2.2% - VII EAP Direct 1.7% - Ombi PH L&C Direct 16.5% - Ombi SHF Ctr Pen Direct 7.9% - Ombi SNQAF Direct
Brittney Willis	Ombudsman Supervisor/Adult Protective Services Supervisor	OP-OMB APS Sup	47.2% - III B Direct 7% - Ombi VII Direct 2.2% - VII EAP Direct 1.7% - Ombi PH L&C Direct 16.5% - Ombi SHF Ctr Pen Direct 7.9% - Ombi SNQAF Direct
Vacant	Program Specialist II	OP-OMB PS II	47.2% - III B Direct 7% - Ombi VII Direct 2.2% - VII EAP Direct 1.7% - Ombi PH L&C Direct 16.5% - Ombi SHF Ctr Pen Direct 7.9% - Ombi SNQAF Direct
Karina Miranda	Office Assistant	OP-OMB OA	100% - III B Direct
Deanna Lopez	Intake/Aging Program Specialist II	OP-OMB APS II	47.2% - III B Direct 7% - Ombi VII Direct 2.2% - VII EAP Direct 1.7% - Ombi PH L&C Direct 16.5% - Ombi SHF Ctr Pen Direct 7.9% - Ombi SNQAF Direct
Nanette Hallas	Intake/Aging Program Specialist II	OP-OMB APS II	47.2% - III B Direct 7% - Ombi VII Direct 2.2% - VII EAP Direct 1.7% - Ombi PH L&C Direct 16.5% - Ombi SHF Ctr Pen Direct 7.9% - Ombi SNQAF Direct
Kristin Rigdon	Regional Coordinator/AFSS	OP-OMB AFSS	47.2% - III B Direct 7% - Ombi VII Direct 2.2% - VII EAP Direct 1.7% - Ombi PH L&C Direct 16.5% - Ombi SHF Ctr Pen Direct 7.9% - Ombi SNQAF Direct
Sutha Khamsounh	Regional Coordinator/AFSS	OP-OMB AFSS	47.2% - III B Direct 7% - Ombi VII Direct 2.2% - VII EAP Direct 1.7% - Ombi PH L&C Direct 16.5% - Ombi SHF Ctr Pen Direct 7.9% - Ombi SNQAF Direct
Joshua Ishikawa	Regional Coordinator/AFSS	OP-OMB AFSS	47.2% - III B Direct 7% - Ombi VII Direct 2.2% - VII EAP Direct 1.7% - Ombi PH L&C Direct 16.5% - Ombi SHF Ctr Pen Direct 7.9% - Ombi SNQAF Direct
James Gore	Regional Coordinator/AFSS	OP-OMB AFSS	47.2% - III B Direct 7% - Ombi VII Direct 2.2% - VII EAP Direct 1.7% - Ombi PH L&C Direct 16.5% - Ombi SHF Ctr Pen Direct 7.9% - Ombi SNQAF Direct
Lissette (Norma) Melendez	Regional Coordinator/AFSS	OP-OMB AFSS	47.2% - III B Direct 7% - Ombi VII Direct 2.2% - VII EAP Direct 1.7% - Ombi PH L&C Direct 16.5% - Ombi SHF Ctr Pen Direct 7.9% - Ombi SNQAF Direct
Vacant	Regional Coordinator/AFSS	OP-OMB AFSS	47.2% - III B Direct 7% - Ombi VII Direct 2.2% - VII EAP Direct 1.7% - Ombi PH L&C Direct 16.5% - Ombi SHF Ctr Pen Direct 7.9% - Ombi SNQAF Direct
Rachel Lehman	Regional Coordinator/AFSS	OP-OMB AFSS	47.2% - III B Direct 7% - Ombi VII Direct 2.2% - VII EAP Direct 1.7% - Ombi PH L&C Direct 16.5% - Ombi SHF Ctr Pen Direct 7.9% - Ombi SNQAF Direct

