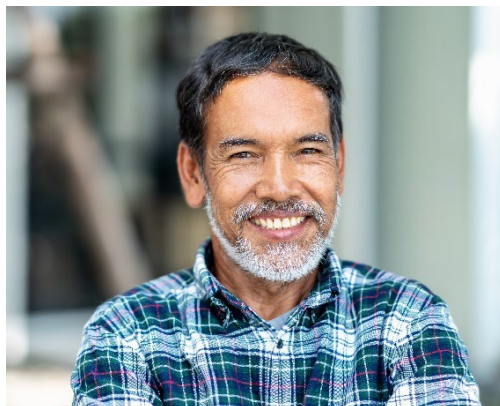


Aging & Independence Services

AREA PLAN 2020-2024

PSA #23

Update FY 21/22



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AREA PLAN UPDATE (APU) CHECKLIST

PSA 23

Check one: ☒ FY21-22 ☐ FY 22-23 ☐ FY 23-24

Use for APUs only

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

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

AAA Name: Aging & Independence Services

PSA 23


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

1. 

Nick Macchione, Agency Director¹
Health and Human Services Agency

Date


4/16/21

2. 

John Osborne, Chair
Advisory Council

Date

4/15/21

3. 

Kimberly Gallo, Director
Aging & Independence Services
Area Agency on Aging

Date

4/15/21

¹ Original signatures or official signature stamps are required.

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2021 California Department of Aging (CDA)
Population Demographic Projections by County and PSA for Intrastate Funding Formula (IFF)

Prepared by Data Team 2/11/21

County Name	PSA #	Population 60+	Non-Minority 60+	Minority 60+	Low Income 60+	Medi-Cal Eligible 60+	Geo. Isolation 60+	SSI/SSP 65+	Population 75+	Lives Alone 60+	Non-English 60+
Source		DoF & A	DoF & B	DoF & C	ACL-1 + D	DHCS & A	Census-1	SSA & A	DoF & E	ACL-2 + F	ACL-3 + G
PSA 1											
Del Norte	1	6,855	5,761	1,094	1,435	1,604	2,523	410	2,142	1,840	20
Humboldt	1	34,673	31,152	3,521	4,530	6,273	9,202	1,408	9,484	8,580	260
Total		41,528	36,913	4,615	5,965	7,877	11,725	1,818	11,626	10,420	280
PSA 2											
Lassen	2	6,438	5,571	867	795	990	3,634	232	1,886	1,510	0
Modoc	2	3,265	2,863	402	545	519	2,075	112	1,201	675	15
Shasta	2	48,541	43,543	4,998	6,335	8,287	14,975	2,112	15,640	11,435	210
Siskiyou	2	15,133	13,275	1,858	2,375	2,731	8,733	762	5,149	3,715	95
Trinity	2	5,162	4,668	494	850	754	4,065	178	1,673	1,070	4
Total		78,539	69,920	8,619	10,900	13,281	33,482	3,396	25,549	18,405	324
PSA 3											
Butte	3	57,513	49,857	7,656	8,205	9,915	10,927	2,485	18,858	13,760	530
Colusa	3	4,619	2,770	1,849	635	1,074	1,435	219	1,303	1,050	450
Glenn	3	6,353	4,796	1,557	1,060	1,431	2,329	370	1,735	1,270	410
Plumas	3	7,465	6,770	695	880	969	4,931	171	2,696	1,830	10
Tehama	3	17,078	14,556	2,522	2,590	3,317	8,364	727	5,452	3,360	305
Total		93,028	78,749	14,279	13,370	16,706	27,986	3,972	30,044	21,270	1,705
PSA 4											
Nevada	4	36,661	33,628	3,033	3,975	3,188	11,707	522	12,444	7,255	165
Placer	4	107,029	88,695	18,334	10,125	8,257	12,428	2,157	36,104	20,225	750
Sacramento	4	327,733	197,555	130,178	43,370	69,448	6,251	25,618	94,057	65,965	12,555
Sierra	4	1,332	1,197	135	125	173	1,020	0	465	285	0
Sutter	4	22,564	14,044	8,520	2,810	5,477	2,905	1,695	7,680	4,160	1,485
Yolo	4	40,207	26,074	14,133	4,520	6,939	3,110	2,101	11,690	8,600	2,050
Yuba	4	14,552	10,308	4,244	1,970	3,577	4,215	994	4,045	2,945	285
Total		550,078	371,501	178,577	66,895	97,059	41,636	33,087	166,485	109,435	17,290
PSA 5											
Marin	5	86,143	74,280	11,863	5,685	6,205	5,180	1,427	28,163	20,760	410
PSA 6											
San Francisco	6	205,190	79,950	125,240	33,760	58,392	0	26,994	71,621	50,200	22,535
PSA 7											
Contra Costa	7	285,941	168,742	117,199	21,295	37,606	1,769	10,251	85,099	46,605	6,165
PSA 8											
San Mateo	8	197,665	102,554	95,111	14,885	23,145	3,580	5,722	64,494	31,805	6,065
PSA 9											
Alameda	9	377,472	159,078	218,394	38,960	75,725	1,320	24,705	107,404	63,840	18,370

County Name	PSA #	Population 60+	Non-Minority 60+	Minority 60+	Low Income 60+	Medi-Cal Eligible 60+	Geo. Isolation 60+	SSI/SSP 65+	Population 75+	Lives Alone 60+	Non-English 60+
Source		DoF & A	DoF & B	DoF & C	ACL-1 + D	DHCS & A	Census-1	SSA & A	DoF & E	ACL-2 + F	ACL-3 + G
PSA 10											
Santa Clara	10	417,912	180,759	237,153	40,205	78,605	4,347	27,788	130,113	59,725	18,535
PSA 11											
San Joaquin	11	148,223	73,185	75,038	18,625	32,477	11,455	10,477	43,881	24,050	6,580
PSA 12											
Alpine	12	418	339	79	70	52	276	0	111	70	0
Amador	12	13,393	12,047	1,346	1,235	1,094	7,670	168	4,690	2,995	15
Calaveras	12	17,413	15,451	1,962	1,570	1,612	11,030	249	6,088	3,730	25
Mariposa	12	6,965	6,107	858	825	786	5,411	134	2,463	1,475	4
Tuolumne	12	19,047	17,269	1,778	2,260	2,088	7,537	410	6,646	4,130	50
Total		57,236	51,213	6,023	5,960	5,632	31,924	961	19,998	12,400	94
PSA 13											
San Benito	13	13,594	7,429	6,165	1,280	1,844	2,576	372	3,737	1,340	670
Santa Cruz	13	67,628	51,519	16,109	6,685	9,414	7,012	2,034	17,484	13,600	1,800
Total		81,222	58,948	22,274	7,965	11,258	9,588	2,406	21,221	14,940	2,470
PSA 14											
Fresno	14	182,237	89,993	92,244	29,510	49,692	18,289	17,786	55,355	34,205	13,530
Madera	14	32,477	20,096	12,381	4,980	6,269	11,935	1,847	10,480	5,050	2,370
Total		214,714	110,089	104,625	34,490	55,961	30,224	19,633	65,835	39,255	15,900
PSA 15											
Kings	15	23,677	11,920	11,757	3,665	5,643	2,645	1,663	6,365	3,845	1,795
Tulare	15	82,689	43,253	39,436	15,200	24,089	12,008	7,110	24,514	12,385	7,080
Total		106,366	55,173	51,193	18,865	29,732	14,653	8,773	30,879	16,230	8,875
PSA 16											
Inyo	16	6,068	4,950	1,118	645	804	2,454	164	2,025	1,695	45
Mono	16	3,591	3,012	579	195	263	1,415	0	902	670	75
Total		9,659	7,962	1,697	840	1,067	3,869	164	2,927	2,365	120
PSA 17											
San Luis Obispo	17	76,867	65,605	11,262	6,875	6,823	10,669	1,326	24,701	15,465	465
Santa Barbara	17	96,753	64,331	32,422	9,820	14,281	5,447	3,333	32,384	19,825	3,340
Total		173,620	129,936	43,684	16,695	21,104	16,116	4,659	57,085	35,290	3,805
PSA 18											
Ventura	18	197,639	124,069	73,570	17,195	25,905	5,252	6,698	59,260	32,015	9,075
PSA 19											
Los Angeles Co.	19	1,353,135	500,102	855,467	192,080	378,864	10,719	134,199	410,443	205,410	111,735
PSA 20											
San Bernardino	20	392,687	179,727	212,960	53,695	91,210	21,182	25,872	102,262	58,555	18,125
PSA 21											
Riverside	21	525,411	304,115	221,296	65,535	90,744	21,442	24,868	178,352	83,235	22,545
PSA 22											
Orange	22	717,395	409,554	307,841	74,045	130,487	827	45,102	224,914	111,185	31,665

