

Board of Supervisors

Family & Social Services Cluster Agenda Review Meeting

DATE: March 19, 2025

TIME: 1:30PM

MEETING CHAIRS: Monica Banken, 5th Supervisorial District

CEO MEETING FACILITATOR: Claudia Alarcon

THIS MEETING IS HELD UNDER THE GUIDELINES OF BOARD POLICY 3.055.

To participate in the meeting in-person, the meeting location is: Kenneth Hahn Hall of Administration 500 West Temple Street Los Angeles, California 90012 Room 140

To participate in the meeting virtually, please call teleconference number 1 (323) 776-6996 and enter the following 995 916 944# or Click here to join the meeting

For Spanish Interpretation, the Public should send emails within 48 hours in advance of the meeting to: ClusterAccommodationRequest@bos.lacounty.gov

Members of the Public may address the Family & Social Services Cluster on any agenda item during General Public Comment.

The meeting chair will determine the amount of time allowed for each item.

THIS TELECONFERENCE WILL BE MUTED FOR ALL CALLERS. PLEASE DIAL

*6 TO UNMUTE YOUR PHONE WHEN IT IS YOUR TIME TO SPEAK.

- I. Call to Order
- **II. Consent Item(s)** (Any Information Item is subject to discussion and/or presentation at the request of two or more Board offices):
 - a. Internal Services Department: Department of Children and Family Services McCourtney Juvenile Justice Playground Refurbishment Project Categorical Exemption Establish and Approve Capital Project No. 8A088 Approve Project Budget and Appropriation Adjustment Authorize Use of Job Order Contract.
 - **b. Aging and Disabilities Department (AD):** Approve the Reinstatement of Retired County Employee as a 120-Day Temporary Employee.

III. Board Motions Items:

SD-2

- Supporting Commercial Corridors as Community Anchors by Expanding the Commercial Acquisition Fund Program
- Preventing Human Trafficking in the Wake of Natural Disasters

• Los Angeles County Embracing Neurodiversity in the Workplace and Creating Career Pathways for Individuals with Developmental Disabilities

• Reviewing Best Practices and Exploring the Creation of a Comprehensive Emergency Registry System for Older Adults and Persons with Disabilities in Los Angeles County

IV. Presentation/Discussion Items:

a. AD: Los Angeles County Planning and Service Area (PSA) 19 Area Agency on Aging 2025-26 Area Plan Update.

V. Public Comment

VI. Standing item(s) and those continued from a previous meeting of the Board of Supervisors or from a previous FSS Agenda Review meeting.

2:30PM

VII. NOTICE OF CLOSED SESSION

CS1- CONFERENCE WITH LEGAL COUNSEL – Existing Litigation Government Code Section 54956.9, subdivision (d)(1) SEIU Local 721 v. County of Los Angeles Superior Court Case No. 19STCP00786 Department: Public Social Services

VIII. Adjournment

IF YOU WOULD LIKE TO EMAIL A COMMENT ON AN ITEM ON THE FAMILY & SOCIAL SERVICES CLUSTER AGENDA, PLEASE USE THE FOLLOWING EMAIL ADDRESS AND INCLUDE THE AGENDA NUMBER YOU ARE COMMENTING ON:

Family_Social_Services@ceo.lacounty.gov

BOARD LETTER/MEMO CLUSTER FACT SHEET

Board Letter
□ Board Memo
□ Other

CLUSTER AGENDA REVIEW DATE	3/19/2025		
BOARD MEETING DATE	4/8/2025		
SUPERVISORIAL DISTRICT AFFECTED	☐ All ☐ 1 st ☐ 2 nd ☐ 3 rd ☐ 4 th ⊠ 5 th		
DEPARTMENT(S)	Department of Children and Family Services		
SUBJECT	McCourtney Juvenile Justice Playground Refurbishment Project		
PROGRAM			
AUTHORIZES DELEGATED AUTHORITY TO DEPT	☐ Yes No		
SOLE SOURCE CONTRACT	☐ Yes ⊠ No		
	If Yes, please explain why:		
SB 1439 SUPPLEMENTAL			
DECLARATION FORM			
REVIEW COMPLETED BY	If unsure whether a matter is subject to the Levine Act, email your packet		
EXEC OFFICE	to EOLevineAct@bos.lacounty.gov to avoid delays in scheduling your		
	Board Letter.		
DEADLINES/	Board Editor:		
TIME CONSTRAINTS			
COST & FUNDING	Total cost: Funding source:		
COOT & TONDING	\$488,000 Capital Project No. 8A088		
	TERMS (if applicable):		
	Explanation: Approval of the enclosed appropriation adjustment (Enclosure B) will		
	transfer \$419,000 from the Department of Children and Family Services operating		
	budget to the McCourtney Juvenile Justice Playground Refurbishment Project, Capital		
	Project No. 8A088, to fully fund the proposed Project.		
PURPOSE OF REQUEST	Approval of the recommendations will find the proposed McCourtney Juvenile Justice		
TOTAL COL OF INEGOLOT	Playground Refurbishment Project exempt from the California Environmental Quality		
	Act, establish and approve Capital Project No. 8A088, approve the project budget and		
	appropriation adjustment, and authorize the Director of the Internal Services		
	Department, or designee, to deliver the proposed project using a Board-approved Job		
	Order Contract.		
BACKGROUND	The proposed McCourtney Juvenile Justice Playground Refurbishment Project		
(include internal/external	(Project) will refurbish and remodel the existing playground located at 1040 West		
issues that may exist	Avenue J., Lancaster, CA 93534. The existing playground structure and rubber		
including any related	playground surface were deemed to be unsafe and will be refurbished and remodeled		
motions)	with the installation of an artificial turf field, and bicycle path.		
EQUITY INDEX OR LENS	☐ Yes ☐ No		
WAS UTILIZED	If Yes, please explain how:		
SUPPORTS ONE OF THE	☐ Yes ☐ No		
NINE BOARD PRIORITIES	If Yes, please state which one(s) and explain how:		
DEPARTMENTAL	Name, Title, Phone # & Email:		
CONTACTS	Thomas DeSantis, P&PM Division Manager, (323) 267-3467,		
	TDesantis@isd.lacounty.gov		



County of Los Angeles INTERNAL SERVICES DEPARTMENT

1100 North Eastern Avenue Los Angeles, California 90063

Telephone: (323) 267-2101 FAX: (323) 264-7135

Speed. Reliability. Value.

April 8, 2025

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

Dear Supervisors:

DEPARTMENT OF CHILDREN AND FAMILY SERVICES
MCCOURTNEY JUVENILE JUSTICE PLAYGROUND REFURBISHMENT PROJECT
CATEGORICAL EXEMPTION
ESTABLISH AND APPROVE CAPITAL PROJECT NO. 8A088
APPROVE PROJECT BUDGET AND APPROPRIATION ADJUSTMENT
AUTHORIZE USE OF JOB ORDER CONTRACT
(FY 2024-25)
(SUPERVISORIAL DISTRICT 5)
(3 - VOTES)

SUBJECT

Approval of the recommendations will find the proposed McCourtney Juvenile Justice Playground Refurbishment Project exempt from the California Environmental Quality Act, establish and approve Capital Project No. 8A088, approve the project budget and appropriation adjustment, and authorize the Director of the Internal Services Department, or designee, to deliver the proposed project using a Board-approved Job Order Contract.

IT IS RECOMMENDED THAT THE BOARD:

- Find the proposed McCourtney Juvenile Justice Playground Refurbishment Project exempt from the California Environmental Quality Act for the reasons stated in this letter and in the record of the project.
- 2. Establish and approve the proposed McCourtney Juvenile Justice Playground Refurbishment Project, Capital Project No. 8A088 with a total budget of \$488,000.

- 3. Approve an appropriation adjustment to transfer \$419,000 from the Department of Children and Family Services Operating budget to the proposed McCourtney Juvenile Justice Playground Refurbishment Project, Capital Project No. 8A088.
- 4. Authorize the Director of the Internal Services Department, or designee, to deliver the proposed McCourtney Juvenile Justice Playground Refurbishment Project using a Board-approved Job Order Contract.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

The proposed McCourtney Juvenile Justice Playground Refurbishment Project (Project) will refurbish and remodel the existing playground located at 1040 West Avenue J., Lancaster, CA 93534. The existing playground structure and rubber playground surface were deemed to be unsafe and will be refurbished and remodeled with the installation of an artificial turf field, and bicycle path.

The proposed Project will consist of the removal of the existing playground structure and equipment, surface, concrete slab subbase, landscaping, sprinklers, and pipes; trenching and the installation of drainage pipes and drains; concrete with grading and rebar, irrigation controls, wiring, piping, valves, sleeves, and dripline; artificial turf with proper drainage, and various plants, mulch, and other various landscaping accessories and features all within the location of the existing playground; and the relocation of the existing park benches and tether pole.

The estimated project duration is approximately five (5) months, including construction and project completion.

Implementation of Strategic Plan Goals

These recommendations support the County Strategic Plan: North Star 3: Realize Tomorrow's Government Today, Focus Area Goal G: Internal Controls and Processes, Strategy ii. Manage and Maximize County Assets by investing in public infrastructure that will improve the operational effectiveness of an existing County asset.

FISCAL IMPACT/FINANCING

The total cost for the proposed Project is currently estimated at \$488,000, which includes design, construction, change order allowance, inspection/testing, and Internal Services Department (ISD) County services (Enclosure A). The Department of Children and Family Services (DCFS) has previously paid \$69,364 for design service fees through the DCFS operating budget in Fiscal Year 2023-24.

Approval of the enclosed appropriation adjustment (Enclosure B) will transfer \$419,000 from the Department of Children and Family Services operating budget to the McCourtney Juvenile Justice Playground Refurbishment Project, Capital Project No. 8A088, to fully fund the proposed Project.

Operating Budget Impact

The proposed scope of work consists of repairs and remodeling made to an existing space. Therefore, following the completion of the proposed project, DCFS does not anticipate any one-time start-up or additional ongoing costs as a result of the proposed project.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

In accordance with the Board's Local and Targeted Worker Hire Policy, updated on May 17, 2023, the proposed Project budget is less than \$500,000; therefore, the "Local Worker" and "Local Targeted Worker" labor hours are not required as part of the project.

In accordance with the Board's Civic Art Policy, adopted on December 7, 2004, and last amended on August 4, 2020, the proposed Project is exempt from the Civic Art Allocation because the estimated eligible project costs are less than \$500,000.

ENVIRONMENTAL DOCUMENTATION

The proposed Project is categorically exempt from the California Environmental Quality Act (CEQA). The scope of work consists of the refurbishment and remodeling to an existing playground area. Therefore, the work is within certain classes of projects that have been determined not to have a significant effect on the environment in that it will meet the criteria set forth in Sections 15301(d), 15302(c), 15303, and Section 15304(b) and (f) of the State CEQA Guidelines and Classes 1(c), 2(e), 3, and 4(c) and (k) of the County's Environmental Document Reporting Procedures and Guidelines, Appendix G because it includes repairs and minor alterations to existing public facilities with negligible or no expansion of use, replacement of features with the same purpose and capacity, placement of small equipment and accessory structures, and minor alterations to land. No trees will be removed.

In addition, based on the records of the proposed project, it will comply with all applicable regulations, it is not in a sensitive environment and there are no cumulative impacts, unusual circumstances, damage to scenic highways, listing on hazardous waste site lists compiled pursuant to Government Code section 65962.5, or indications that it may cause a substantial adverse change in the significance of a historic resource that would make the exemptions inapplicable.

Upon the Board's approval of the proposed project, ISD will file a Notice of Exemption with the Registrar-Recorder/County Clerk and with the State Clearinghouse in the Office of Land Use and Climate Innovation in accordance with section 21152 of the California Public Resources Code and will post the Notice to its website in accordance with section 21092.2.

CONTRACTING PROCESS

The proposed Project will be delivered using an ISD Board-approved Job Order Contract (JOC) for the construction. The standard Board-directed clauses, including those that provide for contract termination and hiring qualified displaced county employees, are included in all JOCs.

The JOCs contain the Board's required provisions including those pertaining to consideration of qualified County employees targeted for layoffs, as well as qualified Greater Avenues for Independence (GAIN) Program and General Relief Opportunity for Work (GROW) Program participants for employment openings, and compliance with the Safely Surrendered Baby Law.

The JOC contractor who will perform the work is required to fully comply with applicable legal requirements, which among other things, include Chapters 2.200 (Child Support Compliance Program) and 2.203 (Contractor Employee Jury Service Program) of the Los Angeles County Code, and Section 1774 of the California Labor Code pertaining to payment of prevailing wages.

For this Project, ISD has made the determination that the use of a JOC is the most appropriate contracting method to perform the tasks involved. Specifically, to the extent the project entails repair, remodeling, refurbishment, or alteration, and the cost of such project exceeds \$50,000, such project would have to be performed via a competitively-procured construction contract, such as a JOC, not by county employees, due to the "Force Account" limitations set forth in the Public Contract Code.

<u>IMPACT ON CURRENT SERVICES (OR PROJECTS)</u>

Approval of the recommendations will have minimal impact on current county services. ISD will oversee communication and coordination with DCFS and the Courts in order to mitigate the impact to daily operations.

CONCLUSION

Please return one adopted copy of the board letter to the following: ISD Operations Service, the Chief Executive Office – Capital Programs Division, and DCFS.

Respectfully submitted,

Michael Owh Director

MO:QH:ME:TD:kc

Enclosures

C: Executive Office, Board of Supervisors
Chief Executive Office
County Counsel
Department of Children and Family Services

PROJECT INFORMATION SHEET SCHEDULE AND BUDGET SUMMARY

PROJECT :	DCFS McCourtney Playground Replacement
CAPITAL PROJECT NO. :	8A088

I. PROJECT SCHEDULE			
Project Activity Duration		Scheduled Completion Date	
Complete Construction Documents	Complete	June 2024	
Jurisdictional Approval	Complete	Sept 2024	
Award Construction Contract	1 months following Board approval	May 2025	
Substantial Completion	4 months following Board approval	Aug 2025	
Project Acceptance	5 months following Board approval	Sept 2025	

II. BUDGET SUMMARY			
Budget Category		Proposed Budget	
Construction		-	
Construction	\$	231,000.00	
Change Orders (Contingency)	\$	68,000.00	
Subtotal	\$	299,000.00	
Civic Art (if not exempt)	\$	-	
Plans and Specifications	\$	49,000.00	
Jurisdictional Review/Plan Check/Permits	\$	11,000.00	
Project Management	\$	51,000.00	
ISD Overhead (19.03%)	\$	78,000.00	
Total Project Budget	\$	488,000.00	

BA FORM 10142022

April 08, 2025

COUNTY OF LOS ANGELES

REQUEST FOR APPROPRIATION ADJUSTMENT

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

	DELAKTIVIENT OF CHIEF	TREIT AIVE LAIVIIET SERVICES	
		HIS DEPARTMENT. PLEASE CONFIRM THE A	
		D AND REASONS THEREFORE	
		VOTES	
SOU		US	ES
CHILDREN AND FAMILY SERVICES - ADI A01-CH-2000-26200 SERVICES & SUPPLIES DECREASE APPROPRIATION	MINISTRATION 419,000	CHILDREN AND FAMILY SERVICES MCCOURTNEY JUVENILE JUSTICE PLAYG A01-CP-6014-65027-8A088 CAPITAL ASSETS - B & I INCREASE APPROPRIATION	ROUND REFURBISHMENT PROJEC 419,000
SOURCES TOTAL JUSTIFICATION Reflects the transfer of \$419,000 fro Justice Playground Refurbishment P		USES TOTAL Family Services, Services and Supplies to fully fund the proposed project.	\$ 419,000 Doudget, to the McCourtney Juvenile
		Rogelio Tapia	Digitally signed by Rogelio Tapia Date: 2025.02.26 07:48:02 -08'00'
		AUTHORIZED SIGNATURE Rog	gelio Tapia, Admin. Deputy, DCFS
BOARD OF SUPERVISOR'S APPROVAL (A	S REQUESTED/REVISED)		
REFERRED TO THE CHIEF EXECUTIVE OFFICER FOR	■ ACTION ✓ RECOMMENDATION	APPROVED AS REQUESTED APPROVED AS REVISED	Matthew Digitally signed by Matthew J. Diaz
AUDITOR-CONTROLLER	Andrea Turner Digitally signed by Andrea Turner Digitally signed by Andrea Turner Digitally signed by Andrea Turner	CHIEF EXECUTIVE OFFICER	By J. Diaz Date: 2025.02.26 16:07:30 -08'00'
B.A. NO. 187	DATE 2/26/25		DATE 2/26/25

BOARD LETTER/MEMO CLUSTER FACT SHEET

CLUSTER AGENDA REVIEW DATE	3/19/2025		
BOARD MEETING DATE	4/8/2025		
SUPERVISORIAL DISTRICT AFFECTED	⊠ All ☐ 1 st ☐ 2 nd	d 3rd 4th 5th	
DEPARTMENT(S)	Aging and Disabilities (AD)		
SUBJECT	Approve the Reinstatemen Employee (All Supervisoria	at of Retired County Employee as a 120-Day Temporary al Districts) (3 Votes)	
PROGRAM	N/A		
AUTHORIZES DELEGATED AUTHORITY TO DEPT	⊠ Yes □ No		
SOLE SOURCE CONTRACT	☐ Yes ⊠ No		
CONTRACT	If Yes, please explain why	: N/A	
SB 1439 SUPPLEMENTAL DECLARATION FORM REVIEW COMPLETED BY EXEC OFFICE			
DEADLINES/ TIME CONSTRAINTS	The retired County employee's immediate reinstatement is necessary to fill a critically needed position, as the retired employee's last day of County service was March 28, 2025.		
COST & FUNDING	Total cost: \$ N/A	Funding source: N/A	
	TERMS (if applicable):		
PURPOSE OF REQUEST	employee, as a 120-day to waiting period required u reinstatement of Mr. Merch	nmediate reinstatement of Mr. Jorge Merchan, a retired County emporary employee upon Board approval, waiving the 180-day under Government Code Section §7522.56 (Code); and 2) nan as a 120-day retiree at a salary level commensurate with his otal work hours in each of the Fiscal Years 2024-25 and 2025-	
BACKGROUND (include internal/external issues that may exist including any related motions)	Mr. Merchan was with AD since 2007 (including the Community and Senior Services Department and the Workforce Development, Aging and Community Services Department), has 30 years of County service, and has met the normal retirement age. Mr. Merchan's strong institutional and industry knowledge, coupled with his strategic leadership and project management skills made him invaluable to the successful delivery of numerous AD projects throughout the years.		
	Mr. Merchan's expertise is critical as Adult Protective Services (APS) receives over 68,000 intake cases per year, Area Agency on Aging (AAA) provides referral services and meals to over 44,000 people, and AD managed Community and Senior Centers serve over 48,600 clients and provide over 309,000 service units per year, all of which rely on the Software as a Solution (SaaS) application. Mr. Merchan was instrumental in streamlining and managing the technological		
	implementation and autom	nation of AD's various programs identified in the Board letter.	
EQUITY INDEX OR LENS WAS UTILIZED	☐ Yes ☒ No If Yes, please explain how	:	
SUPPORTS ONE OF THE NINE BOARD PRIORITIES	☐ Yes ☐ No If Yes, please state which	one(s) and explain how:	

DEPARTMENTAL
CONTACTS

Name, Title, Phone # & Email:
Helen Kim, Administrative Services Manager II, (323) 513-3575, Hkim@ad.lacounty.gov



BOARD OF SUPERVISORS

April 8, 2025

Hilda L. Solis

Holly J. Mitchell

Lindsey P. Horvath

Janice Hahn

Kathryn Barger

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

EXECUTIVE LEADERSHIP

Dr. Laura Trejo *Director*

Lorenza C. Sánchez Chief Deputy Director

Mike Tsao Administrative Deputy II

Anna Avdalyan
Assistant Director

Dr. Solomon Shibeshi *Assistant Director*

Victoria Jump Assistant Director

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

Dear Supervisors:

APPROVE THE REINSTATEMENT OF RETIRED COUNTY EMPLOYEE AS A 120-DAY TEMPORARY EMPLOYEE (ALL SUPERVISORIAL DISTRICTS) (3 VOTES)

SUBJECT

The County of Los Angeles (County) Aging & Disabilities (AD) Department is requesting that the Board of Supervisors (Board) grant an exception to the 180-day waiting period required under the California Public Employees' Pension Reform Act of 2013 (PEPRA), with regard to reinstating retired County employees as 120-day temporary employees.

