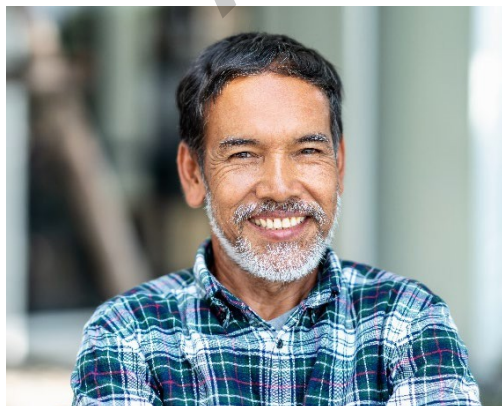


Aging & Independence Services

AREA PLAN 2020-2024

PSA #23

Update FY 23/24



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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	
	➤ Update/Submit A) through G) ANNUALLY:		
n/a	A) Transmittal Letter- (submit by email with electronic or scanned original signatures)	<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"/>	
	➤ Update/Submit the following only if there has been a CHANGE or the section was not included in the 2020-2024	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 type="checkbox"/>	<input checked="" type="checkbox"/>
9	• System-Building and Administration	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	• Title IIIB-Funded Programs	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>
20	• Title IIIE-Family Caregiver Support Program	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	• HICAP Program	<input type="checkbox"/>	<input checked="" 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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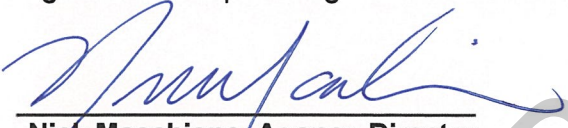

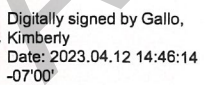
TRANSMITTAL LETTER
2020-2024 Four Year Area Plan/ Annual Update

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 Director
Health and Human Services Agency
Date 4/26/23
2. 
Stephen Huber, Chair
Advisory Council
Date April 12, 2023
3. 
Gallo, Kimberly
Kimberly Gallo, Director
Aging and Adult Services
Public Administrator/Public Guardian
Aging & Independence Services
Date April 12, 2023

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2023 California Department of Aging (CDA) Population Demographic Projections by County and PSA for Intrastate Funding Formula (IFF)

Prepared by Data Team 03/09/23

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+	Square Miles	Lives Alone 60+	Non-English 60+
Source		DoF & A	DoF & B	DoF & C	ACL-1 + D	DHCS & A	Census-1	SSA & A	DoF & E	Census-2	ACL-2 + F	ACL-3 + G
PSA 1												
Del Norte	1	7,066	5,747	1,319	1,255	1,878	2,523	426	1,992	1,006	1,700	20
Humboldt	1	35,375	29,891	5,484	5,220	7,433	9,202	1,476	9,114	3,568	9,210	130
Total		42,441	35,638	6,803	6,475	9,311	11,725	1,902	11,106	4,574	10,910	150
PSA 2												
Lassen	2	7,205	5,862	1,343	740	1,301	3,634	238	1,822	4,541	1,600	4
Modoc	2	3,402	2,951	451	570	661	2,075	120	1,178	3,918	850	45
Shasta	2	49,807	43,203	6,604	6,965	9,899	14,975	2,205	15,019	3,775	12,115	155
Siskiyou	2	15,319	13,060	2,259	2,390	3,257	8,733	771	4,853	6,278	4,240	115
Trinity	2	5,287	4,178	1,109	790	931	4,065	190	1,558	3,179	1,280	0
Total		81,020	69,254	11,766	11,455	16,049	33,482	3,524	24,430	21,691	20,085	319
PSA 3												
Butte	3	55,895	46,206	9,689	8,935	11,304	10,927	2,488	16,403	1,636	13,635	695
Colusa	3	5,028	2,916	2,112	625	1,367	1,435	230	1,054	1,151	1,080	460
Glenn	3	6,716	4,774	1,942	1,225	1,678	2,329	384	1,658	1,314	1,150	320
Plumas	3	7,795	7,084	711	815	1,147	4,931	168	2,762	2,553	1,725	4
Tehama	3	17,226	13,869	3,357	2,875	3,974	8,364	748	5,060	2,950	3,940	195
Total		92,660	74,849	17,811	14,475	19,470	27,986	4,018	26,937	9,604	21,530	1,674
PSA 4												
Nevada	4	37,311	33,948	3,363	3,970	3,918	11,707	542	12,486	958	7,635	115
Placer	4	115,509	92,073	23,436	10,220	10,045	12,428	2,229	34,606	1,407	21,700	1,150
Sacramento	4	335,829	195,827	140,002	44,775	80,566	6,251	25,844	61,654	965	69,260	12,090
Sierra	4	1,360	1,215	145	170	196	1,020	0	449	953	245	0
Sutter	4	21,714	12,785	8,929	2,810	6,243	2,905	1,670	4,441	602	4,285	1,655
Yolo	4	42,735	27,382	15,353	4,675	8,144	3,110	1,974	9,208	1,015	8,350	1,945
Yuba	4	15,303	10,717	4,586	2,070	4,298	4,215	1,037	3,083	632	3,515	335
Total		569,761	373,947	195,814	68,690	113,410	41,636	33,296	125,927	6,532	114,990	17,290
PSA 5												
Marin	5	84,330	70,346	13,984	6,690	7,562	5,180	1,357	26,735	520	20,880	335
PSA 6												
San Francisco	6	213,577	81,113	132,464	34,220	63,786	0	26,236	28,040	47	50,915	22,405
PSA 7												
Contra Costa	7	296,731	168,268	128,463	21,910	45,120	1,769	10,255	54,544	716	49,350	6,000
PSA 8												
San Mateo	8	201,581	101,668	99,913	15,035	26,713	3,580	5,499	36,042	448	32,240	5,710
PSA 9												
Alameda	9	377,873	155,983	221,890	39,340	86,008	1,320	24,649	50,467	739	67,220	17,525