County Name	PSA #	Population 60+	Non-Minority 60+	Minority 60+	Low Income 60+	Medi-Cal Eligible 60+	Geo. Isolation 60+	SSI/SSP 65+	Population 75+	Lives Alone 60+	Non-English 60+
Source		DoF & A	DoF & B	DoF & A	ACL-1 + D	DHCS & A	Census-1	SSA & A	DoF & E	ACL-2 + F	ACL-3 + G
PSA 23											
San Diego	23	688,677	412,599	276,078	79,030	117,758	22,757	39,096	206,974	123,175	26,605
PSA 24											
Imperial	24	36,547	7,912	28,635	7,865	15,989	4,789	5,769	11,714	5,240	7,950
PSA 25											
Los Angeles City	25	799,825	306,514	490,877	143,335	223,913	723	79,324	248,798	154,050	69,295
PSA 26											
Lake	26	19,845	17,062	2,783	3,240	4,810	6,066	943	6,586	5,375	80
Mendocino	26	26,010	22,393	3,617	3,660	5,060	11,133	1,115	8,123	6,265	320
Total		45,855	39,455	6,400	6,900	9,870	17,199	2,058	14,709	11,640	400
PSA 27											
Sonoma	27	141,367	117,665	23,702	12,600	15,190	17,953	2,977	41,114	32,030	2,050
PSA 28											
Napa	28	36,326	26,809	9,517	3,350	4,506	5,223	803	11,867	7,885	800
Solano	28	104,407	52,581	51,826	9,015	15,168	3,719	3,874	30,246	17,095	2,290
Total		140,733	79,390	61,343	12,365	19,674	8,942	4,677	42,113	24,980	3,090
PSA 29											
El Dorado	29	61,438	54,005	7,433	5,375	4,724	16,600	814	18,206	9,675	460
PSA 30											
Stanislaus	30	104,865	64,912	39,953	15,225	25,329	8,100	7,547	31,396	18,420	5,385
PSA 31											
Merced	31	46,804	23,457	23,347	7,305	12,724	5,905	4,076	13,614	7,765	4,570
PSA 32											
Monterey	32	87,896	48,074	39,822	10,355	15,674	10,445	3,190	26,782	15,395	6,315
PSA 33											
Kern	33	156,139	85,380	70,759	23,395	37,714	17,295	10,819	42,487	26,600	9,600
California		8,620,949	4,565,882	4,055,067	1,081,660	1,787,601	438,984	583,319	2,635,562	1,496,365	458,388

SOURCES

ACL-1 Administration for Community Living, Aging Integrated Database (AGid), Web source retrieved on 10/01/20

Source File: California 2013-2017 American Community Survey (ACS) Special Tabulation on Aging, Ratio of Income in Previous Year to Poverty Level for the Population 60 Years and Over (S21043B)

<https://agid.acl.gov/DataFiles/ACS2017/Table.aspx?tableid=S21043B&stateabbr=CA>

ACL-2 Administration for Community Living, Aging Integrated Database (AGid) . Web source retrieved on 10/01/20

Source File: California 2013-2017 American Community Survey (ACS) Special Tabulation on Aging, Sex by Household Type (Including Living Alone) by Relationship for the Population 60 Years and Over (S21010B)

<https://agid.acl.gov/DataFiles/ACS2017/Table.aspx?tableid=S21010B&stateabbr=CA>

ACL-3 U.S. Administration on Aging, Aging Integrated Database (AGid). Web source retrieved on 10/01/20

Source File: California 2013-2017 American Community Survey (ACS) Special Tabulation on Aging, Age by Ability to Speak English for the Population 60 Years and Older (S21014B)

<https://agid.acl.gov/DataFiles/ACS2017/Table.aspx?tableid=S21014B&stateabbr=CA>

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

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

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

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

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

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

DHCS State of California, Department of Health Care Services, Research and Analytic Studies Division. Source data emailed on 10/22/20

Source File: Medi-Cal Beneficiaries Age 60 and Over as of January 2019

Special Run Request

DOF Demographic Research

P-2: State and County Population Projections by Race/Ethnicity and Age (5-year groups): 2020

Special Run Request

Sent by Walter Schwarm 11/18/20

SSA U.S. Social Security Administration, Office of Retirement and Disability Policy. Web source retrieved on 10/01/20

Source File: SSI Recipients by State and County, Dec 2019

https://www.ssa.gov/policy/docs/statcomps/ssi_sc/index.html

A The 2021 Los Angeles County (PSA 19) and Los Angeles City (PSA 25) 60+ Population and the Medi-Cal Eligible 60+ split calculated on actual population split from 2010 Census. (PSA 19 = 62.85%; PSA 25 = 37.15%).

B The 2021 Los Angeles County (PSA 19) and Los Angeles City (PSA 25) Non-Minority 60+ Population split calculated on actual population split from 2010 Census. (PSA 19 = 62.00%; PSA 25 = 38.00%)

C The 2021 Los Angeles County (PSA 19) and Los Angeles City (PSA 25) Minority 60+ Population split calculated on actual population split from 2010 Census. (PSA 19 = 63.54%; PSA 25 = 36.46%)

D The 2013-2017 ACL Special Tabulation for Los Angeles County (PSA 19) and Los Angeles City (PSA 25) Low-Income 60+ Population (PSA 19 = 57.27%; PSA 25 = 42.73%)

E The 2021 Los Angeles County (PSA 19) and Los Angeles City (PSA 25) 75+ Population split calculated on actual population split from 2010 Census (PSA 19 = 62.26%; PSA 25 = 37.74%)

F The 2013-2017 ACL Special Tabulation for Los Angeles County (PSA 19) and Los Angeles City (PSA 25) Lives Alone 60+ Population (PSA 19 = 57.14% PSA 25 = 42.86%)

G The 2013-2017 ACL Special Tabulation for Los Angeles County (PSA 19) and Los Angeles City (PSA 25) Non-English Speaking 60+ Population (PSA 19 = 61.72%, PSA 25 = 38.28%)

The San Diego Union-Tribune

PROOF OF PUBLICATION

STATE OF CALIFORNIA County of San Diego

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

The San Diego Union-Tribune

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

March 7, 2021

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 8th of March 2021



Cris Gaza

San Diego Union-Tribune
Legal Advertising

NOTICE OF PUBLIC HEARING

Aging & Independence Services (AIS), of the Health and Human Services Agency, of the County of San Diego, and designated by the California Department of Aging (CDA) as the Area Agency on Aging (AAA) for Planning and Service Area (PSA) #23 [San Diego County], will hold a Public Hearing, Monday April 12, 2021, during the regularly scheduled Advisory Council meeting held at 12:00 PM (noon) as part of the process for the four-year Area Plan 2020-2024, Update FY 21/22 document. The Area Plan incorporates annual objectives of the PSA's goals and a projection of services offered to the County's older adults and persons with disabilities.

