Advisory Council for Aging & Independence Services
July 13, 2020 | 12:00 p.m.

Virtual Meeting
Call in: 1 (619) 343-2539
Conference ID (access code): 343 082 828#

Click here to **Join Microsoft Teams Meeting**

AGENDA

* (attachment)

1. **Call to Order**, Lorelei Taylor, Chair
   a. Welcome & Pledge of Allegiance
   b. Guest/Member Introductions
   c. Confirmation of Quorum (quorum = 13)

2. **Standard Business**
   a. Public Comment/Announcements: Members or non-members
   b. Approval of March 9, 2020 Meeting Minutes (Action)*

3. **Guest Speaker Presentations**
   a. Overview of Fiscal Year 2020-2021 Recommended Operations Plan
      Amy Thompson, Assistant Finance Director, HHSA Financial & Support Services Division

4. **AIS Director's Items** (Possible action)
   a. Board Letters: None
   b. AIS Director's Update
   c. Legislative Update

5. **Executive & Membership Subcommittee (met 6/22/20) Report/Other Business** (Possible action)
   a. Chair's Report: Lorelei Taylor, Chair
      i. Actions on behalf of the Council during COVID-19 stay at home orders presented for Council ratification per By-laws Article 5, Sec. C. (1)(a)(iii) (Action)
         a) April 14, 2020 Meeting: Recommendation for approval of Board Letter - FY 2021 AIS Revenue*
         b) June 22, 2020 Meeting:
            i. Recommendation for approval of Board Letters:
               - Area Plan 2020-2024*
               - Competitive Procurement for Home and Community Based Services*
               - FY 20/21 IHSS Public Authority Recommended Budget (Info Only)*
            ii. Area Plan 2020-2024 Hearing and authorization of Chair to sign Letter of Transmittal*

ii. Adjustments to Annual Calendar due to COVID-19 (Action)*
iii. Subcommittee Appointments and Updates
a) Adult Services Connection Ancillary Subcommittee: Appoint Judi Bonilla (Action)
b) IHSS PA Advisory Committee Auxiliary Subcommittee: Request volunteer to fill Bill Kelly's seat (Possible Action)
c) Convene Nominating Ad Hoc Subcommittee (Action)
– ROLE: Prepare a slate of officer recommendations by August 10, 2020 for officer elections and swearing-in on September 14, 2020
– TERM: July 13, 2020 through September 14, 2020
– MEMBERSHIP: Rosemarie Bahmani (Chair), Jack Miller, Wanda Smith, Lorelei Taylor
d) Convene Legislative Ad Hoc Subcommittee (Action)
– ROLE: Advise on the County of San Diego's 2021 Legislative Program
– TERM: July 13, 2020 through the end of August
– MEMBERSHIP: LaRue Fields (Chair), Stephen Huber, Lorelei Taylor

b. Membership Report, Stephen Huber, Secretary
i. Term expiration(s):
a) Recommendation to appoint Susan Valoff to 2nd term effective 4/10/2020 through 4/9/2024 (Action)
b) Recommendation to appoint LaRue Fields to 2nd term effective 9/12/2020 through 9/11/2024 (Action)
ii. Recommendation to waive absences for annual offsite at Edgemoor (Action)

c. Board of Supervisors Annual Visits (Dates posted as confirmed):

i.	District #1: Cox	[Garbanzos/Monge]	11/21/19 @ 1:30 p.m.
ii.	District #2: Jacob	[Arcadi/Kagan]	2/27/20 @ 2:30 p.m.
iii.	District #3: Gaspar	[Bahmani/Osborne]	3/12/20 @ 10:00 a.m.
iv.	District #4: Fletcher	[Flynn/Tran]	TBD @ 12:00 p.m.
v.	District #5: Desmond	[Simon/Weber]	12/5/19 @ 10:00 a.m.

6. **Ancillary Subcommittee Oral Reports** (Possible action)
a. LTC Ombudsman/Facilities (met 3/19/20): Jack Miller, Chair
b. Adult Services Connection (met 2/10/20): TBA, Chair
c. Healthy Aging (met 2/10/20): TBA, Chair
d. Housing (met 2/10/20): LaRue Fields, Chair
e. Nutrition (met 2/10/20): Chris Maeoka, Chair

7. **Ad Hoc Subcommittee Oral Reports** (Possible action)
a. Triple A Council of California (TACC) Report: Rosemarie Bahmani, Chair

8. **Other Announcements**

9. **Adjournment & Next Meetings**:

Council Meeting: August 10, 2020, 12 noon
When in-person, meetings are held at 5560 Overland Ave., San Diego, 92123; Location TBD

Subcommittee Meetings Day of Council Meeting (at AIS)
When in-person, meetings are held at 5560 Overland Ave., San Diego, 92123, Location TBD

- Housing: TBD Ste. 310, John Gaffaney Memorial Conf. Rm.
- Nutrition: TBD Ste. 310, MSSP Conf. Rm.
- Adult Services Connection: TBD Ste. 130, PAPGPC Conf. Rm.
- Healthy Aging: TBD Ste. 310, Call Center Conf. Rm.

Future Subcommittee Meetings:
When in-person, meetings are held at 5560 Overland Ave., Ste. 310, John Gaffaney Memorial Conf. Rm., San Diego, 92123; Location TBD

- LTC Ombudsman/Facilities: TBD 10:30 a.m. [3rd Thursdays]
- Executive & Membership: 7/27/20 10:30 a.m. [4th Mondays]

This meeting is public, and the location is ADA accessible. If you are planning to attend and need special accommodations, please call (858) 495-5885 at least three days in advance of the meeting.

Supporting documentation and attachments for items listed on this agenda may be viewed at Aging & Independence Services, 5560 Overland Avenue, Suite 310, San Diego, CA 92123, or received by calling (858) 495-5885.

Aging & Independence Services Advisory Council

Monday, March 9, 2020 | 11:30am – 2:00pm
655 Park Center Drive, Edgemoor
Santee, CA 92071

MINUTES – DRAFT

	Members		Absent Members	Guests
Attendance	Ellen Arcadi Patricia De Leo La Rue Fields Monica Flynn Joe Garbanzos Ted Kagan Jack Miller Paul Monarrez	Luis Monge John Osborne Linda Prager Jacqueline Simon Wanda Smith Lorelei Taylor Susan Valoff	Rosemarie Bahmani Judi Bonilla Morgan Cadmus Faye Detsky-Weil Stephen Huber William Kelly Bijou Lulla Chris Maeoka Christina Selder Kim Tran Darlene Weber	Paul Ling Susan Mallett Paula Saracen
	Distinguished Merit Recipients		**Staff**	
	None		Blanca Castillo Naomi Chavez Amanda Dowell	Raymond Flores Mindy Scott Renée Sherrill

Item	Outcome
1. Arrival	**11:30 AM**
2. Tour Edgemoor	**(Scheduled for 11:45-12:15 PM) The tour was moved to 12:37 – 1:18 pm**
3. Call to Order	**Lorelei Taylor, Chair, 12:03 PM** a. Welcome & Pledge of Allegiance b. Select Lunch – Lunch started at 11:50 am c. Guest/Member Introductions d. Confirmation of Quorum: 14 present at this time
4. Standard Business	a. Lunch Provided by AIS – Thank You! b. Public Comments/Announcements: Members or non-members • L. Taylor announces that: ○ The Aging into the Future Convention Event on April 4th at the Los Angeles Convention Center with Rick Dees as the keynote speaker. ○ On behalf on Stephen Huber who is not present, veterans with service-connected disabilities have access to military bases for shopping at the exchanges and commissary, which was extended to eligible primary caregivers of those disabled veterans. Letters of eligibility are issued through The Department of Veteran Affairs, Office of Community Care, not Office of Military Veterans Affairs (OMVA). • S. Valoff announced that The Caregiver SD Expo will be held on Saturday March 21st which is sponsored by the Union Tribune. On Sunday March 22nd Elder Health will be holding a Silent Auction. c. Approval of February 10, 2020 meeting minutes (Action): **[M/S – L. Fields T. Kagan: Unanimous]**
5. AIS Director's Items (possible action)	a. Board Letter: None (Action) STOPPED HERE b. AIS Director's Update • N. Chavez reported that K. Gallo will cover the questions that the Council had at the last month's meeting when she returns next month. c. Legislative Update: • N. Chavez (on behalf of K. Gallo's absence) announced that last Tuesday the Senate passed the Supporting Older Americans Act of 2020. We are currently waiting for the House and Senate to pass identical bills. C. Smith and N. Chavez will be in attendance in D.C. next week as well.

6. Executive & Membership Subcommittee (met 2/24/20) Report/Other Business (possible action)	a. Membership Report: Lorelei Taylor, Chair i. Resignation of Enrique Melgar from Council (Action) **[M/S – J. Osborne/ L. Monger: Unanimous]** ii. Recommendation to provide waiver for absences in September, October, and November since by-laws were adopted Oct 29, 2019: (Action) o L. Taylor reported that the new by-laws, which were adopted on Oct. 29th, state that at two absences in the Council calendar year, which begins in September, members will be reminded via letter informing them that three absences will vacate their seat. The by-laws include a provision that the Executive & Membership Subcommittee may evaluate extenuating circumstances and recommend waiving the declaration of vacancy. A recommendation was set forth to waive absences that occurred in Sept., Oct., and Nov. Upon request. R. Sherrill confirmed that the sign-in sheets are used to verify attendance. **[M/S – L. Monger/ E. Arcadi: Unanimous]** b. Chair's Report: Lorelei Taylor, Chair i. Adoption of Executive & Membership Protocols: (Action) o L. Taylor reported that subcommittee has approved the draft provided in the agenda packet and received via email before the meeting. Substantive changes include updates to align with new attendance requirements in by-laws Two new additions to provide consistency in applying these changes include sample email language for notifying members of two absences, and criteria for recommending Council provide a waiver of absences. o The Distinguished Merit Award was also incorporated into this document. **[M/S – L. Fields/ E. Arcadi: Unanimous]** ii. Subcommittee Appointments and Updates a) Healthy Aging: Resignation of Enrique Melgar (Action) **[M/S – J. Simon/ L. Monge: Unanimous]** b) Transportation (subcommittee on hold):Resignation of Enrique Melgar (Action): **[M/S – L. Monge/ P. Monarrez: Unanimous]** c. Board of Supervisors Annual Visits (Dates posted as confirmed): i. District #1 Cox [Garbanzos/Monge] 11/21/2019 @ 01:30 p.m. ii. District #2 Jacob [Arcadi/Kagan] 02/27/2020 @ 2:30 p.m. iii. District #3 Gaspar [Bahmani/Osborne] 03/12/20 @ 10:00 a.m. • Meeting date was changed to March 31, 2020. Time to be determined. iv. District #4 Fletcher [Flynn/Tran] TBD v. District #5 Desmond [Simon/Weber] 12/5/19 @ 10:00 a.m. • Update: T. Kagan, E. Arcadi & L. Taylor attended a meeting with Supervisor Jacob o T. Kagan – Reported that the Supervisor discussed topics like housing and The Alzheimer's Project. She was optimistic about what she has worked on so far would smoothly transition onto the next Supervisor. o L. Taylor – Reported that the Supervisor was very complimentary and stated that our Council is one of the best prepared, most knowledgeable, and most action-taking, and extended her thanks. o E. Arcadi – Reported that Lorelei also let Supervisor Jacob know that the subcommittee meetings are structured. o T. Kagan – Invited Supervisor Fletcher to attend his transportation classes. • J. Osbourne reported that meeting with Supervisor Gaspar has been moved to March 31.
7. Ancillary Subcommittee Oral Reports (possible action)	a. LTC Ombudsman/Facilities (met 2/20/20): Jack Miller, Chair • J. Miller reported that he met with Cyndy Minnery, RN, BSN, Education Director and owner of four smaller assisted living facilities and currently on the board of Six Beds Inc., a trade association that represents the small facilities in San Diego County. She discussed the benefits of small facilities including a home-like environment, more continuity with the caregivers, improved communication, accommodation to dietary preferences, and ease of monitoring. J. Miller also confirmed the next meeting will be on March 19th. b. Adult Services Connection (2/10/20): Christina Selder, Chair • C. Selder not present at meeting. • S. Valoff reported that the Respite Voucher program administered by two providers is invited to speak to the subcommittee about the program. c. Healthy Aging (2/10/20): Wanda Smith, Chair • W. Smith reported that the subcommittee fine-tuned their goals and updated their statement of emphasis. d. Housing (no meeting since last update): LaRue Fields, Chair • L. Fields reported that subcommittee did not meet, no report. • L. Fields welcomed P. Monarrez to the subcommittee.

	e. Nutrition (no meeting since last update): Chris Maeoka, Chair • Subcommittee did not meet, no report
8. Ad Hoc Subcommittee Oral Reports	a. Area Plan Subcommittee (met 3/30/20) Rosemarie Bahmani, Chair • R. Bahmani was not in attendance. L. Taylor reported that a meeting is scheduled.
9. Auxiliary Liaison Written Reports	{See Addendum Chart} Handouts were included.
10. Other Announcements	a. Refreshments for April: Housing Subcommittee
11. Adjournment & Next Meetings	Meeting Adjourned: 1:23 p.m. Next Meeting: April 13, 2020, at 12:00 p.m. Meeting are held at 5560 Overland Ave., San Diego, 92123

SUBCOMMITTEE MEETINGS DAY OF COUNCIL (at AIS)
Meetings are held at 5560 Overland Ave., San Diego, 92123

➢ Housing:	10:30 a.m.	Ste. 310, John Gaffaney Memorial Conf., Rm.
➢ Nutrition:	10:30 a.m.	Ste. 310, MSSP Conf., Rm.
➢ Adult Services Connection:	2:15 p.m.	Ste. 130, PAPGPC Conf., Rm.
➢ Healthy Aging:	2:15 p.m.	Ste. 310, Call Center Conf., Rm.

FUTURE SUBCOMMITTEE MEETINGS (at AIS unless otherwise stated):
Meetings are held at 5560 Overland Ave., Ste. 310, John Gaffaney Memorial Conference Room, San Diego, 92123

➢ LTC Ombudsman/Facilities:	3/19/2020	10:30 a.m.	[3rd Thursday each month]
➢ Executive & Membership:	3/23/2020	10:30 a.m.	[4th Monday each month]

Minutes respectfully submitted by Blanca E. Castillo

COUNTY OF SAN DIEGO

AGENDA ITEM

BOARD OF SUPERVISORS

GREG COX
First District

DIANNE JACOB
Second District

KRISTIN GASPAR
Third District

NATHAN FLETCHER
Fourth District

JIM DESMOND
Fifth District

DATE: **May 5, 2020** **XX**

TO: Board of Supervisors

SUBJECT
ADOPT RESOLUTION FOR AND AUTHORIZE ACCEPTANCE OF OLDER ADULT SERVICES REVENUE AGREEMENTS AND GRANTS FOR FISCAL YEAR 2020-2021 (DISTRICTS: ALL)

OVERVIEW
The Board of Supervisors (Board) has demonstrated a long-term commitment to enhancing programs focused on the safety and welfare of older adults and persons with disabilities. The County of San Diego Health and Human Services Agency, Aging & Independence Services administers these programs. On May 21, 2019 (7), the Board approved the Fiscal Year 2019-20 revenue agreements to fund various programs supporting older adults and persons with disabilities. These services allow older adults and those with disabilities to remain safely in their homes and to access needed community resources. These services also align with the County of San Diego's Aging Roadmap, which includes Age Well San Diego efforts to ensure communities support the health, safety, and wellness of residents of all ages, including those with dementia. Per the requirement of the California Department of Aging (CDA), this item requests the Board adopt a resolution relating to the CDA revenue agreements and authorize acceptance of approximately $21 million of federal, State, managed care health plan, and grant revenue for Fiscal Year 2020-21 to support these programs and services.

If approved, today's actions would authorize the acceptance of grant funding, authorize the Clerk of the Board to execute revenue agreements, and authorize the Agency Director, Health and Human Services Agency to pursue future funding opportunities. These actions support the County's *Live Well San Diego* vision by ensuring the County will continue to receive federal, State, and other funding to administer needed programs and services for older adults and persons with disabilities.

RECOMMENDATION(S)
CHIEF ADMINISTRATIVE OFFICER
1. Waive Board Policy B-29: Fees, Grants, Revenue Contracts - Department Responsibility for Full Cost Recovery, which requires full cost recovery of grants and revenue contracts.

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2. Approve and authorize the Clerk of the Board to execute, upon receipt, the following revenue agreements:

   - California Department of Aging agreements
     - Area Plan Agreement (AP-2021-23)
     - Health Insurance Counseling and Advocacy Program (HI-2021-23)
     - Title V Senior Employment Program (TV-2021-23)
     - CalFresh Healthy Living (SP-2021-23)
     - CalFresh Expansion (CF-2021-23)
     - Financial Alignment (FA-1819-23; FA-1920-23; FA-2121-23; F2-1819-23; F2-1920-23; F2-2021-23)
     - Dignity At Home Fall Prevention (FP1920-23; FP-2021-23)
     - Medicare Improvements for Patients and Providers Act (MI-2021-23)
   - Multipurpose Senior Services Program (MS-2021-07), which will include agreements with the following health plans:
     - Aetna
     - Blue Shield of California Promise Health Plan (formerly known as Care 1st)
     - Community Health Group
     - Health Net
     - Kaiser Permanente
     - Molina
     - United Healthcare
   - Arizona State University/Legacy Corps (respite care for military families and veterans)
   - San Diego Gas & Electric (Cool Zones program)
   - Fee for Service Contracts
   - Veterans Administration San Diego Healthcare System (Veteran Directed Home and Community Based Service Program)
   - San Diego State University Research Foundation/Geriatric Workforce Enhancement Program

3. Authorize acceptance of the grant from the Corporation for National & Community Service for the Retired Senior and Volunteer Program (RSVP).

4. Authorize the Clerk of the Board, subject to the approval of the Agency Director, Health and Human Services Agency or designee, to execute all required documents related to the revenue agreements in Recommendations 2 and 3, including any extensions, amendments or revisions thereto that do not materially impact either the program or the funding level.

5. Authorize the Agency Director, Health and Human Services Agency or designee, to pursue future funding opportunities including grants for the purpose of obtaining financial assistance for programs serving older adults and persons with disabilities.

6. Adopt a resolution entitled A RESOLUTION OF THE BOARD OF SUPERVISORS OF THE COUNTY OF SAN DIEGO RELATING TO THE CALIFORNIA DEPARTMENT OF AGING REVENUE AGREEMENTS.

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SUBJECT: ADOPT RESOLUTION FOR AND AUTHORIZE ACCEPTANCE OF OLDER ADULT SERVICES REVENUE AGREEMENTS AND GRANTS FOR FISCAL YEAR 2020-2021 (DISTRICTS: ALL)

FISCAL IMPACT

Funds for this request will be included in the Fiscal Year 2020-22 CAO Recommended Operational Plan in the Health and Human Services Agency (HHSA). If approved, this request will result in costs of $21,617,864 and revenue of $20,985,783 in Fiscal Year 2020-21 The funding sources are:

- the State General Fund, Federal Medicaid Program,
- Titles III, V, and VII of the Older Americans Act,
- Federal and State HICAP funds,
- Federal SNAP–ED/CalFresh – Healthy Living, U.S. Department of Health and Human Services,
- Health plans, and other healthcare entities.
- Administration for Community Living, Arizona State University/Legacy Corps,
- San Diego Gas & Electric,
- Veterans Administration San Diego Healthcare System,
- San Diego State University Research Foundation, and
- Corporation for National & Community Service.

A waiver of Board Policy B-29 is requested because the funding does not offset all costs. B-29 costs are $632,081 for Fiscal Year 2020-21 and will be funded with General Purpose Revenue that will be included in the Fiscal Year 2020-22 CAO Recommended Operational Plan in HHSA. The public benefit for providing these services far outweighs these costs. There will be no change in net General Fund cost and no additional staff years.

BUSINESS IMPACT STATEMENT

N/A

ADVISORY BOARD STATEMENT

The Aging & Independence Services Advisory Council reviewed this item at the April 13, 2020 meeting and recommended _____.

BACKGROUND

According to the California Department of Finance's population projections, of the nearly 3.4 million people currently residing in San Diego County, an estimated 892,076 are adults age 55 or older. By 2030, the number of adults 55 years and older in San Diego County is expected to increase to more than 1 million. The fastest growing age group, those 85 years and older, is projected to increase from an estimated 67,858 in 2020 to over 81,000 in 2030. The Board of Supervisors (Board) has maintained a commitment to programs that ensure the welfare of older adults and persons with disabilities in San Diego County. The County of San Diego (County) Health and Human Services Agency, Aging & Independence Services (AIS) administers these programs. Today's recommended actions will continue annual funding for various programs benefiting older adults and persons with disabilities throughout San Diego County. Today's

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recommended actions will adopt a resolution relating to the California Department of Aging revenue agreements and also provide Board authority to seek funding for new programs and for the pursuit and implementation of the Aging Roadmap to ensure communities support the health, safety, and wellness of residents of all ages, including those with dementia.

California Department of Aging Revenue Agreements Requiring a Resolution:
AREA PLAN AGREEMENT ($14,552,782)
The Area Plan agreement contains State and federal revenue (Titles III and VII of the Older Americans Act). This agreement will fund various Older Americans Act and Federal Administration on Aging services and programs for older adults including nutrition, social support, preventive health services, and the local Ombudsman and Family Caregiver programs. This agreement requires County matching funds of $564,661. Funding from this source is utilized in a number of contracts. Fourteen older adult nutrition contractors provide more than 1.1 million home delivered meals and congregate meals at 36 sites to more than 9,000 clients. Close to 3,000 cases are investigated by the Long Term Care Ombudsman. Support services for older adults are provided such as adult day care, legal services, transportation, and visiting at long-term care facilities to provide companionship. Instructors for health promotion activities such as chronic disease self-management programs serve more than 1,100 people. Programs provide support to family caregivers such as respite services, support groups, educational assistance, legal services, home modification, and other services. The allocation amount was determined by the State.

HEALTH INSURANCE COUNSELING AND ADVOCACY PROGRAM AGREEMENT ($662,541)
The Health Insurance Counseling and Advocacy Program (HICAP) is a State and federally funded volunteer-supported program that assists individuals and families with Medicare and other health insurance concerns. AIS also oversees the HICAP program for Imperial County through a contracted service provider. This revenue funds the HICAP program to conduct over 100 community education forums about healthcare-related issues and provide counseling and advocacy to assist over 5,000 individuals with health billing claims and insurance annually. The allocation amount was determined by the State.

TITLE V SENIOR EMPLOYMENT PROGRAM AGREEMENT ($412,313)
The Senior Community Service Employment Program follows regulations established by the U.S. Department of Labor (Title V of the Older Americans Act) and is a job creation program targeted to low-income older Americans. This revenue funds the program locally to subsidize part-time community service jobs for low-income persons age 55 years and older who have poor employment prospects. AIS administers this program through a contractor and assists about 45 individuals with employment training opportunities, job placement, and on-the-job support every year. This agreement requires County matching funds of $3,892. The allocation amount was determined by the State.

SNAP-ED/CALFRESH – HEALTHY LIVING ($174,568)
The CalFresh – Healthy Living federal funding provides nutrition education for CalFresh-eligible populations. This is the sixth year CalFresh funding is specifically focused on eligible older adults. In Fiscal Year 2019-20, approximately 110 older adults received direct nutrition education or physical activity programs. The Fiscal Year 2020-21 funding will allow AIS to provide nutrition

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education and physical activity programs for 110 people at various older adult service sites. AIS will also provide training and technical assistance to community partners on implementing policy, system, and environmental changes to improve older adults' access to healthy food and physical activity. The allocation amount was determined by the State.

CALFRESH EXPANSION ($20,897)
As part of the Fiscal Year 2018-19 State Budget Omnibus Trailer Bill, Assembly Bill 1811 (AB 1811) expanded CalFresh eligibility to include persons receiving or authorized to receive both Supplemental Security Income (SSI) program and State Supplementary Payment (SSP) program benefits, provided all other eligibility criteria are met. In Fiscal Year 2019-20, the County received $20,897 to conduct outreach to older adults who may now be eligible to receive these benefits and provided information regarding eligibility to approximately 5,000 older adults. The allocation amount was determined by the State.

FINANCIAL ALIGNMENT ($25,353)
The Financial Alignment funding will help provide outreach, education, and counseling to individuals dually eligible for both Medicare and Medi-Cal on their options and choices under California's "Cal MediConnect." Cal MediConnect is a federal demonstration project operated in San Diego County by four health plans through a contract with the State. The health plans provide and coordinate medical services funded by Medicare and Medi-Cal as well as long term services and supports including long-term institutional nursing home care and home- and community-based services through a single, organized system. The current Fiscal Year 2019-20 funding provides for the capacity to serve 604 clients. The allocation amount was determined by the State.

DIGNITY AT HOME FALL PREVENTION ($143,750)
The California Department of Aging has made available State General Funds to implement fall prevention interventions for older adults through the Dignity at Home Fall Prevention Grant. The project will consist of educating older adults on how to lower their fall risk and providing home modification services to improve their safety in the home. This project will focus on low income older adults at risk for falls. The project period is from receipt of funds in Spring 2020 until June 30, 2021. The allocation amount was determined by the State.

MEDICARE IMPROVEMENTS FOR PATIENTS AND PROVIDERS ACT AGREEMENT ($133,514)
The Medicare Improvement for Patients and Providers Act provides federal funding for outreach to Medicare beneficiaries who are likely to be eligible but are not currently receiving supplemental Medicare benefits. This revenue allows AIS, through contracts with community-based organizations, to provide outreach activities to enroll eligible Medicare beneficiaries countywide into the Low Income Subsidy (LIS) and Medicare Savings Program (MSP), to enroll beneficiaries in rural areas in Medicare Part D benefits, to provide education on disease prevention, and to increase the awareness of Medicare beneficiaries about expanded Medicare wellness and benefits. The current Fiscal Year 2018-19 funding provides for 724 LIS and MSP applications for enrollment of new beneficiaries. The allocation amount was determined by the State.

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MULTIPURPOSE SENIOR SERVICES PROGRAM AGREEMENT ($2,945,910)
The Multipurpose Senior Services Program (MSSP) provides State and federal funding for case management for eligible older adults aged 65 and over who receive Medi-Cal and are at-risk for institutional care. The program allows these frail older adults to remain in their homes safely at a lower cost than nursing homes. The program maintains a client caseload of 550 older adults and serves these clients for as long as needed. Many clients stay in the program for the remainder of their lives. The allocation amount was determined by the State.

On June 18, 2013 (7), the Board approved agreements with the five Medi-Cal managed care health plans that served the San Diego region at the time (Care1st, which is now Blue Shield of California Promise Health Plan; Community Health Group; Health Net; Molina; and Kaiser Permanente) to administer the MSSP program to each health plan's members. On June 20, 2017 (12), the Board approved execution of agreements with Aetna, United Health Care, and the State to administer the MSSP program to their health plan members. AIS is seeking authority to execute an agreement with the CDA to continue to receive funding via the health plans.

For the period July 1, 2020, through December 31, 2020, the MSSP program will be funded through an agreement with the California Department on Aging (CDA) and revenue agreements with the seven Medi-Cal health plans (Aetna; Care1st, which is now Blue Shield of California Promise Health Plan; Community Health Group; Health Net; Kaiser Permanente; Molina; and United Healthcare). The CDA funds the health plans, and the health plans pay AIS to provide case management services for each of their members receiving MSSP services. Beginning January 1, 2021, the MSSP program will be funded directly through the CDA, as the program will revert to its original payment structure.

Other Revenue Agreements:
ARIZONA STATE UNIVERSITY/LEGACY CORPS AGREEMENT ($82,637)
AIS contracts with Arizona State University (ASU) to operate the AmeriCorps program, Legacy Corps, to provide respite for caregivers of military families and veterans. Through the revenue ASU provides to AIS, thirty-one volunteers are trained and expected to provide 450 hours of respite care on an annual basis. Volunteers receive a monthly stipend and can earn an educational award paid to the university of their choice or for student loans upon providing 450 hours or more of respite services annually to those in need. This agreement requires County matching funds of $33,055. Program management is provided by County staff. The allocation amount was determined by the funding source, AmeriCorp.

SAN DIEGO GAS & ELECTRIC (SDG&E) AGREEMENT ($35,000)
The County's award-winning Cool Zones program provides relief from the heat for hundreds of persons at approximately 100 locations throughout the region through funding from SDG&E. Working with local community establishments, the program focuses on older adults and persons with disabilities, particularly those living in inland communities where summer temperatures are highest. Funding is utilized to pay for temporary phone staff who help identify Cool Zones for the public and to cover the cost of mailing an electric fan to those who qualify. During the summer months of 2019, approximately 5,000 informational brochures were distributed, and more than

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400 calls were received by the Cool Zones phone staff. The allocation amount was determined by SDG&E.

FEE FOR SERVICE CONTRACTS ($10,000)
Hospitals, health plans, and other healthcare entities such as Partners in Care Foundation, have entered into revenue agreements with AIS to improve coordination of care and disease self-management. AIS continues to work with such entities to serve approximately 100 clients each year. The allocation amount was determined based on a fixed rate per class and the number of classes determined by AIS.

VETERANS ADMINISTRATION SAN DIEGO HEALTHCARE SYSTEM AGREEMENT ($1,624,940)
This funding allows AIS to continue to provide a Veteran Directed Home and Community Based Service program serving veterans of any age who are at risk of nursing home placement, and their family caregivers. Through federal funding, the program provides the opportunity for veterans to receive home and community-based services to avoid institutionalization and to continue to live in their homes and communities. An average of 30 veterans are served by the program on a monthly basis. The allocation amount was determined by the Veterans Directed Home and Community Based Service program.

CORPORATION FOR NATIONAL & COMMUNITY SERVICE GRANT ($101,578)
This federal grant funds the Retired Senior and Volunteer Program (RSVP), which encourages older adults age 55 and older to participate in their communities through volunteer service opportunities. AIS administers the program, which currently has 941 volunteers who record over 300,000 volunteer hours annually. The grant commitment for Fiscal Year 2019-20 is 1,017 volunteers. This grant requires County matching funds of $30,473. The allocation amount was determined by the Corporation for National & Community Service.

SAN DIEGO STATE UNIVERSITY/GERIATRIC WORKFORCE ENHANCEMENT PROGRAM ($60,000)
These funds allow AIS staff to support the Geriatric Workforce Enhancement Program and efforts facilitated by a federal grant received by San Diego State University's (SDSU's) San Diego Imperial Geriatric Education Center (SDIGEC). A subgrant to AIS in the amount of $60,000 is budgeted for AIS staff to host the SDIGEC Leadership Team and Partnership Council meetings, to provide opioid misuse training to community and staff, to provide dementia friendly and related training to local service providers, and to create a dementia caregiver guide. This year AIS staff has trained more than 200 professionals on dementia-related topics. The allocation amount was determined by SDSU based upon the Geriatric Workforce Enhancement Program award.

LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN
Today's proposed actions support the Building Better Health, Living Safely, and Thriving Initiatives in the County of San Diego's 2020-2025 Strategic Plan and the County's *Live Well San Diego* vision by continuing services that assist vulnerable older adult, disabled residents, and military veterans of San Diego County.

DRAFT

SUBJECT: ADOPT RESOLUTION FOR AND AUTHORIZE ACCEPTANCE OF OLDER ADULT SERVICES REVENUE AGREEMENTS AND GRANTS FOR FISCAL YEAR 2020-2021 (DISTRICTS: ALL)

Respectfully submitted,

USE "INSERT PICTURE" FUNCTION TO INSERT SIGNATURE

HELEN N. ROBBINS-MEYER
Chief Administrative Officer

ATTACHMENT(S)
A RESOLUTION OF THE BOARD OF SUPERVISORS OF THE COUNTY OF SAN DIEGO RELATING TO THE CALIFORNIA DEPARTMENT OF AGING REVENUE AGREEMENTS

DRAFT

SUBJECT: ADOPT RESOLUTION FOR AND AUTHORIZE ACCEPTANCE OF OLDER ADULT SERVICES REVENUE AGREEMENTS AND GRANTS FOR FISCAL YEAR 2020-2021 (DISTRICTS: ALL)

AGENDA ITEM INFORMATION SHEET

REQUIRES FOUR VOTES: ☐ Yes ☒ No

WRITTEN DISCLOSURE PER COUNTY CHARTER SECTION 1000.1 REQUIRED
☐ Yes ☒ No

PREVIOUS RELEVANT BOARD ACTIONS:
May 21, 2019 (7), approved Fiscal Year 2019-20 revenue agreements for older adult services; May 15, 2018 (8), approved Fiscal Year 2018-19 revenue agreements for older adult services; March 13, 2018 (5), approved agreement for additional Financial Alignment Program revenue; January 23, 2018 (5), approved revenue agreement for MIPPA, Financial Alignment Program; June 20, 2017 (12) approved Fiscal Year 2017-18 revenue agreements for older adult services; June 21, 2016 (8) approved Fiscal Year 2016-17 revenue agreements for older adult services; April 26, 2016 (6) approved revenue agreement for MIPPA; June 18, 2013 (7), approved contracts with all five Medi-Cal managed care health plans currently in San Diego.

BOARD POLICIES APPLICABLE:
B-29, Fees, Grants, Revenue Contracts – Department Responsibility for Cost Recovery

BOARD POLICY STATEMENTS:
Waiver of Board Policy B-29 is requested as not all agreements cover the Health and Human Services Agency, Aging & Independence Services' total costs associated with administration of the agreements. Funds in the amount of $632,081 provide the required match for the grants and will be included in the Health and Human Services Agency's Fiscal Year 2020-22 CAO Recommended Operational Plan. The public benefit of these programs far outweighs the unreimbursed costs, and the Agency Director, Health and Human Services Agency certifies that the activities funded by the grants herein would be worthy of County funding if external financing were unavailable.