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+	Square Miles	Lives Alone 60+	Non-English 60+
Source		DoF & A	DoF & B	DoF & C	ACL-1 + D	DHCS & A	Census-1	SSA & A	DoF & E	Census-2	ACL-2 + F	ACL-3 + G
PSA 10												
Santa Clara	10	448,001	197,576	250,425	41,170	88,433	4,347	26,801	69,198	1,290	60,600	17,895
PSA 11												
San Joaquin	11	155,394	71,782	83,612	19,285	37,909	11,455	10,296	22,568	1,391	25,680	6,410
PSA 12												
Alpine	12	455	365	90	60	56	276	0	116	738	75	0
Amador	12	14,482	12,661	1,821	1,450	1,465	7,670	184	4,677	595	2,845	45
Calaveras	12	18,284	15,634	2,650	1,615	2,062	11,030	274	5,696	1,020	3,345	4
Mariposa	12	7,220	6,122	1,098	715	1,003	5,411	148	2,163	1,449	1,610	4
Tuolumne	12	19,453	16,987	2,466	2,135	2,585	7,537	450	6,168	2,221	4,680	95
Total		59,894	51,769	8,125	5,975	7,171	31,924	1,056	18,820	6,023	12,555	148
PSA 13												
San Benito	13	13,452	6,874	6,578	1,110	2,243	2,576	360	2,101	1,389	1,425	495
Santa Cruz	13	72,021	54,037	17,984	6,740	11,322	7,012	2,047	16,158	445	14,565	2,190
Total		85,473	60,911	24,562	7,850	13,565	9,588	2,407	18,259	1,834	15,990	2,685
PSA 14												
Fresno	14	191,831	93,454	98,377	30,570	56,776	18,289	17,298	32,715	5,958	36,430	13,350
Madera	14	33,454	19,556	13,898	4,195	7,772	11,935	1,680	7,433	2,137	5,010	2,390
Total		225,285	113,010	112,275	34,765	64,548	30,224	18,978	40,148	8,095	41,440	15,740
PSA 15												
Kings	15	23,844	11,287	12,557	3,375	6,736	2,645	1,603	3,865	1,389	3,945	1,805
Tulare	15	85,483	42,218	43,265	14,970	27,711	12,008	6,846	14,895	4,824	13,960	6,840
Total		109,327	53,505	55,822	18,345	34,447	14,653	8,449	18,760	6,213	17,905	8,645
PSA 16												
Inyo	16	6,493	5,078	1,415	630	977	2,454	169	1,562	10,181	1,660	40
Mono	16	3,958	3,418	540	330	341	1,415	37	726	3,049	745	10
Total		10,451	8,496	1,955	960	1,318	3,869	206	2,288	13,230	2,405	50
PSA 17												
San Luis Obispo	17	87,189	71,776	15,413	7,465	8,430	10,669	1,343	24,508	3,299	16,200	615
Santa Barbara	17	101,347	66,699	34,648	10,215	17,491	5,447	3,361	24,387	2,735	20,390	3,575
Total		188,536	138,475	50,061	17,680	25,921	16,116	4,704	48,895	6,034	36,590	4,190
PSA 18												
Ventura	18	211,902	134,665	77,237	17,985	31,363	5,252	6,485	43,790	1,843	33,820	8,300
PSA 19												
Los Angeles Co.	19	1,468,704	565,010	905,784	194,750	437,102	10,719	128,304	469,409	3,589	212,195	107,285
PSA 20												
San Bernardino	20	417,606	184,327	233,279	56,055	108,193	21,182	25,387	57,066	20,057	61,215	16,925
PSA 21												
Riverside	21	562,754	314,092	248,662	71,575	110,252	21,442	24,524	117,768	7,206	89,420	25,375
PSA 22												
Orange	22	756,144	416,056	340,088	77,855	157,516	827	44,037	146,868	791	118,275	30,895

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+	Square Miles	Lives Alone 60+	Non-English 60+
Source		DoF & A	DoF & B	DoF & A	ACL-1 + D	DHCS & A	Census-1	SSA & A	DoF & E	Census-2	ACL-2 + F	ACL-3 + G
PSA 23												
San Diego	23	757,162	460,224	296,938	81,395	144,015	22,757	38,151	155,950	4,207	128,625	25,620
PSA 24												
Imperial	24	37,422	6,826	30,596	8,540	17,423	4,789	5,418	2,678	4,177	5,370	7,825
PSA 25												
Los Angeles City	25	868,136	346,296	519,750	146,695	258,366	723	75,839	284,540	469	160,895	69,725
PSA 26												
Lake	26	19,953	16,362	3,591	3,575	5,662	6,066	996	5,718	1,256	5,665	215
Mendocino	26	26,848	22,322	4,526	4,135	5,921	11,133	1,120	7,500	3,506	6,935	275
Total		46,801	38,684	8,117	7,710	11,583	17,199	2,116	13,218	4,762	12,600	490
PSA 27												
Sonoma	27	152,026	121,135	30,891	13,055	18,128	17,953	2,977	40,714	1,576	33,870	2,165
PSA 28												
Napa	28	39,050	28,655	10,395	3,355	5,363	5,223	812	10,646	748	8,240	1,035
Solano	28	111,138	54,752	56,386	9,570	18,095	3,719	3,908	17,700	822	17,710	2,210
Total		150,188	83,407	66,781	12,925	23,458	8,942	4,720	28,346	1,570	25,950	3,245
PSA 29												
El Dorado	29	60,827	52,062	8,765	5,365	5,868	16,600	851	17,099	1,708	10,130	320
PSA 30												
Stanislaus	30	111,386	65,645	45,741	15,840	28,889	8,100	7,204	21,332	1,495	19,330	4,850
PSA 31												
Merced	31	48,534	22,262	26,272	7,245	15,147	5,905	3,998	7,639	1,935	8,355	5,080
PSA 32												
Monterey	32	94,449	50,157	44,292	9,650	19,455	10,445	2,975	18,509	3,281	16,120	6,050
PSA 33												
Kern	33	159,645	85,001	74,644	25,925	47,371	17,295	10,832	27,261	8,132	29,095	10,250
California		9,146,021	4,772,439	4,373,582	1,116,885	2,094,870	438,984	567,451	2,075,351	155,779	1,566,550	451,571

SOURCES

ACL-1 Administration for Community Living, Aging Integrated Database (AGid). Web source retrieved on 11/01/22

Source File: California 2015-2019 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/>

ACL-2 Administration for Community Living, Aging Integrated Database (AGid). Web source retrieved on 11/01/22

Source File: California 2015-2019 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/>

ACL-3 U.S. Administration on Aging, Aging Integrated Database (AGid). Web source retrieved on 11/01/22

Source File: California 2015-2019 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/>

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 File: Medi-Cal Beneficiaries Age 60 and Over as of January 2021

Special Run Request; Source data emailed on 10/12/22

DOF State of California, Department of Finance, Demographic Research Unit

P-2: State and County Population Projections by Race/Ethnicity and Age (5-year groups): 2022

Special Run Request; Source data emailed on 02/03/23

SSA U.S. Social Security Administration, Office of Retirement and Disability Policy. Web source retrieved on 11/23/22

Source File: SSI Recipients by State and County, Dec 2021

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

A The 2023 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 2023 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 2023 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 2015-2019 ACL Special Tabulation for Los Angeles County (PSA 19) and Los Angeles City (PSA 25) Low-Income 60+ Population (PSA 19 = 62.49%; PSA 25 = 37.51%)

E The 2023 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 2015-2019 ACL Special Tabulation for Los Angeles County (PSA 19) and Los Angeles City (PSA 25) Lives Alone 60+ Population (PSA 19 = 56.88% PSA 25 = 43.12%)

G The 2015-2019 ACL Special Tabulation for Los Angeles County (PSA 19) and Los Angeles City (PSA 25) Non-English Speaking 60+ Population (PSA 19 = 60.61%, PSA 25 = 39.39%)

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 5, 2023

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 6th of March 2023


Cris Gaza

San Diego Union-Tribune
Legal Advertising

NOTICE OF PUBLIC HEARING

Aging & Independence Services, of the County of San Diego Health and Human Services Agency, and designated by the California Department of Aging as the Area Agency on Aging for Planning and Service Area #23 [San Diego County], will hold a Public Hearing, Monday April 10, 2023, during the regularly scheduled Advisory Council meeting held at 12:00 p.m. (noon) as part of the process for the four-year Area Plan 2020-2024, Update FY 23/24 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 at the County Operations Center located at 5560 Overland Avenue, 3rd Floor, San Diego, CA 92123. Guests can also join via phone at (669) 900-9128 (Meeting ID: 992 5390 3588; Meeting password: 251412), or visit <https://www.sandiegocounty.gov/AISAdvisoryCouncil> to join by video conference (Zoom).

