

BOARD OF SUPERVISORS

Hilda L. Solis

Holly J. Mitchell

Lindsey P. Horvath

Janice Hahn

Kathryn Barger

EXECUTIVE LEADERSHIP

Dr. Laura Trejo

Director

Lorenza C. Sánchez

Chief Deputy Director

Anna Avdalyan

Assistant Director

Winna S. Crichlow

Assistant Director

Mariella Freire-Reyes

Assistant Director

Jerrell D. Griffin

Acting Assistant Director

Dawnna Lawrence

Interim Administrative Deputy II

Ivan Pacheco

Chief Information Officer

GET IN TOUCH

510 S. Vermont Avenue, Suite 1100

Los Angeles, CA 90020

ad.lacounty.gov

info@ad.lacounty.gov

Aging & Adult Information & Assistance Line:

(800) 510-2020

Report Elder Abuse:

(877) 477-3646

Community & Senior Centers:

(800) 689-8514

Disability Information &

Access Line:

(888) 677-1199

April 9, 2024

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, CA 90012

Dear Supervisors:

**LOS ANGELES COUNTY AREA AGENCY ON AGING (AAA)
PLANNING AND SERVICE AREA 19**

AND

**LOS ANGELES CITY AREA AGENCY ON AGING (AAA)
PLANNING AND SERVICE AREA 25
2024-2028 JOINT AREA PLAN**

(ALL SUPERVISORIAL DISTRICTS) (3 VOTES)

SUBJECT

The Los Angeles County Aging & Disabilities Department (AD) seeks your Board's approval for the FY 2024-2028 Joint Area Plan for the Los Angeles County and Los Angeles City Area Agency on Aging (AAA). This four-year Area Plan is required by the California Department of Aging (CDA) for all AAAs in California. The Four-Year Joint Area Plan outlines a strategy for creating coordinated, accessible home and community-based care systems. This strategy is focused on addressing the needs of the community and on developing specific services for older adults, adults with disabilities, and their caregivers.

Included in the Joint Area Plan is a needs assessment and strategies to address these identified needs. Furthermore, the plan aligns with the Purposeful Aging Los Angeles (PALA) initiative to establish age-friendly communities across the Los Angeles Region. Please see attached 2024-2028 Joint Area Plan Executive Summary (Attachment I).



JEFF LEVINSON
INTERIM EXECUTIVE OFFICER



IT IS RECOMMENDED THAT YOUR BOARD

1. Approve the Los Angeles County and Los Angeles City, Joint Area Plan for FY 2024-2028 (Attachment II).
2. Authorize the Director of AD, or designee, to sign the Letter of Transmittal on behalf of the Chair of the Board and submit the FY 2024-2028 Joint Area Plan to CDA.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

The California Department of Aging (CDA) has designated AD as the AAA for Los Angeles County, Planning and Service Area 19, and Los Angeles City Department of Aging (LADOA) as the AAA Planning and Service Area 25. Accordingly, AD and LADOA are responsible for administering programs and services funded by the Older Americans Act to county and city residents.

Los Angeles is the only Planning Service Area in the nation where two (2) AAAs operate serving residents based on their geographical location. Having two AAAs in the Los Angeles Region has resulted in underserving communities, delayed service delivery, and duplication of efforts to serve the most vulnerable. It should not matter where an older adult lives to receive vital services; what matters is the need for services and support to be provided seamlessly and equitably. To maximize resources and enhance service delivery to older adults in the County and the City of Los Angeles, AD and LADOA requested approval from CDA to join forces, work collaboratively, and achieve efficiency by creating a Joint Area Plan that will address the needs of the Los Angeles Region. Based on the approval granted by the CDA, a Joint Area Plan is being submitted to ensure equity for all older adults in the Los Angeles region.

In preparation for the new four-year area plan, CDA conducted a needs assessment for all thirty-three (33) AAAs throughout California. Upon review of the assessments for both AAAs, the results were consistent with the Joint Area Plan goals and objectives, validating the need for integration to improve service delivery to older adults across the Los Angeles region.

The vision of Los Angeles County and Los Angeles City Area Agency on Aging is for the Los Angeles Region to be the best place in America to age with dignity and independence. Both AAAs are committed to fostering the development and execution of a comprehensive, coordinated system of care that enables older adults, adults with disabilities, and their caregivers to live in a community-based setting; advocate for the needs of these population groups and encourage stakeholder involvement in the planning process, as well as in the delivery of services.

The Older Americans Act (OAA) and Older Californians Act funded programs include Congregate and Home-Delivered Meals, Supportive Services, Legal Assistance, Nutrition Education, Family Caregiver Support Program, Disease Prevention and Health

Promotion Services, Long-Term Care Ombudsman programs, and Health Insurance Counseling and Advocacy Program (HICAP). The OAA requires that all AAAs have an Area Plan that identifies the needs of the community and outlines strategies for meeting these needs through comprehensive services.

The two (2) AAAs have developed the FY 2024-2028 Joint Area Plan which supports a regional vision by outlining a plan for how to support older adults (and their caregivers) to live and age gracefully in their homes and communities. The Joint Area Plan is developed based on an extensive stakeholder engagement process that included six (6) Public Hearings in collaboration with LADOA. In addition, the Los Angeles County Commission for Older Adults established a committee to provide guidance on the Joint Area Plan and served as hearing officers for the Public Hearings.

CDA conducted a survey of 1,056 respondents from the Los Angeles region of randomly selected persons over the age of 55. The survey/needs assessment identified that housing, employment, independent living, and information on services were the most pressing areas needing improvement. These insights will be used to guide service development, policymaking, and advocacy efforts to enhance the livability and quality of life for older adults in the Los Angeles region.

Implementation of Strategic Plan Goals

The activities identified in the Joint Area Plan support the County's Strategic Plan Goal I: Make Investments That Transform Lives, specifically, Strategy I.1 Increasing Our Focus on Prevention Initiatives and Strategy I.2. Enhancing Our Delivery of Comprehensive Interventions; and Goal II Foster Vibrant and Resilient Communities, specifically, Strategy II.2 Supporting the Wellness of Our Communities.

Performance Measures

The Joint Area Plan incorporates State and federal performance targets, which include proposed Units of Service for all AAA services.

FISCAL IMPACT/FINANCING

The activities described in the Joint Area Plan are financed by federal OAA, State, and local County funds. No additional County funds are requested as part of the recommended actions.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

The recommended actions are necessary to allow AD to submit the Joint Area Plan to CDA for approval. CDA approval of the Joint Area Plan is a required condition of the State's agreement with both AAAs. County Counsel has reviewed and approved the Joint Area Plan.

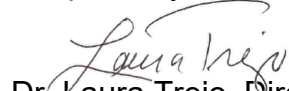
IMPACT ON CURRENT SERVICES

Approval of the Joint Area Plan will enable the AAAs to continue to provide home and community-based long-term care initiatives and programs. These programs provide opportunities for functionally impaired and older adults to live their lives with maximum independence and dignity in their own homes and communities.

CONCLUSION

Upon your approval of the recommended actions, AD will submit the Joint Area Plan to CDA for approval. Should you have any questions, you may contact me directly, or your staff may contact Ashley Liang, Executive Assistant, at aliang@ad.lacounty.gov.

Respectfully submitted,



Dr. Laura Trejo, Director

LT:LCS:MFR:ss

c: Chief Executive Officer
County Counsel
Executive Officer, Board of Supervisors

Enclosure



ATTACHMENT I



LOS ANGELES COUNTY AREA AGENCY ON AGING (AAA) PLANNING SERVICE AREA 19

AND

LOS ANGELES CITY AREA AGENCY ON AGING (AAA) PLANNING SERVICE AREA 25

2024-2028 JOINT AREA PLAN

EXECUTIVE SUMMARY

Purpose:

The 2024-2028 Four-Year Joint Area Plan outlines a strategy for creating coordinated, accessible home and community-based care systems. This strategy is focused on addressing the needs of the community and on developing specific services for older adults, adults with disabilities, and their caregivers.

The Joint Area Plan includes a needs assessment and strategies to address these identified needs. Furthermore, the plan aligns with the Purposeful Aging Los Angeles (PALA) initiative to establish age-friendly communities across the Los Angeles Region.

Preparing the Region for a Rapidly Changing Demographics:

The County and the City of Los Angeles are home to large concentrations of older adult populations, who are amongst the most ethnically diverse in the nation. People aged 60 and over currently make up roughly twenty-one (21) percent (or approximately 2.1 million) of the County's population. The share of the County of Los Angeles aged over 60 has almost doubled since 2000, and is expected to continue to grow, reaching thirty-five percent by 2060.

Alignment with PALA:

In 2016, the County and City of Los Angeles launched Purposeful Aging Los Angeles (PALA) to prepare our region for this rapid demographic shift. Then, in 2018 the County and City released the Age-Friendly Action Plan for the Los Angeles Region 2018-2021, which provided a comprehensive strategy to develop an age-friendly future for our region. After successfully completing Phase One in 2021, the county has now embarked on Phase II of PALA, continuing the work outlined in the Action Plan, including the alignment of services and deepening collaborations and partnerships with Los Angeles County and City departments.

A Single Area Plan for the Region:

The California Department of Aging (CDA) approved AD & DOAs request for a Joint Area Plan, provided that each Area Agency on Aging (AAA) meets regulatory requirements independently. Accordingly, the FY 2024-2028 Joint Area Plan (Area Plan) cycle is prepared as a single Joint Area plan to serve the Los Angeles region. The Joint Area Plan supports the County's vision by outlining a plan for how the Los Angeles Region will support older adults and their family caregivers to live and age gracefully in their homes and communities. The Joint Area Plan is developed based on feedback from an extensive stakeholder engagement through community assessment surveys and six public hearings within the Los Angeles Region.

Area Plan Goals and Objectives:

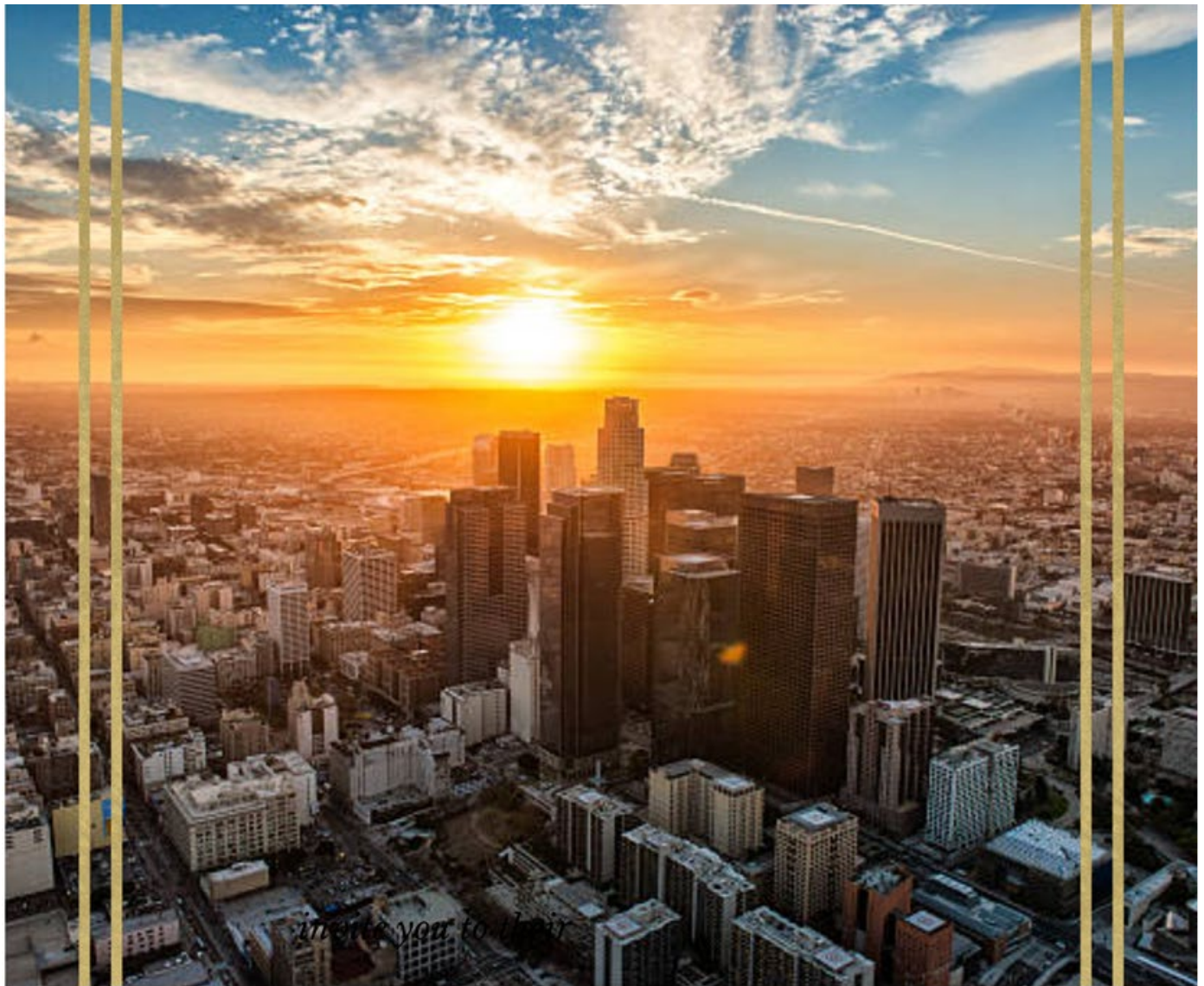
The goals and objectives of the Joint Area Plan are developed on the eight (8) age-friendly livability domains. The Joint Area Plan outlines eight (8) priorities and outcomes for addressing the needs identified by older adults in our communities. Our key priorities are:

1. Promote Safe, Sustainable, Accessible Outdoor Spaces & Buildings,
2. Promote Accessible and Affordable Transportation Options for Older Adults and Adults with Disabilities,
3. Address Issues of Homelessness and Promoting Affordable Housing
4. Promote Social Participation of Older Adults
5. Encourage Civic Participation & Employment
6. Communication & Information
7. Promote Community & Health Services
8. Promoting Emergency Preparedness & Resilience Efforts

To implement these priorities and address the needs identified by older adults, Aging & Disabilities and the City Department of Aging are employing the full-range of Older Americans Act (OAA) programs and services that include Congregate and Home-Delivered Meals, Supportive Services, Legal Assistance, Nutrition Education, Family Caregiver Support Program, Disease Prevention and Health Promotion Services, and Long-Term Care Ombudsman programs.

In addition to OAA funded programs, AD and DOA will also provide the LA FOUND Program, the APS Home Safe Program, and New Freedom Transportation program to expand services and supports to older, dependent and disabled adults.

Following approval by the Board of Supervisors, AD will submit the Joint Area Plan to the California Department of Aging. Implementation of the Joint Area Plan will begin as soon as the California Department of Aging approves the joint area plan.



LOS ANGELES COUNTY
AGING & DISABILITIES DEPARTMENT
&
LOS ANGELES CITY
DEPARTMENT OF AGING

FOUR YEAR JOINT AREA PLAN
2024-2028



TABLE OF CONTENTS

2024-2028 4-YEAR AREA PLAN REQUIRED COMPONENTS CHECKLIST (PSA 19 & 25).....	3
TRANSMITTAL LETTER (PSA 19)	4
TRANSMITTAL LETTER (PSA 25)	5
SECTION 1. MISSION STATEMENT (PSA 19 & 25)	7
SECTION 2. DESCRIPTION OF THE PLANNING AND SERVICE AREA (PSA 19 & 25).....	7
SECTION 3. DESCRIPTION OF THE AREA AGENCY ON AGING (AAA) (PSA 19 & 25).....	15
SECTION 4. PLANNING PROCESS & ESTABLISHING PRIORITIES (PSA 19 & 25)	21
SECTION 5. NEEDS ASSESSMENT & TARGETING (PSA 19 & 25)	22
SECTION 6. PRIORITY SERVICES & PUBLIC HEARINGS (PSA 19 & 25)	31
SECTION 7. AREA PLAN NARRATIVE GOALS & OBJECTIVES (PSA 19 & 25).....	35
SECTION 8. SERVICE UNIT PLAN (SUP) (PSA 19 and PSA 25)	44
SECTION 9. SENIOR CENTERS & FOCAL POINTS (PSA 19).....	89
SECTION 9. SENIOR CENTERS & FOCAL POINTS (PSA 25).....	93
SECTION 10. FAMILY CAREGIVER SUPPORT PROGRAM (PSA 19).....	94
SECTION 10. FAMILY CAREGIVER SUPPORT PROGRAM (PSA 25).....	96
SECTION 11. LEGAL ASSISTANCE (PSA 19).....	99
SECTION 11. LEGAL ASSISTANCE (PSA 25).....	104
SECTION 12. DISASTER PREPAREDNESS (PSA 19).....	110
SECTION 12. DISASTER PREPAREDNESS (PSA 25).....	113
SECTION 13. NOTICE OF INTENT TO PROVIDE DIRECT SERVICES (PSA 19)	117
SECTION 13. NOTICE OF INTENT TO PROVIDE DIRECT SERVICES (PSA 25)	119
SECTION 14. REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES (PSA 19)	120
SECTION 14. REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES (PSA 25)	122
SECTION 15. GOVERNING BOARD (PSA 19)	123
SECTION 15. GOVERNING BOARD (PSA 25)	124
SECTION 16. ADVISORY COUNCIL (PSA 19)	125
SECTION 16. ADVISORY COUNCIL (PSA 25)	127
SECTION 17. MULTIPURPOSE SENIOR CENTER ACQUISITION OR CONSTRUCTION COMPLIANCE REVIEW ¹¹ (PSA 19 and 25)	129
SECTION 18. ORGANIZATION CHART (PSA 19).....	130
SECTION 18. ORGANIZATION CHART (PSA 25).....	138
SECTION 19. ASSURANCES (PSA 19 & 25).....	145

2024-2028 4-YEAR AREA PLAN REQUIRED COMPONENTS CHECKLIST (PSA 19 & 25)

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

Section	Four-Year Area Plan Components	4-Year Plan PSA 19	4-Year Plan PSA 25
TL	Transmittal Letter – <i>Can be electronically signed and verified, email signed letter or pdf copy of original signed letter can be sent to areaplan@aging.ca.gov</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1	Mission Statement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2	Description of the Planning and Service Area (PSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3	Description of the Area Agency on Aging (AAA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4	Planning Process & Establishing Priorities & Identification of Priorities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5	Needs Assessment & Targeting	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
6	Priority Services & Public Hearings	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
7	Area Plan Narrative Goals and Objectives:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
7	Title IIIB Funded Program Development (PD) Objectives	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
7	Title IIIB Funded Coordination (C) Objectives	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
8	Service Unit Plan (SUP) and Long-Term Care Ombudsman Outcomes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
9	Senior Centers and Focal Points	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
10	Title III E Family Caregiver Support Program	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
11	Legal Assistance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
12	Disaster Preparedness	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
13	Notice of Intent to Provide Direct Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
14	Request for Approval to Provide Direct Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
15	Governing Board	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
16	Advisory Council	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
17	Multipurpose Senior Center Acquisition or Construction Compliance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
18	Organization Chart	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
19	Assurances	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

TRANSMITTAL LETTER (PSA 19)

2024-2028 Four Year Area Plan/ **Annual Update**

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

AAA Name: Los Angeles County Aging & Disabilities Department

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.

Signature: _____
Supervisor Lindsay P. Horvath
Governing Board Chair

Date

Signature: _____
Helen Romero Shaw, President
Los Angeles County Commission for Older Adults

Date

Signature: _____
Dr. Laura Trejo, Director
Los Angeles County Aging & Disabilities Department
PSA 19 Area Agency on Aging

Date

TRANSMITTAL LETTER (PSA 25)

2024-2028 Four Year Area Plan/ **Annual Update**

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

AAA Name: City of Los Angeles Department of Aging

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.

Signature: _____
Karen Bass, Mayor
City of Los Angeles

Date

Signature: _____
Jennifer Wong, Chair
Los Angeles Council on Aging

Date

Signature: _____
Jaime Pacheco-Orozco, General Manager
City of Los Angeles Department of Aging
PSA 25 Area Agency on Aging

Date

JOINT AREA PLAN: INTRODUCTION

In December 2020, the City of Los Angeles Department of Aging (LADOA) and the Los Angeles County Aging & Disabilities Department (AD) (formerly Workforce Development, Aging, and Community Services) submitted a joint letter to the California Department of Aging (CDA), outlining their desire to provide a more regional approach to the delivery of comprehensive services to older adults. In particular, LADOA and AD requested approval for a joint area plan. On July 19, 2021, in consultation with the Federal Administration on Community on Living, the CDA provided a formal response that provided acknowledgment of and concurrence with our proposal to improve services and supports for older adults. The CDA's response addressed the following required topics while providing guidance or approval:

Joint Area Plan

Proposed single Area Plan for the County and the City of Los Angeles: AAAs are required to complete Area Plans every four (4) years and submit annual updates. The State indicated willingness to review a proposed joint plan if it demonstrates that each AAA independently satisfies applicable regulations regarding the development and submission of an Area Plan to be executed with the FY 2024-2028 Area Plan.

Procurement

Joint Procurement and Contracting: The CDA indicated they are "not aware of any impediment to a joint procurement or contracting endeavor" and identified several possible options for local consideration, including a three-way contract (i.e., an agreement between AAAs and the vendor) and a two-way contract (agreement between one AAA and the vendor who services both AAAs). The County and City have agreed to establish and have started to convene a working group to explore the viability of these and other collaborative efforts that can work within County and City requirements. CDA also indicated willingness to work with the City and County for CDA to monitor at the same time, where applicable, contractors performing the same services to both entities, rather than separate monitoring as is currently done.

Data Sharing

The CDA indicated that the County and City may adopt shared performance metrics and data management systems if the two agencies are able to continue submitting distinct performance and fiscal data for each AAA.

Stakeholder Engagement

Advisory Council/Commissions Summit: Provide an opportunity for community leaders/stakeholder/service utilizers to develop a shared vision and advocacy agenda for the region.

Provider Engagement

Convene the Aging Network, consisting of community-based organizations across the region, as well as cities, to identify shared priorities, challenges, and opportunities for enhanced collaboration.

SECTION 1. MISSION STATEMENT (PSA 19 & 25)

Los Angeles County Aging & Disabilities Department (PSA 19)

To improve lives and support self-determination for older adults, adults with disabilities, and communities.

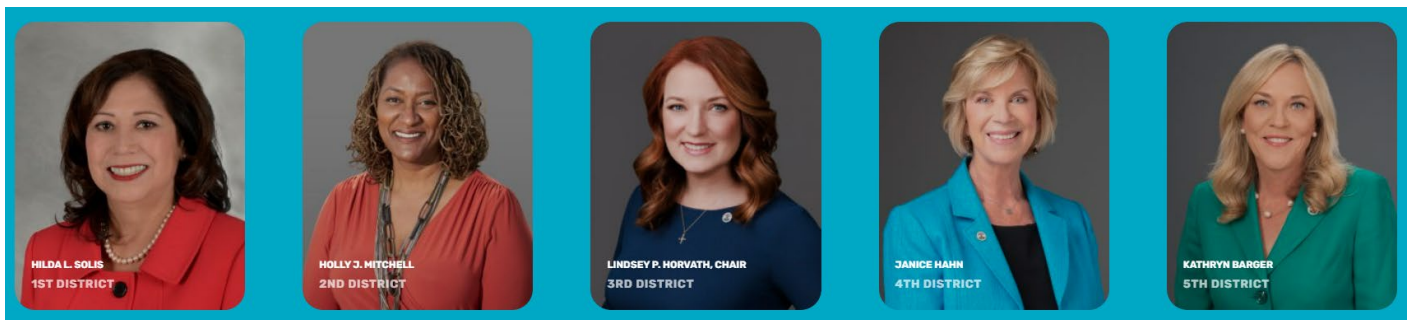
City of Los Angeles Department of Aging (PSA 25)

To improve the quality of life, independence, health, and dignity of the City's older adult population by managing community-based programs that are comprehensive, coordinated, accessible, and to advocate for the needs of older citizens and their family caregivers.

SECTION 2. DESCRIPTION OF THE PLANNING AND SERVICE AREA (PSA 19 & 25)

GOVERNMENT

The County of Los Angeles was established February 18, 1850, as one of the 27 original counties in the State of California. With more than 10 million people calling Los Angeles County home, it is the largest and most diverse County in the nation. The County government is comprised of 38 departments and approximately 200 committees and commissions. The County has an annual budget of over 43 billion dollars and more than 112,000 budgeted positions to serve its diverse population.



The five (5)-member Board of Supervisors is the governing body of the County of Los Angeles and was created by the State Legislature in 1852. The Board has executive, legislative, and quasi-judicial roles. Members are elected by voters in their respective Districts and are limited to three four-year terms. Below are current Board members.

The County is charged with providing numerous services that affect the lives of all residents, including law enforcement, property assessment, tax collection, public health protection, public social services, elections, and flood control. There are 88 cities within the County, each with its own city council. All the cities, to varying degrees, contract with the County to provide municipal services. The area that is not part of these cities is the unincorporated County territory. The Board of Supervisors and County Departments provide municipal services to approximately 140 unincorporated areas. More than 65 percent of the County geographic area, 2,649 square miles, is unincorporated.

In comparison, the City of Los Angeles has a Mayor-Council-Commission form of government where the mayor serves as the executive branch and the Council as the legislative branch. The council consists of 15 council members representing 15 districts. The governing body is responsible for ordering elections, levying taxes, authorizing public improvement, contracts, etc. The city government consists of 43 departments and bureaus headed by General Managers, Commissions,

or Boards. The City's Department of Aging is headed by a General Manager that serves as the AAA administrator over programs and services to serve older adults and their family caregivers. Los Angeles City has an advisory board referred to as the Council on Aging who act as an advisory body that provides feedback to the AAA director. In 2016, Los Angeles County and Los Angeles City applied and were approved as Age-Friendly Communities.



Mayor Karen Bass, City of Los Angeles

LOCATION

The County's Planning and Service Area encompasses an area of more than 4,000 square miles. Altitudes vary from nine feet below sea level in Wilmington to 10,080 feet above sea level at Mt. San Antonio. There are 72 miles of beaches, which represents nearly nine percent of California's 840-mile coastline. The County of Los Angeles includes the islands of San Clemente and Santa Catalina. It is bordered on the east by Orange and San Bernardino Counties, on the north by Kern County, on the west by Ventura County, and on the south by the Pacific Ocean.

In contrast, the City of Los Angeles is an incorporated city within the County of Los Angeles. The City of Los Angeles is the second most populous city in the United States and the largest municipality in the State of California. Los Angeles City spans 472.08 square miles, runs 44 miles north/south, 29 miles east/west and the length of the city boundary is 342 miles. The city has diverse urban and suburban communities with the Pacific Ocean bordering on the West and three mountain ranges in the North and East.

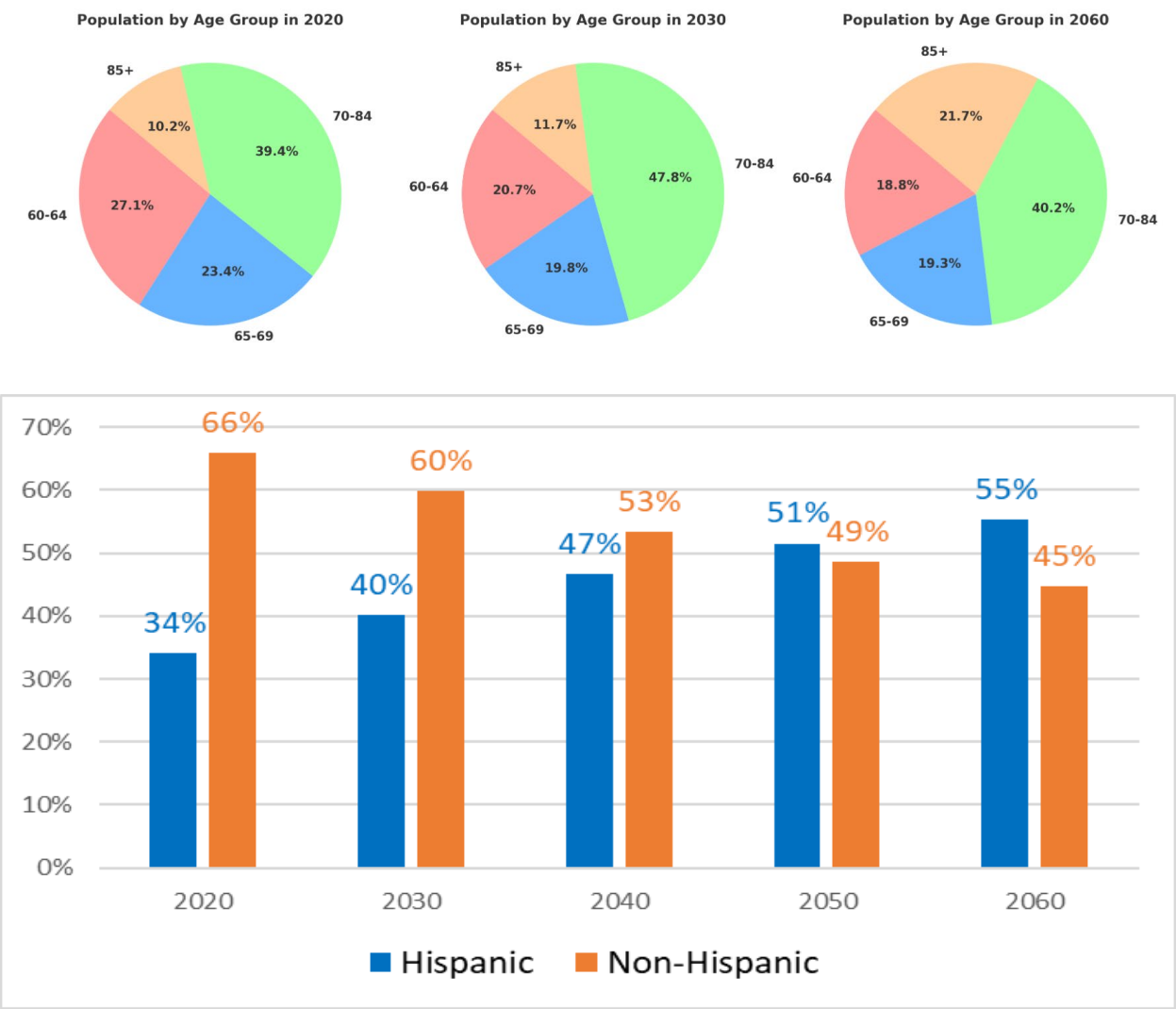
DEMOGRAPHICS

Los Angeles County, characterized by its diverse and expanding population of older adults, is undergoing a significant demographic transition. According to the California Department of Finance, Demographic Research Unit, the population of older adults in the county was approximately 2.3 million in 2023, constituting 23% of the total population of 9.8 million. Projections indicate a continual increase, with older adults expected to comprise 25% of the population by 2030 and 30% by 2050.

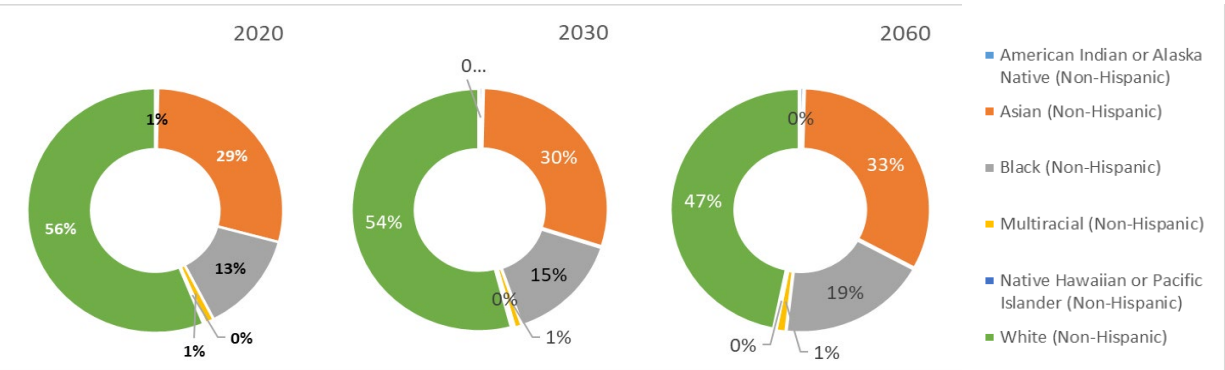
Additionally, these projections suggest an increase in life expectancy, with a notable rise in the proportion of the population aged 85 and older - from 10% in 2020 to 12% in 2030, and further to 22% by 2060. This positive trend in longevity underscores the need for the County and communities to provide financial stability and age-friendly environments for older adults.

The trend is also reflected in changes in the racial and ethnic composition of the older adult population. A steady increase in the Hispanic older adult population brings both opportunities and

challenges, particularly in the realms of healthcare, housing, social services, and community engagement. This shift is delineated in subsequent demographic charts.