Working	% FTE - Funding Source
Ombudsman	44% - III B Direct
Ombudsman Volunteer	56% - VII A Direct
Ombudsman Volunteer	44% - III B Direct
Ombudsman Volunteer	56% - VII A Direct
Ombudsman Volunteer	44% - III B Direct
Ombudsman Volunteer	56% - VII A Direct

SECTION 19. ASSURANCES

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

Sec. 306, AREA PLANS

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

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

(2) provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services—

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

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

(C) legal assistance;

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

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

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

(4)(A)(i) (I) provide assurances that the area agency on aging will—

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

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

(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of sub- clause (I);

(ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—

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

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

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

(iii) with respect to the fiscal year preceding the fiscal year for which such plan is prepared —

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

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

(III) provide information on the extent to which the area agency on aging met the objectives described in clause (i).

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

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

(I) older individuals residing in rural areas;

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

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

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

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

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

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

(C) contain an assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.

(5) provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and

(C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans;

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

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

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

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

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

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

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

(D) demonstrate that the quantity or quality of the services to be provided under this title by such agency will

be enhanced as a result of such contract or such relationship; and

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

(14) provide assurances that preference in receiving services under this title will not be given by the area agency on aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title;

(15) provide assurances that funds received under this title will be used—

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

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

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

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

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

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

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

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

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

(2) Such assessment may include—

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(1) contracts with health care payers;

(2) consumer private pay programs; or

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

ATTACHMENT A. AAA Area Plan Summary of Change

PSA Number: 23

AAA Name: Aging & Independence Services

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

Section	Page(s)	Excerpt Prior Year Content in Area Plan	Excerpt Current Year Content in Area Plan
AIS Fiscal Year (FY) 25/26 Budget & Contracts Summary	Pages vi-vii	Budget and Contracts Summary allocations reflecting the funding revenue during FY 2024-25.	Updated with the Budget and Contracts Summary allocations reflecting the funding revenue during FY 2025-26.
Section 3: Description of the Area Agency on Aging	Pages 16-23	Updated the San Diego County Board of Supervisors photo to reflect District 1 vacancy. Added an estimate of the number of lower income minority older individuals in the Planning and Service Area for the coming year.	Updated with the most current data available, from 2024, for older adult poverty estimates in the PSA. Updated the San Diego County Board of Supervisors photo to reflect District 1 Supervisor. Updated the recent estimates of AIS programming reach throughout AAA. Updated funding breakdown of the count and percentage of funding sources for FY 2025-26.
Section 6: Priority Services & Public Hearings	Pages 44-47	New public hearing information added after the April 14, 2025, hearing.	Updated to reflect FY 2026-27 public hearing details on April 13, 2026.
Section 7: Goals & Objectives	Pages 48-59	All goals reference “Appendix A, Aging Roadmap Action Plan 2024-2028” in the rationale, which replaced the prior Appendix. New Appendix A has been submitted with update. Revised objective for goal numbers 1.02, 6.02a, and 6.02c. Added new objectives 1.03, 1.04, 1.05, 6.02b, 6.02d, 6.02e, 6.02f, and 10.04.	Revised objective for goal numbers 1.02, 1.03, 1.04, 1.05, 6.02a, 6.02b, 6.02d, and 10.02. Revised goal number 1.02 - Health and Community Support from educating older adults through evidence-based programs to hosting 800 sessions of evidence-based programs due to change in unit of measure for the service unit reporting. Revised goal number 1.03 – Health and Community Support to