IT IS RECOMMENDED THAT THE BOARD:

- Authorize AD's immediate reinstatement of Mr. Jorge Merchan as a 120-day temporary employee upon Board approval, waiving the 180day waiting period required under Government Code Section §7522.56 (Code).
- Approve the request to allow Mr. Merchan to be reinstated as a 120day retiree at a salary level commensurate with his assignment for up to 960 total work hours in each of the Fiscal Years 2024-25 and 2025-26.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

Mr. Merchan retired from County service on March 28, 2025, as AD's Information Technology Supervisor I. At the time of his retirement, he received an Additional Responsibilities Bonus (ARB) as the Information Technology Manager I (ITM I). He was responsible for managing all Software as a Solution (SaaS) applications, software development, and device management for the entire department. His work included being the technical lead for all Request for Proposals (RFPs) for the SaaS application that allows this



197071.1

department to operate. His expertise is critical as Adult Protective Services (APS) receives over 68,000 intake cases per year, Area Agency on Aging (AAA) provides referral services and meals to over 44,000 people, and AD managed Community and Senior Centers serve over 48,600 clients and provide over 309,000 service units per year, all of which rely on the SaaS application.

Mr. Merchan was with AD since 2007 (including the Community and Senior Services Department and the Workforce Development, Aging and Community Services Department), has 30 years of County service, and has met the normal retirement age. Mr. Merchan's strong institutional and industry knowledge, coupled with his strategic leadership, and project management skills made him invaluable to the successful delivery of numerous AD projects throughout the years.

Mr. Merchan was instrumental in streamlining and managing the technological implementation and automation of the following programs:

- Information and Assistance Referral Line for Older Adults: This "one stop shop" service line provides a range of referrals to older adults age 60 and older, including food resources, caregiver services, legal assistance, supportive services, and much more.
- **LA FOUND**: In addition to providing resources for community support services, this lifesaving service offers a free tracking bracelet for families and caregivers of individuals living with Alzheimer's, Dementia, Autism, and other cognitive impairments that increase chances of wandering. LA FOUND has distributed nearly 1,000 bracelets and has supported the safe return of 26 people.
- **APS Elder and Dependent Abuse Hotline**: APS investigates reports of alleged elder and dependent adult abuse and neglect referrals.
- **Volunteer Driver Mileage Reimbursement**: This program provides mileage reimbursements to volunteer drivers, including family members, when no other transportation services exist or when the client is too frail, ill, or unable to use public transportation.
- Disability Information and Access Line: This program and hotline assists adults with disabilities
 connects callers to local services such as accessible transportation to overcome those barriers. Callers
 can also receive information and referrals to services that promote independent living and address
 fundamental needs, such as food, housing, and transportation.
- **Elderly Nutrition Program (ENP)**: This program is funded by the Older Americans Act and provides home-delivered meals and congregate meals to help older adults stay independent. It aims to reduce hunger, food insecurity, and malnutrition (poor nutrition/ imbalanced diet), while also promoting social interaction and improving overall health and well-being.

<u>Implementation of Strategic Plan Goals</u>

The recommended action supports Goal 1, Operational Effectiveness/Fiscal Sustainability, of the County's Strategic Plan, maximizing public services by reinstating experienced former employees, and promoting sound and prudent fiscal practices by reducing overtime and training costs.

FISCAL IMPACT/FINANCING

Funding for this position exists within AD's Fiscal Year 2024-25 budget.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

Under the Code, a retiree must wait 180 days from the date of retirement before returning to work for the County on a temporary basis. An exception to this rule is allowable if the employer certifies that the employee's immediate reinstatement is necessary to fill a critically needed position and provided that the hiring has been approved by the Board in an open meeting.

AD requests that the Board grant an exception to this 180-day rule, recognizing the importance of Mr. Merchan assisting AD on projects, management and upgrade of applications, RFPs, and assisting in recruitment of staff to make this department more self-sufficient. Therefore, it is critical to have Mr. Merchan start as soon as possible. This type of work is only temporary until his replacement is recruited, transitioned, and trained.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

This action will help to ensure a successful continuation of technology projects to ensure that all deadlines are met.

CONCLUSION

Upon your approval of the recommended actions, AD will proceed to reinstate Mr. Merchan. Should you have any questions, please contact Ms. Helen Kim, Administrative Services Manager II, at HKim@ad.lacounty.gov.

Respectfully submitted,

Dr. Laura Trejo, DSW, MSG, MPA Director

LT:LCS:IP MT:hk

C: Executive Office, Board of Supervisors
Chief Executive Office
County Counsel

<u>Supporting Commercial Corridors as Community Anchors by Expanding the Commercial Acquisition Fund Program</u>

Commercial corridors are the cultural backbone of our communities, offering spaces to not just access everyday goods and services, but also gather, connect with one another, and build community. Further, small businesses in our commercial corridors showcase and help preserve the diverse cultural tapestry of Los Angeles County (County), and are engines of wealth-building for entrepreneurs, workers, and their families. When small businesses thrive, not just business owners and workers benefit, but so do nearby residents, community organizations, and other stakeholders.

However, small businesses across the County are struggling due to increasing costs, rising rent, and, in many communities, displacement pressures due to gentrification and speculative development. As a result, many commercial corridors that were once thriving business centers and community anchors are experiencing rising vacancy and reduced activity. The recent January 2025 fires and windstorms have further exacerbated pressure on our local economy. In response, the County has established a multi-faceted strategy to help support and preserve existing small businesses, open doors for burgeoning entrepreneurs, and promote economic stability by leveraging the success of existing programs.

In 2022, the County formally established the Economic Mobility Initiative (EMI)¹, offering a one-stop-shop of diverse training, technical assistance, and capital investment

¹ https:/	/emi	.lacounty	.gov/

-MORE-

	<u>MOTION</u>	
SOLIS		
MITCHELL		
HORVATH		
HAHN		
BARGER		

programs to support disproportionately impacted small businesses led by women and Black, Indigenous, and people of color (BIPOC). To date, the County's Department of Economic Opportunity (DEO) and its partners have graduated 9 Entrepreneurship Academy cohorts, providing 1:1 instruction, mentorship, and stipends for early-stage entrepreneurs so they can grow their business, access capital, find retail space, and more. DEO's Office of Small Business and its partners also provide free legal and technical assistance to small business owners and are piloting a streamlined business permitting portal to remove barriers for small businesses. The County has also established various Business Interruption Funds to support small businesses facing revenue loss due to disruptions in their community, including the Topanga Canyon Business Interruption Fund and the Second District Business Interruption Fund.

An additional component of EMI, as initiated in a June 2021 Board motion², and expanded on in a July 2022 Board motion³, is the ability for the County to facilitate commercial real estate acquisition to stabilize businesses and prevent displacement along at-risk commercial corridors. In 2022, the County made an initial \$10 million investment in the Commercial Acquisition Fund (CAF)⁴. In December 2024, DEO, in partnership with the CAF program administrator, and Genesis LA, a local Community Development Financial Institution, completed its first of seven property acquisitions in partnership with community-based organizations. Six of the seven acquisitions have formally closed with the final escrow underway.

Businesses cannot survive in isolation – they depend on foot-traffic, nearby residents, and neighboring businesses to create a dynamic ecosystem that can support small businesses. Building on the success of the initial investment in the CAF, there remains a continued need to combat displacement and facilitate the creation of high-quality housing on commercial corridors to spur revitalization and create vibrant civic centers. We can expand the scope of the CAF to support catalytic mixed-use and affordable housing development along high-need, high-opportunity commercial corridors.

² file.lacounty.gov/SDSInter/bos/supdocs/159364.pdf

https://file.lacounty.gov/SDSInter/bos/supdocs/171241.pdf

⁴ https://www.lacaf.info/

An expanded CAF that supports mixed-use and housing development along commercial corridors follows best practices from Hennepin County, Minnesota's Community Asset Transition Fund (CAT). The CAT was launched in 2021 through a collaboration between Hennepin County and the Local Initiatives Support Corporation Twin Cities, to prevent displacement and promote community ownership by enabling local nonprofits, cooperatives, and small businesses—particularly those led by BIPOC—to acquire and redevelop properties in areas with displacement risk. Similarly to the County's CAF, the CAT allows mission-driven developers to swiftly purchase commercial and residential properties as they become available, ensuring that redevelopment aligns with community interests and contributes to long-term economic stability. Likewise, expanding the County's CAF to facilitate the acquisition of properties on commercial corridors for mixed use and deed-restricted affordable housing can serve as a strategic approach to stabilize commercial corridors, mitigate displacement and gentrification, enhance community resilience, preserve affordability, and promote economic diversity.

I THEREFORE MOVE THAT THE BOARD OF SUPERVISORS:

- 1) Find that the proposed actions do not constitute a project under the California Environmental Quality Act (CEQA) because they are activities that are excluded from the definition of a project by section 21065 of the California Public Resources Code and section 15378(b) of the State CEQA Guidelines, as the actions involve organizational and administrative activities of government that will not result in direct or indirect physical changes in the environment. The proposed actions also are exempt from CEQA pursuant to State CEQA Guidelines section 15061(b)(3) because it can be seen with certainty that the actions will not have a significant adverse impact on the environment.
- 2) Find that, pursuant to Government Code section 26227, providing financial support for the expansion of the Anti-Displacement Commercial Acquisition Fund (CAF) Program meets the social needs of the population of the County, by preventing displacement and supporting and preserving communities of

⁵ https://www.mcknight.org/news-ideas/from-the-rubble-an-ambitious-effort-to-rebuild-differently/

- color, and thereby serves a public purpose that benefits the County and its residents.
- 3) Approve an appropriation adjustment to transfer \$4,800,000 to the Department of Economic Opportunity (DEO), for the following:
 - a. \$2,000,000 from the Manufacturing Revolving Loan Fund Budget to be allocated by DEO across all Supervisorial districts to provide a revolving loan and forgivable loan funding, subject to long-term use restrictions and social impact requirements, to support the expansion of the CAF Program; and
 - b. Up to \$2,800,000 comprised of \$700,000 from the Second District Catalytic Development Fund Budget, \$600,000 from the Second District Economic Development Unincorporated Users Tax Budget, and up to \$1.5 million from the Second District's Economic Development Administration's defederalized loan funds to support local small businesses in high-risk displacement areas within Second District commercial corridors, through revolving and forgivable loans, subject to long-term use restrictions and social impact requirements, as a part of the expanded CAF Program.
- 4) Direct the Director of DEO to, within 30 days, expand and enhance the CAF Program administered by Genesis LA, to allow for catalytic mixed-use development along commercial corridors Countywide, including affordable housing, with the additional \$4.8 million transferred to DEO pursuant to directive 3 for the purposes set forth in directive 3.
- 5) Direct the Director of DEO to report back to the Board in writing in 90 days with information on progress to date from round one of the CAF.
- 6) Delegate authority to the Director of DEO to modify the CAF guidelines to include funding for the acquisition of underutilized properties along commercial corridors that will be transformed into mixed use and deed restricted affordable housing available to households whose incomes do not exceed 80% of area median income, and to make other modifications to implement the expansion

MOTION BY SUPERVISOR HOLLY J. MITCHELL April 1, 2025 Page 5

of the CAF Program consistent with directive 3.

7) Instruct the Director of DEO, or her designee, to negotiate and execute an agreement with Genesis LA, a nonprofit organization, and any related documents, following approval as to form by County Counsel, to provide an amount not to exceed \$4,800,000, for the purposes of implementing and administering the expanded CAF Program, as described above.

#

(CA/CT)

Preventing Human Trafficking in the Wake of Natural Disasters

Natural disasters have devastating and far-reaching consequences, displacing individuals, dismantling communities, and exacerbating vulnerabilities for those already at risk of exploitation. In the aftermath of such crises, individuals who have lost homes, jobs, transportation, and support networks become more susceptible to human trafficking - both sex and labor trafficking. Traffickers target displaced individuals to prey on their circumstances, offering fraudulent employment, housing, or other forms of assistance that ultimately entrap individuals in exploitative conditions.

The Los Angeles County (County) Board of Supervisors (Board) recognizes the urgent need to safeguard residents - particularly those from marginalized and underserved communities - from these dangers. Disruptions caused by wildfires can and do create conditions where labor abuses thrive, often in the form of coercive employment, wage theft, unsafe conditions, and forced labor in recovery and reconstruction efforts. Vulnerable populations, including undocumented workers, youth, people experiencing homelessness, LGBTQ+ individuals, and those fleeing domestic violence, are particularly at risk. Labor trafficking is most often seen during the recovery phase after a natural

-MORE-

	<u>MOTION</u>	
SOLIS		
MITCHELL		
HORVATH		
HAHN		
BARGER		

disaster, especially in domestic work, construction, and agriculture.¹ Additionally, in previous disasters, there has been an increase in commercial sexual exploitation, particularly around temporary shelters, emergency housing, and disaster recovery sites. For example, there was an increase in trafficking of children after the 2010 earthquake in Haiti; several studies and reports indicated that up to 70% of workers experienced some form of labor exploitation, with a third of the workers having experienced outright labor trafficking, after Hurricane Harvey in Texas in 2017; and one of the largest labor trafficking cases in the U.S. came in the aftermath of Hurricane Katrina in which nearly 500 men were trafficked into the U.S. where they were forced to live in substandard conditions and paid sub-par wages.² Traffickers try to recruit people who have lost their jobs, or migrant workers through fraudulent offers, promising employment or residency.

In 2021, the National Human Trafficking Hotline reported that the most common industries involving labor trafficking included domestic servitude, agriculture, and construction.³ Research has shown that trafficking victims have been employed in hospitality and maid services to accommodate displaced residents.⁴ A 2024 study found that up to 32% of workers engaged in post-disaster recovery construction efforts had experienced labor trafficking. These workers paid illegal fees, had their pay withheld, and faced threats of violence or denunciation.

As the County moves to rebuild, it must ensure that its policies and practices address the dangers of human trafficking, which have been well-documented in rebuilding efforts. Given the evidence, the County needs to raise public awareness about the increased risk of human trafficking and play a critical role in educating community members on what trafficking looks like, and where to turn for help as rebuilding gets underway. We can follow the example of the city of Houston who set up toolkits, webinars,

¹ Administration for Children and Families, Department of Health and Human Services and National Human

Trafficking. (2018) https://acf.gov/sites/default/files/documents/opre/opre-HTPRAP-natural-disasters-oct24 0.pdf

² https://acf.gov/archive/blog/2022/09/preventing-and-addressing-human-trafficking-wake-disasters

³ https://acf.gov/sites/default/files/documents/opre/opre-HTPRAP-natural-disasters-oct24 0.pdf

⁴ Loyola Law School. Protecting Workers From Trafficking In Disaster Relief Efforts https://www.lls.edu/media/loyolalawschool/academics/clinicsexperientiallearning/sji/publicationsandreports/Protecting%20Workers%20from%20Human%20Trafficking%20in%20Disaster%20Relief%20Efforts.pdf

and targeted outreach campaigns after Hurricane Harvey aimed at preventing both sex and labor trafficking. To strengthen protections against trafficking, a multifaceted approach is required in the County, including enhanced enforcement mechanisms, increased public awareness, collaboration with community-based organizations, and ensuring that recovery efforts do not inadvertently enable exploitative labor practices.

Further, the County must review its disaster relief policies and ensure that recovery workers are trained to identify and address human trafficking as part of the relief efforts. Finally, the County must ensure that it uses its purchasing power to protect workers locally and globally from human trafficking. As such, the County should review its procurement policies to prevent trafficking in goods purchased as we rebuild.