Source: California Department of Finance. Demographic Research Unit. [Report P-3: Population Projections](#), California, 2020-2060 (Baseline 2019 Population Projections; Vintage 2023 Release). Sacramento: California. July 2023

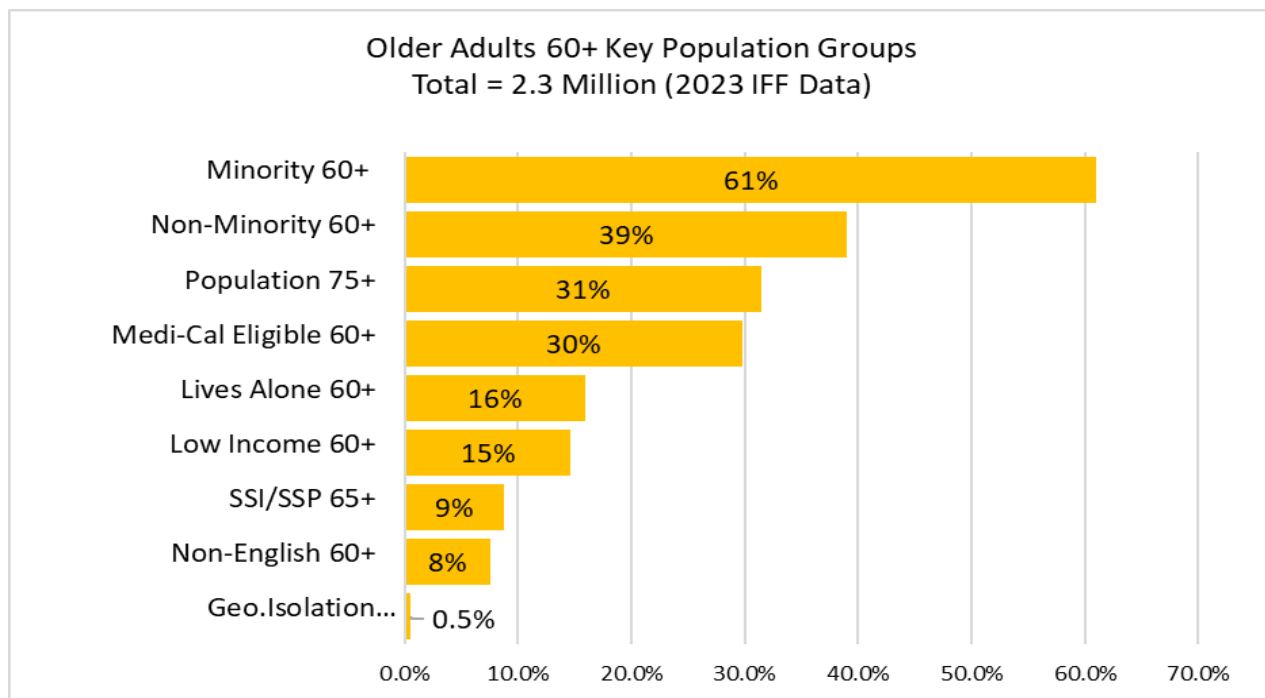


Source: California Department of Finance. Demographic Research Unit. [Report P-3: Population Projections, California, 2020-2060](#) (Baseline 2019 Population Projections; Vintage 2023 Release). Sacramento: California. July 2023.

The diverse needs and challenges of the older adult population in Los Angeles County are multifaceted, including:

1. Older adults from minority racial and ethnic backgrounds, such as Black and Latino/a/x individuals, who often confront compounded challenges of ageism and racial discrimination. This group particularly faces barriers in accessing healthcare and social services.
2. Older adults living with chronic health conditions, including physical disabilities and mental health issues, necessitating personalized healthcare and support services.
3. Low-income older adults, who are especially vulnerable to economic instability and housing insecurity amid escalating living costs.
4. Older adults lacking robust family or community support networks, placing them at an increased risk of social isolation and consequent health issues.

The following chart provides data for key subgroups.



Source: 2023 [California Department of Aging \(CDA\) Population Demographic Projections by County and PSA for Intrastate Funding Formula \(IFF\)](#)

Caregivers play a significant role in providing unpaid care to frail older adults, friends, or neighbors

who needed help to live independently.¹ More than two-thirds of caregivers in the County reported caring for someone 65 years of age or older. As the aging population increases, this number will also rise rapidly. Grandparent caregivers represent a vulnerable segment of the older adult population as they are the primary family caregiver of a child whose biological or adoptive parents are no longer able to provide care. According to the 2018 American Community Survey, 1.5% of the County's age 60 years and over population is responsible for at least one grandchild.²

Language

More than half of the Los Angeles Region residents speak a language other than English at home, and they are more likely to have been born abroad than the U.S. average.³ Asian and Latino residents are more likely than other residents to face language barriers; 48% of Latinos and 43% of Asians in Los Angeles Region speak English "less than very well".⁴ The prevalence of individuals with limited English is consistent with the growth in the U.S. foreign-born population.⁵ These numbers are consistent with observations of the aging community in Los Angeles County. In the greater Los Angeles Metropolitan Area the top languages spoken in households are English, Spanish, Chinese, Tagalog, Korean, Armenian, Vietnamese, Farsi, Japanese, and Russian.

Disability and Health

Older adults in the Los Angeles Region face rising health care costs as illness and disability rates increase with age. In the Los Angeles Region, 23.8% of individuals of the civilian non-institutionalized population age 65-74 years are living with a disability, which rises to 49.4% for those 75 and over. Of the older adults (65 and over) who are living with a disability, approximately 23.7% reported living with an ambulatory difficulty, 18.7% reported living with an independent living difficulty, 11.5% reported living with a hearing difficulty, 11.2% reported living with a self-care difficulty, 10.3% reported living with a cognitive difficulty, and 6.6% reported living with a vision difficulty.⁶ In the 2018 LA County Health Survey, more than 27% of Angelinos 65 and older rated their health as fair or poor. In that survey, 23.3% older people reported having been diagnosed as diabetic at some point.⁷ In an analysis of data in 2015, USC researchers found Hispanic older adults almost twice as likely to report having been diagnosed with diabetes as non-Hispanic white residents.⁸ Chronic diseases and risk factors affected a large share of the older population in Los Angeles: 23% were obese, 53.1% had previously been diagnosed with hypertension, 47.5% had been diagnosed with high cholesterol, 10.7% had been diagnosed with asthma and 14.8% had been diagnosed with depression.

Cognitive decline also contributes to poor health and can place significant demands on family

¹ UCLA School of Public Health, 2011, Informal Caregiving in Los Angeles County

² U.S. Census Bureau, American Community Survey 1-year estimates, 2018, Los Angeles County.

³ U.S. Census, American Community Survey, 1-year estimates, 2022

⁴ Asian Pacific American Legal Center of Southern California and Cyrus Chung Ying Tang Foundation, 2009, LA Speaks: Language Diversity and English Proficiency by Los Angeles County Service Planning Area

⁵ Migration Policy Institute National Center on Immigrant Integration Policy, 2011, LEP Data Brief

⁶ U.S. Census, 2022 American Community Survey 1-year Estimates

⁷ Los Angeles County Health Survey, 2018.

⁸ USC School of Social Work, Los Angeles Healthy Aging Report 2015.

caregivers. One estimate puts the number of Californians living with Alzheimer's Disease at 690,000 in 2023, with that number expected to continue to rise to over 1.5 million by 2040.⁹ People living with Alzheimer's or Dementia may be physically able to complete activities of daily living, but still face difficulties in caring for themselves without support. The California Department of Public Health reported that in 2015, Alzheimer's disease was the third leading cause of death in the state.¹⁰

The growing prevalence of individuals with disabilities and functional limitations due to various health reasons increases the number of individuals at risk for institutional placement. The health of family caregivers is just as important as the health of the older family members or friends they support. Family caregivers are often busy caring for their loved ones, and they tend to neglect their own emotional and physical health, resulting in family caregiver burnout.

Income/Poverty

Many older adults rely on Social Security as a primary source of income that proves insufficient to the recent inflation and inflated cost of living in the Los Angeles Region. Some try to find employment to supplement their income, but the share of people in the labor force declines as people age, dropping more for those aged 75 years and older.

Most beneficiaries have other sources of income, but for approximately two-thirds of elderly beneficiaries, Social Security provides at least half of their total income. Social Security makes up at least 90% of total income for 21% of married elderly couples and about 45% of unmarried elderly beneficiaries.¹¹

Supplemental Security Income (SSI) is a source of income for some of the most vulnerable populations. SSI provides cash to help older individuals aged 65 and over, individuals who are blind, and individuals with a disability, who have little or no income, meet basic needs for food, clothing, and shelter. In 2018, 214,386 Angelinos aged 65 and older received SSI to help them cover basic living costs, and close to 60,000 only received SSI with no Social Security (Old Age, Survivors and Disability Insurance) income.¹² In December 2022, the average monthly SSI payment was \$741, equating to an average of approximately \$8,900 annually.¹³ The maximum monthly SSI payment for an eligible individual was \$943 and for an eligible couple, \$1,415 in 2023.¹⁴

The economic security of family caregivers must also be considered. It is common to attribute family caregiver services as being "free;" however, the value of the services family caregivers provide is estimated at \$470 billion a year.¹⁵ That is more than all out-of-pocket healthcare expenses in the U.S. (\$366 billion), and increasingly incorporates more complex care. The average family caregiver for someone 50 years or older spent \$7,000 per year on out-of-pocket caregiving expenses in 2016. Caregiving can affect economic opportunity, a Harvard Business School study found that a third of workers reported having to quit a job because of

⁹ Alzheimer's Association, California Alzheimer's Statistics, 2023.

¹⁰ California Department of Public Health, Alzheimer's Disease Trends in California 2000-2015, 2018.

¹¹ Social Security Administration, Social Security Fact Sheet 2019.

¹² Social Security Administration, Research, Statistics, and Policy Analysis: SSI Recipients by State and County, 2022

¹³ Social Security Administration, Research, Statistics, and Policy Analysis: Monthly Statistical Snapshot, December 2022

¹⁴ Social Security Administration, SSI Federal Payment Amounts, 1975 – 2024.

¹⁵ Reinhard, Susan C. Lynn Friss Feinberg, Ari Houser, Rita Choula, and Molly Evans. Valuing the Invaluable: 2019 Update – Charting a Path Forward. Washington, DC: AARP Public Policy Institute. November 2019.

their caregiving responsibilities at some point in their career.¹⁶

In addition, older adults who usually become the primary family caregivers of their grandchildren after an unexpected event are further faced with the financial challenge of having an additional dependent without additional income. A study conducted by the UCLA Center for Health Policy Research estimated that older adults need about twice the median Social Security income to support themselves and their grandchildren.¹⁷

Housing

The Los Angeles Region housing market is unaffordable to many, especially for residents who are low income and rent burdened. According to the Housing Urban Development Department, cost-burdened families, spending more than 30% of household income on rent/owner costs is an indicator that residents may have difficulty affording basic necessities of life, such as food, clothing, transportation, or medical care.

Migration

The Los Angeles Region is one of the major immigrant gateways in the nation. Of the 60+ older adults who reside in the Los Angeles Region, over 54% are foreign born. Major immigrant gateways report that foreign-born population speaks English “less than very well”. Language and cultural barriers can present major challenges to immigrants, impeding access to crucial services such as healthcare.

The multiple languages spoken in the region, the different cultural networks and norms affect how information is disseminated and what messages will resonate with older adults and their family caregivers. It also affects what meals will appeal to potential clients, and the context in which people seek out and are willing to accept assistance. Trust in government institutions may also vary based on previous personal and community interactions with law enforcement, immigration officials and other government agencies. The need for cultural competency to serve a particular community can affect which providers are most effective at reaching and serving them, and the geographic dispersion of community members can create barriers to access. This is also true for other target populations, including the LGBT community.

While support programs can help, many use the Federal Poverty Guidelines (FPG) to determine eligibility. The problem is that the FPG is the same dollar amount across the country and does not reflect the local cost of living. Older individuals in the Los Angeles Region are struggling with increasing costs of living, fixed incomes, and rising inflation. Older individuals living below the Elder Index often make difficult decisions between basic needs such as nutritious food, prescription medications, or adequate heating or cooling during winter and summer months. Many older adults and family caregivers in the Los Angeles Region may be living above the poverty level but may still lack economic security.

Baby Boomers are turning 65 years old at a rate of about 10,000 a day. The Pew Research Center estimates that all Baby Boomers will be 65 years old by the year 2030, representing

¹⁶ Fuller, Joseph B. and Raman, Manjari, The Caring Company, 2019.

¹⁷ UCLA Center for Health Policy Research, 2013, Health Policy Brief, The High Cost of Caring: Grandparents Raising Grandchildren

18% of the nation's entire population.¹⁸ These startling numbers translate to increased strain on healthcare, transportation, housing, and public service systems.

The increased aging population coupled with rising housing costs has created a significant increase in the demand for AAA programs and services. Older Americans Act funding was recently temporarily increased in response to the pandemic, however, the demand for services continues to increase.

CONSTRAINTS

The physical characteristics of the Los Angeles Region range from seaside areas to some of the highest mountains and most densely populated areas in the nation. Because the area is so vast, this presents multiple challenges in delivering services, including long travel times and jurisdictional complexity. It is the nation's most populous County and serving frail older adults and adults with disabilities who live in remote rural areas poses a major challenge.

RESOURCES

Resources for older individuals, their family caregivers, and adults with disabilities remain limited; thus, the AAAs and their aging network that include county and city departments, local universities, community-based organizations, private, and non-profit service providers, collaborate to maximize services to serve older adults, and family caregivers. These partnerships were established at the onset of the Purposeful Aging Los Angeles (PALA) Initiative.

The **Purposeful Aging Los Angeles (PALA)** initiative was created in May 2016, when both Los Angeles County and the City of Los Angeles joined the international network of age-friendly cities and communities. PALA was created to respond to the increase in older adult population and increase for service demands that ultimately has led to this joint Area Plan.

In addition to comprehensive and collaborative planning efforts with a wealth of community stakeholders, the Los Angeles AAAs work closely with their respective advisory councils to ensure the community's input and feedback as they design programs and activities.

SERVICE SYSTEM

The Los Angeles Regional AAAs offer numerous programs and services in collaboration with private, non-profit, and other organizations to meet the growing needs of the older adult population. Realizing that programs and services should reflect the needs and preferences of each unique community, the AAAs either provide direct services or contract with community-based organizations to provide essential services. For instance, the AAAs contract with community Service Providers to provide Title IIIC Nutrition Services. These Service Providers deliver over 2.5 million meals to congregate meals and homebound older adults combined. Additionally, both AAAs administer over 150 congregate meal sites throughout the LA Region, where they can also provide socialization opportunities to older adults and offer culturally sensitive meals.

¹⁸ Pew Research Center, 2010, Baby Boomers Approach 65 – Glumly: Survey Findings about America's Largest Generation

SECTION 3. DESCRIPTION OF THE AREA AGENCY ON AGING (AAA) (PSA 19 & 25)

The Los Angeles County AAA is under the umbrella of the Los Angeles County Aging & Disabilities (AD) Department. AD is governed by a five (5)-member County Board of Supervisors, representing five (5) Supervisorial Districts. The City of Los Angeles Department of Aging is the only City department in California that is designated as an AAA. It has been since 1983 and is governed by the Mayor and the City Council.

Both AAAs are responsible for the administration of their respective programs, services, and activities that serve older adults and family caregivers that are funded by the Older Americans Act and Older Californians Act. Each AAA maintains their respective advisory board which makes recommendations on all matters related to planning and delivery of services to older adults and their family caregivers living in the Los Angeles Region. Both advisory boards are composed of senior volunteers and serve to advocate for the unique needs of older adults and family caregivers.

AAA Leadership Role

The AAA's role is to provide leadership and continued support to meet the needs of older adults, informal family caregivers, and adults with disabilities by advocating, planning, developing, and implementing a comprehensive system of care built upon the values of:

- Maximizing independence and healthy aging,
- Ensuring a safety net for older adults,
- Developing inclusive opportunities for civic engagement of older adults and their family caregivers, and
- Creating and sustaining a system of care that values diversity and whose programs/services are culturally competent and socially inclusive.

These leadership roles will be met by reaching out to a broad spectrum of community leaders in the aging field, at the local, regional, state, and federal levels; community-based organizations; and other public entities. The Los Angeles region will continue to seek resources and expand opportunities to strengthen the system of care to the most in need, promote healthy aging, and engage older adults and their family caregivers.

Both AAAs contract out most services through their network of service providers that include the following programs by funding:

- **Programs Funded by Older Americans Act:** Title IIIB Supportive Services, Title III C1 Congregate Nutrition, Title III C2 Home Delivered Meals, Title IIID Disease Prevention/Health Promotion, Title III E Family Caregiver, Title V¹⁹ Senior Community Service Employment Program, Title VII A Ombudsman, Title VII B Elder Abuse Prevention,

¹⁹ Title V delivered directly by LA City and contracted out by LA County.

and Legal Services.

- **Programs Funded by Older Californians Act:** Health Insurance Counseling Advocacy Program (HICAP) and the Medicare Improvements for Patients and Providers (MIPPA) Program.
- **Programs Funded by Community Development Block Grant Programs (CDBG):** Evidence Based Programs (EBP²⁰), Emergency Response Alert System (EARS²¹), Linkages²², and Nutrition²³.
- **Programs Funded by Proposition A Local Transit Assistance Fund:** Transportation services. This program is offered by PSA 25 to LA City residents only.
- **Program Funded by General Funds:** Linkages²⁴ and Congregate & Home Delivered Meal²⁵ Programs. The Linkages program is offered by PSA 19 to LA County residents only.
- **Programs Funded by Aging and Disability Resource Connection:** Currently the Central & South LA ADRC and the Emerging LA Region ADRC.

PROGRAMS AND SERVICES COMMUNITY BASED OLDER AMERICANS ACT SENIOR SERVICES

- **IN-HOME SERVICES**
 - **Personal Care** – provision of personal assistance, stand-by assistance supervision or cues for persons having difficulties with one or more activities of daily living.
 - **Homemaker** – provision of assistance to persons having difficulty with one or more instrumental activities of daily living.
 - **Chore** – the provision of assistance to persons having difficulty with one or more of the following instrumental activities of daily living: heavy housework, yard work or sidewalk maintenance.
- **NUTRITION SERVICES**
 - **Congregate Meals** – a nutritious hot meal is offered to older adults five days a week at over 170 dining sites across LA Region. Meals are provided from five ethnically oriented menus.
 - **Home-Delivered Meals** – a nutritious hot meal is delivered five days a week to older adults who are homebound because of illness, disability, or are otherwise isolated. Meals are provided from five ethnically oriented menus.
 - **Nutrition Education** (Congregate & Home-Delivered Meal) – provides accurate and culturally sensitive nutrition physical fitness, or health (as it relates to nutrition)

²⁰ EBP Programs delivered by LA City

²¹ EARS program delivered by LA City

²² Linkages program delivered by LA County

²³ Nutrition program delivered by LA County

²⁴ Linkages services delivered by LA County

²⁵ Meal Programs delivered by LA City

information and instruction to participants or participants and family caregivers in a group or individual setting overseen by a dietitian or individual of comparable expertise.

- **SUPPORTIVE SERVICES**

- **Case Management** – assistance either in the form of access or care coordinating in circumstances where the older person and/or their family caregivers are experiencing diminished functioning capacities, personal conditions or other characteristics which require the provision of services by formal service providers.
- **Transportation** – provision of assistance, including escort, to a person who has difficulties (physical or cognitive) using regular vehicular transportation.
- **Legal Assistance** – provision of legal advice to a person for counseling and/or representation by an attorney or other person acting under the supervision of an attorney.
- **Information and Assistance** – provides individuals with current information on opportunities and services available to the individual within their communities, including information relating to assistive technology; assess the problems and capacities of the individuals; links the individuals to the opportunities and services that are available; and ensure (to the extent practical) the individual receives the services needed, and are aware of the opportunities available, by establishing adequate follow-up procedures.
- **Outreach** – interventions initiated by an agency or organization for the purpose of identifying potential clients, encourages their use of existing services and benefits, and includes advocacy on the client's behalf for services.
- **Housing** – services designed to assist individual clients to secure adequate living arrangements.
- **Senior Center Activities** – arranges or provides organized social, art/recreational, health, and/or nutritional services for program clients to maintain/enhance their level of functioning.
- **Visiting** – going to a client's home to provide reassurance and comfort.
- **Telephone Reassurance** – schedule calls to a client to provide comfort and support.
- **Community Education/Advocacy** – staff educates groups of older adults, their families, friends, and community organization/facility staff on rights, benefits, and entitlements for older adults either residing at home or living in an institutional setting.
- **Employment** – activities designed to maintain or obtain employment for older adults or to assist them in selecting and entering a second career.
- **Personal Affairs Assistance** – assists older adults to avoid exploitation by providing discount programs, consumer education, and assistance in completing financial forms and service applications.
- **Older Adult Services and Information System (OASIS)** – active older adults 60+ are offered cultural, education, and informational programs and services.
- **Hotel Alert** – provision of social and nutritional services for the elderly residing in the Central Business District of downtown Los Angeles.
- **Medication Management** – provides medication screening and education to older

persons and family caregivers to prevent incorrect medication administration and adverse drug reactions.

- **Comprehensive Assessment** – evaluate a person’s physical, psychological, and social needs, financial resources, and the strengths and weaknesses of their informal support system and the immediate environment as a basis for determining current functional ability and potential improvement to develop the appropriate services needed to maximize functional independence.
- **COMMUNITY BASED TRANSPORTATION SERVICES**
 - **New Freedom Transportation Program** – provides Volunteer Driver Mileage Reimbursement (VDMR) and Taxicab Services Program (TSP) to older adults in the community. This program is only offered by PSA 19.
 - **Proposition A Senior Services** – provides older adults and adults with disabilities with transportation services to attend doctor appointments or trips to the pharmacy. This service fills a service gap due to the large geographical size of the PSA, and the complex, limited nature of the transportation system for older adults. This program is only offered by PSA 25.
- **OLDER AMERICANS ACT SENIOR SERVICES**
 - **Health Promotion/Disease Prevention** – provides disease prevention and health promotion services and information at senior centers, at congregate meal sites, through home-delivered meals programs, or at other appropriate sites. A shared service provider is used for both PSAs.
 - **Family Caregiver Support Program** – provides training and education for family members who are responsible for the care of an older family member. Further, conferences are conducted to assist family caregivers in assessing their role and facilitating access to family caregiver resources. Conferences are provided in English and Spanish.
 - **Ombudsman** – provides assistance to residents of long-term care facilities and their family members in resolving *problems* related to the quality of their care. A shared service provider is used for both PSAs.
 - **Elder Abuse Prevention** – designed to increase public education and awareness on those persons/populations at high risk for abuse, how to identify and report abuse and provide community access to prevent abuse and assist family caregivers.
 - **Legal Services** – attorneys and paralegals travel to the senior centers to offer senior legal assistance on issues concerning their rights, benefits, and entitlements. A shared service provider is used for both PSAs.
- **OLDER CALIFORNIANS ACT SENIOR SERVICES**
 - **Health Insurance Counseling Advocacy Program** – provides health insurance counseling and advocacy services to Medicare enrollees and provides education to healthcare consumers on how to advocate for themselves. A shared service provider is used for both PSA’s.
 - **Medicare Improvement for Patients and Providers Act** – provides outreach and

education to low-income Medicare enrollees.

- **COMMUNITY DEVELOPMENT BLOCK GRANT SENIOR SERVICES**
 - **Evidence Based Programs** – provide older adults with programs that enhance wellness skills in the areas of self-management, healthier living, physical activity programs, and family caregiver support or memory enhancement.
 - **Nutrition** – expands congregate and home delivered meal programs.
 - **Emergency Alert Response System (EARS)** -- EARS is a medical communications and personal device that connects frail, homebound older adults to emergency service 24/7.
 - **Linkages** – provides care management to persons with functional impairment and at risk of institutional placement. This program is offered by PSA 19 only.
- **DIRECT SERVICES [PSA 25 Only]**
 - **Information and Assistance** – older adults can call directly and be referred to a wide array of service providers including agencies that handle potential incidents of elder abuse. In addition to telephone information on local agencies and other services provided to older adults, a directory identifying programs and agencies by local region is available. Service referral is provided to assist Spanish-speaking and Asian language-speaking older adults.
 - **Family Caregiver Support Program** – provides training and education for family members who are responsible for the care of an older family member. Also, conferences are conducted to assist family caregivers in assessing their role and facilitating access to family caregiver resources. Conferences are provided in English and Spanish.
 - **Senior Community Service Employment Program** – eligible participants who are unemployed, 55+ and older, who meet federal low-income guidelines are paid to train twenty hours each week at local partners such as senior centers, libraries, childcare centers, and other nonprofit community service organization. This program offers participating older adults the opportunity to acquire new career skills or build on existing skills while earning an hourly stipend. The goal is to transition participants into unsubsidized employment.
 - **Emergency Alert Response Program** – telecommunication equipment that assists older adults in the event of an emergency. This program supports homebound older adults who live alone and meet certain federal income guidelines. This is a collaborative effort with the regional case management programs.
 - **Serving Our Seniors (SOS)** – collaborative program with the City's Department of Water and Power (DWP), Housing Department, Senior Multipurpose Centers, and sponsoring agencies. DWP representatives are on the alert for signs that an older adult client may be in need of assistance to maintain their independence. On referral, case managers at a local senior center evaluate and address the situation and DWP enrolls older adults in Lifeline programs.
 - **DWP Summer Fan Program** – To help low-income older adults cope during hot summer months, the DWP donates an average of 1500 fans citywide. The senior

centers identify seniors in need and distribute the fans at the onset of the summer season.

- **File of Life** – the File of Life program is a collaboration with local government emergency response agencies and Kroger Supermarkets. This program provides critical medical information to emergency personnel during a medical emergency for older adults.

As evidenced by the Purposeful Aging Los Angeles initiative, continued collaboration with partners, contractors, community-based organizations, and County/City departments is a vital component of the AAAs continuous focus on working toward a comprehensive and coordinated system of home and community-based care. In addition to the service delivery system composed of contracts and direct services, focal points play a major role in this endeavor. Focal points provide an avenue for older adults and adults with disabilities to access much needed programs and services, such as information and assistance, care management, and nutrition programs.

Over the next four (4) years, the AAAs will continue to work toward providing comprehensive, coordinated, and effective services in collaboration with its partners. The AAAs priority is to ensure that older adults live with dignity and independence. In doing so, the AAA continues to be sensitive to the needs of the population by exploring new and innovative ways to improve the quality of services.

With the passage of Assembly Bill 1118, the Age-Friendly California Act, California declared itself an age-friendly state. With the re-approval of the Purposeful Aging Los Angeles (PALA) Initiative, the Los Angeles Region is an age-friendly community that will continue to work and align with the State's age-friendly initiatives. The Masterplan for Aging, that was released on January 6, 2021, outlines five bold goals and twenty-three strategies to build a California for All Ages by 2030. It includes a Data Dashboard on Aging to measure progress and a Local Playbook to drive partnerships that help meet these goals, aiming to create an age-friendly environment not just for today's older adults but for future generations as well.

SECTION 4. PLANNING PROCESS & ESTABLISHING PRIORITIES (PSA 19 & 25)

Between 2016 and 2018, the PALA initiative conducted an extensive survey in nine different languages to 14,105 Angeleno residents. This survey sought to understand the needs and expectations of residents who want to grow older in their communities. The survey was analyzed by experts at leading local academic institutions and stakeholders who developed recommendations that were subsequently prioritized in consultation with 300 older adults. These prioritized recommendations were grouped into eight livability domains and crafted into the Age-friendly Action Plan for the Los Angeles Region 2018-2021 and released in August 2018. Subsequently, in 2022, PALA was approved through 2027.

The priorities set by the PALA process reflect the collective wisdom of stakeholders on what would be useful policy action in these spaces. In many cases, they require action from City and County departments outside the City of Los Angeles Department of Aging (LADOA) and the Los Angeles County Aging and Disabilities Department (AD) the two departments that house the Los Angeles AAAs. Eight working groups were established to convene key stakeholders, including older adults, to make progress on the identified priorities. The PALA action plan was taken into consideration in the planning process for the FY 2024-2028 Joint Area Plan.

Both AAAs strive to implement an inclusive and comprehensive planning process to ensure the needs of the Los Angeles region older adult residents and family caregivers are being adequately addressed. The planning process includes Public Hearings and a needs assessment for each AAA.

Public Hearings are essential in providing older adults, caregivers, service providers, senior advocacy groups, community leaders, and other relevant stakeholders an opportunity to comment on proposed program changes or service modifications of Older Americans Act Programs. The Public Hearings also provide an opportunity for discussion, public testimony, and written statements. PSA 19 and 25 have been hosting joint Public Hearings since 2015. Six public hearings were jointly held in-person and virtually in English and translated into Spanish and American Sign Language. Public Hearings were conducted in collaboration with the AAAs respective advisory boards.

The AAAs maintains a robust relationship with its aging network to be aware of the most innovative programs, services, and recent changes in policies. This robust planning process is continually evolving. These services enable older adults to age in place safely and help older individuals remain independent in their homes and communities for as long as possible. Through the ongoing activities of the PALA partnership, the efforts of the AAAs, the advisory boards, service providers, and the community, the Los Angeles region will become the most age-friendly region in the world.

SECTION 5. NEEDS ASSESSMENT & TARGETING (PSA 19 & 25)

Background

The California Department of Aging (CDA) partnered with the National Research Center (NRC) at Polco to administer the Statewide Community Assessment Survey for Older Adults (CASOA). NRC used standard scientific statistical methods to ensure the validity and reliability of the survey results. Random selection of households with adults aged 55+ was utilized in this survey. In addition to the random sample "probability" survey, an open participation survey was conducted, in which all older adults 55 years or older were invited to participate. The open participation survey instrument was identical to the probability sample survey. This exploration survey was intended to provide useful information for planning and resource development as well as strengthen advocacy efforts and stakeholder engagement.

The survey structure is consistent with the PALA domains omitting the domain related to Emergency and Resilience. The goal of the assessment is to create empowered communities that support vibrant older adult populations. The Statewide Community Assessment for Los Angeles County revealed critical information.

Survey Responses

For Los Angeles County, excluding the City of Los Angeles, the result was as follows:

- 301 completed surveys from an initial pool of 5,000 households
- 355 completed surveys from the open participation survey
- 656 responses were received from both surveys.








For Los Angeles City, the result was as follows:

- 276 completed surveys from an initial pool of 5,000 households and
- 126 completed surveys from the open participation survey
- 402 responses were received from both surveys.

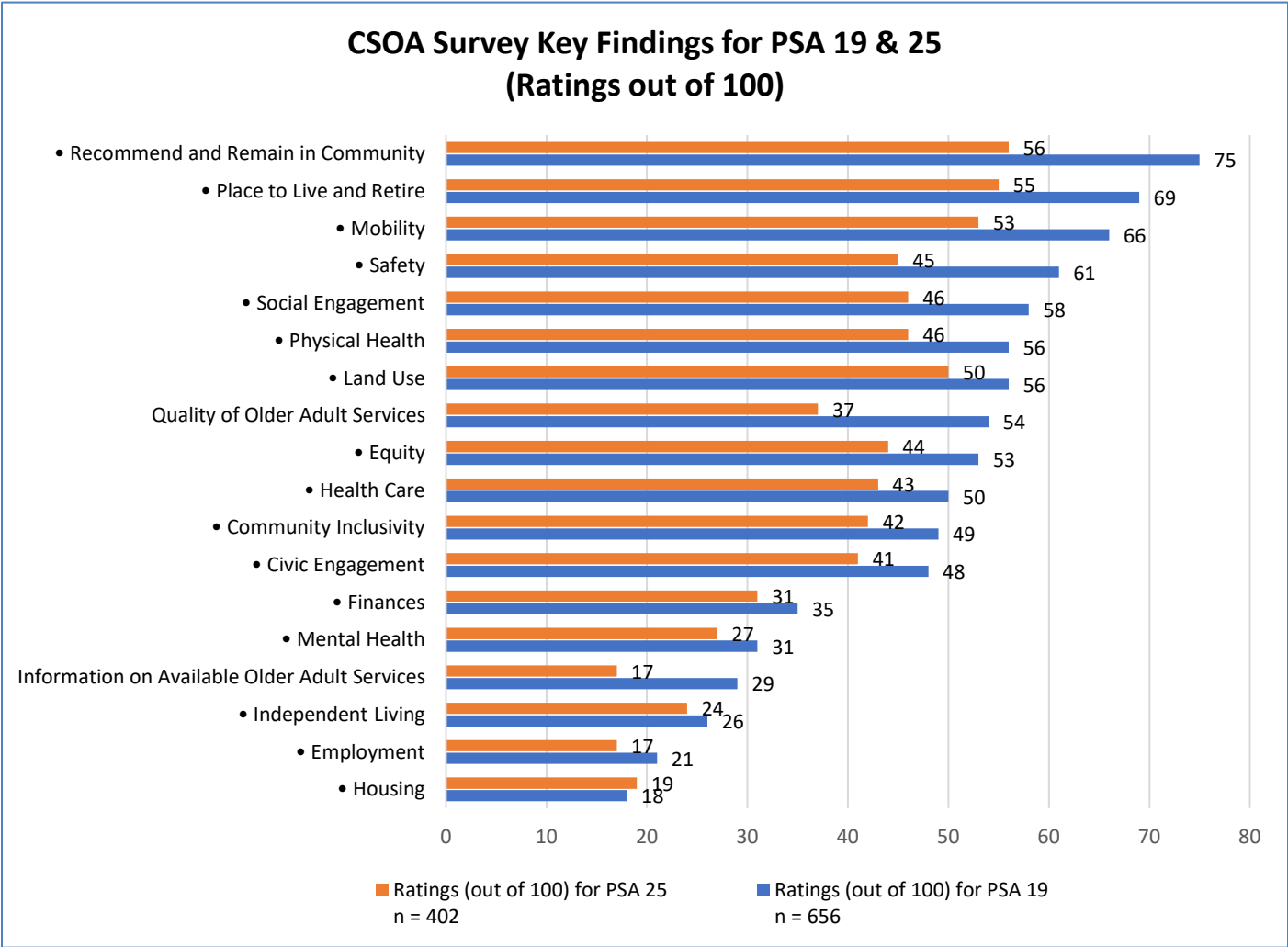
The total number of respondents in Los Angeles County region (both PSA 19 and 25) was 1,056.