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AIS FY 22/23 Budget & Contracts Summary

Operating Budget:

Number of Budget Unit Orgs:	21	
Salaries & Benefits:		\$ 76,583,963
Operating Expenses (Ser & Sup + Other):		119,948,015
IHSS Public Authority Budget:		42,011,127
Total Operating Budget:		<u>\$ 238,543,105</u>

Funding Sources:

Number of Funding Sources:	40+	
Federal \$:		30.21%
State \$ (Includes Realignment):		59.00%
County \$:		9.20%
Other Grant \$:		1.60%
Total Funding:		<u>100.00%</u>

Community Contracted Services:

Number of Contracts:	60+	
IHSS MOE		\$ 79,798,892
Other Contracted Services		\$ 29,713,045
Total:		\$ 109,511,937
Contracted Services as Percentage of Budget		45.91%

Number of AIS Staff: 613



AIS FY 22/23 Funding

By Type:		
Fed	72,064,239	30.21%
State (Includes Realignment)	140,733,746	59.00%
Non-Fed/State	3,806,375	1.60%
County General Purpose Revenue	21,938,745	9.20%
Total Revenue	238,543,105	100.00%

Total Expenditures	238,543,105
---------------------------	--------------------

By Program		
IHSS (Fed + State + Realignment)		112,105,809
APS (Includes Realignment)		23,965,739
T-III-C Nutrition	OAA	8,710,664
OAA ARPA	OAA	4,909,240
Home Safe Program	CDSS	4,863,726
MSSP	Title XIX	3,679,572
Public Administrator/Guardian/Conservator		3,485,127
T-III-B Support	OAA	2,448,587
SD-VISA	VA	1,864,150
County ARPA Nutrition Program	ARPA	1,500,000
Ombudsman	OAA	1,154,699
T-III-E Caregiver	OAA	1,267,971
Area Plan Admin	OAA	1,094,092
HICAP	SHIP	694,250
T-V Sr. Employment	OAA	403,385
MH Senior Team	Realignment	211,100
T-III-D Disease Prevention	OAA	192,300
SNAP Ed	CDSS	182,756
MIPPA	DHHS	156,369
Mental Health Services Act	MHSA	109,004
RSVP	CNCS	105,578
Misc Small Programs		2,129,115
Public Authority (State + Fed)		41,371,127
Total Non-County Revenue		216,604,360
County General Purpose Revenue		21,938,745
Total Revenue		238,543,105

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://sdcountycal.webex.com/sdcountycal/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=czJJbXZoWUd6RW hVNXJUzJJKSVpPUT09 ; Meeting ID: 992 5390 3588; Meeting password: 251412	28	No	No
2022-2023	April 11, 2022	Virtually via phone at (669) 900-9128, or via Zoom https://zoom.us/j/99253903588?pwd=czJJbXZoWUd6RW hVNXJUzJJKSVpPUT09 ; Meeting ID: 992 5390 3588 Meeting password: 251412	32	No	No
2023-2024	April 10, 2023	In person at 5560 Overland Avenue, Suite 300 San Diego, CA 92123 Virtually via phone at (669) 900-9128, or Via Zoom (https://zoom.us/j/99253903588?pwd=czJJbXZoWUd6RW hVNXJUzJJKSVpPUT09) Meeting ID: 992 5390 3588. Meeting password: 251412	36	No	No

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

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

Notification (Legal Notice) of the Public Hearing appeared in the region's largest newspaper.
Attendees could join virtually via Zoom or via phone.

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

☐ Yes. Go to question #3

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

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

N/A.

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

☒ Yes. Go to question #5

☐ No, Explain:

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

No comments were received concerning minimum percentages.

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

No issues were raised or discussed during the public hearing.

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

No changes were made to the Area Plan.

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, 2023 to June 30, 2024		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 1,600 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 8,000 hours 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. Through FCSP Access Assistance Service, contractor will provide 800 units (contacts) of one- to-one guidance provided by an attorney (or the person under the supervision of an attorney) in the use of legal resources and services when assisting a caregiver with caregiving related legal issues.	July 1, 2023 to June 30, 2024		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, 2023 to June 30, 2024		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 200 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, 2023 to June 30, 2024		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 one session will include information targeted at caregivers in Veteran and Military families. Goal is to reach an average of 15 attendees per session.	July 1, 2023 to June 30, 2024		Revised
1.03	In order to better inform grandparents raising their grandchildren and other kinship caregivers about community resources and services, the AIS Intergenerational Coordinator will oversee the distribution of the locally produced Handbook for Grandparents and Other Relatives Raising Children. The goal is to provide at least 250 kinship family caregivers and/or kinship family service providers with this handbook annually.	July 1, 2023 to June 30, 2024		Continued
1.04	In conjunction with community partners and HHSA Regional teams, continue to support the Grandparents Raising Grandchildren initiative consisting of outreach activities, educational events, 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, resources, support services available and a better ability to manage their caregiver role.	July 1, 2023 to June 30, 2024		Revised

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 or virtual trainings regarding their responsibility to make Elder and Dependent Adult abuse reports.	July 1, 2023 to June 30, 2024		Continued
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 incidences 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, 2023 to June 30, 2024		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, 2023 to June 30, 2024		Continued
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, 2023 to June 30, 2024		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, 2023 to June 30, 2024		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, 2023 to June 30, 2024		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, 2023 to June 30, 2024		Continued
2.08.a	Operate Cool Zones for the Summer Season of 2023; 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 2023; close-out report to SDG&E; shut-down Call Center extended phone number.	July 1, 2023 to June 30, 2024		Continued
2.08.b	Open Cool Zones operations for the 2023 Summer season, including early 2023 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, 2023 to June 30, 2024		Continued
2.09	Fall Prevention: With Dignity at Home funding, improve safety for frail older adults by providing home modification services and Fall Prevention resource kits via contracted providers. Measure will include number of older adults served.	July 1, 2023 to June 30, 2024		Continued

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 partners 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 coordinate staffing for the AFN Technical Advisory seat in the Operational Area's Emergency Operations Center (EOC) during emergencies or disasters.	July 1, 2023 to June 30, 2024		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, 2023 to June 30, 2024		Continued
3.03	AIS will support OES' 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, 2023 to June 30, 2024		Continued
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		Completed
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, 2023 to June 30, 2024		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, 2023 to June 30, 2024		Continued

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, 2023 to June 30, 2024		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, 2023 to June 30, 2024		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, 2023 to June 30, 2024		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). • 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. 	July 1, 2023 to June 30, 2024		Continued

4.02	Retired and Senior Volunteer Program (RSVP) staff improve lives, strengthen communities, and foster civic engagement through promotion of service and volunteering in the AmeriCorps Seniors grant focus area of Healthy Futures, which emphasizes healthy and independent living. In the RSVP Program, a minimum of 1,000 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.	July 1, 2023 to June 30, 2024		Continued
4.03	Senior Volunteers in Action (SVA) Program helps keep seniors engaged in their communities while providing opportunities to share their knowledge, wisdom, and skills. A minimum of 100 SVA volunteers will contribute their efforts in the community annually.	July 1, 2023 to June 30, 2024		Revised
4.04	Reduce isolation of seniors living in long-term care facilities by linking volunteers, including minor volunteers paired with adult volunteers for an intergenerational component, with isolated seniors currently residing in such facilities, through a contract for the Guardian Angels program. The outcome will be the number of volunteers and isolated seniors served, as well as the number of facility visits completed, which will be tracked via monthly progress reports, and assessment of the satisfaction of participants in the program.	July 1, 2023 to June 30, 2024		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 hours logged in the automated database system.	July 1, 2023 to June 30, 2024		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 developing a countywide benchmark score of all RCFE facilities and adding a customer experience component to the facility score.	July 1, 2023 to June 30, 2024		Continued