			reflect an increase in information and assistance contacts from 2,600 to 2,700. Revised goal 1.04 – Health and Community Support to reflect a decrease in comprehensive assessments from 270 to 250. Revised goal 1.05 – Health and Community Support to reflect an increase of telephone reassurance contracts from 1,100 to 1,300 due to the partial-year incorporation of this IIIB supportive service in the FY 25/26 Area Plan, combined with this being the first full year of providing IIIB telephone reassurance services. Revised goal 6.02a – Caregiver Support to reflect a decrease in units of respite service from 14,000 to 8,000 and a decrease in caregiver supplemental services caregiver assessment from 1,700 to 725 due to correction of past reports that mistakenly included contractor match units; and a change in support services from 3,500 hours to 70 hours (counseling) and 250 sessions (support groups) due to a change in service unit measure. Actual service levels remain unchanged, with no expected impact on the community. Revised goal 6.02b – Caregiver Support to reflect an increase of occurrences of supplemental services from 1,200 to 1,250, including an increase in home modifications from 1,070 to 1,100. Revised goal 6.02d – Caregiver Support to reflect an increase in supplemental legal services from 300 to 475 units due to a correction of the service unit measure. Actual service levels remain unchanged. Revised goal 6.02f – Caregiver Support to reflect a correction of Information and Assistance service units from 300 to 75 due to past reports mistakenly including contractor match units. Actual service levels remain unchanged, with no expected impact on the community.
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			Revised goal 10.02 – Medical & Social Services to reflect an increase in visits to Skilled Nursing Facilities (SNFs) per quarter from 75% to 100% due to the program’s enhanced facility assignment process; and an increase in visits Residential Care Facilities for the Elderly (RCFEs) per quarter from 70% to 90% due to the program’s enhanced facility assignment process.
Section 8: Service Unit Plan	Pages 60-85	Updated proposed units of service for FY 2025-26, provided variance justifications for actuals, and/or revisions for Visiting, Disaster Preparedness Materials, Information and Assistance, Comprehensive Assessment, Telephone Reassurance, Complaint Resolution Rate, Work with Resident Councils, Work with Family Councils, Information and Assistance to Facility Staff, Information and Assistance to Individuals, Community Education, Systems Advocacy, and Measures and Targets. Updated proposed units of service for FY 2025-26, provided variance justifications for actuals, and/or revisions for Caregiver Access Case Management, Caregiver Information Services, Caregiver Supplemental Services Assistive Technologies, Caregiver Supplemental Services Caregiver Assessment, Caregiver Supplemental Services Home Modifications, Caregiver Supplemental Services Legal Consultation, Caregiver Support Groups, Caregiver Support Counseling, Caregiver Information and Assistance, Caregiver Information Services, Caregiver Respite In-Home, Caregiver Respite Out-of-Home Day Care, Caregiver Respite Out-of-Home Overnight Care, and HICAP Service Unit Plan.	Updated proposed units of service for FY 2026-27, provided variance justifications for actuals, and/or revisions for Visiting, Disaster Preparedness Materials, Information and Assistance, Comprehensive Assessment, Telephone Reassurance, Complaint Resolution Rate, Work with Resident Councils, Work with Family Councils, Information and Assistance to Facility Staff, Information and Assistance to Individuals, Community Education, Systems Advocacy, and updated proposed units of service for FY 2026-27, provided variance justifications for actuals, and/or revisions for Visiting, Disaster Preparedness Materials, Information and Assistance, Comprehensive Assessment, Telephone Reassurance, Complaint Resolution Rate, Work with Resident Councils, Work with Family Councils, Information and Assistance to Facility Staff, Information and Assistance to Individuals, Community Education, Systems Advocacy, and Measures and Targets. Title III/VII-B: • Case Management (Access) - Variance of -17% (6,000 to 5,000) in Case Management (Access) services, due to case management program clients utilizing alternative resources available to them. Additionally, client enrollments have also decreased due to other CalAIM services being offered in the community. Title III-B: Other Priority and Non-Priority Supportive Services: • Other Priority Supportive Service Category: Telephone Reassurance – Variance of +18% (1,100 to 1,300) in Telephone Assurance services, due to the partial-year incorporation of this IIIB supportive service in the FY 25/26 Area Plan,