MANDATORY COMPLIANCE:
N/A

ORACLE AWARD NUMBER(S) AND CONTRACT AND/OR REQUISITION NUMBER(S):

Agreement Name/ Number	Award #	Award Name
AP-1920-23	503135	HHS AIS 45865 AR FED T3B
	113854	HHS AI 45424 AR ST III B
	113858	HHS AI 45424 AR ST VIIA O
	503146	HHS AIS 45883 AR FED T7B
	113860	HHS AI 45424 AR ST VIIB
	503140	HHS AIS 45862 AR FED T7A
	124482	HHS 45424 AR ST OMB IN
	113833	HHS AI 45424 AR ST IIIC
	503136	HHS AIS 45866 AR FED T3C

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	503143	HHS AIS 45868 AR FED NSIP
	503137	HHS AIS 45863 AR T3D
	113856	HHS AI 45424 AR ST III F
	503138	HHS AIS 45867 AR FED T3E
HI-1920-23	503144	HHS AIS 45869 AR FED HICA
	113830	HHS AI 45424 AR ST HICAP
TV-1920-23	503139	HHS AIS 45875 AR FED TV
SP-1920-23	506817	HHS AI 458AH SNAP ED
MI-1920-23	506638	HHS AI 45996 AR FED MIPPA
MS-1920-07	503145	HHS AIS 45881 AR FED MSSP
	124481	HHS 45424 AR ST MSSP
ASU/LC	508049	HHS AI 45823 AR FED ASU
SDG&E	104701	HHS 47540 AR COOL ZONE
Fee for Service Contracts	507375	HHS AI 47530 AR PIC
	507529	HHS AI 47530 AR PALOMAR
	507468	HHS AI 45684 HSAG DEEP
VA ASDHS	506816	HHS AI 47530 AR VDHCBS
CNCS-RSVP	503159	HHS AIS 45824 AR FED RSVP
SDSU/GWEP	507163	HHS AI 458BF AR GWE PROG

ORIGINATING DEPARTMENT: Health and Human Services Agency

OTHER CONCURRENCE(S): N/A

CONTACT PERSON(S):

Kimberly Gallo	Caroline Smith
Name	Name
858-505-6329	858-505-6569
Phone	Phone
Kimberly.Gallo@sdcounty.ca.gov	Caroline.Smith@sdcounty.ca.gov
E-mail	E-mail

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Resolution No.:
Meeting Date: May 5, 2020

A RESOLUTION OF THE BOARD OF SUPERVISORS OF THE COUNTY OF SAN DIEGO RELATING TO THE CALIFORNIA DEPARTMENT OF AGING REVENUE AGREEMENTS

WHEREAS, the senior services revenue agreements from the California Department of Aging listed below are presented to the Board of Supervisors of the County of San Diego for approval;

NOW, THEREFORE, IT IS HEREBY RESOLVED by the Board of Supervisors of the County of San Diego that the Clerk of the Board of Supervisors is authorized and directed to execute on behalf of said County, the following State of California Standard Agreements:

AP-1920-23
HI-1920-23
TV-1920-23
SP-1920-23
MI-1920-23
MS-1920-07

IT IS FURTHER RESOLVED that the Clerk of the Board of Supervisors is authorized and directed to execute subsequent amendments to these agreements on behalf of said County.

DRAFT

APPROVED AS TO FORM AND LEGALITY
COUNTY COUNSEL.
BY: KYLE SAND
SENIOR DEPUTY

COUNTY OF SAN DIEGO

AGENDA ITEM

BOARD OF SUPERVISORS

GREG COX
First District

DIANNE JACOB
Second District

KRISTIN GASPAR
Third District

NATHAN FLETCHER
Fourth District

JIM DESMOND
Fifth District

DATE: **July 7, 2020** **XX**

TO: Board of Supervisors

SUBJECT
AGING & INDEPENDENCE SERVICES AREA PLAN FOR FISCAL YEARS 2020-2024 (DISTRICTS: ALL)

OVERVIEW
The Board of Supervisors (Board) has demonstrated a long-term commitment to providing programs focused on the safety and wellbeing of older adults and persons with disabilities. The County of San Diego (County) Health and Human Services Agency, Aging & Independence Services (AIS) administers a wide variety of services for seniors and people with disabilities.

The State of California requires the County of San Diego to submit a four-year Area Plan to the California Department of Aging (CDA) to receive Older Americans Act funds that support these programs and services. The Area Plan for 2016-2020 was approved by the Board on April 26, 2016 (4) and submitted to the State.

If approved, today's actions would authorize submittal of the Area Plan 2020-2024 to the CDA and authorize the Director of the Health and Human Services Agency or designee to sign subsequent Area Plan documents. These actions support the County's *Live Well San Diego* vision by ensuring the County will continue to receive federal and State funding to administer needed programs and services for older adults and persons with disabilities.

RECOMMENDATION(S)
CHIEF ADMINISTRATIVE OFFICER

1. Approve the Aging & Independence Services Planning and Service Area Plan 2020-2024, and authorize the Chair of the Board to sign the required documents to submit the plan to the California Department of Aging.
2. Authorize the Director of the Health and Human Services Agency or designee to sign and submit subsequent Area Plan documents as required by the California Department of Aging during the four-year plan period.

FISCAL IMPACT
There is no direct fiscal impact associated with today's action to submit the Area Plan to the California Department of Aging. A separate Board Letter to approve the Revenue Agreement

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related to this Area Plan has been approved by your Board on May 5, 2020 (2). There will be no change in net General fund costs and no additional staff years.

BUSINESS IMPACT STATEMENT
N/A

ADVISORY BOARD STATEMENT
On June 22, 2020, Aging & Independence Services (AIS) conducted a public hearing of the Area Plan at a special meeting of the AIS Advisory Council's (Council) Executive and Membership Subcommittee (Subcommittee). On this same date the Subcommittee reviewed the Plan on behalf of the Council and recommended _____. This item will be presented to the Council for ratification at the following Advisory Council meeting.

BACKGROUND
The Health and Human Services Agency, Aging & Independence Services (AIS) administers a variety of programs and services for older adults and persons with disabilities residing in the county. Older Americans Act funding is used to support many of these programs. To qualify for this funding, AIS must prepare a four-year Area Plan in accordance with State guidelines.

On April 26, 2016 (4), the Board approved the Area Plan for Fiscal Years 2016-2020. From that action, the County continued to receive Older Americans Act Title III and Title VII funds to support programs for older adults and persons with disabilities in the areas of: information and assistance, case management, adult day care, legal services, nutrition programs, preventive health programs, caregiver support, ombudsman, and protection and advocacy.

During the last four-year Area Plan cycle, the County of San Diego embarked upon a journey to become an age-friendly and dementia-friendly community through the Age Well San Diego (Age Well) initiative. Through community planning meetings, five priority areas emerged: Health & Community Support, Housing, Social Participation, Transportation, and Dementia-Friendly Environments. Teams of professionals and community members meet regularly to forward the goals in these domains.

To build on the work of Age Well, and to identify and develop other aging-related priorities and programs, the Aging Roadmap was created. The Aging Roadmap represents our county's comprehensive system of care, including person-centered and community-wide efforts. There are ten focus areas, five of which are derived from Age Well. The new domains are: Caregiver Support, Safety, Preparedness & Response, Silver Economy, and Medical & Social Services System. The Aging Roadmap is built on successful collaboration and community needs assessment processes that encompasses Older Americans Act programs and the Area Plan.

On September 24, 2019 (4) your Board recommended implementation of the Aging Roadmap to build upon all the good work done in our region, while taking into account the future needs of the growing older adult population, and to provide a guide that allows for innovation, flexibility, and

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coordination to best meet these needs. The Area Plan 2020-2024 supports and aligns with the Aging Roadmap.

In January 2020, nine "Public Feedback Forums" were held throughout the county to provide an opportunity for older adults, persons with disabilities, caregivers, and community stakeholders to identify the most significant issues and needs that are important to them. In addition, AIS conducted a community needs assessment survey. Questions were drawn from the core questionnaire developed by the California Department of Aging, Age Well, and input from AIS staff and the AIS Advisory Council. The feedback questionnaire was available in San Diego County's five threshold languages: English, Spanish, Vietnamese, Tagalog, and Arabic. Paper copies of the survey were given to Public Feedback Forum attendees and it was also available online for those that were not able to attend the in-person sessions.

Recurring themes from the public feedback forums and questionnaire responses included: the need for reliable and accessible transportation; increased access to resources; concerns about social isolation; training and support for caregivers; problems with finding affordable housing; challenges with healthcare; and issues of senior homelessness and resources for homeless seniors.

The attached Area Plan 2020-2024 incorporates input from: the public feedback forums, more than 400 responses to our feedback questionnaire, events (such as the Vital Aging Summits), interviews with numerous community stakeholders, the Aging Roadmap, Age Well community planning meetings, and input from the County's *Live Well San Diego* partners and the AIS Advisory Council.

The Plan details how AIS programs will provide services to meet the identified needs and priorities of older adults and persons with disabilities in San Diego County. Initiatives outlined in the Area Plan 2020-2024 include: evidence-based health promotion programs and trainings, support for family caregivers, intergenerational programs, volunteer opportunities, dissemination of information and assistance through the AIS Call Center, formulation of dignified transportation options for seniors, and protection and advocacy services offered through programs like Adult Protective Services and Ombudsman, and new efforts underway to implement Aging Roadmap, including Age- and Dementia-Friendly Communities initiatives.

Board approval of the Area Plan 2020-2024 will enable the County to continue to receive funding for programs to support the region's vulnerable seniors and disabled adults.

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SUBJECT: AGING & INDEPENDENCE SERVICES AREA PLAN FOR FISCAL YEARS 2020-2024 (DISTRICTS: ALL)

LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN
Today's proposed action supports the Building Better Health, Living Safely, and Thriving Initiatives in the County of San Diego's 2020-2025 Strategic Plan and the County's *Live Well San Diego* vision by providing services for older adults and persons with disabilities in San Diego County, with the goal of improving the health and lives of residents.

Respectfully submitted,

USE "INSERT PICTURE" FUNCTION TO INSERT SIGNATURE

HELEN N. ROBBINS-MEYER
Chief Administrative Officer

ATTACHMENT(S)
Attachment A - Aging & Independence Services Area Plan 2020-2024

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SUBJECT: AGING & INDEPENDENCE SERVICES AREA PLAN FOR FISCAL YEARS 2020-2024 (DISTRICTS: ALL)

AGENDA ITEM INFORMATION SHEET

REQUIRES FOUR VOTES: ☐ Yes ☒ No

WRITTEN DISCLOSURE PER COUNTY CHARTER SECTION 1000.1 REQUIRED
☐ Yes ☒ No

PREVIOUS RELEVANT BOARD ACTIONS:
May 5, 2020 (2), approved revenue agreement related to this Area Plan FY 2021-2023; April 26, 2016 (4), approved Area Plan FY 2016-2020; June 26, 2012 (9), approved Area Plan FY 2012-2016; May 12, 2009 (5), approved Area Plan FY 2009-2012; May 17, 2005 (12), approved Area Plan FY 2005-2009

BOARD POLICIES APPLICABLE:
N/A

BOARD POLICY STATEMENTS:
N/A

MANDATORY COMPLIANCE:
N/A

ORACLE AWARD NUMBER(S) AND CONTRACT AND/OR REQUISITION NUMBER(S):
N/A

ORIGINATING DEPARTMENT: Health and Human Services Agency

OTHER CONCURRENCE(S): N/A

CONTACT PERSON(S):

Kimberly Gallo	Naomi Chavez
Name	Name
858-505-6329	858-495-5251
Phone	Phone
Kimberly.Gallo@sdcounty.ca.gov	Naomi.Chavez@sdcounty.ca.gov
E-mail	E-mail

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COUNTY OF SAN DIEGO

AGENDA ITEM

BOARD OF SUPERVISORS

GREG COX
First District

DIANNE JACOB
Second District

KRISTIN GASPAR
Third District

NATHAN FLETCHER
Fourth District

JIM DESMOND
Fifth District

DATE: **July 7, 2020** **XX**

TO: Board of Supervisors

SUBJECT
AUTHORIZE COMPETITIVE SOLICITATION FOR AGING & INDEPENDENCE SERVICES HOME AND COMMUNITY BASED SERVICES (DISTRICTS: ALL)

OVERVIEW
The County of San Diego (County) Health and Human Services Agency, Aging & Independence Services (AIS) provides a variety of programs serving seniors and persons with disabilities.

On October 10, 2017 (5), the San Diego County Board of Supervisors (Board) authorized issuance of Requests for Proposals for home and community-based services. Current contracts will expire June 30, 2021, and Board authorization is being requested to issue Requests for Proposals (RFP) for home and community-based services.

If approved, today's actions would authorize a competitive solicitation of home and community-based services which include in-home supports for older adults and persons with disabilities such as care management and medical equipment, who might otherwise need out-of-home placement. The actions support the County's *Live Well San Diego* vision by continuing services that assist vulnerable older and disabled residents of San Diego County to access home care services, which promotes a healthy, safe, and thriving region.

RECOMMENDATION(S)
CHIEF ADMINISTRATIVE OFFICER

1. In accordance with Section 401, Article XXIII of the County Administrative Code, authorize the Director, Department of Purchasing and Contracting, to issue a Competitive Solicitation for home and community-based services, and upon successful negotiations and determination of a fair and reasonable price, award contracts for a term of one initial year with up to three option years and up to an additional six months, if needed; and to amend the contracts as needed to reflect changes in program, funding, or service requirements, subject to the availability of funds and the approval of the Agency Director, Health and Human Services Agency.

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SUBJECT: AUTHORIZE COMPETITIVE SOLICITATION FOR AGING & INDEPENDENCE SERVICES HOME AND COMMUNITY BASED SERVICES (DISTRICTS: ALL)

FISCAL IMPACT
Funds for this request will be included in the Fiscal Year 2020-21 preliminary operating budget for the Health and Human Services Agency and will be included in the Fiscal Year 2020-21 CAO Recommended Operational Plan. If approved, this request will result no costs and revenue in Fiscal Year 2020-21 and estimated costs and revenue of $1,303,000 in Fiscal Year 2021-22. The funding source is the Older American Act from the California Department of Aging. There will be no change in net General Fund cost and no additional staff years.

BUSINESS IMPACT STATEMENT
N/A

ADVISORY BOARD STATEMENT
The Aging & Independence Services Advisory Council (Council) reviewed this item at a special meeting of the Council's Executive and Membership Subcommittee on June 22, 2020 and recommended _____. This item will be presented to the Council for ratification at the following Advisory Council meeting.

BACKGROUND
Through contracts with numerous organizations, the Health and Human Services Agency, Aging & Independence Services (AIS) provides a wide array of services for seniors, caregivers, and persons with disabilities. These services are designed to carry out the goals and objectives established in the Area Plan, which is a planning document required by the California Department of Aging (CDA) to receive funding for services related to older adults. The Area Plan for the period 2020-2024 is before the San Diego County Board of Supervisors (Board) for approval in a separate letter today.

On September 24, 2019 (4) the Board recommended implementation of the Aging Roadmap. The Roadmap takes into account the future needs of the growing older adult population to provide a guide that allows for innovation, flexibility, and coordination to best meet these needs. It represents the County of San Diego's comprehensive system of care, including person-centered and community-wide efforts. There are ten focus areas, five of which are derived from Age Well, the region's plan for an age-friendly and dementia-friendly community: Health & Community Support, Housing, Social Participation, Transportation, and Dementia-Friendly Environments. The new domains include: Caregiver Support, Safety, Preparedness & Response, Silver Economy, and Medical & Social Services System. The components of the Area Plan are also reflected in the Aging Roadmap. The procurement of home and community-based services supports various domains of the Area Plan and the Aging Roadmap.

Home and Community Based Services (estimated annual cost: $1,303,000)
AIS provides case management and other services to thousands of older adults and persons with disabilities. Some of these services are provided in the client's home while others are delivered in the community to ensure accessibility to resources that support independent living. AIS program staff use a list of contractors with an established rate schedule, to authorize services based on a client's care plan or service need. This allows staff to take into consideration multiple factors when

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selecting the service provider, including cost, geographic location, availability, timeliness, cultural sensitivity, language, and client preference.

Services provided include, but are not limited to, adult day care, medical equipment, homemaker and personal care, respite, transportation, emergency shelter for abuse victims, care management, care transition support and other services that may be required to maintain these individuals in a healthy and safe environment as well as to avoid unnecessary hospital utilization and long term care placement. Contracted providers are critical to the operation of many existing AIS programs such as the Multipurpose Senior Services Program, Linkages, In-Home Supportive Services, Adult Protective Services and Care Transitions.

If approved, today's actions would authorize competitive solicitation of home and community-based services, which include in-home supports for older adults and persons with disabilities such as care management and medical equipment, who might otherwise need out-of-home placement. With the reauthorization of these programs, seniors and persons with disabilities will continue to benefit from these services, which support both the Aging Roadmap, Area Plan and the County's *Live Well San Diego* vision of a region that is building better health, living safely, and thriving.

LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN
Today's proposed action supports the Building Better Health, Living Safely, and Thriving Initiatives in the County of San Diego's 2020-2025 Strategic Plan and the County's *Live Well San Diego* vision by ensuring vulnerable elderly and disabled populations have access to food and home care services.

Respectfully submitted,

USE "INSERT PICTURE" FUNCTION TO INSERT SIGNATURE

HELEN N. ROBBINS-MEYER
Chief Administrative Officer

ATTACHMENT(S)
N/A

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SUBJECT: AUTHORIZE COMPETITIVE SOLICITATION FOR AGING & INDEPENDENCE SERVICES HOME AND COMMUNITY BASED SERVICES (DISTRICTS: ALL)

AGENDA ITEM INFORMATION SHEET

REQUIRES FOUR VOTES: ☐ Yes ☒ No

WRITTEN DISCLOSURE PER COUNTY CHARTER SECTION 1000.1 REQUIRED
☐ Yes ☒ No

PREVIOUS RELEVANT BOARD ACTIONS:
October 10, 2017 (5) authorized competitive procurement of nutrition services and home and community-based care services; July 18, 2017 (6), authorized issuance of request for statements of qualifications to provide nutrition services; authorized competitive procurement of services for seniors and persons with disabilities; April 26, 2016 (4), approved 2016-2020 Area Plan; April 26, 2016 (5), authorized competitive procurement for home and community based care services; June 18, 2013 (8), authorized AIS service procurements; April 3, 2012 (8), authorized competitive procurement for additional home and community based care services; June 14, 2011 (4), approved revenue agreements for senior and disabled services for Fiscal Year 2011-12; October 28, 2008 (6), authorized competitive procurement for home and community based care services

BOARD POLICIES APPLICABLE:
A-87, Competitive Procurement

BOARD POLICY STATEMENTS:
N/A

MANDATORY COMPLIANCE:
N/A

ORACLE AWARD NUMBER(S) AND CONTRACT AND/OR REQUISITION NUMBER(S):
N/A

ORIGINATING DEPARTMENT: Health and Human Services Agency

OTHER CONCURRENCE(S): Department of Purchasing and Contracting

CONTACT PERSON(S):

Kimberly Gallo	Naomi Chavez
Name	Name
858-505-6329	858-495-5251
Phone	Phone
Kimberly.Gallo@sdcounty.ca.gov	Naomi.Chavez@sdcounty.ca.gov
E-mail	E-mail

DRAFT

In-Home Supportive Services Public Authority

AGENDA ITEM

GOVERNING BODY

GREG COX
First District

DIANNE JACOB
Second District

KRISTIN GASPAR
Third District

NATHAN FLETCHER
Fourth District

JIM DESMOND
Fifth District

DATE: **July 7, 2020**

TO: Public Authority Governing Body

SUBJECT
RECOMMENDED FISCAL YEAR 2020-21 ADMINISTRATIVE BUDGET FOR THE IN-HOME SUPPORTIVE SERVICES PUBLIC AUTHORITY (DISTRICTS: ALL)

OVERVIEW

The Public Authority Governing Body is asked to approve the recommended In-Home Supportive Services (IHSS) Public Authority administrative budget for Fiscal Year 2020-21 and to direct the scheduling of related public hearings and budget deliberations.

The In-Home Supportive Services (IHSS) program provides in-home assistance to approximately 31,690 low-income, aged, blind, and disabled individuals enabling many to remain safely in their homes thereby reducing the need for more costly placements in nursing homes or other care facilities. Additionally, the IHSS Public Authority provides a number of services to the approximately 28,000 IHSS Individual Providers including payroll services, funding for health and dental benefits, and provider enrollment including criminal background checks. The IHSS Public Authority also provides registry services to IHSS recipients in need of an Individual Provider. In Fiscal Year 2019-20, the IHSS individual providers are expected to perform approximately 40 million hours of service for IHSS recipients in San Diego County. In Fiscal Year 2020-21 it estimated that it could grow to over 44 million hours.

This recommended IHSS Public Authority administrative budget of $34,631,945 for Fiscal Year 2020-21 represents an increase of 10.7% from the Fiscal Year 2019-20 Adopted Budget of $31,291,681 mainly to cover increased health benefit contributions for eligible IHSS Individual Providers per the Memorandum of Understanding (MOU) with United Domestic Workers of America (UDWA), of which the Governing Body authorized signature on October 10, 2017 (1), and implementation of the federally and state required electronic Visit Verification (EVV) system in the IHSS program.

This action supports the County's *Live Well San Diego* vision by providing support to low-income, aged, blind, and disabled individuals enabling many to remain safely in their homes.

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SUBJECT: RECOMMENDED FISCAL YEAR 2020-21 ADMINISTRATIVE BUDGET FOR THE IN-HOME SUPPORTIVE SERVICES PUBLIC AUTHORITY (DISTRICTS: ALL)

RECOMMENDATION(S)
EXECUTIVE DIRECTOR/CHIEF ADMINISTRATIVE OFFICER

1. Approve the Fiscal Year 2020-21 recommended administrative budget for the County of San Diego In-Home Supportive Services Public Authority.
2. Set August 10, 2020 as the date to begin the legally required public hearings.

FISCAL IMPACT
Funding for operations in the amount of $34,631,945 is based on federal and State revenue received by the Health and Human Services Agency. The recommended administrative budget is subject to the Governing Body's review and approval. A resolution of adoption is expected to be before the Governing Body in July 2020.

BUSINESS IMPACT STATEMENT
N/A **ADVISORY BOARD STATEMENT**
The In-Home Supportive Services/Public Authority Advisory Committee reviewed this item at its regular meeting on June 12, 2020 and recommended approval.

This item was presented to the Aging & Independence Services Advisory Council as an informational item at its meeting on June 22, 2020.

BACKGROUND
The In-Home Supportive Services (IHSS) Public Authority was established per State mandate to act as Employer of Record for IHSS Individual Providers and operate a Registry of Providers. The IHSS Public Authority works in partnership with the IHSS program operated by the County of San Diego (County) serving both providers and consumers. The County-operated IHSS program provides in-home assistance to approximately 31,690 low-income, aged, blind, and disabled individuals enabling many to remain safely in their homes and reducing the need for more costly placements in nursing homes or other care facilities. Additionally, the IHSS Public Authority provides a number of services to the approximately 28,000 IHSS individual providers including payroll services, funding for health and dental benefits, and provider enrollment including criminal background checks. The IHSS Public Authority also provides registry services to IHSS recipients in need of an individual provider.

Today's item submits the IHSS Public Authority's Fiscal Year 2020-21 recommended administrative budget.

Administrative Budget Component	Fiscal Year 2020-21 Recommended Budget	Comments
Salaries & Benefits	$4,462,478	Increase of $145,651 due to 3% increase to salary ranges and payroll taxes

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Services & Supplies	$3,471,596	Net increase of $15,120 to Services & Supplies; $186,400 increase due to implementation of IHSS electronic Visit Verification (EVV) system offset by $171,280 savings identified in Services & Supplies and accommodate increased appropriations in S&B
Health & Dental Benefits for Individual Providers	$26,697,871	$3,179,493 increased appropriations to reflect additional program costs related to the increase in health insurance benefit contributions for IHSS individual providers resulting from program growth.
Total	$34,631,945	

The recommended IHSS Public Authority administrative budget of $34,631,945 for Fiscal Year 2020-21 represents an increase of 10.7% from the Fiscal Year 2019-20 Adopted Budget of $31,291,681. This increase is mainly due to increased health benefit contributions for eligible IHSS individual providers. Per the Memorandum of Understanding (MOU) with United Domestic Workers of America (UDWA), of which the Governing Body authorized signature on October 10, 2017 (1), the Public Authority's contribution for health benefits is calculated on the number of paid IHSS hours, at $0.60 per paid hour. The Fiscal Year 2019-20 Adopted Budget for health benefits anticipated 39,197,297 paid IHSS hours. In Fiscal Year 2020-21 providers are projected to deliver 44,496,451 hours of service based on continued program growth. The recommended budget also includes increase of $186,400 implementation of the federally and state required Electronic Visit Verification (EVV) system in the IHSS program.

Selected accomplishments from Fiscal Year 2019-20 as of April 30, 2020 include:

- The Provider Enrollment Department enrolled 5,434 new individual providers;
- The Provider Services Department completed a monthly average of 17,574 combined inbound and outbound customer service calls and assisted an average of 3,382 customers at the front desk per month;
- The Registry Department assisted 8,764 Registry consumers and generated 5,897 provider lists to assist them with finding suitable individual providers;
- The Registry Department trained 203 individual providers on caregiving techniques
- The Provider Enrollment and Training Department trained 763 individual providers on proper timesheet completion;
- The Provider Services Department completed a monthly average of 1,191 verifications of wage and employment for individual providers, and resolved an average of 2,997 timesheet exceptions per month; and
- The IHSS Public Authority participated on The Alzheimer's Project Care Roundtable and distributed over 6,333 Alzheimer's San Diego fliers to training participants.

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SUBJECT: RECOMMENDED FISCAL YEAR 2020-21 ADMINISTRATIVE BUDGET FOR THE IN-HOME SUPPORTIVE SERVICES PUBLIC AUTHORITY (DISTRICTS: ALL)

Selected goals for the recommended Fiscal Year 2020-21 budget year include:

- To continue to enroll providers in a timely fashion within three weeks of their attendance at an enrollment session;
- To continue to be a member of California Association of Public Authorities (CAPA) and to serve as the Chair of the CAPA Registry Managers meetings;
- To assist in the transition of individual providers to Electronic Visit Verification for submitting timesheets, per State mandate, with the goal of minimizing impacts to their abilities to serve as caregivers;
- To continue to support The Alzheimer's Project; and
- To work collaboratively with UDWA to ensure that IHSS individual providers are enrolled and trained so that they are paid timely for their services to IHSS consumers, minimizing risks to their well-being.

LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN
Today's proposed actions support the Building Better Health and Living Safely Initiatives of the County of San Diego's 2020-2025 Strategic Plan and the *Live Well San Diego* vision by providing support to approximately 31,690 low-income, aged, blind, and disabled individuals enabling many to remain safely in their homes.

Respectfully submitted,

USE "INSERT PICTURE" FUNCTION TO INSERT SIGNATURE

HELEN N. ROBBINS-MEYER
Chief Administrative Officer

ATTACHMENT(S)
N/A

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SUBJECT: RECOMMENDED FISCAL YEAR 2020-21 ADMINISTRATIVE BUDGET FOR THE IN-HOME SUPPORTIVE SERVICES PUBLIC AUTHORITY (DISTRICTS: ALL)

AGENDA ITEM INFORMATION SHEET

REQUIRES FOUR VOTES: ☐ Yes ☒ No

WRITTEN DISCLOSURE PER COUNTY CHARTER SECTION 1000.1 REQUIRED
☐ Yes ☒ No

PREVIOUS RELEVANT BOARD ACTIONS:
May 21, 2019 (IA02) approved recommended Fiscal Year 2019-20 Administrative Budget for the In-Home Supportive Services Public Authority; June 26, 2018 (IA01), adopted final Fiscal Year 2018-19 Administrative Budget for the In-Home Supportive Services Public Authority; May 8, 2018 (IA01), approved recommended Fiscal Year 2018-19 Administrative Budget for the In-Home Supportive Services Public Authority; October 10, 2017 (IA01), authorized signing of MOU with UDW, approved revised Public Authority Rate Request submission to the California Dept. of Social Services; established appropriations; August 1, 2017 (IA01), adopted final Fiscal Year 2017-18 Administrative Budget for the In-Home Supportive Services Public Authority; May 2, 2017 (IA01), approved recommended Fiscal Year 2017-18 Administrative Budget for the In-Home Supportive Services Public Authority.

CONTACT PERSON(S):

Vickie Molzen	Click here to enter text.
Name	Name
(619) 731-3706	Click here to enter text.
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Vickie.Molzen@sdcounty.ca.gov	Click here to enter text.
E-mail	E-mail

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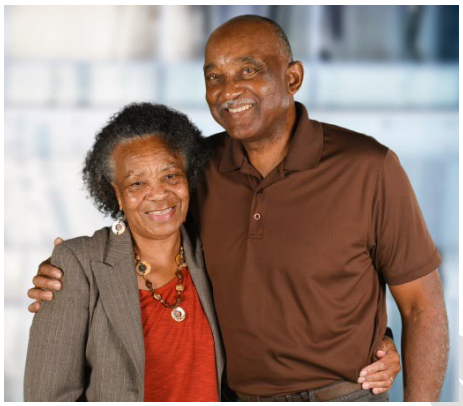
Aging & Independence Services

AREA PLAN 2020-2024

PSA #23



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COUNTY OF SAN DIEGO HHSA HEALTH AND HUMAN SERVICES AGENCY

LIVE WELL SAN DIEGO LIVEWELLSD.ORG

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2020-2024 4-YEAR AREA PLAN REQUIRED COMPONENTS CHECKLIST

To ensure all required components are included, "X" mark the far-right column boxes.

Enclose a copy of the checklist with your Area Plan; *submit this form with the Area Plan due 5-1-20 only*

Section	Four-Year Area Plan Components	4-Year Plan
	Transmittal Letter – *must have original, ink signatures or official signature stamps-no photocopies*	☒
1	Mission Statement	☒
2	Description of the Planning and Service Area (PSA)	☒
3	Description of the Area Agency on Aging (AAA)	☒
4	Planning Process / Establishing Priorities	☒
5	Needs Assessment	☒
6	Targeting	☒
7	Public Hearings	☒
8	Identification of Priorities	☒
9	Area Plan Narrative Goals and Objectives:	☒
9	Title IIIB Funded Program Development (PD) Objectives	☒
9	Title IIIB Funded Coordination (C) Objectives	☒
9	System-Building and Administrative Goals & Objectives	☒
10	Service Unit Plan (SUP) Objectives and Long-Term Care Ombudsman Outcomes	☒
11	Focal Points	☒
12	Disaster Preparedness	☒
13	Priority Services	☒
14	Notice of Intent to Provide Direct Services	☒
15	Request for Approval to Provide Direct Services	☒
16	Governing Board	☒
17	Advisory Council	☒
18	Legal Assistance	☒
19	Multipurpose Senior Center Acquisition or Construction Compliance Review	☒
20	Title III E Family Caregiver Support Program	☒
21	Organization Chart	☒
22	Assurances	☒

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AGING & INDEPENDENCE SERVICES
AREA PLAN 2020-2024
PSA 23
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TRANSMITTAL LETTER
2020-2024 Four Year Area Plan/ Annual Update
Check one: ☒ **FY 20-24** ☐ **FY 21-22** ☐ **FY 22-23** ☐ **FY 23-24**

AAA Name: Aging & Independence Services **PSA 23**

This Area Plan is hereby submitted to the California Department of Aging for approval. The Governing Board and the Advisory Council have each had the opportunity to participate in the planning process and to review and comment on the Area Plan. The Governing Board, Advisory Council, and Area Agency Director actively support the planning and development of community-based systems of care and will ensure compliance with the assurances set forth in this Area Plan. The undersigned recognize the responsibility within each community to establish systems in order to address the care needs of older individuals and their family caregivers in this planning and service area.

1. _____ Date _____
Greg Cox, Chairman[1]
San Diego County Board of Supervisors

2. _____ Date _____
Dean Arabatzis, Acting Agency Director
Health and Human Services Agency

3. _____ Date _____
Lorelei Taylor, Chair
Advisory Council

4. _____ Date _____
Kimberly Gallo, Director
Aging & Independence Services
Area Agency on Aging

[1] Original signatures or official signature stamps are required.

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The San Diego Union-Tribune

PROOF OF PUBLICATION

STATE OF CALIFORNIA
County of San Diego

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

The San Diego Union-Tribune

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

May 23, 2020

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

Dated in the City of San Diego, California
on this 26th of May 2020

CGaza

Cris Gaza
San Diego Union-Tribune
Legal Advertising

Order ID: 7696843 CA11465003
Name: County of San Diego – Aging & Independence Svcs

NOTICE OF PUBLIC HEARING

Aging & Independence Services (AIS), of the Health and Human Services Agency, of the County of San Diego, and designated by the California Department of Aging (CDA) as the Area Agency on Aging (AAA) for Planning and Service Area (PSA) #23 [San Diego County], will hold a Public Hearing, Monday June 22, 2020, at 10:30 AM as part of the process for the four-year Area Plan 2020-2024 document. The Area Plan incorporates annual objectives of the Plan's goals and a projection of services offered to the County's older adults and persons with disabilities. The hearing will be held virtually via phone at (415) 655-0001, or via WebEx (Link: https://sdcountyca.webex.com/sdcountyca/j.php?MTID=mefe8eee37a8008c0512b47db97b1fb9a; Meeting number (access code): 287 448 851; Meeting password: nP5VCeAgE64.) For information, please call (858) 505-6541.