I THEREFORE MOVE THAT THE BOARD OF SUPERVISORS:

- Direct the Director of the Department of Consumer and Business Affairs' (DCBA)
 through the Office of Labor Equity and Office of Immigrant Affairs to take action
 within 30 days to augment resources to help prevent individuals economically
 impacted by the fires from becoming victims of human trafficking.
- 2. Direct the Director of DCBA to report back to the Board in writing in 60 days on the progress made on directive 1, the barriers encountered, and recommendations to overcome them.
 - a. This should include, but not be limited to, working with the Department of Economic Opportunity (DEO) to raise public awareness about human trafficking by leveraging the designated Impacted Worker and Family Recovery Centers and appropriate population serving locations (in partnership with the Los Angeles Worker Center Network) to provide information including "know-your-rights" trainings and education about the warning signs of trafficking.
 - b. The Director of DCBA should also coordinate with the LA Regional Human Trafficking Task Force, the Department of Children and Family Services, the Department of Public Health, the Probation Department, the

Sheriff, and the District Attorney to perform coordinated, targeted outreach and enforcement pursuant to forecasted and realized labor and human trafficking activity to deter and enforce against such activity. The community outreach and engagement should be done in a manner that is responsive to the language, cultural, and immigration status needs of the impacted communities. It should also be trauma-informed.

- Launch a targeted public awareness campaign to educate people, particularly those impacted by the fires, about how to identify signs of human and labor trafficking and how to report them;
- ii. Work with existing human trafficking working groups, including the LA County Child Trafficking Steering Committee/CTLT (Child Trafficking Leadership Team), to prioritize raising awareness about trafficking in the aftermath of the recent fires.
- 3. Direct the Director of DCBA, and request the Sheriff and the District Attorney, to perform coordinated, targeted outreach, including to afflicted property owners, the construction trade unions and associations, and all contractors and third party employers registered with the County; to execute enforcement pursuant to forecasted and realized labor and human trafficking activity to deter and enforce against such activity; and to report back to the Board in writing in 60 days on progress.
- 4. Direct the Chief Executive Officer's Office of Emergency Management, in coordination with the Director of DCBA, to develop a plan to integrate the prevention of trafficking into the County's disaster relief efforts, which may include trainings for emergency response staff and the development of anti-trafficking material to highlight the risks of trafficking post-disaster; and to report back to the Board in writing in 30 days on progress.
- Direct the Director of the Internal Services Department (ISD) and County Counsel
 to report back in writing within 60 days on recommended changes to the Los
 Angeles County Board of Supervisors Policy Manual to the extent legally

feasible to ensure County contractors are not participating in human trafficking in their practices or supply chains. ISD should consider adding any reviewed suggestions to their *Compliance with County's Zero Tolerance Policy on Human Trafficking* provision. At minimum, the report should consider:

- a. Incorporating the prohibition of "trafficking-related" activities by any contractor, such as:
 - i. Engaging in severe forms of trafficking of persons during the performance period of the contract.
 - ii. Using forced labor in the performance of the contract.
 - iii. Destroying, concealing, confiscating, or otherwise denying access by an employee to the employee's identity or immigration documents, including passports or drivers' licenses, regardless of issuing authority.
 - iv. Using misleading or fraudulent practices during the recruitment of employees or offering of employment.
 - v. Charging employees or potential employees recruitment fees.
 - vi. Providing or arranging housing that fails to meet the County's housing and safety standards.
 - vii. Failing to provide or pay for the cost of return transportation upon the end of employment,
 - viii. If required by law or contract, failing to provide an employment contract, recruitment agreement, or other required work document in writing.
- b. Review and consider similar standards of other jurisdictions, including but not limited to Title 48, Code of Federal Regulations, Subpart 22.17 – Combatting Trafficking in Persons & U.S. Federal Acquisition Regulation 52.222-50 Combating Trafficking in Persons.

- c. Making the violation of any of the proposed trafficking related prohibited activities, or a finding that the contractor has participated in trafficking immediate grounds for contractor debarment.
- 6. Direct the Director of DEO to identify applicable workforce training and employment programs, including possible partners with expertise serving this population and available funding sources for those at risk of or victims of labor trafficking in the wake of the January Firestorms including both temporary subsidized employment opportunities and High-Road career pathways and report back to the Board in writing in 45 days with recommended programs and industries for training and employment of this vulnerable population.

#

(CT/WG)

MOTION BY SUPERVISORS JANICE HAHN AND HOLLY J. MITCHELL

Los Angeles County Embracing Neurodiversity in the Workplace and Creating Career Pathways for Individuals with Developmental Disabilities

Within Los Angeles County (County) we strive to create a workplace environment that is both supportive and inclusive, empowering everyone to reach their full potential. Developmental disabilities are a group of conditions that affect a person's physical, learning, language, or behavioral development. They can include intellectual and physical disabilities. The Americans with Disabilities Act (ADA) defines "disability" as a physical or mental impairment that substantially limits one or more major life activities. The California Fair Employment and Housing Act (FEHA) defines "mental disability" as having any mental or psychological disorder or condition that limits a major life activity. Neurodiversity describes the concept that people have different ways of thinking, learning, and behaving. It includes a broad range of conditions such as Autism Spectrum Disorder (ASD), Attention-Deficit Hyperactivity Disorder (ADHD), Dyslexia, Cerebral Palsy (CP), Twice Exceptional (2e), Fragile x Syndrome (FXS), Tourette Syndrome (TS), Down Syndrome, speech or language impairment, and hearing loss. Neurodiversity encompasses a spectrum of neurocognitive differences and does not always constitute a disability. These cognitive differences begin during childhood development, usually last throughout a person's lifetime, and may impact day-to-day functioning without significantly affecting job

	MOTION
SOLIS	
MITCHELL	
HORVATH	
HAHN	
BARGER	

ability or performance.

Individuals with disabilities have more unmet health needs and often experience greater societal barriers than their peers. They are three times less likely to be employed than people without disabilities. According to data from the U.S. Bureau of Labor Statistics individuals with developmental disabilities have reported lower employment rates, and the COVID-19 pandemic further negatively impacted these rates. Even after employment is obtained, neurodivergent workers often experience ableism in the workplace, which may negatively impact their ability to maintain financial stability and achieve promotional opportunities. This often occurs as a result of policies, practices, and procedures that center neurotypical experiences by default, without considering individuals with varying cognitive needs.

Employment is essential to financial independence, health insurance, benefits, and social relationships. Fully supporting developmentally disabled and neurodivergent employees, including those with more profound autism will require a wide range of service models that reflect the spectrum of impairments and unique needs. However, some neurodivergence generally classified as disorders, such as autism, differ in severity and potential impacts on job performance. Autism is neurodevelopmental condition specifically characterized by differences in social interaction, communication, sensory processing, and behavior patterns. The spectrum reflects a wide range of experiences, challenges, and strengths, making each person's journey unique.

Nearly 85% of individuals with autism are not meaningfully employed (Autism Society, 2024) and should be recognized for the valuable skills and talents they can offer in the workforce. Compared to their peers with other types of disabilities, young adults with autism had the lowest rate of employment. Approximately, 50,000 students with

autism graduate high school every year, hoping to find jobs as they transition into adulthood (<u>Drexel University</u>, 2013). According to the Centers for Disease Control and Prevention, 1 in 36 children (<u>CDC</u>, 2020) are diagnosed with autism. In California, the statistic is even narrower at 1 in 22 children (<u>CDC</u>, 2020). In the next decade, more than one million young people with autism and other developmental differences will be turning 18 years old. While many initiatives have supported autism education, awareness, and acceptance in the community, the area of employment lags behind.

A more inclusive workforce welcomes unique perspectives as essential. We must continue to enhance the County hiring system to support intensive, individualized services in a range of settings, with flexibility, and an equitable approach. With the appropriate accommodations and equitable working conditions, it is possible for neurodiverse individuals to find fulfilling stable employment and thrive in the workplace. County employment opportunities offer a powerful platform for individuals to share their experiences, perspectives, and talents within the nation's largest county government, which includes over 115,000 employees. Expanding equal employment opportunities to fully include individuals with intellectual and developmental disabilities will not only foster a more inclusive workforce but also provide valuable insights into the experiences of those living with developmental differences, ultimately enhancing service to residents with similar lived experiences.

Many of us may know and love someone with autism or other special needs. For parents, families, educators, professionals, and managers, understanding the contributions of disabled workers can foster a greater appreciation for neurodiversity. It will also create the valuable opportunity to provide helpful resources for those navigating the complexities of their giftedness or disabilities. Developmentally disabled and

neurodiverse professionals have the potential to positively influence the County workforce culture when their cognitive differences, strengths, and abilities provide varying insights to creative solutions. Additionally, neurodiverse talent initiatives will generate employee engagement to better understand diverse perspectives that allows us to utilize our unique talents. This will help to address challenges and bridge the gap in different communication styles. The efforts of this motion support the ADA and FEHA to prevent discrimination against people with disabilities so they can access more expansive employment opportunities and fully participate in public life. To fully realize this mission, there is a need to create specifically tailored career pathways and job opportunities that uplift disabled workers.

The County must take intentional steps to create a more supportive ecosystem that helps individuals with intellectual and developmental disabilities overcome employment barriers. This is a unique opportunity to lead in fostering inclusive, accessible, and supportive workplaces for all. Expanding employment opportunities not only empowers neurodiverse individuals to achieve greater independence but also enables the County to leverage a diverse talent pool with valuable skills, abilities, and perspectives. To ensure the success, compliance, and long-term sustainability of this initiative, several key factors must be addressed:

1. Legal Compliance: It is essential that recruitment and hiring practices align with federal and state laws, including the ADA and the FEHA. While these laws encourage inclusive hiring and reasonable accommodations, they also require employment decisions based on qualifications rather than disability status alone to ensure compliance with equal employment opportunity principles.

2. Feasibility of Evaluating Workplaces: With thousands of workplaces across the

County, conducting a comprehensive evaluation for developmental disability and neurodivergent-friendly environments presents a logistical challenge. A scalable approach that identifies and prioritizes workplaces best suited for a pilot program is a practical first step toward broader implementation.

- 3. Cost of Accommodations: Implementing potential accommodations, such as quiet rooms, sensory-friendly spaces, or individualized training programs, can pose significant costs. Understanding these financial implications is critical, particularly regarding costs beyond those services already provided by the County's Disability Management and Compliance (DMC) programs. The current services of these programs should be leveraged to the full extent possible.
- 4. Training and Cultural Shift: Providing consistent and scalable training for County staff to foster inclusive workplaces will be essential. Training for colleagues, supervisors, and managers must cover how to support individuals with a wide range of developmental disabilities and cognitive needs, provide resources, and direction on when to consult with HR, disability specialists or other professionals.
- <u>5. Sustainability of the Program:</u> Long-term success requires clear, measurable goals, dedicated resources, and ongoing support. A well-defined strategy is essential to prevent burnout, ensure continued engagement, and maintain program effectiveness over time. Regular evaluation and adaptation will be key to addressing challenges and sustaining impact.
- 6. Potential Resistance from Departments: Some departments may have concerns regarding hiring individuals with developmental disabilities due to the perception that there may be increased workload or lack of knowledge on how to accommodate these individuals. Overcoming this resistance is crucial to fostering a truly inclusive workforce,

ensuring compliance with equal employment laws, and demonstrating the County's leadership in diversity and accessibility.

7. Impact on Benefits (SSI/SSDI): Many individuals with developmental disabilities rely on Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI) and may be hesitant to seek employment due to concerns about losing their benefits. To mitigate this disincentive, the program should provide education on benefit protections, available work incentives (such as the <u>Ticket to Work program</u>), and strategies to ensure financial stability while pursuing employment.

8. Defining Success: Establishing clear metrics is essential for evaluating the effectiveness of this initiative. Key indicators should include employee retention rates, job satisfaction, successful implementation of reasonable accommodations, and overall workplace inclusivity. Regular assessments and feedback loops will help refine the program and ensure long-term success.

WE, THEREFORE, MOVE that the Board of Supervisors direct the Department of Human Resources (DHR), in collaboration with the Departments of Aging and Disabilities, Economic Opportunity, Library, County Counsel, the Chief Executive Office (CEO), other relevant County departments, and the Los Angeles County Commission on Disabilities, to conduct a comprehensive exploration of the feasibility of increasing employment opportunities for individuals with developmental disabilities, intellectual disabilities, and neurodiversity including, but not limited to, Autism Spectrum Disorder (ASD), Attention-Deficit Hyperactivity Disorder (ADHD), Dyslexia, Cerebral Palsy (CP), Twice Exceptional (2e), Fragile x Syndrome (FXS), Tourette Syndrome (TS), Down Syndrome, speech or language impairment, and hearing loss. This exploration should include the following in a report back to the Board within 180 days on the initial findings related to the development

of a pilot program, feasibility of accommodations, potential partnerships, and any legal or financial considerations:

1. Pilot Program Development:

- a. Consult with internal and external experts and agencies, including but not limited to the California Department of Rehabilitation, the California Department of Developmental Services, the California Employment Development Department, Regional Centers, and Independent Living Centers regarding best practices for implementing programs targeted at increasing employment opportunities for individuals with intellectual or developmental disabilities, as well as other forms of neurodivergence. This should also include leveraging knowledge from DHR's existing employment pipeline programs.
- b. Identify departments or specific jobs with variable salary ranges that exist in several departments that can serve as a pilot program to test the feasibility of creating developmental disability-friendly hiring practices and workplaces.
- c. Hiring practices should align with guidance from the CEO's Anti-Racism, Diversity, and Inclusion Initiative to provide equitable work opportunities and inclusive hiring practices for job candidates with developmental disabilities and identify appropriate job requirements, exam plans, and relevant training opportunities for staff involved in hiring.
- d. There should be a focus on aligning candidate skills with job requirements to help County departments appropriately match situations and solutions.
- e. Workplaces should assess the effectiveness of reasonable accommodations such as individualized training, sensory-friendly spaces, and modified work processes for developmentally disabled and neurodivergent employees.

- f. Explore methods for voluntary identification of current employees in targeted demographics (e.g., through surveys or other methods). Such employees can serve as a resource for recruitment and innovation.
- g. Develop and implement ongoing and graduated training programs for supervisors, managers, and employees within pilot departments on how to effectively integrate and support individuals with developmental disabilities and appropriately support neurodivergent employees. This may also include the addition of one-on-one and/or tailored consultative services.
- h. Explore legal ramifications to ensure compliance with the Americans with the ADA and FEHA, as well as other relevant federal and state laws to avoid discriminatory practices and ensure equitable hiring.

2. Assessment of Accommodations and Cost Analysis:

- a. Assess the various types of potential reasonable accommodations that may be needed to support individuals with a range of neurocognitive differences and analyze the potential costs associated with these accommodations (e.g., extensive one-to-one training, noise reductions, quiet spaces, modified lighting, etc.) to ensure successful integration, performance, retention, and growth.
- b. Assess current County workplace facilities, and County projects in development as workplaces for County employees, for appropriateness to include reasonable accommodations in the existing or planned facilities.
- c. Assess remote, and work-from-home opportunities as a potential source of reasonable accommodations.
- d. Engage the County's existing Disability Management & Compliance Framework to provide reasonable accommodations on a case-by-case basis,

based on individual needs and departmental capacity.

3. Identification of Necessary Resources:

- a. Identify internal County resources (e.g., HR staff, Departmental Disability Management & Compliance Coordinators, budget) that can be leveraged to support the implementation of the initiative.
- b. Identify and partner with external organizations, including non-profits and community groups specializing in developmental disabilities, that can provide expertise, resources, and support for job candidates and County departments.

4. Sourcing and Recruitment of Job Applicants:

- a. Collaborate with community-based and nonprofit organizations, schools/colleges, and vocational programs that work with individuals with developmental disabilities to identify and inform potential applicants about job opportunities within the County.
- b. Explore partnerships with public and private entities that have successfully integrated employees with developmental disabilities into their workforce to share best practices.

5. Development of Success Metrics:

- a. Establish clear and measurable metrics to track the success of this initiative, including the number of individuals with developmental disabilities hired, employee retention rates, satisfaction of employees with developmental disabilities, effectiveness of training for supervisors and managers, amount or number of consultations, availability of resources, and the number of accommodations provided.
- b. Develop a system for tracking these metrics and reporting bi-annually to the

Board of Supervisors on the initiative's progress, challenges, and any additional resource or funding needs.

WE FURTHER MOVE, that the Board of Supervisors direct the Chief Executive Office Legislative Affairs and Intergovernmental Relations branch, in collaboration with the Department of Human Resources (DHR) to:

- 1. Support legislative or regulatory proposals that promote employment rights, including proposals that:
 - a. Eliminate the Federal subminimum wage for workers with disabilities under Section 14(c) of the Fair Labor Standards Act, which permits certificate-holding employers to pay workers with disabilities less than the minimum wage.
 - b. Address threshold limits to create non-interference with Social Security Disability Insurance and Supplemental Security Income payments if work is disrupted and allow stipend or regular payment that does not interfere with other benefits received.
 - c. Provide flexibility to maintain Local and State benefits, including In Home Supportive Services, non-cash-based benefits, and regional center services.

#

JH:nh

MOTION BY SUPERVISOR JANICE HAHN

Reviewing Best Practices and Exploring the Creation of a Comprehensive Emergency Registry System for Older Adults and Persons with Disabilities in Los Angeles County

Los Angeles County (County) is home to one of the largest populations of older adults and persons with disabilities in the nation. According to the California Department of Finance's Demographic Research Unit, the County's population aged 60 and older is projected to grow substantially in the coming decades. In 2020, this demographic comprised approximately 2 million residents. By 2030, it is expected to reach nearly 2.5 million, accounting for about 26% of the County's population. Looking further ahead, projections indicate that by 2060, the number of residents aged 60 and older will approach 3 million, representing approximately 35% of the total population. Additionally, the 2021 American Community Survey reports that approximately 1,004,632 individuals in the County have a disability, making up about 10.1% of the County's population.

The Aging and Disabilities Department (AD) has conducted ongoing work with LA Found, to help improve the process for families and caregivers to identify and find wandering individuals who have a diagnosis of Alzheimer's, dementia, autism, or other cognitive impairments. This program has provided the County with many lessons learned on how social services and emergency coordination with law enforcement could work. The recent fires in Los Angeles have highlighted and elevated the critical need for more targeted responses to meet the needs of older

	<u>MOTION</u>	
SOLIS		
MITCHELL		
HORVATH		
HAHN		
BARGER		

adults and individuals with disabilities. Many of these individuals may face heightened risks during emergencies and disasters due to mobility challenges, medical needs, communication barriers, or other access and functional needs. Several states and local jurisdictions have explored or implemented volunteer disaster registries to enhance preparedness and response efforts for vulnerable populations such as older adults and people with disabilities. Such a registry can play a vital role in ensuring these populations are adequately supported during emergencies. In fact, during the Board of Supervisors' meeting on January 21, 2025, the Board discussed with the Fire Chief and the Chief Executive Officer (CEO) the feasibility of developing a database of residents with limited mobility or disabilities to aid in emergency evacuations.