			combined with this being the first full year of providing IIB telephone reassurance services. TITLE III-B and TITLE VII: Long-Term Care (LTC) Ombudsman Program Outcomes: • Complaint Resolution Rate – Variance of +31% (54% to 71%) in the resolution rate of partially resolved complaints or fully resolved complaints received, due to enhanced professional development and training of new staff. • Work with Resident Councils – Variance of +94% (55 to 107) in meetings attended in FY 2024-25, due to a greater focus on maximizing rapport and relationship building with resident council meeting attendees. The target for FY 2026-27 increased +43% (35 to 50) in anticipation of increasing the number of resident council meetings attended. • Work with Family Councils - Variance of +225% (4 to 13) for Family Council meetings attended in FY 2024-25, due to Ombudsman staff working with families to re-start family council meetings previously discontinued during the pandemic. The target for FY 2026-27 increased +900% (1 to 10) in anticipation of continued growth in the number of family council meetings attended. • Information and Assistance to Facility Staff - Variance of +38% (2,790 to 3,849) for Information and Assistance instances to facility staff increased in FY 2024-25, due to the increased presence of Ombudsman staff in facilities to address topics regarding care, discharge plans, facility staff, and corrections to ODIN coding. The target for FY 2026-27 increased +133% (1,500 to 3,500), due to the anticipation of an increased Ombudsman staff presence in facilities. • Community Education - Variance of +380% (10 to 48) for the number of Community Education sessions increased in FY 2024-25, due to a broader focus on educating a larger number of participants at fewer Community Education sessions to maximize resources and participation. The target for FY 2026-27 target increased +67% (15 to 25) in anticipation of
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			continued focus on educating a larger number of participants at fewer Community Education sessions. • Routine Access: Nursing Facilities - The target measure (percentage) of SNFs 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, increased from 90% to 100% (+10%) due to the program's enhanced facility assignment process. • Routine access: Residential Care Communities - The target measure (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, increased from 60% to 90% (+30%) due to the program's enhanced facility assignment process. TITLE III-E Service Unit Plan Direct and/or Contracted III-E Services: • Caregiver Access Case Management – Variance of -60% (5,000 to 2,000) for Case Management services, due to correction of past reports that mistakenly included contractor match units. Actual service levels remain unchanged, with no expected impact on the community. • Caregiver Access Information & Assistance - Variance of -70% (2,000 to 600) for Information and Assistance services, due to correction of past reports that mistakenly included contractor match units. Actual service levels remain unchanged, with no expected impact on the community. • Caregiver Support Groups – Variance of -90% (2,500 to 250) for Caregiver Support Group services, due to a change in service unit measure. Actual service levels remain unchanged. • Caregiver Counseling – Variance of -77% (300 to 70) for Caregiver Counseling services, due to correction of past reports that mistakenly included contractor match units. Actual service levels remain unchanged, with no expected impact on the community. • Caregiver Respite In-Home - Variance of -43% (14,000 to
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			8,000) in In-Home Respite services, due to correction of past reports that mistakenly included contractor match units. Actual service levels remain unchanged, with no expected impact on the community. • Caregiver Respite Out-of-Home Day Care - Variance of +1,900% (5 to 100) for Out-of-Home Day Care services, due to older adults and family caregivers increasing access to out-of-home day care and alternative care options to meet their respite needs. • Caregiver Supplemental Services Caregiver Assessment - Variance of -57% (1,700 to 725) for Caregiver Supplemental Services Caregiver Assessment, due to correction of past reports that mistakenly included contractor match units. Actual service levels remain unchanged, with no expected impact on the community. • Caregiver Supplemental Services Legal Consultation - Variance of +58% (300 to 475) for Legal Consultation services, due to a correction of the service unit measure. Actual service levels remain unchanged. Direct and/or Contracted III-E Services - Older Relative Caregivers • Caregiver Information and Assistance total Contacts - Variance of -75% (300 to 75), due to correction of past reports that mistakenly included contractor match units. Actual service levels remain unchanged, with no expected impact on the community. • Caregiver Respite In-Home - Variance of -70% (1,000 to 295) for in-home respite services for kinship caregivers, due to clarified service unit descriptions, updated budget allocations, and revised reporting practices. Actual service levels remain unchanged, with no expected impact on the community. • Caregiver Respite Out-of-Home Day Care - Variance of -17% (7,500 to 6,200) for out-of-home day care respite services for kinship caregivers, due to clarified service unit descriptions, updated budget allocations, and revised reporting practices. Actual service levels remain unchanged, with no expected impact on the community.
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			• Caregiver Respite Out-of-Home Overnight Care - Variance of +92% (3,500 to 6,730) for out-of-home respite services for kinship caregivers, due to clarified service unit descriptions, updated budget allocations, and revised reporting practices. Actual service levels remain unchanged, with no expected impact on the community. Health Insurance Counseling and Advocacy Program (HICAP) Service Unit Plan • Medicare Beneficiaries Under 65 - Variance of - 33% (1,100 to 740) for Medicare Beneficiaries Under 65, due to alignment with reported figures with state-prescribed performance goals.
Section 11: Legal Assistance	Pages 89-94	Updated section with the legal services for FY 2025-26. No significant changes from 4-year plan.	Updated section with the legal services for FY 2026-27. For the upcoming FY the provider will be attempting to implement social media outreach. No significant changes from the 4-year plan.
Section 12: Disaster Preparedness	Pages 95-101	Local Office of Emergency Services contact name and title updated. Additional location added to current locations that maintain fleet of County vehicles. CARA system no longer utilized as an electronic records management system in AIS.	Local Office of Emergency Services personnel and contact information updated. Critical services delivery language was updated to clarify roles and critical time frame of services delivered after a disaster. Removed locations that are no longer sites for our department. Additional location added to current locations that maintain fleet of County vehicles.
Section 16: Advisory Council	Pages 109-111	Advisory Council membership updated with current members. Overall race/ethnic and age composition of the Council updated based on current Council membership.	Advisory Council membership updated with current members. Overall race/ethnic and age composition of the Council updated based on current Council membership.
Section 18: Organizational Charts	Pages 113-115	Updated with most current organizational structure.	Updated with most current organizational structure.
Attachment B. OCA Modernization Supplemental Summary	Page 132	Description of program(s) being funded: PSA 23 intends to provide Linkages, Aging in Place, and Caregiver Respite services with OCA Modernization funding. PSA 23 intends to provide C1 and C2 meals through Nutrition Modernization funding.	Description of program(s) being funded: PSA 23 intends to provide congregate, home delivered, and to-go meals through Nutrition Modernization funding. Services being provided: PSA 23 plans to use Nutrition Modernization funds to continue the Nutrition Modernization To-