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SECTION ONE
MISSION STATEMENT

AIS
"The leader in
advocacy, information, & safety
to allow seniors and persons with disabilities
to be healthy, safe, and thriving."

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

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

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SECTION TWO
DESCRIPTION OF THE PLANNING AND SERVICE AREA (PSA)

Physical Characteristics
PSA 23 serves all of San Diego County. The county encompasses 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 and mountains and the deserts are sparsely populated. Incorporated areas encompass only 689 square miles, while unincorporated areas account for the balance of 3,572 square miles.

Demographic Characteristics
The following data are based on 2018 population estimates and the Series 13: 2050 Regional Growth Forecast, 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 4,099 persons per square mile, as compared to 144 persons per square mile in unincorporated areas.

There are 18 incorporated cities in the county. The 2018 American Community Survey (administered by the U.S. Census Bureau) ranked the city of San Diego as the eighth largest in the nation. The county is the fifth largest residential population in the nation. It is ranked second in population within the state, behind Los Angeles County.

The county's population is 3,337,456. The median age is 36.4, which is slightly higher than the median age in 2015 (35.6). The median age for San Diego will continue to rise, reaching 38.9 by year 2050. Females and males are evenly split in the County, with about 50% each.

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Of the total population (across all ages) in 2018, 45.7% is non-Hispanic white, 34.5% Hispanic, 11.4% Asian and Pacific Islander, 4.4% black, 0.5% American Indian and 3.6% other. By 2050, these numbers are projected to be 30.2% non-Hispanic white, 46.3% Hispanic, 14.9% Asian and Pacific Islander, 3.7% black, 0.3% American Indian, and 4.6% other (including two or more races).

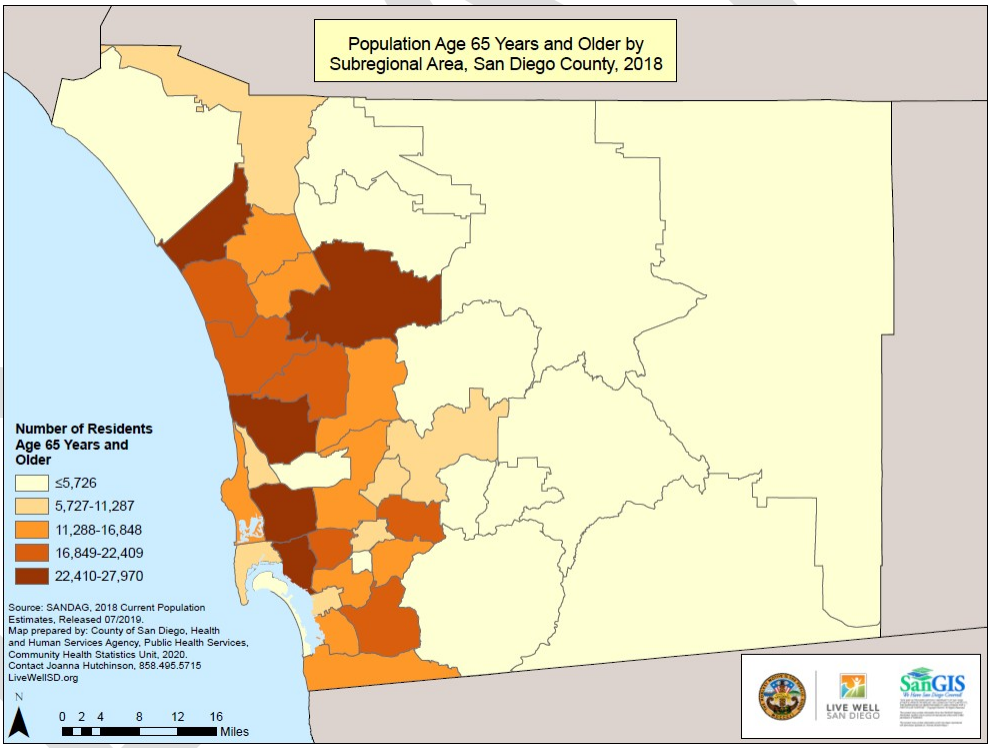
The total population of San Diego County is expected to reach 4,068,759 by 2050. The groups with the highest growth rates are Hispanic (with an increase of 63.7%), Asian and Pacific Islander (60.3%), and people of other race or ethnicity (including two or more races; 55.2%). The black population is estimated to grow by 1.6%. The population of minority groups in San Diego County has surpassed that of the non-Hispanic white population. Between 2018 and 2050, the non-Hispanic white population will decrease by 19.3%, while the population of minorities will increase by 56.6%.

Characteristics of the Older Adult Population

Population Geographic Distribution

There were 481,750 persons 65 years and older living in San Diego County in 2018. Many of these seniors lived in communities located in the western half of the county. Communities with the greatest number of seniors included Oceanside, Carlsbad, Escondido, Kearny Mesa, and Central San Diego (SANDAG 2018 Current Population Estimates).

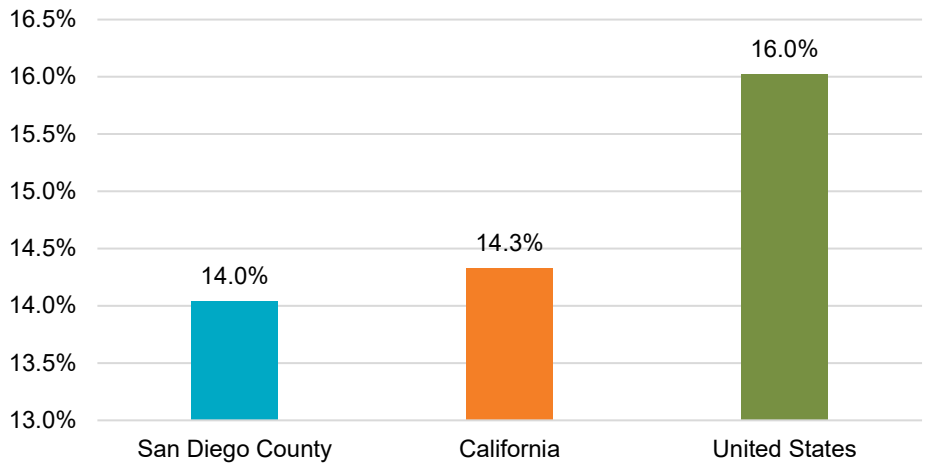
San Diego County Senior Population, 65+ Years, 2018



Senior Population as a Percentage of Total Population

In both San Diego County and the State of California in 2018, approximately 14% of the total population were seniors aged 65 years and older. In the United States, 16% of the population were seniors aged 65 years and older (U.S. Census Bureau, American Community Survey 1-Year 2018 Population Estimates, Table PEPAGESEX).

Senior Population (65+ Years) as a Percentage of the Total Population

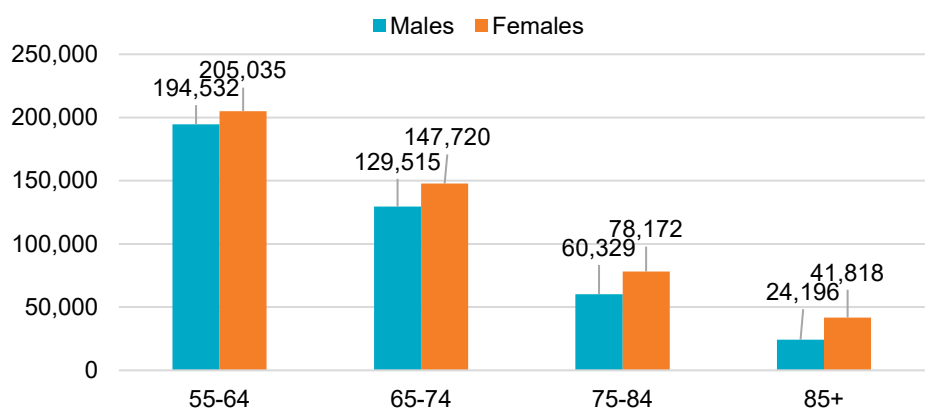


Source: U.S. Census Bureau, American Community Survey 2018 Population Estimates, Table PEPAGESEX. Accessed 1/22/2020.
County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, 2020.

Gender Distribution

In 2018, females comprise 55.6% of the population age 65 and above, while men comprise 44.4%. Three- fifths (61%) of the county's 80+ population are women. Females outnumber men in all senior age groups with the proportion increasing at older ages (SANDAG 2018 Current Population Estimates).

Senior Population by Age Group and Gender, 55 Years and Older, San Diego County, 2018



Source: SANDAG Current Population Estimates, Released 07/2019.
County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, 2020.

Race/Ethnicity

In 2018, 62.5% of all San Diego County seniors were white. This percentage is expected to decrease between now and 2050, primarily because of in increase in the number of Hispanic seniors (from 18.5% of the senior population in 2018 to 34.0% in 2050). An estimated 18.5% of seniors were Hispanic, 13.8% were Asian/Pacific Islander, 3.6% were black, 1.1% were other or two or more races, and 0.5% were American Indian (California Department of Finance, P-3: State and County Projections Dataset).

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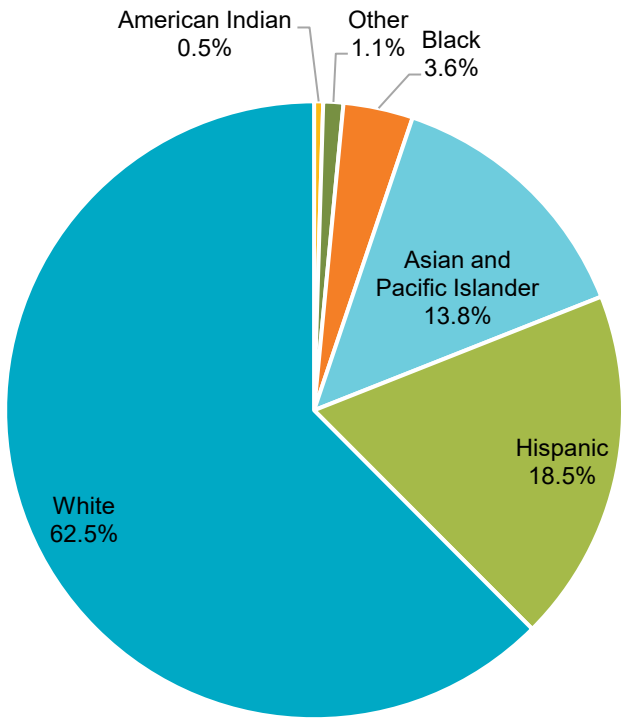
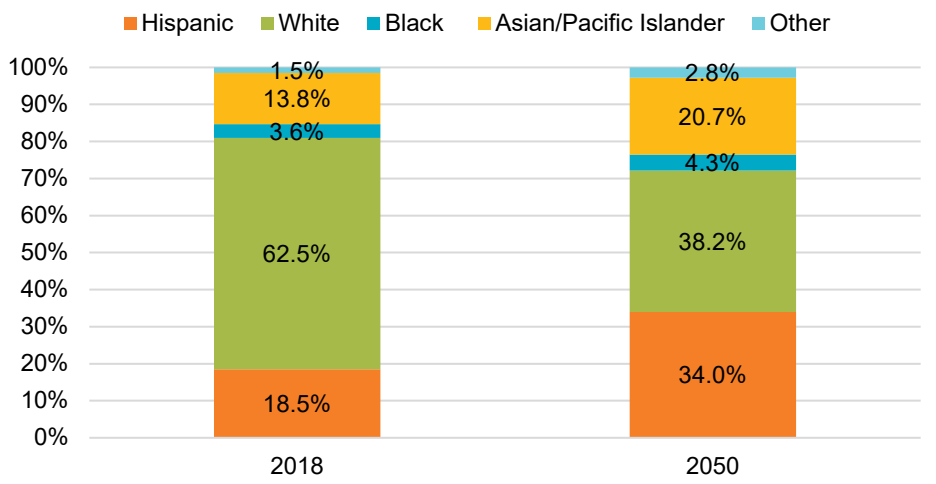
Population Aged 65 Years and Over by Race/Ethnicity, San Diego County, 2018



Source: California Department of Finance, P-3: State and County Projections Dataset. http://www.dof.ca.gov/Forecasting/Demographics/Projections/. Accessed 2/3/20.
County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, 2020.

While the senior populations in all racial/ethnic groups are expected to increase in size between now and the year 2050, the Hispanic population will grow most dramatically in magnitude. The number of Hispanic seniors living in San Diego County will more than triple, from 86,144 in 2018 to 273,638 in 2050. In 2018, Hispanics represented 18.5% of the senior population, and are expected to represent over one-third (34%) of the senior population by 2050. The black senior population is expected to double in size between 2018 and 2050. The Asian/Pacific Islander senior population is expected to be over 2.5 times the size it was in 2018 in 2050. Both will also increase as a proportion of the total population. Though the white senior population will increase in size, it will decrease as a percent of the total senior population from 62.5% in 2018 to 38.2% in 2050 (California Department of Finance, P-3: State and County Projections Dataset).

Race/Ethnicity Categories as Percentages of the Total Senior Population, San Diego County, 2018-2050



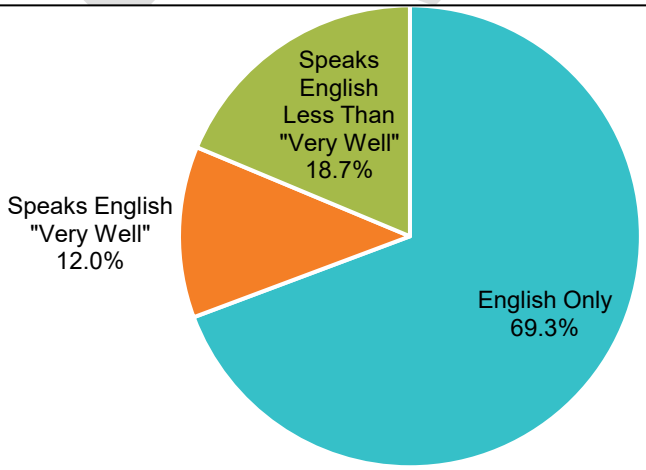
"Other" = Other race/ethnicity, 2 or more races, and American Indian

Source: California Department of Finance, P-3: State and County Projections Dataset. http://www.dof.ca.gov/Forecasting/Demographics/Projections/. Accessed 2/3/20.
County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, 2020.

Language Spoken at Home

San Diego County is linguistically diverse, even throughout the senior population. While the majority of seniors speak English only (69.3%), 18.7% speak English less than "very well" (U.S. Census Bureau, American Community Survey 2018 1-Year Estimates, Table S0103).

Language Spoken at Home, Residents Aged 65 Years and Older, San Diego County, 2018



Source: U.S. Census Bureau, American Community Survey 2018 1-Year Estimates, Table S0103.
County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, 2020.

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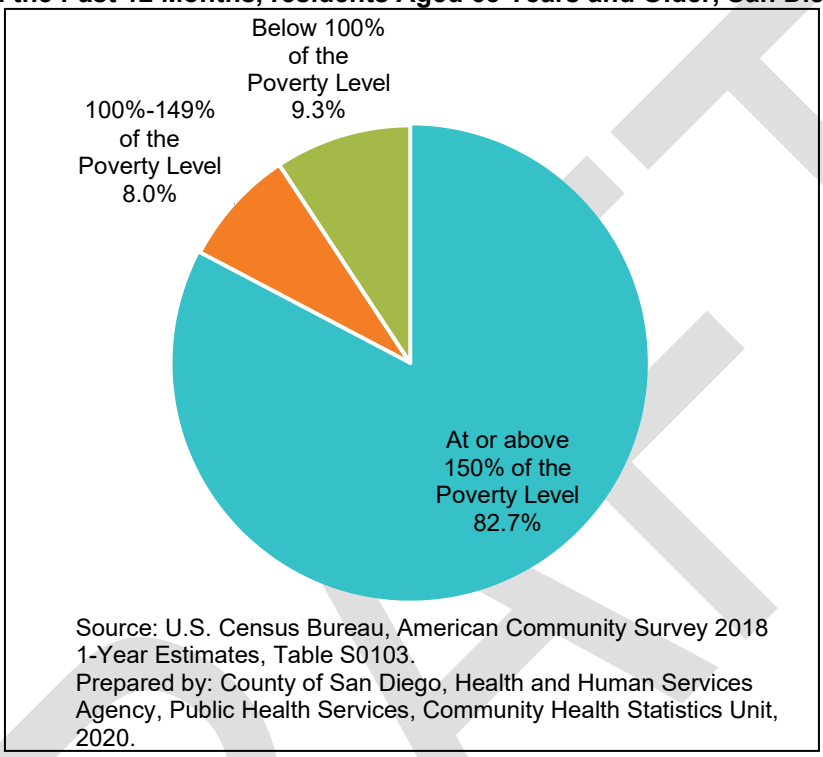
Poverty Status

In San Diego County, 9.3% of all seniors lived below the poverty level, and 8.0% lived between 100% and 149% of the poverty level in 2018. Since women generally live longer than men, a higher percentage of women live on a single income. This, in addition to wage inequality and the lower lifetime earnings, may result in a greater number of senior women living in poverty.

Poverty Status in the Past 12 Months, residents Aged 65 Years and Older, San Diego County, 2018



Percent of Residents Aged 65 Years and Over Experiencing Economic Insecurity by Race and Ethnicity, San Diego County, 2015

Although seniors of all races/ethnicities are struggling to make ends meet in San Diego County, Hispanic, Black and Asian seniors are disproportionately affected.

- 31.0% of Hispanic seniors have incomes below the elder index.
- 26.8% of Black seniors have incomes below the elder index.
- 19.5% of Asian seniors have incomes below the elder index.

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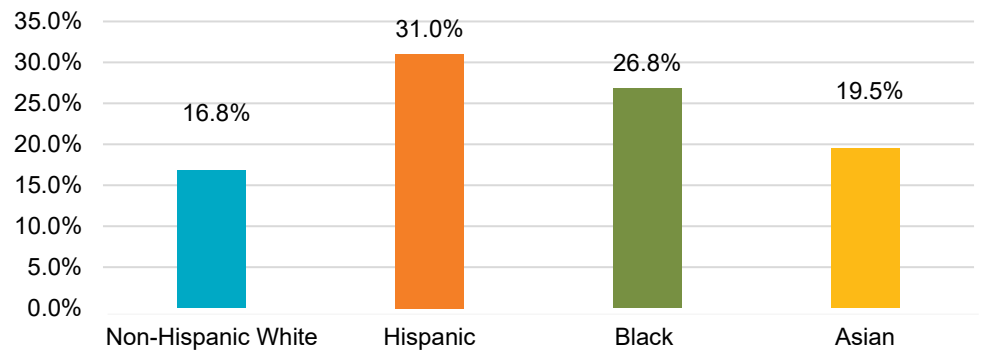
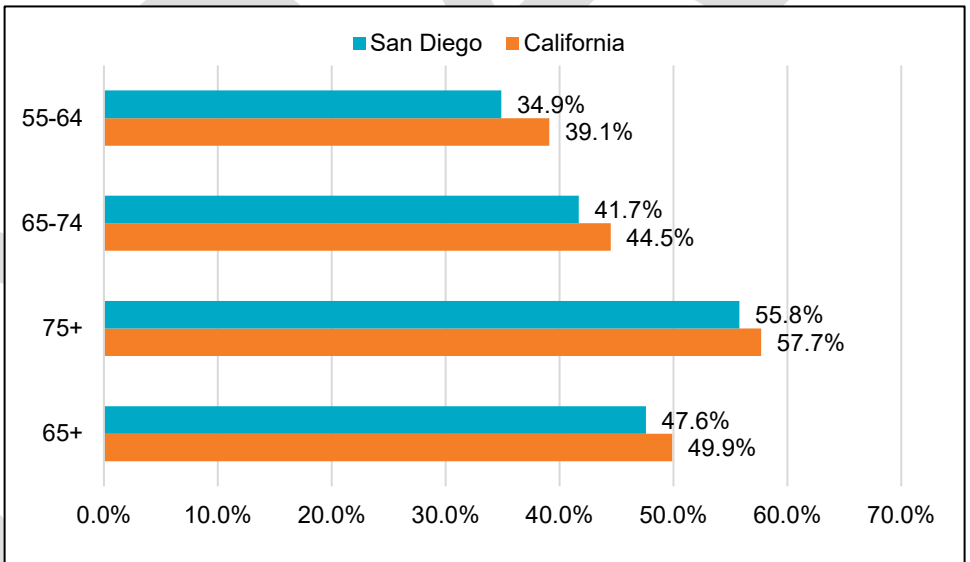


Source: UCLA Center for Health Policy Research. Elder Index Demographics Dashboard. http://healthpolicy.ucla.edu/programs/health-disparities/elder-health/Pages/eidd.aspx. Accessed 1/30/20.
County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, 2020.

Disability Status

San Diego seniors aged 65+ years reported having a disability at a lower percentage than the state. In 2016, an estimated 47.6% of 65+ year-old San Diego residents reported having a disability due to a physical, mental, or emotional condition, compared to 49.9% of California residents (UCLA Center for Health Policy Research, 2016 California Health Interview Survey).

Percent of Residents Aged 65 Years and Older with a Disability Due to a Physical, Mental, or Emotional Condition by Age Group, San Diego County, 2016



Source: UCLA Center for Health Policy Research. 2016 California Health Interview Survey. Accessed 1/24/20.
County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, 2020.

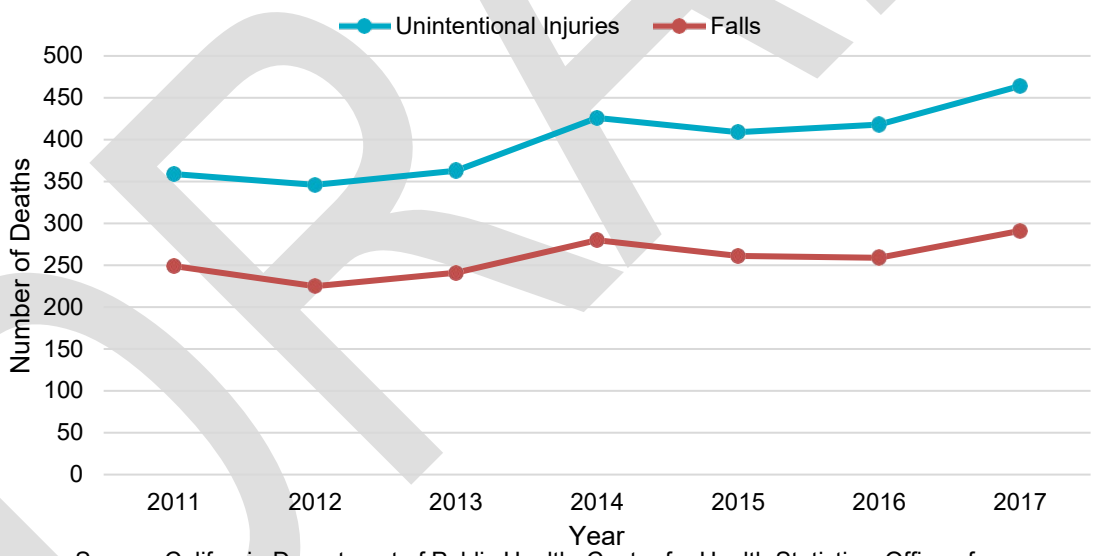
Medical Encounters Among San Diego County Residents Aged 65 Years and Over, 2017
In 2017, there were 97,508 hospitalizations of seniors aged 65 years and older in San Diego County for any cause, whether scheduled or unscheduled through the emergency department. In 2017, there were 154,312 visits by seniors aged 65 years and older that were treated and discharged from a San Diego County emergency department.

In 2017, 464 San Diego County residents aged 65 years and older died as a result of an unintentional injury. Nearly 18,000 seniors were hospitalized, and over 36,000 visited the emergency department as a result of an injury (California Office of Statewide Health Planning and Development, Emergency Department Discharge Database, Patient Discharge Database; 2017).

Falls are a frequent type of injury among seniors. In 2017, 291 residents aged 65 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, 2017). Over 8,500 were hospitalized, and over 22,000 visited the emergency department as a result of a fall injury (California Office of Statewide Health Planning and Development, Emergency Department Discharge Database, Patient Discharge Database; 2017).

Falls are a major contributor to deaths from unintentional injuries among senior San Diego County residents. Fall injuries accounted for nearly 2 out of 3 ED visits, and nearly 1 in 2 hospitalizations, among seniors for an unintentional injury (California Office of Statewide Health Planning and Development, Emergency Department Discharge Database, Patient Discharge Database; 2017).

Deaths from Fall Injuries Compared to Overall Unintentional Injuries, Residents Aged 65 Years and Older, San Diego County, 2011-2017



Source: California Department of Public Health, Center for Health Statistics, Office of Health Information and Research, Vital Records Business Intelligence System, 2011-2017. County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, 2020.

Adult Protective Services
In FY 2017-2018, there were 15,205 referrals to Adult Protective Services (APS) through either the APS Call Center or the WebReferral system, resulting in 10,209 cases. Of the 10,116 cases that closed during FY2017-2018, 28.3% had at least one confirmed allegation of self-neglect.

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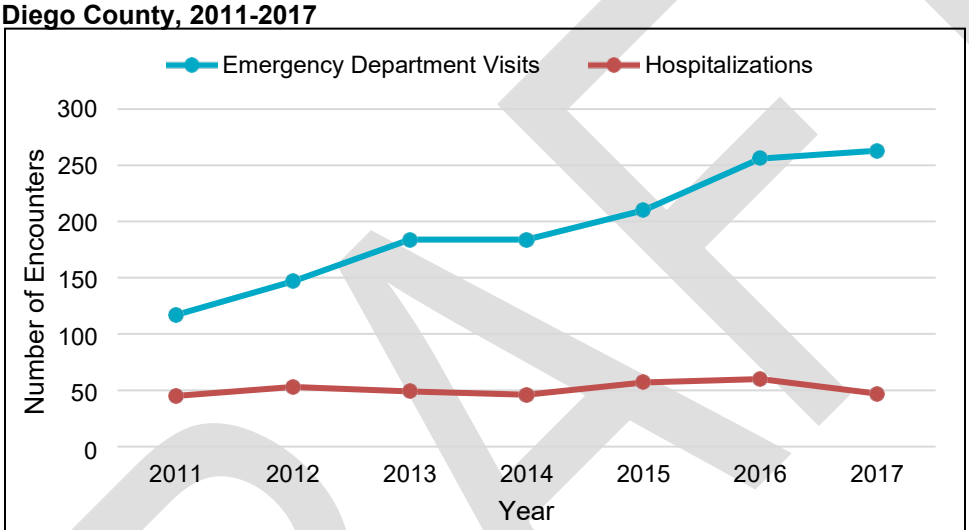
Over 80% of clients were older adults (County of San Diego, Health and Human Services Agency, Aging & Independence Services, Adult Protective Services, FY2017-18).

In 2017, eight San Diego County residents over the age of 65 died as a result of homicide (California Department of Public Health, Center for Health Statistics, Office of Health Information and Research, Vital Records Business Intelligence System, 2017). That same year, 47 were hospitalized, and 263 discharged from the emergency department, as a result of an assault. From 2011 to 2017, the number of hospitalizations due to assault has remained steady, while the number of emergency department visits has increased by 125% (California Office of Statewide Health Planning and Development, Emergency Department Discharge Database, Patient Discharge Database; 2017).

Emergency Department Visits and Hospitalizations due to Assault, Residents Aged 65 Years and Older, San Diego County, 2011-2017



Source: California Office of Statewide Health Planning and Development (CA OSHPD), Emergency Department Discharge Database, Patient Discharge Database; 2011-2017.
County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, 2020.

Alzheimer's Disease and Related Dementias (ADRD)

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

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

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

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

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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, presents difficulties to the senior population. Nearly 81,000 residents over the age of 65 live within the unincorporated area, accounting for nearly 17% of the senior population in San Diego County (SANDAG 2018 Current Population estimates). Lack of effective public transportation throughout the region is also a cause for concern, with many seniors living in remote locations. Testimony at the 2020 Area Plan public feedback forums underscored this assertion. Lack of affordable housing is a serious issue for seniors in the county. If funding remains stable, given the expected increase in the senior population, it will impact the ability to provide services. Limited revenue constrains many innovative and progressive ideas for services to San Diego County seniors and persons with disabilities.

Resources
In addition to AIS-administered programs, there is a rich system of senior and disabled service provision throughout the county. Of the 18 incorporated cities in the county, all but two cities provide support for local and neighborhood programs through city-sponsored senior centers and/or recreation programs (San Diego Seniors Community Foundation, The State of San Diego Senior Centers: What We Have Now and What We Need, Assessment Report Summer 2019). In addition, cities typically have assigned advisory responsibilities to “senior commissions” appointed by mayors and city councils.

Service System Characteristics
AIS delivers the majority of Older American Act programming, such as nutrition and caregiver support, through contracted services. AIS also partners with community organizations to provide outreach and education to the public. Many of these countywide organizations provide important services in local communities. The faith communities also play a key role in safeguarding older adults. Interfaith organizations are regularly invited to participate with AIS in developing program initiatives and many religious organizations are providers of older adult services. Most of these agencies have developed their capacity to service older adults and the disabled through private funding, e.g., foundations, grants and fund-raising activities.

The "Community Action Networks" are community-based groups in each region of the county that serve as the entities where ideas and solutions to regional needs are implemented through specific projects. The goals for these projects are determined through a strategic planning process with the full participation of agency and individual partners, who then help carry out the plan. Aging & Independence Services provides staff support for the Action Networks and their subcommittees. In addition to solution-oriented projects, the networks are vital links for partners to communicate information.

To help spread community resource information AIS has been partnering with 2-1-1 San Diego, a resource and information center that connects people with community, health, and disaster services, since 2001. AIS and 2-1-1 work together to share resources and as of July 2018, have been located in the same facility. Additionally, the AIS Call Center staff will assist 2-1-1 in the event of an emergency.

In order to support the independence and well-being of vulnerable older adults and those with disabilities, AIS facilitates the Project C.A.R.E. (Community Action Reaching the Elderly) program. Project C.A.R.E. helps seniors who live alone from being completely isolated. Project C.A.R.E. identifies and supports frail older adults and/or individuals with physical or mental disabilities to prevent social isolation, loneliness, neglect and abuse. This safety net program for older persons and persons with disabilities provides: an initial home visit with development of a care plan,

referrals to community resources, ongoing reassurance phone calls, and follow-up support services. These supports empower individuals to remain as independent as possible in a safe environment. The County of San Diego Aging & Independence Services is contracted with Interfaith Community Services and 2-1-1 to provide Project C.A.R.E. services.

Disaster Preparedness

San Diego County is comprised of 18 cities and unincorporated areas, and is vulnerable to a host of both natural and man-made disasters such as earthquakes, flooding and fires. Terrorism is also a concern as the county is home to several military facilities and has international border access. It is estimated that 317,944 San Diego County residents (non-institutionalized) are disabled (U.S. Census Bureau, American Community Survey 2018 1-Year Estimates, Table S1810) and an estimated 481,750 of San Diego County residents are over the age of 65 (SANDAG 2018 Current Population Estimates). Given the significant number of elderly and disabled residents in San Diego County and the county's hazards and vulnerabilities, in 2006 Aging & Independence Services (AIS) established 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' 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.

In January of 2007, AIS began partnering with the County's Office of Emergency Services (OES) and Public Health Services (PHS) to address the needs of vulnerable populations in the event of a disaster. Activities included:

- Developing the *Vulnerable Adult Shelter Assessment Team (VASAT) Disaster Response Policies and Procedures* and team to provide the assessment and identification of the needs of older adults and persons with access and function needs in emergency shelters;
- Developing 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 provides guidelines to request deployment of the VASAT team;
- Participating in the revision of Annex G of the *Care and Shelter Operations of the Operational Area Emergency Plan*, which now includes provisions for sheltering vulnerable populations during a disaster;
- Continuing the Access & Functional Needs work group facilitated by OES and includes many community partners;
- Establishing the role of a Director of Emergency Services;
- Establishing the role of an Access & Functional Needs Unit Leader in the Care and Shelter Branch of the Emergency Operations Center;
- Establishing the role of an Access & Functional Needs (AFN) Technical Advisor, a member of the Policy Group in the Emergency Operations Center (EOC) ; and
- Participating in emergency preparedness exercises.

The Access & Functional Needs committee meets at least quarterly to plan and implement preparedness, response, and recovery activities to assist persons with medical or functional needs during an emergency or disaster. Because of AIS' established relationships with organizations and agencies that support the needs of older adults and persons with disabilities, AIS staff continues to serve as the Care and Shelter Branch's County Shelter Team Unit Leader in the Emergency Operations Center during a disaster. In that capacity, AIS staff ensures specialized services are provided as required for the care of special needs population groups in American Red Cross and County shelters.

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SECTION THREE
DESCRIPTION OF AAA

The federal Older Americans Act, enacted in 1965, provided direction for community involvement in addressing the needs of older persons. State and area agencies on aging constitute the administrative structure for programs under the Act. The County of San Diego Area Agency on Aging was one of the first planning and service areas to be designated by the California Department of Aging in December 1973. The number of Area Agencies on Aging (AAA) in California now totals 33.