Ensuring the safety and well-being of vulnerable populations during emergencies is a critical responsibility of the County. Although the CEO indicated she would report back on the registry during the Board's meeting on January 21, a focused, Board-directed study is needed to ensure the County explores and reviews best practices to assist older adults and people with disabilities prior to a disaster. An emergency registry system could be a one such vehicle that serves as a vital tool for emergency responders and County agencies. Establishing such a system requires a review of best practices, careful evaluation of technological infrastructure, logistical feasibility, data privacy considerations, and financial implications.

A feasibility study that examines best practices and explores the possibility of developing a registry, assesses the potential benefits, challenges, and costs, as well as determines the most effective framework for implementation is needed. This study should evaluate whether a registry

could assist in emergency preparedness, ongoing work with LA Found, public health outreach, and resource allocation while protecting privacy and respecting individual autonomy. Additionally, it should explore partnerships with County departments, State, and community organizations to ensure that the feasibility study and its recommendations are inclusive, user-friendly, and equitable.

- I, THEREFORE, MOVE that the Board of Supervisors Direct the Director of the Aging & Disabilities Department in collaboration with Chief Executive Office (CEO), Office of Emergency Management (OEM), the LA County Fire Chief, and the Sheriff, and in consultation with the Directors of: Department of Public Health, Department of Children and Family Services, Department of Public Social Services, Department of Health Services, Quality and Productivity Commission, the Center for Strategic Partnerships, other relevant County departments, and the Los Angeles County Commission for Older Adults, to conduct an unbiased feasibility study using existing departmental resources, subject matter experts and stakeholders to report back with a written report within 120 days on the following:
- Use the whole community planning and inclusive planning principles to engage community-based stakeholder groups to understand the needs of the community around evacuations, which includes understanding their perspectives and drawing from their lived experiences;
- 2. Outreach to agencies that currently have an established registry to understand purpose,

- scope, and functionality of the registry, including establishment, activation, emergency response coordination, resource allocation, and service delivery;
- Understand legal, technological, privacy considerations of existing registries and methodology used to ensure data is current, representative and usable;
- 4. Review lessons learned from past implementation of registries by other agencies and develop recommendations of how these registries could be potentially used in the County, which includes highlighting both strengths and weaknesses of these recommendations;
- 5. Determine how existing registries managed by county departments could be cohesively used during an emergency;
- 6. Coordinate with the State Office of Access and Functional Needs (OAFN) to explore other non-registry-based solutions with stakeholders, to support evacuation of those with access and functional needs, which includes developing a list of solutions, and a list of advantages and disadvantages of each; and
- Identify estimated costs, potential funding opportunities including but not limited to philanthropic and grant funding, resources, implementation barriers and timelines to implement any resulting recommendations from the feasibility study.

#

JH:mk

BOARD LETTER/MEMO CLUSTER FACT SHEET

⊠ Board Letter	☐ Board Memo	☐ Other
CLUSTER AGENDA REVIEW DATE	3/19/2025	
BOARD MEETING DATE	4/8/2025	
SUPERVISORIAL DISTRICT AFFECTED		
DEPARTMENT(S)	Aging and Disabilities (AD)	
SUBJECT	FY 2025-2026 Area Plan Update	
PROGRAM	Los Angeles County Area Agency on Aging (AAA)	
AUTHORIZES DELEGATED AUTHORITY TO DEPT	⊠ Yes □ No	
SOLE SOURCE	☐ Yes ☒ No	
CONTRACT		
DEADLINES/ TIME CONSTRAINTS	May 1, 2025 is the due date for the final submission of th Update to California Department of Aging	e FY 2025-26 Area Plan
PURPOSE OF REQUEST	 Approve the FY 2025-26 Area Plan Update. Authorize the Director of AD, or designee, to sign on behalf of the Chair of the Board and submit th Update to California Department of Aging (CDA). 	e FY 2025-26 Area Plan
BACKGROUND (Include internal/external issues that may exist	AD seeks your Board's approval of the Los Angeles Cour 2025-26 Area Plan Update. The FY 2025-26 Area Plan Ucalifornia Department of Aging (CDA) and provides an FY 2024-28 Area Plan approved by your Board on April 9	Jpdate is required by the opportunity to revise the

projected units of service for our AAA programs.

If yes, please state which one(s) and explain how.

Helen Kim at (323) 513-3575 HKim@ad.lacounty.gov

 \bowtie No

⊠ No

Name, Title, Phone # & Email:

If yes, please explain how

Yes

☐ Yes

Plan Update reflects only minor adjustments such as updates to our advisory council, and disaster preparedness contacts. No changes have been made to our

including any related

EQUITY INDEX OR LENS

SUPPORTS ONE OF

THE NINE BOARD

DEPARTMENTAL CONTACTS

motions)

WAS UTILIZED

PRIORITIES



BOARD OF SUPERVISORS

April 8, 2025

Hilda L. Solis

Holly J. Mitchell

Lindsey P. Horvath

Janice Hahn

Kathryn Barger

Dear Supervisors:

EXECUTIVE LEADERSHIP

Dr. Laura Trejo Director

Lorenza C. Sánchez Chief Deputy Director

Mike Tsao Administrative Deputy II

> Anna Avdalyan Assistant Director

Dr. Solomon Shibeshi Assistant Director

> Victoria Jump Assistant Director

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

County of Los Angeles

500 West Temple Street

Los Angeles, CA 90012

The Honorable Board of Supervisors

383 Kenneth Hahn Hall of Administration

LOS ANGELES COUNTY PLANNING AND SERVICE AREA (PSA) 19 AREA AGENCY ON AGING 2025-26 AREA PLAN UPDATE (ALL SUPERVISORIAL DISTRICTS) (3 VOTES)

SUBJECT

The Los Angeles County Aging & Disabilities Department (AD) seeks your Board's approval of the Los Angeles County Area Agency on Aging (AAA) Fiscal Year (FY) 2025-26 Area Plan Update. The FY 2025-26 Area Plan Update is required by the California Department of Aging (CDA) and provides an opportunity to revise the FY 2024-28 Area Plan approved by your Board on April 9, 2024. This year's Area Plan Update reflects only minor adjustments, such as updates to the Los Angeles Commission for Older Adults (LACCOA) and disaster preparedness updates. There are no changes to the projected units of service for PSA 19.

IT IS RECOMMENDED THAT YOUR BOARD:

- 1. Approve the FY 2025-26 Area Plan Update (Attachment I).
- 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 2025-26 Area Plan Update to CDA.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

There are two AAAs in the Los Angeles Region, the City of Los Angeles Department of Aging (LADOA) and AD. In this capacity, AD is responsible for delivering comprehensive services to promote the health, independence, and well-being of older adults and adults with disabilities in Los Angeles County. A D provides a range of services (as mandated by the Older Americans Act (OAA)) that include

The Honorable Board of Supervisors April 8, 2025 Page 2

Congregate and Home-Delivered Meals, Supportive Services, Legal Assistance, Health Insurance Counseling and Advocacy, Nutrition Education, Family Caregiver Support, and Evidence-Based Health Promotion services.

The OAA mandates all AAAs to have a four (4) year Area Plan with annual updates that outlines key priorities, goals, and objectives for delivering comprehensive services. Los Angeles County's (County) FY 2024-28 Area Plan is based on comprehensive needs assessment and extensive stakeholder engagement. For the Area Plan Update 2025-26, in collaboration with the LADOA, AD hosted six (6) inperson and virtual public hearings to obtain public feedback.

This plan was developed before the devasting wildfires in January 2025. Although the plan as presented does not have any changes in projected service units, we recognize that future changes may be needed in response to community need. The recommended actions are necessary to allow AD to submit the FY 2025-26 Area Plan Update to CDA for approval.

Implementation of Strategic Plan Focus Area Goals

The activities identified in the Area Plan support Countywide Strategic Plan Strategies North Star 1, Focus Area Goal A, Strategy 2 (Improve Health Outcomes) by promoting comprehensive, inclusive, culturally-responsive competent care, healthy lifestyles, and the improvement of physical health outcomes: and Focus Area Goal D. Strategy 7 (Older Adults & People with Disabilities) by supporting purposeful aging, enhancing service delivery and care, promoting accessibility, and championing an environment where the needs, health, well-being, and rights of older adults, people with disabilities, and those who are dependent are prioritized. North Star 2, Focus Area Goal A. Strategy 1 (Population Based Health) by focusing on our County health systems to improve health outcomes of individuals and communities with an emphasis on providing quality, accessible, and culturally responsive services; Focus Area Goal E, Strategy 1 (Community-Based Institutions & Organizations) by strengthening the capacity, role, and partnerships with community-based institutions and organizations to help serve our communities and strengthen the social fabric within them; Focus Area Goal F, Strategy 1 (Engagement) by Engaging Businesses, community based institutions and community members to facilitate positive social connections and relationships, and Strategy 2 (Community Participation) by encouraging community participation in government efforts and initiatives.

Performance Measures

The FY 2025-26 Area Plan Update includes State and federal performance targets, which include proposed Units of Service for Congregate and Home-Delivered Meals, as well as other AAA services.

The Honorable Board of Supervisors April 8, 2025 Page 3

FISCAL IMPACT/FINANCING

The activities described in the FY 2025-26 Area Plan Update are financed by federal OAA, State, and local funds and are included in the Department's FY 2025-26 Budget. 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 Area Plan Update to CDA for approval. CDA approval of the Area Plan Update is a required condition of the State's agreement with AD (designated by the State as PSA 19). County Counsel has reviewed and approved the Area Plan Update.

IMPACT ON CURRENT SERVICES

Approval of the FY 2025-26 Area Plan Update will enable AD to continue to provide its home and community-based programs and services. 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 Area Plan Update to CDA for approval. Should you have any questions, you may contact me directly, or your staff may contact Helen Kim, Administrative Services Manager II, at HKim@ad.lacounty.gov.

Respectfully Submitted,

Dr. Laura Trejo, DSW, MSG, MPA Director

LT:LCS:VJ:MR:al

Attachment (1)

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





Four Year

Joint Area Plan Update FY 2025-2026

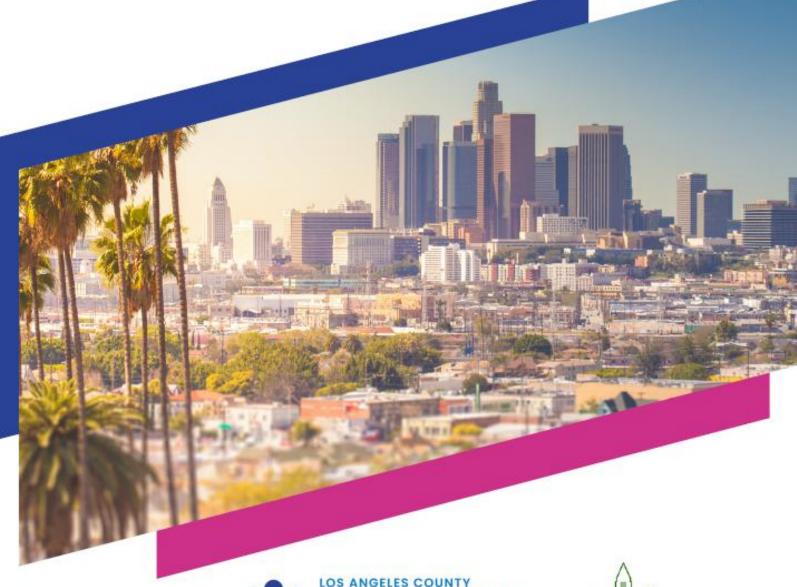






TABLE OF CONTENTS

TRANSMITTAL LETTER (PSA 19)	5
TRANSMITTAL LETTER (PSA 25)	6
SECTION 2. DESCRIPTION OF THE PLANNING AND SERVICE AREA (PSA 19 & 25)	7
SECTION 6. PRIORITY SERVICES & PUBLIC HEARINGS (PSA 19 & 25)	18
SECTION 8. SERVICE UNIT PLAN (SUP) (PSA 19 and PSA 25)	23
SECTION 9. SENIOR CENTERS & FOCAL POINTS (PSA 19)	71
SECTION 11. LEGAL ASSISTANCE (PSA 19)	75
SECTION 11. LEGAL ASSISTANCE (PSA 25)	80
SECTION 12. DISASTER PREPAREDNESS (PSA 19)	86
SECTION 12. DISASTER PREPAREDNESS (PSA 25)	90
SECTION 13. NOTICE OF INTENT TO PROVIDE DIRECT SERVICES (PSA 19)	94
SECTION 14. REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES (PSA 19)	96
SECTION 14. REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES (PSA 25)	97
SECTION 15. GOVERNING BOARD (PSA 19)	98
SECTION 15. GOVERNING BOARD (PSA 25)	99
SECTION 16. ADVISORY COUNCIL (PSA 19)	100
SECTION 16. ADVISORY COUNCIL (PSA 25)	102
SECTION 18. ORGANIZATION CHART (PSA 19)	104
SECTION 18. ORGANIZATION CHART (PSA 25)	105

Area Plan Update (APU) Checklist Check one: Ø FY25-26 □ FY 26-27 □ FY 27-28

Use for APUs only

AP Guidance Section	APU Components (Update/Submit A through G) ANNUALLY:	Check if Included
n/a	A) Transmittal Letter- submit by email with electronic or scanned original signatures	\boxtimes
n/a	B) APU- submit entire APU electronically only	
2, 3, or 4	C) Estimate- of the number of lower income minority older individuals in the PSA for the coming year	\boxtimes
6	D) Priority Services and Public Hearings	\boxtimes
n/a	E) Annual Budget, should match Org. Chart	
8	F) Service Unit Plan (SUP) and LTC Ombudsman Program Outcomes	\boxtimes
11	G) Legal Assistance	\boxtimes

AP Guidance Section	APU Components (To be attached to the APU) Update/Submit the following only if there has been a CHANGE to the section that was not included in the 2024-2028 Area Plan:	Mark C for Changed PSA 19	Mark C for Changed PSA 25	Mark N/C for Not Changed PSA 19	Mark N/C for Not Changed PSA 25
1	Mission Statement			\boxtimes	\boxtimes
5	Needs Assessment/Targeting			\boxtimes	\boxtimes
7	AP Narrative Objectives:			\boxtimes	\boxtimes
7	System-Building and Administration			\boxtimes	\boxtimes
7	Title IIIB-Funded Programs			\boxtimes	\boxtimes
7	Title IIIB-Program Development/Coordination (PD or C)			\boxtimes	\boxtimes
7	Title IIIC-1 or Title IIIC-2			\boxtimes	\boxtimes
7	Title IIID-Evidence Based			\boxtimes	\boxtimes
7	HICAP Program			\boxtimes	\boxtimes
9	Senior Centers and Focal Points	\boxtimes			\boxtimes
10	Title IIIE-Family Caregiver Support Program			\boxtimes	\boxtimes
12	Disaster Preparedness	\boxtimes	\boxtimes		
13	Notice of Intent to Provide Direct Services	\boxtimes			\boxtimes
14	Request for Approval to Provide Direct Services	\boxtimes	\boxtimes		
15	Governing Board	\boxtimes	\boxtimes		
16	Advisory Council	\boxtimes	\boxtimes		
17	Multipurpose Senior Center Acquisition or Construction			\boxtimes	

18	Organizational Chart(s) (Must match Budget)	\boxtimes	\boxtimes		
19	Assurances			\boxtimes	\boxtimes

TRANSMITTAL LETTER (PSA 19)

2024-2028 Four Year Area Plan/ Annual Update ⊠ 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 to address the care needs of older individuals and their family caregivers in this planning and service area.

Signature:			
	Supervisor Kathryn Barger Governing Board Chair	Date	
Signature:	Ted Smith,	 Date	
	Los Angeles County Commission for Older Adults	Dailo	
Signature:			
Ū	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 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 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: ₋		
	Tony Wilkinson, Chair Los Angeles Council on Aging	Date
Signature: _		
5	Jaime H. Pacheco-Orozco, General Manager City of Los Angeles Department of Aging PSA 25 Area Agency on Aging	Date

INTRODUCTION

In December 2020, the City of Los Angeles Department of Aging (LADOA) and the Los Angeles County Aging & Disabilities Department (AD) submitted a joint letter to the California Department of Aging (CDA). The letter outlined the intent to adopt a regional approach to delivering comprehensive services for older adults and requested approval for a joint area plan.

On July 19, 2021, after consulting with the Federal Administration on Community Living, the CDA formally responded, acknowledging and supporting the proposal to enhance services and support for older adults. The plan as presented is the FY 2025-2026 update to the FY 2024-2028 plan.

The format of this update, including section names and numbers, are prescribed by the California Department of Aging. When the section numbers do not follow sequential numbering, this is indicative that the missing section was not updated from the FY 2024-2028 plan and not required as part of the update.

This plan was developed, and public hearings scheduled, before the devastating wildfires in Los Angeles County in January 2025. While the plan was created based on previously identified needs, we recognize that it must remain flexible. We are committed to amending it as necessary to ensure that the most critical services are provided to those in need.

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

Government

Los Angeles County was established on February 18, 1850, as one of California's 27 original counties. Today, it is the largest and most diverse county in the nation, home to over 10 million residents. The County government operates with a \$43 billion annual budget, overseeing 38 departments and approximately 200 committees and commissions, employing more than 112,000 personnel.

The County is governed by a five-member Board of Supervisors, created by the State Legislature in 1852. The Board holds executive, legislative, and quasi-judicial authority. Members are elected by district voters and serve up to three four-year terms. The County provides essential services such as law enforcement, property assessment, tax collection, public health, social services, elections, and flood control.