The hearing will be held virtually via phone at (669) 900-9128 (Meeting ID: 992 5390 3588; Meeting password: 251412), or visit <http://www.aging.sandiegocounty.gov/AISAdvisoryCouncil> to join by video conference (Zoom). For information, please call (858) 495-5566.

AIS FY 20/21 Budget & Contracts Summary

Operating Budget:

Number of Budget Unit Orgs:	21	
Salaries & Benefits:		\$ 55,591,021
Operating Expenses (Ser & Sup + Other):		\$ 103,673,592
IHSS Public Authority Budget (\$1,577,580 budgeted in S&S):		\$ 33,054,365
Total Operating Budget:		<u>\$ 192,318,978</u>

Funding Sources:

Number of Funding Sources:	40+	
Federal \$:		28.79%
State \$ (Includes Realignment):		63.53%
County \$:		6.22%
Other Grant \$:		1.47%
Total Funding:		<u>100.00%</u>

Community Contracted Services:

Number of Contracts:	65+	
IHSS MOE		\$ 73,778,562
Other Contracted Services		\$ 18,890,607
Total:		<u>\$ 92,669,169</u>
Contracted Services as Percentage of Budget		48.19%

Number of AIS Staff:

449



AIS FY 20/21 Funding

By Type:		
Fed	55,362,309	28.79%
State (Includes Realignment)	122,182,091	63.53%
Non-Fed/State	2,829,200	1.47%
Health & Human Services Fund Balance	1,126,106	0.59%
County General Purpose Revenue	10,819,272	5.63%
Total Revenue	\$ 192,318,978	100.00%

Total Expenditures	\$ 192,318,978
---------------------------	-----------------------

By Program		
IHSS (Fed + State + Realignment)		102,005,628
APS (Includes Realignment)		13,477,482
Alzheimer's Project		3,387,861
T-III-B Support	OAA	2,485,905
Ombudsman	OAA	1,291,701
T-III-C Nutrition	OAA	8,090,730
T-III-D Disease Prevention	OAA	227,279
T-III-E Caregiver	OAA	1,573,061
Area Plan Admin	OAA	1,019,923
T-V Sr. Employment	OAA	412,313
MSSP	Title XIX	2,945,910
HICAP	SHIP	662,541
SNAP Ed	CDSS	174,568
RSVP	CNCS	105,578
MIPPA	DHHS	133,514
MH Senior Team		425,026
Public Administrator/Guardian/Conservator		3,860,110
Misc Small Programs		4,588,631
Public Authority (State + Fed)		34,631,945
Total Non-County Revenue		181,499,706
County General Purpose Revenue		10,819,272
Total Revenue		\$ 192,318,978

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 Individual

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 Strategic Initiatives include: Building Better Health, Living Safely, Sustainable Environments/ Thriving, and Operational Excellence. 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.

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. 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 (according to the 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 a 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.

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.

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.

The Aging Roadmap builds on successful collaboration and encompasses the Age Well San Diego initiative and Action Plan, the Older Americans Act, and the regional Area Plan. The vision and implementation are organized by ten focus areas that collectively represent our county's comprehensive system of care, including person-centered and community-wide efforts. 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 efforts to coordinate service delivery, measure progress, and connect our efforts to statewide and national initiatives, strengthening San Diego County's comprehensive system of care to improve the lives of older adults and their families, and quality of life for everyone.

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 included in the Aging Roadmap: 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 theme 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.

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 theme 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 on 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 (City of San Diego), Consolidated Transportation Services Agency, the Veterans and Retired Senior Volunteer Program Advisory Boards in addition to the AIS Advisory Council and In-Home Supportive Services Advisory Committee. AIS also hosts four regional Community Action Networks as well as coordinating an Elder Abuse Council.

21/22 Update Justifications for a Service Unit Change of Equal to or Greater than 10%

Personal Care (In-Home): The proposed units of service for personal care decreased by 26% due to an anticipated increase in cost-of-living adjustment and the hourly rate, which will result in a decrease to the number of hours in personal care that are able to be paid for by the set budget.

Homemaker (In-Home): The proposed units of service for homemaker decreased by 10% due to an anticipated increase in cost-of-living adjustment and the hourly rate, which will result in a decrease to the number of hours in homemaker that are able to be paid for by the set budget.

Information and Assistance (Access): The proposed units of service for Information and Assistance (I&A) decreased by 36%. Due to COVID-19, the State re-routed all AAA's I&A calls to the statewide number and the local Call Center implemented a new telephone system that allowed staff to work remotely. The decrease in I&A calls/variance could be due to the re-routing of calls and changes made to the Call Center menu options.

Other Service Category – Visiting: The proposed units of service for Visiting have decreased by 50%. Opportunities for visitation have reduced due to COVID-19; most facilities are not allowing in-person visits from volunteers.

Title IIID/ Disease Prevention and Health Promotion: The proposed units of service for Chronic Disease Self-Management Education [CDSME] and Tai Chi have decreased by 49% to account for limitations with program implementation due to COVID-19 response.

TITLE IIIB and Title VIIA -

Complaint Resolution Rate: The number of complaints received has decreased by 52% in FY 19/20, and the number of complaints resolved has decreased by 11%. Fewer complaints were received due to COVID-19, enabling a higher resolution rate.

Work with Resident Councils: The number of Resident Council meetings attended in FY 19/20 decreased by 53%. Due to COVID-19 residents were isolated or quarantined and had fewer resident council meetings.

Work with Family Councils: The number of Family Council meetings attended in FY 19/20 decreased by 75%. Due to COVID-19, fewer family council meetings were held.

Information and Assistance to Facility Staff: The number of instances of Ombudsman representatives' interactions with facility staff for the purpose of providing general information and assistance unrelated to a complaint decreased by 20% in FY 19/20 because of restricted facility entry due to COVID-19, which resulted in fewer interactions with staff.

Information and Assistance to Individuals: The number 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, increased by 3% in FY 19/20. Due to COVID-19 and rapidly changing rules, regulations, and waivers, staff encountered more questions and disseminated more general information regarding these changes. In response, FY 21/22 target was increased by 33%.

Community Education: The number of sessions Long-Term-Care (LTC) Ombudsman Program participated in during FY 19/20 decreased by 64%. Due to COVID-19, public events ended abruptly as community members were ordered to limit travel and public

exposure. The target for FY 21/22 has been increased by 50% in anticipation of more events being allowed.

Routine Access: Residential Care Communities: The baseline number of Residential Care Facilities (RCFEs) for the Elderly within the PSA that were visited by an Ombudsman representative increased by 12% in FY 19/20 due to the fluctuation of number of RCFEs.

Number of Certified LTC Ombudsman Volunteers: The number of volunteers decreased by 22% in FY 19/20 due to family/job commitments, health issues, and/or COVID-19. The projected number of volunteers in FY 21/22 is expected to increase by 23% from 27 in FY 20/21 due to our new contracted partnership for ombudsman volunteer recruiter services.

Title VIIA Elder Abuse Prevention

Total # of Public Education Sessions: The number of public education sessions for FY 21/22 has increased from 0 to 1 as restrictions are expected to be lifted.

Title IIIE Family Caregiver Services Caring for Children

Grandparent Services Caring for Children: The proposed number of activities and total estimated audience decreased by 33% and 25% respectively. Due to COVID-19 and in-person restrictions, less events are anticipated to be held.

Health Insurance Counseling and Advocacy Program (HICAP)

Estimated Number of Clients Represented Per FY: In the previous FY, estimated number of clients represented (400) was a cumulative total for the whole four years, and not just that FY. Numbers have been corrected for FY 20/21 and added for 21/22 to reflect the accurate number (100 per year).