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, 2023 to June 30, 2024		Continued
5.04	Outreach & Education staff will distribute Depression Screening Tools to at least 1,000 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. Outreach & Education staff will track the number of Depression Screening Tools distributed.	July 1, 2023 to June 30, 2024		Revised
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, 2023 to June 30, 2024		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 and application assistance to individuals.	July 1, 2021 to June 30, 2022		Completed
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, 2023 to June 30, 2024		Continued

5.08	<p>AIS will work closely with the County's Medi-Cal managed care health plans to support dual eligible and Medi-Cal-only beneficiaries who receive Managed Long-Term Services and Supports (LTSS) as CalAIM is implemented. An AIS representative will attend monthly Healthy San Diego meetings, which includes: the six 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.</p>	<p>July 1, 2023 to June 30, 2024</p>		Revised
5.09	<p>Complete 90% (14,200 of 15,800) of initial eligibility determinations for IHSS within the 45-day County-imposed program mandate so individuals can remain safely in their own home.</p>	<p>July 1, 2023 to June 30, 2024</p>		Revised
5.10	<p>Ensure 97% (34,532 of 35,600) 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%.</p>	<p>July 1, 2023 to June 30, 2024</p>		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, 2023 to June 30, 2024		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 4,600 annual "You Are Not Alone" (YANA) home visits and 26,000 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, home delivered meals, and 2-1-1 San Diego, to better enable them to support home-bound older adults.	July 1, 2023 to June 30, 2024		Revised
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 all 5 threshold languages (English, Arabic, Tagalog, Vietnamese, 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 for individuals who are mobile and those who are homebound.	July 1, 2023 to June 30, 2024		Continued

Goal # 7**DEMENTIA**

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

Rationale: The Dementia 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 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: 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, 2023 to June 30, 2024		Continued
7.02	As the regional lead for Dementia Friends California, the Age Well Dementia 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 trainings that are tailored to the San Diego region. Measures include session resources developed and number of new Dementia Friends trained.	July 1, 2023 to June 30, 2024		Continued

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, 2023 to June 30, 2024		Continued
7.04	In collaboration with the Age Well Social Participation Theme Team, the Dementia 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		Completed
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		Completed
7.06	AIS staff will work with HHSA – Public Health Services on national Healthy Brain Initiative (HBI) objectives to integrate ADRD into local public health planning, develop tools for clinicians to educate patients about brain health and cognitive impairment, educate caregivers on dementia resources, and 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, 2023 to June 30, 2024		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, 2023 to June 30, 2024		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, 2023 to June 30, 2024		Continued
8.03	Conduct a biennial conference 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, 2023 to June 30, 2024		Continued
8.04	Continue to advance LGBTQ+ sensitivity efforts, in addition to other diversity awareness practices, through activities such as ensuring inclusive language on forms, hosting staff training activities, and/or having staff representation at the annual San Diego PRIDE event.	July 1, 2023 to June 30, 2024		Continued

8.05	Participate in the County's legislative process by reviewing opportunities to identify and submit proposals to advocate for legislation that is consistent with Board of Supervisors policy positions which support the goals of AIS 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 & Innovation.	July 1, 2023 to June 30, 2024		Continued
8.06	AIS will foster a positive, strengths-based workforce through periodic leadership team meetings and an annual event for all staff.	July 1, 2023 to June 30, 2024		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, in conjunction with contractors and community partners will 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, 2023 to June 30, 2024		Revised
8.08	Health Promotion staff will educate 110 seniors through evidence-based programs such as Chronic Disease Self-Management Education Program, Tai Chi for Arthritis and Tai Chi: Moving For Better Balance. These programs are noted as evidence-based in the National Council on Aging evidence-based programs list. Published research has shown that participants have improved self-efficacy and improved health outcomes. AIS Health Promotion staff will track attendance and the number of participants.	July 1, 2023 to June 30, 2024		Continued

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, 2023 to June 30, 2024		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, 2023 to June 30, 2024		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, 2023 to June 30, 2024		Continued
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, 2023 to June 30, 2024		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, 2023 to June 30, 2024		Continued
8.14	Through the CalFresh Healthy Living program, engage a minimum of 2 cohorts of low-income seniors in a Policy, System, and Environment (PSE) community improvement project.	July 1, 2023 to June 30, 2024		Revised

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, 2023 to June 30, 2024		Continued

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, 2023 to June 30, 2024		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, 2023 to June 30, 2024		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, 2023 to June 30, 2024		Continued

SECTION TEN
SERVICE UNIT PLAN (SUP) OBJECTIVES

SUP Projections funded by the
Older Americans Act

APPROVED

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APPROVED

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

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

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

1. Report the units of service to be provided with **ALL 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	
2021-2022	2,400	5	
2022-2023	2,400	5	
2023-2024	2,400	5	

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	
2021-2022	11,060	5	
2022-2023	11,060	5	
2023-2024	11,060	5	

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	0		Not a current program output
2023-2024	0		Not a current program output

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	647,513	8	
2023-2024	647,513	8	

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	13,200	8	
2023-2024	0		

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	6,000	5	
2023-2024	6,000	5	

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	360	10	10.01
2023-2024	360	10	10.01

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	550,522	8	
2023-2024	550,522	8	

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	0		Not a current program output
2023-2024	0		Not a current program output

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	55,596	10	
2023-2024	55,596	10	

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	2,950	8	
2023-2024	2,950	8	

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	10,500	8	
2023-2024	10,500	8	

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	9,600	8	8.02
2023-2024	9,600	8	8.02

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	0		Not a current program output
2023-2024	0		Not a current program output

OAAPS Service Category – “Other” Title III Services

- Each **Title IIIB** “Other” service must be an approved OAAPS 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 OAAPS 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	135	4	
2023-2024	135	4	

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	
2022-2023	5,000	3	
2023-2024	5,000	3	

16. Title IIID/Health Promotion—Evidence Based

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

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	
2021-2022	CDSME: 326 Tai Chi: 1,652	8	
2022-2023	CDSME: 326 Tai Chi: 1,652	8	
2023-2024	CDSME: 326 Tai Chi: 1,652	8	

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 <u>791</u> + number of partially resolved complaints <u>407</u> divided by the total number of complaints received <u>2,033</u> = Baseline Resolution Rate <u>58.9%</u> FY 2020-2021 Target Resolution Rate <u>58%</u>

2. FY 2019-2020 Baseline Resolution Rate: Number of complaints partially or fully resolved <u>706</u> divided by the total number of complaints received <u>970</u> = Baseline Resolution Rate <u>73%</u> FY 2021-2022 Target Resolution Rate <u>60%</u>