Los Angeles County includes 88 cities, each with its own city council. Many contract with the County for municipal services. The unincorporated areas—comprising 2,649 square miles or 65% of the County's land—receive municipal services directly from the Board of Supervisors and County departments across 140 communities.

The City of Los Angeles operates under a Mayor-Council-Commission government structure. The Mayor serves as the executive branch, while the 15-member City Council functions as the legislative body. The Council oversees elections, taxation, public improvements, contracts, and traffic regulations. The Mayor may veto Council decisions, which can be overridden by a two-thirds Council vote. The Chief Legislative Analyst Office provides technical support to the Council.

The City government consists of 43 departments and bureaus led by General Managers, Commissions, or Boards. The Department of Aging (LADOA) oversees programs and services for older adults and caregivers, guided by an advisory board, the Council on Aging.

In 2016, both Los Angeles County and the City of Los Angeles were designated as Age-Friendly Communities, reinforcing their commitment to serving older residents

Location

The County's Planning and Service Area (PSA) covers over 4,000 square miles, with elevations ranging from nine feet below sea level in Wilmington to 10,080 feet at Mt. San Antonio. It features 72 miles of coastline, nearly 9% of California's 840-mile shore. Los Angeles County also includes the islands of San Clemente and Santa Catalina. It is bordered by Orange and San Bernardino Counties to the east, Kern County to the north, Ventura County to the west, and the Pacific Ocean to the south.

Within the County, the City of Los Angeles is an incorporated municipality and the second most populous city in the United States. It is also the largest city in California, spanning 473 square miles—approximately 11% of the County's land area. The City stretches 44 miles north to south and 29 miles east to west, with a 342-mile boundary. Its diverse urban and suburban communities extend from the Pacific Ocean in the west to three mountain ranges in the north and east. Despite occupying only 11% of the County's land, the City accounts for nearly 28% of the regional population and 37% of its older adult residents.

For the FY 2024-2028 Joint Area Plan, the Los Angeles Region is defined as encompassing both Los Angeles County (PSA 19) and the City of Los Angeles (PSA 25).

Demographics

The Los Angeles Region, served by both PSA 19 and PSA 25, is experiencing a significant demographic shift due to its diverse and growing older adult population. According to the California Department of Finance, Demographic Research Unit, the number of older adults in the region reached approximately 2.3 million in 2023, accounting for 23% of the total population of 9.8 million. Projections indicate continued growth, with older adults expected to comprise 25% of the population by 2030 and 30% by 2050.

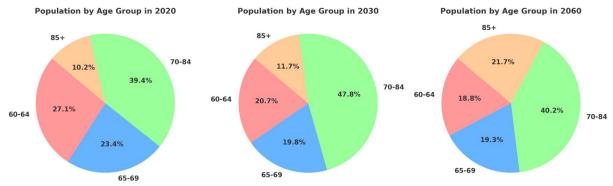
In the City of Los Angeles, the older adult population was approximately 771,266 in 2022, representing 20% of the city's 3.8 million residents. Based on an analysis of the 2022 ACS 1-Year Estimates, the population of adults aged 60 and older is projected to increase by approximately 60% by 2030 and nearly double by 2050.

Additionally, life expectancy is on the rise, contributing to a growing proportion of residents aged 85 and older. This group is expected to expand from 10% of the older adult population in 2020 to 12% by 2030, reaching 22% by 2060. This longevity trend highlights the increasing need for financial stability and age-friendly environments to support older adults across the Los Angeles Region.

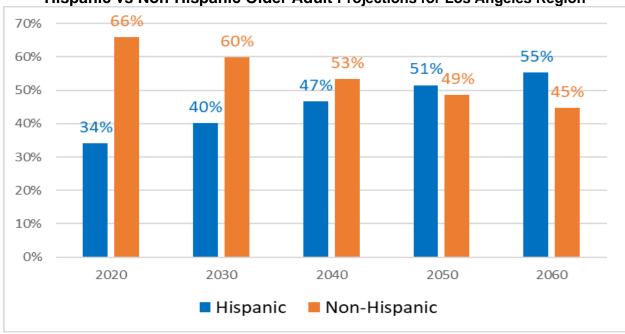
The demographic shift also includes changes in racial and ethnic composition, with a notable increase in the Hispanic older adult population. This trend presents both opportunities and

challenges, particularly in healthcare, housing, social services, and community engagement. The following demographic charts further illustrate these changes.

Los Angeles Region Older Adult Population by Decade

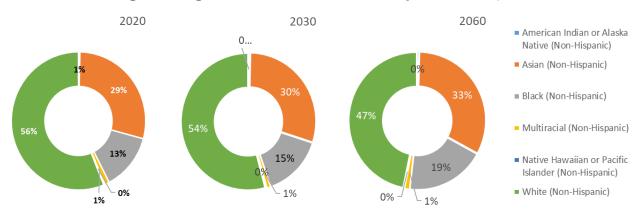


Hispanic vs Non-Hispanic Older Adult Projections for Los Angeles Region



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

Los Angeles Region Racial and Ethnic Composition Projections

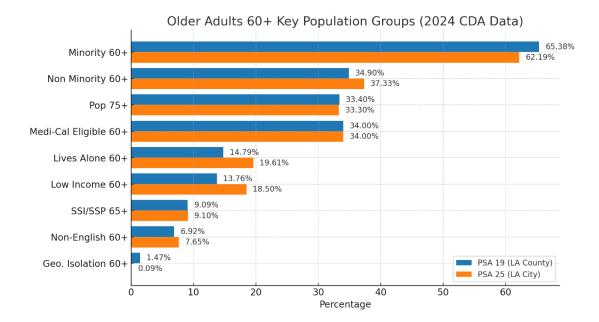


Source: California Department of Finance. Demographic Research Unit. <u>Report P-3: Population Projections</u>, <u>California</u>, <u>2020-2060</u> (Baseline 2019 Population Projections; Vintage 2023 Release). Sacramento: California. July 2023.

The older adult population in the Los Angeles region faces a diverse range of challenges, reflecting the complexity of their needs. Key groups include:

- 1. Racial and Ethnic Minority Older Adults Black, Latino/a/x, and other minority older adults often experience the compounded effects of ageism and racial discrimination, leading to barriers in accessing healthcare and social services.
- 2. Older Adults with Chronic Health Conditions Many seniors live with physical disabilities, chronic illnesses, or mental health issues, requiring tailored healthcare and support services.
- 3. **Low-Income Older Adults** Economic instability and housing insecurity disproportionately impact low-income seniors, especially in the face of rising living costs.
- 4. **Socially Isolated Older Adults** Those without strong family or community support networks are at higher risk of social isolation, which can negatively affect their overall health and well-being.

The following chart presents data on these key subgroups in the Los Angeles region, including both the City and County.



Source: 2024 California Department of Aging Population Demographic Projections 2024

Caregiving

Caregivers play a vital role in providing unpaid support to frail older adults, friends, or neighbors who require assistance to live independently. In the County, over two-thirds of caregiver's report caring for someone aged 65 or older, and as the aging population grows, this number is expected to increase significantly.¹

Among caregivers, grandparents represent a particularly vulnerable group, serving as the primary caregivers for grandchildren when the biological or adoptive parents are unable to provide care. According to the 2022 American Community Survey, 1.4% of the County's population aged 60 and older is responsible for at least one grandchild, while in the City, 1.3% of those aged 60 and older fulfill this caregiving role.²

Language

More than half of residents in the Los Angeles Region speak a language other than English at home, and the area's foreign-born population exceeds the national average³. Asian and Latino residents are particularly likely to encounter language barriers, with 48% of Latinos and 43% of Asians in the region reporting that they speak English "less than very well⁴."

Among older adults (aged 60+) in the City of Los Angeles, 45.6% speak only English, while 54.4% use a different primary language at home. Additionally, 38.0% of older adults have limited English

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

² U.S. Census Bureau. (2022). American Community Survey 1-year estimates.

³ U.S. Census Bureau. (2022). American Community Survey 5-Year Estimates. U.S. Department of Commerce.

⁴ Ibid.

proficiency⁵. These trends align with the overall increase in the U.S. foreign-born population and reflect patterns observed in the aging community of Los Angeles County⁶.

In the greater Los Angeles Metropolitan Area, the most commonly spoken household languages include English, Spanish, Chinese, Tagalog, Korean, Armenian, Vietnamese, Farsi, Japanese, and Russian⁷.

Disability and Health

As the population ages in the Los Angeles region, older adults face increasing health care costs due to rising rates of illness and disability. Among the civilian non-institutionalized population, 23.8% of individuals aged 65-74 live with a disability, a figure that climbs to 49.4% for those aged 75 and older⁸. Among older adults (65+) with disabilities⁹:

- 23.7% experience ambulatory difficulties.
- 18.7% have difficulties with independent living.
- 11.5% report hearing impairments.
- 11.2% struggle with self-care tasks.
- 10.3% face cognitive challenges.
- 6.6% live with vision impairments.

According to the 2022 U.S. Census American Community Survey 1-Year Estimates, 31.6% (or 239,155 individuals) of the civilian non-institutionalized population aged 60+ in the City of Los Angeles report having a disability, while 68.4% do not¹⁰. Among those aged 65+ with disabilities¹¹:

- 24.7% have ambulatory difficulties.
- 20.3% experience independent living challenges.
- 11.8% report hearing impairments.
- 12.4% struggle with self-care.
- 11.0% face cognitive difficulties.
- 7.2% have vision impairments.

Aging also brings other significant health concerns. According to the 2018 LA County Health Survey, more than 27% of Angelenos aged 65 and older rated their health as fair or poor, and 23.3% reported having been diagnosed with diabetes at some point¹². A 2015 analysis by USC

⁵ City of Los Angeles Department of Aging. (2022). Annual report on aging demographics in Los Angeles. City of Los Angeles.

⁶ U.S. Census Bureau, American Community Survey 5-Year Estimates.

⁷ Los Angeles County Office of Immigrant Affairs. (2022). *Language diversity and immigrant communities in Los Angeles County*. Los Angeles County Government.

⁸ U.S. Census Bureau. (2022). *American community survey 1-year estimates*, 2022. U.S. Department of Commerce.

⁹ U.S. Census Bureau. (2022). *American community survey 1-year estimates*, 2022. U.S. Department of Commerce.

¹⁰ U.S. Census Bureau. (2022). *American community survey 1-year estimates for the city of Los Angeles, 2022*. U.S. Department of Commerce.

¹¹U.S. Census Bureau. (2022). *American community survey 1-year estimates for the city of Los Angeles, 2022*. U.S. Department of Commerce

¹² Los Angeles County Department of Public Health. (2018). 2018 LA County health survey. Los Angeles County Department of Public Health.

researchers found that Hispanic older adults were nearly twice as likely as non-Hispanic white residents to report a diabetes diagnosis¹³.

Chronic diseases and health risks are prevalent among older adults in Los Angeles¹⁴:

- 23% are obese.
- 53.1% have been diagnosed with hypertension.
- 47.5% have high cholesterol.
- 10.7% have asthma.
- 14.8% have been diagnosed with depression.

Cognitive decline also presents significant challenges, both for individuals and their caregivers. In 2023, an estimated 690,000 Californians were living with Alzheimer's disease, a number expected to rise to over 1.5 million by 2040¹⁵. While individuals with Alzheimer's or dementia may still be physically capable of performing daily activities, they often require extensive support to manage their personal care. In 2022, the California Department of Public Health reported Alzheimer's disease as the leading cause of death among adults aged 85 and older and the second leading cause of death overall in the state¹⁶.

The growing number of individuals with disabilities and functional limitations places more people at risk of institutional care. Additionally, family caregivers, who play a critical role in supporting older adults, often experience physical and emotional strain. The demands of caregiving can lead to burnout, underscoring the need for resources and support systems to protect their well-being as well as that of their loved ones¹⁷.

Income and Poverty Among Older Adults in Los Angeles

Many older adults rely on Social Security as a primary source of income, which has proven insufficient to meet the rising costs of inflation and the increased cost of living in the Los Angeles region. In 2022, the percentage of older adults living at or below the poverty level grew to 16.7% in the City of Los Angeles and 14% in Los Angeles County¹⁸. While some older adults seek employment to supplement their income, labor force participation declines with age, particularly for individuals aged 75 and older¹⁹.

Although most beneficiaries have additional sources of income, for approximately two-thirds of elderly beneficiaries, Social Security constitutes at least half of their total income²⁰. Social Security accounts for at least 90% of the total income for 21% of married elderly couples and approximately 45% of unmarried elderly beneficiaries²¹.

¹³ Gomez, J., et al. (2015). *Diabetes disparities among Hispanic older adults in Los Angeles: A USC analysis*. University of Southern California.

¹⁴ Los Angeles County Department of Public Health. (2018). 2018 LA County health survey. Los Angeles County Department of Public Health.

¹⁵ Alzheimer's Association. (2023). California statistics on Alzheimer's disease, 2023. Alzheimer's Association.

¹⁶ California Department of Public Health. (2022). Leading causes of death report, 2022. California Department of Public Health.

¹⁷ Family Caregiver Alliance. (2023). *Impact of caregiving on health and well-being*. Family Caregiver Alliance.

¹⁸ U.S. Census Bureau. (2023). American Community Survey, 2022-2023. https://www.census.gov

¹⁹ Bureau of Labor Statistics. (2023). Labor force participation among older adults. https://www.bls.gov

²⁰ Social Security Administration. (2023). *Annual Statistical Supplement, 2023.* https://www.ssa.gov

²¹ Social Security Administration. (2023). Annual Statistical Supplement, 2023. https://www.ssa.gov

Supplemental Security Income (SSI) serves as an additional income source for some of the most vulnerable populations. SSI provides cash assistance to older individuals aged 65 and over, as well as to individuals who are blind or have disabilities, to help them meet basic needs such as food, clothing, and shelter²². In 2022, approximately 205,664 residents of Los Angeles aged 65 and older received SSI to help cover basic living costs, with nearly 60,000 relying solely on SSI without additional Social Security (Old Age, Survivors, and Disability Insurance) benefits²³. As of December 2022, the average monthly SSI payment was \$741, amounting to an annual average of approximately \$8,9003²⁴. In 2023, the maximum monthly SSI payment was \$943 for an eligible individual and \$1,415 for an eligible couple²⁵.

In the City of Los Angeles, the average Social Security income increased from \$21,290 in 2022 to \$21,826 in 2023, reflecting a 2.52% increase²⁶. Additionally, 20.6% of PSA 25's older adult households received Supplemental Nutrition Assistance Program (SNAP) benefits, while 3.9% received cash public assistance income²⁷.

Of the 437,380 older adult households in the City of Los Angeles, 57.8% reported earnings from wages, salaries, or self-employment income, with an average income of \$107,199²⁸. Approximately 63.5% of older adult households had income from Social Security, while 13.2% received income from SSI²⁹. Additionally, 32.8% of older adults received retirement income, with the average amount being \$40,53511³⁰.

The economic security of family caregivers is also a critical factor. Family caregiving is often considered "free" labor; however, the estimated value of services provided by family caregivers amounts to approximately \$470 billion annually exceeding all out-of-pocket healthcare expenses in the U.S., which total \$366 billion³¹. A 2021 Caregiving Out-of-Pocket Costs Study by AARP found that caregivers typically incur approximately \$7,000 in annual out-of-pocket costs, with family caregivers spending an estimated 26% of their income on caregiving activities³². The financial burden of caregiving can impact economic opportunities, as a Harvard Business School study reported that one-third of workers had to leave their jobs due to caregiving responsibilities at some point in their careers³³.

Furthermore, older adults who become primary caregivers for their grandchildren after an unexpected event often experience additional financial strain. A study conducted by the UCLA

²² Social Security Administration. (2023). Annual Statistical Supplement, 2023. https://www.ssa.gov

²³ California Department of Social Services. (2023). Supplemental Security Income recipients in California. https://www.cdss.ca.gov

²⁴ Social Security Administration. (2023). *Annual Statistical Supplement, 2023.* https://www.ssa.gov

²⁵ Social Security Administration. (2023). *Annual Statistical Supplement*, 2023. https://www.ssa.gov

²⁶ U.S. Census Bureau. (2023). *American Community Survey, 2022-2023*. https://www.census.gov

²⁷ Los Angeles County Department of Public Social Services. (2023). *Public assistance programs for older adults.* https://dpss.lacounty.gov

²⁸ U.S. Census Bureau. (2023). American Community Survey, 2022-2023. https://www.census.gov

²⁹ Social Security Administration. (2023). Annual Statistical Supplement, 2023. https://www.ssa.gov

³⁰ U.S. Census Bureau. (2023). *American Community Survey*, 2022-2023. https://www.census.gov

³¹ Reinhard, S. C., Feinberg, L. F., Choula, R., & Houser, A. (2019). *Valuing the Invaluable: 2019 Update – Charting a Path Forward.* AARP Public Policy Institute. https://www.aarp.org

³² AARP. (2021). Caregiving Out-of-Pocket Costs Study. https://www.aarp.org

³³ Fuller, J., & Raman, M. (2018). The Caring Company: How employers can help employees manage their caregiving responsibilities while reducing costs and increasing productivity. Harvard Business School.

Center for Health Policy Research found that older adults need approximately twice the median Social Security income to support both themselves and their grandchildren³⁴.

Housing

The housing market in the Los Angeles region remains unaffordable for many residents, particularly low-income individuals and those burdened by high rental costs. According to the U.S. Department of Housing and Urban Development, households that spend more than 30% of their income on rent or housing costs are considered cost-burdened, which can make it difficult to afford essential needs such as food, clothing, transportation, and medical care.

In the city, there are approximately 437,380 households led by older adults (aged 60+). Among them, 53.4% are homeowners, while 46.6% rent their housing. Of the older adults who rent, an estimated 60.9% allocate more than 30% of their household income toward housing costs. Similarly, 40.4% of homeowners also exceed this affordability threshold for their housing expenses.

Aging and Immigration in the Los Angeles Region

The Los Angeles Region is a major gateway for immigrants, with over 54% of its 60+ population being foreign-born. Many of these individuals face language and cultural barriers, which can hinder access to essential services like healthcare. Limited English proficiency is common among foreign-born residents, making effective communication and service delivery more complex.