Characteristics of AIS
As a public agency within the County of San Diego, Aging & Independence Services (AIS) serves as the AAA for San Diego County. AIS is governed by the Board of Supervisors and is supported by the structure of the County of San Diego Health and Human Services Agency. In addition, hundreds of community partners work with the agency to further our mission of supporting older adults and persons with disabilities. This system gives credibility to the activities of AIS and creates an environment in which AIS can take a leadership role in the development of community-based systems of care. AIS provides forums for assessing needs, planning for the future, and developing strategies to provide solutions to present concerns.

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

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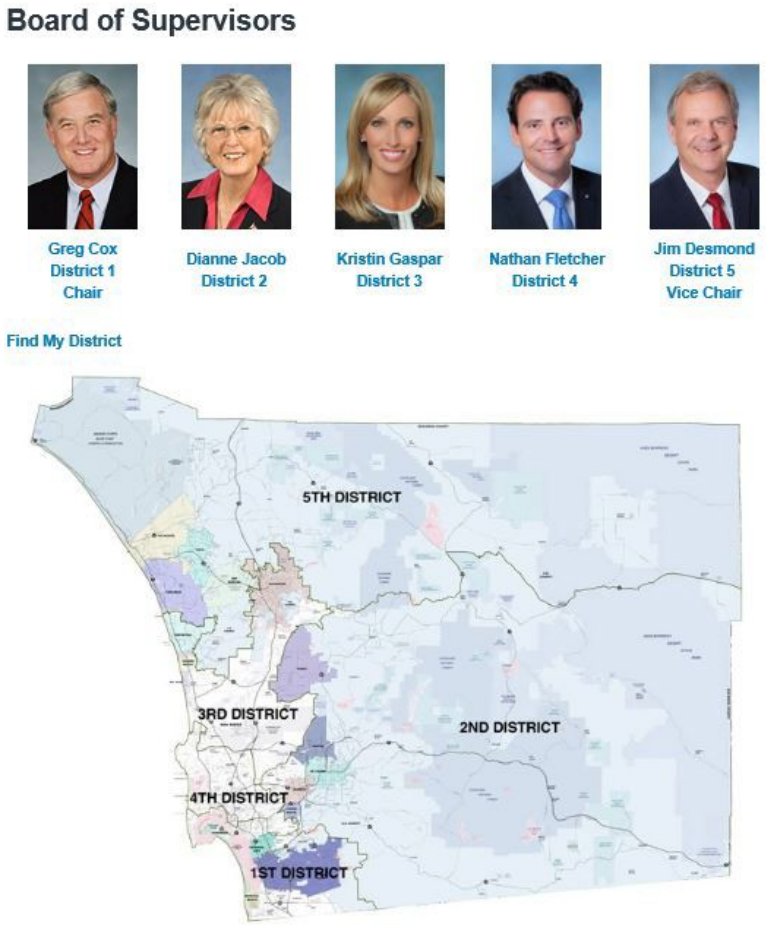

In September 1997, the San Diego County Board of Supervisors created the Health and Human Services Agency (HHSA) and included the Area Agency on Aging (AAA) as one of its components.

As an integrated division 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, Aging & Independence Services (AIS), was introduced. The name now reflects the mission and purpose of the division, which includes serving both seniors and persons with disabilities.

The councils and committees that assist AIS in its efforts to serve seniors, persons with disabilities, and the various committees in PSA 23 include:

AIS Advisory Council – is required by the Older Americans Act, 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 Council is comprised of persons who represent the older adult and disabled community as well as professionals working within the aging support network. One third of the membership is appointed by the Board of Supervisors (reference Section 17) with the remainder seated at-large by the Council. The Advisory Council has review and comment purview for all aspects of AIS. The Council is active. It has developed and is working to

accomplish defined goals. As defined in its bylaws, it operates via the Executive & Membership standing subcommittee (comprised of Council Officers and previous past Chair). It establishes ancillary subcommittees to address program and policy issues in AIS or the community. At present these are the Adult Services Connection, Healthy Aging, Housing, Long Term Care (LTC) Ombudsman & Facilities, Nutrition, and Transportation subcommittees. The 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 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 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.

Caregiver Coalition – a provider collaborative led by AIS, whose mission is to identify and address the needs of family caregivers, and to improve the overall quality of life for caregivers, their families, and the community. Through education and training, Coalition members provide support to reduce the burden of caregiving and enhance the ability of families to provide the best possible care for infirm loved ones. The Coalition provides insight on community needs and program effectiveness of the National Family Caregiver Support Program.

Health Promotion Committee – represents professionals and seniors involved in the provision of health and social service programs for seniors, including fitness programs, health education, retirement communities, senior centers, and associations representing specific illnesses or conditions. The committee provides informal advice to the AIS Health Promotion unit and assists in the marketing of AIS health promotion programs. The committee also assists in the planning and organization of the bi-annual "Vital Aging" conferences.

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 has grown in size with over 100 members and now has a Central Chapter and a North County chapter. Each year, the Task Force conducts educational events for Fall Prevention Awareness Week in September and provides professional education for CEU's to physical therapists.

Nutrition Project Managers – meet on a regular basis to discuss the operations of their respective sites and receive in-service training and updates on topics relevant to operations of their Nutrition Program. Additionally, it is the expectation that nutrition providers offer an opportunity for input from their senior participants on program operations through annual surveys. Information from these surveys is used to identify community nutrition needs and to guide program emphasis and development.

Outreach and Education Team – is the section of AIS which educates the community and other organizations about AIS programs and services, how to prevent themselves from becoming the victim of a scam and Adult Protective Services mandated reporting. Having representation that covers each region of the county, this department keeps the public informed and returns valuable information from the community to AIS. The members of the Outreach and Education Team coordinate the Community Action Networks (CANs) that are regionally based. The Outreach and Education Team is instrumental in the effort to develop collaborative efforts with other agencies and services throughout the county. The team makes hundreds of visits to agencies, presents at conferences and fairs, and provides training for law enforcement, city councils, regional

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collaboratives and many other entities. These presentations are designed to provide a clearer view of the role of AIS and the network of community organizations that serve seniors, and to provide a forum for developing a more closely-knit coordination between agencies and organizations serving older adults and people with disabilities. The team members were instrumental in the development of the CANs, and the members coordinate the CAN meetings and activities. The Outreach & Education team is also responsible for providing education on behavioral health topics and Alzheimer's Disease, specifically as they relate to older adults.

Public Authority/In-Home Supportive Services (IHSS) Advisory Committee – was established in 1998 in response to the many critical issues facing both the consumers and providers of IHSS. Comprised largely of consumers and providers, the Advisory Committee has provided AIS with valuable information and recommendations about home care issues. This committee is now under the management of the Public Authority.

Activities

AIS Bulletin – is a monthly publication that is sent to seniors, city and county officials, senior centers, and professionals in the field of aging. The Bulletin reports on activities and events that concern the senior community and the "Aging Network." The Bulletin also serves as a vehicle for informing the community about opportunities to be involved in planning and the needs assessment process.

Services for Older Adults and Persons with Disabilities – are provided by AIS, San Diego County's umbrella agency for more than thirty different programs for older adults and persons with disabilities. In general, if a San Diego County resident is older and/or disabled, at risk of institutionalization, is low income, and/or needs help in arranging for appropriate services, AIS can help. With a staff of more than 400 and offices in all regions of San Diego County, AIS offers a wide range of services and programs spanning the continuum of care from dependence to independence. These services include the Multipurpose Senior Services Program (MSSP), the In-Home Supportive Services Program (IHSS), and Adult Protective Services. Direct services are provided through a network of more than 70 contracts, and include: respite care, the Senior Nutrition Program, evidenced-based health self-management programs, legal assistance, educational opportunities, employment, and fitness classes. The array of services available allows the agency to coordinate services efficiently. Referrals can be made through the AIS Call Center and AIS program staff, including Adult Protective Services. The AIS Call Center also provides referrals to partner agencies in our region.

Call Center – is the gateway to AIS services is through the AIS Call Center. Trained social workers provide initial assessments and link callers with appropriate services and information. Callers are screened to determine eligibility for AIS programs. In addition, referrals are provided, when appropriate, to other community programs. The Call Center has merged the efforts of information and referral, case management and IHSS program intake, and the elder abuse reporting function, providing AIS the opportunity to implement a "no wrong door" model. The 1-800-339-4661 toll free telephone number provides assistance to anyone calling within San Diego County. There is also a website (www.aging.sandiegocounty.gov) that directs the public to information on AIS services.

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Health Promotions Programs – consist of two evidence-based programs, the "Matter of Balance" fall prevention program and "Healthier Living: Managing On-going Health Conditions" (aka Chronic Disease Self-Management Program), that have been implemented since 2007. AIS partners with the community organizations to offer these programs.

Feeling Fit Clubs – is an award-winning AIS Health Promotion program that has made fitness accessible to socioeconomically disadvantaged older adults who live in areas with little to no access to free or low-cost physical fitness programs. Developed in June 1999, the program targets culturally diverse, low-income older adults at senior nutrition sites and other venues throughout the county. By offering a comprehensive program that addresses both the physical activity and the socialization components of wellness, AIS aims to improve the physical function of primarily sedentary, at-risk individuals who participate in senior nutrition programs. The Feeling Fit initiative is also viewed by AIS as a means of enhancing its senior nutrition system.

Intergenerational Program – has been strongly supported by AIS as a means of positively impacting the serious social problems, such as senior isolation and childhood obesity, that affect our community. Intergenerational (IG) programs provide a variety of benefits, such as helping older adults to feel a sense of purpose, and youth receiving one-on-one attention from a positive role model. IG programs help build the social fabric of our communities and strengthen relationships, health, and educational achievement. Through collaboration with community partners, AIS looks for opportunities to apply an intergenerational lens. AIS is determined to infuse intergenerational approaches within all areas of its influence. The County of San Diego has assumed a position of leadership as County staff interface with the local community as well as nationally in building a "community for all ages." In addition to the AIS Intergenerational (IG) Coordinator position, four additional IG positions have been added to the County to enhance these activities. The AIS IG Coordinator meets regularly with the four other IG Coordinators from the County's Health and Human Services Agency. Together, these staff plan and coordinate intergenerational efforts, representing Aging & Independence Services, Child Welfare Services, and all regions of the county.

Senior Engagement Through Volunteering – is an important effort at AIS because Senior volunteers, while serving the community, reap personal health benefits of increased longevity, lower rates of heart disease and depression, and a larger social network. Both the Senior Volunteers in Action (SVA) program, which engages volunteers age 50 and older, and the Retired and Senior Volunteer (RSVP) program, for volunteers 55 and older, engage seniors in volunteer service in the community. These volunteers serve at various non-profit, public, and/or hospital organizations. The goal of these programs is to offer a meaningful volunteer opportunity for senior volunteers to share their knowledge, skills and wisdom, while fulfilling unmet needs in the community.

Challenges to the AAA Structure

With the growth of the aging population, there will be corresponding growth in the number of older adults in need of services, and the way that seniors choose to receive services is changing. For instance, attendance at congregate meal programs at senior centers is declining, while demand for home-delivered meals is rising. The aging services network, both public and private, faces the challenge of redesigning programs to ensure improved accessibility and relevance to the evolving needs of older adults.

The San Diego region is extremely culturally diverse and encompasses both urban and rural areas. We will be challenged in the future to have services that are flexible, culturally competent, and accessible. Transportation and lack of affordable housing continue to be significant barriers for older adults accessing and maintaining services in our region.

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One reason seniors and their caregivers fail to access available services is a lack of awareness that such services exist. Families and individuals tend not to be concerned about such programs until confronted with an immediate or imminent need. Marketing of services is an important component to reduce the gaps in service delivery due to the lack of knowledge about service availability.

Balancing needs and resources continue to be an ever-growing issue as the Baby Boomer generation ages and adds to the demand for long-term care services. Baby Boomers – those born between 1946 and 1964 – will significantly impact the field of aging due to the number of older adults and persons with disabilities who will need long-term care. Finding ways to develop and finance additional service capacity that meets needs, allows choice, and ensures quality care will be a challenge for AIS and other local agencies in years to come. To meet these challenges AIS will continue to be a leader for strategic planning, collaboration, and partnership with the broad spectrum of service providers providing for the large senior population in San Diego County. All of these challenges are what lead to the creation of the Aging Roadmap.

Leadership

Aging & Independence Services is a division of the County of San Diego's Health and Human Services Agency (HHSA). Driven by policies set by the County of San Diego Board of Supervisors, HHSA operates as "Superagency" of health and social services. By having public health, behavioral health, the Area Agency on Aging, self-sufficiency programs, housing, and Child Welfare Services under one umbrella, we are able to maximize resources and coordination to meet the needs of the clients we serve. We are all tied together by the County's *Live Well San Diego* vision which strives for a region where all of our residents are healthy, safe, and thriving. These guiding principles and coordinated efforts help create robust programs, services, and community partnerships.

During the coming years AIS will continue to take the lead in planning for the needs of seniors. In 2010, there were 350,000 San Diegans over the age of 65. That is projected to double to over 750,000 in 2030, and triple to over 1.05 million in 2060 (California Department of Finance, P-2: County Population 2010-2060).

Policy Setting Process

The Board of Supervisors, five elected members each representing a District in San Diego County, sets policy for the County of San Diego. The AIS administrators and Director make recommendations to the Board via the Health and Human Services Agency Director and the Chief Administrative Officer.

All of the programs and functions of AIS benefit from the wisdom and guidance of the AIS Advisory Council. Originally established in 1973 in response to Older American Act requirements, the Council consists of 30 members selected by the Board of Supervisors and by the Advisory Council. Advisory Council leadership and support has been key to the development of the Area Agency on Aging, and Aging & Independence Services, as a leader in providing older adult services and services for persons with disabilities. Through its vigorous support, and promotion, the Advisory Council has helped to define AIS' mission, and pushed AIS to do its best, while always remaining firmly committed to the interests of San Diego's older adult population.

There is one Title V Program in the county providing part-time community service employment for low-income persons 55 and older. According to Title V program staff, employment opportunities for older adults at low to middle wage levels are below average given the economic downturn. There are fewer opportunities for full-time employment at higher wage levels.

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Community-Based Service Programs (CBSP) – Formerly administered by California Department of Aging and Long Term Care, and then transferred to the Area Agencies on Aging in the state for program management and delivery, the CBSPs, were in fact fully integrated into the AIS service array in years prior. Continuing this current fiscal year, CBSPs have not been funded but remain in the CA Welfare & Institutions Code. The forecast for resumption of program funding is not known, therefore, and program reintroduction to the community is uncertain. The one exception to this funding situation is the Linkages case management program. The CBSP funding is no longer available, but the format and service outcomes of this program remain open due to other internal funding arrangements through San Diego's Health and Human Services Agency that make it possible.

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SECTION FOUR
PLANNING PROCESS / ESTABLISHING PRIORITIES

Strategic planning by AIS is conducted within a policy framework established by the County Board of Supervisors, 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 & staff
- AIS Advisory Council
- Older Adults
- Professionals in the Aging & Disability Network
- Persons with Disabilities
- Contractors/Providers
- Health and Human Services Agency Staff
- Other Interested Individuals

Strategic Planning

The County of San Diego Strategic Plan 2020-2025 focuses our priorities through strategic initiatives that will continue to advance the County's *Live Well San Diego* vision. The County's strategic planning process is an ongoing activity. We revisit our Strategic Plan annually and adjust, as necessary, to ensure that the priorities articulated in the Strategic Plan reflect the changing environment, economy, and community needs. The Strategic Plan is the first element of the County General Management System (GMS), an annual five-part cycle that is a disciplined approach to managing government for maximum efficiency and effectiveness. The Operational Plan includes the concrete steps that County departments will take to assign resources and staff toward achieving the priorities and goals laid out in the Strategic Plan.

Aging & Independence Services held a strategic planning session in 2019, that provided the framework for the Aging Roadmap and identification of AIS objectives within the County Operational Plan. The Strategic Initiatives include: Building Better Health, Living Safely, Sustainable Environments/Thriving, and Operational Excellence.

Aging Roadmap

Over the next twenty years, San Diego County's demographics will continue to change in many ways. One major change will be in our older adult population, which will be a larger share of the total population. We are living longer: the number of people aged 85 years and older in 2010 will nearly double by 2030 (California Department of Finance, P-2: County Population 2010-2060). As we are living longer, our region needs to work collaboratively to provide a community where everyone can thrive. The demand for care and support for older adults will continue to grow, and the supply will need to keep pace. Our region's affordability and livability are especially challenging for those on a fixed income. As we continue to become more culturally and ethnically diverse, our systems of care need to be flexible to meet a wider range of needs. How our systems of care and communities change to meet the needs of older adults and their families will have a major effect on everyone's quality of life. In addition, the older adults in our community bring a wealth of expertise and experience from which the entire region can learn and benefit.

The Aging Roadmap is San Diego County's regional plan. Developed by a wide range of community partners that support older adults, the Roadmap is supportive of the County of San Diego's *Live Well San Diego* vision and is guided by the County of San Diego Health and Human Services Agency, Aging & Independence Services (AIS). AIS convenes partners and provides services to older adults, people with disabilities, and their family members to help keep clients safely in their homes, promote healthy and vital living, and celebrate positive contributions made by older adults and persons with disabilities.

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The Aging Roadmap vision and implementation is organized by ten focus areas that collectively represent our county's comprehensive system of care, including person-centered and community-wide efforts. This builds on successful collaboration and encompasses Age Well San Diego, the Older Americans Act, and the regional Area Plan. The ten focus areas are: Caregiver Support, Safety, Preparedness, Silver Economy, Medical & Social Services System, Social Participation, Dementia-friendly, Health & Community Support, Housing, and Transportation. Our Area Plan's Goals & Objectives have been organized according to these ten focus areas.

The County and community partners will build on current collaboration on the Aging Roadmap journey, coordinate service delivery, measure progress, and connect our efforts to statewide and national initiatives. Ultimately, strengthening San Diego County's comprehensive system of care will improve the lives of older adults and their families, and quality of life for everyone.

Live Well San Diego

In 2010, the County of San Diego Board of Supervisors adopted the *Live Well San Diego* vision for a region that is Building Better Health, Living Safely, and Thriving.

Live Well San Diego encourages local residents, businesses and agencies to take steps to improve their own health, pursue policy changes that support a healthy environment, and seek to improve the health delivery system by engaging community partners to assist in efforts to improve the overall well-being of our residents. Together, these three components provide a roadmap for achieving the County's vision and the strategies and focus areas for San Diego County Area Agency on Aging (AAA) are aligned within this structure.

Building Better Health – A surge in chronic disease, rising healthcare costs and increased demands on healthcare delivery systems, coupled with a volatile economic climate, prompted the County of San Diego to take action to address the health and well-being of local residents at every age. The Building Better Health strategy involves County departments, other governmental jurisdictions, local health service providers ranging from hospitals to community clinics to physicians, community-based social service agencies, businesses, schools and universities, faith communities, military/veterans, 2-1-1 San Diego, philanthropists, media, consumer advocacy groups, resident leaders, and a multitude of other partners across sectors.

Living Safely – The Living Safely strategy addresses both the community's perception of overall safety in San Diego, as well as the actual incidence of crime, injury, and abuse. Serious injuries and preventable deaths continue to be a major concern in San Diego. Nationally, preventable injuries send nearly 27 million Americans to hospital emergency rooms every year (Centers for Disease Control and Prevention, Injuries cost the US $671 Billion in 2013). This strategy broadens our view of safety to facilitate how we interact with our residents and provide information that enables them to be proactive in their own safety. It facilitates collaborative and cooperative policy development across various public agencies and with our private sector partners to support enhanced policy and program alignment. Finally, it communicates our shared policy approach to make our communities safer for all people.

Thriving – The third strategy of *Live Well San Diego* encompasses a broad range of areas that are interconnected and foundational to the quality of life for everyone in the region. Our region is thriving when we are: Engaging, building community awareness and cohesion; Connecting, filling gaps and ensuring equal access to basic needs; and Flourishing, exceeding our basic needs. To narrow this broad topic within shared priorities, the County and stakeholders defined interrelated focus areas for organizing efforts and resources for cultivating a thriving region. The focus areas include: Built and Natural Environment; Enrichment; and Prosperity, Economy, and Education.

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Age Well San Diego

Age Well San Diego is the County of San Diego's (County) plan to make our community an even better place for people of all ages to be healthy, safe, and thrive. Age Well San Diego launched in 2016 when the San Diego County Board of Supervisors (Board) directed County staff to join the AARP® Network of Age Friendly communities and the Dementia Friendly America network on the County's behalf, marking the County's commitment to age-friendly community building. The next two years consisted of a planning phase, which included robust community engagement to obtain input on the community's strengths and needs. The planning phase culminated in the development of the Age Well San Diego Action Plan (Action Plan), adopted by the Board in May 2018. The Action Plan identifies specific goals and action steps in five priority areas: health & community support, housing, social participation, transportation, and dementia-friendly. For each priority area, an Age Well San Diego "Theme Team," comprised of County staff, and volunteers of all ages and backgrounds, meets regularly to achieve the goals in the Action Plan.

The Action Plan provides a framework to create a more livable and age-friendly community. People of all ages and abilities benefit when we increase access to transportation, affordable housing, healthcare and community supports; provide more opportunities for intergenerational interactions; and expand civic engagement, recreation, and volunteerism. An innovative feature of the Action Plan is the integration of dementia-friendly concepts into each Theme Team's work. The Action Plan focuses on social and environmental elements that impact those living with dementia and affect their opportunity to be vital, involved members of their communities. Age Well San Diego outcomes are enhanced with the participation of community members and stakeholders working together as stewards of our community.

Health and Community Support Theme Team

This team envisions communities that offer accessible health and community services, technology to support aging in place, and village-like support systems. A livable community for all ages recognizes that good mental and physical health are highly valued. When changes and challenges in health occur, access to healthcare and community support is important. Needs may include help with everything from assistance with activities of daily living to support to overcome poverty, food insecurity, and homelessness. If we, or people we love, become less independent, we expect that resources, support, and care planning will be available to ensure safety and allow us to thrive.

The following three goals will help to expand access to health resources and community support that will meet the health challenges of an aging population.

- Create a comprehensive, proactive, inclusive, culturally appropriate outreach, education and engagement plan to increase awareness of existing resources.
- Utilize and further develop access to, and best practices with, technology.
- Encourage the development of village-like community support systems.

Housing Theme Team

A livable community for all ages includes housing that is safe, affordable, and near goods and services such as grocery stores, medical care, parks, and more. It offers opportunities for multi-generational social engagement, is smoke-free, supports active lifestyles, and allows people to age in their community.

There is a need for affordable housing that provides older adults support as they age. The average cost of a residence at an assisted living facility was $54,000/year ($4,500/month) in San Diego in 2018, more than three times what the average older adult household spends on housing. (Genworth Cost of Care Survey, Compare Long Term Care Costs Across the United States, California, San Diego Area, Monthly). The average cost of dementia care in

an assisted living facility in 2018 was over $66,000/year ($5,500/month), over four times the average monthly housing cost for older adults in San Diego County (Paying for Senior Care. Payment Options & Financial Assistance for Alzheimer's Dementia Care, September 2019.) These costs are expected to rise substantially over the next ten years. By 2030, a room in an assisted living facility is projected to cost approximately $80,000/year, and a private room in a nursing home is expected to cost nearly $200,000/year. A home health aide, who can help an older adult remain in their home by assisting with meals, housekeeping, and bathing, is projected to cost over $80,000/year in 2030 (Genworth Cost of Care Survey, Compare Long Term Care Costs Across the United States, California, San Diego Area, Monthly & Annual).

Older adults are vulnerable to homelessness due to low fixed incomes and an increasing cost of living. Data from the U.S. Census Bureau, American Community Survey, indicate that in 2017, about 9% of older adults ages 65 and over (about 37,000) had income below the Federal Poverty Level, and 60% of senior households who rented their homes were rent burdened, spending more than 30% of their income on housing. The 2018 Regional Task Force on the Homeless (RTFH) Point-In-Time Count indicates that homelessness is increasing disproportionately for older adults in San Diego County. The number of unsheltered older adults ages 55+ increased from 26% of the total homeless population in 2014 (196 homeless older adults) to 35% in 2018 (1747 homeless older adults). Many of these older adults (40% in 2018) became homeless for the first time after age 55.

The following four goals will help to promote affordable housing and improve the ability of older adults to successfully age in community.

- Implement zoning ordinances and design requirements that create accessible, mixed-use villages with a variety of housing types and services.
- Implement policies and programs to prevent and overcome homelessness.
- Institutionalize a coordinated approach to creating and financing affordable housing stock.
- Develop comprehensive supports associated with housing for successfully aging in community.

Social Participation Theme Team

The Social Participation Theme Team envisions a livable community for all ages that values respect and social inclusion. Our region offers many opportunities for social engagement. However, our community outreach efforts revealed a desire for more intergenerational programs, leadership and civic engagement opportunities, and programs for people who are isolated, have dementia, or do not speak English.

The following goals will help to increase opportunities for people of all ages and abilities to engage in social participation and civic engagement:

- Create policies and practices that facilitate intergenerational engagement and the development of shared spaces for intergenerational activity.
- Implement and expand recreational and educational programming that is safe, dementia-friendly, and diverse.
- Create and implement a targeted social support outreach, engagement, and education plan, especially for those who are isolated.
- Develop leadership and empowerment opportunities for aging adults.

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Transportation Theme Team
The Transportation Theme Team envisions communities where older adults can get around even if they can no longer drive. A livable community has transportation that is accessible, safe, reliable, and affordable for non-drivers of all ages and abilities.

The following goals will help make transportation more accessible to older adults and will allow for a greater variety of transportation options for San Diegans of all ages.

- Implement the Complete Streets policy and design approach as routine practice in jurisdictions across the region. This approach emphasizes safe accommodation of bicyclists, pedestrians, transit riders, and drivers.
- Institute regional planning policies to promote smart growth.
- Set transportation mode-split goals and allocate funds accordingly.
- Implement a comprehensive regional transit policy.
- Develop a coordinated, innovative rideshare mobility system for all users.

Dementia-Friendly Theme Team
While there is currently no cure for Alzheimer's Disease and related dementias, communities can improve the quality of life for people living with dementia and their caregivers. The Dementia-Friendly Theme Team envisions a community that is informed, safe, and inclusive of individuals living with dementia; a community where people do not shy away from someone who is disoriented or struggling, but have the communication tools needed to offer a helping hand.

Ensuring that individuals living with dementia have the opportunity for meaningful engagement in community life requires commitment from all parts of the community. Individuals can learn to recognize the signs of dementia and communicate clearly and compassionately with those they encounter in their daily activities. Businesses can provide dementia-friendly services and environments and adopt policies to support employee caregivers. Organizations and businesses such as restaurants, libraries, and banks can use design principles, such as calming colors, to create environments that are supportive for people living with dementia. Health care organizations can promote early diagnosis and referral to supportive services. Public spaces, such as sidewalks, parks, and transit stops can provide easy to navigate systems with clear signage and good lighting. To advance its dementia-friendly vision, the team garnered support and participation of representatives from dementia service organizations in the region.

The following three goals will help people living with dementia to remain connected within their communities, have appropriate support to maximize their independence and wellbeing, and be treated with respect by other community members who have a greater understanding of their needs.

- Incorporate dementia-friendly elements into each of the other Age Well San Diego theme teams' work (Health & Community Support, Housing, Social Participation, and Transportation).
- Promote concepts and tools provided by Dementia Friendly America.
- Coordinate with The Alzheimer's Project roundtables to identify opportunities to maximize the impact of each group's efforts.

Annual Aging Conferences
The County's Aging & Independence Services division of the Health and Human Services Agency hosts a large aging conference every year, attracting over 1,500 participants. The purpose is to bring older adults, as well as professionals, together for an inspirational day of learning and exploring

timely topics in the field of aging. Past conferences have focused topics such as building age-friendly communities, brain health, lifelong learning, and technology.

Additional Collaboration

Information for ongoing planning purposes and establishing priorities is gathered from several groups, including:

Lesbian, Gay, Bisexual, and Transgender (LGBT) Older Adults

Over the past several years, AIS has made a concerted effort to be responsive to LGBT 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 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 LGBT community and accessed resources from the National Resource Center on LGBT Aging for guidance.

Grandparents Raising Grandchildren

In San Diego County in 2018, over 16,000 grandparents were living with and responsible in some way for grandchildren under the age of 18 (U.S. Census Bureau, American Community Survey 2018 1-Year Estimates, Table B10051). Grandparents, along with other kinship caregivers, face unique challenges as they take on the task of being a parental figure later in life. The County of San Diego's Grandparents Raising Grandchildren Initiative seeks to educate and inform grandparents about available services as well as obtain input about the unmet needs of this population. The Initiative began with an educational event in April 2012 and has grown to include regional activities to support these families throughout the year. 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.

Other Means for Obtaining Public Input

In addition to the many standing advisory and planning entities affecting the planning process and needs assessment activities, AIS has utilized other vehicles for obtaining public input, seeking the widest possible array of opinions and gathering information about the needs of older adults and disabled individuals. AIS staff are involved in community and committee meetings and other activities that bring input into the planning process. Examples include the Elder and Senior Subcommittee of the Regional Center for Developmental Disabilities, the Long Term Care Integration Program Planning Committee, Citizens Corps Council, Senior Affairs Advisory Board (SAAB) (City of San Diego), Consolidated Transportation Services Agency (CSTA), the Veterans and Retired Senior Volunteer Program Advisory Boards in addition to the AIS Advisory Council and IHSS Advisory Committee. AIS also hosts four regional Community Action Networks as well as coordinating an Elder Abuse Council in the East County.

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SECTION FIVE
NEEDS ASSESSMENT

To ensure complete representation of all populations in the PSA, Aging & Independence Services (AIS) used several methods to gather information to identify needs and resources, and for establishing priorities, goals, and objectives. Data sources included: demographic and health data obtained from secondary sources such as the U.S. Census Bureau and California Department of Public Health; feedback from public forums/focus groups; a community feedback questionnaire, input from Age Well San Diego workgroups (planning for the County's Age-Friendly Communities designation through AARP), and input from AIS staff and Advisory Council members. Using these methods gave a more complete picture of the needs and concerns of seniors and persons with disabilities in San Diego County.

The AIS Advisory Council, representing a wide range of community interests within the senior and disabled population of San Diego County, and its Area Plan Subcommittee, was active in the planning process. The subcommittee assisted the planner by providing input into the public feedback forums, the planning process, and the feedback questionnaire. Members of the Advisory Council also participated in the public feedback forums.

Public Hearings – In previous years, AIS hosted several public hearings as part of the needs assessment process. This year, in lieu of multiple public hearings, only one formal hearing was held. Instead, informal public feedback forums were held. These sessions included time for informal, facilitated small group discussion. The reasoning behind this change is that many individuals were not participating during the formal hearings. Only the most vocal individuals would share their thoughts. Through the informal listening sessions, a variety of pre-determined questions helped to promote conversation and an exchange of ideas among diverse attendees.

Public Feedback Forums – Nine public feedback forums were held during January 2020 to gather input for the Area Plan. The listening sessions took place in different regions/communities (El Cajon, Tierrasanta, Chula Vista, Carlsbad, Vista, downtown San Diego, Southeast San Diego, Escondido, and San Ysidro) to ensure that the various communities and targeted populations would be able to attend. Public notice about the hearings was broadcast in several ways. The AIS Bulletin, a paper and online publication that reaches several thousand individuals contained information on the forums. Online advertisements and posts were made on social media sites such as Facebook, Twitter, and NextDoor. The AIS Outreach & Education team sent email blasts to partner organizations, distributed fliers, and spoke to groups about the hearings in all regions of the county. The Community Action Networks and the AIS Advisory Council were active in publicizing the hearings as well. Notice was given that the San Ysidro forum would be conducted in Spanish. Homebound persons were given the opportunity to give testimony via the online questionnaire.

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Needs Assessment Survey – Surveys are a useful tool for capturing information about a population. In January 2020, AIS conducted a community needs assessment survey. Questions were drawn from the core questionnaire developed by the California Department of Aging, Age Well, and input from AIS staff and the AIS Advisory Council. The feedback questionnaire was also available in San Diego County's five threshold languages: English, Spanish, Vietnamese, Tagalog, and Arabic. Paper copies of the survey were given to Public Feedback Forum attendees and the survey was also available online for those who did not attend the in-person sessions.

More than 400 surveys were completed. Participants were not selected via representative sampling methods. However, survey respondents did include diverse members of the older adult population, including African Americans (11%), Asian Americans/Pacific Islanders (12%), and American Indian/Alaska Native (3%). Approximately 35% identified as Hispanic/Latino. Survey respondents included those within the LGBT population (3%), those with physical impairments (e.g., hearing, vision, and/or mobility) (43%), and those with cognitive impairments such as dementia (6%). Women were over-represented (70%).

Needs Assessment Results Summary – Feedback from the public feedback forums, questionnaire results, and secondary data sources indicated a variety of needs. These aligned with the ten domains of the County's Aging Roadmap and are presented by domain in the following section. Needs frequently expressed by the public included:

- Affordable housing and assistance with system navigation
- Transportation options (reliable and accessible)
- Services to address social isolation/loneliness
- Affordable healthcare and assistance with healthcare system navigation
- Services for seniors experiencing homelessness
- Caregiver support/training
- Access to resources, including information about available services
- Financial assistance and financial wellness education
- Senior employment opportunities
- Concerns about home maintenance and intermediate home repair

Needs Assessment Results by Aging Roadmap Domain
Our Area Plan's Goals & Objectives have been organized according to the ten focus areas identified in the Aging Roadmap. Feedback from community members was aligned with the ten domains and is summarized by category below.