3. FY 2020 - 2021 Baseline Resolution Rate: Number of complaints partially or fully resolved <u>622</u> divided by the total number of complaints received <u>861</u> = Baseline Resolution Rate <u>72</u> % FY 2022-2023 Target Resolution Rate <u>60</u> %
4. FY 2021-2022 Baseline Resolution Rate: Number of complaints partially or fully resolved <u>407</u> divided by the total number of complaints received <u>707</u> = Baseline Resolution Rate: <u>58</u> % FY 2023-2024 Target Resolution: <u>60</u> %
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 <u>29</u> FY 2022-2023 Target: <u>100</u>
4. FY 2021-2022 Baseline: Number of Resident Council meetings attended <u>55</u> FY 2023-2024 Target: <u>60</u>
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 <u>0</u> FY 2022-2023 Target: <u>5</u>
4. FY 2021-2022 Baseline: Number of Family Council meetings attended <u>0</u> FY 2023-2024 Target: <u>5</u>
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 <u>1,938</u> FY 2022-2023 Target: <u>1,000</u>
4. FY 2021-2022 Baseline: Number of Instances <u>1,061</u> FY 2023-2024 Target: <u>1,000</u>
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 <u>21,117</u> FY 2022-2023 Target: <u>10,000</u>
4. FY 2021-2022 Baseline: Number of Instances <u>14,916</u> FY 2023-2024 Target: <u>10,000</u>
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 <u>4</u> FY 2022-2023 Target: <u>5</u>
4. FY 2021-2022 Baseline: Number of Sessions <u>9</u> FY 2023-2024 Target: <u>10</u>
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 ElderLaw & 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: Outcome of efforts were isolation prevention and intervention in long-term care facilities.</p> <p>FY 2022-2023 Systems Advocacy Effort(s): (Provide one or more new systems advocacy efforts) To educate facility, staff, residents, and community stakeholders of the importance of visitation and the effects of isolation. Provide information and interpretation of All Facility Letters (AFL) and Provider Information Notices (PIN).</p>

FY 2023-2024
Outcome of 2022-2023 Efforts: Resident rights education and mandated reporting requirements.
FY 2023-2024 Systems Advocacy Effort(s): (Provide one or more new systems advocacy efforts) To educate facility, staff, residents, and community stakeholders on resident rights, and mandated reporting requirements. Provide information and interpretation of All Facility Letters (AFL) and Provider Information Notices (PIN).

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 <u>87</u> FY 2020-2021 Target: <u>75%</u>
2. FY 2019-2020 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint <u>87</u> FY 2021-2022 Target: <u>75%</u>
3. FY 2020-2021 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint <u>65%</u> FY 2022-2023 Target: <u>75%</u>
4. FY 2021-2022 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint <u>100%</u> FY 2023-2024 Target: <u>75%</u>
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 <u>13%</u> FY 2022-2023 Target: <u>70%</u>
4. FY 2021-2022 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint <u>42%</u> FY 2023-2024 Target: <u>70%</u>
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: <u>11.00</u> FTEs FY 2022-2023 Target: <u>11.25</u> FTEs
4. FY 2021-2022 Baseline: <u>16.25</u> FTEs FY 2023-2024 Target: <u>13.25</u> 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 <u>54</u> FY 2022-2023 Projected Number of certified LTC Ombudsman volunteers <u>75</u>

4. FY 2021-2022 Baseline: Number of certified LTC Ombudsman volunteers 50
FY 2023-2024 Projected Number of certified LTC Ombudsman volunteers 55

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:

- Hire additional staff.
- Provide active volunteers with Surface Pros to improve communication between paid staff and volunteers, while improving timeliness and efficiency of case and activity reporting.
- Quarterly staff meeting dedicated to NORS coding trainings to improve consistency.
- Provide staff with Surface Pros in an effort to limit paper and improve data entry timeliness.

TITLE VIIA ELDER ABUSE PREVENTION SERVICE
UNIT PLAN OBJECTIVES

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

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

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 III E Family Caregiver Support Program, educational materials distributed, and hours of activity spent developing a coordinated system which addresses elder abuse prevention, investigation, and prosecution.

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

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

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

- **Public Education Sessions** –Indicate the total number of projected education sessions for the general public on the identification, prevention, and treatment of elder abuse, neglect, and exploitation.
- **Training Sessions for Professionals** –Indicate the total number of projected training sessions for professionals (service providers, nurses, social workers) on the identification, prevention, and treatment of elder abuse, neglect, and exploitation.
- **Training Sessions for Caregivers Served by Title III E** –Indicate the total number of projected training sessions for unpaid family caregivers who are receiving services under Title III E of the Older Americans Act (OAA) on the identification, prevention, and treatment of elder abuse, neglect, and exploitation. Older Americans Act Reauthorization Act of 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	1
2023-2024	1

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

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

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

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 flowchart
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 flowchart
2022-2023	100	Ombudsman, Live Well Thriving & Safety brochures, with the role of the Ombudsman & Elder Abuse, Mandated Reporter

	100	Reporter & SOC341 information; Mandated Reporter flowchart
2023-2024	100	Ombudsman, Live Well Thriving & Safety brochures, with the role of the Ombudsman & Elder Abuse, Mandated Reporter
	100	Reporter & SOC341 information; Mandated Reporter flowchart

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

APPROVED

TITLE IIIIE 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](#) for eligible activities and service unit measures. Specify proposed audience size or units of service for ALL budgeted funds.

Direct and/or Contracted IIIIE Services

CATEGORIES	1	2	3
Family Caregiver Services	<i>Proposed</i> Units of Service	<i>Required</i> Goal #(s)	<i>Optional</i> Objective #(s)
Caregivers of Older Adults			
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: 2,000 Total est. audience for above: 12,000	1	
2023-2024	# of activities: 2,000 Total est. audience for above: 12,000	1	
Access Assistance	Total contacts		
2020-2021	800	1	
2021-2022	800	1	
2022-2023	800	1	1.02.a
2023-2024	800	1	1.02.a

Support Services	Total hours		
2020-2021	10,000	1	
2021-2022	10,000	1	
2022-2023	8,000	1	1.02.a
2023-2024	8,000	1	1.02.a
Respite Care	Total hours		
2020-2021	12,000	1	
2021-2022	12,000	1	
2022-2023	12,000	1	1.02.a
2023-2024	12,000	1	1.02.a
Supplemental Services	Total occurrences		
2020-2021	2,000	1	
2021-2022	2,000	1	
2022-2023	1,600	1	1.02.a
2023-2024	1,600	1	1.02.a

Direct and/or Contracted IIIE Services

Older Relative Caregivers	<i>Proposed</i> Units of Service	<i>Required</i> Goal #(s)	<i>Optional</i> 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: 4 Total est. audience for above: 200	1	
2023-2024	# of activities: 4 Total est. audience for above: 200	1	

Older Relative Caregivers	<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	200	1	
2023-2024	200	1	
Support Services	Total hours		
2020-2021	0		
2021-2022	0		
2022-2023	0		
2023-2024	0		
Respite Care	Total hours		
2020-2021	16,000	1	
2021-2022	16,000	1	
2022-2023	16,000	1	
2023-2024	16,000	1	
Supplemental Services	Total occurrences		
2020-2021	0		
2021-2022	0		
2022-2023	0		
2023-2024	0		

**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	100	5
2023-2024	100	5

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	1,770	5
2023-2024	1,770	5

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	125	5
2023-2024	125	5

⁶Requires a contract for using HICAP funds to pay for HICAP Legal Services

23/24 Update Justifications for Service Units Greater than or Equal to 10%

TITLE III/VIIA -

Adult Day/Health Care (In-Home): The proposed units of service for the adult day care decreased by 100% due to the discontinuance of the contract.

TITLE IIIB and Title VIIA -

Complaint Resolution Rate: The number of complaints received has decreased by 17.89% in FY 21/22, and the number of complaints resolved has decreased by 34.57%. Fewer complaints were received related to COVID-19 isolation, however, the number of volunteers also decreased which decreased the resolution rate.