Understanding the Survey Findings

The survey report summarizes how older adults view their community and its success in creating a thriving environment for older adults. Aspects of livability are explored within six Community Livability Dimensions that mirror six of the PALA Livability domains and 18 Community Livability Topics: The Dimensions are: Community Design, Employment and Finances, Equity and Inclusivity, Health and Wellness, Information and Assistance, and Productive Activities. Overall community quality is also assessed.

Domain of Community Livability	Description	Community Livability Topics
 Overall Community Quality	<p>Measuring community livability starts with assessing the quality of life of those who live there, and ensuring that the community is attractive, accessible, and welcoming to residents of all ages.</p>	<ul style="list-style-type: none"> • Place to Live and Retire • Recommend and Remain in Community
 Community Design	<p>A well-designed community enhances the quality of life for its residents by encouraging smart land use and zoning, ensuring that affordable housing is accessible to all, and providing mobility options to support residents aging in place.</p>	<ul style="list-style-type: none"> • Housing • Mobility • Land Use
 Employment and Finances	<p>Communities that work to foster sustainable growth, create jobs and workforce training for persons of all ages, and promote equitable economies ensure older adults are able to sustain their financial well-being through retirement and not outlive their life investments.</p>	<ul style="list-style-type: none"> • Employment • Finances
 Equity and Inclusivity	<p>A community is often greater than the sum of its parts. Having a sense of community entails not only a sense of membership and belonging, but also feelings of safety and trust in the other members of the community.</p>	<ul style="list-style-type: none"> • Equity • Community Inclusivity
 Health and Wellness	<p>The amenities available in the communities have a direct impact on the health and wellness of residents, and thus, on their quality of life overall.</p>	<ul style="list-style-type: none"> • Safety • Physical Health • Mental Health • Health Care • Independent Living
 Information and Assistance	<p>Government programs, policies and information assistance can support successful aging initiatives allowing older residents to remain independent contributors to community quality.</p>	<ul style="list-style-type: none"> • Quality of Older Adult Services • Information on Available Older Adult Services
 Productive Activities	<p>Productivity is the touchstone of a thriving old age. Older adults' engagement and contribution to the community can be determined by their time spent in civic meetings and social activities or providing help to others.</p>	<ul style="list-style-type: none"> • Civic Engagement • Social Engagement • Caregiving

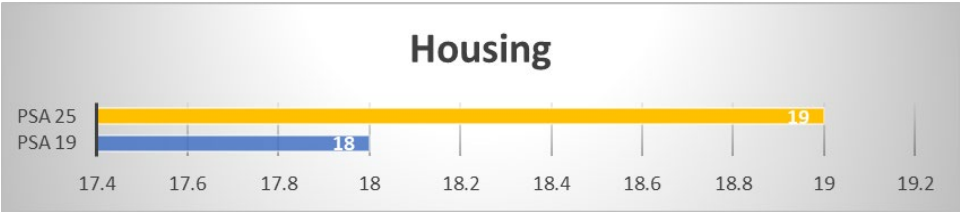
The key findings of the survey are summarized using the Community Livability Topics in the following chart. The ratings are summaries of several questions that range from 0 as poor, 33 as fair, 67 as good and 100 as excellent. For example, a score of 58 should be interpreted as closer to good than to fair (with the midpoint of the scale, 50, representing equidistance between good and fair).



Source: CDA, CASOA Survey Report, November 2023.

Implications of the findings for service development, policy making, and advocacy efforts

The implications for each topic are as follows:

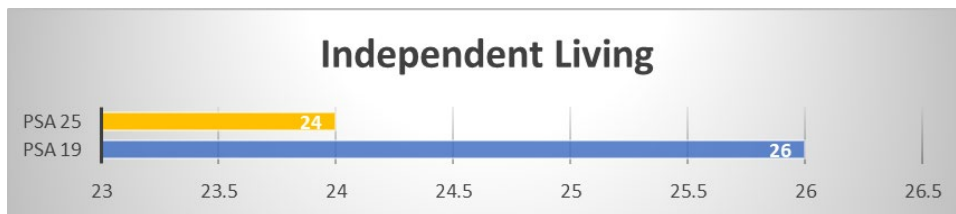


- Housing (18/100 for PSA 19, 19/100 for PSA 25):** The extremely low score signifies a critical need for affordable, accessible, and suitable housing options for older adults. This calls for significant policy efforts and investments in age-friendly housing

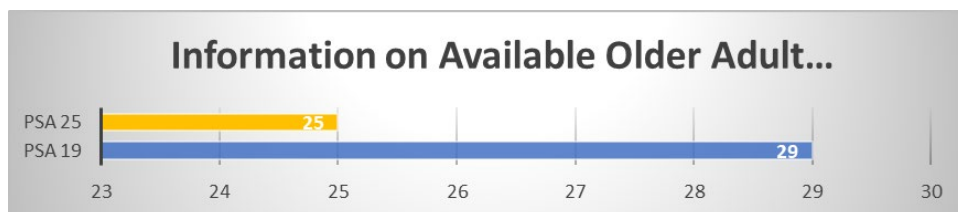
development and maintenance.



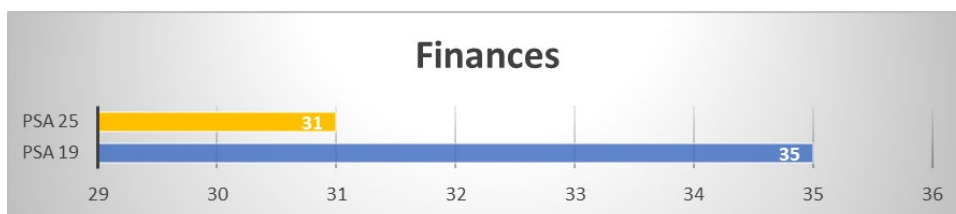
2. **Employment (21/100 for PSA 19, 17/100 for PSA 25):** This score highlights a substantial gap in employment opportunities and resources for older adults, indicating a need for job programs, skill development, and flexible work options tailored to older adults.



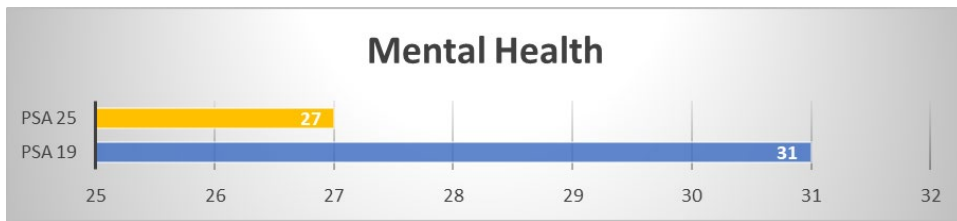
3. **Independent Living (26/100 for PSA 19, 24/100 for PSA 25):** A low score in this area suggests major difficulties for older adults in living independently. This implies a need for more support services, healthcare accessibility, and aging-in-place initiatives.



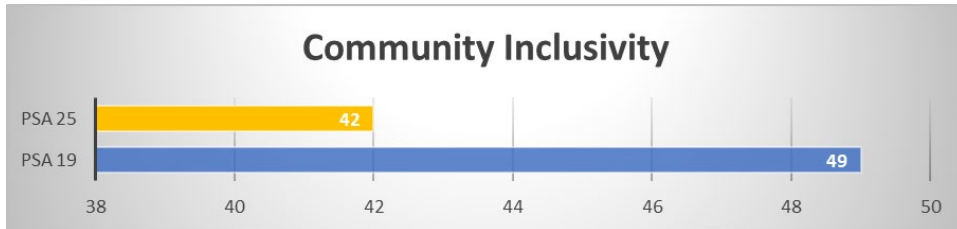
4. **Information on Available Older Adult Services (29/100 for PSA 19, 17/100 for PSA 25):** The low score indicates a lack of awareness or difficulty in accessing information about services for older adults, underscoring the need for better outreach and information dissemination. While both AAAs scored low, one must account that PSA 19 contracts out its I&A to 211LA and PSA 25 delivers directly. The report suggests that targeted I&A by 211LA outperforms services delivered directly by the AAA.



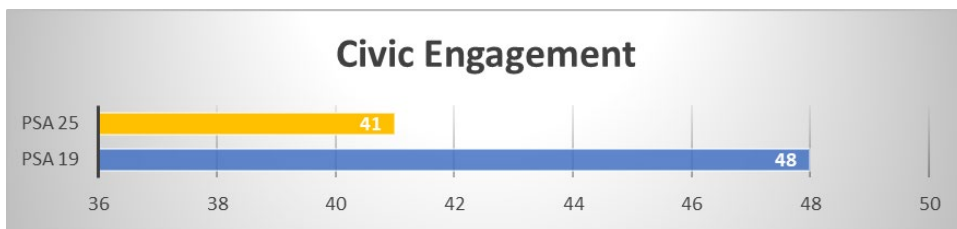
5. **Finances (35/100 for PSA 19, 31/100 for PSA 25):** This score reflects financial challenges faced by older adults, pointing to a need for financial assistance programs, affordable services, and financial planning support for older adults.



6. **Mental Health (31/100 for PSA 19, 27/100 for PSA 25):** The low score here suggests a significant need for accessible mental health services, support networks, and awareness programs to address mental health issues among older adults.



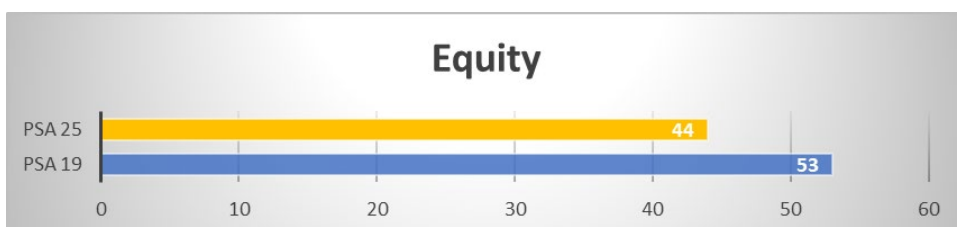
7. **Community Inclusivity (49/100 for PSA 19, 42/100 for PSA 25):** This moderate score implies a need for more inclusive community programs and initiatives that foster a sense of belonging and reduce feelings of isolation among older adults.



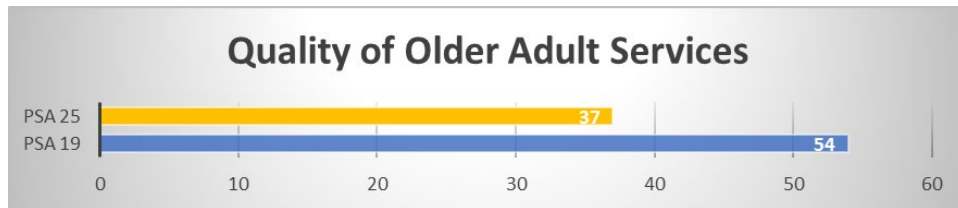
8. **Civic Engagement (48/100 for PSA 19, 41/100 for PSA 25):** The score indicates a need for more opportunities and platforms for older adults to participate in civic matters, contributing their voice and experience to community decisions.



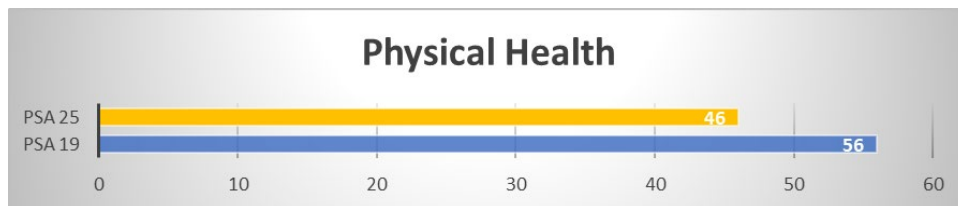
9. **Health Care (50/100 for PSA 19, 43/100 for PSA 25):** This average score suggests a need for continued improvement in healthcare accessibility, affordability, and quality for older adults.



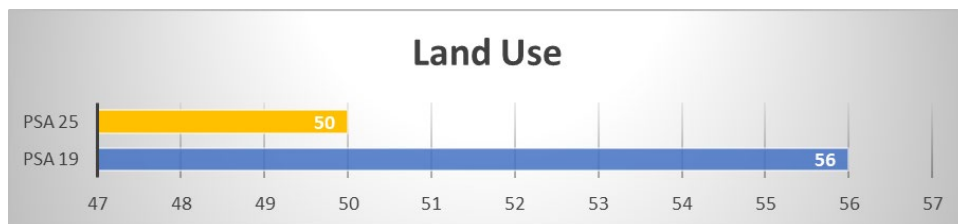
10. **Equity (53/100 for PSA 19, 44/100 for PSA 25):** The moderate score indicates ongoing issues with age-based discrimination or disparities, calling for policies and advocacy focused on promoting age equity.



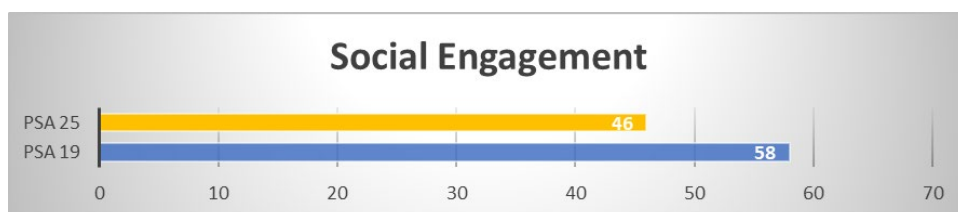
11. **Quality of Older Adult Services (54/100 for PSA 19, 37/100 for PSA 25):** This score suggests that the overall quality of services for older adults is average but could be improved, especially in terms of responsiveness and customization to older adults' needs.



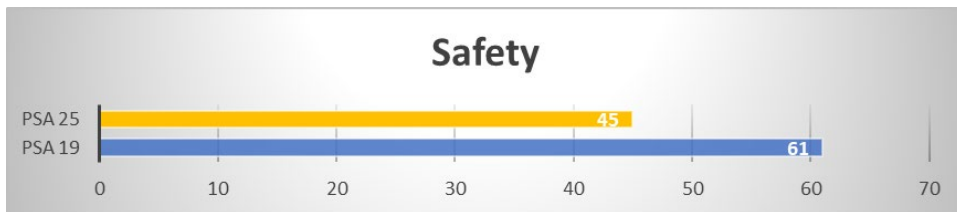
12. **Physical Health (56/100 for PSA 19, 46/100 for PSA 25):** An average score in this area points to a need for enhanced physical health programs, fitness opportunities, and preventive health services for older adults.



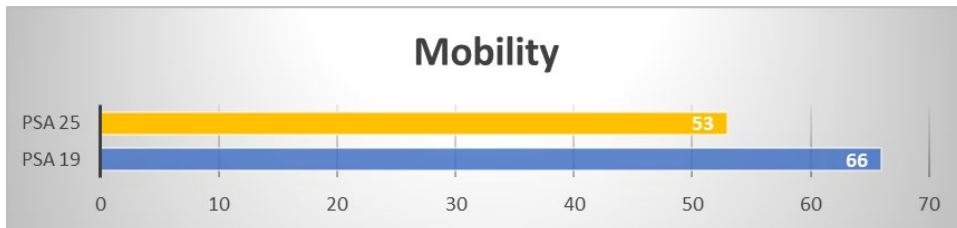
13. **Land Use (56/100 for PSA 19, 50/100 for PSA 25):** This score suggests a moderate level of satisfaction with how land is used in the community, implying potential areas for improvement in community planning to better cater to the needs of older adults needs.



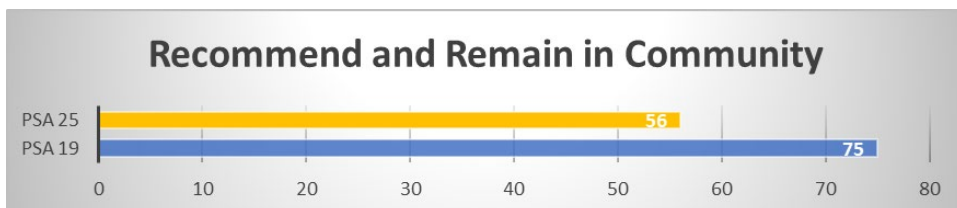
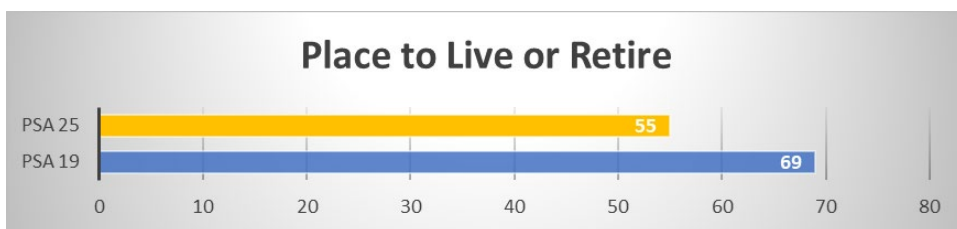
14. **Social Engagement (58/100 for PSA 19, 46/100 for PSA 25):** The relatively higher score indicates a somewhat satisfactory level of social engagement opportunities for older adults, but with room for enhancing social activities and programs.



15. **Safety (61/100 for PSA 19, 45/100 for PSA 25):** A moderate to good score suggests a relatively safe environment, but ongoing efforts in crime prevention and safety measures are still essential.



16. **Mobility (66/100 for PSA 19, 53/100 for PSA 25):** This score indicates a generally positive perception of mobility options, but improvements in public transportation and accessibility for older adults are still beneficial.



17. **Place to Live and Retire (69/100 for PSA 19, 55/100 for PSA 25) and Recommend and Remain in Community (75/100 for PSA 19, 56/100 for PSA 25):** These scores reflect a generally positive view of the community as a place to live and retire, and a willingness to recommend it to others, suggesting a baseline of satisfaction with the overall living conditions for older adults.

In summary, housing, employment, independent living, and information on services are the most pressing areas needing attention, while the community's livability in terms of place to live, recommend, and remain in the community scores relatively higher, indicating a general satisfaction among older adults. These insights should guide service development, policymaking, and advocacy efforts to enhance the livability and quality of life for older adults in the community.

Targeting

The Older Americans Act (OAA) defines “target populations” that the Area Agency on Aging (AAA) includes in the planning and delivery of community-based services. Service delivery is targeted to those with the greatest economic or social need. Those with the “greatest economic need” are older adults with service needs resulting from an income level at or below the Federal Poverty Guideline or Elder Economic Index. Second, older adults with the “greatest social need” have a service need resulting from non-economic factors, which include physical and mental disabilities; language barriers; and cultural, social, or geographical isolation, including isolation caused by racial or ethnic status that restricts the ability of an individual to perform normal daily tasks or threatens their capacity to live independently. In 2019, Assembly Bill 2719 revised the definition to include cultural and social isolation caused by sexual orientation, gender identity or gender expression.

These targeted groups also consist of older individuals with any of the following characteristics:

- Alzheimer’s Disease or Related Disorders
- At risk for institutional placement
- Disability
- Frailty
- Homelessness
- Family Caregiver
- Isolated, Neglected, and/or Exploited
- Sexual Orientation, Gender Identity, or Gender Expression
- Limited English Proficiency
- Native American
- Reside in a Rural Area
- Unemployed

The AAAs focus is to serve those with the greatest economic and social needs in addition to older adults with the characteristics identified. Thus, the AAA makes it a priority for all AAA-funded providers to serve this target population. Addressing these issues is primarily done through a network of partners.

The AAA subcontracts with numerous community-based organizations that are required to conduct targeted outreach and provide services in a culturally sensitive manner. The AAA continuously works toward expanding services in rural areas and identifying methods to reach the target population. AD also administers Adult Protective Services, which assists the AAA and its direct service providers to identify and serve the most vulnerable populations. Family caregivers play a critical role in assisting older adults and individuals with functional impairments to continue to live in their own homes for as long as possible. Thus, the AAA continues to work with its Family Caregivers’ network to provide the much-needed support and services to family caregivers of older adults and grandparents raising grandchildren. The Senior Community Service Employment Program also remains a priority for the AAA to provide essential services to older adults who are unemployed.

The Los Angeles County AAA is estimating to serve 35,000 clients and of those the following numbers of lower income minority older individuals for the FY 2024/25:

- Minority clients – 24,000 (69%)
- Rural clients – 1,500 (4%)
- Low-income clients (below poverty level) – 13,600 (39%)

SECTION 6. PRIORITY SERVICES & PUBLIC HEARINGS (PSA 19 & 25)

2024-2028 Four-Year Planning Cycle

Funding for Access, In-Home Services, and Legal Assistance

The CCR, Article 3, Section 7312, requires the AAA to allocate an “adequate proportion” of federal funds to provide Access, In-Home Services, and Legal Assistance in the PSA. The annual minimum allocation is determined by the AAA through the planning process. The minimum percentages of applicable Title III B funds² listed below have been identified for annual expenditure throughout the four-year planning period. These percentages are based on needs assessment findings, resources available within the PSA, and discussions at public hearings on the Area Plan.

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

Access:

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

PSA 19:

2024-25 30 % 25-26 _____ % 26-27 _____ % 27-28 _____ %

PSA 25:

2024-25 58.5 % 25-26 _____ % 26-27 _____ % 27-28 _____ %

In-Home Services:

Personal Care, Homemaker, Chore, Adult Day / Health Care, Alzheimer’s Day Care Services, Residential Repairs/Modifications

PSA 19:

2024-25 10 % 25-26 _____ % 26-27 _____ % 27-28 _____ %

PSA 25:

2024-25 15.5 % 25-26 _____ % 26-27 _____ % 27-28 _____ %

Legal Assistance Required Activities:³

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

PSA 19:

2024-25 5 % 25-26 _____ % 26-27 _____ % 27-28 _____ %

PSA 25:

2024-25 5.5 % 25-26 _____ % 26-27 _____ % 27-28 _____ %

² Minimum percentages of applicable funds are calculated on the annual Title IIIB baseline allocation, minus Title IIIB administration and minus Ombudsman. At least one percent of the final Title IIIB calculation must be allocated for each “Priority Service” category, or a waiver must be requested for the Priority Service category(s) that the AAA does not intend to fund.

³ Legal Assistance must include all the following activities: Legal Advice, Representation, Assistance to the Ombudsman Program and Involvement in the Private Bar.

PUBLIC HEARING: At least one public hearing must be held each year of the four-year planning cycle. CCR Title 22, Article 3, Section 7302(a)(10) and Section 7308, Older Americans Act Reauthorization Act of 2020, Section 314(c)(1).

The following public hearings were jointly held by the County and the City AAA's.

Fiscal Year	Date	Location	Number of Attendees	Presented in languages other than English? ⁴ Yes or No	Was a hearing held at a Long-Term Care Facility? ⁵ Yes or No
2024-2025	January 9, 2024	Willowbrook Senior Citizens Center 12915 S. Jarvis Street Los Angeles, CA 90061	84	Yes	No
2024-2025	January 11, 2024	Bernardi Senior Center 6514 Sylmar Avenue Van Nuys, CA 91401	61	Yes	No
2024-2025	January 16, 2024	East Los Angeles Community Service Center 133 N. Sunol Drive Los Angeles, CA 90063	70	Yes	No
2024-2025	January 17, 2024	San Pedro Service Center 769 W 3rd Street San Pedro, CA 90731	45	Yes	No
2024-2025	January 18, 2024	Antelope Valley Senior Center 777 W. Jackman Street Lancaster, CA 93534	37	Yes	No
2024-2025	January 24, 2024	Long Beach Senior Center 1150 E. 4th Street Long Beach, CA 90802	81	Yes	No
2025-2026					
2026-2027					
2027-2028					

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

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

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

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

The Public Hearings announcement was published in two languages, in the LA Daily News (in English) and La Opinion (in Spanish) on January 2, 2024. Additionally, information leaflets were distributed to various entities, including the Board offices, County Commissioners, Senior Centers, AD partners, and AAA Service Providers. To enhance outreach, AD also leveraged its website and multiple social media platforms to publicize the events.

To ensure broader accessibility, the public hearings were livestreamed. This was particularly beneficial for homebound individuals and others who were unable to attend in person due to various reasons.

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

No comments were provided.

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 IIIB funds to meet the adequate proportion of funding for priority services.

There were no comments received pertaining to adequate proportion funding for priority services.

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

- Collaboration between family caregivers and healthcare providers
 - Promote healthcare and provider systems that support family caregivers.
 - Increase respite in LA county so family caregivers can get a break from working 24/7.
 - Leverage some type of existing infrastructure (collaborative way of working together)
- Housing
 - Clearer financial qualification and request to provide resources on how to qualify.

- Elder Abuse
 - Provide outreach to inform the public how to report it.
- Surveys
 - Should be inclusive.
 - Should have in-person surveys as many adults are not tech savvy.
- Alzheimer's Disease
 - African American and Hispanic communities have a high rate of Alzheimer's Disease and should have more resources especially for minority group.
- Home-Delivered Meals and Social Isolation
 - Though it is good to get food delivered to the doorsteps, seniors do not get to connect with other peers.
 - Suggest transporting seniors to community centers.
- Transportation
 - Make transportation a priority.
 - Provide more vans replacement as senior clients need transportation access to medical appointments, social events, etc.
 - User friendly public transit for those with mobility issues
- Legal Services
 - More legal services and accommodation for older adults and victims of scams/fraud
- Ethnic Diversity
 - Outreach target: people-centered rather than county-centered
 - Provide outreach service evaluation to ensure we are reaching the people.
- Community Support
 - All information in one place
 - Seniors have to go to different places for different answers because one center cannot provide everything.
 - Social Participation
 - Inclusive activities that apply to all seniors

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

Feedback from public hearing attendees justified the need to expand existing services and adjust unit rates that are used to reimburse sub-recipients for the increasing cost of services. However, this Area plan is prepared with the assumption that Older Americans Act funding will remain about the same and service expansion is not assumed. Therefore, there were no changes to the Area Plan which were the result of the input by attendees.

SECTION 7. AREA PLAN NARRATIVE GOALS & OBJECTIVES (PSA 19 & 25)

In addition to its responsibilities as Area Agencies on Aging, the Los Angeles County and the City of Los Angeles provide a vast array of services and activities outside the scope of the Older Americans Act, which provide necessities and enhances the quality of life for its older adult resident such as water, electricity, waste removal, police, fire, etc. Consequently, the role of both AAA has expanded as it continues to partner with Mayor, City Council, the Board of Supervisors and other County and City departments to advocate and secure funding, resources and programming that specifically benefit older adults and their family caregivers.

Consequently, both AAAs, and the LA Region, have broadened their strategic goals and objectives to encompass the eight essential features of an Age-friendly organization as identified and designated by the World Health Organization. Additionally, Los Angeles County was recently designated as an Age-Friendly employer committed to being the best place to work for employees aged 50+. Los Angeles County is the first county-level employer in the United States to be designated Certified Age-Friendly.

The LA Region goals and objectives are based on the following age friendly domains where all activities and programming are processed through a dementia lens:

1. **Outdoor Spaces and Buildings** – accessibility to and availability of clean, safe community centers, parks, and recreational facilities.
2. **Transportation** – safe and affordable modes of private and public transportation, “Complete Streets” types of initiatives, hospitable built environments.
3. **Housing** – wide range of housing options for older residents, aging in place and other home modification programs. Housing that is accessible to transportation and community health services.
4. **Social Participation** – access to leisure and cultural activities; opportunities for older residents to participate in social and civic engagement with their peers and younger people.
5. **Civic Participation and Employment** – promotion of paid work and volunteer opportunities for older residents; opportunities for older residents to engage in the formulation of policies relevant to their lives.
6. **Communication and Information** – promotion of and access to the use of technology to keep older residents connected to their community, friends, family, both near and far.
7. **Community Support and Health Services** – access to homecare services, health and mental resources, programs to promote active aging (physical exercise and health habits), services and supports for family caregivers.
8. **Emergency Preparedness and Resilience** – information, education, and training to ensure the safety, wellness, and resilience of seniors in emergency situations.

Goal 1: Promote Safe, Sustainable, Accessible Outdoor Spaces & Buildings

Rationale: The LA Region is committed to creating and maintaining street, facilities, and open spaces that are environmentally friendly, accessible, and available to all residents including special accommodation for older adults and adults with disabilities.

<p>To meet this objective, the LA Region will partner with museums, stadiums, studios, convention centers and other tourist attractions in the Los Angeles Region to enhance age-friendly building features and generate awareness of and attention around tourist facilities that have taken steps to become age-friendly.</p> <p>Objective 1.1. In collaboration with the LA County Commission on Older Adults, Commission on Disabilities and the LA City advisory Council on Aging, and the LA City Disabilities Commission to collaborate with County and City parks, beaches, marinas, and other public spaces to assist in incorporating age-friendly, accessible, and culturally relevant approaches and expand programming for older adults and adults with disabilities through 6/30/28.</p> <ul style="list-style-type: none"> • Develop shared objectives between the two commissions and two advisory councils by 6/30/28. • Launch the first quarterly meeting by 6/30/25. • Bring awareness of accessibility about each other's public spaces and promote age-friendly public spaces. • Create a rotating schedule for LA City and LA County to visit their respective facilities to create age friendly public space. 	Projected Start and End Dates	Type of Activity and Funding Source	Update Status
	7/1/24-6/30/28	C	New
	7/1/24-6/30/28	C	New
	7/1/24-6/30/28	C	New
	7/1/24-6/30/25	C	New
	7/1/24-6/30/25	C	New

Goal 2: Promote Accessible and Affordable Transportation Options for Older Adults and Adults with Disabilities

Rationale: Reliable and affordable public transportation in conjunction with both private transportation services is essential to ensuring that many older adults maintain their independence and quality of life.

<p>Objective 2.1 The LA Region will ensure that current and new public transportation systems reflect the needs of a growing older adult population (including individuals with physical and cognitive needs).</p> <ul style="list-style-type: none"> In partnership with LA METRO, the LA Region will work with “On the Move Riders” program to provide outreach to older adults regarding available transportation options and training to older adults in using public transportation. The LA Region aims to provide at least two of the following activities within the 5 Supervisory Districts: one-on-one and/or group travel training, informational transit tours, or safety education presentations at Pop-Up events, Transportation Expo, and/or Raised on Records Concert by 6/30/2026. 	Projected Start and End Dates	Type of Activity and Funding Source	Update Status
	7/1/24-6/30/28	C	New
	7/1/24-6/30/26	C	New

Goal 3: Address Issues of Homelessness and Promoting Affordable Housing

Rationale: Los Angeles Region is one of the most unaffordable housing markets in the nation, directly contributing to homelessness among older adults. The older adult population is the fastest growing demographic of the homeless population.

<p>Objective 3.1 The LA Region has declared emergency declarations given the crisis in unhoused persons in the community. Of particular concern is that an estimated half of all new unhoused adults are over the age of 50. To address the increasing prevalence of homelessness, the LA Region will:</p> <ul style="list-style-type: none"> Explore the feasibility of creating a homeless prevention unit and early intervention unit within PSA 19 to serve all county/city residents by 6/30/2028. Coordinate with LA Housing Authority, LACDA, and others, to establish a housing coordination group to assess housing opportunities, conduct outreach efforts, and evaluate progress in meeting housing needs for older adults. 	Projected Start and End Dates	Type of Activity and Funding Source	Update Status
	7/1/24-6/30/28	PD/C	New
	7/1/24-6/30/28	PD	New
	7/1/24-6/30/28	C	New

Goal 4: Promote Social Participation of Older Adults

Rationale: Recent data and studies have shown that social isolation is associated with health risks such as smoking, obesity, depression, and mortality. Programs that encourage social participation improve health outcomes and quality of life.

Objective 4.1: Expand intergenerational social opportunities throughout the LA Region to achieve beneficial outcomes, including a reduction in social isolation among older adults and expand beneficial mentorship opportunities for youth. PSA19 will focus on older veterans and transition aged youth, as part of these efforts. <ul style="list-style-type: none"> Explore the expansion of participatory arts and cultural programs for older adults led by professional artists to increase quality of life, address social isolation, increase mastery and positive effects on cognitive and physical health (ex: Music Mends Minds/ art classes). 	Projected Start and End Dates	Type of Activity and Funding Source	Update Status
	7/1/24-6/30/28	C	New
	7/1/24-6/30/28	C	New

Goal 5: Encourage Civic Participation & Employment

Rationale: Volunteerism and civic participation enhance the wellbeing and quality of life of older adults and contribute to the community.