Estimated Number of Program Consultation Hours Per FY: In the previous FY, estimated number of clients represented (500) was a cumulative total for the whole four years, and not just that FY. Numbers have been corrected for FY 20/21 and added for 21/22 to reflect the accurate number (125 per year).

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 ID: 287 448 851; Meeting password: nP5VCeAgE64.)	15	No	No
2021-2022	April 12, 2021	Virtually via phone at (669) 900-9128, or via Zoom (https://zoom.us/j/99253903588?pwd=czJJbXZoWUd6RWVhVnXJUZjKSVpPUT09 ; Meeting ID: 992 5390 3588; Meeting password: 251412)	28	No	No
2022-2023					
2023-2024					

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

- Summarize the outreach efforts used in seeking input into the Area Plan from institutionalized, homebound, and/or disabled older individuals.
 - Notification (Legal Notice) of the Public Hearing appeared in the region's largest newspaper
 - AIS News Bulletin
- 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
- Summarize the comments received concerning proposed expenditures for PD and/or C.

N/A

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

☒ Yes. Go to question #5

☐ No, Explain:

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

No comments were received concerning minimum percentages.

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

An attendee at the public hearing made a comment urging emphasis on senior nutrition and homelessness in future area plan efforts. Another attendee asked for clarification regarding collaborative efforts with the LGBTQ community.

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

No changes were made to the Area Plan.

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

³AAAs are encouraged to include individuals in LTC facilities in the planning process, but hearings are not required to be held in LTC facilities.

SECTION NINE
AREA PLAN NARRATIVE GOALS AND OBJECTIVES

Goal Statements,
Rationales, and Objectives

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Goal # 1 CAREGIVER SUPPORT

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

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

#	OBJECTIVES	Projected Start and End Dates	Title IIIB Funded PD or C 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, 2021 to June 30, 2022		Continued
1.02.a	Through the Family Caregiver Support Program (FCSP), contractor will provide a minimum of 12,000 units of respite service (one hour equals one service unit). Contractor will provide a minimum of 2,000 occurrences of supplemental services to family caregivers through home adaptations and assistive devices to facilitate and fulfill caregiving responsibilities. In addition, the following support services will also be provided for family caregivers: assessment, counseling, support groups, and case management, reaching 800 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, 2021 to June 30, 2022		Continued

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, 2021 to June 30, 2022		Continued
1.02.c	Through the Family Caregiver Support Program, AIS staff, in collaboration with community partners, will conduct family caregiver workshops/events, with at least one of those workshop/events targeting Veteran and Military Caregiver Families. A minimum of 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, 2021 to June 30, 2022		Continued
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, 2021 to June 30, 2022		Continued

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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 <i>Handbook for Grandparents and Other Relatives Raising Children</i> . The goal is to provide at least 250 kinship family caregivers and/or kinship family service providers with this handbook annually.	July 1, 2021 to June 30, 2022		Continued
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, 2021 to June 30, 2022		Continued

⁴Indicate 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.

⁵Use 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 500 mandated reporters annually with in-person trainings regarding their responsibility to make Elder and Dependent Adult abuse reports.	July 1, 2021 to June 30, 2022		Revised
2.02	The County of San Diego Elder and Dependent Adult Death Review Team (EDADRT) reviews the circumstances surrounding elder and dependent adult deaths and evaluates the services provided to both victims and perpetrators in an attempt to improve service delivery, close system gaps and decrease the incidence of elder abuse, neglect and suicides in San Diego County. As needed, suspicious elder or dependent adult deaths will be reviewed. The EDADRT will also coordinate joint case reviews with the County of San Diego's Domestic Violence Fatality Review Team (DVFRT) whenever possible when an elder death involves an intimate partner relationship. A minimum of one joint EDADRT/DVFRT meeting will be held in this fiscal year.	July 1, 2021 to June 30, 2022		Continued
2.03	Receive and investigate allegations of abuse, neglect, or exploitation of residents of long-term care facilities. The outcome is measured through the reporting functions within the Ombudsman computer application, Ombudsman Data Integration Network (ODIN).	July 1, 2021 to June 30, 2022		Continued

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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, 2021 to June 30, 2022		Continued
2.05	As a means to standardized training and provide new Adult Protective Services (APS) Specialists with the skills and tools needed to do their jobs, a 12-month Initial Training Program was created and is being utilized to train all new Adult Protective Services Specialists. This program provides coaching, training and support to new APS Investigators emphasizing the need to develop extensive knowledge of other County and non-governmental service programs, in order to develop person centered service plans. The curriculum includes presentations and ride-a-longs with organizations that offer services to vulnerable and at-risk adults in order to avoid future duplication of efforts as well as enhance services through active collaborations.	July 1, 2021 to June 30, 2022		Continued
2.06	Identify, assess and case manage 115 unduplicated at-risk adults with disabilities through the Linkages Program. Outcome will be measured by the tracking of the unduplicated client count in the Linkages database.	July 1, 2021 to June 30, 2022		Continued
2.07	Provide case management services to 215 unduplicated frail seniors, at risk of out-of-home placement. The outcome will be measured by tracking the unduplicated client count served by the Senior Options, Advocacy and Referrals (SOAR) Program in the automated database system.	July 1, 2021 to June 30, 2022		Continued
2.08.a	Operate Cool Zones for the Summer Season of 2021; 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 2021; close-out report to SDG&E; shut-down Call Center extended phone number.	July 1, 2021 to June 30, 2022		Continued
2.08.b	Open Cool Zones 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 Zones helpline, and orienting callers to nearest Cool Zone site using County interactive map.	July 1, 2021 to June 30, 2022		Continued

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Aging & Independence Services: PSA #23

County of San Diego

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, 2021 to June 30, 2022		Continued
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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 to develop and support long-term emergency plans including: OES' community Access and Functional Needs (AFN) planning committee, shelter committee, workgroup to update the Disaster Rapid Assessment Team (DRAT) plan, and related exercises to assist OES to meet the needs of people with access and functional needs in an emergency or disaster. AIS will also staff the AFN Technical Advisory seat in the Operational Area's Emergency Operations Center (EOC) during emergencies or disasters.	July 1, 2021 to June 30, 2022		Continued
3.02	AIS will update Adult Protective Services' Vulnerable Adult Shelter Assessment Team (VASAT) plan to align with the updates to OES' DRAT plan. The VASAT plan provides protocols for APS staff to visit emergency shelters during a disaster to identify the needs of older adults and persons with disabilities and forward those needs to the EOC for resolution.	July 1, 2021 to June 30, 2022		Continued
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 and identify other resources to be better prepared during an emergency.	July 1, 2021 to June 30, 2022		Revised
3.04	AIS will, with OES, develop a simple resource guide for older adults to prepare for emergencies.	July 1, 2021 to June 30, 2022		Continued

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3.05	AIS will, with OES, begin to develop public service announcements and disaster preparedness resources, including printed flyers, for older adults and persons with disabilities to prepare for power outages.	July 1, 2021 to June 30, 2022		Continued
3.06	AIS will, with OES, begin to develop training for first responders on how to meet the needs of older adults during emergencies. and how to recognize and understand related conditions, caregiving issues, warning signs of dementia, and poor physical health.	July 1, 2021 to June 30, 2022		Continued

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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 ⁴	Update Status ⁵
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, 2021 to June 30, 2022		Continued
4.01.b	Conduct at least two 36-hour ombudsman volunteer certification trainings. Outcome is measured by sign-in sheets and reported at the end of the year by the Ombudsman Program Coordinator.	July 1, 2021 to June 30, 2022		Continued
4.01.c	Focus on the retention of the number of certified Long-Term Care (LTC) ombudsman volunteers at 80. The outcome will be measured through the reporting functions within the Voltrak computer software application.	July 1, 2021 to June 30, 2022		Continued
4.01.d	<p>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:</p> <ul style="list-style-type: none"> Maintaining awareness of general regulations governing Skilled Nursing Facilities (SNFs) and Residential Care Facilities for the Elderly (RCFEs). 	July 1, 2021 to June 30, 2022		Continued