Work with Resident Councils: The number of Resident Council meetings attended in FY 21/22 increased by 89.66%. Due to the lifting of COVID-19 restrictions, more 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 45.25% in FY 21/22 due to less COVID-19 inquiries received.

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, decreased by 125% in FY 21/22. Due to the lifting of COVID-19 restrictions and receiving fewer consults/complaints related to isolation and visitation.

Community Education: The number of sessions Long-Term Care (LTC) Ombudsman Program participated in during FY 21/22 increased by 125%. due to the lifting of COVID-19 restrictions and staff having more opportunities to participate in community education events. The target for FY 23/24 was increased by 100% in anticipation of more events being allowed.

Routine Access: Nursing Facilities: The baseline number of nursing facilities for the Elderly with the PSA that were visited by an Ombudsman representative increased by 35% in FY 21/22 due to the lifting of COVID-19 pandemic restrictions and filling vacant positions.

Routine Access: Residential Care Communities: The baseline number of Residential Care Facilities (RCFEs) for the Elderly with the PSA that were visited by an Ombudsman representative increased by 223.08% in FY 21/22 due to the lifting of COVID-19 pandemic restrictions and filling vacant positions.

Number of Full-Time Equivalent (FTE) Staff: The baseline number of full-time equivalent (FTE) staff charged to the LTC Ombudsman Program increased by 47.73% in FY 21/22. Due to the acquirement of temporary staff, an additional position, and filling vacant positions. The target for FY 23/24 was increased by 17.78% in anticipation of filling vacant positions.

Number of Certified LTC Ombudsman Volunteers: The number of Ombudsman volunteers decreased by 7.41% in FY 21/22 due to volunteers resigning because of COVID-19 fit testing requirements. The target for FY 23/24 was decreased by 40% in anticipation of continued fit testing requirements.

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SECTION TWELVE

DISASTER PREPAREDNESS

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

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
Jana Jordan	Chief, Agency Operations	Office: 858-495-5566 Cell: 619-507-2099	Jana.Jordan@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 • Assist program staff to call to check on AIS clients in impacted areas as directed by HHSA DOC • 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 Vulnerable Adult Shelter Assessment Team (VASAT)
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 (NOA) • 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 create a geographic information system (GIS) map of 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.

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:

Nora Vargas, Chair – District 1	2025
Terra Lawson-Remer, Vice-Chair – District 2	2025
Joel Anderson, Chair Pro Tem – District 5	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	2027*
Jim Desmond, Supervisor – District 5	2027

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

Supervisors Fletcher and Desmond's terms expired on January 2, 2023 and were re-elected for a second four-year term. On January 10, 2023, Supervisor Vargas was appointed as Chair, Supervisor Remer-Lawson was appointed as Vice-Chair and Supervisor Anderson was appointed as Chair Pro Tem.

*Supervisor Fletcher has announced that he will resign effective 5/15/23.

SECTION SEVENTEEN

ADVISORY COUNCIL

ADVISORY COUNCIL MEMBERSHIP 2020-2024 Four-Year Planning Cycle

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

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

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

Race/Ethnic Composition	% of PSA's 60+Population*	% on Advisory Council
White	46.0	75
Hispanic	34.2	5
NH Black	4.7	5
NH Asian/Pacific Islander	11.1	15
NH Native American/Alaskan Native	0.5	0
Other	3.5	0

NH = Non-Hispanic

*Source: SANDAG Data Surfer, 2020 Current Population Estimates.

<https://datasurfer.sandag.org/>. Retrieved 1/31/2023.

Prepared by: County of San Diego, Health and Human Services Agency, Public Health
Services, Community Health Statistics Unit, 2023.

Name and Title of Officers:

Office Term Expires:

Huber, Stephen Chair	(2 nd Term)	5/12/27
Smith, Wanda 1 st Vice Chair	(1 st Term)	9/9/23
King, Shirley 2 nd Vice Chair	Supervisory District #3 – T. Lawson-Remer (1 st Term)	1/6/25
Mallett, Susan Secretary	(1 st Term)	5/14/26

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

Detsky-Weil, Faye		(1 st Term)	7/8/23
Flynn, Monica	Supervisory District #4 – N. Fletcher	(2 nd Term)	1/4/27
Kerr, Mina		(1 st Term)	12/8/26
Larkins, Ethel	Supervisory District #1 – N. Vargas	(1 st Term)	1/6/25
Lewis, Elaine		(1 st Term)	5/13/25
Martinez, Sylvia		(1 st Term- Partial)	9/9/23
McNamara, Dan		(1 st Term)	3/11/27
Mulvey, Bradlyn		(1 st Term - Partial)	7/8/23
Myers, Casey		(1 st Term - Partial)	10/8/24
Nocon, Molly	Supervisory District #2 – J. Desmond	(1 st Term)	1/6/25
Osborn, John	Supervisory District #3 – T. Lawson-Remer	(2 nd Term)	1/6/25
Simon, Jacqueline		(2 nd Term)	10/13/26
Sirisakorn, Smith	Supervisory District #4 – N. Fletcher	(1 st Term)	1/4/27
Stensberg, Kristine		(1 st Term)	10/13/26
Tran, Emily		(1 st Term)	10/11/26
Vazquez, Pualani		(1 st Term)	2/13/27
(vacant)			
(vacant)			
(vacant)			
(vacant)			
(vacant)			
(vacant)			
(vacant)			
(vacant)			
(vacant)			
(vacant)			

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

Yes No

- | | | |
|-------------------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Low Income Representative |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Disabled Representative |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Supportive Services Provider Representative |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Health Care Provider Representative |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Family Caregiver Representative |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Local Elected Officials |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 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 ten vacancies, with 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 2020 designates legal assistance as a priority service under Title III B [42 USC §3026(a)(2)].

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

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

6.8% is allocated to Legal Services.

- 2. 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.

- 3. 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.

- 4. 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.

- 5. Specific to Legal Services, does the AAA collaborate with the Legal Services Provider(s) to jointly identify 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.

6. 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.

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

Fiscal Year	# of Legal Assistance Services Providers
2020-2021	1 contracted provider in the PSA. Unknown # of service providers overall in this area. Assessing this query is untenable. This is partially due to the illusive nature in defining "legal assistance provider" as it might be related to firms already in service to our population, or more generally, for firms that in theory that might be recruited into our service network; furthermore, given the full field of law firms and non-profit service organizations in our particular urban, suburban, rural PSA, that might be providing pro-bono, or core legal services to their population, and thus the raw number thereof, we are not aware of a mechanism to so ascertain.
2021-2022	1 contracted provider in the PSA. Unknown # of service providers overall in this area. Assessing this query is untenable. This is partially due to the illusive nature in defining "legal assistance provider" as it might be related to firms already in service to our population, or more generally, for firms that in theory that might be recruited into our service network; furthermore, given the full field of law firms and non-profit service organizations in our particular urban, suburban, rural PSA, that might be providing pro-bono, or core legal services to their population, and thus the raw number thereof, we are not aware of a mechanism to so ascertain.
2022-2023	1 contracted provider in the PSA. Unknown # of service providers overall in this area. Assessing this query is untenable. This is partially due to the illusive nature in defining "legal assistance provider" as it might be related to firms already in service to our population, or more generally, for firms that in theory that might be recruited into our service network; furthermore, given the full field of law firms and non-profit service organizations in our particular urban, suburban, rural PSA, that might be providing pro-bono, or core legal services to their population, and thus the raw number thereof, we are not aware of a mechanism to so ascertain.
2023-2024	1 contracted provider in the PSA. Unknown # of service providers overall in this area. Assessing this query is untenable. This is partially due to the illusive nature in defining "legal assistance provider" as it might be related to firms already in service to our population, or more generally, for firms that in theory that might be recruited into our service network; furthermore, given the full field of law firms and non-profit service organizations in our particular urban, suburban, rural PSA, that might be providing pro-bono, or core legal services to their population, and thus the raw number thereof, we are not aware of a mechanism to so ascertain.