Objective 5.1 The LA Region will establish opportunities for engagement of community leaders and external partners. <ul style="list-style-type: none"> LA COUNTY Elders (LACE) – PSA 19 will create a “Blue Ribbon” working group that will be composed of high value, local influential members of the community such as leaders, celebrities, to engage, create attention and energy and respond to the needs of older adults. The activities include identifying members, recruitment, establishing the work group, and holding one meeting by 6/30/2025. Objective 5.2 Expand the designation of the age friendly employer to include the City of Los Angeles. County’s designation as an age-friendly employer: <ul style="list-style-type: none"> Given that all AAA service providers in LA region are extensions of the AAAs, these service providers may already meet the requirement for age friendly employment; thereby, expanding the age friendly employer network. Will work with at least three (3) service providers to help them become age-friendly employers for each PSA by 6/30/2028. 	Projected Start and End Dates	Type of Activity and Funding Source	Update Status
	7/1/24-6/30/25	C	New
	7/1/24-6/30/25	C	New
	7/1/24-6/30/28	C	New
	7/1/24-6/30/28	C	New

<p>Objective 5.3. Increase volunteer and employment opportunities at County and City departments:</p> <ul style="list-style-type: none"> Establish a partnership with the Los Angeles Encore Fellows Program and the Executive Service Corps that enables County and City departments to host older adult Fellows Consultants. These partnerships would assist experienced older adult workers who would like to transition to encore careers in the social or government sector, while infusing the County and City with executive-level expertise. The proposed agreement will be completed by 6/30/2028. Establish a collaborative working group with the six Workforce Development Boards in the County to develop and implement a regional approach to recruit, train and place older workers in employment and career opportunities, including those available with County and City departments by 6/30/2028. Incorporate recruitment strategies for older adults who volunteer through the County Volunteer Program, Mayor's Volunteer Corps, and other existing City and County volunteer programs; explore a partnership with the Federal Senior Corps to host Senior Corps members at County and City Departments by 6/30/2028. 	7/1/24-6/30/28	C	New
	7/1/24-6/30/28	C	New
	7/1/24-6/30/25	C	New
	7/1/24-6/30/28	C	New

Goal 6: Communication & Information

Rationale: Older adults and adults with disabilities are the most vulnerable population and most difficult to reach to, thereby needing an effective outreach and communications system.

<p>Objective 6.1: Adapt the use of technology to increase online and in-person connections, improve financial security through employment initiatives, and reduce social isolation through the following activities.</p> <ul style="list-style-type: none"> Under the leadership of PSA 19's Chief Information Officer, will convene a Technology task force, creating a multisector workgroup to address digital inclusion gaps for older adults and adults with disabilities by 6/30/2026. Explore the feasibility of creating an L.A. Aging and technology incubator, in partnership with appropriate private entities, to encourage the local and regional development of technologies that promote independence, social connections, wellness, health and management of physical and cognitive changes by 2028. The first activity is to identify potential partners by 6/30/2028. <p>Objective 6.2 The LA Region will develop various interventions to improve technology access and confidence in using devices.</p> <ul style="list-style-type: none"> Launch the Access to Technology program to 3,500 residents to combat social isolation by receiving a tablet device, two-year broadband internet connectivity, provide technology support and education, and evaluate the programs' success by 6/30/28. Establish technology hubs at each of the County's 14 senior/community Centers and at the City's 15 Multipurpose Senior Centers to support the increasing digital demand for access by older adults and others in the community. Technology hubs will serve older adults on how to use their device in at least two senior centers, one in PSA 19 and one in PSA 25 by 6/30/2028. 	Projected Start and End Dates	Type of Activity and Funding Source	Update Status
	7/1/24-6/30/28	C	New
	7/1/24-6/30/28	C	New
	7/1/24-6/30/28	PD	New
	7/1/24-6/30/28	PD	New
	7/1/24-6/30/28	PD	New

<p>Objective 6.3 The 2028 Olympics will be held in LA, creating opportunities for all population groups to participate. The region is committed to ensuring that older adults are incorporated into the planning of events or activities.</p> <ul style="list-style-type: none"> Identify a liaison(s) from the Mayor's Office by 6/30/2028. Establish an older adult Ambassador program at the senior centers to ensure that older adults are invited to the programs, provide information on the Olympics, and to volunteer to participate. Create an Aging and Fitness Council for family caregivers and older adults. Engage with the Olympic Arts Festival to ensure the needs and interests of older adults are incorporated into the planning of events and activities. 	7/1/24-6/30/28	C	New
	7/1/24-6/30/28	C	New
	7/1/24-6/30/28	PD	New
	7/1/24-6/30/28	C	New
	7/1/24-6/30/28	C	New

Goal 7: Promote Community & Health Services

Rationale: Access to health and community support services that promote wellness and active aging enhance the quality of life for older adults and family caregivers. Poor health outcomes go hand in hand with poverty and food insecurity. One of the LA Region's priorities is to reduce food insecurity and improve health outcomes by partnering with healthcare plans and other providers by leading contracting efforts to maximize opportunities for CalAIM, Veterans Directed care Home Program, etc.

Objective 7.1: The region will promote wellness and improve health outcomes for older adults, adults with disabilities and their family caregivers by implementing the following activities:	Projected Start and End Dates	Type of Activity and Funding Source	Update Status
	7/1/24-6/30/28	PD	New
	7/1/24-6/30/28	PD	New
	7/1/24-6/30/28	C	New
	7/1/24-6/30/28	PD	New
	7/1/24-6/30/28	C	New
	7/1/24-6/30/28	C	New
	7/1/24-6/30/28	C	New
	7/1/24-6/30/28	PD	New
<ul style="list-style-type: none"> Secure final designation for the LA Regional ADRC by 6/30/2028. Establish a working group(s) for regional older adult service providers comprised of County, City, and other public agencies. Create the Senior Nutrition Coalition by 6/30/2028. Create social/health Hub to maximize CalAIM and other funding streams. Support dementia-focused community engagement, programs, and policies by modernizing LA Found. Engage all County and City agencies to adopt dementia-friendly approaches to customer service etc. by 6/30/2028. Align city/county data systems in coordination with County Counsel and the CIOs office by developing & implementing strategies for effective data management and sharing within various County departments. The vision would be data storage, analysis, and governance to drive insights and support data decision making. Evaluate the feasibility of implementing a CalSWEC intern program with the APS. Provide at least one community education program event at each of the County & City designated Community and Senior Centers to expand access to Medicare through HICAP & MIPPA, ensuring effective guidance is available to those navigating Medicare and health insurance options by 6/30/2028. 	7/1/24-6/30/28	PD	New

Goal 8: Promoting Emergency Preparedness & Resilience Efforts

Rationale: The Los Angeles Region is susceptible to natural and man-made disasters. The development and implementation of emergency training and education will ensure the safety, wellness, and resilience of older adults in emergency situations.

Objective 8.1: In collaboration with the OEM, the City EMD and County and City First Responder agencies, the LA Region will develop and implement emergency preparedness strategies that engage older adults and others with functional/ access needs, in preparing and responding to community emergencies. Establish a regional emergency preparedness and response working group to address the unique needs of older adults, adults with disabilities, and family caregivers. PSA 19 will implement the following activities: <ul style="list-style-type: none"> Develop an emergency response system tailored to the needs of older adults and adults with disabilities. Develop the Continuity of Operations (COOP) plan for the region in coordination and alignment with existing emergency preparedness plans. PSA 19 will explore the feasibility of purchasing and installing permanent emergency generators at all community and senior centers by assessing evaluating the financial feasibility and potential funding sources for this vital enhancement in emergency preparedness. Explore and attend national, statewide, and local emergency preparedness training opportunities to further enhance skills and for learning best practices across other agencies. Implement outreach programs to increase awareness of first responders focusing on the unique emergency-related needs and challenges of older adults and adults with disabilities, ensuring a more informed and sensitive response in such situations. Create and disseminate essential emergency preparedness resources within the aging network and to service providers, ensuring easy access and comprehensive coverage for those in need. Expand the City's award-winning program "Go-Kit" bags to the wider LA County region. PSA 19 will secure funding for 1,000 "Go-Kit" bags by 6/30/2028. 	Projected Start and End Dates	Type of Activity and Funding Source	Update Status
	7/1/24-6/30/28	PD	New
	7/1/24-6/30/28	PD	New
	7/1/24-6/30/28	PD	New
	7/1/24-6/30/28	C	New
	7/1/24-6/30/28	PD	New
	7/1/24-6/30/28	PD	New
	7/1/24-6/30/28	PD	New

SECTION 8. SERVICE UNIT PLAN (SUP) (PSA 19 and PSA 25)

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

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

For services not defined in OAAPS, refer to the Service Categories and Data Dictionary.

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

Personal Care (In-Home)

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service		Goal Numbers	Objective Numbers (if applicable)
	PSA 19	PSA 25		
2024-2025	10,000	3,012	7	7.1
2025-2026				
2026-2027				
2027-2028				

Homemaker (In-Home)

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service		Goal Numbers	Objective Numbers (if applicable)
	PSA 19	PSA 25		
2024-2025	18,000	14,104	7	7.1
2025-2026				
2026-2027				
2027-2028				

Chore (In-Home)

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service		Goal Numbers	Objective Numbers (if applicable)
	PSA 19	PSA 25		
2024-2025	N/A	2,998	7	7.1
2025-2026				
2026-2027				
2027-2028				

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

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service		Goal Numbers	Objective Numbers (if applicable)
	PSA 19	PSA 25		
2024-2025	N/A	N/A		
2025-2026				
2026-2027				
2027-2028				

Case Management (Access)

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service		Goal Numbers	Objective Numbers (if applicable)
	PSA 19	PSA 25		
2024-2025	37,000	28,201	3, 4, 7	3.1, 4.1, 7.1
2025-2026				
2026-2027				
2027-2028				

Assisted Transportation (Access)

Unit of Service = 1 one-way trip

Fiscal Year	Proposed Units of Service		Goal Numbers	Objective Numbers (if applicable)
	PSA 19	PSA 25		
2024-2025	N/A	N/A		
2025-2026				
2026-2027				
2027-2028				

Transportation (Access)

Unit of Service = 1 one-way trip

Fiscal Year	Proposed Units of Service		Goal Numbers	Objective Numbers (if applicable)
	PSA 19	PSA 25		
2024-2025	N/A	N/A		
2025-2026				
2026-2027				
2027-2028				

Information and Assistance (Access)

Unit of Service = 1 contact

Fiscal Year	Proposed Units of Service		Goal Numbers	Objective Numbers (if applicable)
	PSA 19	PSA 25		
2024-2025	15,000	282,802	3, 4, 6, 7	3.1, 4.1, 6.1, 6.2, 6.3, 7.1
2025-2026				
2026-2027				
2027-2028				

Outreach (Access)

Unit of Service = 1 contact

Fiscal Year	Proposed Units of Service		Goal Numbers	Objective Numbers (if applicable)
	PSA 19	PSA 25		
2024-2025	10,000	11,466	3,4, 6, 7	3.1, 4.1, 6.1, 6.2, 6.3; 7.1
2025-2026				
2026-2027				
2027-2028				

Legal Assistance

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service		Goal Numbers	Objective Numbers (if applicable)
	PSA 19	PSA 25		
2024-2025	5,000	5,238	3, 4, 7	3.1, 4.1, 7.1
2025-2026				
2026-2027				
2027-2028				

Congregate Meals

Unit of Service = 1 meal

Fiscal Year	Proposed Units of Service		Goal Numbers	Objective Numbers (if applicable)
	PSA 19	PSA 25		
2024-2025	1,500,000	664,924	4, 7	4.1
2025-2026				
2026-2027				
2027-2028				

Home-Delivered Meals

Unit of Service = 1 meal

Fiscal Year	Proposed Units of Service		Goal Numbers	Objective Numbers (if applicable)
	PSA 19	PSA 25		
2024-2025	1,000,000	443,488	4, 7	4.1, 7.1
2025-2026				
2026-2027				
2027-2028				

Nutrition Counseling

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service		Goal Numbers	Objective Numbers (if applicable)
	PSA 19	PSA 25		
2024-2025	3,000	N/A	4, 7	4.1, 7.1
2025-2026				
2026-2027				
2027-2028				

Nutrition Education

Unit of Service = 1 session

Fiscal Year	Proposed Units of Service		Goal Numbers	Objective Numbers (if applicable)
	PSA 19	PSA 25		
2024-2025	26,000	33,224	4, 7	4.1, 7.1
2025-2026				
2026-2027				
2027-2028				

2. OAAPS Service Category – “Other” Title III Services

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

Identify **Title 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 Device, Registry, Senior Center Activities, and Senior Center Staffing

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

Other Supportive Service Category: Alzheimer’s Day Care

Unit of Service: 1 Day of Attendance

Fiscal Year	Proposed Units of Service		Goal Numbers	Objective Numbers (If applicable)
	PSA 19	PSA 25		
2024-2025	8,600	N/A	4,7	4.1, 7.1
2025-2026				
2026-2027				
2027-2028				

Other Supportive Service Category: Respite Care

Unit of Service: 1 Hour

Fiscal Year	Proposed Units of Service		Goal Numbers	Objective Numbers (If applicable)
	PSA 19	PSA 25		
2024-2025	3,400	N/A	7	7.1
2025-2026				
2026-2027				
2027-2028				

Other Supportive Service Category: Registry

Unit of Service: 1 Hour

Fiscal Year	Proposed Units of Service		Goal Numbers	Objective Numbers (If applicable)
	PSA 19	PSA 25		
2024-2025	5,000	N/A	7	7.1
2025-2026				
2026-2027				
2027-2028				

Other Supportive Service Category: Telephone Reassurance

Unit of Service: 1 Contact

Fiscal Year	Proposed Units of Service		Goal Numbers	Objective Numbers (If applicable)
	PSA 19	PSA 25		
2024-2025	61,000	17,843	4,7	4.1, 7.1
2025-2026				
2026-2027				
2027-2028				

Other Supportive Service Category: Senior Center Activities

Unit of Service: 1 Hour

Fiscal Year	Proposed Units of Service		Goal Numbers	Objective Numbers (If applicable)
	PSA 19	PSA 25		
2024-2025	58,000	13,494	4,7	4.1, 7.1
2025-2026				
2026-2027				
2027-2028				

Other Supportive Service Category: Health (Physical Fitness)

Unit of Service: 1 Hour

Fiscal Year	Proposed Units of Service		Goal Numbers	Objective Numbers (If applicable)
	PSA 19	PSA 25		
2024-2025	N/A	4,935	7	7.1
2025-2026				
2026-2027				
2027-2028				

Other Supportive Service Category: Personal Affairs Assistance (Forms Completion, Letter Writing)

Unit of Service: 1 Contact

Fiscal Year	Proposed Units of Service		Goal Numbers	Objective Numbers (If applicable)
	PSA 19	PSA 25		
2024-2025	N/A	11,096	4,7	4.1, 7.1
2025-2026				
2026-2027				
2027-2028				

Other Supportive Service Category: Visiting

Unit of Service: 1 Hour

Fiscal Year	Proposed Units of Service		Goal Numbers	Objective Numbers (If applicable)
	PSA 19	PSA 25		
2024-2025	N/A	7,538	4,7	4.1, 7.1
2025-2026				
2026-2027				
2027-2028				

Other Supportive Service Category: Emergency Preparedness Plans

Unit of Service: 1 Hour

Fiscal Year	Proposed Units of Service		Goal Numbers	Objective Numbers (If applicable)
	PSA 19	PSA 25		
2024-2025	N/A	19	4,7	4.1, 7.1
2025-2026				
2026-2027				
2027-2028				

Other Supportive Service Category: Comprehensive Assessment

Unit of Service: 1 Hour

Fiscal Year	Proposed Units of Service		Goal Numbers	Objective Numbers (If applicable)
	PSA 19	PSA 25		
2024-2025	N/A	5,739	4,7	4.1, 7.1
2025-2026				
2026-2027				
2027-2028				

3. Title IIID/Health Promotion—Evidence-Based

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

Evidence-Based Program Name(s): Service Activities: (1) Chronic Disease Self-Management/Tomando Control de su Salud, (2) Chronic Pain Self-Management, (3) Diabetes Self-Management/Programa de Manejo Personal de la Diabetes, (4) A Matter of Balance/Bingocize, (5) Arthritis Foundation Exercise, (6) Arthritis Foundation Walk with Ease, (7) Home Meds

Unit of Service = 1 contact

Fiscal Year	Proposed Units of Service		Goal Numbers	Objective Numbers (If applicable)
	PSA 19	PSA 25		
2024-2025	9,000	938	7	7.1
2025-2026				
2026-2027				
2027-2028				

**TITLE IIIB and TITLE VII: LONG-TERM CARE (LTC) OMBUDSMAN
PROGRAM OUTCOMES (PSA 19)**

2024-2028 Four-Year Planning Cycle

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

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

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

Complete all Measures and Targets for Outcomes 1-3.

Outcome 1.

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

Measures and Targets:

A. Complaint Resolution Rate (NORS Element CD-08) (Complaint Disposition). The average California complaint resolution rate for FY 2021-2022 was 57%.

Fiscal Year Baseline Resolution Rate	# Of complaints Resolved	+ # of partially resolved complaints	Divided by the total number of Complaints	= Baseline Resolution Rate	Fiscal Year Target Resolution Rate
2022-2023	5404	N/A	14,798	37%	<u>45</u> % 2024-2025
2023-2024					<u> </u> % 2025-2026
2024-2025					<u> </u> % 2026-2027
2026-2027					<u> </u> % 2027-2028

Program Goals and Objective Numbers: 7

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

1. FY 2022-2023 Baseline: Number of Resident Council meetings attended: <u>23</u> FY 2024-2025 Target: <u>40</u>
2. FY 2023-2024 Baseline: Number of Resident Council meetings attended _____ FY 2025-2026 Target: _____
3. FY 2024-2025 Baseline: Number of Resident Council meetings attended _____ FY 2026-2027 Target: _____
4. FY 2025-2026 Baseline: Number of Resident Council meetings attended _____ FY 2027-2028 Target: _____
Program Goals and Objective Numbers: <u>7</u>

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

1. FY 2022-2023 Baseline: Number of Family Council meetings attended <u>0</u> FY 2024-2025 Target: <u>2</u>
2. FY 2023-2024 Baseline: Number of Family Council meetings attended _____ FY 2025-2026 Target: _____
3. FY 2024-2025 Baseline: Number of Family Council meetings attended _____ FY 2026-2027 Target: _____
4. FY 2025-2026 Baseline: Number of Family Council meetings attended _____ FY 2027-2028 Target: _____
Program Goals and Objective Numbers: <u>7</u>

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

1. FY 2022-2023 Baseline: Number of Instances <u>2,979</u> FY 2024-2025 Target: <u>2,000</u>
2. FY 2023-2024 Baseline: Number of Instances _____ FY 2025-2026 Target: _____
3. FY 2024-2025 Baseline: Number of Instances _____ FY 2026-2027 Target: _____
4. FY 2025-2026 Baseline: Number of Instances _____ FY 2027-2028 Target: _____
Program Goals and Objective Numbers: <u>7</u>

E. Information and Assistance to Individuals (NORS Element S-55)

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

1. FY 2022-2023 Baseline: Number of Instances <u>5,025</u> FY 2024-2025 Target: <u>2,500</u>
2. FY 2023-2024 Baseline: Number of Instances _____ FY 2025-2026 Target: _____
3. FY 2024-2025 Baseline: Number of Instances _____ FY 2026-2027 Target: _____
4. FY 2025-2026 Baseline: Number of Instances _____ FY 2027-2028 Target: _____
Program Goals and Objective Numbers: <u>7</u>

F. Community Education (NORS Element S-68)

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

1. FY 2022-2023 Baseline: Number of Sessions <u>24</u> FY 2024-2025 Target: <u>15</u>
2. FY 2023-2024 Baseline: Number of Sessions _____ FY 2025-2026 Target: _____
3. FY 2024-2025 Baseline: Number of Sessions _____ FY 2026-2027 Target: _____
4. FY 2025-2026 Baseline: Number of Sessions _____ FY 2027-2028 Target: _____
Program Goals and Objective Numbers: <u>7</u>

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

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

Systems Advocacy can include efforts to improve conditions in one LTC facility or can be county-wide, state-wide, or even national in scope. (Examples: Work with LTC facilities to improve pain relief or increase access to oral health care, work with law enforcement entities to improve response and investigation of abuse complaints, collaboration with other agencies to improve LTC residents' quality of care and quality of life, participation in disaster

preparedness planning, participation in legislative advocacy efforts related to LTC issues, etc.)
 Be specific about the actions planned by the local LTC Ombudsman Program.

Enter information in the relevant box below.

FY 2024-2025
FY 2024-2025 Systems Advocacy Effort(s): Work and provide outreach to managed health plans providing coverage to long-term care residents. The health plans pay for resident care and collaboration with the Long-Term Care Ombudsman Program could improve quality of services provided to residents. (Provide one or more new systems advocacy efforts)
FY 2025-2026
Outcome of FY 2024-2025 Efforts: FY 2025-2026 Systems Advocacy Effort(s): (Provide one or more new systems advocacy efforts)
FY 2026-2027
Outcome of FY 2025-2026 Efforts: FY 2026-2027 Systems Advocacy Effort(s): (Provide one or more new systems advocacy efforts)
FY 2027-2028
Outcome of 2026-2027 Efforts: FY 2027-2028 Systems Advocacy Effort(s): (Provide one or more new systems advocacy efforts)

Outcome 2.
 Residents have regular access to an Ombudsman. [(Older Americans Act Reauthorization Act of 2020), Section 712(a)(3)(D), (5)(B)(ii)]

Measures and Targets:

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

<p>1. FY 2022-2023 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint <u>171</u> divided by the total number of Nursing Facilities <u>244</u> = Baseline <u>70</u> % FY 2024-2025 Target: <u>70%</u></p>
<p>2. FY 2023-2024 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint _____ divided by the total number of Nursing Facilities _____ = Baseline _____ % FY 2025-2026 Target: _____</p>
<p>3. FY 2024-2025 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint _____ divided by the total number of Nursing Facilities _____ = Baseline _____ % FY 2026-2027 Target: _____</p>
<p>4. FY 2025-2026 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint _____ divided by the total number of Nursing Facilities _____ = Baseline _____ % FY 2027-2028 Target: _____</p>
<p>Program Goals and Objective Numbers: <u>7</u></p>

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

<p>1. FY 2022-2023 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint <u>280</u> divided by the total number of RCFEs <u>886</u> = Baseline <u>32</u> % FY 2024-2025 Target: <u>35</u> %</p>
<p>2. FY 2023-2024 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint _____ divided by the total number of RCFEs _____ = Baseline _____ % FY 2025-2026 Target: _____</p>

<p>1. FY 2022-2023 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint <u>171</u> divided by the total number of Nursing Facilities <u>244</u> = Baseline <u>70</u> % FY 2024-2025 Target: <u>70%</u></p>
<p>2. FY 2023-2024 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint _____ divided by the total number of Nursing Facilities _____ = Baseline _____ % FY 2025-2026 Target: _____</p>
<p>3. FY 2024-2025 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint _____ divided by the total number of Nursing Facilities _____ = Baseline _____ % FY 2026-2027 Target: _____</p>
<p>4. FY 2025-2026 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint _____ divided by the total number of Nursing Facilities _____ = Baseline _____ % FY 2027-2028 Target: _____</p>
<p>Program Goals and Objective Numbers: <u>7</u></p>

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.

<p>1. FY 2022-2023 Baseline: <u>22.04</u> FTEs FY 2024-2025 Target: <u>32</u> FTEs</p>
<p>2. FY 2023-2024 Baseline: _____ FTEs FY 2025-2026 Target: _____ FTEs</p>
<p>3. FY 2024-2025 Baseline: _____ FTEs FY 2026-2027 Target: _____ FTEs</p>
<p>4. FY 2025-2026 Baseline: _____ FTEs FY 2027-2028 Target: _____ FTEs</p>
<p>Program Goals and Objective Numbers: <u>7</u></p>

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

1. FY 2022-2023 Baseline: Number of certified LTC Ombudsman volunteers <u>24</u> FY 2024-2025 Projected Number of certified LTC Ombudsman volunteers <u>15</u>
2. FY 2023-2024 Baseline: Number of certified LTC Ombudsman volunteers _____ FY 2025-2026 Projected Number of certified LTC Ombudsman volunteers _____
3. FY 2024-2025 Baseline: Number of certified LTC Ombudsman volunteers _____ FY 2026-2027 Projected Number of certified LTC Ombudsman volunteers _____
4. FY 2025-2026 Baseline: Number of certified LTC Ombudsman volunteers _____ FY 2027-2028 Projected Number of certified LTC Ombudsman volunteers _____
Program Goals and Objective Numbers: <u>7</u>

Outcome 3.

Ombudsman representatives accurately and consistently report data about their complaints and other program activities in a timely manner. [Older Americans Act Reauthorization Act of 2020, Section 712(c)]

Measures and Targets:

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

Some examples could include:

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

The WISE & Healthy Aging Long-Term Care Ombudsman Program will implement enhanced consistency training as part of the All-Ombudsman monthly training meetings. These efforts will be further supported by Regional Supervisors in each region. Focus will be on ensuring staff, volunteers, and interns are all collecting timely and accurate NORS data.

TITLE VII ELDER ABUSE PREVENTION
SERVICE UNIT PLAN (PSA 19)

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

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

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

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

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

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

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

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

- **Hours Spent Developing a Coordinated System to Respond to Elder Abuse** –Indicate the number of hours to be spent developing a coordinated system to respond to elder abuse. This category includes time spent coordinating services provided by the AAA or its contracted service provider with services provided by Adult Protective Services, local law enforcement agencies, legal services providers, and other agencies involved in the protection of elder and dependent adults from abuse, neglect, and exploitation.
- **Educational Materials Distributed** –Indicate the type and number of educational materials to be distributed to the general public, professionals, and family caregivers (this may include materials that have been developed by others) to help in the identification, prevention, and treatment of elder abuse, neglect, and exploitation.
- **Number of Individuals Served** –Indicate the total number of individuals expected to be reached by any of the above activities of this program.

TITLE VII ELDER ABUSE PREVENTION
SERVICE UNIT PLAN (PSA 19)

The agency receiving Title VII Elder Abuse Prevention funding is: WISE & Healthy Aging

Total # of	2024-2025	2025-2026	2026-2027	2027-2028
Individuals Served	2,000			
Public Education Sessions	15			
Training Sessions for Professionals	15			
Training Sessions for Caregivers served by Title III E	0			
Hours Spent Developing a Coordinated System	500			

Fiscal Year	Total # of Copies of Educational Materials to be Distributed	Description of Educational Materials
2024-2025	2,000	Elder Justice Resources Guides, mandatory reporting flow charts and other related materials.
2025-2026		
2026-2027		
2027-2028		

TITLE IIIB and TITLE VII:
LONG-TERM CARE (LTC) OMBUDSMAN PROGRAM OUTCOMES (PSA 25)

2024-2028 Four-Year Planning Cycle

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

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

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

Complete all Measures and Targets for Outcomes 1-3;

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

Measures and Targets:

A. **Complaint Resolution Rate** (NORS Element CD-08) (Complaint Disposition). The average California complaint resolution rate for FY 2021-2022 was 42%.

1. FY 2022-2023 Baseline Resolution Rate: Number of complaints partially or fully resolved <u>2,615</u> divided by the total number of complaints received <u>8,016</u> = Baseline Resolution Rate <u>33</u> % FY 2024-2025 Target Resolution Rate <u>33</u> %
--

2. FY 2023-2024 Baseline Resolution Rate: Number of complaints partially or fully resolved <u>divided</u> by the total number of complaints received <u>_____</u> = Baseline Resolution Rate <u>_%</u> FY 2025-2026 Target Resolution Rate <u>_____</u> %

3. FY 2024 - 2025 Baseline Resolution Rate: Number of complaints partially or fully resolved <u>_____</u> divided by the total number of complaints received <u>_____</u> = Baseline Resolution Rate <u>_%</u> FY 2026-2027 Target Resolution Rate <u>__</u> %
--

4.FY 2025-2026 Baseline Resolution Rate:

Number of complaints partially or fully resolved _____ divided by the total number of complaints received _____ = Baseline Resolution Rate _____ %
 FY 2027-2028 Target Resolution Rate _____ %

Program Goals and Objective Numbers: 7

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

1.FY 2022-2023 Baseline: Number of Resident Council meetings attended 13 FY 2024-2025 Target: 10

2.FY 2023-2024 Baseline: Number of Resident Council meetings attended FY 2025-2026 Target:

3.FY 2024-2025 Baseline: Number of Resident Council meetings attended FY 2026-2027 Target:

4. FY 2025-2026 Baseline: Number of Resident Council meetings attended
 FY 2027-2028 Target:

Program Goals and Objective Numbers: 7

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

1. FY 2022-2023 Baseline: Number of Family Council meetings attended 1 FY 2024-2025 Target: 1

2. FY 2023-2024 Baseline: Number of Family Council meetings attended FY 2025-2026 Target:

3. FY 2024-2025 Baseline: Number of Family Council meetings attended FY 2026-2027 Target:

4. FY 2025-2026 Baseline: Number of Family Council meetings attended
 FY 2027-2028 Target:

Program Goals and Objective Numbers: 7

D. Information and Assistance to Facility Staff (NORS Elements S-53 and S-54)

Count of instances of Ombudsman representatives' interactions with facility staff for the purpose of providing general information and assistance unrelated to a complaint. Information and Assistance may be accomplished by telephone, letter, email, fax, or in-person.

1. FY 2022-2023 Baseline: Number of Instances 1556 FY 2024-2025 Target: 350

2. FY 2023-2024 Baseline: Number of Instances FY 2025-2026 Target:

3. FY 2024-2025 Baseline: Number of Instances FY 2026-2027 Target:

4. FY 2025-2026 Baseline: Number of Instances
 FY 2027-2028 Target:

Program Goals and Objective Numbers: 7

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

1.FY 2022-2023 Baseline: Number of Instances <u>2,585</u> FY 2024-2025 Target: <u>1000</u>
2.FY 2023-2024 Baseline: Number of Instances <u> </u> FY 2025-2026 Target: <u> </u>
3.FY 2024-2025 Baseline: Number of Instances <u> </u> FY 2026-2027 Target: <u> </u>
4.FY 2025-2026 Baseline: Number of Instances <u> </u> FY 2027-2028 Target: <u> </u>
Program Goals and Objective Numbers: <u>7</u>

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

1.FY 2022-2023 Baseline: Number of Sessions <u>5</u> FY 2024-2025 Target: <u>4</u>
2.FY 2023-2024 Baseline: Number of Sessions <u> </u> FY 2025-2026 Target: <u> </u>
3.FY 2024-2025 Baseline: Number of Sessions <u> </u> FY 2026-2027 Target: <u> </u>
4. FY 2025-2026 Baseline: Number of Sessions <u> </u> FY 2027-2028 Target: <u> </u>
Program Goals and Objective Numbers: <u>7</u>

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 system's advocacy effort may be a multi-year initiative, but for each year, describe the results of the efforts made during the previous year and what specific new steps the local LTC Ombudsman program will be taking during the upcoming year. Progress and goals must be separately entered each year of the four-year cycle in the appropriate box below.

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

actions planned by the local LTC Ombudsman Program.

Enter information in the relevant box below.

FY 2024-2025
FY 2024-2025 Systems Advocacy Effort(s): (Provide one or more new systems advocacy efforts) This year Ombudsman is updating to include a one-page informational flyer with a QR code for those that want a more consolidated version of information. (They will continue to have the brochures which provide more detail.) Their website has also been launched (https://wiseombudsman.org/) and their brochures have been printed.
FY 2025-2026
Outcome of FY 2024-2025 Efforts: FY 2025-2026 Systems Advocacy Effort(s): (Provide one or more new systems advocacy efforts)
FY 2026-2027
Outcome of FY 2025-2026 Efforts: FY 2026-2027 Systems Advocacy Effort(s): (Provide one or more new systems advocacy efforts)
FY 2027-2028
Outcome of 2026-2027 Efforts: FY 2027-2028 Systems Advocacy Effort(s): (Provide one or more new systems advocacy efforts)

Outcome 2. Residents have regular access to an Ombudsman. [(Older Americans Act Reauthorization Act of 2020), Section 712(a)(3)(D), (5)(B)(ii)]

Measures and Targets:

A. Routine Access: Nursing Facilities (NORS Element S-58) Number of nursing facilities within the PSA that were visited by an Ombudsman representative at least once each quarter **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 nursing facility can be counted more than once.

1. FY 2022-2023 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint 77 divided by the total number of Nursing Facilities 144 = Baseline 53 %
FY 2024-2025 Target: 50%

<p>2. FY 2023-2024 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint _____ divided by the total number of Nursing Facilities _____ = Baseline _____ %</p> <p>FY 2025-2026 Target: _____</p>
<p>3. FY 2024-2025 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint _____ divided by the total number of Nursing Facilities _____ = Baseline _____ %</p> <p>FY 2026-2027 Target: _____</p>
<p>4. FY 2025-2026 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint _____ divided by the total number of Nursing Facilities _____ = Baseline _____ %</p> <p>FY 2027-2028 Target: _____</p>
<p>Program Goals and Objective Numbers: <u>7</u></p>

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.