Caregiver Support
Questionnaire respondents indicated that caregivers face a significant burden in our region. Caregivers described feeling overwhelmed and needing assistance identifying resources and navigating support systems. One participant noted, "I am on my own as a caregiver and am overwhelmed." Another noted: "As a caregiver, I am first trying to keep me and my mom above water but feel that we may qualify for additional services. I don't have the bandwidth to try to find help figuring this out even though it could be life changing."

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Caring for those living with Alzheimer's disease and related dementias (ADRD) can be particularly difficult and the need for quality respite care is essential. One respondent shared: "My sister is in the final stage of dementia and requires 24 hours care. I sometimes experience difficulty in obtaining quality respite care." Cost of respite care was another concern expressed by survey participants. With approximately 98,000 people living with ADRD locally, the burden on San Diego caregivers is significant.

Another topic of concern was providing resources for grandparents who are raising their grandchildren and other relative children. According to the American Community Survey, over 45,000 grandparents over the age of 60 were living with their grandchildren in 2018, and about 20% of those were responsible for their grandchild (U.S. Census Bureau, American Community Survey 2018 1-Year Estimates, Table B10051). One survey respondent noted, "It is a lot of responsibility to take care of grandchildren alone."

Younger caregivers who attended feedback sessions noted that outreach regarding senior services programs ought to be directed to younger individuals and "the most trusted person in a care recipient's circle." One suggested, "A lot of this education has to get out to a much younger group…the planning needs to happen much earlier, as well as the resources."

Safety

Adult Protective Services (APS) data indicate that older adults in our region, as with elsewhere nationwide, continue to be victims of abuse and neglect. In the 2017-2018 fiscal year, APS received 15,205 referrals, which resulted in 10,209 cases. Of the cases that closed during that year, 27% had at least one confirmed allegation of self-neglect.

Feedback forum participants reported concerns about scams and financial abuse. One shared, "I'm concerned about fraud and abuse activities. We are more susceptible as we get older." Another participant admitted, "I'm well educated and sophisticated and I got scammed…anyone can get scammed."

Most older adults in the survey and feedback sessions did not specifically cite concerns about neglect, or express fears about abuse other than financial abuse. However, social isolation increases the risk that an older adult will be the victim of abuse, and many older adults in the feedback questionnaire reported that they were isolated. One person remarked, "The isolation is horrendous."

Falling is a serious risk to older adults. The California Department of Public Health reported that over 22,000 San Diego County residents visited the emergency room due to a fall in 2017, and 8,500 were hospitalized (California Office of Statewide Health Planning and Development, Emergency Department Discharge Database, Patient Discharge Database; 2017). Fall-related injuries accounted for 291 deaths (California Department of Public Health, Center for Health Statistics, Office of Health Information and Research, Vital Records Business Intelligence System, 2017). Falling and fear of falling were also frequently reported as safety concerns by members of the public.

To address the safety concerns in our region, AIS continues to operate the APS program and provide training for mandated reporters. In addition, the Project CARE program provides reassurance check-in calls and provides resources to isolated older adults living alone. Fall prevention efforts continue to be a priority.

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Preparedness
San Diego County is regularly impacted by wildfires, and earthquakes are also a threat. Many of the persons served by AIS programs and services will require special assistance during an emergency or large-scale disaster because of access or functional limitations. Although concerns about disaster preparedness and evacuation logistics were not listed as top concerns by members of the public, many cited concerns about mobility, which could seriously impact disaster response and evacuation strategies. Through the Aging Roadmap, AIS is working with the County's Office of Emergency Services to strengthen emergency preparedness opportunities for older adults, as well as engage in disaster planning for those with access and functional needs.

Silver Economy
Secondary data sources, public feedback forum testimony, and feedback questionnaire results all pointed to the difficult financial circumstances many older adults in our region endure, as well as the need for employment opportunities for older adults. Nearly 10% of survey respondents reported that they were unemployed.

Twenty-six percent of survey respondents noted that they were working either full-time or part-time. Some members of the public noted that they had jobs, but were unable to stop working due to financial concerns. One survey participant shared, "In order to meet expenses, I still have to work part-time at 81. I would like to be able to retire." A feedback forum participant noted, "I had cancer the past two years…I just can't quit work. What is going to happen to me? It is scary. It is reality." Disabled adults face economic hardship. One respondent noted, "I run out of money before I run out of days every month, with zero exceptions." Across public feedback forum sites, older adults reported wanting more information about financial literacy and strategies to live well on a tight budget.

Volunteer opportunities for older adults to stay engaged and experience a sense of purpose are also essential. A 90-year-old focus group participant had a message for her peers: "Contribute! Do something! Because you haven't lived 90 years without learning something!"

In addition to employment opportunities for older adults, a skilled and diverse workforce is needed to support the growing aging population. Well-trained individuals will be needed to provide senior care services in the coming years. There also is the need for volunteer support to assist with aging in place and other senior care services. Active older adults may assist in filling some of these work and volunteer roles.

With the exception of contracting services for the Senior Community Service Employment Program (SCSEP), AIS does not provide employment programs. However, the agency does run robust senior volunteer programs, including the Retired and Senior Volunteer Program (RSVP), Senior Volunteers in Action (SVA), and the Long-Term Care Ombudsman Program. Through the Aging Roadmap, AIS is working with community partners to build the capacity of the aging services workforce and to work with local businesses to develop and promote best practices to attract, retain, and protect older workers who want or need to stay in the workforce. In addition, in conjunction with community partners, AIS will begin offering financial literacy presentations for older adults.

Medical & Social Services
Public feedback forum testimony and feedback questionnaire results indicated that older adults in our region have concerns about healthcare costs, as well as how to navigate medical and insurance systems. In addition, some older adults reported food insecurity and the need for basic social services supports. As one older adult respondent put it, "I did not think I would live to be 91, and now I cannot afford my life."

AIS is working to address basic social service needs by focusing on screenings, such as for food insecurity, and connecting older adults to pertinent resources, such as the CalFresh program. One way to reduce healthcare costs is to provide a more responsive healthcare system that better meets the needs of older adults. AIS has been involved in efforts to support the countywide Geriatric Emergency Department Accreditation (GEDA) efforts. Geriatric emergency departments provide specialized training to staff and assess social service needs in addition to presenting medical problems. In addition, AIS administers the contract for Choose Well San Diego, a program that rates assisted living facilities based on their state compliance history to help consumers make informed choices when selecting a facility. This program helps to link older adults with facilities that are more likely to provide high-quality and responsive care, as well as encourage all facilities to adopt best practices. AIS continues to manage the In-Home Supportive Services (IHSS) program, which supports nursing home-eligible older and disabled adults to continue to live at home.

Social Participation

Loneliness and social isolation are growing problems in our region, and survey respondents reported problems with both. Twenty-nine percent reported isolation as being either a minor (10%) or serious (19%) problem. Thirty-four percent reported loneliness as problem, with 23% describing it as a minor concern and 11% describing it as a serious concern. One respondent noted, “I’m concerned that my loneliness is keeping me from getting involved in community activities and altering my mood.” Another said, “I have no one to talk to.”

Even some that objectively were not isolated (e.g., living with family) experienced loneliness. One stated, “While I live with family, they’re mostly at work during the day, and I am home all day not able to drive anymore. Lack of transportation contributed to older adults’ experience of loneliness and isolation. Focus group participants reported similar concerns. One noted, “Humans are social, but transportation is an issue.” Several individuals expressed concern about the social needs of homebound individuals.

In some regions of the county, there are not sufficient activities for older adults. A respondent in a rural community noted: “I live in Valley Center and there are no activities or gatherings of people 65+.”

Volunteering provides older adults with an opportunity to experience a sense of purpose, as well as social connection. One older adult remarked that with regards to healthy aging, “The key is whether people still feel useful.” However, according to the Corporation for National and Community Service, only 23% of seniors in this region volunteered in 2017 (Corporation for National and Community Service. San Diego-Carlsbad-San Marcos, CA, based on Volunteering and Civic Life in America. Volunteering by age group – rates, 65 and over, 2017). Volunteer programs serve as an ideal vehicle to address the needs of social engagement and personal fulfillments.

AIS is helping to address social isolation and loneliness by promoting meaningful volunteer opportunities and supporting intergenerational program development. In addition, AIS is facilitating social engagement opportunities with those who are homebound by developing resources, such as the “Get Connected Guide” and continuing support for the You Are Not Alone (YANA) program, which provides regular check-in calls and visits to isolated seniors.

Dementia-Friendly

Alzheimer’s disease was the third-leading cause of death among those 65+ in San Diego County during 2017. Countywide, it is projected that over 98,000 San Diegans age 55 and older will be living with Alzheimer’s disease and related dementias (ADRD) in 2020. This number is projected

to increase to 115,194 in 2030. Resources to assist individuals living with ADRD, as well as their caregivers, are increasingly needed. Focus group respondents expressed concern regarding the social needs of those with dementia.

To help meet the needs of older adults with dementia, AIS is working to promote the Dementia Friends program and offering trainings for professionals and community members. Other efforts include the creation of a booklet to help caregivers of those living with ADRD provide interesting activities for their care recipients. AIS staff and Age Well community partners will strive to educate the community at large about brain health and issues related to ADRD.

Health & Community Support

Having awareness of available community resources and navigating social services systems were reported as significant challenges by both public feedback forum participants and survey respondents. Over 40% of respondents had not heard of the community services clearinghouse 2-1-1 San Diego, and 73% had not heard of the AIS Call Center, although 66% had heard of AIS in general. One respondent noted, “I am not sure where to turn, how to navigate the system.”

Many older adults felt vulnerable because of what they perceived as an insufficient safety net support system. Older adults across feedback forum sites expressed this fear. One person shared, “I am worried about who will take care of me when I get sick. I don’t have close family and I am afraid no one will visit me.” Participants suggested an approach of neighbors helping neighbors—whether formally, through the Village model of support, or informally. One man summed up the sentiment: “We need to encourage more assistance from neighbors. There is no reason that those of us who are able should not help out.”

Many older adults reported living independently with few problems, but one area of concern was intermediate home repair and household maintenance. On feedback participant remarked, “I’m 87 and living by myself. Sometimes I can’t do heavy work around the house and fix things. I would like to see help that is not so expensive.”

Technology training was another area of need brought up by San Diego older adults. One feedback forum said, “I’m so far behind in technology. Where can I learn to use my cell phone? I used to be real smart on technology and now I don’t understand anything!” Survey respondents reported that the biggest barrier to the use of new technology is lack of familiarity (48%), followed by cost (47%), frustration learning to use new technology (32%), and having no one appropriate to teach [them] new technology (26%). These results suggest that increasing access to affordable, senior-friendly technology training programs would help older adults embrace new technology. However, some feedback forum participants expressed fear and reluctance to engage with technology. One woman admitted, “I’m avoiding lots of it…technology is invasive.”

To address concerns within the Health & Community Support domain, AIS will continue outreach efforts regarding 2-1-1 San Diego, the Call Center, and agency services. In addition, AIS will continue programming to support healthy aging and self-sufficiency, such as the Feeling Fit Club and CalFresh Healthy Living. Age Well San Diego efforts to support Villages will also continue, as will technology training efforts.

Housing

Secondary data sources, public feedback forum testimony, and feedback questionnaire results all pointed to the significant difficulty older adults in our region have with housing affordability. According to the American Community Survey, over 40% of seniors households (householder age 65 and older) spend more than 30% of their income on housing and are thus considered

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cost burdened (U.S. Census Bureau, American Community Survey 20018 1-Year Estimates, Table S0103).

Older adults 65+ who are renters comprise 25% of the population (U.S. Census Bureau, American Community Survey, 2018 1-Year Estimates, Table S0103). This group is especially vulnerable to rising costs of housing and the limited supply of affordable housing, with survey respondents reporting wait lists of 3-10 years. The affordability issue was summed up by feedback forum participants: "It is a choice between eating and sleeping somewhere safe" and "My rent takes ¾ of my retirement pension and social security." Another issue raised by public feedback was the difficulty navigating affordable housing systems. These challenges point to the need for innovative solutions and diverse housing options. With 38% of senior householders in our region living alone, shared housing programs may provide an opportunity for seniors to find housing that is more affordable, as well as reduce social isolation (U.S. Census Bureau, American Community Survey, 2018 1-Year Estimates, Table S0103).

Unfortunately, senior homeless is a significant problem in the San Diego region. A survey respondent noted: "Basically I am homeless. I put a futon down behind my daughter's couch. I go from daughter to daughter." Feedback forum respondents noted the need for senior homelessness prevention programs.

AIS is not involved in the provision of affordable housing. However, through the Age Well San Diego initiative and the Aging Roadmap, AIS and community partners are working together to look at new ways to address housing needs, such as through education about accessory dwelling units (also called granny flats). In addition, in response to public feedback, AIS will work with community partners to develop and disseminate information regarding affordable housing options.

Transportation

As in previous Area Plan assessments, affordable and accessible transportation options remain a significant need. Many feedback forum participants noted that they lived prohibitively far away from public transportation stops and expressed the need for "first mile/last mile" transportation solutions. Public transportation continues to be limited or non-existent in many of the county's large rural areas. Others found public transportation to be adequate, but had safety concerns, especially around transit stations and parking areas. Some respondents noted that is can be challenging to use public transportation for the first time at 85 or 90 years old. They suggested peer transit training programs: "Older adults need other older adults to show them how to use public transportation. It is helpful ahead of time—not when you are in a crisis situation."

Some respondents expressed the need for solutions that would better support active transportation, such as cycling and walking. One survey participant noted that in their neighborhood "the traffic light sign doesn't stay long enough [for crossing the road]" and this impacts safety and discourages seniors from walking. Another remarked, "The sidewalks have too many cracks and I walk with a walker." Public feedback forum participants across sites also expressed interest in more bike paths that would be safe for older adults to use.

The need for specialized medical transportation solutions was also reported. One survey respondent stated, "I have not had medical procedures that required sedation (e.g., colonoscopy, cataract surgery) as this requires someone to drive me and pick me up." A feedback forum participant noted similar challenges: "I had to go to the hospital for a procedure but didn't have a ride home. I faked that my ride was there so the staff would let me go and then walked home two and a half miles."

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Several members of the public expressed fear about no longer being able to drive. One warned, "Not being able to drive…it's like being in jail." Another noted, "I am young enough to walk to the trolley or bus, yet I fear being isolated should my mobility decrease." Multiple respondents stated that the cost of using rideshare services such as Uber and Lyft can be prohibitively expensive, in addition to concerns about safety. Others expressed the need for transportation to senior-specific workshops and events, as well as evening transportation options.

Although AIS does not provide transportation programs, transportation is an Age Well San Diego area of focus. AIS and community partners are working to raise awareness regarding existing transportation providers and options through the development of a "Ride Well to Age Well Guide," as well as sharing information with professionals regarding opportunities to encourage active transportation through Complete Streets policies through the development of an "Age-Friendly Complete Streets Toolkit."

Outreach Regarding Services – A major barrier to services in minority and other senior populations is the lack of knowledge about the available programs. Cultural and language barriers, as well as limited financial resources, make it very difficult for many to negotiate the complex service system. Seniors and their caregivers often do not seek social service information until a serious need arises. Also, if people hear about senior services they likely will not regard it as pertinent to them or their family until that need is present, so they do not retain the information. For these reasons, Area Agencies on Aging are encouraged to prioritize services in an attempt to reach and serve those most in need among the elderly population. Maximum effort is given to outreach activities at AIS to ensure seniors and family members are aware of available services and programs.

While the needs assessment did not specifically identify duplicated or underutilized services, lack of knowledge about available services is a common theme that arose at the public hearings. This lack of knowledge is the primary reason why this year's public feedback forums began with a brief PowerPoint presentation outlining the various programs and services offered at AIS. In addition, whenever there was a question or confusion about programs, AIS staff members took the opportunity to provide relevant information. The AIS Outreach and Education Team continues to make a concentrated effort to reach all communities and populations to describe the services AIS and other organizations provide.

Needs of Persons with Disabilities – The various needs assessment activities established that the needs of adults with disabilities and the targeted populations are virtually the same as that of the general 60+ population. During the public feedback sessions, concerns about transportation, housing, in-home support, affordable health care, and cost-effective home repairs were voiced by persons with disabilities, active seniors, caregivers, and those from both rural and urban areas.

A wide range of services and programs are available to seniors and persons with disabilities in San Diego County. The more than thirty programs administered by AIS include special help and resources for the most vulnerable in our population. These services include the Multipurpose Senior Services Program (MSSP), the In-Home Supportive Services Program (IHSS), Adult Protective Service (APS), and case management programs. Direct services are provided through contracts with vendors and agencies, and include in-home support, respite care, meals (senior dining centers and home-delivered), health promotion activities, legal assistance, adult day care, transportation, employment assistance, and educational opportunities.

Title III B Allocations – The feedback questionnaire did not contradict the Title III B funding percentages that were established during the last Area Plan Cycle to meet the needs of our population. The percentage of Title III B funds to be expended in the categories of Access, In-

Home Services, and Legal Assistance have been determined to be sufficient to meet the need for these services within PSA 23. Aging & Independence Services continually assesses the allocation of funds to services and will make adjustments if needed.

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SECTION SIX
TARGETING

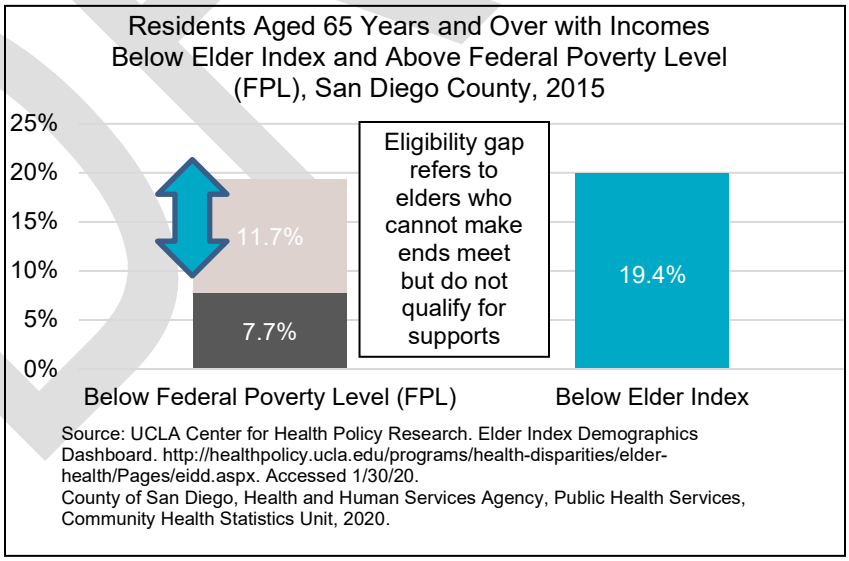
The Older Americans Act requires that the Area Plan "provide assurances that the AAA will formulate specific objectives for providing services to older adults with the greatest economic or social needs, and to low-income minority individuals." In addition, LGBT older adults are a targeted population. This requirement ensures certain populations will receive their fair share of services and is commonly referred to as "targeting" services.

Targeted Populations

As with the 2016-2020 Area Plan, AIS has chosen to adopt the California Elder Economic Security Standard Index (Elder Index) as the measure by which to gauge the true extent of poverty in our County. Unlike the Federal Poverty guidelines, which are based on outdated cost of living estimates, the Elder Index provides County-specific guidelines for how much income is needed for a retired adult age 65+ to meet basic needs such as housing, food, transportation, medical spending and other necessities. The Elder Index was developed by the Insight Center for Community Economic Development at UCLA.

Some of the key findings presented in the Elder Index Demographics Dashboard (2015) include:

- 19.4% of all elders 65+ in San Diego County do not have enough income to meet their basic needs, as measured by the Elder Index. Over 63,000 seniors in San Diego County are struggling to make ends meet.
- According to the Federal Poverty Level (FPL), only 7.7% (25,000) of San Diego County seniors are considered "poor" (annual income below $12,261 for an individual 65+ living alone in 2019).
- 39,000 San Diego County seniors fall within the "eligibility gap" with incomes above the FPL but below the Elder Index. These elders do not qualify for many public benefits programs but still do not have enough money to make ends meet.



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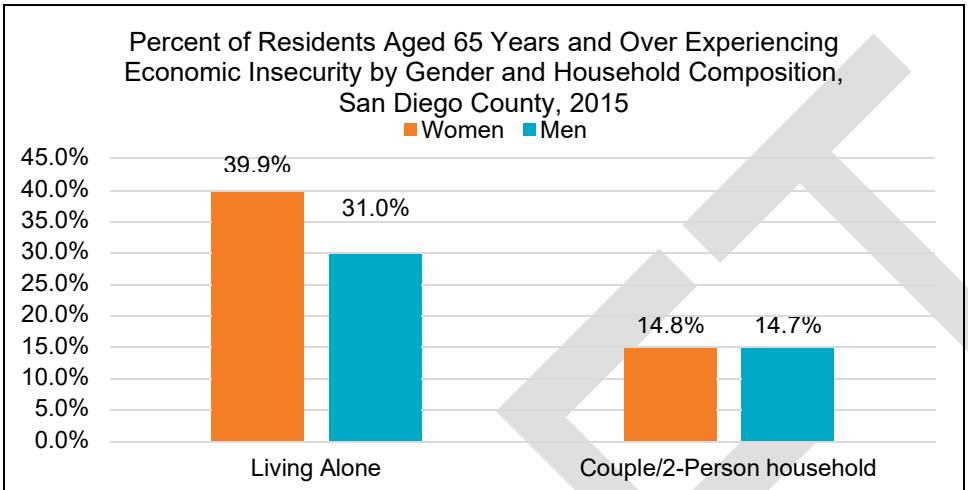
Race and Gender

According to the Elder Index:

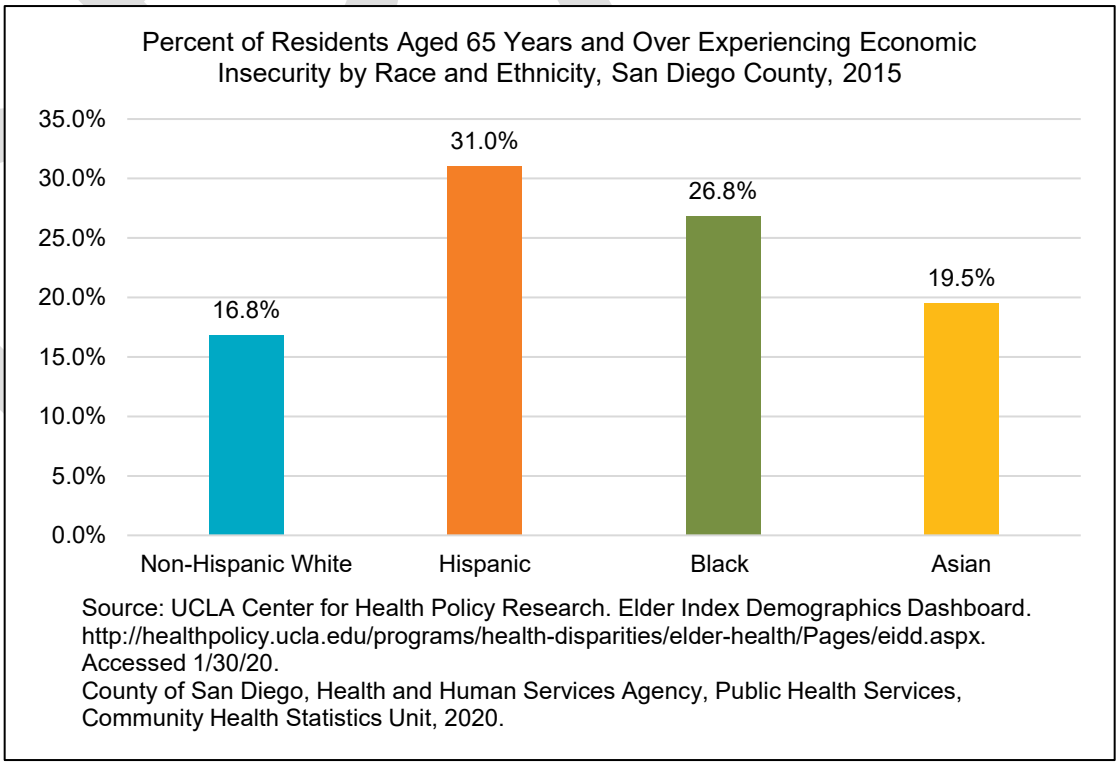
- Nearly 40% of elder women living alone in the county are struggling to make ends meet.



Source: UCLA Center for Health Policy Research. Elder Index Demographics Dashboard. http://healthpolicy.ucla.edu/programs/health-disparities/elder-health/Pages/eidd.aspx. Accessed 1/30/20.
County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, 2020.

Although elders of all races/ethnicities are struggling to make ends meet in San Diego County, Hispanic, Black and Asian seniors are disproportionately affected.

- 31.0% of Hispanic seniors have incomes below the Elder Index.
- 26.8% of Black seniors have incomes below the Elder Index.
- 19.5% of Asian seniors have incomes below the Elder Index.



Source: UCLA Center for Health Policy Research. Elder Index Demographics Dashboard. http://healthpolicy.ucla.edu/programs/health-disparities/elder-health/Pages/eidd.aspx. Accessed 1/30/20.
County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, 2020.

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Cultural and language barriers, as well as limited financial resources, make it very difficult for many elders who are minorities to negotiate the complex services system. For these reasons, Area Agencies on Aging are encouraged to prioritize services and provide language options in an attempt to reach and serve those most in need among the senior population.

Other Populations
In addition to low-income, LGBT, and minority seniors, the Older Americans Act designates other groups to be "targeted" for provision of services:

1. Older individuals 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 individuals 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:
    a. Physical and mental disabilities;
    b. Language barriers; and
    c. 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 individuals.
6. Older individuals residing in rural areas.
7. Older individuals who are of limited English-speaking ability.
8. Older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction, and their caregivers.
9. Older individuals with disabilities, with particular attention paid to individuals with severe disabilities.
10. Unemployed low-income individuals who are 55 years of age or older (Title V).

Efforts to identify the targeted 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 Health and Human Services Agency Public Health Division (for the Senior Health Report and Alzheimer’s Disease and other dementias prevalence reports) Community Action Networks, public feedback forums, and the feedback questionnaire. In addition, the AIS Advisory Council strives to maintain a membership that is representative of the targeted populations. (See Section 17, Advisory Council.)

Minority older persons are unevenly distributed throughout the county. In 2018, the South Suburban Major Statistical Area (MSA) had the greatest concentration of 65+ minority individuals at 67.3%, followed by Central (47.4%), North County East (30.6%), North City (28.6%), East Suburban (25.5%), North County West (22.4%), and East County (16.3%; SANDAG, 2018). The percentage of 65+ persons who belong to a minority racial/ethnic group has been rapidly increasing across all areas of San Diego County over the past decade, with the exception of the Central MSA (see chart).

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Percentage of Older Adult Population Identifying as a Minority Race or Ethnicity by Major Statistical Area (MSA), San Diego County, 2010-2018

	Percent of Residents 65 Years and Over	
	2010	2018
South Suburban	64.0%	67.3%
Central	49.7%	47.4%
North County East	21.0%	30.6%
North City	23.0%	28.6%
East Suburban	19.6%	25.5%
North County West	18.5%	22.4%
East County	14.2%	16.3%

Source: SANDAG Current Population Estimates, Released 05/2019.

County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, 2020.

AIS services and programs are offered to the entire senior and disabled population of PSA 23. The AIS Call Center provides access to services and programs through the toll-free number, and translation services are available. Adult Protective Services, IHSS, and Case Management workers are stationed in several areas of the county to provide easy access to prevention and assistive services and programs. Translation services are provided in all languages. The “targeted populations” of PSA 23 are well served.

Methods to Address Needs

AIS has traditionally been at the forefront in addressing the needs of socially and economically needy seniors. The results of two projects in previous planning years, funded by research grants from the Administration on Aging to study special ways to meet the needs of minority elderly, show that there is not a single approach which is sufficient in assuring a proportionate share of services to older needy persons. Therefore, Aging & Independence Services has implemented a regularly monitored, multifaceted strategy that includes:

- Advertising our 1-800-339-4661 phone line and website as a resource hub.
- Working closely with 2-1-1 to receive and refer callers between our agencies.
- Hiring of older, minority and bilingual staff and volunteers.
- Adequately representing targeted groups in the Advisory Council including the LGBT population.
- Locating senior centers and congregate nutrition sites in areas of minority and low-income concentration.
- Contracting with service providers who are able to serve minorities.
- 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.

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- Collecting and disseminating demographic data on the minority elderly in the county.
- Including minority, low-income and refugee populations in outreach efforts.
- Responding to the public via Call Center program intake procedures utilizing multi-cultural, bi-lingual staff and the Language Line for translation.
- Serving low-income, minority seniors in all case management services or programs, 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 Language Line for interpretation services.
- Preparing outreach materials in other languages and distributing these in the community.
- Developing new initiatives to meet the unique social and economic needs of grandparents raising grandchildren.

To ensure older individuals with the greatest need are being served, AIS has included objectives in this Area Plan 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.

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SECTION SEVEN
PUBLIC HEARINGS

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

Fiscal Year	Date	Location	Number of Attendees	Presented in languages other than English? [2] Yes or No	Was hearing held at a Long-Term Care Facility? [3] Yes or No
2020-2021	June 22, 2020	Virtually via phone at (415) 655-0001, or via WebEx (https://sdcountyca.webex.com/sdcountyca/j.php?MTID=mefe8eee37a8008c0512b47db97b1fb9a; Meeting number (access code): 287 448 851; Meeting password: nP5VCeAgE64.)	Council: Public: TOTAL:	No	No
2021-2022					
2022-2023					
2023-2024					

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.

   In order to hear from individuals who were not able to attend the public feedback forums to share their needs, concerns, or feedback on services, AIS made the needs assessment questionnaire available online. Notice of this opportunity was publicized electronically to recipients of the AIS Bulletin, through other AIS distribution lists, on social media posts and advertisements, and on AISEvents.org. A wide variety of community social service organizations receive our communications and share opportunities for involvement with the senior and/or disabled clients they serve. Further, to ensure that homebound and institutionalized individuals continue to have feedback opportunities, as we continue to implement our Age-Friendly work, AIS actively seeks the input of these populations.

   Notification of the Public Hearing appeared in the region's largest newspaper and the nine public listening sessions were advertised by written articles and distribution of print and electronic flyers. Distribution of email and paper flyers advertising the public feedback forums were distributed by a variety of means, including:

   - AIS Bulletin
   - Online Advertisements
   - Social Media Posts (Facebook, Twitter, and NextDoor)
   - AIS Outreach and Education Team

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- Community Action Networks
- Congregate Meal Sites/Senior Centers
- AIS Advisory Council

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.

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.

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

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

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[2]A translator is not required unless the AAA determines a significant number of attendees require translation services.
[3]AAAs are encouraged to include individuals in LTC facilities in the planning process, but hearings are not required to be held in LTC facilities.

SECTION EIGHT
IDENTIFICATION OF PRIORITIES

The factors that influence prioritization in San Diego County are Board of Supervisors policy directives, Federal and State guidelines for revenue utilization, and public input including the public feedback forums, Community Action Networks, and the AIS Advisory Council. When administering federal funding, some priorities are predetermined by the legislation establishing the programs. This is the case with Older Americans Act revenue. The funding categories and programs where monies are allocated are:

- Congregate Nutrition (Title III C-1): This program receives the largest allocation of funding, which includes a reimbursement from USDA. In addition, participants have the opportunity to make a suggested donation to help offset the costs of meals.

- Home-delivered Meals (Title III C-2): Self-explanatory, with most programs operating in conjunction with congregate nutrition centers.

- Ombudsman Program (Title VII - Vulnerable Elder Rights Protection Activities): The Long Term Care Ombudsman program advocates for residents in long-term care facilities, such as nursing homes, as well as investigates abuse in other licensed facilities.

- Supportive Services (Title III-B): These services include information and assistance, in-home assistance, legal assistance, transportation and other types of supportive services to decrease isolation and help individuals remain in their homes.

> "Adequate Proportion Services" (Title III-B): Thus called in the Older Americans Act because it requires that minimum percentages be spent on a regular basis. Reductions in the percentages of funds allocated to these services are only possible after consultation with the community and with a thorough documentation of sufficient services in the area provided by other sources.

The percentage of Title III B funds to be minimally expended in the categories of Access, In-Home Services, and Legal Assistance have been determined to be sufficient to meet the need for these services within PSA 23. Aging & Independence Services continually assesses the allocation of funds to services and will make adjustments if needed.

In addition to funding, there are other mandates that the Older Americans Act establishes for Area Agencies on Aging. As part of its requirement, AIS is to "serve as the advocate and focal point for older individuals in the community" and to "establish a comprehensive and coordinated system of services." This second group of priorities relates to the program development, advocacy, and coordination activities of the agency, and summarizes the ideas expressed in public hearings, in committees and groups, and reviewed in meetings between staff and Advisory Council members.

Many of these priorities could be better called challenges because they are the result of major increases in the senior population due to the aging of the Baby Boomers and some seniors are living longer. Section 9, *Goals & Objectives*, describes the priorities that have been established through the 2020-2024 Four-Year Area Plan planning process. To address priorities that cannot be adequately funded with existing allocations, AIS staff is involved with community and committee meetings and other activities.

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AIS will meet Older Americans Act targeting mandates by continuing to provide services in the communities where the target populations reside. For example, nutrition services target low income and minority residence areas to provide better access to these services. This is also the case as it relates to the many rural communities in San Diego County. AIS will also continue to prioritize outreach to the targeted populations in their own communities and when possible, in their preferred language. Overall, AIS maintains offices and a presence in all parts of the county, which enables us to reach and provide access to the targeted populations.