8. 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. Prior to the Covid-19 pandemic, the provider offered 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 is in the process of being updated. The website and blog 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 remain somewhat limited. The provider participates in in-person outreach opportunities as they become available. Additionally, the provider continues to provide virtual community education opportunities individually and in partnership with other organizations.

9. 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. Elder Law & Advocacy b. c.	a. All applicable within the PSA b. c.
2023-2024	a. Elder Law & Advocacy b. c.	a. All applicable within the PSA b. c.

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

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

11. Identify the major types of legal issues that are handled by the TLIB legal provider(s) in your PSA (please include new legal problem trends in your area). Discuss:

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

Provider experienced an increase in 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, a significantly more complicated legal landscape for landlords and tenants, and an influx of filed Unlawful Detainers.

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

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

A significant barrier is inflation and the change in job market. Provider has had to increase salaries of staff in order to retain employees. Program staff have developed expertise in relevant legal subject areas but have also developed skills to address often complex or multiple issues with clients including those who may be frail, emotionally distraught, hard of hearing or cognitively impaired. Although the COVID-19 pandemic and limitations on in-person gatherings initially resulted in fewer inquiries and requests for the provider's services, the provider was able to pivot and has been 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. Provider has observed that many clients continue to prefer the convenience of remote assistance and have become comfortable with various remote platforms.

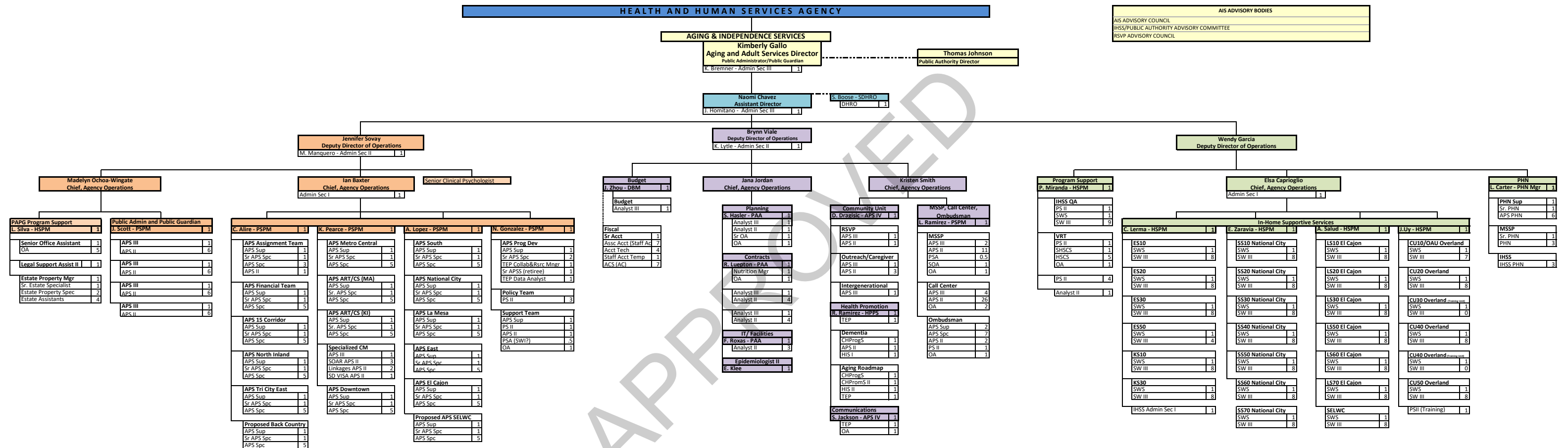
13. What other organizations or groups does your legal service provider coordinate services with? Discuss:

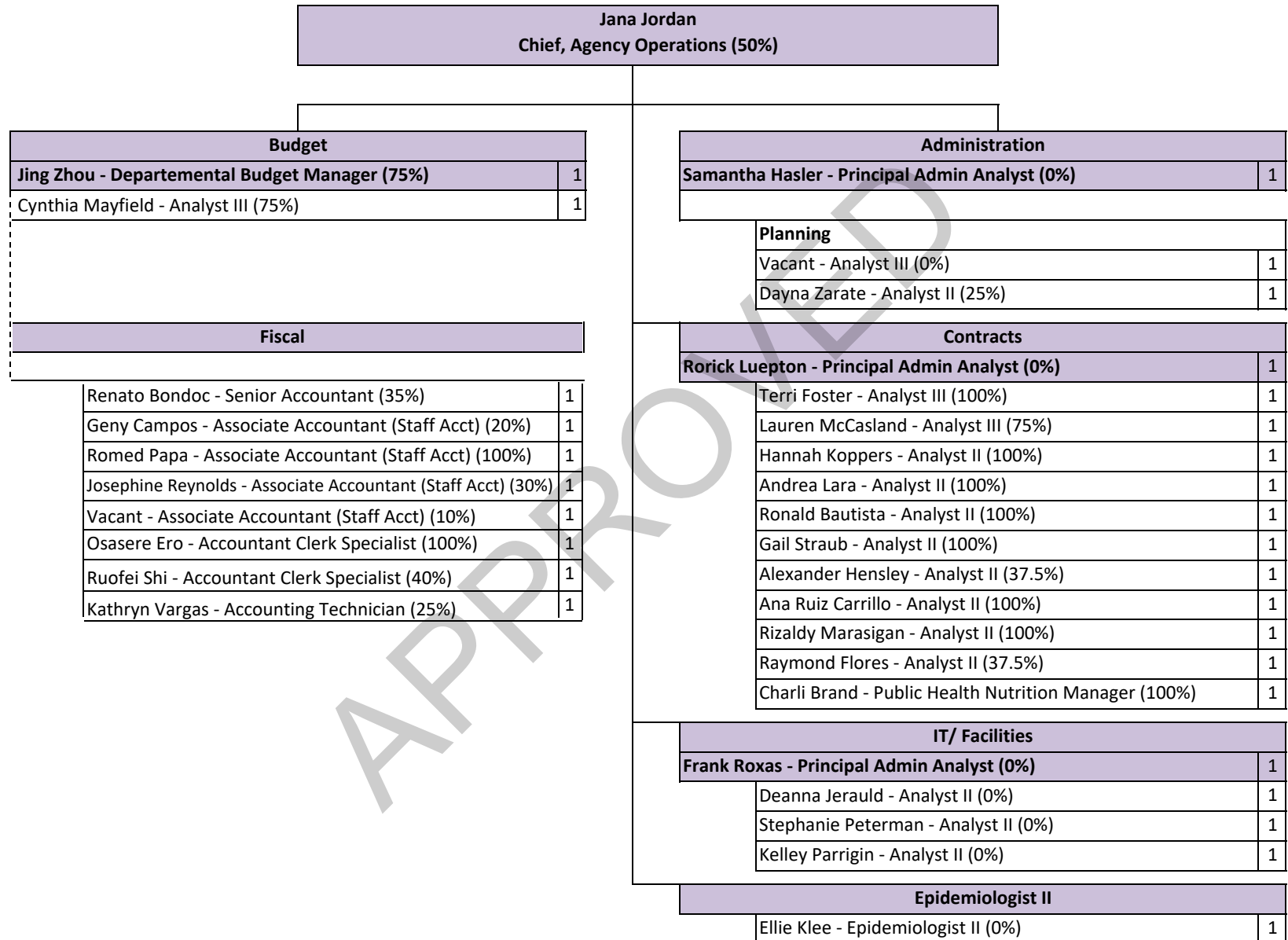
Provider and other legal programs in the geographic area regularly cross-refer and cooperate on cases. Provider also provides legal consultations and education regarding laws and regulations, as it applies to residents in long-term care settings, to staff and volunteers. The provider coordinates services with their legal representative for the Long-Term Care Ombudsman Program, law school-supported legal clinics, the local legal aid program, the district attorney's and city attorney's elder abuse divisions, state consumer licensing and enforcement agencies such as those overseeing automotive repairs and contractors, law enforcement, and with other specialty nonprofit legal services providers in the community.