<p>1. FY 2022-2023 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint <u>48</u> divided by the total number of RCFEs <u>686</u> = Baseline <u>7%</u></p> <p>FY 2024-2025 Target: 25</p>
<p>2. FY 2023-2024 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint ____ divided by the total number of RCFEs ____ = Baseline _____</p> <p>FY 2025-2026 Target: _____</p>
<p>3. FY 2024-2025 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint ____ divided by the total number of RCFEs _____ = Baseline _____</p> <p>FY 2026-2027 Target: _____</p>
<p>4. FY 2025-2026 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint _____ divided by the total number of RCFEs _____ = Baseline _____</p> <p>FY 2027-2028 Target: _____</p>
<p>Program Goals and Objective Numbers: <u>7</u></p>

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 hours per week, the FTE for a staff member who works in the Ombudsman Program 20 hours a week should be 0.5, even if the staff member works an additional 20 hours in another program.

1.FY 2022-2023 Baseline: <u>13.66</u> FTEs FY 2024-2025 Target: <u>14</u> FTEs
2.FY 2023-2024 Baseline: <u> </u> FTEs FY 2025-2026 Target: <u> </u> FTEs
3.FY 2024-2025 Baseline: <u> </u> FY 2026-2027 Target: <u> </u> FTEs
4.FY 2025-2026 Baseline: <u> </u> FTEs FY 2027-2028 Target: <u> </u> FTEs
Program Goals and Objective Numbers: <u>7</u>

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

1. FY 2022-2023 Baseline: Number of certified LTC Ombudsman volunteers <u>27</u> FY 2024-2025 Projected Number of certified LTC Ombudsman volunteers <u>20</u>
2. FY 2023-2024 Baseline: Number of certified LTC Ombudsman volunteers <u> </u> FY 2025-2026 Projected Number of certified LTC Ombudsman volunteers <u> </u>
3.FY 2024-2025 Baseline: Number of certified LTC Ombudsman volunteers <u> </u> FY 2026-2027 Projected Number of certified LTC Ombudsman volunteers <u> </u>
4.FY 2025-2026 Baseline: Number of certified LTC Ombudsman volunteers <u> </u> <u> </u> FY 2027-2028 Projected Number of certified LTC Ombudsman volunteers <u> </u>
Program Goals and Objective Numbers: <u>7</u>

Outcome 3. Ombudsman representatives accurately and consistently report data about their complaints and other program activities in a timely manner. [Older Americans Act Reauthorization Act of 2020, Section 712(c)]

Measures and Targets:

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

Some examples could include:

1. Hiring additional staff to enter data
2. Updating computer equipment to make data entry easier

3. Initiating a case review process to ensure case entry is completed in a timely manner

The WISE & Healthy Aging Long-Term Care Ombudsman Program will develop a case review checklist for supervisors to be utilized. Additionally, Regional supervisors will increase the sample of cases reviewed each month to ensure accuracy in data reporting in addition to ensuring that all case management steps have been taken. All staff and volunteer interns enter data into ODIN to ensure timely and up to date NORS data is collected. A new requirement for any new volunteers recruited will be that they enter their data directly into ODIN monthly. This will be a phased approach.

The agency's new stand alone website for the Ombudsman Program allows for reporting parties to make complaints directly through the website. This information goes directly to the Intake Department for prompt processing. The Intake Department sends daily updates to the regional staff about new cases. The Intake Supervisor is reviewing new intakes to ensure adequate information is captured.

Additionally, the program has implemented more frequent All Ombudsman trainings for staff and volunteer ombudsman focusing on topics such as consistency in coding, verification, and case handling protocols.

TITLE VII ELDER ABUSE PREVENTION
SERVICE UNIT PLAN OBJECTIVES (PSA 25)

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

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

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

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

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

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

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

1. **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.
2. **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.
3. **Training Sessions for Caregivers Served by Title III E** –Indicate the total number of projected training sessions for unpaid family caregivers who are receiving services under Title III E of the Older Americans Act (OAA) on the identification, prevention, and treatment of elder abuse, neglect, and exploitation. Older Americans Act Reauthorization Act of 2020, Section 302(3) 'Family caregiver' means an adult family member, or another individual, who is an informal provider of in-home and community care to an older individual or to an individual with Alzheimer's disease or a related disorder with neurological and organic brain dysfunction.

4. **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 older and dependent adults from abuse, neglect, and exploitation.
5. **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.
6. **Number of Individuals Served** –Indicate the total number of individuals expected to be reached by any of the above activities of this program.

TITLE VII ELDER ABUSE PREVENTION
SERVICE UNIT PLAN (PSA 25)

The agency receiving Title VII Elder Abuse Prevention funding is: WISE & Healthy Aging

Total # of	2024-2025	2025-2026	2026-2027	2027-2028
Individuals Served	6,000			
Public Education Sessions	5			
Training Sessions for Professionals	6			
Training Sessions for Caregivers served by Title III E	N/A			
Hours Spent Developing a Coordinated System	677			

Fiscal Year	Total # of Copies of Educational Materials to be Distributed	Description of Educational Materials
2024-2025	1,000	Elder Justice Resources Guides, mandatory reporting flow charts and other related materials.
2025-2026		
2026-2027		
2027-2028		

TITLE III-E SERVICE UNIT PLAN PSA (19 and 25)

CCR Article 3, Section 7300(d)

2024-2028 Four-Year Planning Period

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

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

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

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

Direct and/or Contracted III-E Services

CATEGORIES (16 total)	1		2	3
Family Caregivers - Caregivers of Older Adults and Adults who are caring for an individual of any age with Alzheimer's disease or a related disorder with neurological and organic brain dysfunction.	<i>Proposed Units of Service</i>		<i>Required Goal #(s)</i>	<i>Required Objective #(s)</i>
Caregiver Access Case Management	Total hours		<i>Required Goal #(s)</i>	<i>Required Objective #(s)</i>
	PSA 19	PSA 25		
2024-2025	6,500	3,300	7	7.1
2025-2026				
2026-2027				
2027-2028				

Caregiver Access Information & Assistance	Total Contacts		Required Goal #(s)	Required Objective #(s)
	PSA 19	PSA 25		
2024-2025	3,600	5,000	7	7.1
2025-2026				
2026-2027				
2027-2028				
Caregiver Information Services	# Of activities and Total est. audience (contacts) for above:		Required Goal #(s)	Required Objective #(s)
	PSA 19	PSA 25		
2024-2025	# Of activities: 5,600 Total est. audience (contacts) for above: 115,000	# Of activities: 50 Total est. audience for above: 125,000	7	7.1
2025-2026	# Of activities and Total			
2026-2027	# Of activities and Total			
2027-2028	# Of activities and Total			
Caregiver Respite In-Home	Total hours		Required Goal #(s)	Required Objective #(s)
	PSA 19	PSA 25		
2024-2025	*20,300	2,175	7	7.1
2025-2026				
2026-2027				
2027-2028				

*Includes In-Home Supervision, Homemaker Assistance, In-Home Personal Care, Home Chore

Caregiver Respite Other	Total hours		Required Goal #(s)	Required Objective #(s)
	PSA 19	PSA 25		
2024-2025	N/A	1,800	7	7.1
2025-2026				
2026-2027				
2027-2028				
Caregiver Respite Out-of-Home Day Care	Total hours		Required Goal #(s)	Required Objective #(s)
	PSA 19	PSA 25		
2024-2025	4000	258	7	7.1
2025-2026				
2026-2027				
2027-2028				
Caregiver Respite Out-of-Home Overnight Care	Total hours		Required Goal #(s)	Required Objective #(s)
	PSA 19	PSA 25		
2024-2025	N/A	N/A		
2025-2026				
2026-2027				
2027-2028				
Caregiver Supplemental Services Assistive Technologies	Total occurrences		Required Goal #(s)	Required Objective #(s)
	PSA 19	PSA 25		
2024-2025	130	100	7	7.1
2025-2026				
2026-2027				
2027-2028				

Caregiver Supplemental Services Caregiver Assessment	Total hours		Required Goal #(s)	Required Objective #(s)
	PSA 19	PSA 25		
2024-2025	N/A	1,179		
2025-2026				
2026-2027				
2027-2028				
Caregiver Supplemental Services Caregiver Registry	Total occurrences		Required Goal #(s)	Required Objective #(s)
	PSA 19	PSA 25		
2024-2025	350	N/A	7	7.1
2025-2026				
2026-2027				
2027-2028				
Caregiver Supplemental Services Consumable Supplies	Total occurrences		Required Goal #(s)	Required Objective #(s)
	PSA 19	PSA 25		
2024-2025	700	N/A	7	7.1
2025-2026				
2026-2027				
2027-2028				
Caregiver Supplemental Services Home Modifications	Total occurrences		Required Goal #(s)	Required Objective #(s)
	PSA 19	PSA 25		
2024-2025	10	N/A	7	7.1
2025-2026				
2026-2027				
2027-2028				

Caregiver Supplemental Services Legal Consultation	Total contacts		Required Goal #(s)	Required Objective #(s)
	PSA 19	PSA 25		
2024-2025	N/A	N/A		
2025-2026				
2026-2027				
2027-2028				
Caregiver Support Groups	Total sessions		Required Goal #(s)	Required Objective #(s)
	PSA 19	PSA 25		
2024-2025	1,500	1,750	7	7.1
2025-2026				
2026-2027				
2027-2028				
Caregiver Support Training	Total hours		Required Goal #(s)	Required Objective #(s)
	PSA 19	PSA 25		
2024-2025	700	1,356	7	7.1
2025-2026				
2026-2027				
2027-2028				
Caregiver Support Counseling	Total hours		Required Goal #(s)	Required Objective #(s)
	PSA 19	PSA 25		
2024-2025	1,700	1,312	7	7.1
2025-2026				
2026-2027				
2027-2028				

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

CATEGORIES (16 total)	1		2	3
Older Relative Caregivers	<i>Proposed</i> Units of Service		<i>Required</i> Goal #(s)	<i>Required</i> Objective #(s)
Caregiver Access Case Management	Total hours		<i>Required</i> Goal #(s)	<i>Required</i> Objective #(s)
	PSA 19	PSA 25		
2024-2025	160	N/A	7	7.1
2025-2026				
2026-2027				
2027-2028				
Caregiver Access Information & Assistance	Total hours		<i>Required</i> Goal #(s)	<i>Required</i> Objective #(s)
	PSA 19	PSA 25		
2024-2025	20	N/A	7	7.1
2025-2026				
2026-2027				
2027-2028				
Caregiver Information Services	# Of activities and Total est. audience (contacts) for above		<i>Required</i> Goal #(s)	<i>Required</i> Objective #(s)
	PSA 19	PSA 25		
2024-2025	# Of activities: 80 Total est. audience for above: 17,000	# Of activities: 1 Total est. audience for above: 100	7	7.1
2025-2026	# Of activities: Total est.			
2026-2027	# Of activities: Total est.			
2027-2028	# Of activities: Total est.			

Caregiver Respite In-Home	Total hours		Required Goal #(s)	Required Objective #(s)
	PSA 19	PSA 25		
2024-2025	*140	N/A	7	7.1
2025-2026				
2026-2027				
2027-2028				
Caregiver Respite Other	Total hours		Required Goal #(s)	Required Objective #(s)
	PSA 19	PSA 25		
2024-2025	N/A	N/A		
2025-2026				
2026-2027				
2027-2028				
Caregiver Respite Out-of-Home Day Care	Total hours		Required Goal #(s)	Required Objective #(s)
	PSA 19	PSA 25		
2024-2025	20	N/A	7	7.1
2025-2026				
2026-2027				
2027-2028				
Caregiver Respite Out-of-Home Overnight Care	Total hours		Required Goal #(s)	Required Objective #(s)
	PSA 19	PSA 25		
2024-2025	N/A	N/A		
2025-2026				
2026-2027				
2027-2028				

*Includes In-Home Supervision, Homemaker Assistance, In-Home Personal Care, Home Chore

Caregiver Supplemental Services Assistive Technologies	Total Occurrences		Required Goal #(s)	Required Objective #(s)
	PSA 19	PSA 25		
2024-2025	5	N/A		
2025-2026				
2026-2027				
2027-2028				
Caregiver Supplemental Services Caregiver Assessment	Total hours		Required Goal #(s)	Required Objective #(s)
	PSA 19	PSA 25		
2024-2025	50	N/A	7	7.1
2025-2026				
2026-2027				
2027-2028				
Caregiver Supplemental Services Caregiver Registry	Total Occurrences		Required Goal #(s)	Required Objective #(s)
	PSA 19	PSA 25		
2024-2025	5	N/A		
2025-2026				
2026-2027				
2027-2028				
Caregiver Supplemental Services Consumable Supplies	Total occurrences		Required Goal #(s)	Required Objective #(s)
	PSA 19	PSA 25		
2024-2025	12	N/A	7	7.1
2025-2026				
2026-2027				
2027-2028				

Caregiver Supplemental Services Home Modifications	Total occurrences		Required Goal #(s)	Required Objective #(s)
	PSA 19	PSA 25		
2024-2025	5	N/A	7	7.1
2025-2026				
2026-2027				
2027-2028				
Caregiver Supplemental Services Legal Consultation	Total contacts		Required Goal #(s)	Required Objective #(s)
	PSA 19	PSA 25		
2024-2025	400	N/A	7	7.1
2025-2026				
2026-2027				
2027-2028				
Caregiver Support Groups	Total sessions		Required Goal #(s)	Required Objective #(s)
	PSA 19	PSA 25		
2024-2025	360	N/A	7	7.1
2025-2026				
2026-2027				
2027-2028				
Caregiver Support Training	Total hours		Required Goal #(s)	Required Objective #(s)
	PSA 19	PSA 25		
2024-2025	130	N/A	7	7.1
2025-2026				
2026-2027				
2027-2028				

Caregiver Support Counseling	Total hours		Required Goal #(s)	Required Objective #(s)
	PSA 19	PSA 25		
2024-2025	390	N/A	7	7.1
2025-2026				
2026-2027				
2027-2028				

HEALTH INSURANCE COUNSELING AND ADVOCACY PROGRAM (HICAP) SERVICE UNIT PLAN (PSA 19)

CCR Article 3, Section 7300(d) WIC § 9535(b)

MULTIPLE PLANNING AND SERVICE AREA HICAPs (multi-PSA HICAP): Area Agencies on Aging (AAA) that are represented by a multi-PSA, HICAPs must coordinate with their “Managing” AAA to complete their respective PSA’s HICAP Service Unit Plan.

CDA contracts with 26 AAAs to locally manage and provide HICAP services in all 58 counties. Four AAAs are contracted to provide HICAP services in multiple Planning and Service Areas (PSAs). The “Managing” AAA is responsible for providing HICAP services in a way that is equitable among the covered service areas.

HICAP PAID LEGAL SERVICES: Complete this section if HICAP Legal Services are included in the approved HICAP budget.

STATE & FEDERAL PERFORMANCE TARGETS: The HICAP is assessed based on State and Federal Performance Measures. AAAs should set targets in the service unit plan that meet or improve on each PM displayed on the *HICAP State and Federal Performance Measures* tool located online at:

https://www.aging.ca.gov/Providers_and_Partners/Area_Agencies_on_Aging/Planning/

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

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

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

SECTION 1: STATE PERFORMANCE MEASURES

HICAP Fiscal Year (FY)	PM 1.1 Clients Counseled (Estimated)	Goal Numbers
2024-2025	4,550	7
2025-2026		
2026-2027		
2027-2028		
HICAP Fiscal Year (FY)	PM 1.2 Public and Media Events (PAM) (Estimated)	Goal Numbers
2024-2025	140	7
2025-2026		
2026-2027		
2027-2028		

SECTION 2: FEDERAL PERFORMANCE MEASURES

HICAP Fiscal Year (FY)	PM 2.1 Client Contacts (Interactive)			Goal Numbers	
2024-2025	10,750			7	
2025-2026					
2026-2027					
2027-2028					
HICAP Fiscal Year (FY)	PM 2.2 PAM Outreach (Interactive)			Goal Numbers	
2024-2025	5,550			7	
2025-2026					
2026-2027					
2027-2028					
HICAP Fiscal Year (FY)	PM 2.3 Medicare Beneficiaries Under 65			Goal Numbers	
2024-2025	20,000			7	
2025-2026					
2026-2027					
2027-2028					
HICAP Fiscal Year (FY)	PM 2.4 Hard to Reach (Total)	PM 2.4a LIS	PM 2.4b Rural	PM 2.4c ESL	Goal Numbers
2024-2025	7,450	5,200	300	2,000	7
2025-2026					
2026-2027					
2027-2028					

HICAP Fiscal Year (FY)	PM 2.1 Client Contacts (Interactive)	Goal Numbers
HICAP Fiscal Year (FY)	PM 2.5 Enrollment Contacts (Qualifying)	Goal Numbers
2024-2025	7,500	7
2025-2026		
2026-2027		
2027-2028		

SECTION 3: HICAP LEGAL SERVICES UNITS OF SERVICE (IF APPLICABLE)³³

HICAP Fiscal Year (FY)	PM 3.1 Estimated Number of Clients Represented Per FY (Unit of Service)	Goal Numbers
2024-2025	300	7
2025-2026		
2026-2027		
2027-2028		
HICAP Fiscal Year (FY)	PM 3.2 Estimated Number of Legal Representation Hours Per FY (Unit of Service)	Goal Numbers
2024-2025	350	7
2025-2026		
2026-2027		
2027-2028		
HICAP Fiscal Year (FY)	PM 3.3 Estimated Number of Program Consultation Hours Per FY (Unit of Service)	Goal Numbers
2024-2025	200	7
2025-2026		
2026-2027		
2027-2028		

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

**HEALTH INSURANCE COUNSELING AND ADVOCACY PROGRAM (HICAP)
SERVICE UNIT PLAN (PSA 25)
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 2020, 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:

1. PM 1.1 Clients Counseled ~ Number of finalized Intakes for clients/ beneficiaries that received HICAP services
2. PM 1.2 Public and Media Events (PAM) ~ Number of completed PAM forms categorized as “interactive” events
3. PM 2.1 Client Contacts ~ Percentage of one-on-one interactions with any Medicare beneficiaries
4. PM 2.2 PAM Outreach Contacts ~ Percentage of persons reached through events categorized as “interactive”
5. PM 2.3 Medicare Beneficiaries Under 65 ~ Percentage of one-on-one interactions with Medicare beneficiaries under the age of 65
6. PM 2.4 Hard-to-Reach Contacts ~ Percentage of one-on-one interactions with “hard-to-reach” Medicare beneficiaries designated as:
 - o PM 2.4a Low-income (LIS)
 - o PM 2.4b Rural
 - o PM 2.4c English Second Language (ESL)
7. 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/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
2024-2025	379	3,4
2025-2026		
2026-2027		
2027-2028		

Fiscal Year (FY)	3.2 Estimated Number of Legal Representation Hours Per FY (Unit of Service)	Goal Numbers
2024-2025	568	3,4
2025-2026		
2026-2027		
2027-2028		

Fiscal Year (FY)	3.3 Estimated Number of Program Consultation Hours Per FY (Unit of Service)	Goal Numbers
2024-2025	284	3,4
2025-2026		
2026-2027		
2027-2028		

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

SECTION 9. SENIOR CENTERS & FOCAL POINTS (PSA 19)

COMMUNITY SENIOR CENTERS AND FOCAL POINTS LIST

CCR Title 22, Article 3, Section 7302(a)(14), 45 CFR Section 1321.53(c), Older Americans Act Reauthorization Act of 2020, Section 306(a) and 102(21)(36)

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

Designated Community Focal Point	Address
Alhambra, City of: Joslyn Adult Center	210 North Chapel Avenue Alhambra, CA 91801
AltaMed Health Service: California Southland Chapter	512 South Indiana Street Los Angeles, CA 90063
Armenian Relief Society	518 West Glenoaks Boulevard Glendale, CA 91202
Avalon Medical Development Corp: Catalina Island Medical Center	100 Falls Canyon Road Avalon, CA 90704
Azusa, City of: Azusa Senior Center/ Azusa Recreation & Family Service	Site 1: 740 North Dalton Avenue Azusa, CA 91702
Bet Tzedek Justice for All	3250 Wilshire Boulevard 13 th Floor Los Angeles, CA 90010
Burbank, City of: Joslyn Adult Center/ Tuttle Center	Site 1: 1301 West Olive Avenue Burbank, CA 90506 Site 2: 1731 North Ontario Street Burbank, CA 91505
Cerritos Senior Center	12340 South Street Cerritos, CA 90703
Chinatown Service Center: Little Tokyo Service Center/ Korean Health Education, Info, & Research Center	Site 1: 231 East 3 rd Street Suite # G106 Los Angeles, CA 90013 Site 2: 3727 West 6 th Steet Suite #230 Los Angeles, CA 90020 Site 3: 320 South Garfield Avenue Suite #202 Alhambra CA 91801
Claremont, City of: Joslyn Center/ Blaisdell Community Center	Site 1: 660 North Mountain Avenue Claremont, CA 91711

	Site 2: 440 South College Avenue Claremont, CA 91711
Culver, City of: Culver City Senior Center/ Roxbury Park Community Center	Site 1: 4095 Overland Avenue Culver City, CA 90232 Site 2: 471 South Roxbury Drive Beverly Hills, CA 90212
El Monte, City of: Jack Crippen Multipurpose Senior Center	3120 North Tyler Avenue El Monte, CA 91731
Gardena, City of	1670 West 162 nd Street Gardena, CA 90247
Glendale, City of: Adult Recreation Center/ Sparr Heights Community Center	Site 1: 201 East Colorado Street Glendale, CA 91205 Site 2: 1613 Glencoe Way Glendale, CA 91208
Grandparents As Parents, Inc.: Corporate Office/ Edelman Court Caregiver Center	Site 1: 22048 Sherman Way #217 Canoga Park, CA 91303 Site 2: 201 Center Plaza Drive 5 th Floor #422 Monterey Park CA 91754
Human Services Association	6800 Florence Avenue Bell Gardens, CA 90201
Jewish Family Services: West Hollywood Comprehensive Service Center/ Freda Mohr Multipurpose Center	Site 1: 7377 Santa Monica Boulevard West Hollywood, CA 90046 Site 2: 330 North Fairfax Avenue Los Angeles, CA 90036
Long Beach Senior Center	1150 East 4 th Street Long Beach, CA 90802
Norwalk, City of: Norwalk Senior Center	14040 San Antonio Drive Norwalk, CA 90650
Office of Samoan Affairs	20715 South Avalon Boulevard Suite #200 Carson, CA 90746
Pomona, City of: Community Service Department	499 East Arrow Hwy Pomona, CA 91767
San Fernando, City of: Las Palmas Park	505 South Huntington Street San Fernando, CA 91340
San Gabriel Valley YWCA	943 North Grand Avenue Covina, CA 91724
Santa Clarita Valley Committee on Aging	27180 Golden Valley Road Santa Clarita, CA 91351

Senior Care Action Network (SCAN)	2501 Cherry Avenue Suite #380 Signal Hill, CA 90755
South El Monte, City of: South El Monte Senior Center	1556 Central Avenue South El Monte, CA 91733
Southeast Area Social Service Funding Authority	10400 Pioneer Boulevard Suite #9 Santa Fe Springs, CA 90670
Special Services for Groups: Older Adult Division	515 Columbia Avenue #100 Los Angeles, CA 90017
Torrance, City of: Community Services Department, Bartlett Senior Center	1339 Post Avenue Torrance, CA 90501
Torrance South Bay Family YMCA	2900 West Sepulveda Boulevard Torrance, CA 90505
USC/ LA Caregiver Resource Center	3715 McClintock Avenue Los Angeles, CA 90089
Watts Labor Community Action Committee: Bradley Multipurpose Center	10937 South Central Avenue Los Angeles, CA 90059
West Covina, City of	1444 West Garvey Avenue West Covina, CA 91793
WISE & Healthy Aging	1527 4 th Street 2 nd Floor Santa Monica, CA 90401

Senior Center	Address
Altadena Community Center	730 East Altadena Drive Altadena, CA 91001
Altadena Senior Center	560 East Mariposa Street Altadena, CA 91001
Antelope Valley Senior Center	777 Jackman Street Lancaster, CA 93534
Asian Senior Center	14112 South Kingsley Drive Gardena, CA 90249
Centro Maravilla Service Center	4716 East Cesar Chavez Avenue Los Angeles, CA 90022
East Los Angeles Senior Center	133 North Sunol Drive Suite #237 Los Angeles, CA 90063
East Rancho Dominguez Service Center	4513 East Compton Boulevard Compton, CA 90221
Florence/Firestone Service Center	7807 South Compton Avenue Los Angeles, CA 90001
Los Nietos Senior Center	11640 East Slauson Avenue Whittier, CA 90606
Potrero Heights Park Community and Senior Center	8051 Arroyo Drive Montebello, CA 90640
San Gabriel Valley Service Center	1441 Santa Anita Avenue South El Monte, CA 91733

San Pedro Service Center	769 West Third Street San Pedro, CA 90731
Santa Clarita Valley Service Center	24271 Main Street Santa Clarita, CA 91321
Willowbrook Senior Center	12915 South Jarvis Avenue Los Angeles, CA 90401

SECTION 9. SENIOR CENTERS & FOCAL POINTS (PSA 25)

COMMUNITY FOCAL POINTS LIST

CCR Title 22, Article 3, Section 7302(a)(14), 45 CFR Section 1321.53(c),
(Older Americans Act Reauthorization Act of 2020, Section 306(a))

In the form below, provide the current list of designated community focal points and addresses. This information must match the total number of focal points reported in the Older Americans Act Performance System (OAAPS) State Performance Report (SPR), i.e., California Aging Reporting System, OAAPS Care, Section III.D.

Designated Community Focal Point	Address
Robert M. Wilkinson Multipurpose Senior Center	8956 Vanalden Avenue, Northridge, CA 91324
Alicia Broadous-Duncan Multipurpose Senior Center	11300 Glenoaks Blvd., Pacoima, CA 91331
ONEgeneration Senior Enrichment Center	18255 Victory Blvd., Reseda, CA 91335
Bernardi Multipurpose Senior Center	6514 Sylmar Avenue, Van Nuys, CA 91401
Sherman Oaks/East Valley Adult Center	5056 Van Nuys Blvd., Sherman Oaks, CA 91403
Felicia Mahood Multipurpose Senior Center	11338 Santa Monica Blvd., Los Angeles, CA 90025
Freda Mohr Multipurpose Senior Center	6310 San Vicente Blvd., Suite 275, Los Angeles, CA 90048
St. Barnabas Hollywood Multipurpose Senior Center	5170 W. Santa Monica Blvd., Los Angeles, CA 90029
Mexican American Opportunity Foundation	2130 E. 1st Suite 2200, Los Angeles, CA 90033
St. Barnabas Multipurpose Senior Center	675 S. Carondelet St., Los Angeles, CA 90057
Southwestern Multipurpose Senior Center	5133 S. Crenshaw Blvd., Los Angeles, CA 90043
West Adams Multipurpose Senior Center	2528 West Blvd., Los Angeles, CA 90016
Theresa Lindsay Center Multipurpose Senior Center	429 E. 42nd Place, Los Angeles, CA 90011
Bradley Multipurpose Senior Center	10957 S. Central Avenue, Los Angeles, CA 90059
Wilmington Jaycees Multipurpose Senior Center	1371 Eubank Avenue (Banning Park), Wilmington, CA 90744

SECTION 10. FAMILY CAREGIVER SUPPORT PROGRAM (PSA 19)

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

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

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

Family Caregiver Services

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

Older Relative Caregiver Services

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

Justification: If any of the five main categories are **NOT** being provided please explain how the need is already being met in the PSA. If the justification information is the same, multiple service categories can be grouped in the justification statement. The justification must include the following:

1. **Provider name and address.**
2. **Description of the service(s) they provide (services should match those in the CDA Service Category and Data Dictionary)**
3. **Where is the service provided (entire PSA, certain counties)?**
4. **How does the AAA ensure that the service continues to be provided in the PSA without the use of Title III E funds**

Note: The AAA is responsible for ensuring that the information listed for these organizations is up to date. Please include any updates in the Area Plan Update process.

SECTION 10. FAMILY CAREGIVER SUPPORT PROGRAM (PSA 25)

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

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

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

Family Caregiver Services

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

Older Relative Caregiver Services

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

Justification: If any of the five main categories are **NOT** being provided, please explain how the need is already being met in the PSA. If the justification information is the same, multiple service categories can be grouped in the justification statement. The justification must include the following:

1. **Provider name and address.**
2. **Description of the service(s) they provide (services should match those in the CDA Service Category and Data Dictionary)**
3. **Where is the service provided (entire PSA, certain counties)?**
4. **How does the AAA ensure that the service continues to be provided in the PSA without the use of Title III E funds**

Note: The AAA is responsible for ensuring that the information listed for these organizations is up to date. Please include any updates in the Area Plan Update process.

Justification: The city will continue to maintain its current level of kinship care services and not provide "Grandparent/Older Relative Respite Care" and "Grandparent/Older Relative Supplemental Services" because the County of Los Angeles Department of Public Social Services (DPSS) offers kinship programs and services to PSA25 residents. PSA25 also collaborates with Grandparents As Parents (GAP), a local non-profit agency that also provides kinship care to PSA25 residents. Older adults in need of Grandparent Respite Care or Grandparent Supplemental Services are referred to these agencies.

For Family Caregiver Supplemental Services, the Housing and Community Investment Department of Los Angeles offers home adaptations for PSA25 residents, and the County of Los Angeles offers a registry of qualified homemaker and respite care workers to PSA25 residents. Furthermore, PSA25 operates an emergency assistance program, not funded through the OAA, which provides emergency cash to older adults in need of assistance. PSA25 also provides assistive devices (emergency alert response system devices) to older adults. This program is also not funded by the OAA.

SECTION 11. LEGAL ASSISTANCE (PSA 19)

2024-2028 Four-Year Area Planning Cycle

This section must be completed and submitted annually. The Older Americans Act Reauthorization Act of 2020 designates legal assistance as a priority service under Title III B [42 USC §3026(a)(2)]¹². CDA developed *California Statewide Guidelines for Legal Assistance* (Guidelines), which are to be used as best practices by CDA, AAAs and LSPs in the contracting and monitoring processes for legal services, and located at: <https://aging.ca.gov/Providers and Partners/Legal Services/#pp-gg>

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

PSA 19 will allocate 5% of the Title IIIB funding for legal services.

2. How have your local needs changed in the past year(s)? Please identify any changes (including whether the change affected the level of funding and the difference in funding levels in the past four years). **Discuss:**

Our legal services provider, Bet Tzedek, has reported receiving more cases involving elder abuse, including financial elder abuse and real estate title fraud through forgery, undue influence, and diminished capacity experienced by older adults. In addition, an increase in intergenerational family households has contributed to the consistent increase in legal issues involving kinship care and informal caregiving arrangements. For instance, Bet Tzedek has represented undocumented immigrant youth to have their grandparents or other older adult relative caregiver appointed as their legal guardians in probate court.

In early 2023, there was also a dramatic increase in the number of individuals who acutely needed legal services for urgent issues due to the removal of COVID-era “rent protections”. The current legal concerns faced by the seniors in Los Angeles are of greater urgency than typically received.

3. How does the AAA’s contract/agreement with the Legal Services Provider(s) (LSPs) specify and ensure that the LSPs are expected to use the California Statewide Guidelines in the provision of OAA legal services? **Discuss:**

The AAA Legal Services Statement of Work (SOW) specifies that the LSP is expected to follow all applicable Older Americans Act requirements, standards established by the California Department of Aging, and County of Los Angeles Aging and Disabilities Department Memoranda/Directives, which includes the California Statewide Guidelines. The California Statewide Guidelines are also included in the SOW as an attachment. In addition, AAA ensures compliance with guidelines through ongoing program monitoring. The SOW and monitoring tools mirror guideline requirements. Such requirements include but are not limited to staffing, confidentiality, grievance process and voluntary contributions.

4. How does the AAA collaborate with the Legal Services Provider(s) to jointly establish specific priority issues for legal services? What are the top four (4) priority legal issues in your PSA? **Discuss:**

Priorities are identified based on the most common legal issues facing AAA clients. The top four (4) priority legal issues in Los Angeles are as follows:

- Government Benefits: This includes assistance with Social Security, SSI, In-Home Supportive Services, and healthcare.
- Housing/Utilities: This includes tenants' rights, real property (including home equity fraud and foreclosures), and utilities.
- Protective Services/Elder Abuse/Defense against Conservatorship: This includes assistance with conservatorship issues, restraining orders, exploitation, and advance planning/autonomy/advance directives.
- Consumer: Older adults consult with Bet Tzedek on debtors' rights issues and harassment by creditors, consumer scams, and identity theft issues.