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	<ul style="list-style-type: none"> 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 County's online RCFE Rating System in San Diego County. Reporting findings and recommendations to the full Council for action by the Council. 			
4.02	<p>Retired and Senior Volunteer Program (RSVP) staff improve lives, strengthen communities and foster civic engagement through promotion of service and volunteering in the 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 puts limits on the categories that can be counted under their grant.</p>	<p>July 1, 2021 to June 30, 2022</p>		Continued
4.03	<p>Senior Volunteers in Action (SVA) Program helps keep seniors engaged in their communities while providing opportunities to share their knowledge, wisdom and skills. A minimum of 350 SVA volunteers will contribute their efforts in the community annually.</p>	<p>July 1, 2021 to June 30, 2022</p>		Continued
4.04	<p>Reduce isolation of seniors living in long-term care facilities by linking volunteers, including minor volunteers paired with adult volunteers for an intergenerational component, with isolated seniors currently residing in such facilities, through a contract for the Guardian Angels program. The outcome will be the number of volunteers and isolated seniors served which will be tracked via monthly progress reports, and assessment of the satisfaction of participants in the program.</p>	<p>July 1, 2021 to June 30, 2022</p>		Continued

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, 2021 to June 30, 2022		Continued
5.02	Choose Well, the online voluntary Residential Care Facility for the Elderly (RCFE) Rating System, is operated by contract and includes goals of 51% participation of all licensed RCFEs in San Diego County at any point in time. To increase value of the system for consumers and member facilities 2 advisory workgroup meetings, 2 CEU Lunch & Learns, 6 newsletters, 10 articles, and 150 Facebook posts will be provided annually. System enhancements will be considered and implemented if advisable including 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, 2021 to June 30, 2022		Continued

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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, 2021 to June 30, 2022		Continued
5.04	Outreach & Education staff will coordinate multiple community events in partnership with community partners annually, where they arrange for behavioral health specialists to conduct Depression Screenings activities for at least 500 older adults and refer them to services if indicated. These activities are in an effort to educate the public about the incidence of depression in older adults as well as resources available to treat it. Staff will track the number of screenings conducted.	July 1, 2021 to June 30, 2022		Continued
5.05	Participate in the Older Adult Behavioral Health System of Care Council (OABHSOCC) to contribute in all phases of planning and implementation of the Mental Health Services Act, to ensure the needs of mentally ill seniors are reflected in program design and service delivery. The outcome will be measured by the inclusion of OABHSOCC recommendations in the Mental Health Services Act programs and by ongoing input into service delivery.	July 1, 2021 to June 30, 2022		Continued
5.06	In an effort to help decrease food insecurity and educate the community about potential eligibility to CalFresh benefits for older adults, AIS staff will provide outreach materials to a minimum of 3,000 individuals annually.	July 1, 2021 to June 30, 2022		Revised
5.07	Conduct a general visit at least once per quarter in 75% of skilled nursing facilities and 70% of residential care facilities for the elderly. The outcome is measured through the reporting functions within the ombudsman computer application, Ombudsman Data Integration Network (ODIN).	July 1, 2021 to June 30, 2022		Revised
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, 2021 to June 30, 2022		Continued

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	receive Managed Long-Term Services and Supports (LTSS) including Multipurpose Senior Services Program (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% (13,950 of 15,500) 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, 2021 to June 30, 2022		Revised
5.10	Ensure 97% (30,070 of 31,000) 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, 2021 to June 30, 2022		Revised

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 Theme Team has the mission of increasing the number of older adults who stay active and engaged. Strategies include: increasing intergenerational activities, providing programs that are inclusive of people with dementia, making a special effort to engage with people who are socially isolated, and promoting opportunities for meaningful civic engagement.				
#	OBJECTIVES	Projected Start and End Dates	Title IIIB Funded PD or C 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, 2021 to June 30, 2022		Continued
6.02	In order to decrease social isolation for some of our community's most vulnerable and at-risk seniors, Retired and Senior Volunteer Program (RSVP) staff will work in partnership with police departments and the Sheriff's Department to conduct 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, 2021 to June 30, 2022		Continued
6.03	The Age Well Social Participation Theme Team will continue to work with partners to identify and engage socially isolated older adults. The Team will continue to distribute the "Get Connected" Guide, available in English and Spanish, designed to address social isolation by providing accessible and low-barrier ideas for older adults to become more engaged in their community. The Guide includes resources	July 1, 2021 to June 30, 2022		Revised

	for individuals who are mobile and those who are homebound.			
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Goal # 7 DEMENTIA-FRIENDLY

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

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

#	OBJECTIVES	Projected Start and End Dates	Title IIIB Funded PD or C 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, 2021 to June 30, 2022		Continued
7.02	As the regional lead for Dementia Friends California, the Age Well Dementia-Friendly Theme Team will conduct Dementia Friends sessions for community members and groups throughout the region. The sessions will provide education on communication tips, common misconceptions about dementia, and strategies for getting involved in making our communities more dementia-friendly. The AIS team will support the "Local Champions," who are certified to teach Dementia Friends sessions, by coordinating training requests and creating and updating	July 1, 2021 to June 30, 2022		Continued

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

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 that are coordinated between the VA Medical Center and other community-based services.	July 1, 2021 to June 30, 2022		Continued
8.02	Provide Information and Assistance (I&A) through the Aging & Independence Services (AIS) Call Center 800 number to an average of 800 callers per month (9,600 per year). The outcome will be measured by the AIS Call Center call management system.	July 1, 2021 to June 30, 2022		Revised
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, 2021 to June 30, 2022		Continued
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, 2021 to June 30, 2022		Continued
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, 2021 to June 30, 2022		Continued

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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, 2021 to June 30, 2022		Continued
8.07	AIS will promote access to and awareness of technology training programs for older adults by publicizing technology training opportunities on a regular basis through our monthly newsletter. In addition, AIS will support community partners to reach at least 500 older adults with brief technology training seminars and/or information on where to go to obtain affordable computers and technology training. The outcome will be that over 5,000 newsletter recipients will have the opportunity to learn about ongoing technology training opportunities for seniors and at least 500 older adults will receive brief technology training seminars and/or information on how to obtain affordable computers and technology training.	July 1, 2021 to June 30, 2022		Continued
8.08	Health Promotion staff will educate 110 seniors through evidence-based programs such as Chronic Disease Self-Management Education Program, and Tai Chi: Moving For Better Balance. These programs are noted as evidence-based in the National Council on Aging evidence-based programs list. Published research has shown that participants have improved self-efficacy and improved health outcomes. AIS Health Promotion staff will track attendance and the number of participants.	July 1, 2021 to June 30, 2022		Revised

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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, 2021 to June 30, 2022		Continued
8.10	In order to help reduce the risk of elder and dependent adult abuse in our community and increase knowledge of community supports and resources, AIS staff will conduct community presentations reaching at least 2,000 community members annually. Presentation topics will range from Elder Abuse and Aging & Independence Programs and Services to behavioral health and Advance Health Care planning. Staff will track the number of community members reached through these presentations.	July 1, 2021 to June 30, 2022		Continued
8.11	Health Promotion staff will promote, conduct, and maintain attendance at a minimum of 25 Feeling Fit exercise classes with at least 1,000 participants in one year. Health Promotion staff will track the number of classes offered and the number of participants in each session.	July 1, 2021 to June 30, 2022		Revised
8.12	The Age Well Health & Community Support Theme Team will work with partners to increase awareness of 2-1-1 San Diego and the AIS call center, with special focus on underserved populations and communities that would benefit from knowledge of resources. Measures include education and outreach efforts, materials developed, and number reached with those materials.	July 1, 2021 to June 30, 2022		Continued
8.13	Through the CalFresh Healthy Living program, educate at least 50 older adults on nutrition and the importance of physical activity.	July 1, 2021 to June 30, 2022		Continued
8.14	Through the CalFresh Healthy Living program, engage 2 cohorts of low-income seniors in a Policy, System, and Environment (PSE) community improvement project.	July 1, 2021 to June 30, 2022		Continued