Both the needs assessment questionnaire results and public feedback forums influenced the priorities set out by AIS to meet the targeted populations. Nutrition services, congregate and home-delivered meals, supportive services; caregiver and other Title III services were among the identified priorities. These services are set up to provide services to low-income senior and minority consumers where they reside, as well as the rural areas within San Diego County.

AIS uses its knowledge of all programs and services in our PSA to maximize resource allocation. An effective use of this can be seen in AIS's development and coordination of the four regional Community Action Networks. These regional aging networks bring together providers, stakeholders and others to identify and provide solutions to the needs of those regions. Having these networks in place amplifies the effects of AIS in meeting the needs of the targeted mandates. Instead of AIS alone providing services to the community, we coordinate with hundreds of organizations, all of which come together to plan and provide for the needs of seniors and persons with disabilities in our County. Additionally, these networks are also representative of the diversity that is San Diego County. This only serves to strengthen the commitment to serve those targeted populations that have been identified.

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SECTION NINE
AREA PLAN NARRATIVE GOALS AND OBJECTIVES

Goal statements, Rationale,
and Objectives begin on the next page.

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Goal # 1 CAREGIVER SUPPORT

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

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

#	OBJECTIVES	Projected Start and End Dates	Title IIIB Funded PD or C[4]	Update Status[5]
1.01	Participate/present in 4 community outreach events targeting facilities, caregivers, family and the community for the purpose of increasing public understanding of issues that are related to ombudsman practices and the needs of long-term care residents. The outcome is measured through the reporting functions within the Ombudsman computer application, Ombudsman Data Integration Network (ODIN).	July 1, 2020 to June 30, 2021		
1.02.a	Through the Family Caregiver Support Program (FCSP), contractor will provide a minimum of 12,000 units of respite service (one hour equals one service unit). In addition, the following support services will also be provided for family caregivers: assessment, counseling, support groups, and case management, reaching 800 number of individuals annually. Contractor will conduct outreach to a minimum of 12,000 individuals annually with information on caregiver support services. Services will be conducted by persons trained and experienced in the skills required to provide the service. FCSP staff will track the number of hours of support provided and the evaluation of services. Of those clients completing evaluation surveys, an overall satisfaction level of at least 70% will be reported for the combined services offered of assessment, counseling, support groups and case management services.	July 1, 2020 to June 30, 2021		

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1.02.b	Through the Family Caregiver Support Program contracts, provide a minimum of 16,000 hours of respite care for Kinship Caregivers including both in-home and out-of-home supervision. AIS staff will track the number of hours of respite care provided and the level of overall satisfaction with those respite services. At least 70% of customers receiving respite services and completing the satisfaction survey will report an overall improvement in stress level, sense of relief from the burden of caregiving and overall satisfaction with the services received.	July 1, 2020 to June 30, 2021		
1.02.c	Through the Family Caregiver Support Program, AIS staff, in collaboration with community partners will conduct family caregiver workshops/events, with at least one of those workshop/events targeting Veteran and Military Caregiver Families. A minimum of 400 caregivers will attend these events annually. Attendees will be asked to complete satisfaction surveys following these events and of those completing the survey, at least 70 % will report having increased knowledge of resources and support services available and better ability to manage their caregiver role. AIS staff will track both the number of caregiver support events held, number of individuals attending, and percent satisfied.	July 1, 2020 to June 30, 2021		
1.02.d	Through the Family Caregiver Support Program, AIS staff will arrange a minimum of 10 "Lunch & Learn" webinars annually on topics related to caregiver issues. Maintain an annual goal of 10 webinars, which will make it possible for caregivers to receive resource information from remote locations and through archived methods at the Caregiver Coalition website, in order to lessen the burden of traveling to receive support information. At least two of the sessions will include information targeted at caregivers in Veteran and Military families. Goal is to reach an average of 10 attendees per session.	July 1, 2020 to June 30, 2021		

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1.03	In order to better inform grandparents raising their grandchildren and other kinship caregivers about community resources and services, the AIS Intergenerational Coordinator will oversee the distribution of the locally produced *Handbook for Grandparents and Other Relatives Raising Children*. The goal is to provide at least 250 kinship family caregivers and/or kinship family service providers with this handbook annually.	July 1, 2020 to June 30, 2021		
1.04	In conjunction with community partners and HHSA Regional teams, continue to support the Board-sponsored Grandparents Raising Grandchildren initiative consisting of outreach activities, conferences, and other activities to support these families. Attendees will be asked to complete satisfaction surveys following these events. Of those completing the survey, at least 70% will report having increased knowledge and resources and support services available and better ability to manage their caregiver role.	July 1, 2020 to June 30, 2021		

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[4]Indicate if Program Development (PD) or Coordination (C) is the objective (cannot be both). If a PD objective is not completed in the timeline required and is continuing in the following year, any objective revision must state additional tasks.
[5]Use for the Area Plan Updates only to indicate if the objective is New, Continued, Revised, Completed, or Deleted.

Goal # 2 SAFETY

Goal: Older adults and persons with disabilities are safe in their homes and community.				
Rationale: Older adults and persons with disabilities ought to be safe in their homes and communities. Unfortunately, reports of elder and dependent adult abuse are increasing. AIS strategies to address this include expanding public awareness of elder abuse, strengthening legal supports to it, supporting older adults who are victims, and increasing prevention efforts. Working with the Sheriff's Department, District Attorney, and other regional law enforcement entities, we shape policies and practices to keep older adults safe.				
#	**OBJECTIVES**	**Projected Start and End Dates**	**Title IIIB Funded PD or C[4]**	**Update Status[5]**
2.01	Outreach & Education staff will reach a minimum of 1,000 mandated reporters annually with in-person trainings regarding their responsibility to make Elder and Dependent Adult abuse reports.	July 1, 2020 to June 30, 2021		
2.02	The County of San Diego Elder and Dependent Adult Death Review Team (EDADRT) reviews the circumstances surrounding elder and dependent adult deaths and evaluates the services provided to both victims and perpetrators in an attempt to improve service delivery, close system gaps and decrease the incidence of elder abuse, neglect and suicides in San Diego county. As needed, suspicious elder or dependent adult deaths will be reviewed. The EDADRT will also coordinate joint case reviews with the County of San Diego's Domestic Violence Fatality Review Team (DVFRT) whenever possible when an elder death involves an intimate partner relationship. A minimum of one joint EDADRT/DVFRT meeting will be held in this fiscal year.	July 1, 2020 to June 30, 2021		
2.03	Receive and investigate allegations of abuse, neglect, or exploitation of residents of long-term care facilities. The outcome is measured through the reporting functions within the Ombudsman computer application, Ombudsman Data Integration Network (ODIN).	July 1, 2020 to June 30, 2021		

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2.04	In an effort to provide a safety net for isolated and vulnerable older adults, Project Care-contracted agencies will conduct the following services: welfare check - phone calls, information and referral, provision of "Vials of Life," home assessment, and short-term case management. Contracted providers will provide a minimum of 6,000 units of Access Assistance to clients annually.	July 1, 2020 to June 30, 2021		
2.05	As a means to standardized training and provide new Adult Protective Services (APS) Specialists with the skills and tools needed to do their jobs, a 12-month Initial Training Program was created and is being utilized to train all new Adult Protective Services Specialists. This program provides coaching, training and support to new APS Investigators emphasizing the need to develop extensive knowledge of other County and non-governmental service programs, in order to develop person centered service plans. The curriculum includes presentations and ride-a-longs with organizations that offer services to vulnerable and at-risk adults in order to avoid future duplication of efforts as well as enhance services through active collaborations.	July 1, 2020 to June 30, 2021		
2.06	Identify, assess and case manage 115 unduplicated at-risk adults with disabilities through the Linkages Program. Outcome will be measured by the tracking of the unduplicated client count in the Linkages database.	July 1, 2020 to June 30, 2021		
2.07	Provide case management services to 215 unduplicated frail seniors, at risk of out of home placement. The outcome will be measured by tracking the unduplicated client count served by the Senior Options, Advocacy and Referrals (SOAR) Program in the automated database system.	July 1, 2020 to June 30, 2021		
2.08.a	Operate Cool Zone for the Summer Season of 2020; maintain SharePoint log for record of calls and fan eligibility; initiate fan distribution; track fan inventory for count accuracy against mailing records; close down operations mid-Fall 2020; close-out report to SDG&E; shut-down Call Center extended phone number.	July 1, 2020 to June 30, 2021		
2.08.b	Open Cool Zone operations for the 2021 Summer season, including early 2021 Spring activities of site verification, plan coordination with SDG&E, new site recruitment, hiring temp worker, launching the extension of the Call Center with the Cool Zone helpline, and orienting callers to nearest Cool Zone site using County interactive map.	July 1, 2020 to June 30, 2021		

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2.09	Fall Prevention: With Dignity at Home funding, improve safety for frail older adults by providing home modification services via contracted providers. Measure will include number of older adults served.	July 1, 2020 to June 30, 2021		

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Goal # 3 PREPAREDNESS

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

Rationale: We live in a region that is impacted by wildfires. Other disasters such as earthquakes are also a threat. In addition to disasters, there are everyday emergencies in individual households where first responders are called to assist an older adult in need. Many of the persons served by AIS programs and services will require special assistance during an emergency or large-scale disaster because of their access or functional limitations. AIS will continue partnering with the County's Office of Emergency Services (OES) to address these needs.

#	OBJECTIVES	Projected Start and End Dates	Title IIIB Funded PD or C[4]	Update Status[5]
3.01	AIS staff will participate in disaster planning including OES' community Access and Functional Needs (AFN) planning committee, shelter committee, workgroup to update the Disaster Rapid Assessment Team (DRAT) plan, and related exercises to assist OES to meet the needs of people with access and functional needs in an emergency or disaster. AIS will also staff the AFN Technical Advisory seat in the Operational Area's Emergency Operations Center (EOC) during emergencies or disasters.	July 1, 2020 to June 30, 2021		
3.02	AIS will update Adult Protective Services' Vulnerable Adult Shelter Assessment Team (VASAT) plan to align with the updates to OES' DRAT plan. The VASAT plan provides protocols for APS staff to visit emergency shelters during a disaster to identify the needs of older adults and persons with disabilities and forward those needs to the EOC for resolution.	July 1, 2020 to June 30, 2021		
3.03	AIS will support OES' new Neighborhood Evacuation Teams (NET), a preparedness campaign in which Community Emergency Response Team members may help vulnerable residents create an evacuation plan.	July 1, 2020 to June 30, 2021		
3.04	AIS will, with OES, develop a simple resource guide for older adults to prepare for emergencies.	July 1, 2020 to June 30, 2021		

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3.05	AIS will, with OES, will begin to develop public service announcements and resources for older adults and persons with disabilities to prepare for power outages.	July 1, 2020 to June 30, 2021		
3.06	AIS will, with OES, begin to develop training for first responders on how to meet the needs of older adults during emergencies. and how to recognize and understand related conditions, caregiving issues, warning signs of dementia, and poor physical health.	July 1, 2020 to June 30, 2021		

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Goal # 4 SILVER ECONOMY

Goal: A skilled and diverse workforce with supporting technologies and products support healthy aging in our community. Older adults have opportunities to work and volunteer.

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. Older adults continue to want to be engaged members of the community, and many wish to be involved through employment or volunteer work. AIS promotes work and volunteer opportunities for older adults and encourages local businesses to attract, retain, and protect older workers who want or need to stay in the workforce.

#	OBJECTIVES	Projected Start and End Dates	Title IIIB Funded PD or C[3]	Update Status[4]
4.01.a	Provide at least 18 hours of in-service training to volunteers regarding long-term care issues, eldercare and ombudsman practice issues. The outcome is measured by sign-in sheets and the ombudsman computer application, Ombudsman Data Integration Network (ODIN).	July 1, 2020 to June 30, 2021		
4.01.b	Conduct at least two 36-hour ombudsman volunteer certification trainings. Outcome is measured by sign-in sheets and reported at the end of the year by the Ombudsman Program Coordinator.	July 1, 2020 to June 30, 2021		
4.01.c	Focus on the retention of the number of certified Long-Term Care (LTC) ombudsman volunteers at 80. The outcome will be measured through the reporting functions within the Voltrak computer software application.	July 1, 2020 to June 30, 2021		
4.01.d	The LTC Ombudsman & Facilities Subcommittee is an ancillary subcommittee established by the AIS Advisory Council to perform some of its functions as the LTC Ombudsman Advisory Council. This Subcommittee will support the Ombudsman program by: • Maintaining awareness of general regulations governing Skilled Nursing Facilities (SNFs) and Residential Care Facilities for the Elderly (RCFEs).	July 1, 2020 to June 30, 2021		

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	• Monitoring legislation proposals and changes related to SNFs and RCFEs. • Maintaining awareness of the functional integrity of LTC facilities. • Interfacing with AIS staff regarding Ombudsman Program standard of operations. • Interfacing with AIS staff regarding Ombudsman Program goals and performance. • Monitoring Choose Well, the online RCFE Rating System in San Diego County. • Reporting findings and recommendations to the full Council for action by the Council.			
4.02	Retired and Senior Volunteer Program (RSVP) staff will improve lives, strengthen communities and foster civic engagement through promotion of service and volunteering in the Corporation for National and Community Service (CNCS) grant focus area of Healthy Futures, which emphasizes healthy and independent living. In the RSVP Program, a minimum of 1,100 volunteers will serve at community partner sites throughout the County. Note: The federal RSVP grant has put limits on the categories that can be counted under their grant.	July 1, 2020 to June 30, 2021		
4.03	Senior Volunteers in Action (SVA) Program helps keep seniors engaged in their communities while providing opportunities to share their knowledge, wisdom and skills. A minimum of 350 SVA volunteers will contribute their efforts in the community annually.	July 1, 2020 to June 30, 2021		
4.04	Reduce isolation of seniors living in long-term care facilities by linking volunteers, including minor volunteers paired with adult volunteers for an intergenerational component, with isolated seniors currently residing in such facilities, through a contract for the Guardian Angels program. The outcome will be the number of volunteers and isolated seniors served which will be tracked via monthly progress reports, and assessment of the satisfaction of participants in the program.	July 1, 2020 to June 30, 2021		

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Goal # 5 MEDICAL & SOCIAL SERVICES

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

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

#	OBJECTIVES	Projected Start and End Dates	Title IIIB Funded PD or C[4]	Update Status[5]
5.01	Provide 15,500 hours annually of homemaker and personal care services through the Senior Options, Advocacy and Referrals (SOAR) program. Outcome will be measured by tracking the total number of clients logged in the automated database system.	July 1, 2020 to June 30, 2021		
5.02	Choose Well, the online voluntary Residential Care Facility for the Elderly (RCFE) Rating System, is operated by contract and includes goals of 51% participation of all licensed RCFEs in San Diego County at any point in time. To increase value of the system of consumers and member facilities, two advisory workgroup meetings, two CEU Lunch & Learns, six newsletters, ten articles, and 150 Facebook posts will be provided annually to increase value for consumers and member facilities. System enhancements will be considered and implemented if advisable including 1) developing a countywide benchmark score of all RCFE facilities, 2) developing an app for mobile devices, and 3) adding a customer experience component to the facility score.	July 1, 2020 to June 30, 2021		

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5.03	Attend to potential Medicare Improvement for Patients and Providers Act (MIPPA) mid-year funding announcements; prepare a subsequent Work Plan for the California Department of Aging (CDA); consider contracting and appropriate field work options, and conduct reporting according to the requirements and expectations as they relate to beneficiary application enrollments and other MIPPA objectives.	July 1, 2020 to June 30, 2021		
5.04	Outreach & Education staff will coordinate multiple community events in partnership with community partners annually, where they arrange for behavioral health specialists to conduct Depression Screenings activities for at least 500 older adults and refer them to services if indicated. These activities are in an effort to educate the public about the incidence of depression in older adults as well as resources available to treat it. Staff will track the number of screenings conducted.	July 1, 2020 to June 30, 2021		
5.05	Participate in the Older Adult Behavioral Health System of Care Council (OABHSOCC) to contribute in all phases of planning and implementation of the Mental Health Services Act, to ensure the needs of mentally ill seniors are reflected in program design and service delivery. The outcome will be measured by the inclusion of OABHSOCC recommendations in the Mental Health Services Act programs and by ongoing input into service delivery.	July 1, 2020 to June 30, 2021		
5.06	In an effort to help decrease food insecurity and educate the community about potential eligibility to CalFresh benefits for older adults, AIS staff will provide outreach materials to a minimum of 4,000 individuals annually.	July 1, 2020 to June 30, 2021		
5.07	Conduct a general visit at least once per quarter in 100% of skilled nursing facilities and 90% of residential care facilities for the elderly. The outcome is measured through the reporting functions within the ombudsman computer application, Ombudsman Data Integration Network (ODIN).	July 1, 2020 to June 30, 2021		
5.08	AIS will work closely with the County's Medi-Cal managed care health plans to support dual eligible and Medi-Cal-only beneficiaries who	July 1, 2020 to June 30, 2021		

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	receive Managed Long-Term Services and Supports (LTSS) including MSSP. AIS will continue to provide administrative support for the Cal MediConnect Advisory Committee. Also, an AIS representative will attend monthly Healthy San Diego meetings, which includes the seven current Medi-Cal health plans, County of San Diego representatives (Behavioral Health, Public Health, AIS), Community- Based Adult Services (CBAS), and consumer advocacy groups. AIS and the health plans will meet in quarterly "Healthy San Diego Health Plan – AIS Workgroup" meetings. Through these meetings, AIS will represent the needs of the older adult population with the aim of educating and assisting these partners (non-Older Americans Act) in better serving our constituency.			
5.09	Complete 90% (14,400 of 16,000) of initial eligibility determinations for IHSS within the 45-day County-imposed program mandate so individuals can remain safely in their own home.	July 1, 2020 to June 30, 2021		
5.10	Ensure 97% (24,638 of 25,400) of annual reassessments for IHSS are completed timely so older adults and persons with disabilities receive the appropriate level of care to remain safely in their own home, exceeding the State performance expectation of 80%.	July 1, 2020 to June 30, 2021		

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Goal # 6 SOCIAL PARTICIPATION

Goal: A range of social and community engagement opportunities exist for older adults to promote active living and enriching experiences across all age groups and generations.

Rationale: AIS' social participation team has the mission of increasing the number of older adults who stay active and engaged. Strategies include: increasing intergenerational activities, providing programs that are inclusive of people with dementia, making a special effort to engage with people who are socially isolated, and promoting opportunities for meaningful civic engagement.

#	OBJECTIVES	Projected Start and End Dates	Title IIIB Funded PD or C[4]	Update Status[5]
6.01	The Aging & Independence Services Intergenerational Coordinator will increase awareness of and use of intergenerational intervention models. Staff person will provide technical assistance and support on topics such as recruitment of older adult participants, program curricula and evaluation, and sustainability strategies. Partner agencies are non-OAA funded entities. The goal is to provide at least 50 instances of technical support per year, with at least 10 unduplicated community partners served each year.	July 1, 2020 to June 30, 2021		
6.02	In order to decrease social isolation for some of our community's most vulnerable and at-risk seniors, Retired and Senior Volunteer Program (RSVP) staff will work in partnership with police departments and the Sheriff's Department, to conduct 8,000 annual "You Are Not Alone" (YANA) home visits and 35,000 phone calls to frail, isolated older adults living at home. RSVP staff will track the number of visits and phone calls through reports from Senior Volunteer Patrol groups. YANA volunteers will be provided additional materials such as behavioral health resources, Meals on Wheels, and 2-1-1 San Diego, to better enable them to support home-bound older adults.	July 1, 2020 to June 30, 2021		
6.03	The Age Well Social Participation Team will work with partners to identify and engage socially isolated older adults. The Team will develop a "Get Connected" Guide designed to address social isolation by providing accessible and low-barrier ideas for older adults to become more engaged in their community. The Guide will include resources for individuals who are mobile and those who are homebound. The	July 1, 2020 to June 30, 2021		

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	Team will work with residents and community partners to distribute the Guide to older adults and their caregivers. The outcome measure will be the number of Guides distributed.			

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Goal # 7 DEMENTIA-FRIENDLY

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

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

#	OBJECTIVES	Projected Start and End Dates	Title IIIB Funded PD or C[4]	Update Status[5]
7.01	At the direction of the Board of Supervisors, AIS is working collaboratively on the Alzheimer's Project with community stakeholders/agencies to address Alzheimer's disease and develop improved and new resources to mitigate its multiple impacts. An Implementation Plan was developed and approved in March 2015 that is now guiding efforts to strengthen existing resources and usher in new supports in key areas: developing new pharmacological treatments, coordinating community responses to incidents of wandering, supporting caregivers, developing and training physicians on clinical standards for assessment, diagnosis and treatment, and raising the public's awareness of dementia issues. Accomplishments will be included in the Aging Roadmap Updates Report.	July 1, 2020 to June 30, 2021		
7.02	As the regional lead for Dementia Friends California, the Age Well Dementia-Friendly Team will conduct Dementia Friends sessions for community members and groups throughout the region. The sessions will provide education on communication tips, common misconceptions about dementia, and strategies for getting involved in making our communities more dementia-friendly. The AIS team will support the "Local Champions," who are certified to teach Dementia Friends sessions, by coordinating training requests and creating	July 1, 2020 to June 30, 2021		

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	and updating resources that are tailored to the San Diego region. Measures include session resources developed and number of new Dementia Friends trained.			
7.03	AIS staff and Age Well community partners will educate the community at large about brain health and issues related to Alzheimer's disease and related dementias (ADRD), reaching at least 500 individuals annually. (These are different topics than the material in the Dementia Friends sessions.)	July 1, 2020 to June 30, 2021		
7.04	In collaboration with the Age Well Social Participation Team, the Dementia-Friendly team will develop a toolkit designed to provide family caregivers with activities they can do with a person living with dementia. The activities included in the toolkit will offer accessible activities (music, art, physical activity, etc.) with modifications to meet individual needs. The team will revise the toolkit as needed based on community feedback.	July 1, 2020 to June 30, 2021		
7.05	AIS staff will work with HHSA – Public Health Services and coordinate a CDPH (California Department of Public Health) Healthy Brain Initiative (HBI) grant with major objectives that include: 1) develop an updated prevalence estimate for ADRD in our region; 2) integrate ADRD into local public health planning; 3) develop tools for clinicians to educate patients about brain health and cognitive impairment; 4) raise awareness of the risk of abuse for individuals with dementia; 5) educate caregivers on dementia resources, and 6) work with health systems to implement sustainable policies and procedures for best practices in clinical care. HBI accomplishments will be included in the Aging Roadmap Updates Report.	July 1, 2020 to June 30, 2021		

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Goal # 8 HEALTH & COMMUNITY SUPPORT

Goal: When changes and challenges in health occur, older adults and their families know how to find relevant resources, support, and care planning in their community.

Rationale: AIS' Health and Community Support team envisions communities where older adults have access to health care and community support, even as their needs change through the life course. Strategies to achieve this goal include: increasing awareness of existing resources, increasing access to, and use of, technology to support aging in place, and promoting village-like communities, where neighbors support each other.

#	OBJECTIVES	Projected Start and End Dates	Title IIIB Funded PD or C[4]	Update Status[5]
8.01	Manage the Veteran Directed Care Program at full census (30) for Veterans who are at risk of nursing home placement. Veterans enrolled in San Diego Veterans Independence Services at Any Age (SD-VISA) receive self-directed caregiving services and ongoing options counseling. The goal of SD-VISA is to allow Veterans to age in place with services which are coordinated between the VA Medical Center and other community-based services.	July 1, 2020 to June 30, 2021		
8.02	Provide Information and Assistance (I&A) through the Aging & Independence Services (AIS) Call Center 800 number to an average of 1,250 callers per month. The outcome will be measured by the AIS Call Center call management system. In fiscal year 18-19 we provide an average of 1,221 I&A calls per month.	July 1, 2020 to June 30, 2021		
8.03	Conduct an annual conference (called Vital Aging in odd years and Aging Summit in even years) to educate community organizations and the public on important issues. A subject theme is developed for each event. Outcomes will be measured by attendance at the event.	July 1, 2020 to June 30, 2021		
8.04	Continue to advance LGBT sensitivity efforts, in addition to other diversity awareness practices, through activities such as ensuring inclusive language on forms or hosting staff training activities.	July 1, 2020 to June 30, 2021		
8.05	Participate in the County's legislative process by annually identifying and submitting proposals to advocate for legislation that is consistent with Board of Supervisors policy positions which support the goals of AIS	July 1, 2020 to June 30, 2021		

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	programs. In addition, provide analyses on an ongoing basis on pending legislation that impacts AIS programs and recommend, when necessary, that the County support or oppose legislation. The Older Americans Act requires advocacy on behalf of older people and the process incorporates feedback on legislation reviewed by the AIS Advisory Council with recommendations developed through its protocols and in accordance with County policy. The outcome will be measured by proposals and analyses submitted to the Health and Human Services Agency Executive Office to be acted on by the County's Office of Strategy & Intergovernmental Affairs.			
8.06	AIS will foster a positive, strengths-based workforce through periodic leadership team meetings and an annual event for all staff.	July 1, 2020 to June 30, 2021		
8.07	Aging & Independence Services will promote access to and awareness of technology training programs for older adults by publicizing technology training opportunities on a regular basis through our monthly newsletter. In addition, AIS will support community partners to reach at least 500 older adults with brief technology training seminars and/or information on where to go to obtain affordable computers and technology training. The outcome will be that over 5,000 newsletter recipients will have the opportunity to learn about ongoing technology training opportunities for seniors and at least 500 older adults will receive brief technology training seminars and/or information on how to obtain affordable computers and technology training.	July 1, 2020 to June 30,2021		
8.08	Health Promotion staff will educate 160 seniors through evidence-based programs such as Chronic Disease Self-Management Education Program, Tai Chi: Moving For Better Balance, etc. These programs are noted as evidence-based programs 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, 2020 to June 30,2021		

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8.09	Health Promotion staff will lead two coalitions (Health Promotion Committee and Fall Prevention Task Force) focused on health issues to collaborate and leverage resources for the benefit of seniors. Staff will track programs and resources developed.	July 1, 2020 to June 30,2021		
8.10	In order to help reduce the risk of elder and dependent adult abuse in our community and increase knowledge of community supports and resources, AIS staff will conduct community presentations reaching at least 2,000 community members annually. These presentation topics will range from Elder Abuse and Aging & Independence Programs and Services to behavioral health and Advance Health Care planning. Staff will track the number of community members reached through these presentations.	July 1, 2020 to June 30,2021		
8.11	Health Promotion staff will promote, conduct, and maintain attendance at a minimum of 30 Feeling Fit exercise classes offered at senior centers and other locations serving at least 1,000 participants in one year. Health Promotion staff will track the number of classes offered and the number of participants in each session.	July 1, 2020 to June 30,2021		
8.12	The Age Well Health & Community Support Team will work with partners to increase awareness of 2-1-1 San Diego and the AIS call center, with special focus on underserved populations and communities that would benefit from knowledge of resources. Measures include education and outreach efforts, materials developed, and number reached with those materials.	July 1, 2020 to June 30, 2021		
8.13	Through the CalFresh Healthy Living program, educate at least 50 older adults on nutrition and the importance of physical activity.	July 1, 2020 to June 30, 2021		
8.14	Through the CalFresh Healthy Living program, engage 2 cohorts of low-income seniors in a PSE (Policy, System, and Environment) community improvement project.	July 1, 2020 to June 30, 2021		

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Goal # 9 HOUSING

Goal: 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.				
Rationale: Housing is a concern for people of all ages in our region, including older adults, The Housing team envisions communities where older adults have affordable housing options that are within walking distance of shops and services. The Housing team's strategies include increasing mixed-use zoning, initiating programs to prevent homelessness, increasing the affordable housing stock, and educating the community on the opportunities to construct accessory dwelling units (also called granny flats).				
#	**OBJECTIVES**	**Projected Start and End Dates**	**Title IIIB Funded PD or C [3]**	**Update Status [4]**
9.01	Continue working with partners to educate homeowners about the Accessory Dwelling Unit (ADU) building process, including permitting, planning, and fees. Measures include event attendance and number of residents who receive educational materials.	July 1, 2020 to June 30, 2021		

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Goal # 10 TRANSPORTATION

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

Rationale: The Transportation team has a vision of communities in which older adults can get around even if they can no longer drive. Strategies to achieve this vision include promoting the development of complete streets (that address the needs of all users, including pedestrians, cyclists, and public transit users), promoting smart growth and increasing awareness of transportation options.

#	OBJECTIVES	Projected Start and End Dates	Title IIIB Funded PD or C[4]	Update Status[5]
10.01	Continue to provide 180 roundtrips for non-emergency medical and other essential transportation. The outcome will be measured by client records maintained by AIS staff through Senior Options, Advocacy and Referrals (SOAR).	July 1, 2020 to June 30, 2021		
10.02	Address food insecurity by working with senior nutrition contractors to provide transportation for those clients not eligible for home delivered meals and also lack transportation to get to the nutrition center independently.	July 1, 2020 to June 30, 2021		
10.03	Complete development of "Ride Well to Age Well Guide," which catalogues transportation options for older adults by region in San Diego County. Work with community partners to distribute Guide in digital and paper versions and provide education regarding transportation options in San Diego County. Outcome measures include the number of Guides distributed.	July 1, 2020 to June 30, 2021		

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SECTION TEN
SERVICE UNIT PLAN (SUP) OBJECTIVES

SUP Projections funded by the
Older Americans Act
begin on the next page.

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

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

For services not defined in NAPIS, refer to the Service Categories and Data Dictionary and the National Ombudsman Reporting System (NORS) Instructions.

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

1. Personal Care (In-Home) **Unit of Service = 1 hour**

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	3,225	5	5.01
2021-2022			
2022-2023			
2023-2024			

2. Homemaker (In-Home) **Unit of Service = 1 hour**

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	12,275	5	5.01
2021-2022			
2022-2023			
2023-2024			

3. Chore (In-Home) **Unit of Service = 1 hour**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	1,100	8	8.02
2021-2022			
2022-2023			
2023-2024			

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

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

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NAPIS Service Category – "Other" Title III Services

- Each **Title IIIB** "Other" service must be an approved NAPIS Program service listed above on the "Schedule of Supportive Services (III B)" page of the Area Plan Budget (CDA 122) and the CDA Service Categories and Data Dictionary.

- Identify **Title IIIB** services to be funded that were not reported in NAPIS categories. (Identify the specific activity under the Other Supportive Service Category on the "Units of Service" line when applicable.)

Title IIIB, Other Priority and Non-Priority Supportive Services

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

- Other **Priority Supportive Services include**: Alzheimer's Day Care, Comprehensive Assessment, Health, Mental Health, Public Information, Residential Repairs/Modifications, Respite Care, Telephone Reassurance, and Visiting

- Other **Non-Priority Supportive Services include**: Cash/Material Aid, Community Education, Disaster Preparedness Materials, Emergency Preparedness, Employment, Housing, Interpretation/Translation, Mobility Management, Peer Counseling, Personal Affairs Assistance, Personal/Home Security, Registry, Senior Center Activities, and Senior Center Staffing

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

Table 15-a

Other Service Category: Visiting **Unit of Service: 1 Hour**

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers
2020-2021	50	4	4.05
2021-2022			
2022-2023			
2023-2024			

Table 15-b

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

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers
2020-2021	5,000	3	
2021-2022			

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2022-2023			
2023-2024			

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16. Title IIID/ Disease Prevention and Health Promotion

Instructions for Title IIID Disease Prevention and Health Promotion: Enter the name of the proposed program to be implemented, proposed units of service and the Program Goal and Objective number(s) that provide a narrative description of the program, and explain how the service activity meets the criteria for evidence-based programs described in PM 15-10 if not ACL approved.