The region's diverse languages, cultural networks, and norms influence how information is shared and what services resonate with older adults and their caregivers. Factors such as food preferences, trust in government institutions, and willingness to seek assistance vary based on personal and community experiences. Additionally, geographic dispersion and cultural competency impact service accessibility and the effectiveness of providers. These challenges also extend to other communities, including the LGBT population.

Economic insecurity is another pressing issue. Many support programs use the Federal Poverty Guidelines (FPG) to determine eligibility, but these guidelines do not reflect the high cost of living in Los Angeles. Many older adults live above the poverty level yet still struggle with rising living costs, inflation, and fixed incomes, often having to choose between essentials like nutritious food, medications, or adequate heating and cooling.

The aging population is growing rapidly, with Baby Boomers reaching age 65 at a rate of 10,000 per day. By 2030, all Baby Boomers will be 65 or older, making up 18% of the U.S. population. This demographic shift places increased strain on healthcare, transportation, housing, and public services.

³⁴ Wallace, S. P., Padilla-Frausto, I., Smith, S. E., & Pourat, N. (2017). *Older adults raising grandchildren: Financial and social costs.* UCLA Center for Health Policy Research.

Demand for programs under the Older Americans Act has surged due to rising housing costs and the growing senior population. While funding was temporarily increased during the pandemic, the need for services continues to outpace resources.

According to 2022 U.S. Census data, Los Angeles is home to 763,361 older adults aged 60+, of whom 54.9% are foreign-born. As of 2023, 75.3% of foreign-born seniors are naturalized U.S. citizens, while 24.7% remain non-citizens. Additionally, 86% of foreign-born older adults arrived before 2000, while 14% have immigrated since.

Addressing the needs of this aging, diverse population requires culturally competent services, improved economic support structures, and sustainable funding to meet growing demands.

Constraints

The Los Angeles region encompasses a diverse landscape, from coastal areas to towering mountains and some of the most densely populated communities in the country. Its vast expanse presents significant challenges in service delivery, including lengthy travel times and complex jurisdictional boundaries. As the nation's most populous region, providing support to a diverse population of older adults, family caregivers, and individuals with disabilities—many of whom face multiple and complex challenges—can be particularly demanding.

Resources

Resources for older adults, family caregivers, and individuals with disabilities remain limited. To address this, Area Agencies on Aging (AAAs) collaborate with county and city departments, universities, community-based organizations, and private and nonprofit service providers to maximize support for these populations. These partnerships were established with the launch of the Purposeful Aging Los Angeles (PALA) Initiative.

Founded in May 2016, PALA emerged when Los Angeles County and the City of Los Angeles joined the global network of age-friendly communities. The initiative was developed in response to the growing older adult population and rising demand for services, ultimately leading to this joint Area Plan.

Through comprehensive planning and strong community partnerships, the Los Angeles AAAs work closely with advisory councils to integrate public feedback into the development of programs and services.

Service System

The Los Angeles Regional Area Agencies on Aging (AAAs) collaborate with private, nonprofit, and community organizations to address the evolving needs of older adults. Recognizing the importance of tailoring services to each community, the AAAs either provide direct services or contract with local organizations to deliver essential programs. For example, they partner with community service providers to administer Title IIIC Nutrition Services, collectively delivering over 2.5 million meals annually to both congregate meal sites and homebound older adults. Additionally, both AAAs manage over 150 congregate meal sites across Los Angeles, offering not only nutritious, culturally sensitive meals but also opportunities for social engagement.

To ensure their programs align with community needs, the AAAs conduct comprehensive planning, including Public Hearings and needs assessments. Public Hearings serve as a platform for older adults, caregivers, service providers, advocacy groups, and community leaders to provide input on program changes and service modifications under the Older Americans Act. Since 2015, PSA 19 and 25 have hosted joint Public Hearings—held both in-person and virtually in English, with Spanish and American Sign Language translations. These hearings, conducted in partnership with AAA advisory boards, facilitate public discussion, testimony, and written feedback.

During these hearings, AAAs review and determine the "adequate proportion" of Title III-B funds for priority services, using historical data from past Area Plans and service utilization trends. To ensure funding remains responsive to shifting demographics and emerging needs, these allocations are reassessed and adjusted annually.

The AAAs maintain strong relationships within the aging network to stay informed about innovative programs, services, and policy developments. Their planning process continuously evolves, enabling older adults to safely age in place and remain independent for as long as possible. Using data-driven strategies, strategic partnerships, and culturally tailored outreach, the AAAs prioritize services for older individuals facing economic and social challenges. They also work with service providers that employ risk assessment tools to identify and support the most vulnerable clients.

Regular monitoring, stakeholder feedback, and collaboration ensure ongoing program improvements and equitable access to resources. Through these efforts—alongside the PALA partnership, advisory boards, service providers, and the broader community—the Los Angeles region is working to become the most age-friendly in the world.

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	<u>30 </u> %	25-26 30	_%	26-27_	%	27-28_	%
PSA 25: 2024-25	<u>58.5</u> %	25-26 <u>58.5</u>	_%	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 <u>10</u> %	% 25-26 <u>10</u>	% 2	26-27_	% :	27-28 <u> </u>	%
PSA 25: 2024-25 <u>15.5</u> %	% 25-26 <u>15</u>	<u>.5</u> % 2	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 <u>5</u>	%	25-26 <u>5</u>	_%	26-27_	%	27-28_	%
PSA 25: 2024-25 <u>5.5</u>	%	25-26 <u>5.5</u>	_%	26-27 __	%	27-28_	%

³ 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).

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
2025- 2026	January 14, 2025	Willowbrook Senior Citizens Center 12915 S. Jarvis Street Los Angeles, CA 90061	50	Y	No
2025- 2026	January 16, 2025	ONEgeneration Senior Enrichment Center 18255 Victory Blvd. Reseda, CA 91335	40	Y	No
2025- 2026	January 21, 2025	San Pedro Service Center 769 W 3rd Street San Pedro, CA 90731	32	Υ	No
2025- 2026	January 23, 2025	East Los Angeles Community Service Center 133 N. Sunol Drive Los Angeles, CA 90063	34	Y	No
2025- 2026	January 28, 2025	Antelope Valley Senior Center 777 W. Jackman Street Lancaster, CA 93534	52	Y	No
2025- 2026	January 29, 2025	San Gabriel Valley Service Center 1441 Santa Anita Ave South El Monte, CA 91733	31	Y	No
2025- 2026					
2026- 2027					
2027- 2028					

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

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.

Six joint public hearings were conducted by Los Angeles City and Los Angeles County AAA. The meetings were held in person with an online option also available via zoom. The last two

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

hearings were County only hearings. This dual format significantly improved accessibility for individuals unable to attend in person. Additionally, the public hearings were livestreamed, providing homebound individuals and others with limited mobility the opportunity to participate remotely. To ensure inclusivity, Zoom meetings were recorded so those who missed the live sessions could view them later.

The announcement for the public hearings was published in three languages: English in the *LA Daily News*, Spanish in *La Opinión* and Mandarin in *San Gabriel Tribune*. Information flyers were also disseminated widely through various channels, including Board offices, County Commissioners, Senior Centers, AD partners, and AAA Service Providers. To further boost outreach, AD utilized its website and social media platforms to promote 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
- 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.
 - Coordination Between County and City Services
 - o City programs differ from the County, leaving residents in incorporated areas without access to essential support. Expand County programs to serve all residents, including those in incorporated areas.
 - Transportation Services
 - Expand programs like New Freedom Transportation to serve both County and City residents.
 - Al in Senior Care
 - Use Al for healthcare consultations to help seniors manage their health and reduce ER visits.
 - Access to Services/Information

- o Improve responsiveness from service providers and offer printed materials for seniors without internet access.
- o Address broken equipment at community centers and ensure issues are resolved.

Eligibility for Programs

- Clarify eligibility criteria for services. Most are free for seniors over 65, with limited income-based programs.
- o Refer clients to third-party vendors for health services if City departments lack resources. Care Management/Advocacy
- o Develop programs with community health workers to help seniors navigate healthcare and communicate with providers.
- o Ensure service providers maintain up-to-date client information.

Fire Disasters

 Maintain senior services and funding during crises. Provide updates on fire recovery efforts.

Social Isolation & Support

- o Expand meal programs and social activities to combat isolation.
- Request for the senior centers to bring back meals for weekends, especially for unemployed individuals.
- Streamline processes for service providers to reduce paperwork and focus on direct services.

Senior Centers

- Improve efficiency in government processes and disaster preparedness at senior centers.
- Address complaints about overly cold centers by providing heaters.

Neighborhood Councils

o Use neighborhood councils to advocate for senior issues and increase public participation.

Senior Housing

- o Increase access to affordable housing and address high rents and utility costs.
- Seek additional funding through the Older Americans Act (OAA) to support housing initiatives.

Community Resources

- Improve access to programs and repair equipment at community centers.
- Organize activities like museum trips and fulfill funding promises for community programs.

Alzheimer's Support

- o Prioritize Alzheimer's services and designate funding for family caregivers and dementia programs.
- Collaborate with law enforcement on dementia registry and expand underutilized daycare services.
- Address the rising needs for Alzheimer's support and backfill state funding gaps for nutrition programs.

Homelessness Issues

- Need affordable housing built through local government using tax money and not relying on corporate real estate developers.
- o Advocate for housing that is affordable at 25-30% of a person's income.
- Lack of zoning regulations for affordable housing and suggest that tax money should fund it directly.
- Mental illness among unhoused individuals is worsen by environmental factors like lead in pipes and paints, which one participant believes it contributes to neurological damage.
- 7. Note any changes to the Area Plan that were a result of input by attendees.

Feedback from public hearing attendees highlighted the need to enhance existing services and adjust reimbursement rates for sub-recipients to account for rising service costs. However, this Area Plan was developed under the assumption that funding from the Older Americans Act will remain stable, without provisions for service expansion. As a result, no changes to the Area Plan were made based on attendee input.

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 <u>ALL regular AP funding sources</u>. 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

ereenareare (iii rieme)			Still of Colvice - 1 floor		
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	10,000	3,012	7	7.1	
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	18,000	13,476	7	7.1
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	N/A	2,976	7	7.1
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	N/A	N/A		
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	7	7.6
2025-2026	37,000	28,201	7	7.6
2026-2027				
2027-2028				

Assisted Transportation (Access)

Unit of Service = 1 one-way trip

7 toolotoa Tranopt	511011 (/	.0000,		in or corrido - i ono may mp
Fiscal Year	Proposed Units of Service		Goal Numbers	Objective Numbers (if applicable)
	PSA 19	PSA 25		
2024-2025	N/A	N/A		
2025-2026	N/A	N/A		
2026-2027				
2027-2028				

Transportation (Access)

Unit of Service = 1 one-way trip

(100000)				i dila maly mp
Fiscal Year	Proposed Units of Service		Goal Numbers	Objective Numbers (if applicable)
	PSA 19	PSA 25		
2024-2025	N/A	N/A		
2025-2026	N/A	N/A		
2026-2027				
2027-2028				

Information and Assistance (Access)

Unit of Service = 1 contact

(10000				
Fiscal Year	Proposed Units of Service		Goal Numbers	Objective Numbers (if applicable)
	PSA 19	PSA 25		
2024-2025	15,000	282,802	6	6.1
2025-2026	15,000	288,120	6	6.1
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	6	6.1
2025-2026	10,000	17,507	6	6.1
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	7	7.5
2025-2026	5,000	6,172	7	7.5
2026-2027				
2027-2028				

Congregate Meals

Unit of Service = 1 meal

ourigrogate moun			Cim di Colvida i illicai		
Fiscal Year	Proposed Units of Service		Goal Numbers	Objective Numbers (if applicable)	
	PSA 19	PSA 25			
2024-2025	1,500,000	664,924	7	7.3	
2025-2026	1,500,000	664,924	7	7.3	
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	7	7.3
2025-2026	1,000,000	906,420	7	7.3
2026-2027				
2027-2028				

Nutrition Counseling

Unit of Service = 1 hour

Proposed Units of Service		Goal Numbers	Objective Numbers (if applicable)	
PSA 19	PSA 25			
3,000	N/A	7	7.3	
3,000	N/A	7	7.3	
	PSA 19 3,000	PSA PSA 19 25 3,000 N/A	Units of Service Goal Numbers PSA PSA 19 25 3,000 N/A 7	

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	10	33,224	7	7.3
`2025-2026	10	4,946	7	7.3
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 <u>not</u> 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

710					
Fiscal Year	Proposed Units of Service		Goal Numbers	Objective Numbers (If applicable)	
	PSA 19	PSA 25			
2024-2025	8,600	N/A	7	7.6	
2025-2026	8,600	N/A	7	7.6	
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	7.6
2025-2026	3,400	N/A	7	7.6
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	7.6
2025-2026	5,000	N/A	7	7.6
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	6	6.1
2025-2026	56,000	17,816	6	6.1

2026-2027		
2027-2028		

Other Supportive Service Category: Senior Center Activities

Unit	of	Serv	vice:	1	Hour
Ullit	v	OC!	V 100.		1 1001

Fiscal Year	Proposed Units of Service		Goal Numbers	Objective Numbers (If applicable)
	PSA 19	PSA 25		
2024-2025	58,000	13,494	7	
2025-2026	58,000	15,819	7	
2026-2027				
2027-2028				

Other Supportive Service Category: Health (Physical Fitness)

Unit of	Service: 1	l Hour
---------	------------	--------

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

Other Supportive Service Category: Personal Affairs Assistance

(Forms Completion, Letter Writing) Unit of Service: 1 Contact

			1 7	
Fiscal Year	Proposed Units of Service		Goal Numbers	Objective Numbers (If applicable)
	PSA 19	PSA 25		
2024-2025	N/A	11,096	7	
2025-2026	N/A	11,096	7	

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	7	
2025-2026	N/A	5,144	7	
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	7	
2025-2026	N/A	19	7	
2026-2027				
2027-2028				

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

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	9,000	938	7	7.1
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	# Of complaints Resolved	+ # of partially resolved	Divided by the total number of	= Baseline Resolution	Fiscal Year Target
Resolution		complaints	Complaints	Rate	Resolution
Rate			·		Rate
2022-2023	5404	N/A	14,798	37%	<u>45</u> %
					2024-2025
2023-2024	3594	N/A	10,133	35%	<u>40</u> %
					2025-2026
2024-2025					%
					2026-2027
2026-2027					%
					2027-2028

Program Goals and Objective Numbers: 7

B. Work with Resident Councils (NORS Elements S-64 and S-65)
 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 <u>60</u> FY 2025- 2026 Target: <u>65</u>
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 0
FY 2024-2025 Target: <u>2</u> 2. FY 2023-2024 Baseline: Number of Family Council meetings attended 0 EV 2025 2026 Target: 2
FY 2025-2026 Target: 2 3. FY 2024-2025 Baseline: Number of Family Council meetings attended FY 2026-2027 Target:
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 2.979 FY 2024-2025 Target: 2.000
FY 2023-2024 Baseline: Number of Instances <u>1688</u> FY 2025-2026 Target: <u>2000</u>
FY 2024-2025 Baseline: Number of Instances FY 2026-2027 Target:
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

accomplished by telephone, letter, email, fax, or in person.

1. FY 2022-2023 Baseline: Number of Instances 5.025
FY 2024-2025 Target: _2.500

2. FY 2023-2024 Baseline: Number of Instances 3.568
FY 2025-2026 Target: _4.000

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_____

information and assistance unrelated to a complaint. Information and Assistance may be

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.

 FY 2022-2023 Baseline: Number of Sessions <u>24</u> FY 2024-2025 Target: <u>15</u> 	
 FY 2023-2024 Baseline: Number of Sessions <u>27</u> FY 2025-2026 Target: <u>25</u> 	
 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: 7	

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): (Provide one or more new systems advocacy efforts) 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.

FY 2025-2026

Outcome of FY 2024-2025 Efforts:

FY 2025-2026 Systems Advocacy Effort(s): (Provide one or more new systems advocacy efforts) Engage and collaborate with managed health plans that cover long-term care residents. These health plans fund resident care, and partnering with the Long-Term Care Ombudsman Program can enhance the quality of services delivered to residents.

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.