		Services being provided: Using OCA Modernization funding, PSA 23 intends to (1) support and further expand the Linkages program, providing case management to frail older adults age 60+ to prevent or delay placement in institutional settings; (2) provide caregiver respite services for family caregivers of older adults, with prioritization for those caring for individuals with Alzheimer's Disease and Related Dementias; and (3) Aging in Place supportive services including free on-demand transportation services for older adults to promote sustained independence and reduced isolation. Using Nutrition Modernization funding, PSA 23 intends to expand the Older Californians Nutrition Program and appeal to new clients through expanded options including to-go meals. If needed, funding will also be used to support traditional C1 and C2 meals.	Go Meal program and supplement baseline Title III-C funding. These funds will help maintain current C2 home-delivered meal service levels and offset shortfalls caused by rising demand and declining Title III funding. They will also support growth of the Title III-C1 congregate meal program by providing contractors flexibility to expand participation, maximize use of Title III allocations in full, and reduce challenges associated with managing annual funding allocations. This approach encourages expansion of congregate meals, promotes socialization and companionship, and ensures services can adapt to evolving community needs.
Attachment C. Local Master Plan for Aging Supplemental Summary	Pages 133-134	Local Master Plan for Aging Supplemental Summary for 2025-26.	Updated Local Master Plan for Aging Supplemental Summary by removing portion referring to the Aging Roadmap Action Plan as it is not continuously updated in this report.
Appendix A: Aging Roadmap Action Plan	Pages 135-146	Aging Roadmap was updated with the most current accomplishments and action plan for 2024-28.	Hyperlink to Aging Roadmap on <i>LiveWell San Diego</i> website was added. Revised and/or removed “Programs & Initiatives” for Health & Community Support, Housing, Social Participation, Transportation, Dementia, and Silver Economy. The Disaster Preparedness “Who” column was updated to reflect the department responsible for Cool Zone Program.