Unit of Service = 1 contact

Service Activities: Evidence-based health promotion programs (Chronic Disease Self-Management Education [CDSME] and Tai Chi)

- **Title IIID/ Disease Prevention and Health Promotion:** Enter required program goal and objective numbers in the Title III D Service Plan Objective Table below:

Unit of Service = 1 contact

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (Required)
2020-2021	CDSME: 640; Tai Chi: 3240	8	8.08
2021-2022			
2022-2023			
2023-2024			

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

2020-2024 Four-Year Planning Cycle

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

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

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

Complete all Measures and Targets for Outcomes 1-3;

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

Measures and Targets:

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

1. FY 2018-2019 Baseline Resolution Rate: Number of complaints resolved 791 + number of partially resolved complaints 407 divided by the total number of complaints received 2,033 = Baseline Resolution Rate 58.9% FY 2020-2021 Target Resolution Rate 58 %
2. FY 2019-2020 Baseline Resolution Rate: Number of complaints partially or fully resolved _____ divided by the total number of complaints received _____ = Baseline Resolution Rate _____ % FY 2021-2022 Target Resolution Rate _____ %

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3. FY 2020 - 2021 Baseline Resolution Rate: Number of complaints partially or fully resolved_____divided by the total number of complaints received_____= Baseline Resolution Rate_____% FY 2022-2023 Target Resolution Rate_____%
4. FY 2021-2022 Baseline Resolution Rate: Number of complaints partially or fully resolved_____divided by the total number of complaints received_____= Baseline Resolution Rate_____% FY 2023-2024 Target Resolution Rate_____
Program Goals and Objective Numbers: _____

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

1. FY 2018-2019 Baseline: Number of Resident Council meetings attended 333 FY 2020-2021 Target: 320
2. FY 2019-2020 Baseline: Number of Resident Council meetings attended _____ FY 2021-2022 Target: _____
3. FY 2020-2021 Baseline: Number of Resident Council meetings attended _____ FY 2022-2023 Target: _____
4. FY 2021-2022 Baseline: Number of Resident Council meetings attended _____ FY 2023-2024 Target: _____
Program Goals and Objective Numbers: _____

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

1. FY 2018-2019 Baseline: Number of Family Council meetings attended 24 FY 2020-2021 Target: 20
2. FY 2019-2020 Baseline: Number of Family Council meetings attended _____ FY 2021-2022 Target: _____
3. FY 2020-2021 Baseline: Number of Family Council meetings attended _____ FY 2022-2023 Target: _____
4. FY 2021-2022 Baseline: Number of Family Council meetings attended _____ FY 2023-2024 Target: _____
Program Goals and Objective Numbers: _____

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

1. FY 2018-2019 Baseline: Number of Instances 2,098 FY 2020-2021 Target: 2,000
2. FY 2019-2020 Baseline: Number of Instances_____ FY 2021-2022 Target: _____

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3. FY 2020-2021 Baseline: Number of Instances_____ FY 2022-2023 Target: _____
4. FY 2021-2022 Baseline: Number of Instances_____ FY 2023-2024 Target: _____
Program Goals and Objective Numbers: _____

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

1. FY 2018-2019 Baseline: Number of Instances 15,778 FY 2020-2021 Target: 15,000
2. FY 2019-2020 Baseline: Number of Instances_____ FY 2021-2022 Target: _____
3. FY 2020-2021 Baseline: Number of Instances_____ FY 2022-2023 Target: _____
4. FY 2021-2022 Baseline: Number of Instances_____ FY 2023-2024 Target: _____
Program Goals and Objective Numbers: _____

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

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

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

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

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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 2020-2021
FY 2020-2021 Systems Advocacy Effort(s): (Provide one or more new systems advocacy efforts) Work with law enforcement entities to improve response and investigation of abuse complaints; continue attending committees and supportive decision-making work groups.
FY 2021-2022
Outcome of FY 2020-2021 Efforts: **FY 2021-2022 Systems Advocacy Effort(s):** (Provide one or more new systems advocacy efforts)
FY 2022-2023
Outcome of FY 2021-2022 Efforts: **FY 2022-2023 Systems Advocacy Effort(s):** (Provide one or more new systems advocacy efforts)
FY 2023-2024
Outcome of 2022-2023 Efforts: **FY 2023-2024 Systems Advocacy Effort(s):** (Provide one or more new systems advocacy efforts)

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

Measures and Targets:

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

1. FY 2018-2019 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint 87 divided by the total number of Nursing Facilities 87 = Baseline 100 % FY 2020-2021 Target: 100 %
2. FY 2019-2020 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 2021-2022 Target: %
3. FY 2020-2021 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 2022-2023 Target: %
4. FY 2021-2022 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 2023-2024 Target: %
Program Goals and Objective Numbers: _____

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

1. FY 2018-2019 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint 541 divided by the total number of RCFEs 591 = Baseline 91.5 % FY 2020-2021 Target: 90 %

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2. FY 2019-2020 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 2021-2022 Target: %
3. FY 2020-2021 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 2022-2023 Target: %
4. FY 2021-2022 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 2023-2024 Target: %
Program Goals and Objective Numbers: _____

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

1. FY 2018-2019 Baseline:11.25__FTEs FY 2020-2021 Target: 11.25___FTEs
2. FY 2019-2020 Baseline:_____FTEs FY 2021-2022 Target:_____FTEs
3. FY 2020-2021 Baseline:_____FTEs FY 2022-2023 Target:_____FTEs
4. FY 2021-2022 Baseline:_____FTEs FY 2023-2024 Target:_____FTEs
Program Goals and Objective Numbers: _____

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

1. FY 2018-2019 Baseline: Number of certified LTC Ombudsman volunteers 94_____ FY 2020-2021 Projected Number of certified LTC Ombudsman volunteers 80_____
2. FY 2019-2020 Baseline: Number of certified LTC Ombudsman volunteers _____ FY 2021-2022 Projected Number of certified LTC Ombudsman volunteers _____
3. FY 2020-2021 Baseline: Number of certified LTC Ombudsman volunteers _____ FY 2022-2023 Projected Number of certified LTC Ombudsman volunteers _____
4. FY 2021-2022 Baseline: Number of certified LTC Ombudsman volunteers _____ FY 2023-2024 Projected Number of certified LTC Ombudsman volunteers _____

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Program Goals and Objective Numbers: _____

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

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

Some examples could include:

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

Our program will hire additional staff and provide trainings for Volunteers at Quarterly Regional Meetings on reporting activity accurately, consistently, and timely.

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TITLE VIIA ELDER ABUSE PREVENTION SERVICE UNIT PLAN OBJECTIVES

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

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

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

AAAs must provide one or more of the service categories below.
NOTE: The number of sessions refers to the number of presentations and not the number of attendees

- **Public Education Sessions** –Indicate the total number of projected education sessions for the general public on the identification, prevention, and treatment of elder abuse, neglect, and exploitation.

- **Training Sessions for Professionals** –Indicate the total number of projected training sessions for professionals (service providers, nurses, social workers) on the identification, prevention, and treatment of elder abuse, neglect, and exploitation.

- **Training Sessions for Caregivers Served by Title IIIE** –Indicate the total number of projected training sessions for unpaid family caregivers who are receiving services under Title IIIE of the Older Americans Act (OAA) on the identification, prevention, and treatment of elder abuse, neglect, and exploitation. Older Americans Act Reauthorization Act of 2016, Section 302(3) 'Family caregiver' means an adult family member, or another individual, who is an informal provider of in-home and community care to an older individual or to an individual with Alzheimer's disease or a related disorder with neurological and organic brain dysfunction.

- **Hours Spent Developing a Coordinated System to Respond to Elder Abuse** –Indicate the number of hours to be spent developing a coordinated system to respond to elder abuse. This category includes time spent coordinating services provided by the AAA or its contracted service provider with services provided by Adult Protective Services, local law enforcement agencies, legal services providers, and other agencies involved in the protection of elder and dependent adults from abuse, neglect, andexploitation.

- **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.

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TITLE VIIA ELDER ABUSE PREVENTION SERVICE UNIT PLAN OBJECTIVES

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

Fiscal Year	Total # of Public Education Sessions
2020-2021	0
2021-2022	
2022-2023	
2023-2024	

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

Fiscal Year	Total # of Training Sessions for Caregivers served by Title IIIE
2020-2021	0
2021-2022	
2022-2023	
2023-2024	

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

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

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Fiscal Year	Total # of Copies of Educational Materials to be Distributed	Description of Educational Materials
2023-2024		

Fiscal Year	Total Number of Individuals Served
2020-2021	100
2021-2022	
2022-2023	
2023-2024	

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TITLE IIIE SERVICE UNIT PLAN OBJECTIVES

CCR Article 3, Section 7300(d)

2020-2024 Four-Year Planning Period

This Service Unit Plan (SUP) uses the five broad federally mandated service categories. Refer to the CDA Service Categories and Data Dictionary Revisions Effective July 2018 for eligible activities and service unit measures. Specify proposed audience size or units of service for ALL budgeted funds.

Direct and/or Contracted IIIE Services

CATEGORIES	1	2	3
Family Caregiver Services Caring for Elderly	***Proposed* Units of Service**	***Required* Goal #(s)**	***Optional* Objective #(s)**
Information Services	**# of activities and Total est. audience for above**		
2020-2021	# of activities: 2,000 Total est. audience for above: 12,000	1	
2021-2022	# of activities: Total est. audience for above:		
2022-2023	# of activities: Total est. audience for above:		
2023-2024	# of activities: Total est. audience for above:		
Access Assistance	**Total contacts**		
2020-2021	800	1	
2021-2022			
2022-2023			
2023-2024			

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Access Assistance	**Total contacts**		
Support Services	**Total hours**		
2020-2021	10,000	1	
2021-2022			
2022-2023			
2023-2024			
Respite Care	**Total hours**		
2020-2021	12,000	1	
2021-2022			
2022-2023			
2023-2024			
Supplemental Services	**Total occurrences**		
2020-2021	2,000	1	
2021-2022			
2022-2023			
2023-2024			

Direct and/or Contracted IIIE Services

Grandparent Services Caring for Children	***Proposed* Units of Service**	***Required* Goal #(s)**	***Optional* Objective #(s)**
Information Services	**# of activities and Total est. audience for above**		
2020-2021	# of activities: 6 Total est. audience for above: 400	1	
2021-2022	# of activities: Total est. audience for above:		
2022-2023	# of activities: Total est. audience for above:		
2023-2024	# of activities: Total est. audience for above:		

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Grandparent Services Caring for Children	***Proposed* Units of Service**	***Required* Goal #(s)**	***Optional* Objective #(s)**
Access Assistance	**Total contacts**		
2020-2021	400	1	
2021-2022			
2022-2023			
2023-2024			
Support Services	**Total hours**		
2020-2021	0		
2021-2022			
2022-2023			
2023-2024			
Respite Care	**Total hours**		
2020-2021	16,000	1	
2021-2022			
2022-2023			
2023-2024			
Supplemental Services	**Total occurrences**		
2020-2021	0		
2021-2022			
2022-2023			
2023-2024			

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

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

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

STATE & FEDERAL PERFORMANCE TARGETS: The Administration for Community Living (ACL) establishes targets for the State Health Insurance Assistance Program (SHIP)/HICAP performance measures (PMs). ACL introduced revisions to the SHIP PMs in late 2016 in conjunction with the original funding announcement (ref HHS-2017-ACL-CIP-SAPG-0184) for implementation with the release of the Notice of Award (Grant No. 90SAPG0052-01-01 issued July 2017).

The new five federal PMs generally reflect the former seven PMs (PM 2.1 through PM 2.7), except for PM 2.7, (Total Counseling Hours), which was removed because it is already being captured under the *SHIP Annual Resource Report*. As a part of these changes, ACL eliminated the performance-based funding scoring methodology and replaced it with a Likert scale comparison model for setting National Performance Measure Targets that define the proportional penetration rates needed for improvements.

Using ACL's approach, CDA HICAP provides State and Federal Performance Measures with goal-oriented targets for each AAA's Planning and Service Area (PSA). One change to all PMs is the shift to county-level data. In general, the State and Federal Performance Measures include the following***:***

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

AAA's should demonstrate progress toward meeting or improving on the Performance requirements established by CDA and ACL as is displayed annually on the *HICAP State and Federal Performance Measures* tool located online at: https://www.aging.ca.gov/Providers_and_Partners/Area_Agencies_on_Aging/#pp-planning. (Reference CDA PM 17-11 for further discussion, including current HICAP Performance Measures and Definitions).

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

HICAP Legal Services Units of Service (if applicable) [6]

Fiscal Year (FY)	3.1 Estimated Number of Clients Represented Per FY (Unit of Service)	Goal Numbers
2020-2021	400	5
2021-2022		
2022-2023		
2023-2024		

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

Fiscal Year (FY)	3.3 Estimated Number of Program Consultation Hours Per FY (Unit of Service)	Goal Numbers
2020-2021	500	5
2021-2022		
2022-2023		
2023-2024		

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

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SECTION ELEVEN
FOCAL POINTS

COMMUNITY FOCAL POINTS LIST

CCR Title 22, Article 3, Section 7302(a)(14), 45 CFR Section 1321.53(c), (Older Americans Act Reauthorization Act of 2016, Section 306(a)

In the form below, provide the current list of designated community focal points and their addresses. This information must match the total number of focal points reported in the National Aging Program Information System (NAPIS) State Program Report (SPR), i.e., California Aging Reporting System, NAPISCare, Section III.D.

Designated Community Focal Point	Address
Aging & Independence Services is the Community Focal Point for PSA 23, San Diego County	5560 Overland Avenue, Suite 300 San Diego CA 92123 1-800-339-4661

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SECTION TWELVE
DISASTER PREPAREDNESS

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

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

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
Naomi Chavez	Deputy Director	Office: 858-495-5251 Cell: 619-496-7395	Naomi.Chavez@sdcounty.ca.gov

3. Identify the Disaster Response Coordinator within the AAA:

Name	Title	Telephone	Email
Renée Sherrill	Principal Admin Analyst	Office: 858-505-6541 Cell: 858-242-7792	Renee.Sherrill@sdcounty.ca.gov

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

Critical Services	How Delivered?
AIS Administration: < 1 hour recovery	• EOC, DOC Responders • COOP Coordination • CDA Special Populations Coordination • Manage facilities issues • Check on status of contractors

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AIS Call Center: < 1 hour recovery	• Take mandated abuse reports • Provide information and assistance • Do phone calls to check on known AIS clients in impacted areas • Contact vulnerable clients impacted by event (i.e., power outage, potential evacuees, etc.)
APS: < 4 hour recovery	• Investigate abuse reports • Provide emergency purchase of services • Cross reporting • Contact vulnerable clients to check on status • Deploy to shelters as part of VASAT team
Ombudsman: < 24 hour recovery	• Investigate complaints in care facilities • Conduct site visits • Cross reporting

5. List any agencies with which the AAA has formal emergency preparation or response agreements.
   - AIS has roles in the *Operational Area Emergency Plan, Annex G, Care and Shelter Operations, Annex Q, Evacuation.*
   - All service and supply contracts deemed essential in an emergency include disaster preparedness and response language.

6. Describe how the AAA will:
   - Identify vulnerable populations.
     - AIS, with OES, will GIS map vulnerable clients during disasters.
   - Follow-up with these vulnerable populations after a disaster event.
     - The AIS Call Center calls vulnerable populations potentially impacted by disasters.
     - AIS, with OES, is exploring the use of reverse 911 system to streamline communication.

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SECTION THIRTEEN
PRIORITY SERVICES

2020-2024 Four-Year Planning Cycle
Funding for Access, In-Home Services, and Legal Assistance

The CCR, Article 3, Section 7312, requires the AAA to allocate an "adequate proportion" of federal funds to provide Access, In-Home Services, and Legal Assistance in the PSA. The annual minimum allocation is determined by the AAA through the planning process. The minimum percentages of applicable Title III B funds[7] 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 2020-21 through FY 2023-2024

Access:

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

2020-21 40 % 21-22 40 % 22-23 40 % 23-24 40 %

In-Home Services:

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

2020-21 17 % 21-22 17 % 22-23 17 % 23-24 17 %

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

Legal Assistance Required Activities:[8]

2020-21 3 % 21-22 3 % 22-23 3 % 23-24 3 %

Explain how allocations are justified and how they are determined to be sufficient to meet the need for the service within the PSA.

Title III B funds to be the minimum expended in the categories of Access, In-Home Services, and Legal Assistance have been determined to meet the need for these services within PSA 23. Aging & Independence Services continually assessed the allocation of funds to services and will make adjustments if needed.

7 Minimum percentages of applicable funds are calculated on the annual Title IIIB baseline allocation, minus Title IIIB administration and minus Ombudsman. At least one percent of the final Title IIIB 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

8 Legal Assistance must include all the following activities: Legal Advice, Representation, Assistance to the Ombudsman Program and Involvement in the Private Bar.

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SECTION FOURTEEN
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 IIIB	**20-21**	**21-22**	**22-23**	**23-24**
☒ Information and Assistance	☒	☒	☒	☒
☒ Case Management	☒	☒	☒	☒
☐ Outreach	☐	☐	☐	☐
☐ Program Development	☐	☐	☐	☐
☐ Coordination	☐	☐	☐	☐
☒ Long Term Care Ombudsman	☒	☒	☒	☒
Title IID	**20-21**	**21-22**	**22-23**	**23-24**
☒ Disease Prevention and Health Promo.	☒	☒	☒	☒
Title IIIE[9]	**20-21**	**21-22**	**22-23**	**23-24**
☒ Information Services	☒	☒	☒	☒
☒ Access Assistance	☒	☒	☒	☒
☒ Support Services	☒	☒	☒	☒
Title VIIA	**20-21**	**21-22**	**22-23**	**23-24**
☒ Long Term Care Ombudsman	☒	☒	☒	☒
Title VII	**20-21**	**21-22**	**22-23**	**23-24**
☒ Prevention of Elder Abuse, Neglect, and Exploitation.	☒	☒	☒	☒

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

METHODS TO ASSURE THAT 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;

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- 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 seniors 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 Language Line for interpretation services;
- Preparing outreach materials in other languages and distributing these in the community.

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9 Refer to PM 11-11 for definitions of Title III E categories.

SECTION FIFTEEN
REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES

Older Americans Act Reauthorization Act of 2016 Section 307(a)(8)
CCR Article 3, Section 7320(c), W&I Code Section 9533(f)

Complete and submit for CDA approval a separate Section 15 for each direct service not specified in Section 14. The request for approval may include multiple funding sources for a specific service.

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

Identify Service Category: Nutrition Education – Registered Dietitian

Check applicable funding source:[10]

☐ IIIB

☒ IIIC-1

☒ IIIC-2

☐ IIID

☐ IIIE

☐ VIIA

☐ 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 20-21** ☒ **FY 21-22** ☒ **FY 22-23** ☒ **FY 23-24**

Provide: documentation below that substantiates this request for direct delivery of the above stated service[11]: Staffing the AIS 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.

10 Section 15 does not apply to Title V (SCSEP).
11 For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs agree.

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SECTION 15 - REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES **PSA 23**

Older Americans Act Reauthorization Act of 2016 Section 307(a)(8)
CCR Article 3, Section 7320(c), W&I Code Section 9533(f)

Complete and submit for CDA approval a separate Section 15 for each direct service not specified in Section 14. 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: Personal Care – via SOAR Program (Senior Options, Advocacy & Referral)

Check applicable funding source:[10]

☒ IIIB

☐ IIIC-1

☐ IIIC-2

☐ IIID

☐ IIIE

☐ VIIA

☐ 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 20-21** ☒ **FY 21-22** ☒ **FY 22-23** ☒ **FY 23-24**

Provide: documentation below that substantiates this request for direct delivery of the above stated service[11]: Staff authorizes 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 and efficient use of program funds.

10 Section 15 does not apply to Title V (SCSEP).
11 For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs agree.

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SECTION 15 - REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES **PSA 23**

Older Americans Act Reauthorization Act of 2016 Section 307(a)(8)
CCR Article 3, Section 7320(c), W&I Code Section 9533(f)

Complete and submit for CDA approval a separate Section 15 for each direct service not specified in Section 14. 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: Homemaker – via SOAR Program (Senior Options, Advocacy and Referral)

Check applicable funding source:[10]

☒ IIIB

☐ IIIC-1

☐ IIIC-2

☐ IIID

☐ IIIE

☐ VIIA

☐ 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 20-21** ☒ **FY 21-22** ☒ **FY 22-23** ☒ **FY 23-24**

Provide: documentation below that substantiates this request for direct delivery of the above stated service[11]: Staff authorizes 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 and efficient use of program funds.

10 Section 15 does not apply to Title V (SCSEP).
11 For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs agree.

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SECTION 15 - REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES PSA 23

Older Americans Act Reauthorization Act of 2016 Section 307(a)(8)
CCR Article 3, Section 7320(c), W&I Code Section 9533(f)

Complete and submit for CDA approval a separate Section 15 for each direct service not specified in Section 14. 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: Assisted Transportation – via SOAR Program (Senior Options, Advocacy and Referral)

Check applicable funding source:[10]

☒ IIIB

☐ IIIC-1

☐ IIIC-2

☐ IIID

☐ IIIE

☐ VIIA

☐ 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 20-21** ☒ **FY 21-22** ☒ **FY 22-23** ☒ **FY 23-24**

Provide: documentation below that substantiates this request for direct delivery of the above stated service[11]: Staff authorizes 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 and efficient use of program funds.

10 Section 15 does not apply to Title V (SCSEP).
11 For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs agree.

PSA 23

SECTION 15 - REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES

Older Americans Act Reauthorization Act of 2016 Section 307(a)(8)
CCR Article 3, Section 7320(c), W&I Code Section 9533(f)

Complete and submit for CDA approval a separate Section 15 for each direct service not specified in Section 14. 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: Respite – via SOAR Program (Senior Options, Advocacy and Referral)

Check applicable funding source:[10]

☐ IIIB

☐ IIIC-1

☐ IIIC-2

☐ IIID

☒ IIIE

☐ VIIA

☐ 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 20-21** ☒ **FY 21-22** ☒ **FY 22-23** ☒ **FY 23-24**

Provide: documentation below that substantiates this request for direct delivery of the above stated service[11]: Staff authorizes 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 and efficient use of program funds.

10 Section 15 does not apply to Title V (SCSEP).
11 For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs agree.

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SECTION 15 - REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES PSA 23

Older Americans Act Reauthorization Act of 2016 Section 307(a)(8)
CCR Article 3, Section 7320(c), W&I Code Section 9533(f)

Complete and submit for CDA approval a separate Section 15 for each direct service not specified in Section 14. 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: Disaster Preparedness Materials – Heat and power outage flyers

Check applicable funding source:[10]

☒ IIIB

☐ IIIC-1

☐ IIIC-2

☐ IIID

☐ IIIE

☐ VIIA

☐ 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 20-21** ☒ **FY 21-22** ☒ **FY 22-23** ☒ **FY 23-24**

Provide: documentation below that substantiates this request for direct delivery of the above stated service[11]: Staff authorizes 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 and efficient use of program funds.

10 Section 15 does not apply to Title V (SCSEP).
11 For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs agree.

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SECTION SIXTEEN
GOVERNING BOARD

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

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

Total Number of Board Members: 5

Name and Title of Officers:	Office Term Expires:
Greg Cox, Chairman – District 1	2020
Jim Desmond, Vice-Chairman – District 5	2022

Names and Titles of All Members:	Board Term Expires:
Greg Cox, Supervisor – District 1	2020
Dianne Jacob, Supervisor – District 2	2020
Kristin Gaspar, Supervisor – District 3	2020
Nathan Fletcher, Supervisor – District 4	2022
Jim Desmond, Supervisor – District 5	2022

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

Supervisors Cox and Jacob will be termed out in 2020. Supervisor Gaspar is seeking reelection for a second, four-year term.

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SECTION SEVENTEEN
ADVISORY COUNCIL

ADVISORY COUNCIL MEMBERSHIP
2020-2024 Four-Year Planning Cycle

Older Americans Act Reauthorization Act of 2016 Section 306(a)(6)(D)
45 CFR, Section 1321.57
CCR Article 3, Section 7302(a)(12)

Total Council Membership (include vacancies): 30 (25 filled seats)

Number of Council Members over age 60: 12 (48% of filled seats)

Race/Ethnic Composition	% of PSA's 60+Population	% on Advisory Council
White	69	68
Hispanic	16	12
Black	3	4
Asian/Pacific Islander	10	16
Native American/Alaskan Native	1	0
Other	1	0

*Source: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit. (2015). San Diego County Senior Health Report. Retrieved 2/12/19 from www.SDHealthStatistics.com.

Name and Title of Officers:		Office Term Expires:
Taylor, Lorelei Chair	(2nd Term)	10/11/22
Osborne, John 1st Vice Chair	Supervisorial District #3 – K. Gaspar (1st Term)	1/4/21
Fields, La Rue 2nd Vice Chair	Supervisorial District #1 – G. Cox (1st Term)	9/11/20
Huber, Stephen Secretary	(1st Term)	5/12/23

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Name and Title of other members:		Office Term Expires:
Arcadi, Ellen	Supervisorial District #2 – D. Jacob (2nd Term)	1/4/21
Bahmani, Rosemarie	Supervisorial District #3 – K. Gaspar (1st Term)	1/4/21
Bonilla, Judi	(2nd Term)	5/13/21
Cadmus, Morgan	(1st Term)	2/11/23
DeLeo, Patricia	(1st Term – partial)	9/9/23
Detsky-Weil, Faye	(1st Term)	7/8/23
Flynn, Monica	Supervisorial District #4 – N. Fletcher (1st Term)	1/2/23
Garbanzos, Joe	Supervisorial District #1 – G. Cox (1st Term)	1/4/21
Kagan, Ted	Supervisorial District #2 – D. Jacob (3rd Term)	1/4/21
Lulla, Bijou	(1st Term)	12/8/22
Maeoka, Chris	(1st Term)	7/12/23
Miller, Jack	(2nd Term)	10/13/22
Monarrez, Paul	(1st Term - partial)	10/8/20
Monge, Luis	Supervisorial District #1 – G. Cox (2nd Term)	1/4/21
Prager, Linda	(2nd Term)	10/13/22
Selder, Christina	(1st Term)	4/14/22
Simon, Jacqueline	Supervisorial District #5 – J. Desmond (1st Term)	1/2/23
Smith, Wanda	(1st Term)	9/9/23
Tran, Kim	Supervisorial District #4 – N. Fletcher (1st Term)	1/2/23
Valoff, Susan	(1st Term)	4/9/20
Weber, Darlene	Supervisorial District #5 – J. Desmond (2nd Term)	1/2/23
(vacant)		
(vacant)		
(vacant)		
(vacant)		
(vacant)		

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

Yes No
☒ ☐ Low Income Representative
☒ ☐ Disabled Representative
☒ ☐ Supportive Services Provider Representative
☒ ☐ Health Care Provider Representative
☒ ☐ Family Caregiver Representative
☐ ☒ Local Elected Officials
☒ ☐ Individuals with Leadership Experience in Private and Voluntary Sectors

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

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

Currently, there are five vacancies, with several potential candidates. 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 County Supervisor as appropriate. Recruitment is ongoing for all expiring terms. For those eligible for a second term, the offer is made to remain on the Council when deemed advisable by the Executive & Membership Committee. Due to COVID-19, recruitment has been temporarily on hold.

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

Each member of the 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 is 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 Supervisors 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 San Diego County Clerk of the Board website or at the Area Agency on Aging office. The Council Executive & Membership Subcommittee reviews applications and makes recommendations to the Council regarding seating applicants.

Officers are seated annually at the September Council meeting.

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SECTION EIGHTEEN
LEGAL ASSISTANCE

2020-2024 Four-Year Area Planning Cycle

This section must be completed and submitted annually. The Older Americans Act Reauthorization Act of 2016 designates legal assistance as a priority service under Title III B [42 USC §3026(a)(2)] [12] CDA developed *California Statewide Guidelines for Legal Assistance* (Guidelines), which are to be used as best practices by CDA, AAAs and LSPs in the contracting and monitoring processes for legal services, and located at: https://aging.ca.gov/Providers_and_Partners/Legal_Services/#pp-gg

1. Specific to Legal Services, what is your AAA's Mission Statement or Purpose Statement? Statement must include Title IIIB requirements: **Discuss:**

   Legal Services is contracted out to a service agency and as such does not maintain a separate mission statement from this PSA's general mission statement. Title IIB is referenced in the statement of work within the contract as a part of the Title IIIB requirements.

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

   6% is allocated to Legal Services.

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

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

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

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

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

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

12 For Information related to Legal Services, contact Chisorom Okwuosa at 916 419-7500 or chisorom.okwuosa@aging.ca.gov

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6. Specific to Legal Services, does the AAA collaborate with the Legal Services Provider(s) to jointly identify the target population? If so, what is the targeted senior population in your PSA. **AND** what mechanism is used for reaching the target population? **Yes/No, Discuss:**

   Yes. The targeted populations are seniors sixty (60) years and older, with priority given to minority clients, and to cases involving public benefits, landlord/tenant disputes, elder abuse, health care problems, consumer fraud and legal protective services. Special priority is provided to homebound and isolated seniors and those with the greatest economic and social needs. Family Caregivers providing care for seniors, age sixty (60) years and older, are also a targeted population. Priority is given to those with the greatest economic and social needs and those providing care for individuals with Alzheimer's disease. Please see #10 below for discussion of the mechanism for reaching the Legal Services' target population.

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

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

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

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

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2022-2023	TBD by new procurement. Unknown # of service providers overall in this area*. Assessing this query is untenable. This is partially due to the illusive nature in defining "legal assistance provider" as it might be related to firms already in service to our population, or more generally, for firms that in theory that might be recruited into our service network; furthermore, given the full field of law firms and non-profit service organizations in our particular urban, suburban, rural PSA, that might be providing pro-bono, or core legal services to their population, and thus the raw number thereof, we are not aware of a mechanism to so ascertain.*
2023-2024	TBD by new procurement. Unknown # of service providers overall in this area*. Assessing this query is untenable. This is partially due to the illusive nature in defining "legal assistance provider" as it might be related to firms already in service to our population, or more generally, for firms that in theory that might be recruited into our service network; furthermore, given the full field of law firms and non-profit service organizations in our particular urban, suburban, rural PSA, that might be providing pro-bono, or core legal services to their population, and thus the raw number thereof, we are not aware of a mechanism to so ascertain.*

9. Does your PSA have a hotline for legal services? **Yes/No, Discuss:**

   There is not a specific hotline just for these services. This PSA has a Call Center that operates 24 hours/day and provides information and referrals for these and other services.

10. What methods of outreach are Legal Services providers using? Discuss:

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

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

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

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

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

12. Discuss how older adults access Legal Services in your PSA: **Discuss:**

    Please refer to the discussion in #10 above.

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

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

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

14. In the past four years, has there been a change in the types of legal issues handled by the TIIIB legal provider(s) in your PSA? **Discuss:**

    Other than meeting the challenges associated with needs identified in #3 above, there have not been any significant changes in the types of legal issues handled by the TIII-B legal provider.

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

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

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16. What other organizations or groups does your legal service provider coordinate services with?
Discuss:

Provider and other legal programs in the geographic area regularly cross-refer and cooperate on cases. The provider coordinates services with 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, and with other specialty nonprofit legal services providers in the community.

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

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SECTION NINETEEN
MULTIPURPOSE SENIOR CENTER ACQUISITION OR CONSTRUCTION
COMPLIANCE REVIEW [13]

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.

Title III Grantee and/or Senior Center (complete the chart below):

Title III Grantee and/or Senior Center	Type Acq/Const	III B Funds Awarded	% Total Cost	Recapture Period		Compliance Verification State Use Only
				Begin	Ends	
Name: Address:						
Name: Address:						
Name: Address:						
Name: Address:						

13 Acquisition is defined as obtaining ownership of an existing facility (in fee simple or by lease for 10 years or more) for use as a Multipurpose Senior Center.

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SECTION TWENTY
FAMILY CAREGIVER SUPPORT PROGRAM

Notice of Intent for Non-Provision of FCSP Multifaceted Systems of Support Services
Older Americans Act Reauthorization Act of 2016,
Section 373(a) and (b)

2020–2024 Four-Year Planning Cycle

Based on the AAA's review of current support needs and services for **family caregivers** and **grandparents** (or other older relative of a child in the PSA), indicate what services the AAA **intends** to provide using Title III E and/or matching FCSP funds for both family caregivers and grandparents/older relative caregivers.

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 a service, a justification for each service is required in the space below.**

Family Caregiver Services

Category	2020-2021	2021-2022	2022-2023	2023-2024
Family Caregiver Information Services	☒Yes ☐No ☒Direct ☒Contract	☒Yes ☐No ☒Direct ☒Contract	☒Yes ☐No ☒Direct ☒Contract	☒Yes ☐No ☒Direct ☒Contract
Family Caregiver Access Assistance	☒Yes ☐No ☐Direct ☒Contract	☒Yes ☐No ☐Direct ☒Contract	☒Yes ☐No ☐Direct ☒Contract	☒Yes ☐No ☐Direct ☒Contract
Family Caregiver Support Services	☒Yes ☐No ☐Direct ☒Contract	☒Yes ☐No ☐Direct ☒Contract	☒Yes ☐No ☐Direct ☒Contract	☒Yes ☐No ☐Direct ☒Contract
Family Caregiver Respite Care	☒Yes ☐No ☒Direct ☒Contract	☒Yes ☐No ☒Direct ☒Contract	☒Yes ☐No ☒Direct ☒Contract	☒Yes ☐No ☒Direct ☒Contract
Family Caregiver Supplemental Services	☒Yes ☐No ☐Direct ☒Contract	☒Yes ☐No ☐Direct ☒Contract	☒Yes ☐No ☐Direct ☒Contract	☒Yes ☐No ☐Direct ☒Contract

*Refer to PM 11-11 for definitions for the above Title IIIE categories.

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Grandparent Services

Category	2020-2021	2021-2022	2022-2023	2023-2024
Grandparent Information Services	☒Yes ☐No ☐Direct ☒Contract	☒Yes ☐No ☐Direct ☒Contract	☒Yes ☐No ☐Direct ☒Contract	☒Yes ☐No ☐Direct ☒Contract
Grandparent Access Assistance	☒Yes ☐No ☐Direct ☒Contract	☒Yes ☐No ☐Direct ☒Contract	☒Yes ☐No ☐Direct ☒Contract	☒Yes ☐No ☐Direct ☒Contract
Grandparent Support Services	☐Yes ☒No ☐Direct ☐Contract	☐Yes ☒No ☐Direct ☐Contract	☐Yes ☒No ☐Direct ☐Contract	☐Yes ☒No ☐Direct ☐Contract
Grandparent Respite Care	☒Yes ☐No ☐Direct ☒Contract	☒Yes ☐No ☐Direct ☒Contract	☒Yes ☐No ☐Direct ☒Contract	☒Yes ☐No ☐Direct ☒Contract
Grandparent Supplemental Services	☐Yes ☒No ☐Direct ☐Contract	☐Yes ☒No ☐Direct ☐Contract	☐Yes ☒No ☐Direct ☐Contract	☐Yes ☒No ☐Direct ☐Contract

*Refer to PM 11-11 for definitions for the above Title III E categories.