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

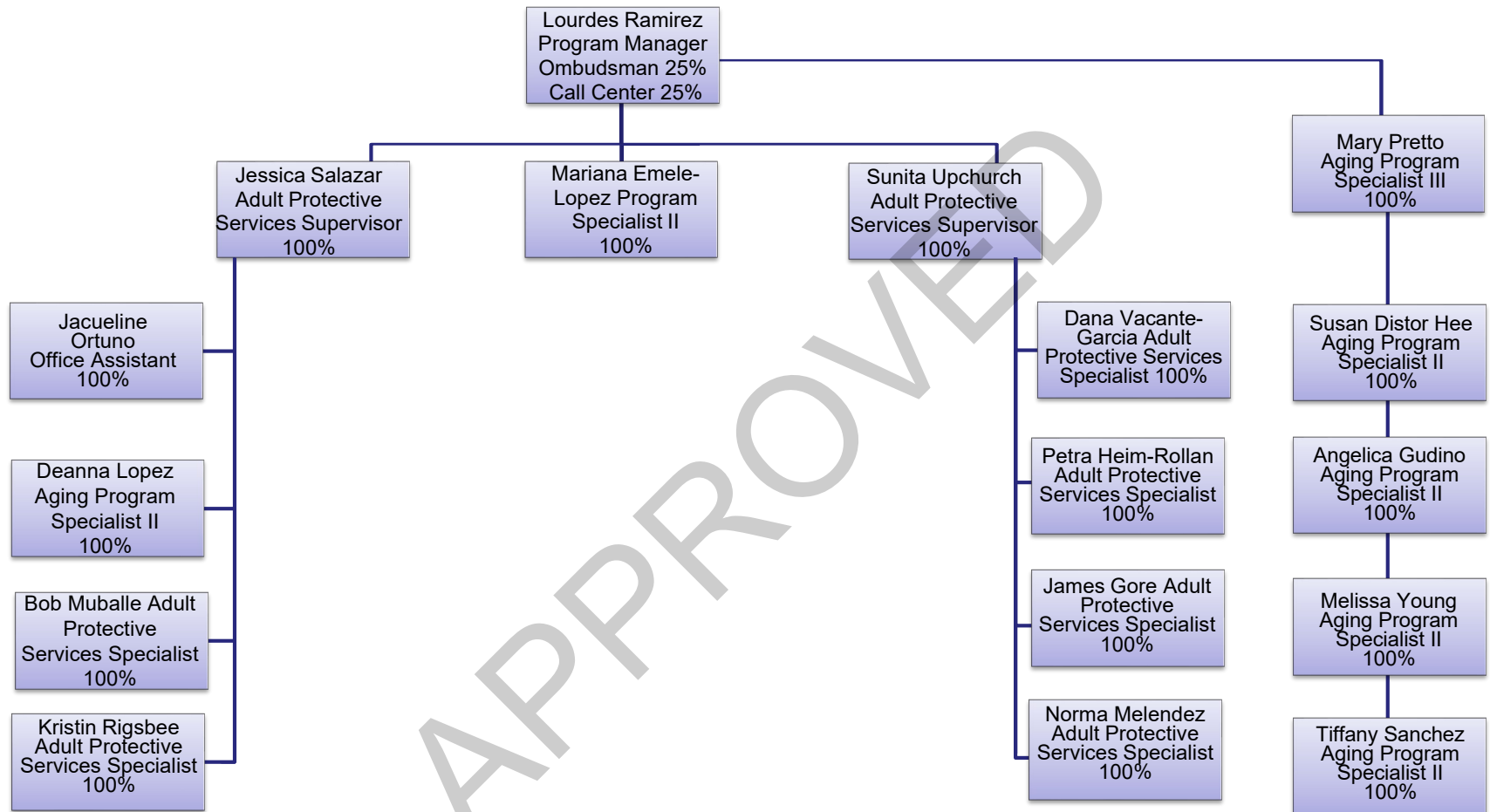
ORGANIZATIONAL CHARTS



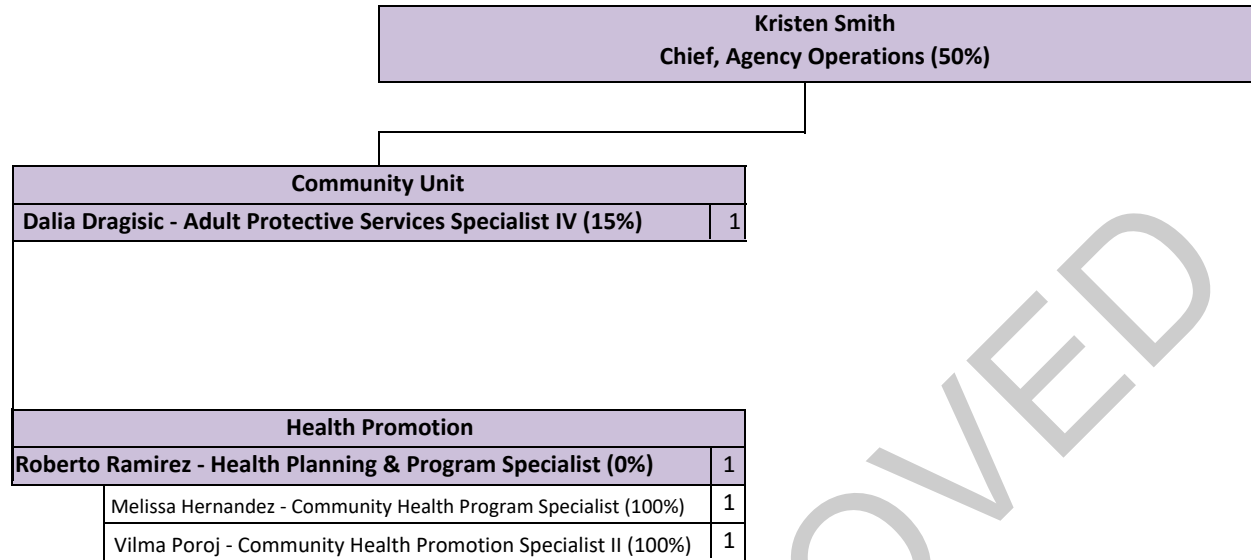


Long-Term Care Ombudsman Program

Call Center



Health & Community Engagement Team



Adult Protective Services Program