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:

PSA 23 intends to provide congregate, home delivered, and to-go meals through Nutrition Modernization funding.

Services being provided:

PSA 23 plans to use Nutrition Modernization funds to continue the Nutrition Modernization To-Go Meal program and supplement baseline Title III-C funding. These funds will help maintain current Title III-C2 home-delivered meal service levels and offset shortfalls caused by rising demand and declining Title III funding. They will also support growth of the Title III-C1 congregate meal program by providing contractors flexibility to expand participation, maximize use of Title III allocations in full, and reduce challenges associated with managing annual funding allocations. This approach encourages expansion of congregate meals, promotes socialization and companionship, and ensures services can adapt to evolving community needs.

LOCAL MASTER PLAN ON AGING (MPA) SUPPLEMENTAL SUMMARY

San Diego County Aging Roadmap

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

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

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

Implementation: The Aging Roadmap includes and goes beyond Older Americans Act programs and AIS programs. It incorporates programs and initiatives of County contractors, committees coordinated by AIS staff, and aging-related work of departments across the

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

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

APPENDIX A. AGING ROADMAP ACTION PLAN 2024 – 2028

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

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

To see the latest updates and accomplishments of the Aging Roadmap Action Plan, please visit the Aging Roadmap Annual Update at: www.livewellsd.org/i-want-to/learn-more/aging/aging-roadmap.

HEALTH & COMMUNITY SUPPORT

Vision:

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

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

HOUSING

Vision:

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

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

Collaborative Efforts and Education	AIS Age Well Housing Team	Enhance efforts of local housing partners by providing a forum for organizations to share information regarding projects for older adults. These partners approach housing from multiple angles, including land use and building codes, affordable housing development, home modifications, and supporting housing insecure residents.
		Educate the community on current older adult housing issues and resources.

SOCIAL PARTICIPATION

Vision:

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

TOPIC	WHO	PROGRAMS & INITIATIVES
Access to Social Engagement	AIS Age Well Transportation & Community Connections Team	Offer education and resources about local transportation options that enhance mobility independence, regional awareness, and access to social activities.
	AIS Age Well Social Participation & Inclusion Team	Publicize and distribute guides for social engagement: Ways to Engage and Get Connected!
	Aging & Independence Services	Publicize information about community events, programs, and opportunities to engage via Gov Delivery e-network of stakeholders, AIS Quarterly Newsletter, presentations, and other community outreach.

TRANSPORTATION

Vision:

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

TOPIC	WHO	PROGRAMS & INITIATIVES
Transportation Education	AIS Age Well Transportation & Community Connections Team	Encourage event coordinators to increase older adult access to their events by: • 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.

DEMENTIA

Vision:

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

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

CAREGIVER SUPPORT

Vision:

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

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

SAFETY

Vision:

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

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

PREPAREDNESS

Vision:

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

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

SILVER ECONOMY

Vision:

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

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

MEDICAL & SOCIAL SERVICES SYSTEM

Vision:

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

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