1. FY 2022-2023 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint 171 divided by the total number of Nursing Facilities 244 = Baseline 70 % FY 2024-2025 Target: 70% 2. FY 2023-2024 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint 99 divided by the total number of Nursing Facilities 240 = Baseline 42 % FY 2025-2026 Target: 60% 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 8 which is a complaint divided by the total number of Nursing Facilities = Baseline 8 which is a complaint with the PSA that were visited by the total number of Nursing Facilities = Baseline 9 which is a complaint with the PSA that were visited by an Ombudsman representative at least once each quarter not in response to a complaint which is a complaint 1. 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 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 RCFEs in the PSA that were visited at least once each quarter not in response to a complaint 280 divided by the total number of RCFEs 886 = Baseline 32 % FY 2022-2023 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint 280 divided by the total number of RCFEs 849 = Baseline 40 % FY 2025-2026 Target: 45%		
response to a complaint 99 divided by the total number of Nursing Facilities 240 = Baseline 42 % FY 2025-2026 Target: 60% 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: 4. FY 2026-2027 Target: 4. FY 2026-2027 Target: 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: 7. Program Goals and Objective Numbers: 7. 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 esponse to a complaint by the total number of RCFEs in the PSA. NOTE: This is not a count of risits but a count of facilities. In determining the number of facilities visited for this measure, not RCFE can be counted more than once. 1. FY 2022-2023 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint 280	response to a complaint_17 Baseline70%	·
response to a complaint divided by the total number of Nursing Facilities = Baseline% FY 2026-2027 Target: 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: Program Goals and Objective Numbers: Program Goals and Objective Numbers: Broutine 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, not response to a complaint	response to a complaint Baseline42%	99 divided by the total number of Nursing Facilities _240 =
response to a complaint divided by the total number of Nursing Facilities = Baseline	response to a complaint Baseline%	divided by the total number of Nursing Facilities =
3. 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, not RCFE can be counted more than once. 1. FY 2022-2023 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint 280 divided by the total number of RCFEs 886 = Baseline 32 % FY 2024-2025 Target: 35 % 2. FY 2023-2024 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint 161 divided by the total number of RCFEs 849 = Baseline 40 %	response to a complaint Baseline%	divided by the total number of Nursing Facilities =
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, not response to a counted more than once. 1. FY 2022-2023 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint 280 divided by the total number of RCFEs 886 = Baseline 32 % FY 2024-2025 Target: 35 % 2. FY 2023-2024 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint 161 divided by the total number of RCFEs 849 = Baseline 40 %	Program Goals and Objective N	lumbers: 7
response to a complaint 280divided by the total number of RCFEs 886 = Baseline32% FY 2024-2025 Target: 35 % 2. FY 2023-2024 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint161 divided by the total number of RCFEs 849 = Baseline40%	RCFEs within the PSA that were quarter during the fiscal year not dividing the number of RCFEs response to a complaint by the tries but a count of facilities. In	re visited by an Ombudsman representative at least once each of in response to a complaint. The percentage is determined by in the PSA that were visited at least once each quarter not in total number of RCFEs in the PSA. NOTE: This is not a count of determining the number of facilities visited for this measure, no
2. FY 2023-2024 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint 161 divided by the total number of RCFEs 849 = Baseline 40 %		
response to a complaint <u>161</u> divided by the total number of RCFEs <u>849</u> = Baseline <u>40</u> %	response to a complaint_2	
FY 2025-2026 Target: 45%	response to a complaint_2 Baseline32%	divided by the total number of RCFEs 886 =
	response to a complaint 2 Baseline 32 % FY 2024-2025 Target: 35 2. FY 2023-2024 Baseline: No response to a complaint	divided by the total number of RCFEs 886 = 5 % umber of RCFEs visited at least once a quarter not in

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%
FY 2026-2027 Target:
4. FY 2025-2026 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint divided by the total number of RCFEs = Baseline
FY 2027-2028 Target:
Program Goals and Objective Numbers: _7_
C. Number of Full-Time Equivalent (FTE) Staff (NORS Element S-23) This number may on include staff time legitimately charged to the LTC Ombudsman Program. Time spent working for in other programs may not be included in this number. For example, in a local LT 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 the staff member works an additional 20 hours in another program.
1. FY 2022-2023 Baseline: <u>22.04</u> FTEs FY 2024-2025 Target: <u>32</u> FTEs
FY 2023-2024 Baseline: <u>23</u> FTEs FY 2025-2026 Target: <u>30</u> FTEs
3. FY 2024-2025 Baseline:FTEs FY 2026-2027 Target:FTEs
4. FY 2025-2026 Baseline:FTEs FY 2027-2028 Target:FTEs
Program Goals and Objective Numbers: _7
D. Number of Certified LTC Ombudsman Volunteers (NORS Element S-24)
FY 2022-2023 Baseline: Number of certified LTC Ombudsman volunteers 24 FY 2024-2025 Projected Number of certified LTC Ombudsman volunteers 15
FY 2023-2024 Baseline: Number of certified LTC Ombudsman volunteers 16 FY 2025-2026 Projected Number of certified LTC Ombudsman volunteers 18
FY 2024-2025 Baseline: Number of certified LTC Ombudsman volunteers FY 2026-2027 Projected Number of certified LTC Ombudsman volunteers FY 2026-2027 Projected Number of certified LTC Ombudsman volunteers FY 2026-2027 Projected Number of certified LTC Ombudsman volunteers FY 2026-2027 Projected Number of certified LTC Ombudsman volunteers

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: 7	

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 continue to include data consistency training as a key component of monthly Ombudsman meetings. Furthermore, regional supervisors will regularly review ODIN reports to monitor pending cases and closed cases, ensuring accurate and thorough data collection.

<u>TITLE VII ELDER ABUSE PREVENTION</u> <u>SERVICE UNIT PLAN (PSA 19)</u>

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

\boxtimes	Ombudsman Program
	Legal Services Provider
	Adult Protective Services
	Other (explain/list)

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

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

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

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

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

- **Public Education Sessions** –Indicate the total number of projected education sessions for the public on the identification, prevention, and treatment of elder abuse, neglect, and exploitation.
- Training Sessions for Professionals –Indicate the total number of projected training sessions for professionals (service providers, nurses, social workers) on the identification, prevention, and treatment of elder abuse, neglect, and exploitation.
- Training Sessions for Caregivers Served by Title IIIE –Indicate the total number of projected training sessions for unpaid family caregivers who are receiving services under Title IIIE of the Older Americans Act (OAA) on the identification, prevention, and treatment of elder abuse, neglect, and exploitation. Older Americans Act Reauthorization Act of 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 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	2,000		
Public Education Sessions	15	15		
Training Sessions for Professionals	15	15		
Training Sessions for Caregivers served by Title IIIE	0	0		
Hours Spent Developing a Coordinated System	500	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	2,000	Elder Justice Resources Guides, mandatory reporting flow charts and other related materials.
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 57%.

Fiscal Year Baseline	# of partially resolved or	Divided by the total number of	= Baseline Resolution	Fiscal Year Target
Resolution	fully resolved	Complaints	Rate	Resolution
Rate	complaints			Rate
2022-2023	2,615	8,016	33%	33 %
	·			2024-2025
2023-2024	2,539	7,163	35%	35%
	·			2025-2026
2024-2025				%
				2026-2027
2026-2027				%
				2027-2028

Program Goals and Objective Numbers: 7

Target: <u>10</u>)24-2025
2. FY 2023-2024 Baseline: Number of Resident Council meetings attended <u>35 FY 20 Target: 20</u>)25-2026
3. FY 2024-2025 Baseline: Number of Resident Council meetings attended _ FY 2020 Target: _	6-2027
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)	
 FY 2022-2023 Baseline: Number of Family Council meetings attended <u>1</u> FY 202 Target: <u>1</u> 	24-2025
2. FY 2023-2024 Baseline: Number of Family Council meetings attended 1 FY 2025 Target: 1	
3. FY 2024-2025 Baseline: Number of Family Council meetings attended _ FY 2026-Target:	-2027
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 providing general information and assistance unrelated to a complaint. Inform Assistance may be accomplished by telephone, letter, email, fax, or in-person. 1. FY 2022-2023 Baseline: Number of Instances 1,556 FY 2024-2025 Target: 35	mation and
2. FY 2023-2024 Baseline: Number of Instances 1,476 FY 2025-2026 Target: 1,05	
	<u>50</u>
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	

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.

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

1.FY 2022-2023 Baseline: Number of Instances <u>2,585</u> FY 2024-2025 Target: <u>1,000</u>
2. FY 2023-2024 Baseline: Number of Instances <u>2,559</u> FY 2025-2026 Target: <u>2,000</u>
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

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.

bessions under the Elder Abase i revention i rogiam.
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>14</u> FY 2025-2026 Target: <u>12</u>
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: 7

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: The implementation for this system advocacy effort has been a major outreach milestone for WISE and clients have expressed that the flyer is much easier to carry and read the consolidated information about Ombudsman and the program's services to seniors. The website has also been launched.

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

Outreach efforts will be around expanding facility outreach and education events. WISE has held SNF Symposiums, and they are looking to expand their efforts to RCFEs in communities where this would be impactful. These are events where they partner with community agencies including the first responders, hospitals, etc. to provide education to long-term care facility staff with the goal of improving care for residents. Further, WISE will be incorporating facility specific emergency preparedness.

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.

	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%
	2. FY 2023-2024 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint 94 divided by the total number of Nursing Facilities 142 = Baseline 66 % FY 2025-2026 Target: 50%
	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:
	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:
	Program Goals and Objective Numbers: 7
qui div res	Routine access: Residential Care Communities (NORS Element S-61) Percentage of CFEs within the PSA that were visited by an Ombudsman representative at least once each arter during the fiscal year not in response to a complaint. The percentage is determined by riding the number of RCFEs in the PSA that were visited at least once each quarter not in sponse to a complaint by the total number of RCFEs in the PSA. NOTE: This is not a count of visit a count of facilities. In determining the number of facilities visited for this measure, no RCFE can be unted more than once.
	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>
	FY 2024-2025 Target: 25%

		-						
	 FY 2023-2024 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint <u>47</u> divided by the total number of RCFEs <u>711</u> = Baseline <u>7%</u> 							
	FY 2025-2026 Target:							
S. 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								
	FY 2026-2027 Target:							
	4. FY 2025-2026 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaintdivided by the total number of RCFEs = Baseline							
	FY 2027-2028 Target:							
	Program Goals and Objective Numbers: 7							
or Pr wl	clude staff time legitimately charged to the LTC Ombudsman Program. Time spent working the injury of the included in this number. For example, in a local LTC Ombudsmorgram that considers full-time employment to be 40 hours per week, the FTE for a staff member of the Ombudsman Program 20 hours a week should be 0.5, even if the staff members an additional 20 hours in another program.	an oer						
	1. FY 2022-2023 Baseline: <u>13.66</u> FTEs							
	FY 2024-2025 Target: <u>14 FTEs</u>							
	2. FY 2023-2024 Baseline: <u>10.42</u> FTEs FY 2025-2026 Target: <u>10</u> FTEs							
	3. FY 2024-2025 Baseline: FY 2026-2027 Target:FTEs							
	4. FY 2025-2026 Baseline: FTEs FY 2027-2028 Target:FTEs	-						
	Program Goals and Objective Numbers: 7							
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>							
	FY 2023-2024 Baseline: Number of certified LTC Ombudsman volunteers <u>18</u> FY 2025-2026 Projected Number of certified LTC Ombudsman volunteers <u>20</u>							

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: 7

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 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 along 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:

\boxtimes	Ombudsman Program					
\boxtimes	Legal Services Provider					
	Adult Protective Services					
	Other (explain/list)					

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

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

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

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

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

- 1. **Public Education Sessions** –Indicate the total number of projected education sessions for the 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 IIIE —Indicate the total number of projected training sessions for unpaid family caregivers who are receiving services under Title IIIE of the Older Americans Act (OAA) on the identification, prevention, and treatment of elder abuse, neglect, and exploitation. Older Americans Act Reauthorization Act of 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	6,000		
Public Education Sessions	5	5		
Training Sessions for Professionals	6	6		
Training Sessions for Caregivers served by Title IIIE	N/A	N/A		
Hours Spent Developing a Coordinated System	677	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	1,000	Elder Justice Resources Guides, mandatory reporting Flow charts and other related materials.
2026-2027		
2027-2028		

TITLE IIIE 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 IIIE 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.	Proposed Units of Service		Required Goal #(s)	Required Objective #(s)
Caregiver Access Case Management	Total hours		Required Goal #(s)	Required Objective #(s)
_	PSA 19	PSA 25		
2024-2025	6,500 3,300		7	7.1
2025-2026	6,500 3,300		7	7.1
2026-2027				
2027-2028				

Caregiver Access Information & Assistance	Total Contacts		Required Goal #(s)	Required Objective #(s)
Assistance	PSA 19	PSA 25		
2024-2025	2,900	5,000	7	7.1
2025-2026	2,900	2,500	7	7.1
2026-2027				
2027-2028				
Caregiver Information Services	Total est. (contacts)	vities and audience 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: 3,000 and Total est. audience (contacts) for above: 62,100	# Of activities: 312 Total est. audience for above: 125,000	7	7.1
2026-2027	# Of activities and Total est.			
2027-2028	# Of activities and Total			
Caregiver Respite In-Home			Required Goal #(s)	Required Objective #(s)
	PSA 19	PSA 25		
2024-2025	*5,613	2,175	7	7.1
2025-2026	5,613	772	7	7.1
2026-2027				

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

2027-2028				
Caregiver Respite Other	Total hours		Required Goal #(s)	Required Objective #(s)
	PSA 19	PSA 25		
2024-2025	5,575	1,800	7	7.1
2025-2026	5,575	1,800	7	7.1
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	16,889	258	7	7.1
2025-2026	16,889	157	7	7.1
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	N/A	N/A		
2026-2027				
2027-2028				
Caregiver Supplemental Total occurrences Services Assistive Technologies		currences	Required Goal #(s)	Required Objective #(s)
	PSA 19	PSA 25		
2024-2025	130	100	7	7.1
2025-2026	100	100	7	7.1
2026-2027				
2027-2028				

Caregiver Supplemental Services Caregiver Assessment	Total hours		Required Goal #(s)	Required Objective #(s)
	PSA 19	PSA 25		
2024-2025	2560	1,179	7	7.1
2025-2026	2560	1,179	7	7.1
2026-2027				
2027-2028				
Caregiver Supplemental Services Caregiver Registry	Total occurrences		Required Goal #(s)	Required Objective #(s)
	PSA 19	PSA 25		
2024-2025	251	N/A	7	7.1
2025-2026	251	N/A	7	7.1
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	650	N/A	7	7.1
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	10	N/A	7	7.1
2026-2027				
2027-2028				

Caregiver Supplemental Services Legal Consultation	Total contacts		Required Goal #(s)	Required Objective #(s)
	PSA 19	PSA 25		
2024-2025	300	N/A	7	7.1
2025-2026	300	N/A	7	7.1
2026-2027				
2027-2028				
Caregiver Support Groups	Total sessions		Required Goal #(s)	Required Objective #(s)
	PSA 19	PSA 25		
2024-2025	485	1,750	7	7.1
2025-2026	485	887	7	7.1
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	307	1,356	7	7.1
2026-2027				
2027-2028				
Caregiver Support Counseling	Total hours		Required Goal #(s)	Required Objective #(s)
	PSA 19	PSA 25		
2024-2025	2,650	1,312	7	7.1
2025-2026	2,650	1,312	7	7.1
2026-2027				
2027-2028				

Direct and/or Contracted IIIE Services- Older Relative Caregivers

Direct and/or Contracted IIIE Services- Older Relative Caregivers					
CATEGORIES (16 total)	1		2	3	
Older Relative Caregivers	<i>Prop</i> e Units of		Required Goal #(s)	Required Objective #(s)	
Caregiver Access Case Management	Total h	ours	Required Goal #(s)	Required Objective #(s)	
	PSA 19	PSA 25			
2024-2025	160	N/A	7	7.1	
2025-2026	200	N/A	7	7.1	
2026-2027					
2027-2028					
Caregiver Access Information & Assistance	Total hours		Required Goal #(s)	Required Objective #(s)	
	PSA 19	PSA 25			
2024-2025	522	N/A	7	7.1	
2025-2026	522	N/A	7	7.1	
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: 80 Total est. audience for above: 17,000	# Of activities: 1 Total est. audience for above: 100	7	7.1	
2025-2026	# Of activities: 80 Total est. audience for above: 17,000	# Of activities: 1 Total est. audience for above: 100	7	7.1	
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	140	N/A	7	7.1
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	N/A	N/A		
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	82	N/A	7	7.1
2025-2026	82	N/A	7	7.1
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	N/A	N/A		
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	7	7.1
2025-2026	5	N/A	7	7.1
2026-2027				
2027-2028				
Caregiver Supplemental Services Caregiver Assessment	Total hours		Required Goal #(s)	Required Objective #(s)
	PSA 19	PSA 25		
2024-2025	190	N/A	7	7.1
2025-2026	190	N/A	7	7.1
2026-2027				
2027-2028				
Caregiver Supplemental Services Caregiver Registry	Total Occurrences		Required Goal #(s)	Required Objective #(s)
	PSA 19	PSA 25		
2024-2025	47	N/A	7	7.1
2025-2026	47	N/A	7	7.1
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	12	N/A	7	7.1
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	5	N/A	7	7.1
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	400	N/A	7	7.1
2026-2027				
2027-2028				
Caregiver Support Groups	Total s	essions	Required Goal #(s)	Required Objective #(s)
	PSA 19	PSA 25		
2024-2025	360	N/A	7	7.1
2025-2026	360	N/A	7	7.1
2026-2027				
2027-2028				
Caregiver Support Training	Total hours		Required Goal #(s)	Required Objective #(s)
	PSA 19	PSA 25		
2024-2025	122	N/A	7	7.1
2025-2026	122	N/A	7	7.1
2026-2027				
2027-2028				

Caregiver Support Counseling	Total hours		Required Goal #(s)	Required Objective #(s)
	PSA 19	PSA 25		
2024-2025	300	N/A	7	7.1
2025-2026	300	N/A	7	7.1
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	4,550	7
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	140	7
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	10,750	7
2026-2027		
2027-2028		
HICAP Fiscal Year (FY)	PM 2.2 PAM Outreach (Interactive)	Goal Numbers
2024-2025	6,000	7
2025-2026	6,000	7
2026-2027		

HICAP Fiscal Year (FY)	PM 2.3 Medicare Beneficiaries Under 65	Goal Numbers
2024-2025	2,100	7
2025-2026	2,100	7
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	6,475	4,610	0	1,865	7
2025-2026	6,475	4,610	0	1,865	7
2026-2027					
2027-2028					

HICAP Fiscal Year (FY)	PM 2.5 Enrollment Contacts (Qualifying)	Goal Numbers
2024-2025	8,590	7
2025-2026	8,590	7
2026-2027		
2027-2028		

SECTION 3: HICAP LEGAL SERVICES UNITS OF SERVICE (IF APPLICABLE)8

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	300	7
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	350	7
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	200	7
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) 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	2,900	7
2025-2026	2,900	7
2026-2027		
2027-2028		
HICAP Fiscal Year (FY)	PM 1.2 Public and Media Events (PAM) (Estimated)	Goal Numbers
2024-2025	100	7
2025-2026	100	7
2026-2027		
2027-2028		

SECTION 2: FEDERAL PERFORMANCE MEASURES

HICAP Fiscal Year (FY)	PM 2.1 Client Contacts (Interactive)	Goal Numbers
2024-2025	7,000	7
2025-2026	7,000	7
2026-2027		
2027-2028		
HICAP Fiscal Year (FY)	PM 2.2 PAM Outreach (Interactive)	Goal Numbers
2024-2025	6,500	7
2025-2026	6,500	7
2026-2027		

HICAP Fiscal Year (FY)	PM 2.3 Medicare Beneficiaries Under 65	Goal Numbers
2024-2025	1,500	7
2025-2026	1,500	7
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	4,500	3,100	0	1,500	7
2025-2026	4,500	3,100	0	1,500	7
2026-2027					
2027-2028					

HICAP Fiscal Year (FY)	PM 2.5 Enrollment Contacts (Qualifying)	Goal Numbers
2024-2025	6,500	7
2025-2026	6,500	7
2026-2027		
2027-2028		