5. How does the AAA collaborate with the Legal Services Provider(s) to jointly identify the target population? What is the targeted senior population and mechanism for reaching targeted groups in your PSA? Discuss:

The AAA has identified the target population to be older adults with the greatest economic or social needs. Subsequently, Bet Tzedek targets services to those with the greatest economic or social needs. Specific to legal services, greatest economic needs result from an income level at or below the current official Federal Poverty Guideline amounts. Greatest social needs are caused by non-economic factors, which include physical and mental disabilities, language barriers, and cultural, social or geographical isolation, including isolation caused by race or ethnicity, sexual orientation or gender identify, or housing status or mobility issues that restricts the ability of an individual to perform normal daily tasks or threatens the capacity of an individual to live independently.

Several mechanisms are used for reaching the target population. This includes scheduling appointments in advance, providing on site services at locations where older adults congregate, conducting follow up sessions at locations convenient to the older adult, and preparing advance planning clinics.

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

Fiscal Year	# of Legal Assistance Services Providers	Did the number of service providers change? If so, please explain
2024-2025	1	No
2025-2026		
2026-2027		
2027-2028		

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

7. What methods of outreach are Legal Services Providers using? **Discuss:**

Bet Tzedek is conducting outreach through site consultations and community legal education sessions at various designated senior centers. Bet Tzedek is also offering monthly virtual presentations via Zoom. Bet Tzedek can also utilize dedicated outreach workers to disseminate information about its services through community events, libraries, community partners, and media outlets.

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

Fiscal Year	Name of Provider	Geographic Region covered
2024-2025	a. Bet Tzedek b. c.	a. Los Angeles County in its entirety (5 Supervisorial Districts). b. c.
2025-2026	a. b. c.	a. b. c.
2026-2027	a. b. c.	a. b. c.
2027-2028	a. b. c.	a. b. c.

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

Bet Tzedek provides legal services to older adults through Direct Legal representation, Medical Legal Partnerships, Self-Help Clinics (virtual and in-person), Community Service Sites, Social Work Support for Elder Justice Programming and Outreach Events. Seniors can receive assistance remotely through phone, fax, text messages, U.S. mail and courier services, Online Intake Portal, Video conferencing (Zoom, Teams, or Ring Central), Court kiosks (for Self-Help Clinics based in courthouses), Websites (Bet Tzedek general website and Bet Tzedek Self-Help Conservatorship Clinic website). Where necessary, Bet Tzedek advocates also make home visits to serve home-bound older adults.

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

There has been an increase in demand for the following legal issues: Medi-Cal, Housing, Private Landlord, Homeowner Protection, Elder Abuse, Advance Directives / Powers of Attorney, Conservatorship.

Legal issues handled by Bet Tzedek include:

Advance Planning

- Powers of Attorney
- Advance Health Care Directives
- Wills
- Living Trusts
- Beneficiary Designations

Elder Abuse

- Elder Abuse Restraining Order
- Elder Financial Abuse Prevention
- Other Related Advocacy

Housing

- Eviction Defense
- Housing Conditions/Tenants' Rights
- Foreclosure Prevention
- Real Estate/Solar/Contractor Fraud
- Homelessness Prevention

Government Benefits/Income Maintenance

- Social Security
- SSI and SSDI
- Medi-Cal
- Cash Assistance Program for Immigrants (CAPI)
- VA Benefits
- Low Income Tax Advocacy

Access To Justice Programs (Self-Help/Pro Per Clinics)

- Self-Help Conservatorship Clinic
- Elder Abuse Restraining Order Clinic

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

Older adults are often isolated from social support networks, making it more difficult to access up-to-date information about their legal rights or find legal service providers. Bet Tzedek addresses these challenges by partnering with senior centers, social service organizations, hospitals, schools, and faith-based networks to reach older adults in need of legal assistance.

Older adults with deteriorating mental capacity may not be able to handle their own financial and legal affairs and their family members may not have legal authority to act on their behalf or the financial means to provide necessary care. Bet Tzedek provides legal assistance for family caregivers, helping them prepare powers of attorney, petition for conservatorship, and access in-home supportive services under Medi-Cal, thereby securing care and stability for older adults.

Older adults who wish to leave their financial resources to family members do not have

the financial means to access private attorneys for estate planning services. As a result, they can fall prey to financial fraud by unscrupulous family members or friends. Bet Tzedek just launched a new Leaving a Legacy program that provides estate planning services to Los Angeles residents. Properly drafted and implemented estate plans give older adults the means to plan for the orderly transfer of assets upon their passing, while providing legal protections during their lifetime, thereby preventing elder financial abuse.

Older Adults who do not speak English as their first language face additional barriers to accessing legal services. Bet Tzedek has attorneys, advocates, and volunteers fluent in Spanish and Russian, among other languages, who can assist non-English-speaking older adults in their native language. For languages our staff and volunteers do not speak, Bet Tzedek utilizes a live phone interpreter service to ensure equal access by all older adults seeking assistance.

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

Strategic collaborations between the legal services organization, community-based organizations, and local government are the most effective. The legal issues impacting older individuals are becoming more and more complicated. They often require multiple advocates (many attorneys, paralegals, etc.) to assist an individual who initially presents with a housing issue, but also has a public benefit and/or expungement case. Additional support, such as case management, rental vouchers, etc., is often necessary to resolve the individual's legal issues. Having a collaborative that can provide coordinated services is critical. Along those lines, collaborations such as the Los Angeles County Elder Abuse Forensic Center have been very effective.

SECTION 11. LEGAL ASSISTANCE (PSA 25)

2024-2028 Four-Year Area Planning Cycle

This section must be completed and submitted annually. The Older Americans Act Reauthorization Act of 2020 designates legal assistance as a priority service under Title III B [42 USC §3026(a)(2)]¹².

CDA developed *California Statewide Guidelines for Legal Assistance* (Guidelines), which are to be used as best practices by CDA, AAAs and LSPs in the contracting and monitoring processes for legal services, and located at: https://aging.ca.gov/Providers_and_Partners/Legal_Services/#pp-gg

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

PSA25 has met or surpassed its goals of allocating 5.5% of Title IIIB funding to legal services for the past four years.

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 (including whether the change affected the level of funding and the difference in funding levels in the past four years). **Yes/No, Discuss:**

Over the course of the last several years, community need has outstripped funding levels. Older individuals are the fastest growing population among the unhoused. For many clients, housing insecurity has been coupled with food insecurity and lack of affordable healthcare. The incidence of elder abuse continues to increase, particularly elder abuse in the form of scams. In addition, as individuals with developmental disabilities have longer lifespans, their care has become far more complicated. Finally, working with any older individual has become more complicated as many clients' present multiple legal issues deeply entwined with social and economic challenges. Our staff members attempt to disentangle and meet legal needs in the context of clients who are frail, have mental health issues, are starting to suffer memory loss, or are recovering from trauma. Lacking funds for on-staff social workers hampers our ability to meet these needs. The COVID pandemic has heightened concerns regarding health and safety, requiring additional time and care be taken to even be able to meet let alone begin to address clients' needs. In all, therefore, there are more clients, more legal issues to address, and addressing them has become more complicated. The need far outstrips funding levels, such that Bet Tzedek is required to supplement OAA funding with funding from other sources, including other public contracts, foundation funds, awards, and donations from private individuals..

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 targeted senior population is age 60 or older with the greatest economic or social need, including seniors with low income, minorities, the disabled, and those in danger of losing their independence.

PSA25 contracts with Bet Tzedek for the provision of OAA legal services. The contractual agreement indicates that Bet Tzedek is expected to use California Statewide Guidelines for Legal Assistance. Pre-pandemic, Bet Tzedek provided legal services through its

offices on Wilshire Boulevard and extensive outreach efforts. Bet Tzedek conducted intake appointments on a regular schedule at 15 multipurpose senior centers and community centers located in communities across the city and other outreach services on an as needed basis at several other centers. Since March 2020, senior centers and community centers have been closed, but Bet Tzedek has continued to provide services to seniors remotely, accepting referrals from our senior center and community center partners, as well as through other community partners, our general intake line, and now through our online intake portal. As Los Angeles emerges from the COVID-19 pandemic, in-person service and outreach efforts at our offices, senior centers, and community centers have resumed, while Bet Tzedek also continues to offer remote service options.

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

Yes, the AAA collaborates with Bet Tzedek to jointly establish specific priorities for legal services. We have identified 1. Elder Abuse and scams targeting seniors; 2. Housing and landlord tenant issues; 3. Income maintenance, including public benefits and consumer debt issues; and 4. Estate and end-of-life planning as the top four priority legal issues.

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 AAA collaborates with Bet Tzedek to identify the target population and to develop mechanisms to reach it.

The targeted senior population is age 60 or older with the greatest economic or social need, including seniors with low income, minorities, the frail and disabled, and those in danger of losing their independence.

In addition to the outreach mechanisms described in #8 below, the mechanism used to reach our identified target population is direct referrals from the Los Angeles Department of Aging (LADOA) and the 15 senior centers covering the City of Los Angeles Aging Service Areas (ASA). Direct referrals from LADOA may be phone calls from clients to LADOA asking for legal help and/or other Los Angeles City Departments detecting possible elder abuse and informing LADOA that the senior client needs help. Requests are then directed to Bet Tzedek. Referrals from LADOA senior centers generally come from case managers who identify senior clients in need of legal help.

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

The targeted senior population is age 60 or older with the greatest economic or social need, including seniors with low income, minorities, the frail and disabled, and those in danger of losing their independence.

Pre-pandemic, Bet Tzedek provided legal services through its offices on Wilshire Boulevard and extensive outreach efforts. Bet Tzedek conducted intake appointments on a regular schedule at 15 multipurpose senior centers and community centers located in communities across the city and other outreach services on an as needed basis at several other centers. Since March 2020, senior centers and community centers have been closed, but Bet Tzedek has continued to provide services to seniors remotely, accepting

referrals from our senior center and community center partners, as well as through other community partners, our general intake line, and now through our online intake portal. As Los Angeles emerges from the COVID-19 pandemic, in-person service and outreach efforts at our offices, senior centers, and community centers have resumed, while Bet Tzedek continues to offer remote service options.

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

Fiscal Year	# of Legal Assistance Services Providers
2024-2025	1
2025-2026	
2026-2027	
2027-2028	

8. What methods of outreach are Legal Services Providers using? **Discuss:**

Bet Tzedek provides one-on-one legal consultation services to clients at its offices and multipurpose senior centers and community centers. In addition, Bet Tzedek participates in clinics and senior fairs and provides speakers at information sessions and community education events sponsored by a variety of social service agencies and departments. Bet Tzedek conducts Advance Planning Clinics at various senior centers and outreach sites to assist seniors in preparing advance health care directives and statutory wills. Bet Tzedek also conducts regular Employment Rights Project Clinic and Legal Name and Gender Marker Change Clinic at our offices. Bet Tzedek operates Self-Help Conservatorship Clinics in several courthouses throughout the County, providing services to seniors and their family caregivers. Bet Tzedek conducts legal appointment schedules at two SOVA Community Food and Resource Program sites in the Los Angeles area and at the Karsh Family Service Center. In addition, it continues to operate a successful medical-legal partnership with Harbor-UCLA Hospital with a special focus on serving patients of their Geriatric Clinic, assisting community members in addressing legal issues affecting their health and well-being. Bet Tzedek also conducts a small claims workshop on a monthly basis in collaboration with law firms, Southwestern Law School, and the Los Angeles County Bar Association's Center for Civic Mediation.

Bet Tzedek's Elder Abuse Prevention Advocate has developed a 4-module community education and empowerment outreach program, titled Safe & Savvy Seniors. This program is designed to reduce vulnerability and prevent abuse and exploitation of older adults, minimize trauma and prevent further victimization of older victims of abuse and fraud, and to provide training and resources for criminal justice stakeholders and social service agencies to improve outcomes for elder abuse survivors in Los Angeles County, with a particular emphasis on targeting low-income Black and Latino communities who have historically been excluded from education on these issues. Modules include a focus on scams and scam prevention, advance planning as a preventive tool, and elder abuse restraining orders and social work support for victims of elder abuse. Since the beginning of the pandemic, presentations have been delivered remotely, which has enabled deeper collaboration with community partners and wider delivery across Los Angeles. The program has transitioned to a hybrid model that allows for both in person and remote

options being made available to the community.

Bet Tzedek produces flyers and brochures on a variety of legal topics and publishes and widely distributes several user-friendly guidebooks that are invaluable resources for family caregivers and kinship care providers, seniors, attorneys, social workers, and health care professionals throughout the state. Written by Bet Tzedek staff members, the guidebooks are available in English and Spanish in a hard copy format and are free online on the Bet Tzedek website (<https://bettzedek.org>): *IHSS Companion Guide*; *The Caregiver Companion*, *Caring For A Relative's Child*; *Nursing Home Companion*; *Assisted Living Companion*; and *Limited Conservatorship Guide*. Bet Tzedek also publishes a booklet entitled *Mental Health Conservatorship – What You Need to Know* about LPS CONSERVATORSHIP for a Person with a Mental Health Disability, and a brochure entitled *Taking Care of Your Adult Child with Intellectual/Developmental Disabilities*, both of which are available for free download from the Bet Tzedek website. In addition, Bet Tzedek has developed written materials to guide older adults seeking Elder Abuse Restraining Orders to file their petitions in the various Los Angeles courthouses. The agency has also developed and distributed a self-help packet to guide older adults seeking to complete advanced health care directives.

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

Fiscal Year	Name of Provider	Geographic Region covered
2024-2025	a. Bet Tzedek b. c.	a. City of Los Angeles b. c.
2025-2026	a. b. c.	a. b. c.
2026-2027	a. b. c.	a. b. c.
2027-2028	a. b. c.	a. b. c.

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:**

Older adults access legal services in a variety of ways, including by calling Bet Tzedek's main line 323-939-0506 and speaking with our intake department, or through the online intake portal on Bet Tzedek's website. Generally, seniors also access legal services at the many multipurpose senior centers in the City, where they can make an appointment with Bet Tzedek, or through the SOVA Community Food and Resource Program sites that the agency visits. Other access points include the medical-legal clinic that Bet Tzedek operates at Harbor-UCLA Hospital, other clinics conducted by Bet Tzedek staff in the community (e.g., Self-Help Conservatorship Clinics at several courthouses, the Elder Abuse Restraining Order Clinic, the Employment Rights Project Clinic, Advance Planning Clinics), and through Bet Tzedek's large referral network throughout the community (e.g., ombudsmen, social workers, case managers, non-profits, social service agencies,

government agencies, and local law enforcement officials). During the current pandemic, in compliance with government-issued orders and guidelines issued by the CDC, the agency did not conduct in-person appointments with older adult clients. Instead, intakes and client appointments were conducted remotely. With the change in restrictions, in-person appointments are once again resuming. In addition, the agency continues to work with community partners and LADOA to reach out to older communities through flyers and other efforts. Older adults also obtain information about legal services by calling the Los Angeles Department of Aging (LADOA) Information and Assistance Hotline and going to LADOA's website.

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

The major types of legal issues handled by Bet Tzedek include government benefits (e.g., Social Security, SSI, Medi-Cal, IHSS, CAPI, KinGAP), California Statutory Wills, advance health care directives, consumer debt, debtors' rights, financial elder abuse, housing issues, real estate fraud against seniors, foreclosure prevention, family caregiver rights, conservatorships, guardianships, elder abuse restraining orders, legal issues regarding care for adults with intellectual/developmental disabilities and their aging family caregivers, employment rights, income tax disputes, and small claims issues.

Additionally, through its Holocaust Survivor Services Project, Bet Tzedek sees hundreds of local seniors who are Holocaust survivors. Bet Tzedek remains one of only two agencies in the US that offers free legal advice and assistance for survivors who are applying for reparations, pensions, and other benefits from Germany and other European countries. Bet Tzedek also integrates its Caregiver/Elder Law services into the Holocaust Survivor Services Project, providing the same wraparound services for Holocaust survivors that other seniors receive from Bet Tzedek.

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

The barriers to accessing legal assistance in the City of Los Angeles are the challenges of serving the homebound and those living alone with no support; the hurdles faced in serving the abused; overcoming cultural differences and fears of the older adult immigrant population; the difficulty of grandparents caring for grandchildren in accessing useful information; reaching and communicating to long term care facility residents; language barriers; and lack of access to transportation.

Bet Tzedek uses a cadre of staff, volunteer law clerks, and pro bono attorneys, who make home visits to seniors unable to travel to sites where legal services are made available to the community. The agency uses a client-centered, trauma-informed model to develop trusting relationships with clients, centering their needs and paying careful attention to creating supportive, safe ways to connect. Staff members speak a number of languages and Bet Tzedek draws upon its large corps of volunteers to provide additional assistance in interpreting when clients speak languages not known to staff members. Bet Tzedek publishes easily accessible companion guides on its website, in English and Spanish, on a variety of subjects relevant to seniors (e.g., Caring For A Relative's Child, Nursing Home Companion, and Assisted Living Companion). In August 2012 Bet Tzedek moved its offices to 3250 Wilshire Boulevard, a location chosen because it is conveniently located near the Wilshire/Vermont subway stop (Red and Purple lines) and easily accessible by

the Metro Rapid 720 and bus lines 20 and 206.

In addition, the COVID-19 pandemic and the resulting stay-at-home orders created new and unique barriers to accessing services. Older adults in Los Angeles County, particularly those who have historically faced barriers in accessing health care and other necessary services due to systemic discrimination, are particularly vulnerable to the threat of this virus, making it particularly necessary for them to limit contact with others and to stay at home as much as possible. This temporarily eliminated the opportunities for clients to meet with Bet Tzedek advocates at outreach sites, requiring advocates to meet with clients remotely. With the closure of the senior centers, advocates were receiving referrals directly from senior center staff and social workers. Although the stay-at-home orders are no longer in effect, they continue to present a risk to vulnerable populations.

While services were being delivered remotely, many of our senior clients faced barriers in accessing services because they lack digital literacy, access to digital devices, and access to the Internet. Bet Tzedek advocates bridged this “digital divide” by communicating with our clients through a combination of telephone, U.S. mail, and when necessary, home visits or scheduled appointments at our offices under strict COVID protocols. While these efforts have allowed the agency to continue to deliver high-quality service to our older adult clients, it had to expend more hours per case than during pre-pandemic times.

As the pandemic shifts, Bet Tzedek is seeking to use the lessons learned during the pandemic to help eliminate barriers to access to justice. For example, Bet Tzedek is applying lessons learned in making its Elder Abuse Restraining Order Clinic available remotely. Bet Tzedek is now able to make the clinic available three days a week (as compared to two), it has also made it feasible for clients who are far from the downtown courthouse to participate in the clinic remotely and file their paperwork with the courthouse closest to them.

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

Bet Tzedek coordinates its services and works in close collaboration with a wide variety of social service providers, legal services support centers, non-profits, senior multipurpose centers, medical providers, government agencies, and law enforcement agencies. Bet Tzedek is an active participant in two multi-disciplinary teams—the Los Angeles County Elder Abuse Forensic Center, and the San Fernando Valley Local Elder Abuse Prevention Enhanced Multi-Disciplinary Team—regularly attending meetings and accepting referrals from the teams. Other partners include several dozen community agencies as well as secondary partners such as the Los Angeles Police Department, Los Angeles Sheriff's Department, Los Angeles Department of Consumer Affairs, Legal Aid Foundation of Los Angeles, Public Counsel, Adult Protective Services of Los Angeles County, the Los Angeles City Attorney's Office, the District Attorney's Office of Los Angeles County, and the Los Angeles County Superior Court. Bet Tzedek also has a massive pro bono program in partnership with major law firms which significantly leverages staff resources to serve more seniors in need. Pro bono assistance to Bet Tzedek, including private attorneys and volunteer paralegals, law students, and other community members, typically averages over 50,000 hours per year.

SECTION 12. DISASTER PREPAREDNESS (PSA 19)

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

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

PSA 19 Area Agency on Aging (AAA) coordinates its disaster preparedness plans and activities with AAA subrecipients by requiring agencies to have on a file an updated emergency preparedness plan and by providing emergency preparedness resources for each agency. The AAA also plays an integral part in alerting AAA subrecipients of adverse weather conditions as well as any other potential circumstances that may result in a disruption of services. Upon determining the scope of the disaster in terms of its effect on AAA clients, the AAA emergency coordinator will report to the California Department of Aging (CDA) for relay to the State Office of Emergency Services and the Federal Emergency Management Agency. The AAA emergency coordinator will also assist in linking impacted older adults to the nearest Disaster Assistance Center and comply with completing the required CDA reports.

The AAA continues to coordinate its disaster preparedness activities with County of Los Angeles Aging & Disabilities (AD) Department Adult Protective Services (APS) and AD Internal Support Services (ISS) to carry out emergency support functions and non-deferrable services. The AAA places a high commitment on serving the most vulnerable populations in Los Angeles. This includes advocating for older adults and individuals with disabilities to be included in the emergency planning process. Through collaboration with the City of Los Angeles Parks and Recreation, Los Angeles County Departments of Public Health, Public Works, Health Services, Mental Health, Parks and Recreation, and Office of Emergency Management, and the AAA is a member of the Sandbags for Seniors Project. The AAA's participation in these projects has provided essential resources for the AAA to expand emergency preparedness policies for its subrecipients.

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
Jessie Commer	Emergency Program Manager	Office: 323-980-2263	Jcomer@ceooem.lacounty.gov

3. Identify the Disaster Response Coordinator within the AAA:

Name	Title	Telephone	Email
Michael Gavigan (AAA Emergency Coordinator)	Human Services Administrator I	Office: Cell: (323) 807-8651	Mgavigan@ad.lacounty.gov

4. List critical services the AAA will continue to provide to the participants after a disaster and describe how these services will be delivered (i.e., Wellness Checks, Information, Nutrition programs):

Critical Services	How Delivered?
A. Congregate Meals	A. Depending on the nature of the disaster, the AAA emergency coordinator will coordinate with site directors to ensure alternate arrangements for service delivery
B. Home Delivered Meals	B. All active home-delivered meal clients receive a minimum of 3 shelf-stable meals to consume in the event of a disruption to normal meal services. These meals are provided with instructions.
C Telephone Reassurance	C. Our PSA 19 proactively instructs our AAA service providers to conduct telephone assurance calls to vulnerable participants to ensure safety.

5. List critical services the AAA will provide to its operations after a disaster and describe how these services will be delivered (i.e., Cyber Attack, Fire at your building, Evacuation of site, Employee needs)

Critical Services	How Delivered?
A. Communication to Service Providers	A. PSA 19 informs our AAA service providers of resources during an emergency event that include but not limited to: Alert LA County, LA County food zones, road closures, and emergency survival guide.
B	B
C	C
D	D

6. List critical resources the AAA needs to continue operations.
 - Service Provider, staff and client data
 - Partner agencies, such as, Los Angeles County Department of Public Works, Department of Public Health, Department of Public Works and Office of Emergency Management
 - Aging & Disabilities Senior and Community Centers
7. List any agencies or private/non-government organizations with which the AAA has formal or nonformal emergency preparation or response agreements. (contractual or MOU)
 - Los Angeles County Office of Emergency Management
8. Describe how the AAA will:
 - Identify vulnerable populations:
 - Identify possible needs of the participants before a disaster event (PSPS, Flood, Earthquake, ETC)
 - Follow up with vulnerable populations after a disaster event.

In the event of an emergency, disaster, or disruption in normal service delivery, the AAA identifies vulnerable populations through direct contact with our service providers. In addition, the AAA receives referrals from Adult Protective Services and other agencies that have identified vulnerable population which include other health and human services departments in the Los Angeles region.

The AAA maintains a list of staff and clients through direct contact with service providers. In addition, the AAA receives referrals from Adult Protective Services and other agencies that have identified potential client needs. The AAA issues alerts, such as, PSPS, heat/weather, flood, and Great Shake Out through our networks in the interest of ensuring the communities we serve are informed and prepared for potential emergencies.

The AAA will link these vulnerable populations with the appropriate services and to the nearest Disaster Assistance Center. The AAA will follow-up with service providers to assure adequate services are in place. Furthermore, the AAA works closely with Adult Protective Services to ensure that the most vulnerable populations are being served.

9. How is disaster preparedness training provided?
 - AAA to participants and family caregivers
 - To staff and subcontractors

The AAA issues notifications of disaster preparedness trainings that are available from the California Department of Aging and other partner agencies to participants and family caregivers through our networks in the interest of ensuring the communities we serve are informed and prepared for potential emergencies.

The AAA issues notifications of disaster preparedness trainings that are available from the California Department of Aging and other partner agencies to staff and contractors through our networks in the interest of ensuring the staff and subcontractors are informed and prepared for potential emergencies.

SECTION 12. DISASTER PREPAREDNESS (PSA 25)

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

1. Describe how the AAA coordinates its disaster preparedness plans 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 LADOA would respond to an emergency incident in the City of Los Angeles through the use of both a Department of Aging Emergency Plan (DAEP) and Continuity of Operation Plan (COOP) (both are updated annually) which covers topics such as employee preparedness and safety; training personnel and testing plans; identification and prioritization of critical functions; contingency plans and operating procedures; and citywide recovery responsibilities. These plans are either activated by the Mayor or decided by the AAA Director given the nature of the emergency incident.

These plans are but one aspect of PSA25's formal working relationship with the City of Los Angeles Emergency Management Department (EMD) and through EMD, the Mayor's Office and such first responder agencies such as the Los Angeles Police Department and Los Angeles Fire Department. The LADOA is not tasked with and does not act in the capacity of a first responder agency, but works through the City structure set up to manage emergency incidents [the Emergency Operations Center (EOC) run by EMD]. The EOC is activated by the City and as needed, PSA25 may be requested to participate in EOC operations.

As a result of the COVID-19 health crisis, PSA25 in mid-March 2020 activated its COOP which has a new annex designed to cover COVID-19 response work. As a result of this COVID-19 COOP annex, the department transitioned to a partial office shutdown with staff telecommuting half time. In addition, in anticipation of the City transitioning to staff using cellphones instead of desk phones, the PSA25 requested expedited transitioning to cell phone use. This was granted before the end of March 2020, all staff were issued cell phones. This has allowed staff to successfully work from home on the half-time basis.

Also, PSA25 purchased special software licenses which allowed for staff to access the City based information systems such as the Financial Management System which is used for purchasing and accounting functions; Distributed Time (D-Time) which is used for payroll/labor time entry; and the Client Tracking System (CTS) which PSA25 uses for tracking service performance data for CDA. The PSA25 management team has been working seven days a week from Mid-March and PSA25 Division Heads and line staff have worked hundreds of hours of overtime as well to respond to the COVID-19 crisis. The focus of the response work has been to convert C1 program meals to C2 based meals given that the sub-recipient focal point agencies closed down their Multipurpose Senior Centers (MPCs) and subsequently, Congregate Meals on-site and satellite meals service. In addition, with the partnership of the City's leadership, extra funding and public messaging about expanded C2 meals resulted in thousands of extra I&A queries for older adults to be added to the nutrition program as new clients. This also included adapting new delivery protocols at all junctures of the delivery chain to reduce risk, including but not limited to "no contact drop-off" between drivers and older adult meal recipients

The PSA25, as a City department, for non-COVID-19 emergency incidents, would also work and assist with the City's overall emergency response and recovery efforts as directed by the Mayor. Other PSA25 long-term disaster plan/activities coordination include:

- Working with various groups/agencies such as the Los Angeles Unified School District, American Red Cross, and the City of Los Angeles Recreation and Parks Department (which is the lead for Mass Care functions). The purpose of these partnerships is to provide technical assistance to agencies responding to disasters or engaged in emergency management planning regarding the special needs of older adults and family caregivers.
 - Consistently encourage PSA25 sub-recipients to enhance their emergency plans (required by their Request for Proposal response) and conduct Evacuation Drills twice a year (with staff, volunteers, participants, and guests) as part of their plans. Also, PSA25 encourages sub-recipients to provide continuing educational opportunities for older adults to prepare for emergencies. The PSA25 itself has offered a training program with an emergency go-kit for older adult participants in these focal point-based trainings.
 - Improving the internal emergency management response of PSA25 allowing enhanced availability of staff in a post-disaster situation. Examples of process improvements include providing staff emergency kits in the office; placing emergency kits in field vehicles; use of cellphone bases communications so that staff is while in the field they can stay connect to their supervisors; re-designing staff workshops on how to prepare for emergencies at home, in the office; and re-designing and then distributing Employee Emergency Guides.
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
Crisanta Gonzalez	Division Manager, Community Emergency Management Division, Emergency Management Department, City of Los Angeles.	Office:(213) 484- 4808	crisanta.gonzal ez@lacity.org

3. Identify the Disaster Response Coordinator within the AAA:

Name	Title	Telephone	email
Daniel Kim	Deputy Director	Office:(213)238-3445	daniel.kim@lacity.org

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
a. Maintain AAA operations	a. Assess operations (status of staff, office use, systems, working with City staff).
b. Home Delivered Meals	b. Work with service providers, City stakeholders, Community stakeholders, and private vendors to obtain and maintain resources needed for C2 operations.
c. Emergency Alert Response System	c. Work with EARS vendors and City first responders to carry out welfare checks and respond as necessary.
d. Congregate Meals	d. Work with sub-recipients, City stakeholders, Community stakeholders, and private vendors to obtain and maintain resources for C-1 operations.

5. List any agencies with which the AAA has formal emergency preparation or response agreements.

PSA25 works with the City of Los Angeles Emergency Management Department, which is the umbrella organization linking the AAA to first responders such as the Los Angeles Police Department and the Los Angeles Fire Department. PSA25 has multiple but informal working relationships with other agencies and groups, especially with the formation of PSA25's Purposeful Aging Los Angeles (PALA) Initiative, which links PSA25 with City departments, community groups, and Los Angeles County entities working on a wide array of older adults and family caregiver issues including emergency preparedness and response needs.

6. Describe how the AAA will:

- Identify vulnerable populations.

PSA25 will use in-house secured data regarding Emergency Alert Response System and C-2 clients in association with the sub-recipients to identify homebound clients to conduct

welfare checks.

- Follow-up with these vulnerable populations after a disaster event.

After the above-described vulnerable populations identification process, PSA25 will conduct follow-up queries with the sub-recipients using PSA25 staff, City stakeholders, Community stakeholders, and private vendors as necessary. For example, as a response to the COVID-19 crisis, PSA25 has identified community partners such as Everytable, a private catering vendor, to help provide extra hot meals for delivery to new (numbering in the thousands) and existing C1 clients. Since C1 meals cannot be served on-site, in addition, the EARS vendors would carry out welfare checks on the EARS homebound clients and keep PSA25 informed of client service needs.

SECTION 13. NOTICE OF INTENT TO PROVIDE DIRECT SERVICES (PSA 19)

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

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

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

Check applicable direct services

Title IIIB

- ☐ Information and Assistance
- ☐ Case Management
- ☒ Outreach
- ☐ Program Development
- ☐ Coordination
- ☐ Long Term Care Ombudsman

Check each applicable Fiscal Year

24-25 25-26 26-27 27-28

- | | | | |
|-------------------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Title IIID

- ☐ Health Promotion – Evidence-Based

24-25 25-26 26-27 27-28

- | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|--------------------------|

Title IIIE

- ☐ Information Services
- ☐ Access Assistance
- ☐ Support Services
- ☐ Respite Services
- ☐ Supplemental Services

24-25 25-26 26-27 27-28

- | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Title VII

- ☐ Long Term Care Ombudsman

24-25 25-26 26-27 27-28

- | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|--------------------------|

Title VII

- ☐ Prevention of Elder Abuse, Neglect, and Exploitation.

24-25 25-26 26-27 27-28

- | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|--------------------------|

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

The Los Angeles (LA) County AAA conducts ongoing outreach activities in communities throughout the County to ensure that under-served, low-income, Limited English Proficient, and minority populations are aware of the services available to them. The LA County InfoVans and the Information and Referral Specialists play an integral part in our continuous efforts to inform the public about our services. Staff attend cultural celebrations, health fairs, community forums as well as other activities to reach targeted populations and distribute information on available services.

In addition, as part of the LA Found program, staff will be issuing, consulting, and educating family caregivers on the tracking bracelets to assist family caregivers with locating their loved ones if they go missing. It will help family caregivers reduce the daily ongoing stress and burnout that occurs when taking care of an individual with a cognitive impairment who wanders.

Individuals wearing a device have a higher likelihood of being found quicker, therefore, reducing the potential for injury or death for the older adult and reducing costs in healthcare for the recipient and family caregiver undergoing that situation.

SECTION 13. NOTICE OF INTENT TO PROVIDE DIRECT SERVICES (PSA 25)

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

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

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

Check applicable direct services

Title IIIB

- ☒ Information and Assistance
- ☐ Case Management
- ☒ Outreach
- ☒ Program Development
- ☒ Coordination
- ☐ Long Term Care Ombudsman

Check each applicable Fiscal Year

24-25 25-26 26-27 27-28

- | | | | |
|-------------------------------------|--------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Title IIID

- ☐ Health Promotion – Evidence-Based

24-25 25-26 26-27 27-28

- | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|--------------------------|

Title IIIE⁹

- ☒ Information Services
- ☒ Access Assistance
- ☒ Support Services
- ☐ Respite Services
- ☐ Supplemental Services

24-25 25-26 26-27 27-28

- | | | | |
|-------------------------------------|--------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Title VII

- ☐ Long Term Care Ombudsman

24-25 25-26 26-27 27-28

- | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|--------------------------|

Title VII

- ☐ Prevention of Elder Abuse, Neglect, and Exploitation.