Justification: For each service category checked "no", explain how it is being addressed within the PSA. The justification must include the following:

- Provider name and address of agency
- Description of the service
- Where the service will be provided (entire PSA, certain counties, etc.)
- Information that influenced the decision not to provide the service (research, feedback from needs assessment, survey of senior population in PSA, etc.)
- How the AAA ensures the service continues to be provided in the PSA without the use of Title IIIE funds

AIS (PSA#23) does not use Title IIIE funds for Grandparent Support Services nor Supplemental Services due to insufficient funding. Instead, the County contributes its own funds to the YMCA Youth & Family Services, 3708 Ruffin Road, San Diego, CA 92123, to provides services in the area.

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

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Supplemental Services provided: (a) Emergency funds, (b) removing barriers for making and maintaining placements with relative caregivers (Grandparent caregivers), (c) the above including purchasing additional furniture and equipment, paying rent deposits etc.

Aging & Independence Services does provide Supplemental Services via emergency funds for Grandparents Raising Grandchildren using General Purpose Revenue (GPR). This emergency fund covers items such as emergency rent, bedroom furniture for grandchildren joining the home and security deposits if needing to move to a bigger home.

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SECTION TWENTY- ONE
ORGANIZATION CHART

HEALTH AND HUMAN SERVICES AGENCY

AIS ADVISORY BODIES
- AIS ADVISORY COUNCIL
- IHSS ADVISORY COMMITTEE
- RSVP ADVISORY COUNCIL

Will Quintong — OMVA Director

Mark Sellers, LaShaunda Gaines — PA/PG/PC Director

AGING & INDEPENDENCE SERVICES
Kimberly Gallo — AAS Director
- B. Castillo - Adm Sec III 1

Naomi Chavez — Deputy Director Operations
- C. Boyer - Adm Sec II 1
- Epidemiologist II
- R. Sherrill - PAA 1
  - Sr. OA 1
  - OA 2

VACANT — AIS Assistant Director
- K. Bremner - Adm Sec II 1
- S. Boose - SDHRO
  - DHRO 1

Wendy Contreras — Deputy Director Operations

Health/Community
K. Smith - Chief 1

- **Dementia**
  - M. Mumman 1
  - APS I 1
- **Health Promotion**
  - R. Ramirez 1
  - CHPS II 1
  - HIS II 2
- **Admin Support**
  - S. Jackson-APS IV 1

Community Unit
N. Garcia - APS IV 1
- OA 0.5
- **RSVP**
  - APS III 1
  - APS II 1
- **Outreach/Caregiver**
  - APS III 1
  - APS II 3
- **Intergenerational**
  - APS III 1

Aging Roadmap
C. Patch 1

Chief
Vacant 1

- **Contracts**
  - Analyst III 2
  - Analyst II 4
  - Nutrutionist Mgr 1
- **Admin Unit**
  F. Roxas - AAIII 1
  - Analyst II 3
- **Admin Support**
  - S. Yaghmaee-PAA 1
- **Data**
  - Analyst II 1

Budget / Facilities
J. Zhou-DBM 1

- **Budget**
  - C. Mayfield 1
- **Fiscal**
  - Y. Padro Sr Acct 1
  - Assc Acct 3
  - Acct Tech 2
  - Staff Acct 1
  - ACS 3
  - AC 0

APS/SR Team/SCM
C. Alire - PSPM 1

- **APS AT**
  - Admin Sec I 1
  - APS Sup 1
  - Sr APS Spc 1
  - APS Spc 1
  - OA 1.5
- **APS Oceanside**
  - APS Sup 1
  - Sr APS Spc 1
  - APS Spc 5
  - LMHC 1
- **APS Escondido**
  - APS Sup 1
  - Sr APS Spc 1
  - APS Spc 6
- **APS Central**
  - APS Sup 2
  - Sr APS Spc 2
  - APS Spc 11
  - LMHC 1
- **APS Prog Dev**
  - APS Sup 1
  - Sr APS Spc 1

Vacant - PSPM 1

- **APS El Cajon**
  - APS Sup 1
  - Sr APS Spc 1
  - APS Spc 6
  - LMHC 1
- **APS La Mesa**
  - APS Sup 1
  - Sr APS Spc 1
  - APS Spc 6
- **APS S Bay**
  - APS Sup 1
  - Sr APS Spc 1
  - APS Spc 8
- **ART/APS Cont.**
  - APS Sup 2
  - Sr. APS Spc 2
  - APS Spc 10
  - APS II 1
- **SOAR**
  - APS III 0
  - APS II 3
- **Linkages**
  - APS III 1
  - APS II 2
- **SD-VISA**
  - APS II 1
- E. Lee - APS III 1

Prgm Support
N.Gonzalez-HSPM 1

- PS II 7
- HSCS 2
- **IHSS QA**
  - SWS 1
  - SW III 9
- **OT Violations**
  - SHRCS 1
  - HRCS 3

MSSP / I&A / Ombuds
L. Ramirez - PSPM 1

- **MSSP**
  - APS III 2
  - APS II 13
  - PSA 1
  - SOA 1
  - OA 1
- **Call Center**
  - APS III 2
  - APS II 17
  - OA 1
- **Ombudsman**
  - APS Sup 1
  - APS Spc 7
  - APS II 2
  - OA 1

In-Home Supportive Services

E. Zaravia - HSPM 1

- **SS10 S Bay**
  - SWS 1
  - SW III 9
- **SS20 S Bay**
  - SWS 1
  - SWS III 9
- **SS50 S Bay**
  - SWS 1
  - SW III 9
- **SS60 S Bay**
  - SWS 1
  - SW III 10
- **SS70 S Bay**
  - SWS 1
  - SW III 10
- **Clerical S Bay**
  - Sr OA 1
  - OA 9
  - AC 2
- Admin Sec I 1

E. Caprioglio - HSPM 1

- **CS10 Overland**
  - SWS 1
  - SW III 9
- **CS40 Overland**
  - SWS 1
  - SW II 9
- **CS50 Overland**
  - SWS 1
  - SW III 9
- **Clerical Overland**
  - Sr OA 1
  - OA 6
- **LS10 El Cajon**
  - SWS 1
  - SW III 10
- **LS70 El Cajon**
  - SWS 1
  - SW III 10
- **Clerical El Cajon**
  - OA 4

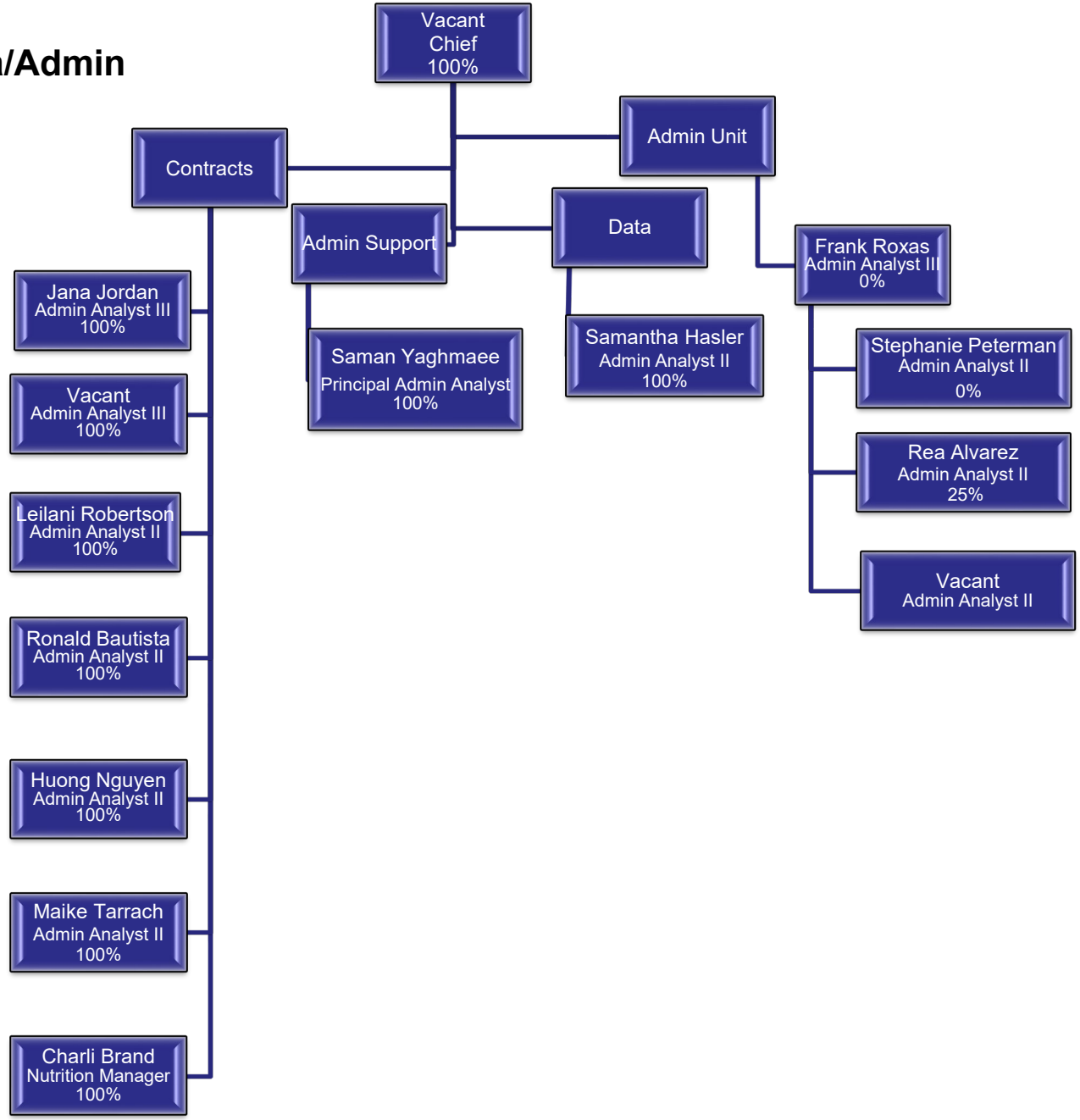
J.Uy - HSPM 1

- **KS30 Oceanside**
  - SWS 1
  - SW III 9
- **ES10 Escondido**
  - SWS 1
  - SW III 8
- **ES30 Escondido**
  - SWS 1
  - SW III 8
- **CU20 Overland**
  - SWS 1
  - SW III 9
- **CU10 Overland FLSA**
  - SWS 1
  - SW III 7
- **Clerical N. County**
  - Sr OA 1
  - OA 4
- **IHSS Training**
  - SWS 1

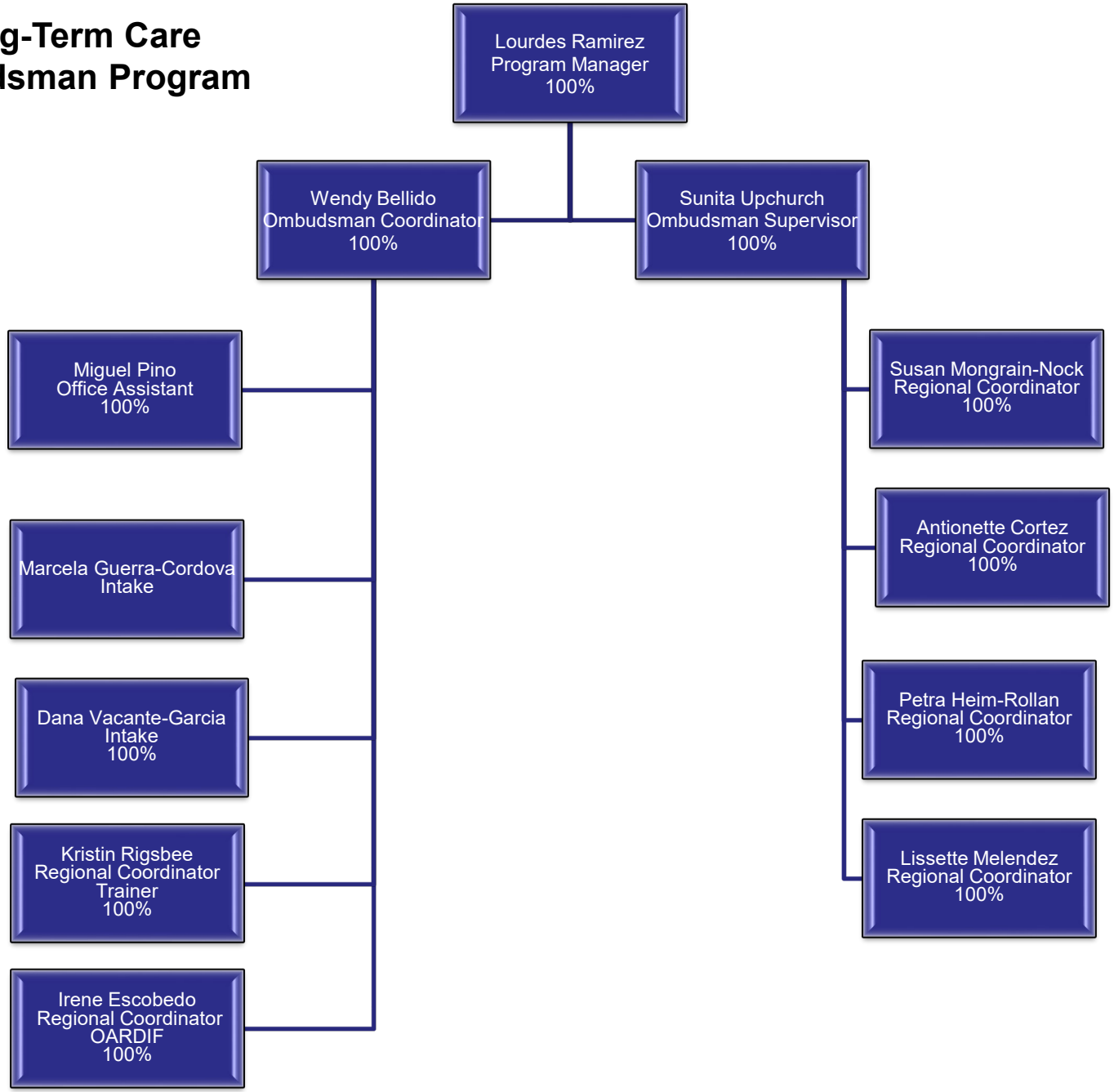
PHN
L. Carter-PHN Mg 1

- PHN (MSSP&IHSS) 6
- PHN Sup (APS) 1
- Sr. PHN 1
- PHN 6

Contracts/Data/Admin



Long-Term Care Ombudsman Program



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SECTION TWENTY - TWO
ASSURANCES

Pursuant to the Older Americans Act Reauthorization Act of 2016, (OAA), the Area Agency on Aging assures that it will:

A. Assurances

1. OAA 306(a)(2)

Provide an adequate proportion, as required under Older Americans Act Reauthorization Act of 2016 Section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services—

(A) services associated with access to services (transportation, health services (including mental 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 who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Use outreach efforts that —

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

(I) older individuals residing in rural areas;

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

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

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

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

(VII) older individuals at risk for institutional placement; and

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

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

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

7. OAA 306(a)(5)

Provide assurances that the Area Agency on Aging will coordinate planning, identification,

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assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement with agencies that develop or provide services for individuals with disabilities;

8. OAA 306(a)(9)

Provide assurances that the Area Agency on Aging will carry out the State Long-Term Care Ombudsman program under 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title;

9. OAA 306(a)(11)

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

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

(B) An assurance that the Area Agency on Aging will to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and

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

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

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

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

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

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

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

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

(E) on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all

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sources and expenditures of funds such agency receives or expends to provide services to older individuals;

11. 306(a)(14)
Provide assurances that preference in receiving services under this Title shall not be given to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title;

12. 306(a)(15)
Provide assurances that funds received under this title will be used—
(A) to provide benefits and services to older individuals, giving priority to older individuals identified in Older Americans Act Reauthorization Act of 2016, Section 306(a)(4)(A)(i); and
(B) in compliance with the assurances specified in Older Americans Act Reauthorization act of 2016, Section 306(a)(13) and the limitations specified in Older Americans Act Reauthorization Act of 2016, Section 212;

13: OAA 305(c)(5)
In the case of a State specified in subsection (b)(5), the State agency; and shall provide assurance, determined adequate by the State agency, that the area agency on aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area.

14. OAA 307(a)(7)(B)
(i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;
(ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and
(iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

15. OAA 307(a)(11)(A)
(i) enter into contracts with providers of legal assistance, which can demonstrate the experience or capacity to deliver legal assistance;
(ii) include in any such contract provisions to assure that any recipient of funds under division (i) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and
(iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis.

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16. OAA 307(a)(11)(B)
That no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the area agency on aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services.

17. OAA 307(a)(11)(D)
To the extent practicable, that legal assistance furnished under the plan will be in addition to any legal assistance for older individuals being furnished with funds from sources other than this Act and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals; and

18. OAA 307(a)(11)(E)
Give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

19. OAA 307(a)(12)(A)
In carrying out such services conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for -

(i) public education to identify and prevent abuse of older individuals;
(ii) receipt of reports of abuse of older individuals;
(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and
(iv) referral of complaints to law enforcement or public protective service agencies where appropriate.

20. OAA 307(a)(15)
If a substantial number of the older individuals residing in any planning and service area in the State are of limited English-speaking ability, then the State will require the area agency on aging for each such planning and service area -
(A) To utilize in the delivery of outreach services under Section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability.
(B) To designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include:
(i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and

(ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effective linguistic and cultural differences.

21. OAA 307(a)(18)
Conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to Section 306(a)(7), for older individuals who -
(A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;
(B) are patients in hospitals and are at risk of prolonged institutionalization; or
(C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

22. OAA 307(a)(26)
That funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the State agency, or an area agency on aging, to carry out a contract or commercial relationship that is not carried out to implement this title.

23. OAA 307(a)(27)
Provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care.

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

24. CFR [1321.53(a)(b)]
(a) The Older Americans Act intends that the area agency on aging shall be the leader relative to all aging issues on behalf of all older persons in the planning and service area. This means that the area agency shall proactively carry out, under the leadership and direction of the State agency, a wide range of functions related to advocacy, planning, coordination, interagency linkages, information sharing, brokering, monitoring and evaluation, designed to lead to the development or enhancement of comprehensive and coordinated community based systems in, or serving, each community in the Planning and Service Area. These systems shall be designed to assist older persons in leading independent, meaningful and dignified lives in their own homes and communities as long as possible.
(b) A comprehensive and coordinated community-based system described in paragraph (a) of this section shall:
(1) Have a visible focal point of contact where anyone can go or call for help, information or referral on any aging issue;
(2) Provide a range of options:
(3) Assure that these options are readily accessible to all older persons: The independent, semi-dependent and totally dependent, no matter what their income;
(4) Include a commitment of public, private, voluntary and personal resources committed to supporting the system;
(5) Involve collaborative decision-making among public, private, voluntary, religious and fraternal organizations and older people in the community;

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(6) Offer special help or targeted resources for the most vulnerable older persons, those in danger of losing their independence;
(7) Provide effective referral from agency to agency to assure that information or assistance is received, no matter how or where contact is made in the community;
(8) Evidence sufficient flexibility to respond with appropriate individualized assistance, especially for the vulnerable older person;
(9) Have a unique character which is tailored to the specific nature of the community;
(10) Be directed by leaders in the community who have the respect, capacity and authority necessary to convene all interested individuals, assess needs, design solutions, track overall success, stimulate change and plan community responses for the present and for the future.

25. CFR [1321.53(c)]
The resources made available to the area agency on aging under the Older Americans Act are to be used to finance those activities necessary to achieve elements of a community based system set forth in paragraph (b) of this section.

26. CFR [1321.53(c)]
Work with elected community officials in the planning and service area to designate one or more focal points on aging in each community, as appropriate.

27. CFR [1321.53(c)]
Assure access from designated focal points to services financed under the Older Americans Act.

CFR [1321.53(c)]
Work with, or work to assure that community leadership works with, other applicable agencies and institutions in the community to achieve maximum collocation at, coordination with or access to other services and opportunities for the elderly from the designated community focal points.

28. CFR [1321.61(b)(4)]
Consult with and support the State's long-term care ombudsman program.

29. CFR [1321.61(d)]
No requirement in this section shall be deemed to supersede a prohibition contained in the Federal appropriation on the use of Federal funds to lobby the Congress; or the lobbying provision applicable to private nonprofit agencies and organizations contained in OMB Circular A-122.

30. CFR [1321.69(a)]
Persons age 60 and older who are frail, homebound by reason of illness or incapacitating disability, or otherwise isolated, shall be given priority in the delivery of services under this part.

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Aging & Independence Services (AIS)

Area Plan 2020-24 Public Hearing

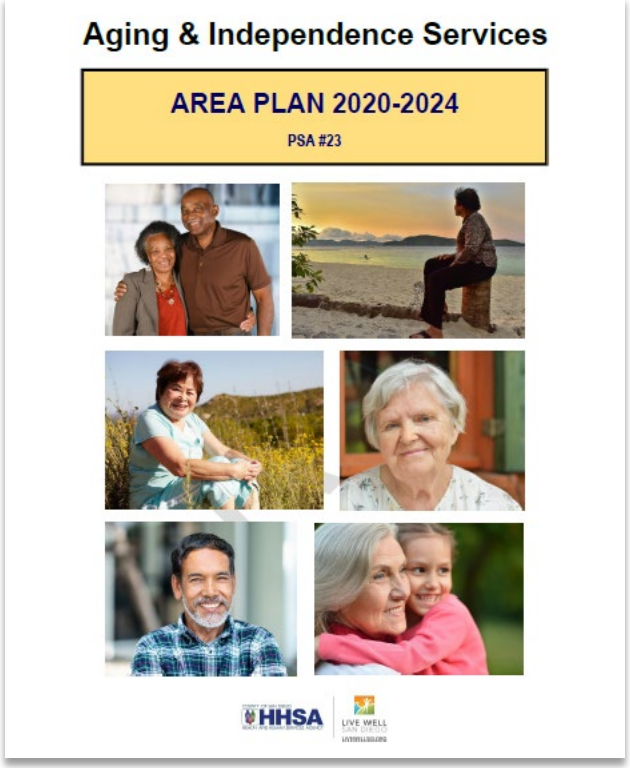
June 22, 2020

LIVE WELL
SAN DIEGO

LIVEWELLSD.ORG

AREA AGENCY ON AGING PURPOSE

State and area agencies on aging constitute the administrative structure for programs under the **Older Americans Act of 1965** to:



- **Assesses the needs** in its Planning and Service Area (PSA)
- **Develop an AREA PLAN** to address needs
- Support development of a **community-based system of care**

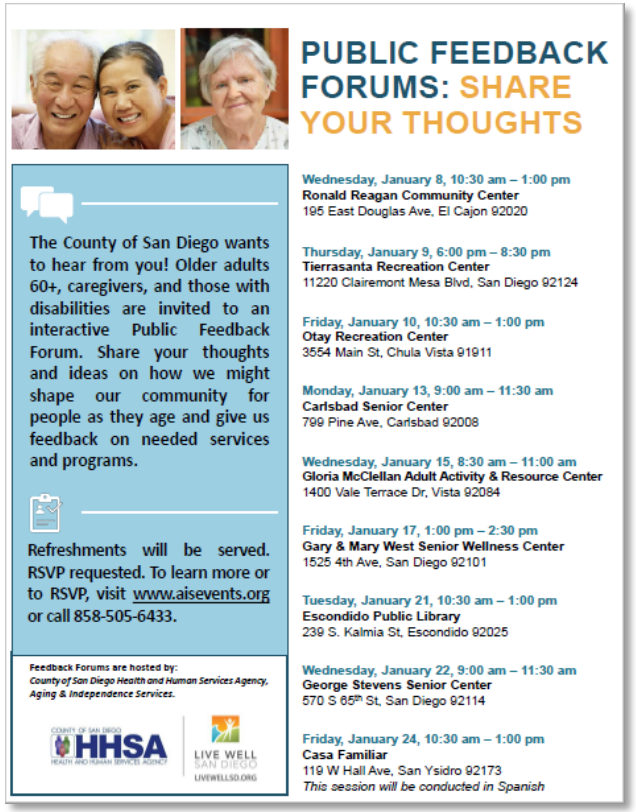
ADVISORY COUNCIL AREA PLAN AD HOC SUBCOMMITTEE

- Reviewed and provided input on the Needs Assessment Survey (October 2019)
- Shared key Area Plan information with the AIS Advisory Council (November 2019)
- Volunteered at the Public Feedback Forums and assisted in gathering community input (January 2020)
- Reviewed and provided input on the Area Plan 2020-24 (June 2020)
- Recommendation to Council for vote (June 2020)

COMMUNITY INPUT

Public Feedback Forums (PFFs)

- 9 PFFs held in Jan. 2020 to gather input from older adults for the new 4-year Area Plan cycle
- PFFs took place in different regions/communities (El Cajon, Tierrasanta, Chula Vista, Carlsbad, Vista, downtown San Diego, Southeast San Diego, Escondido, and San Ysidro) to ensure various communities and targeted populations could attend
- Distribution of email and paper flyers advertising the PFFs were distributed by a variety of means
- Notice was given that the San Ysidro forum would be conducted in Spanish
- Homebound persons were given the opportunity to give testimony via the online questionnaire
  - Notice of this opportunity was publicized electronically to recipients of the AIS Bulletin, through other AIS distribution lists, on social media posts and advertisements, and on AISEvents.org



PUBLIC FEEDBACK FORUMS: SHARE YOUR THOUGHTS

The County of San Diego wants to hear from you! Older adults 60+, caregivers, and those with disabilities are invited to an interactive Public Feedback Forum. Share your thoughts and ideas on how we might shape our community for people as they age and give us feedback on needed services and programs.

Refreshments will be served. RSVP requested. To learn more or to RSVP, visit www.aisevents.org or call 858-505-6433.

Feedback Forums are hosted by:
County of San Diego Health and Human Services Agency, Aging & Independence Services.

HHSA

LIVE WELL SAN DIEGO

Wednesday, January 8, 10:30 am – 1:00 pm
Ronald Reagan Community Center
195 East Douglas Ave, El Cajon 92020

Thursday, January 9, 6:00 pm – 8:30 pm
Tierrasanta Recreation Center
11220 Clairemont Mesa Blvd, San Diego 92124

Friday, January 10, 10:30 am – 1:00 pm
Otay Recreation Center
3554 Main St, Chula Vista 91911

Monday, January 13, 9:00 am – 11:30 am
Carlsbad Senior Center
799 Pine Ave, Carlsbad 92008

Wednesday, January 15, 8:30 am – 11:00 am
Gloria McClellan Adult Activity & Resource Center
1400 Vale Terrace Dr, Vista 92084

Friday, January 17, 1:00 pm – 2:30 pm
Gary & Mary West Senior Wellness Center
1525 4th Ave, San Diego 92101

Tuesday, January 21, 10:30 am – 1:00 pm
Escondido Public Library
239 S. Kalmia St, Escondido 92025

Wednesday, January 22, 9:00 am – 11:30 am
George Stevens Senior Center
570 S 65th St, San Diego 92114

Friday, January 24, 10:30 am – 1:00 pm
Casa Familiar
119 W Hall Ave, San Ysidro 92173
This session will be conducted in Spanish

COMMUNITY INPUT

Needs Assessment Survey

- Paper copies of the survey were given to Public Feedback Forum attendees
- Available online for those who did not attend in-person sessions
- Questions were drawn from the core questionnaire developed by the California Department of Aging, Age Well, and input from AIS staff and the AIS Advisory Council Area Plan Subcommittee
- Was available in San Diego County's five threshold languages: English, Spanish, Vietnamese, Tagalog, and Arabic

NEEDS ASSESSMENT RESULTS SUMMARY

- More than 400 surveys were completed
- Survey respondents included diverse members of the older adult population, including African Americans (11%), Asian Americans/Pacific Islanders (12%), American Indian/Alaska Native (3%) , and White (68%)
- Approximately 35% identified as Hispanic/Latino
- Survey respondents represented older adults within the LGBT population (3%), with physical impairments (e.g., hearing, vision, and/or mobility) (43%), and with cognitive impairments such as dementia (6%)
- Women were over-represented (70%)

NEEDS ASSESSMENT RESULTS SUMMARY

Needs frequently expressed by the public included:

- Access to resources, including information about available services
- Transportation options (reliable and accessible)
- Services to address social isolation/loneliness
- Affordable healthcare and assistance with healthcare system navigation
- Services for seniors experiencing homelessness
- Caregiver support/training
- Financial assistance and financial wellness education
- Senior employment opportunities
- Affordable housing and assistance with system navigation
- Concerns about home maintenance and intermediate home repair

KEY UPDATES

Main Updates from the 2016-2020 Area Plan

- Incorporated the Aging Roadmap domains into the Goals & Objectives and reflected its influence on our planning process
- 9 Public Feedback Forums, including one in Spanish (previously held 6 forums)
- Service Unit Plan (SUP) Objectives were reported for the units of service to be provided for all funding sources
- Advisory Council Membership Section reflects current members
- Title III B program funds to meet the adequate proportion of funding for Priority Services:
  - Current minimum percentages: Access 40%; In-Home 17% and Legal assistance 3%
  - AIS always meets and exceeds the minimum percentages

TIMELINE

- Plan was originally due to the California Department (CDA) on May 15th
- Due to COVID-19, CDA suspended all Area Plan activities
- Original date of scheduled hearing (April 13th) was cancelled
- In May, new deadline was set as July 15th
- Public notice was required to be posted 30-days before the public hearing (posted in the San Diego Union Tribune on May 23rd)
- Area Plan will be presented to the Board of Supervisors (Governing Board) on July 7th

AIS Advisory Council (DRAFT)

ANNUAL CALENDAR - COUNCIL FY 2020-21

MONTH	GUESTS/ACTIVITIES*	AIS TOPICS*	COUNCIL BUSINESS	
			Date Sensitive	Authority[+]
SEPTEMBER (9/14/20) Fall Prevention World Alzheimer's	*None - reserved for Council strategic planning*		❖ ELECT AND SWEAR-IN OFFICERS	IIIa 82.5(b) BL 4(A)(3)
			=> COUNCIL STRATEGIC PLANNING	N/A
OCTOBER (10/12/20)		HEALTH & COMMUNITY ENGAGEMENT TEAM	=> COUNCIL GOALS 1920: Report status	A-74(E)(4)
			=> COUNCIL GOALS 2021: Review draft	A-74(E)(4)
NOVEMBER (11/9/20) National Family Caregiver *ANNUAL MEETING* BL 6(E)(4)		CONTRACTS	=> ADOPT ANNUAL GOALS	A-74(E)(4)
			=> ADOPT ANNUAL CALENDAR	BL 5(C)(1)(a)(v)
			=> ADOPT ANNUAL REPORT	IIIa 82.16
			=> ADOPT ANNUAL SUBCOMMITTEES	BL 5(C)(2)(a)
			• CSL CAUCUS REPORT: Sacamento	WIC 9302
DECEMBER (12/14/20)	*LIVE WELL SAN DIEGO ANNUAL RPT/INDICATORS* ⇒ Make Supervisor appts.	*OMBUDSMAN ANNUAL RPT*		CDA PM 13-04, III (C)
JANUARY (1/11/21)	⇒ Make Supervisor appts. ✓ Supervisor visits	*BROWN ACT TRAINING* *CA Gov Code 54953-54963*	➢ APPOINT AREA PLAN SUBCOMM.	BL 5(C)(3)
FEBRUARY (2/8/21)	⇒ Make Supervisor appts. ✓ Supervisor visits	IHSS	✓ APPOINT BUDGET SUBCOMM.	
MARCH (3/8/21)	*OFF-SITE MEETING* ✓ Supervisor visits	N/A		IIIa 82.1(a) A-74(C)(8) BL 5(C)(3)
APRIL (4/12/21)		*AGE WELL SAN DIEGO ANNUAL REPORT*	❖ APPOINT NOMINATING SUBCOMM	BL4(A)(2)
			➢ AREA PLAN PUBLIC HEARING (2020-2024 four-year plan)	OAA Title III, Sec. 306 (a)(6)(D); IIIa 82.1(b);
MAY (5/10/21) Older Americans	*HHSA BUDGET PRESENTATION* *per A-74(c)(8)*	MSSP & CALL CENTER	⊕ APPOINT LEGISLATIVE SUBCOMM.	A-74(C)(12) BL 5(C)(3)
			• CSL VACANCY ELECTION *Next CSL Full Term Election: 2022*	WIC 9302
JUNE (6/14/21) World Elder Abuse Awareness Alzheimer's & Brain Awareness **June 30th -- County FY ends**	*None - reserved for Council strategic planning*		❖ DECLARE OFFICER NOMINATIONS	BL 4(A)(2)(b)
			=> COUNCIL GOALS: Report status	A-74(E)(4)
			=> COUNCIL STRATEGIC PLANNING	N/A
			Last submittal for mileage	IIIa 82.12 BL 3(C)(2)
JULY (7/12/21) **July 1st -- County FY begins**		APS, SENIOR TEAM, & SPECIALIZED CASE MGT	⊕ COUNCIL: Leg. Policy Guidelines– conclude review, forward proposals	BL 5(C)(3)
			❖ ELECT OFFICERS	IIIa 82.5(a) BL 4(A)(3)
			=> EXEC/MEMBERSHIP SUBCOMM.	BL 5(C)(1)(a)
			Officer Transition	N/A
			Draft Annual Calendar	BL 5(C)(1)(a)(v)
			Draft Annual Report	IIIa 82.16 BL1(B)(6)
			Draft Annual Goals	A-74(E)(4)
			Propose Committees	BL 5(C)(2)(a)
AUGUST (no mtg.)				

* Bold=confirmed; Italicized=annual
July 2020

[+] IIIa=SD County Admin Ord; A-74=Board Policy; BL=Council By-laws; CDA PM=CA Dept Aging Prg Memo; OAA=Older Americans Act; WIC=Welf Inst Code