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 Theme Team envisions communities where older adults have affordable housing options that are within walking distance of shops and services. The Housing Theme Team's strategies include increasing mixed-use zoning, initiating programs to prevent homelessness, increasing the affordable housing stock, and educating the community on the opportunities to construct accessory dwelling units (also called granny flats).				
#	OBJECTIVES	Projected Start and End Dates	Title IIIB Funded PD or C ⁴	Update Status ⁵
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, 2021 to June 30, 2022		Continued

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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 Theme Team has a vision of communities in which older adults can get around even if they can no longer drive. Strategies to achieve this vision include promoting the development of complete streets (that address the needs of all users, including pedestrians, cyclists, and public transit users), promoting smart growth and increasing awareness of transportation options.				
#	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, 2021 to June 30, 2022		Continued
10.02	Address food insecurity by working with senior nutrition contractors to provide transportation for those clients not eligible for home delivered meals that also lack transportation to get to the nutrition center independently.	July 1, 2021 to June 30, 2022		Continued
10.03	Continue to update the “Ride Well to Age Well Guide,” which catalogs transportation options for older adults by region in San Diego County. Work with community partners to distribute Guide in digital and paper versions and provide education regarding transportation options in San Diego County.	July 1, 2021 to June 30, 2022		Revised

SECTION TEN
SERVICE UNIT PLAN (SUP) OBJECTIVES

SUP Projections funded by the
Older Americans Act

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

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

For services not defined in NAPIS, refer to the [Service Categories and Data Dictionary](#) 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	2,400	5	5.01
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	11,060	5	5.01
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	0		Not a current program output
2022-2023			
2023-2024			

4. Home-Delivered Meal

Unit of Service = 1 meal

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

5. Adult Day/ Health Care (In-Home)

Unit of Service = 1 hour

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

6. Case Management (Access)

Unit of Service = 1 hour

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

7. Assisted Transportation (Access)

Unit of Service = 1 one-way trip

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

8. Congregate Meals

Unit of Service = 1 meal

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

9. Nutrition Counseling

Unit of Service = 1 session per participant

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

10. Transportation (Access)

Unit of Service = 1 one-way trip

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

11. Legal Assistance

Unit of Service = 1 hour

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

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

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

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

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

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

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

NAPIS Service Category – “Other” Title III Services

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

Title IIIB, Other Priority and Non-Priority Supportive Services

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

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

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

Table 15-a

Other Service Category: Visiting

Unit of Service: 1 Hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	50	4	
2021-2022	50	4	
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 (if applicable)
2020-2021	5,000	3	
2021-2022	5,000	3	

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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 each proposed program that meets the criteria for evidence-based programs described in PM 15-10, proposed units of service, and the Program Goal and Objective number(s).

Unit of Service = 1 contact

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	CDSME: 640; Tai Chi: 3,240	8	8.08
2021-2022	CDSME: 326 Tai Chi: 1,652	8	8.08
2022-2023			
2023-2024			

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 706 divided by the total number
of complaints received 970 = Baseline Resolution Rate 73 %
FY 2021-2022 Target Resolution Rate 60 %

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 <u>333</u> FY 2020-2021 Target: <u>160</u>
2. FY 2019-2020 Baseline: Number of Resident Council meetings attended <u>157</u> FY 2021-2022 Target: <u>175</u>
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 <u>24</u> FY 2020-2021 Target: <u>10</u>
2. FY 2019-2020 Baseline: Number of Family Council meetings attended <u>6</u> FY 2021-2022 Target: <u>11</u>
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 <u>2,098</u> FY 2020-2021 Target: <u>1,000</u>
2. FY 2019-2020 Baseline: Number of Instances <u>1,681</u> FY 2021-2022 Target: <u>1,000</u>

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 <u>15,778</u> FY 2020-2021 Target: <u>7,500</u>
2. FY 2019-2020 Baseline: Number of Instances <u>16,229</u> FY 2021-2022 Target: <u>10,000</u>
3. FY 2020-2021 Baseline: Number of Instances _____ 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 <u>25</u> FY 2020-2021 Target: <u>5</u>
2. FY 2019-2020 Baseline: Number of Sessions <u>9</u> FY 2021-2022 Target: <u>10</u>
3. FY 2020-2021 Baseline: Number of Sessions _____ 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

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
<p>Outcome of FY 2020-2021 Efforts: Despite COVID-19 in-person restrictions, successful continued coordination with law enforcement and other community partners occurred remotely. Program supervisors attend monthly Psychiatric Emergency Response Team (PERT) meetings that include various law enforcement associates. Quarterly meetings with the Department of Justice (DOJ), District Attorney (DA), and Community Care Licensing (CCL) occurred virtually. Meeting attendance with Elder Law & Advocacy, Jewish Family Services (JFS) Patient Advocacy, Elder Protection Council, AIS Ombudsman Advisory Committee, and the Elder Death Review Team was continuous. Program supervisors also attend regular behavioral health/case management provider meetings.</p> <p>FY 2021-2022 Systems Advocacy Effort(s): (Provide one or more new systems advocacy efforts) To help grow our volunteer based program, The Long-Term Care Ombudsman Program (LTCOP) will network and collaborate with the newly contracted volunteer recruiter. The recruitment, training, and retention of volunteers is crucial. LTCOP will also join efforts with organizations such as AARP, educational institutions, and the AIS LTC Facilities Advisory Committee to promote volunteer opportunities. The hiring of additional paid staff to help supervise and mentor volunteers will be done.</p>
FY 2022-2023
<p>Outcome of FY 2021-2022 Efforts:</p> <p>FY 2022-2023 Systems Advocacy Effort(s): (Provide one or more new systems advocacy efforts)</p>

FY 2023-2024

Outcome of 2022-2023 Efforts:

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

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

Measures and Targets:

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

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

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

3. FY 2020-2021 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint
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
FY 2023-2024 Target:

Program Goals and Objective Numbers:

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

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

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

1. FY 2018-2019 Baseline: <u>11.25</u> FTEs FY 2020-2021 Target: <u>11.25</u> FTEs
2. FY 2019-2020 Baseline: <u>11.25</u> FTEs FY 2021-2022 Target: <u>11.25</u> FTEs
3. FY 2020-2021 Baseline: _____ 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 <u>94</u> FY 2020-2021 Projected Number of certified LTC Ombudsman volunteers <u>65</u>
2. FY 2019-2020 Baseline: Number of certified LTC Ombudsman volunteers <u>73</u> FY 2021-2022 Projected Number of certified LTC Ombudsman volunteers <u>80</u>

3. FY 2020-2021 Baseline: Number of certified LTC Ombudsman volunteers _____ 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 _____
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

Our program will:

- Initiate a case review process to ensure case entry is completed in a timely manner
- Provide trainings for volunteers at Quarterly Regional Meetings on reporting activities accurately, consistently, and timely
- Provide refresher training for paid staff on Target Goals and Ombudsman Data Integration Network (ODIN) in order to report accurately, consistently, and timely

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

TITLE VIIA ELDER ABUSE PREVENTION SERVICE UNIT PLAN OBJECTIVES

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

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

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

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

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

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

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TITLE III E 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 III E Services