24-25 25-26 26-27 27-28

- | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|--------------------------|

SECTION 14. REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES (PSA 19)

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

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

Identify Service Category: Program Development, Coordination and Senior Center Activities

Check applicable funding source:⁹

☒ IIIB

☐ IIIC-1

☐ IIIC-2

☐ IIIE

☐ VII

☐ HICAP

Request for Approval Justification:

☒ Necessary to Assure an Adequate Supply of Service OR

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

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

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

Provide: documentation below that substantiates this request for direct delivery of the above stated service¹⁰:

Program Development, Coordination and Senior Center Activities are planned to be provided as direct services for the following reasons.

The planning and initiation of new program development within the Los Angeles region, focusing on the eight PALA livability domains, is not only necessary but imperative to address the service gaps as justified by the Statewide survey conducted by Polco. The findings of the survey for the Los Angeles region indicated that housing, employment, independent living, and information on services are the most pressing areas needing attention. These insights are being used to guide program development and coordination focusing on the eight PALA livability domains.

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

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

Coordination with other agencies is paramount in addressing goals such as accessible and affordable transportation, homelessness and affordable housing, and emergency preparedness. For example, the need for reliable and affordable public transportation, a critical factor in ensuring independence and quality of life for older adults, cannot be achieved in isolation and necessitates collaboration with transportation authorities, private service providers, and community organizations. Similarly, addressing the growing homelessness issue, requires a coordinated effort with housing authorities, non-profit organizations, and health services. The urgency is underlined by Los Angeles' position as one of the most unaffordable housing markets, directly impacting the older adult population. Coordination in this aspect is not just about pooling resources but also about aligning strategies and policies to effectively tackle these complex social issues.

Senior Centers offer a wide range of services and social activities, including opportunities for daily learning, skills enhancement, community engagement, socialization, and healthy living for residents

SECTION 14. REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES (PSA 25)

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

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

Identify Service Category: _____

Check applicable funding source:⁹

☐ IIIB

☐ IIIC-1

☐ IIIC-2

☐ IIIE

☐ VII

☐ HICAP

Request for Approval Justification:

☐ Necessary to Assure an Adequate Supply of Service OR

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

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

☐ **FY 24-25** ☐ **FY 25-26** ☐ **FY 26-27** ☐ **FY 27-28**

Provide: documentation below that substantiates this request for direct delivery of the above stated service¹⁰:

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

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

SECTION 15. GOVERNING BOARD (PSA 19)

GOVERNING BOARD MEMBERSHIP 2024-2028 Four-Year Area Plan Cycle

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

Total Number of Board Members: **5**

Name and Title of Officers:	Office Term Expires:
Lindsey P. Horvath – Chair of the Board of Supervisors	December 2026

Names and Titles of All Members:	Board Term Expires:
Hilda L. Solis – 1 st District Supervisor	December 2026
Holly J. Mitchell – 2 nd District Supervisor	December 2024
Lindsey P. Horvath – 3 rd District Supervisor	December 2026
Janice Hahn – 4 th District Supervisor	December 2024
Kathryn Barger – 5 th District Supervisor	December 2024

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

Members with expiring terms are renewed or replaced on time.

SECTION 15. GOVERNING BOARD (PSA 25)

GOVERNING BOARD MEMBERSHIP 2024-2028 Four-Year Area Plan Cycle

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

Total Number of Board Members: **16**

Name and Title of Officers:	Office Term Expires:
Paul Krekorian, President, Council District 4	2nd Monday of Dec. 2024
Marqueece Harris-Dawson., President Pro Tempore, Council District 8	2nd Monday of Dec. 2026
Bob Blumenfield, President Pro Tempore, Council District 3	2nd Monday of Dec. 2026
Karen Bass, Mayor	2nd Monday of Dec. 2026

Names and Titles of All Members:	Board Term Expires:
Eunisses Hernandez, Council District 1	2nd Monday of Dec. 2026
Paul Krekorian, Council District 2	2nd Monday of Dec. 2024
Bob Blumenfield, Council District 3	2nd Monday of Dec. 2026
Nithya Raman, Council District 4	2nd Monday of Dec. 2024
Katy Yaroslavsky, Council District 5	2nd Monday of Dec. 2026
Vacant, Council District 6	2nd Monday of Dec. 2024
Monica Rodriguez, Council District 7	2nd Monday of Dec. 2026
Marqueece Harris-Dawson, Council District 8	2nd Monday of Dec. 2024
Curren D. Price, Jr, Council District 9	2nd Monday of Dec. 2026
Heather Hutt, Council District 10	2nd Monday of Dec. 2024
Traci Park, Council District 11	2nd Monday of Dec. 2026
John Lee, Council District 12	2nd Monday of Dec. 2024
Hugh Soto-Martinez, Council District 13	2nd Monday of Dec. 2026
Kevin de Leon, Council District 14	2nd Monday of Dec. 2024
Tim McOsker, Council District 15	2nd Monday of Dec. 2026
Karen Bass, Mayor	2nd Monday of Dec. 2026

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

Members with expiring terms are renewed or replaced on time.

SECTION 16. ADVISORY COUNCIL (PSA 19)

ADVISORY COUNCIL MEMBERSHIP 2024-2028 Four-Year Planning Cycle

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

Total Council Membership (include vacancies) 25

Number and Percent of Council Members over age 60 16 (64%)

Race/Ethnic Composition	% Of PSA 19 60+Population	% on Advisory Council
White	60.5%	47.83%
Hispanic	31.0%	34.78%
Black	9.8%	8.69%
Asian/Pacific Islander	19.9	4.35%
Native American/Alaskan Native	1.1%	0%
Other	8.7%	4.35%

Name and Title of Officers	Office Term Expires
Helen Romero Shaw, President	07.01.2024
Ted Smith, Vice President	07.01.2025
Jerry Gaines, Secretary/Treasurer	07.01.2024
Kim M. Bowman, Past President	07.01.2024

Name and Title of other members	Office Term Expires
Robert Boller	07.01.2024
Carlene Davis	07.01.2024
Salvador Diaz	07.01.2025
Louis Dominguez	09.12.2026
Maria Fernandez	07.01.2026
Kyo Jhin	07.01.2024
Michele Johnson	07.01.2024
John A. Kotick	07.01.2024
Cathy McClure	07.01.2025
Barbara Meltzer	07.01.2025
Kiera Pollock	07.01.2024

Karen Reside	07.01.2026
Reina Schmitz	07.01.2026
Fran Sereseres	07.01.2025
Susan Sexton	07.01.2025
Mary Winners	07.01.2025
Scott Houston	07.01.2023
Elvia Torres	06.30.2022
Rachel Valenzuela Kirk	07.01.2023
VACANT	
VACANT	

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

Yes No

- ☒ ☐ Low Income Representative
- ☒ ☐ Disabled Representative
- ☒ ☐ Supportive Services Provider Representative
- ☒ ☐ Health Care Provider Representative
- ☒ ☐ Local Elected Officials
- ☒ ☐ Individuals with Leadership Experience in Private and Voluntary Sectors
- ☒ ☐ Family Caregiver, including older relative caregiver
- ☐ ☒ Tribal Representative
- ☒ ☐ LGBTQ Identification
- ☒ ☐ Veteran Status

Explain any “No” answer(s):

Currently no member represents a tribal group, however, as advisory council member terms expire, PSA 19 will make planned efforts to engage older adults to become advisory council members in all categories to have representation of all categories.

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

Members are either replaced or reappointed when their terms expire.

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

Los Angeles County Commission for Older Adults (LACCOA) consists of twenty-five (25) members appointed by the Board of Supervisors (Board) and equally apportioned between the five (5) supervisorial districts. Each of the five (5) Supervisors appoint their commissioners. The Los Angeles County Area Agency on Aging recommends two (2) qualified candidates per supervisorial district.

SECTION 16. ADVISORY COUNCIL (PSA 25)**ADVISORY COUNCIL MEMBERSHIP
2024-2028 Four-Year Planning Cycle**

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

Total Council Membership (include vacancies) 15

Number and Percent of Council Members over age 60 15 (100%)

Race/Ethnic Composition	% Of PSA 19 60+Population	% on Advisory Council
White	41.6%	53.0%
Hispanic	33.3%	6.7%
Black	9.6%	20.0%
Asian/Pacific Islander	15.3	13.0%
Native American/Alaskan Native	0.2%	0.0%
Other	0.0%	6.7%

Name and Title of Officers	Office Term Expires
Wong, Jennifer Chair	06/30/2024

Name and Title of other members	Office Term Expires
Berlin, Patrice, At Large Member	06/30/2024
Carril, Ana, At Large Member	06/30/2024
Diaz, Nadine, At Large Member	06/30/2024
Hernandez, Marcella, At Large Member	06/30/2024
Kaine-Krolak, Maureen, At Large Member	06/30/2024
Lee, Christine, At Large Member	06/30/2024
Marton, Andrew, At Large Member	06/30/2024
Muse, Freddie, At Large Member	06/30/2024
Rigsby-Pauley, Michele, At Large Member	06/30/2024
Sorkin, Adelinza "Nina", At Large Member	06/30/2024
Talalla, Ida, At Large Member	06/30/2024
Vendig, Stephanie, At Large Member	06/30/2024
Wilkinson, Lupton (Tony), At Large Member	06/30/2024
Yergan, Kim, At Large Member	06/30/2024

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 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 |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Family Caregiver, including older relative caregiver |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Tribal Representative |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | LGBTQ Identification |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Veteran Status |

Explain any “No” answer(s):

PSA 25 seek and will make planned efforts to engage older adults to become advisory council members in all categories to have representation of all categories.

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

Briefly describe the local governing board’s process to appoint Advisory Council Members:

The Los Angeles Council on Aging (LACoA) is the advisory Council for PSA 25. LACoA is composed of 15 members at large, no more than three of whom shall represent service providers. Additionally, the Mayor and Councilmembers of the City of Los Angeles are encouraged to nominate representatives for their Council District. LACoA represents the diversity of the City’s older Adult and Family caregiver population.

Members are appointed by the General Manager of the Los Angeles Department of Aging (LADOA) for a term of one calendar year. In April of each year, existing members, and prospective new members may apply for membership for the following years. Unsolicited applications shall be received and filed for consideration. Members will be deemed to have resigned their membership if they are absent from two consecutive Full Council and/or Standing Committee meetings without giving prior notice.

LACoA will be led by the Chairperson and the Committee Chairpersons for the Standing committees (Advocacy & Information Sharing Committee, Planning Committee and the Systems Committee). LACoA members will be asked for their recommendations for Chairperson to be appointed by the General Manager of the LADOA for a term of one year. The LACoA Chairperson will serve no more than two consecutive terms. A Chairperson will be eligible for re-appointment to the position, once, at least, one term has passed.

Standing Committee Chairpersons will be appointed by the LACoA Chairperson in consultation with the General Manager of the LADOA, for a term of one calendar year. Standing Committee Chairpersons serve at the pleasure of the LACoA Chairperson.

Full Council meetings are held on the second Thursday of every other month. LACoA Leadership will meet regularly with the LADOA General Manager. Ad-hoc committees will meet as required. Meetings will take place at the Department of Aging unless alternate locations are previously approved by the LACoA Chairperson and LADOA staff liaison.

SECTION 17. MULTIPURPOSE SENIOR CENTER ACQUISITION OR CONSTRUCTION COMPLIANCE REVIEW¹¹ (PSA 19 and 25)

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

☒ No. Title IIIB funds not used for Acquisition or Construction.

☐ Yes. Title IIIB funds used for Acquisition or Construction.

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

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

SECTION 18. ORGANIZATION CHART (PSA 19)

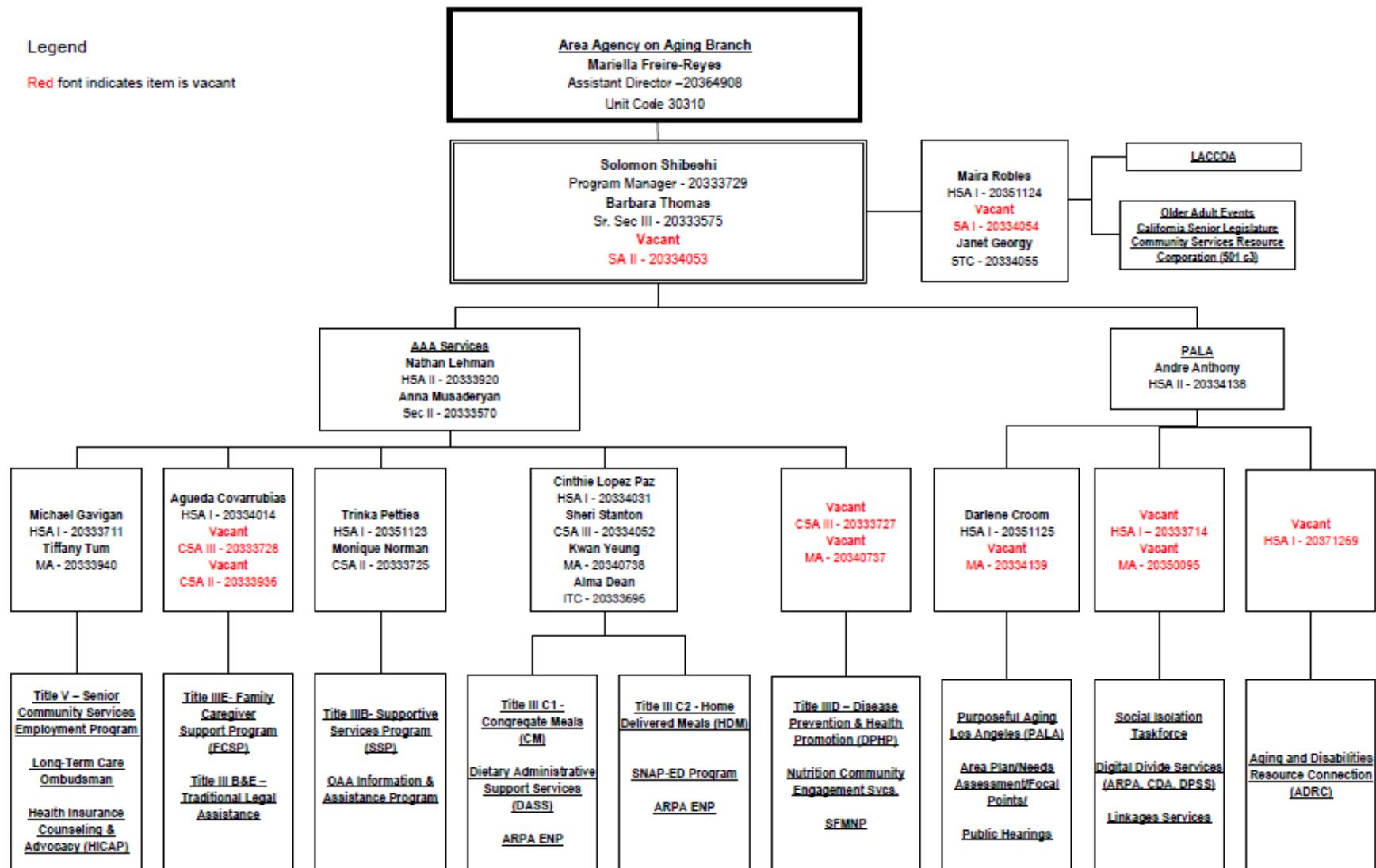


Aging & Disabilities Department Area Agency on Aging (Before) Unit Code 30610



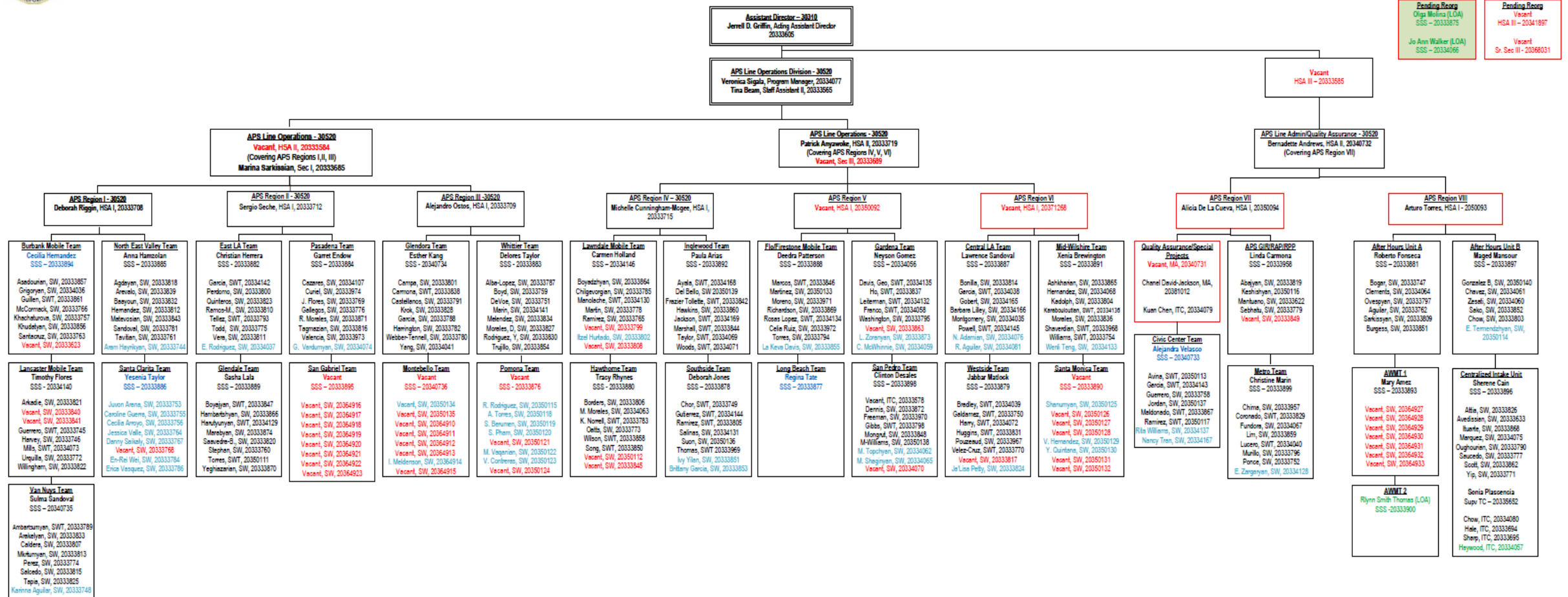
Legend

Red font indicates item is vacant





**Aging & Disabilities Department
APS Line Operations
Unit Code 30520**



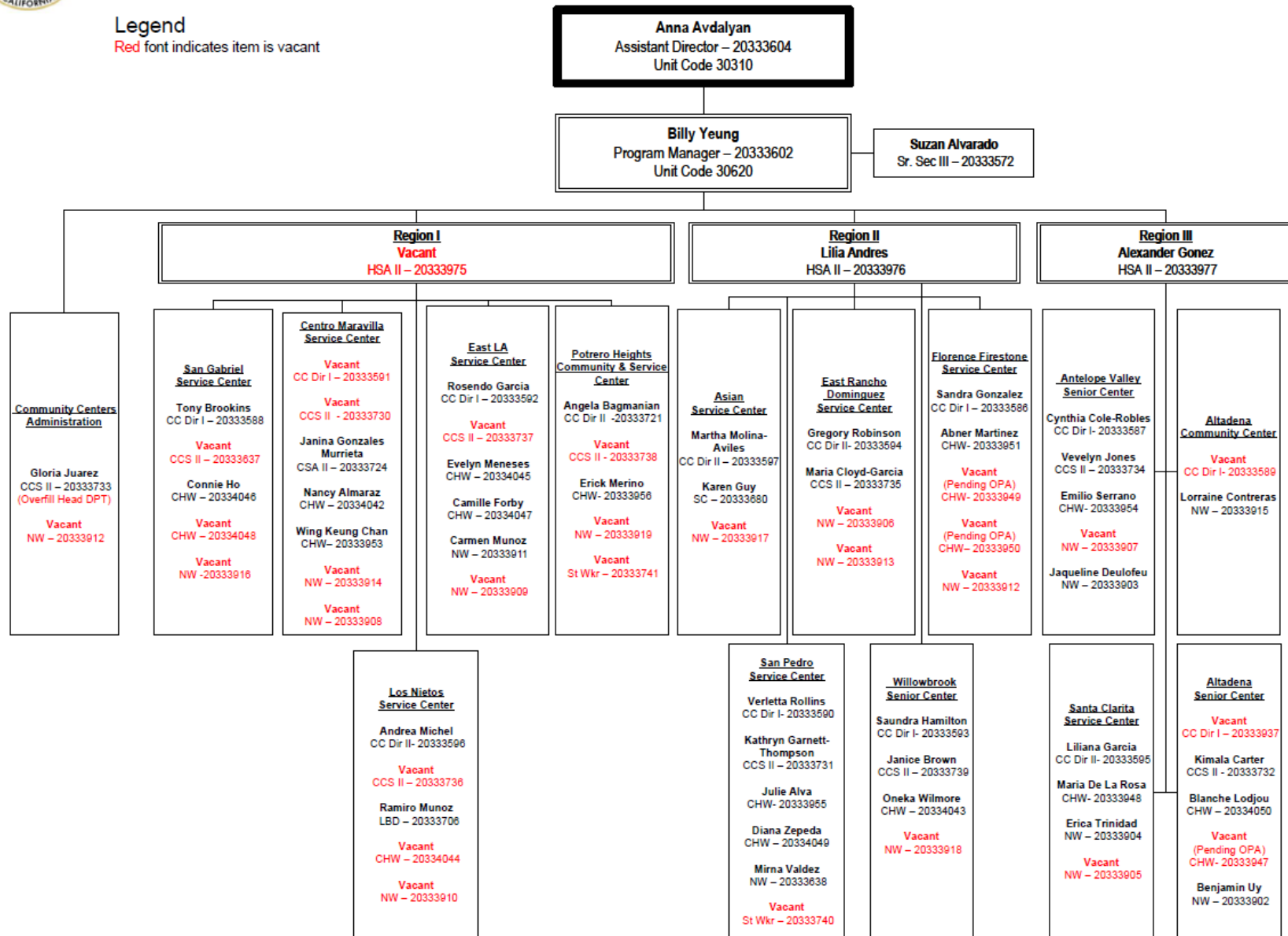


Aging & Disabilities Department Community and Senior Centers (Before) Unit Code 30620