CATEGORIES	1	2	3
Family Caregiver Services Caring for Elderly	<i>Proposed Units of Service</i>	<i>Required Goal #(s)</i>	<i>Optional Objective #(s)</i>
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: 2,000 Total est. audience for above:12,000	1	
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	800	1	
2022-2023			
2023-2024			

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Support Services	Total hours		
2020-2021	10,000	1	
2021-2022	10,000	1	
2022-2023			
2023-2024			
Respite Care	Total hours		
2020-2021	12,000	1	
2021-2022	12,000	1	
2022-2023			
2023-2024			
Supplemental Services	Total occurrences		
2020-2021	2,000	1	
2021-2022	2,000	1	
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: 4 Total est. audience for above: 300	1	
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	<i>Proposed</i> Units of Service	<i>Required</i> Goal #(s)	<i>Optional</i> Objective #(s)
Access Assistance	Total contacts		
2020-2021	400	1	
2021-2022	400	1	
2022-2023			
2023-2024			
Support Services	Total hours		
2020-2021	0		
2021-2022	0		
2022-2023			
2023-2024			
Respite Care	Total hours		
2020-2021	16,000	1	
2021-2022	16,000	1	
2022-2023			
2023-2024			
Supplemental Services	Total occurrences		
2020-2021	0		
2021-2022	0		
2022-2023			
2023-2024			

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

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

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

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

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

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

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

https://www.aging.ca.gov/Providers_and_Partners/Area_Agencies_on_Aging/#pp-planning.

(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	100	5
2021-2022	100	5
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	1,770	5
2022-2023		
2023-2024		

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

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

SECTION TWELVE

DISASTER PREPAREDNESS

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

1. Describe how the AAA coordinates its disaster preparedness plans and activities with local emergency response agencies, relief organizations, state and local governments, and other organizations responsible for emergency preparedness and response as required in OAA, Title III, Section 310:
 - The AAA (AIS) coordinates its disaster preparedness plans and activities with local emergency response agencies, relief organizations, state and local governments, and other organizations responsible for emergency preparedness through the Office of Emergency Services (OES) of the County of San Diego which orchestrates periodic regional meetings for both internal and external responsible parties, as outlined in the AIS Disaster Plan – Continuity of Operations Planning (COOP) Annex.
2. Identify each of the local Office of Emergency Services (OES) contact person(s) within the PSA that the AAA will coordinate with in the event of a disaster (add additional information as needed for each OES within the PSA):

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

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

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

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

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.

SECTION SIXTEEN
GOVERNING BOARD

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

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

Total Number of Board Members: 5

Name and Title of Officers:	Office Term Expires:
Nathan Fletcher, Chair – District 4	2023
Nora Vargas, Vice-Chair – District 1	2025

Names and Titles of All Members:	Board Term Expires:
Nora Vargas, Supervisor – District 1	2025
Joel Anderson, Supervisor – District 2	2025
Terra Lawson-Remer, Supervisor – District 3	2025
Nathan Fletcher, Supervisor – District 4	2023
Jim Desmond, Supervisor – District 5	2023

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

Supervisors Vargas, Anderson, and Lawson-Remer were elected to the San Diego County Board of Supervisors on November 3, 2020 and sworn in on January 4, 2021.

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 (26 filled seats)

Number of Council Members over age 60: 19 (73% of filled seats)

Race/Ethnic Composition	% of PSA's 60+Population	% on Advisory Council
White	69	65
Hispanic	16	15
Black	3	8
Asian/Pacific Islander	10	12
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:

Osborne, John Chair	Supervisory District #3 – T. Lawson-Remer (2 nd Term)	1/6/25
Maeoka, Chris 1 st Vice Chair	(1 st Term)	7/12/23
Fields, La Rue 2 nd Vice Chair	(2 nd Term)	9/11/24
Huber, Stephen Secretary	(1 st Term)	5/12/23

Name and Title of other members:

Office Term Expires:

Bonilla, Judi	(2 nd Term)	5/13/21
Cadmus, Morgan	(1 st Term)	2/11/23
DeLeo, Patricia	(1 st Term)	9/9/23
Detsky-Weil, Faye	(1 st Term)	7/8/23
Flynn, Monica	Supervisory District #4 – N. Fletcher (1 st Term)	1/2/23
Garbanzos, Joe	Supervisory District #1 – N. Vargas (2 nd Term)	1/6/25
King, Shirley	Supervisory District #3 – T. Lawson-Remer (1 st Term)	1/6/25
Larkins, Ethel	Supervisory District #1 – N. Vargas (1 st Term)	1/6/25
Ling, Paul	(1 st Term)	9/2/24
Mallett, Susan	(1 st Term - partial)	5/14/22
McCarthy, Martha	(1 st Term – seat)	3/11/23
Miller, Jack	(2 nd Term)	10/13/22
Monarrez, Paul	(1 st Term)	10/8/24
Nocon, Molly	Supervisory District #2 – J. Desmond (1 st Term)	1/6/25
Prager, Linda	(2 nd Term)	10/13/22
Saracen, Paula	(1 st Term)	10/8/24
Simon, Jacqueline	Supervisory District #5 – J. Anderson (1 st Term)	1/2/23
Smith, Wanda	(1 st Term)	9/9/23
Splitgerber, Thomas	Supervisory District #2 – J. Desmond (1 st Term)	1/6/25
Taylor, Lorelei	(2 nd Term)	10/11/22
Villafana, Luz	Supervisory District #4 – N. Fletcher (1 st Term)	1/2/23
Weber, Darlene	Supervisory District #5 – J. Desmond (2 nd Term)	1/2/23
(vacant)		
(vacant)		
(vacant)		
(vacant)		

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 four 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.

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.

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 IIIB 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

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

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

2022-2023	
2023-2024	

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, 7 days per week, and provides information and referrals for legal 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, and now offers services over the phone or through video conferencing. It is able to collaborate with the sites to distribute outreach materials on an ongoing basis in order to target priority populations such as those in greatest economic need and minorities.

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

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

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

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. b. c.	a. b. c.
2023-2024	a. b. c.	a. 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 TIIB 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.

During the COVID-19 pandemic, the provider experienced a significant increase in reported scams that capitalized on seniors being forced to use technology to communicate with financial institutions. The pandemic also resulted in many tenants not paying rent, and an increase in neighbor disputes.

14. In the past four years, has there been a change in the types of legal issues handled by the TIIB 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 TIIB legal provider. Though there was not a significant change in the core types of legal issues presented, the impact of how to deliver services during the COVID-19 pandemic was an additional variable to consider.

- 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.