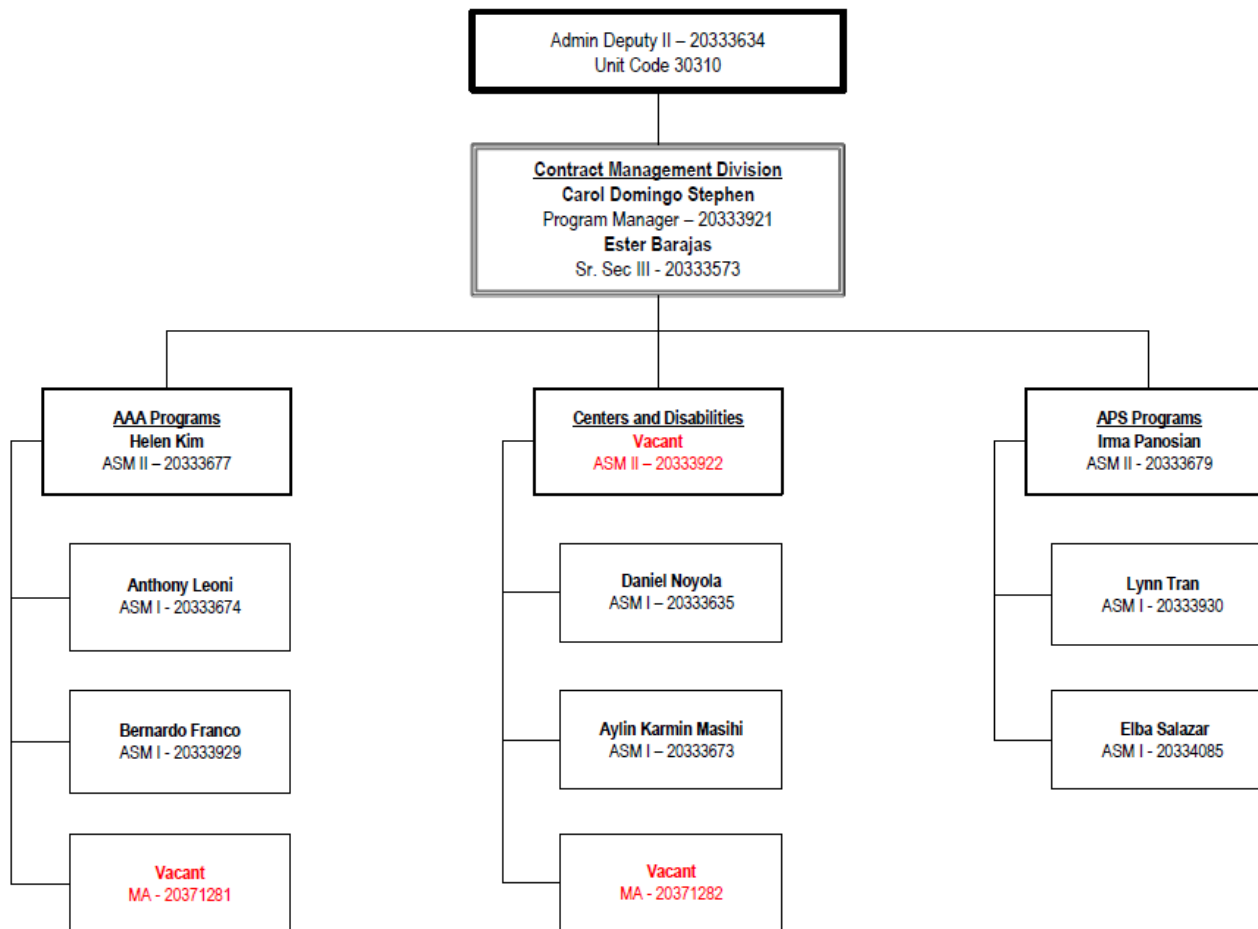
Legend

Red font indicates item is vacant



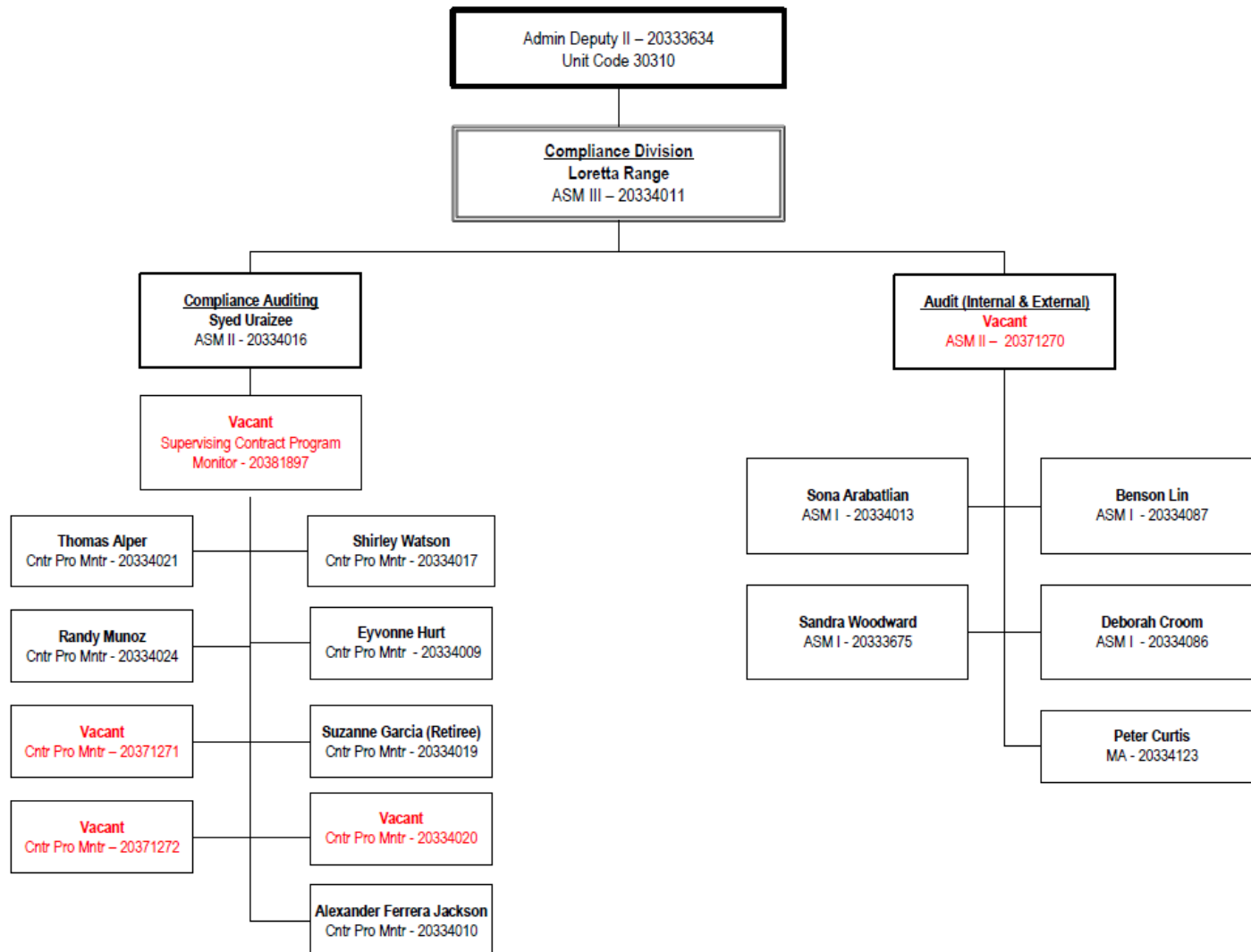


**Aging & Disabilities Department
Contract Management Division (Before)
Unit Code 30740**





**Aging & Disabilities Department
Contract Compliance (Before)
Unit Code 30710**



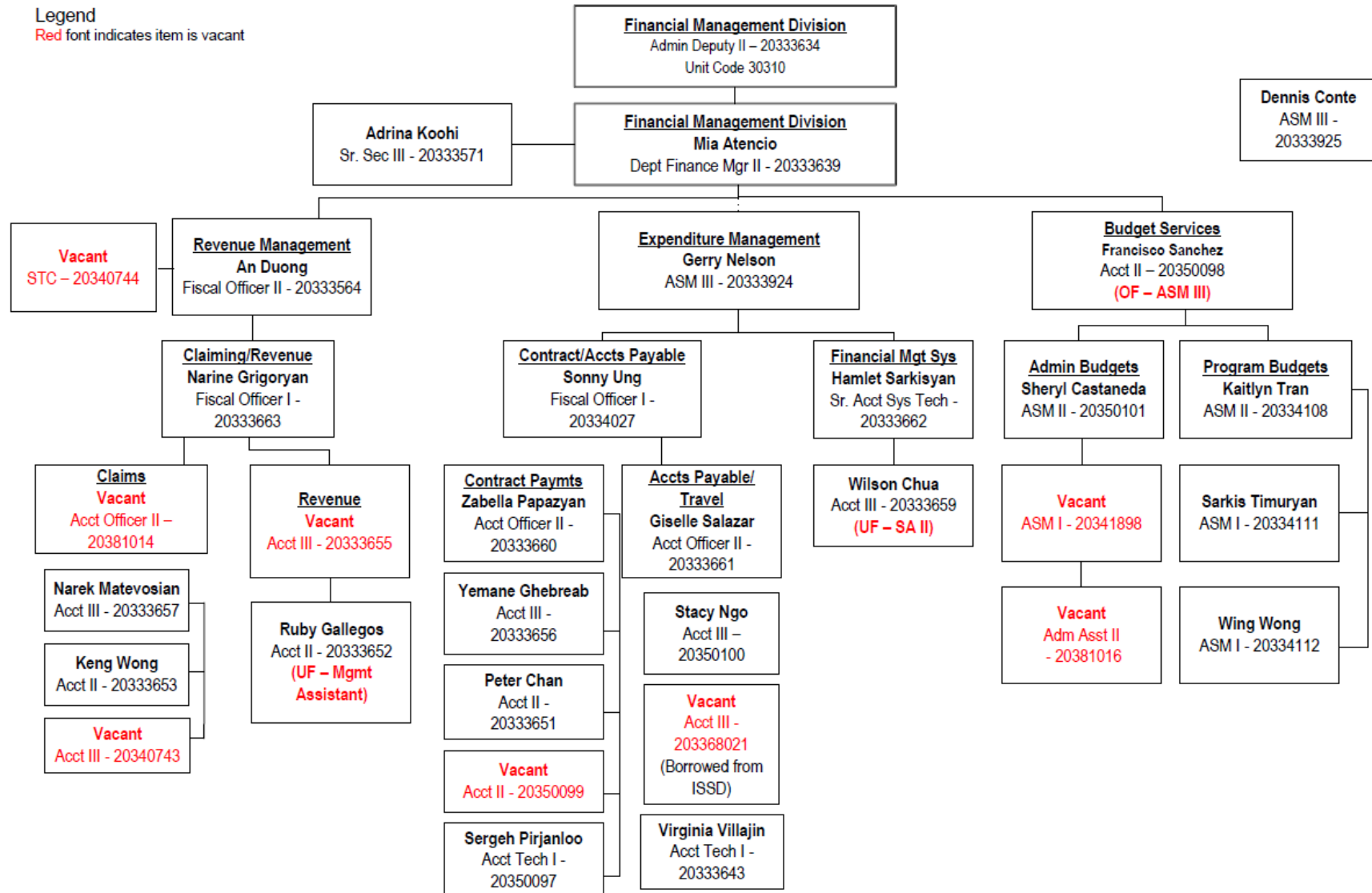


**Aging & Disabilities Department
Financial Management Division (Before)
Unit Code 30750**



Legend

Red font indicates item is vacant



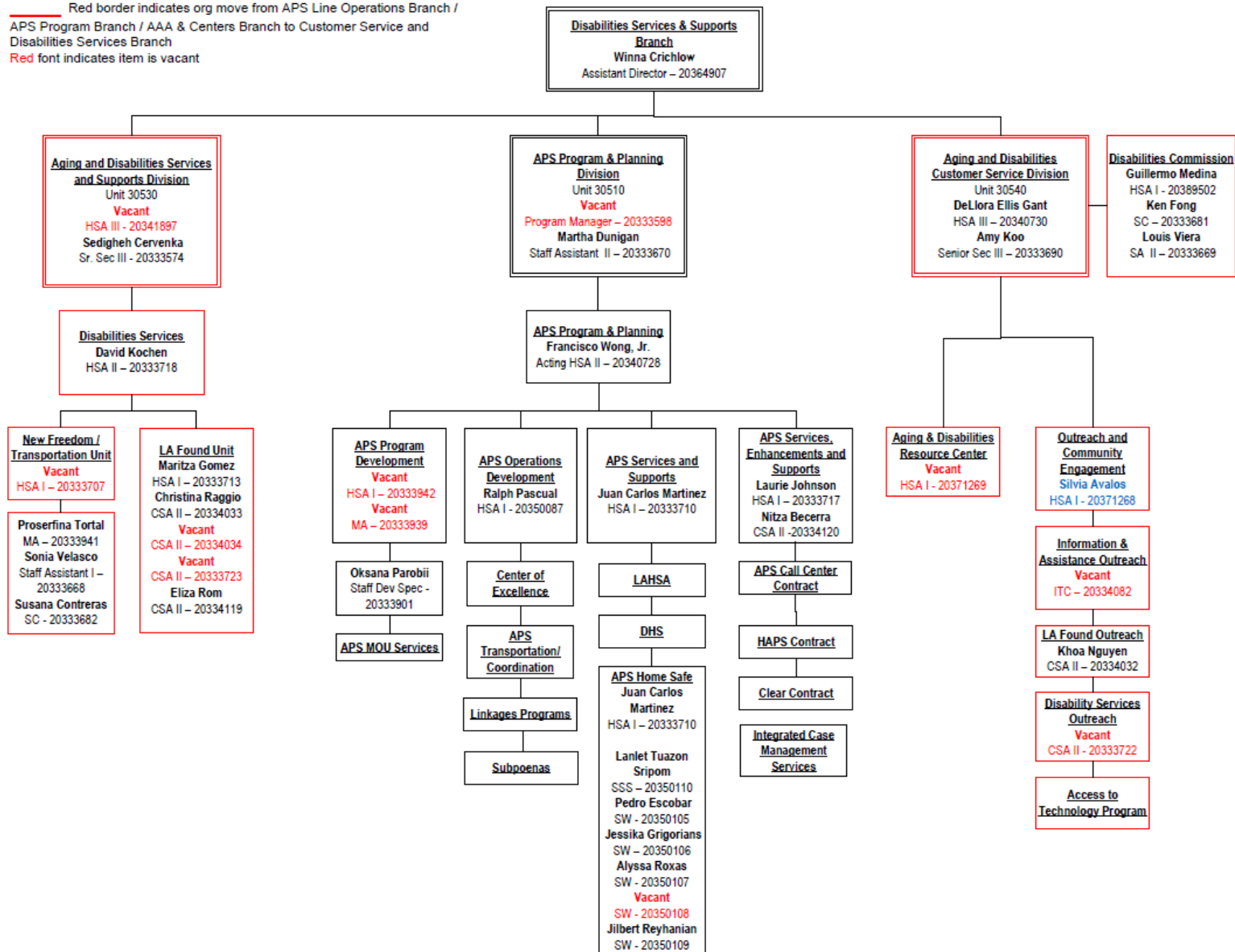


**Aging & Disabilities Department
Disabilities Services and Supports Branch (After)
Unit Codes 30510, 30530, 30540**



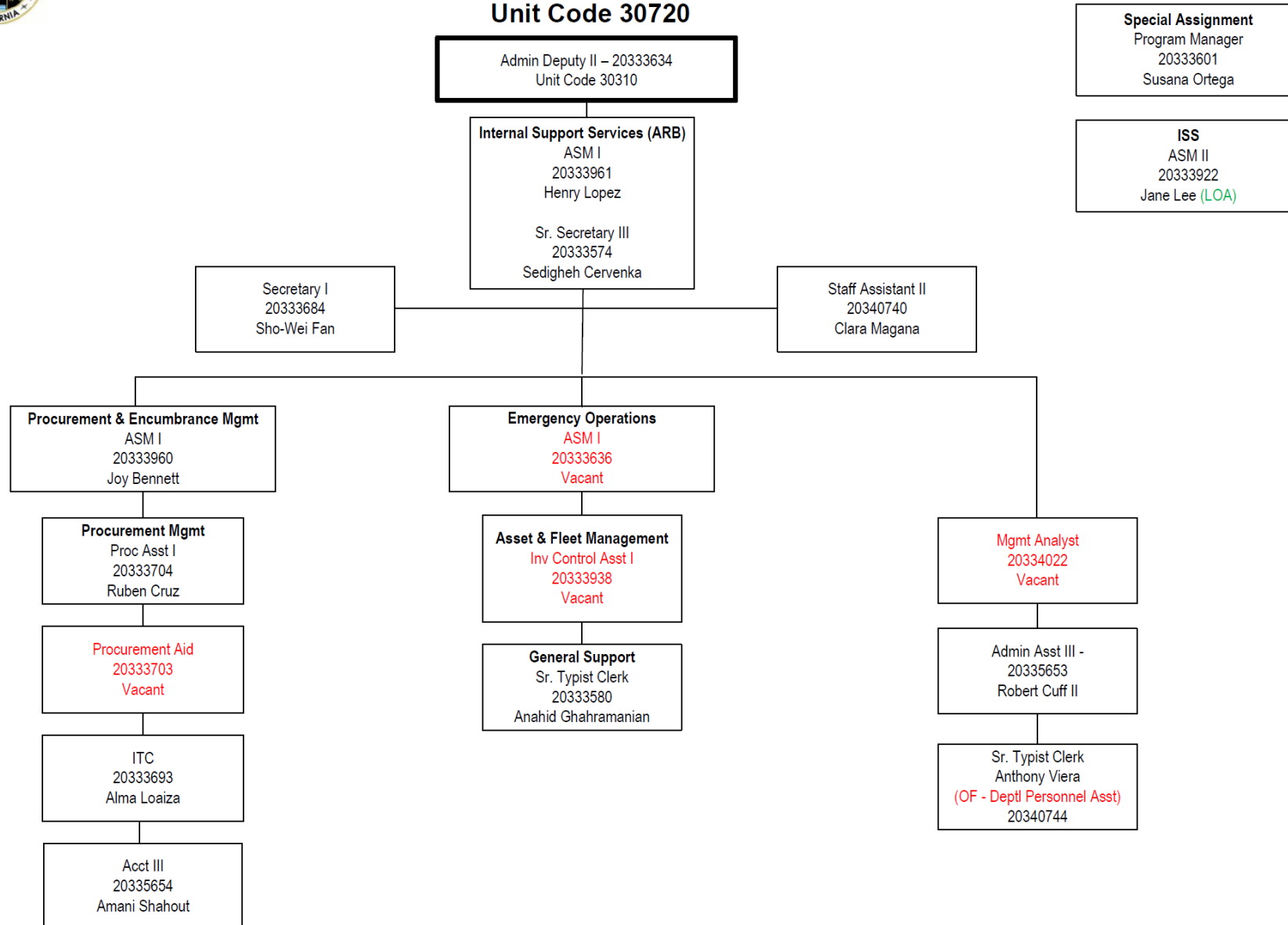
Legend noting Reorg Changes

Red border indicates org move from APS Line Operations Branch /
APS Program Branch / AAA & Centers Branch to Customer Service and
Disabilities Services Branch
Red font indicates item is vacant

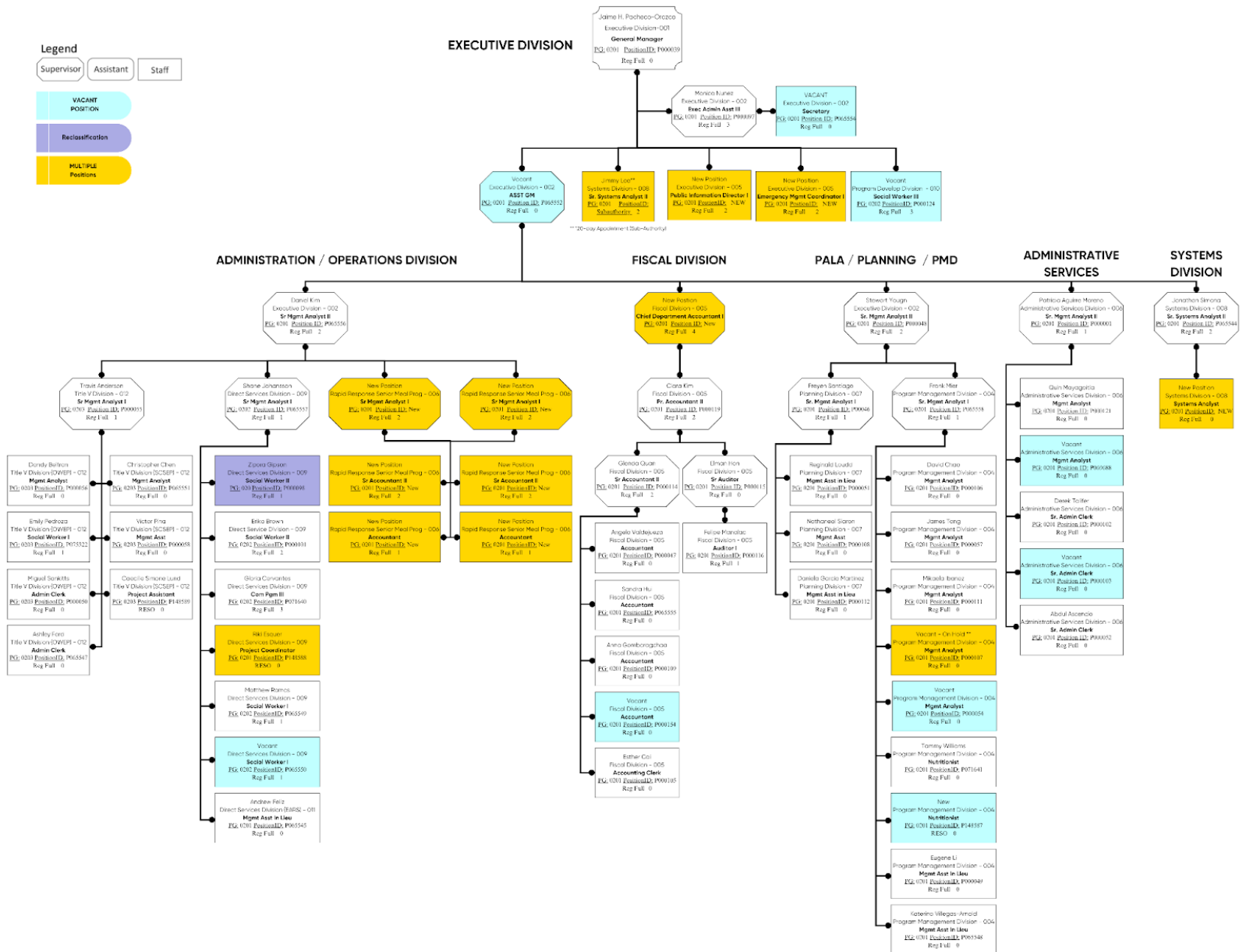




**Aging & Disabilities Department
Internal Support Services Division
Current Org Chart
Unit Code 30720**

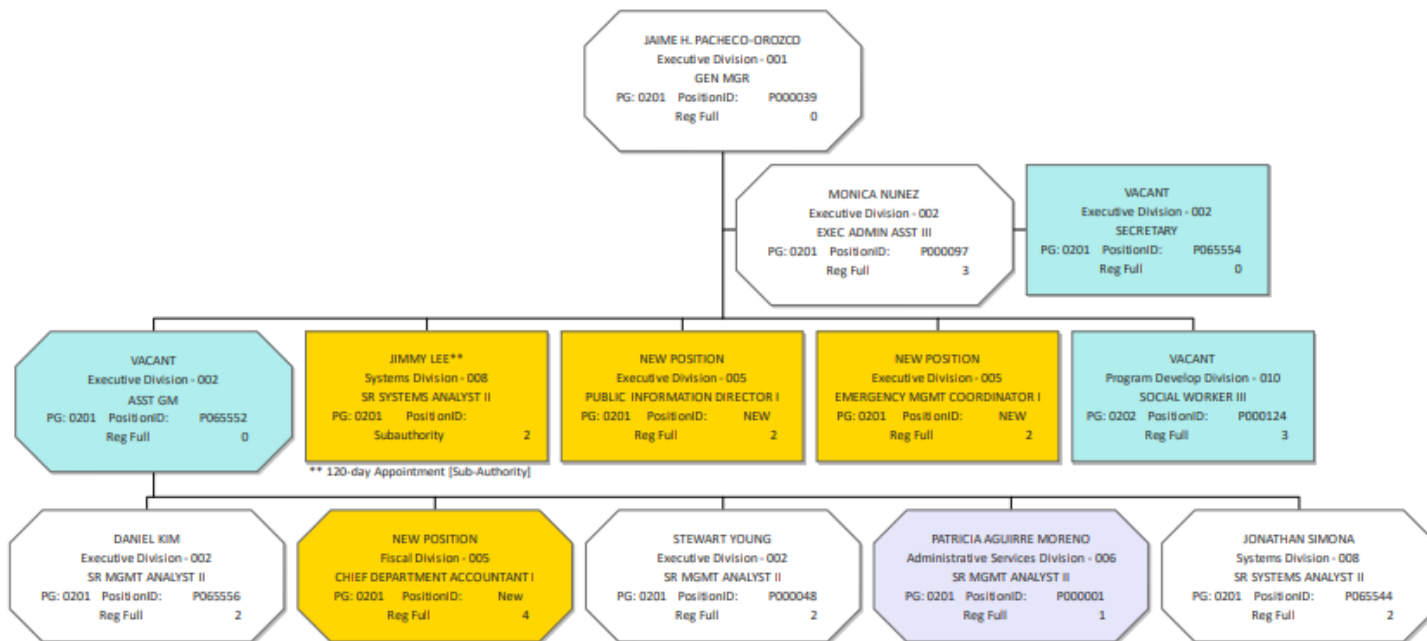


SECTION 18. ORGANIZATION CHART (PSA 25)





Department of Aging Executive Division



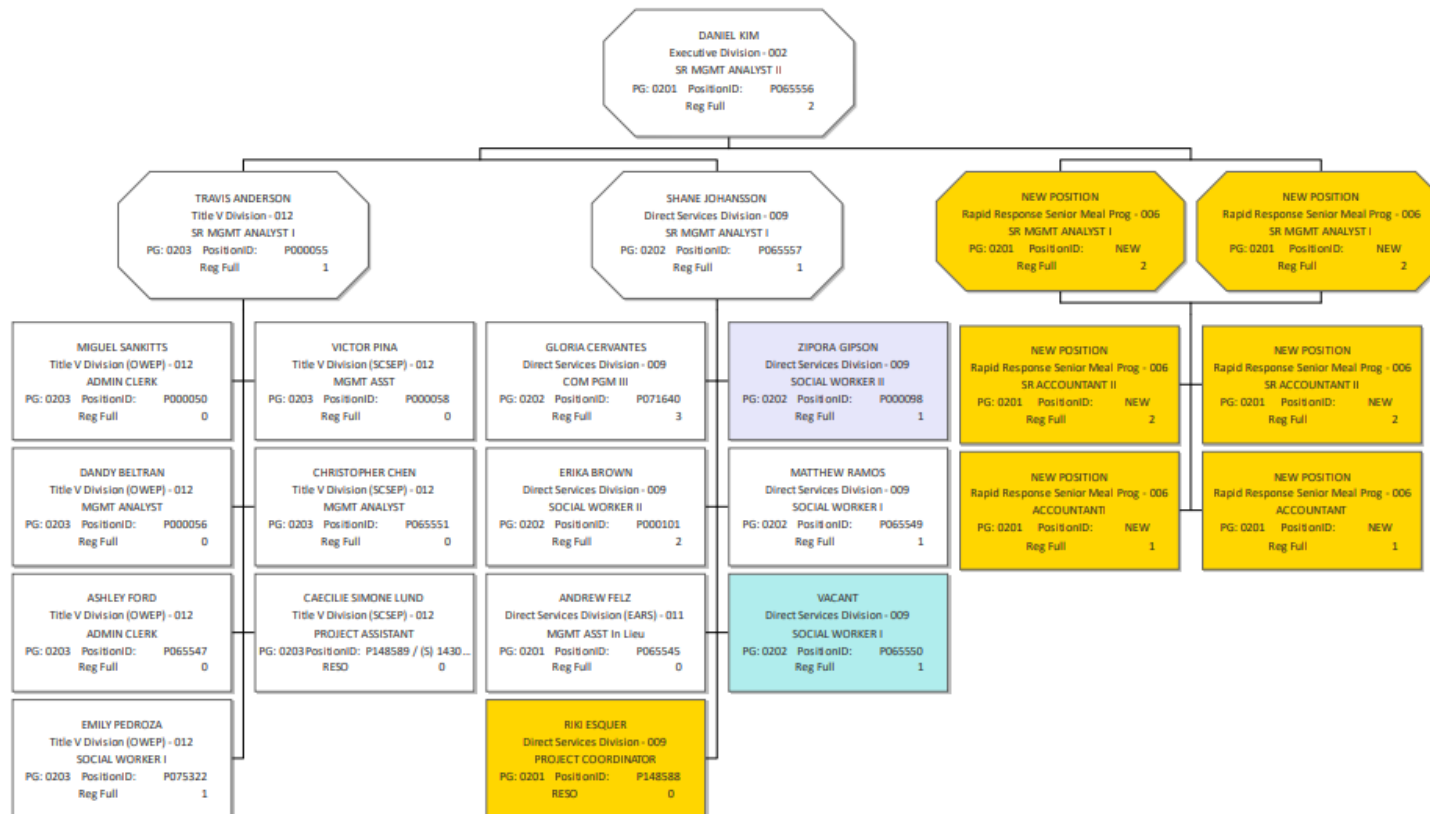
Legend



Light Orange = MULTIPLE Positions Sky Blue = VACANT Position Light Purple = Reclassification



Department of Aging Administration / Operations



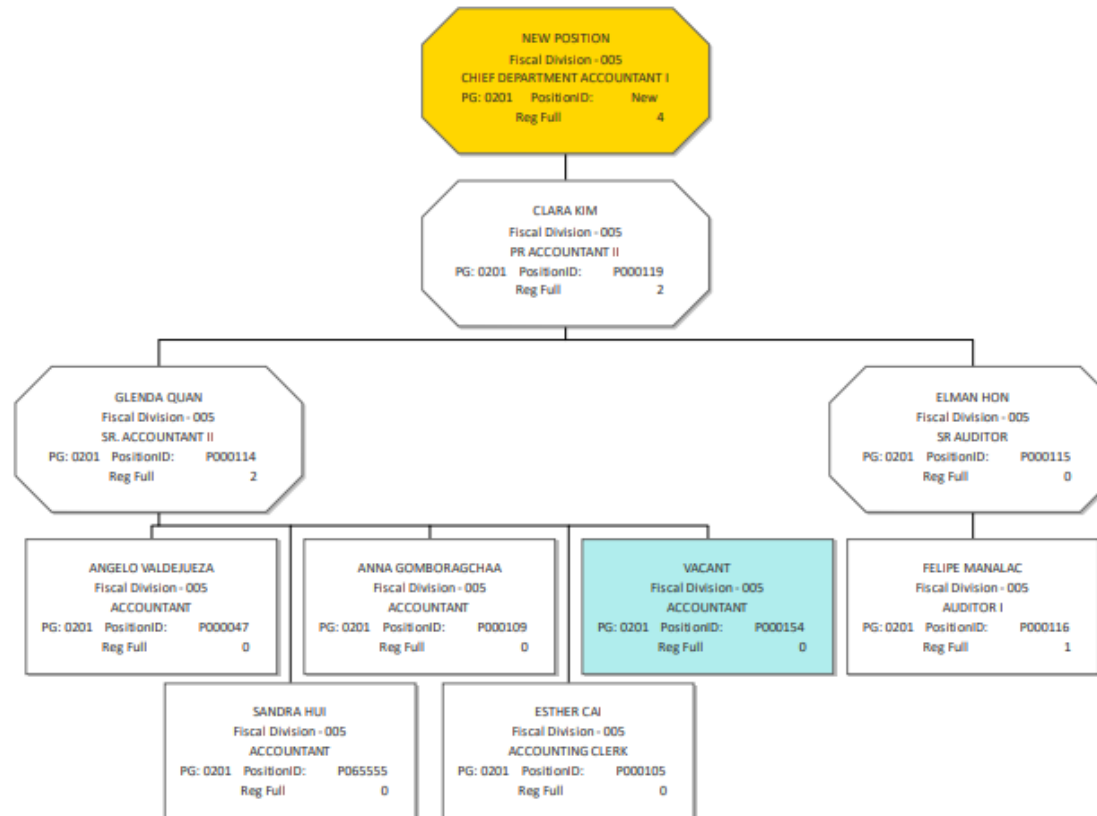
Legend



Light Orange = MULTIPLE Positions Sky Blue = VACANT Position Light Purple = Reclassification



Department of Aging Fiscal Division



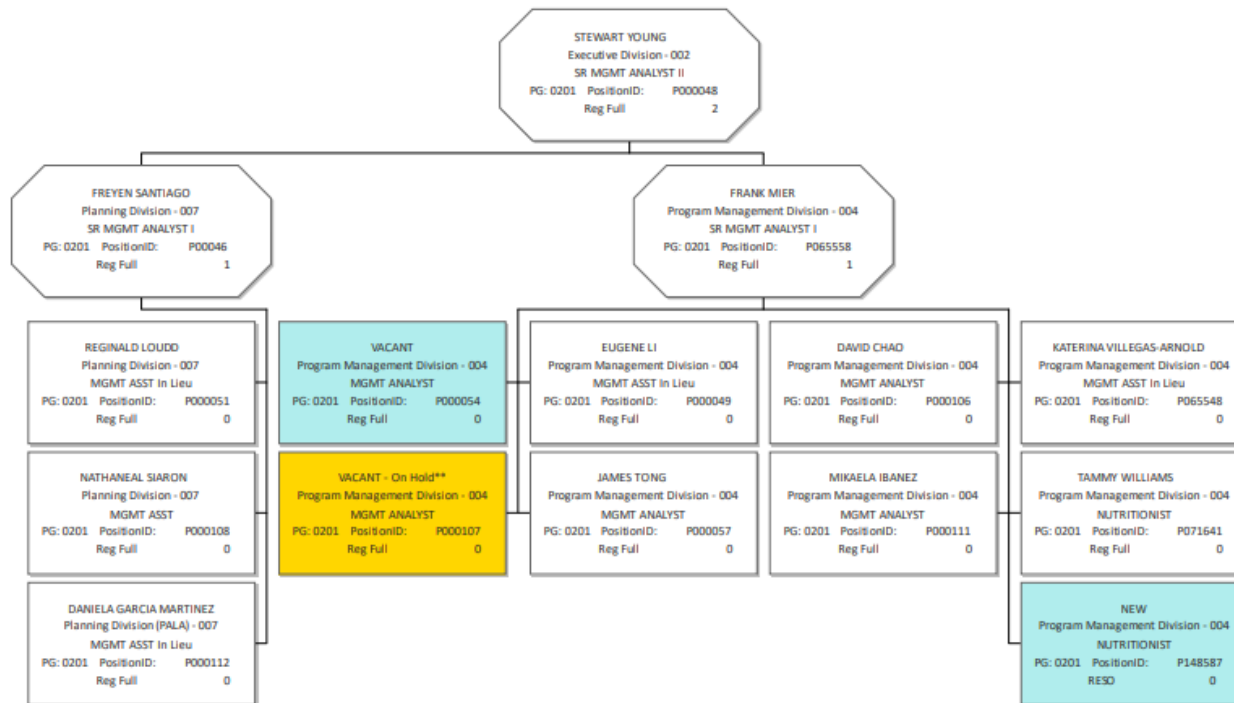
Legend



Light Orange = MULTIPLE Positions Sky Blue = VACANT Position Light Purple = Reclassification



Department of Aging PALA / Planning / PMD



Legend

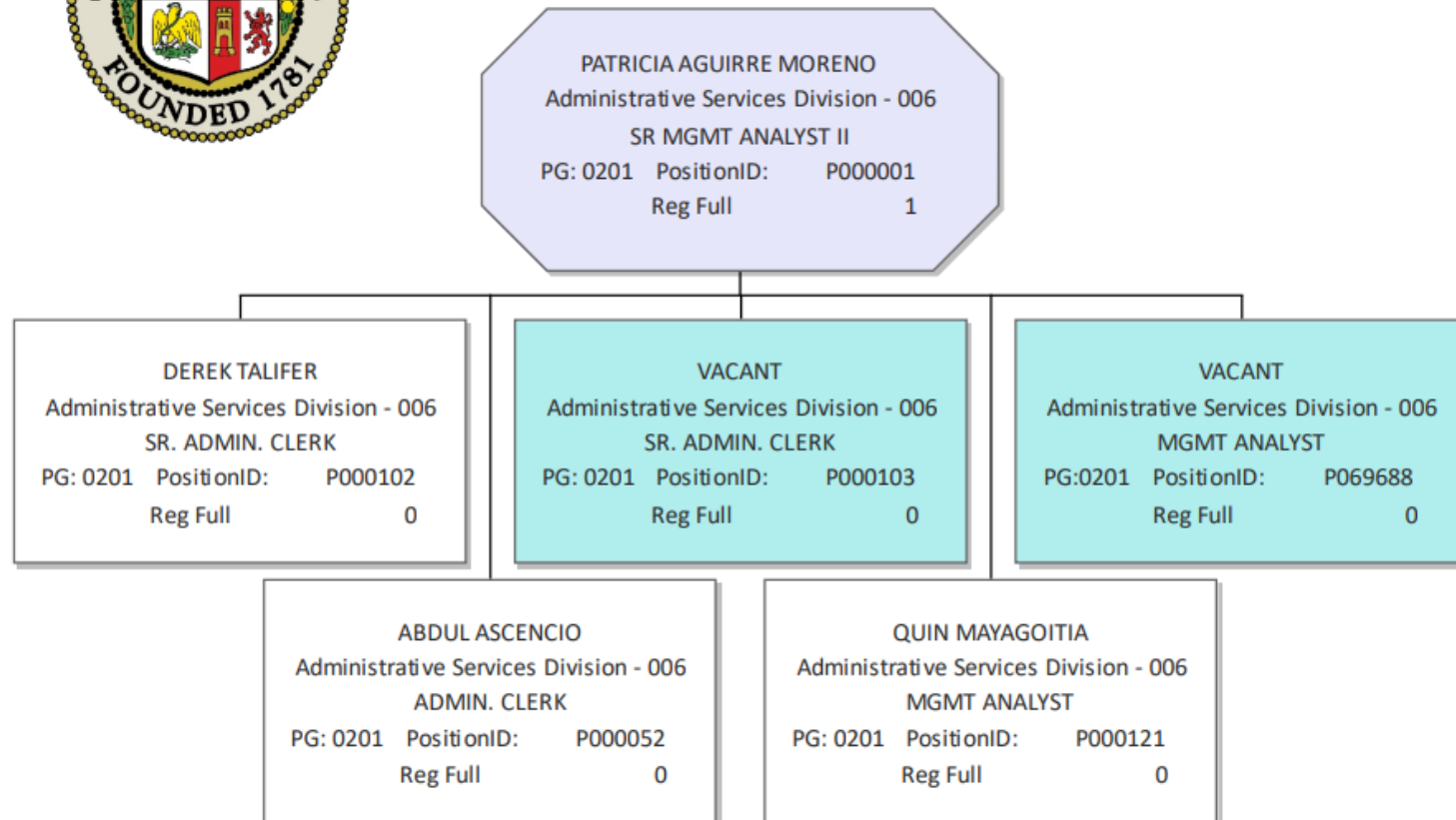
Supervisor Assistant Staff

** On Hold to Fund Substitute SSA II

Light Orange = MULTIPLE Positions Sky Blue = VACANT Position Light Purple = Reclassification



Department of Aging Administrative Services



Legend

Supervisor

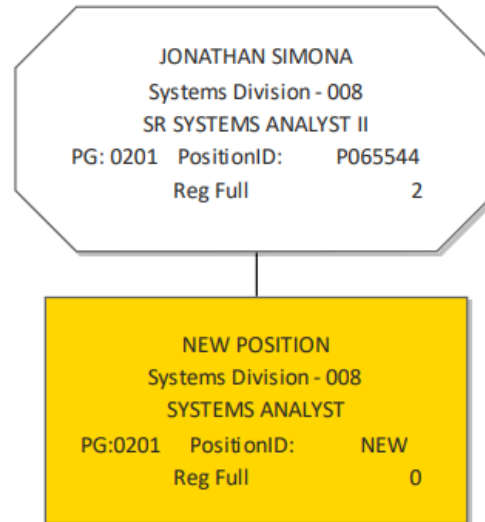
Assistant

Staff

Light Orange = MULTIPLE Positions Sky Blue = VACANT Position
Light Purple = Reclassification



Department of Aging Systems Division



Legend

Supervisor

Assistant

Staff

Light Orange = MULTIPLE Positions
Sky Blue = VACANT Position Light Purple = Reclassification

SECTION 19. ASSURANCES (PSA 19 & 25)

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

A. Assurances

1. OAA 306(a)(2)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

area.

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

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

- (I) identify the number of low-income minority older individuals in the planning and service area.
- (II) describe the methods used to satisfy the service needs of such minority older individuals; and
- (III) provide information on the extent to which the area agency on aging met the objectives described in assurance number 2.

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

Use outreach efforts that —

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

- (I) older individuals residing in rural areas.
- (II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
- (III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
- (IV) older individuals with severe disabilities.
- (V) older individuals with limited English proficiency.
- (VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
- (VII) older individuals at risk for institutional placement, specifically including survivors of the Holocaust; and

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

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

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

7. OAA 306(a)(5)

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

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

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

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

- (A) Provide assurances that the Area Agency on Aging, in carrying out the State Long-Term Care Ombudsman program under 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2019 in carrying out such a program under this title;
- (B) funds made available to the Area Agency on Aging pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712;

10. OAA 306(a)(11)

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

- (A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;
- (B) An assurance that the Area Agency on Aging will to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and
- (C) An assurance that the Area Agency on Aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.

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

- (A) maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships;
- (B) disclose to the Assistant Secretary and the State agency—
 - (i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and
 - (ii) the nature of such contract or such relationship.
- (C) demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such contract or such relationship;
- (D) demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such contract or such relationship; and
- (E) on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals;

12. 306(a)(14)

Provide assurances that preference in receiving services under this Title will not be given by the Area Agency on Aging to particular older individuals as a result of a contract or

commercial relationship that is not carried out to implement this title;

13. 306(a)(15)

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

- (A) to provide benefits and services to older individuals, giving priority to older individuals identified in Section 306(a)(4)(A)(i); and
- (B) in compliance with the assurances specified in Section 306(a)(13) and the limitations specified in Section 212;

14. OAA 305(c)(5)

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

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

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

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

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

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

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

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

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

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

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

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

Any Area Agency on Aging, in carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for -

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

21. OAA 307(a)(15)

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

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

(B) To designate an individual employed by the Area Agency on Aging, or available to such Area Agency on Aging on a full-time basis, whose responsibilities will include:

- i. taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and
- ii. providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effective linguistic and cultural differences.

22. OAA 307(a)(18)

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

- (A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;
- (B) are patients in hospitals and are at risk of prolonged institutionalization; or
- (C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

23. OAA 307(a)(26)

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

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

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

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

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

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

(2) Provide a range of options;

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

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

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

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

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

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

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

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

25. CFR [1321.53(c)]

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

26. CFR [1321.53(c)]

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

27. CFR [1321.53(c)]

Assure that services financed under the Older Americans Act in, or on behalf of, the community

will be either based at, linked to or coordinated with the focal points designated.

28.CFR [1321.53(c)]

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

29.CFR [1321.53(c)]

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

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

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

31.CFR [1321.61(d)]

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

32.CFR [1321.69(a)]

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