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

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

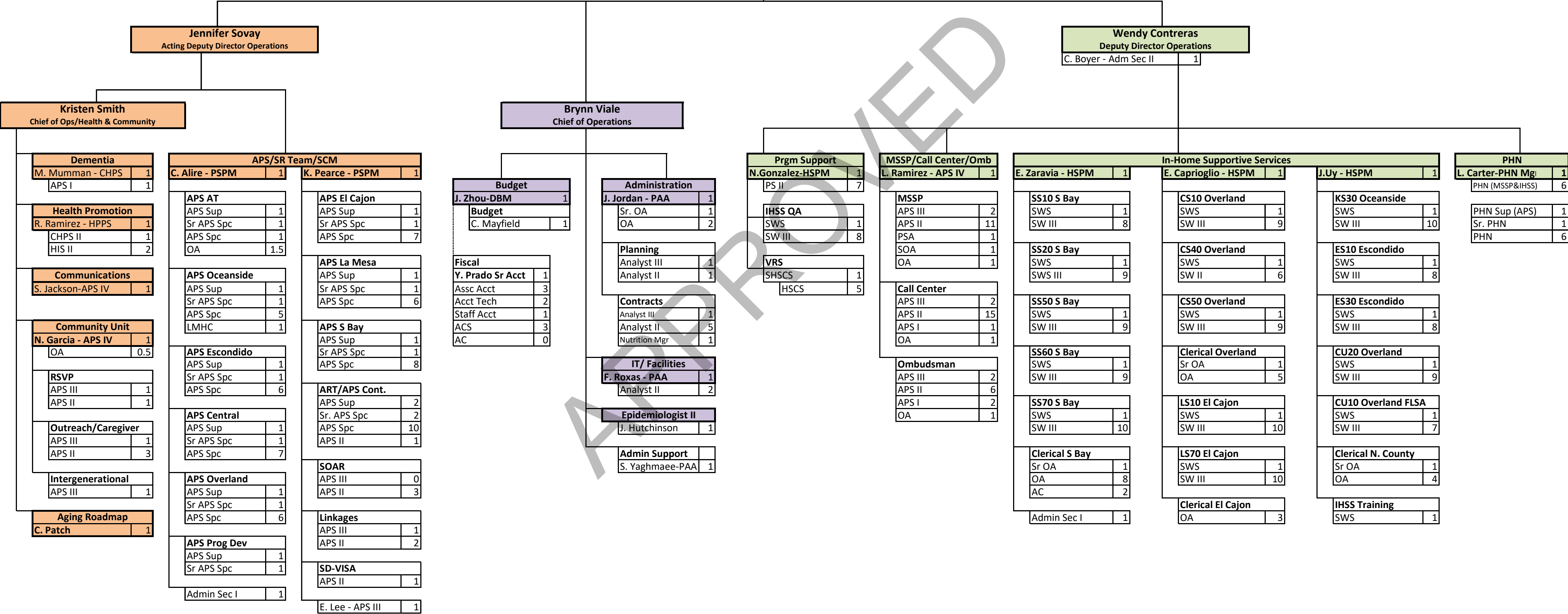
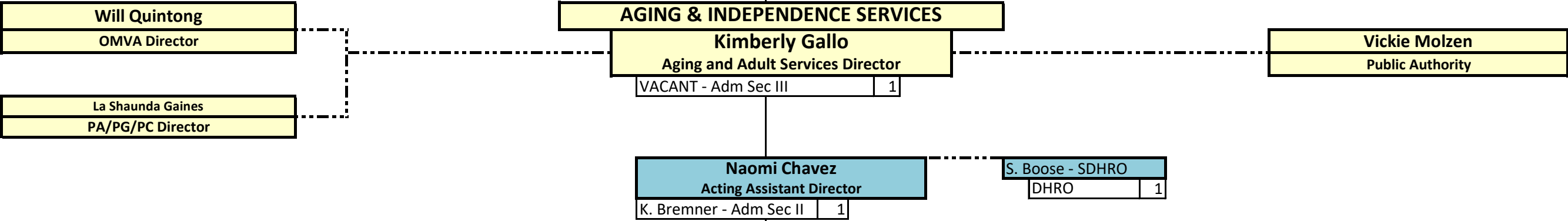
Provider and other legal programs in the geographic area regularly cross-refer and cooperate on cases. The provider coordinates services with law school-supported legal clinics, the local legal aid program, the district attorney's and city attorney's elder abuse divisions, state consumer licensing and enforcement agencies such as those overseeing automotive repairs and contractors, and with other specialty nonprofit legal services providers in the community.

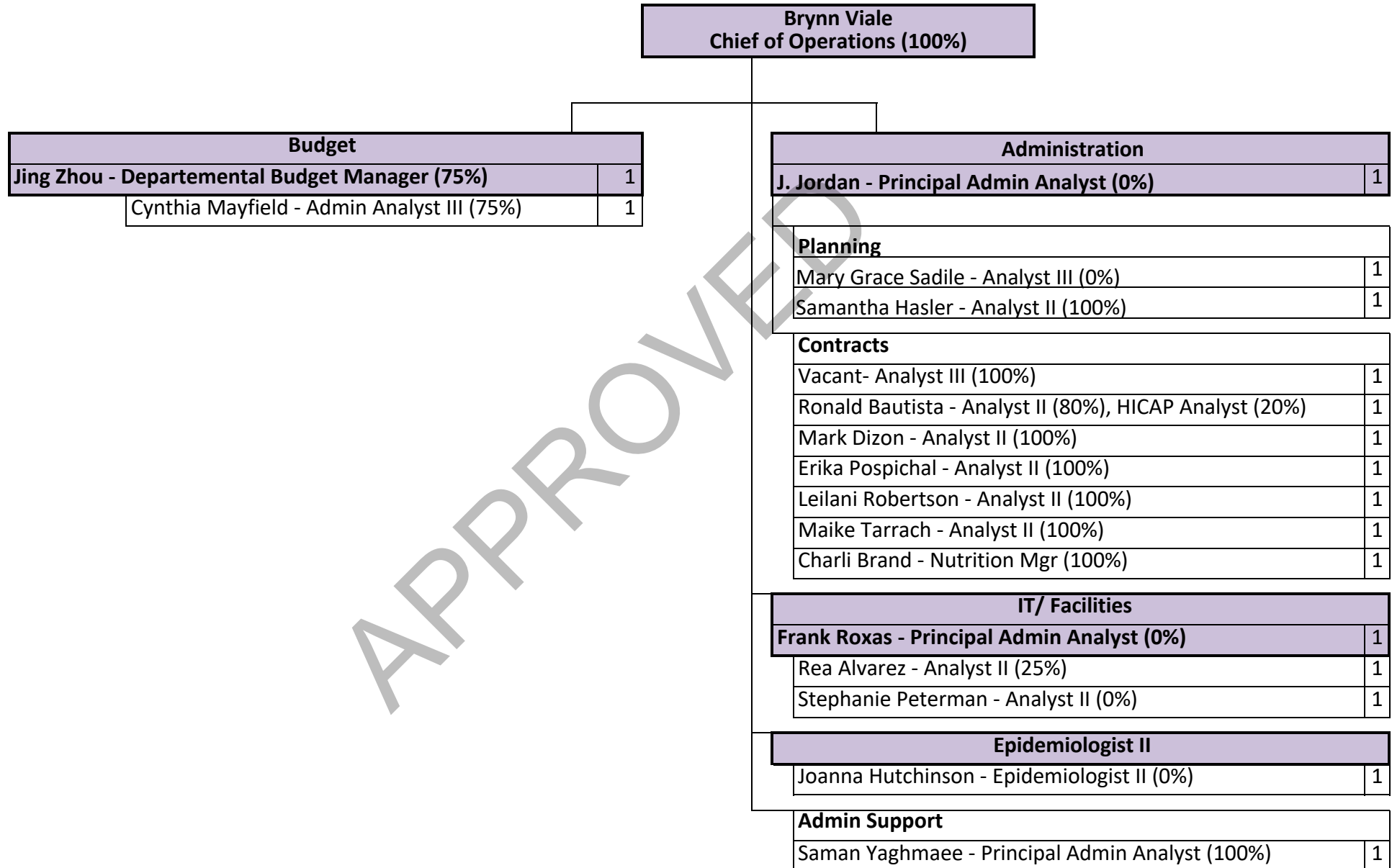
Provider also collaborates with community-based service providers which are part of the "safety-net" for older individuals residing within the geographic location such as nutrition programs, caregiver resource centers and senior housing groups. For example, in the discussion of their legal issues with 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.

SECTION TWENTY- ONE
ORGANIZATION CHART

HEALTH AND HUMAN SERVICES AGENCY

AIS ADVISORY BODIES
AIS ADVISORY COUNCIL
IHSS ADVISORY COMMITTEE
RSVP ADVISORY COUNCIL
SDMV ADVISORY COUNCIL





Long-Term Care Ombudsman Program