SECTION 3: HICAP LEGAL SERVICES UNITS OF SERVICE (IF APPLICABLE) 6

HICAP Fiscal Year (FY)	3.1 Estimated Number of Clients Represented Per FY (Unit of Service)	Goal Numbers
2024-2025	379	3,4
2025-2026	379	3,4
2026-2027		
2027-2028		

HICAP 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	568	3,4
2026-2027		
2027-2028		

HICAP 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	284	3,4
2026-2027		
2027-2028		

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 <u>addresses</u>. 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/	Site 1:
Roxbury Park Community Center	4095 Overland Avenue
Rozbury Fark Gorinnanity Genter	Culver City, CA 90232
	Culver City, CA 90232
	Site 2:
	471 South Roxbury Drive
	Beverly Hills, CA 90212
El Monte, City of: Jack Crippen Multipurpose	3120 North Tyler Avenue
Senior Center	El Monte, CA 91731
Gardena, City of	1670 West 162 nd Street
Gardena, Oity of	Gardena, CA 90247
Glendale, City of: Adult Recreation Center/ Sparr	Site 1:
Heights Community Center	201 East Colorado Street
Theights Community Center	
	Glendale, CA 91205
	Site 2:
	1613 Glencoe Way
	Glendale, CA 91208
Grandparents As Parents, Inc.: Corporate Office/	Site 1:
Edelman Court Caregiver Center	22048 Sherman Way #217
Edeiman Court Caregiver Center	Canoga Park, CA 91303
	Calloga Park, CA 91303
	Site 2:
	201 Center Plaza Drive 5th Floor #422
	Monterey Park CA 91754
Human Services Association	6800 Florence Avenue
Traman Corvices / lescolation	Bell Gardens, CA 90201
Jewish Family Services: West Hollywood	Site 1:
Comprehensive Service Center/ Freda Mohr	7377 Santa Monica Boulevard
Multipurpose Center	West Hollywood, CA 90046
	7.700.7.70.9, 7.7000.70
	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 Soniar Contar	14040 San Antonio Drive
Norwalk, City of: Norwalk Senior Center	
Office of Samoan Affairs	Norwalk, CA 90650 20715 South Avalon Boulevard Suite #200
Onice of Samoan Analis	
Pomona, City of: Community Service Department	Carson, CA 90746 499 East Arrow Hwy
Tomona, Only of Community Service Department	Pomona, CA 91767
San Fernando, City of: Las Palmas Park	505 South Huntington Street
Jan i Gillando, Oity Oi. Las Faillias Faik	San Fernando, CA 91340
San Gabriel Valley YWCA	943 North Grand Avenue
San Sabiler valley 1 WOA	Covina, CA 91724
Santa Clarita Valley Committee on Aging	27180 Golden Valley Road
Santa Sianta valley Committee on Aging	Santa Clarita, CA 91351
	Darita Diarita, OA 31001

Senior Care Action Network (SCAN)	2501 Cherry Avenue Suite #380
	Signal Hill, CA 90755
South El Monte, City of: South El Monte Senior	1556 Central Avenue
Center	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	1339 Post Avenue
Department, Bartlett Senior Center	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:	10937 South Central Avenue
Bradley Multipurpose Center	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
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 11. LEGAL ASSISTANCE (PSA 19)

2024-2028 Four-Year Area Planning Cycle

This section <u>must</u> be completed and submitted annually. The Older Americans Act Reauthorization Act of 2020 designates legal assistance as a priority service under Title III B [42 USC §3026(a)(2)]. CDA developed *California Statewide Guidelines for Legal Assistance* (Guidelines), which are to be used as best practices by CDA, AAAs and LSPs in the contracting and monitoring processes for legal services, and located at: https://aging.ca.gov/Providers and Partners/Legal Services/#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 seen a rise in cases related to elder abuse, particularly financial abuse and real estate fraud involving forgery, undue influence, and diminished capacity among older adults. Additionally, the growing number of intergenerational family households has led to an increased need for legal assistance in kinship care and informal caregiving arrangements. For example, Bet Tzedek has represented undocumented immigrant youth in securing legal guardianship for their grandparents or other older relatives through probate court. Despite the increasing demand for legal services and the growing complexity of cases, funding remains insufficient to meet these needs. As a result, Bet Tzedek has had to seek additional funding sources, and we are assessing the necessity of further expanding these efforts to better support the community.

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:**

The AAA collaborates with the Legal Services Provider (LSP) through a process of meetings established for discussing ongoing concerns and issues legal services. This collaboration begins with quarterly meetings between the AAA and LSP to assess emerging needs.

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 of older adults with the greatest economic or social needs by collaborating closely with our LSP through quarterly meetings and coordinated outreach efforts. These meetings help the AAA understand the need for service delivery and focus on priority areas such as economic hardship, housing, protective services and consumer issues. 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 identity, 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 to reach 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	1	No

2026-2027	
2027-2028	

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. Bet Tzedek b. c.	a. Los Angeles County in its entirety (5 Supervisorial Districts). 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: 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 essential for addressing the increasingly complex legal issues facing older individuals. These issues often require multiple advocates, such as attorneys and paralegals, to assist with cases that may involve housing, public benefits, or expungement, as well as additional support services like case management, rental vouchers, protective services, and Medicare issues. Collaborations like the Los Angeles County Elder Abuse Forensic Center have proven effective in providing coordinated services. The legal services provider also works closely with the Ombudsman program, the local Legal Services Corporation (LSC) program, and the Health Insurance Counseling and Advocacy Program (HICAP). These partnerships ensure comprehensive support, addressing legal issues related to long-term care facilities, elder abuse, housing, public benefits, and Medicare, helping to resolve the complex needs of older adults.

SECTION 11. LEGAL ASSISTANCE (PSA 25)

2024-2028 Four-Year Area Planning Cycle

This section <u>must</u> 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 25 has met or surpassed its goals of allocating 5.5% of Title IIIB funding to legal services for the past four years.
- 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:**
 - 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 to 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.** 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:**
 - 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.

PSA 25 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. 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:**

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. 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:**

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. 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	1	No
2026-2027		
2027-2028		

7. 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.

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

Fiscal Year	Name of Provider	Geographic Region covered
0004 0005	a. Bet Tzedek	a. City of Los Angeles
2024-2025	b.	b.
	C.	C.
2025-2026	a. Bet Tzedek	a. City of Los Angeles
	b.	b.
	C.	C.
2002 2007	a.	a.
2026-2027	b.	b.
	C.	C.
2027 2022	a.	a.
2027-2028	b.	b.
	C.	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:**

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, inperson 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.

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:**

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.

11. 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 prepandemic 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.

12. 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 to 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. The AAA also recognizes the importance of inclusive planning and will explore opportunities to engage other target population like tribal communities and organizations in the future. These efforts aim to ensure comprehensive preparedness strategies that address the needs of all populations within the region

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
Keilah (AAA Emergency Coordinator)	Administrative Services Manager I	(323) 459-5620	Kkelso@ad.la county.gov
Carin Anderson (Back-up)	Administrative Services Manager I	(323) 369-3154	Canderson@ ad.lacounty.g ov

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 for 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	A. PSA 19 informs our AAA service
Providers	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. Continuity of Operations for	B. Work with contractors to ensure
Nutrition Program	congregate meal and home delivered
	meal recipients continue to receive
	meals.
С	С
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 ensure that 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)

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:

2

- local emergency response agencies,
- relief organizations,
- · state and local governments, and
- other organizations responsible

The LADOA's disaster preparedness plans, policies, and procedures are contained in the Department Emergency Plan (DEP) and the Continuity of Operations Plan (COOP) which are updated annually. These two documents address elements of the department's continuity of operations strategy for ensuring the provision of emergency functions; the department's role in managing its internal emergency operations and supporting Citywide emergency preparedness, mitigation, response and recovery; and the department's program for ensuring employee safety and preparedness. Additionally, the DEP identifies potential hazards that may impact its programs and services; establishes operational procedures to minimize impact; and the process required to respond to an emergency incident (as a non-first responding Agency) in order to restore and/or maintain services for older adults and family caregivers in the City of Los Angeles as follows:

- Assess and restore/maintain operational capability including establishing office/reporting location and staffing availability and critical resources and equipment
- Monitor, assess, and identify emergency-related needs among older adults
- Ensure the provision of services to older adults including older adults with disabilities and others with access and functional needs
- Advocate for emergency assistance for older adults for an effective recovery
- Ensure resources are available to the Department's client's/service providers by the emergency response team members (identified in the attached SOP). Assess operational conditions and coordinate with lead staff in its service provider network to allocate resources where needed from the City, Emergency Management Department (EMD) and the California Department of Aging (CDA) in a timely manner
- Assist in coordinating response among agencies including the CDA, Mayor's Office, and EMD to ensure emergency-related aid is easily accessible

The DEP is intended to give management and staff an understanding of the critical functions, contingencies for performing these functions in an emergency, means for supporting Citywide response operations, and strategies for preparing personnel. 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 PSA 25's formal working relationship with the City of Los Angeles Emergency Management Department (EMD) and through EMD, the Mayor's Office and 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 like the Emergency Operations Center (EOC) run by EMD. The EOC is activated by the City and as needed, PSA 25 may be requested to participate in EOC operations.

Other PSA 25 long-term disaster plan/activities coordination include:

Working with its service providers to identify the possible needs of the participants before a disaster event. This would include consistent and updated emergency preparedness plans and evacuation routes throughout its service provider network; drills to ensure participants and caretakers are aware of measures in place and how to respond appropriately; and regular meetings and training sessions with emergency coordinators.

Establishing reporting protocols and tempos to monitor impacts to clients and service levels and providing the appropriate level of support.

Following up with vulnerable populations after a disaster event. After the above-described vulnerable populations identification process, PSA 25 will conduct follow-up queries with the sub-recipients using PSA 25 staff, City stakeholders, Community stakeholders, and private vendors as necessary. Periodic visits are also made to evacuation and shelter sites to assess unmet needs of older adults as applicable.

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	Division Manager,	Office: (213) 484-	crisanta.gonzalez@lacity.org
Gonzalez	Community	4808	
	Emergency		
	Management		
	Division,		
	Emergency		
	Management		
	Department, City		
	of Los Angeles.		

3. Identify the Disaster Response Coordinator within the AAA:

Name	Title	Telephone	Email
Daniel Kim	' '	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 (i.e., Wellness Checks, Information, Nutrition programs):

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 C. Work with EARS vendors and City fi			
System	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 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. City Vehicles	A. The Department of Aging has city vehicles that can be used to deliver services
B. Disaster Service Workers	B. All city workers are required to take an oath to be disaster service workers in time of need, their support can help maintain program operations
C. Equipment to work remotely (cellphones, laptops, digital files, etc.)	C. Employees have the necessary equipment to work remotely to maintain the flow of operations and mitigate disruptions
D	D

- 6. List critical resources the AAA needs to continue operations.
 - Funding to financially support the operations and provide resources to participants
 - Support from partners, private vendors, service providers, agencies, and stakeholders to help continue the operation of services
 - Vehicles, to continue the home delivered meals program, and to transport participants to our programs for those who are home-bound.
 - The City of Los Angeles Emergency Management Department to connect us with first responders
- 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)

is the umbrella organization linking the AAA to first responders such as the Los Angeles Police Department and the Los Angeles Fire Department. PSA 25 has multiple but informal working relationships with other agencies and groups, especially with the formation of PSA 25's Purposeful Aging Los Angeles (PALA) Initiative, which links PSA 25 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.

8. Describe how the AAA will:

- Identify vulnerable populations.
 - PSA 25 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.
- Identify possible needs of the participants before a disaster event (PSPS, Flood, Earthquake, ETC)
 - Participants have indicated that they need emergency preparedness plans for their long-term care facility/apartment complexes. They also need drills to be practiced so they and their caregivers can prepare for disaster events, and so they are aware of what safety measures to take and what they should carry in their emergency packets. In the case of the recent wildfires, Agencies have been instructed to provide service level and client impacts when changes occur relative to high wind and wildfire developments.
- Follow-up with vulnerable populations after a disaster event.

After the above-described vulnerable populations identification process, PSA 25 will conduct follow-up queries with the sub-recipients using PSA 25 staff, City stakeholders, Community stakeholders, and private vendors as necessary. Periodic visits are also made to evacuation and shelter sites to assess unmet needs of older adults.

9. How is disaster preparedness training provided?

- AAA to participants and caregivers
- To staff and subcontractors

PSA 25 issues notifications of disaster preparedness training and information that are available from the California Department of Aging and other partner agencies to participants and family caregivers through our networks and social media in the interest of ensuring the communities we serve are informed and prepared for potential emergencies.

PSA 25 will provide periodic training sessions for all emergency coordinators including reporting/communication protocols, points of contact, identifying existing and potential challenges during different emergency scenarios, how existing resources can be utilized for response and recovery efforts, what new resources may be helpful for improved response and recovery efforts, education and awareness on the City's emergency protocols and how it impacts subcontractors, and establishing and performing drills.

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 ea	ach applica 25-26	ble Fiscal 26-27	Year 27-28
Title IIID ☐ Health Promotion – Evidence-Based	24-25	25-26	26-27	27-28
Title IIIE ☐ Information Services ☐ Access Assistance ☐ Support Services ☐ Respite Services ☐ Supplemental Services	24-25	25-26	26-27	27-28
Title VII ☐ Long Term Care Ombudsman	24-25	25-26	26-27	27-28
Title VII ☐ Prevention of Elder Abuse, Neglect, and Exploitation	24-25	25-26	26-27	27-28

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

•	A approval each direct service not specified previously. The request ltiple funding sources for a specific service.
☐ Check box if not requesting	ng approval to provide any direct services.
Identify Service Category:	Senior Center Activities and Information Services
Check applicable funding so	urce:9
⊠IIIB	
☐ IIIC-1	
☐ IIIC-2	
⊠ IIIE	
□VII	
HICAP	
Request for Approval Justific	ation:
<u> </u>	Adequate Supply of Service <u>OR</u> vided by the AAA than if purchased from a comparable service
Check all fiscal year(s) the A	AA intends to provide service during this Area Plan cycle.
⊠ FY 24-25 ⊠ FY 25-26 ⊠	FY 26-27 × FY 27-28
Provide: documentation bel stated service ^{10:}	ow that substantiates this request for direct delivery of the above
Senior Center Activities are p	planned to be provided as direct services for the following reasons.
	range of services and social activities, including opportunities for ement, 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: <u>Emergency Preparedness</u>
Check applicable funding source:9
⊠ IIIB
□ IIIC-1
□ IIIC-2
□VII
☐ HICAP
Request for Approval Justification:
 Necessary to Assure an Adequate Supply of Service <u>OR</u> More cost effective if provided by the AAA than if purchased from a comparable service provider.
Check all fiscal year(s) the AAA intends to provide service during this Area Plan cycle.
⊠ FY 24-25 ⊠ FY 25-26 ⊠ FY 26-27 ⊠ FY 27-28
Provide: documentation below that substantiates this request for direct delivery of the above stated service ^{10:}
Funding is allocated for activities related to emergency preparedness, including training and supplies for older adults and family caregivers and to properly plan and ensure the continuity

of services in the event of a natural or man-made disaster. The emergency preparedness

activities are detailed in Section 7, Objectives 8.1, 8.2 and 8.3.

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:

Kathryn Barger – Chair of the Board of Supervisors	December 2028

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 2028
Lindsey P. Horvath – 3 rd District Supervisor	December 2026
Janice Hahn – 4 th District Supervisor	December 2028
Kathryn Barger – 5 th District Supervisor	December 2028

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:

Marqueece Harris-Dawson., President, Council District 8	2 nd Monday of Dec. 2026
Bob Blumenfield, President Pro Tempore, Council District 3	2 nd Monday of Dec. 2026
Vacant, Assistant President Pro Tempore	2 nd Monday of Dec. 2028
Karen Bass, Mayor	2 nd Monday of Dec 2026

Names and Titles of All Members: Board Term Expires:

Eunisses Hernandez, Council District 1	2 nd Monday of Dec. 2026		
Adrin Nazarian, Council District 2	2 nd Monday of Dec. 2028		
Bob Blumenfield, Council District 3	2 nd Monday of Dec. 2026		
Nithya Raman, Council District 4	2 nd Monday of Dec. 2028		
Katy Yaroslavsky, Council District 5	2 nd Monday of Dec. 2026		
Imelda Padilla, Council District 6	2 nd Monday of Dec. 2028		
Monica Rodriguez, Council District 7	2 nd Monday of Dec. 2026		
Marqueece Harris-Dawson, Council District 8	2 nd Monday of Dec. 2028		
Curren D. Price, Jr., Council District 9	2 nd Monday of Dec. 2026		
Heather Hutt, Council District 10	2 nd Monday of Dec. 2028		
Traci Park, Council District 11	2 nd Monday of Dec. 2026		
John Lee, Council District 12	2 nd Monday of Dec. 2028		
Hugh Soto-Martinez, Council District 13	2 nd Monday of Dec. 2026		
Ysabel Jurado, Council District 14	2 nd Monday of Dec. 2028		
Tim McOsker, Council District 15	2 nd Monday of Dec. 2026		
Karen Bass, Mayor	2 nd 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) <u>25</u>

Number and Percent of Council Members over age 60 <u>18 (72%)</u>

Race/Ethnic Composition	% Of PSA's 60+Population	% on Advisory Council
White	60.5%	42%
Hispanic	31.0%	33%
Black	9.8%	17%
Asian/Pacific Islander	19.9%	4%
Native American/Alaskan Native	1.1%	0%
Other	8.7%	4%

Name and Title of Officers	Office Term Expires
Ted Smith, President	7/1/25
Mary Winners, Vice President	7/1/26
Rachel Valenzuela Kirk, Secretary/Treasurer	7/1/26
Helen Romero Shaw, Past President	7/1/27

Name and Title of other members	Office Term Expires
John A. Kotick	7/1/27
Elvia Torres	7/1/26
Reina Schmitz	7/1/26
Carlene Davis	7/1/27
Maria Fernandez	7/1/26
Scott Houston	7/1/26
Wayne Powell	7/1/27
Zana Wilkins	7/1/26
Robert Boller	7/1/27
Barbara Meltzer	7/1/25

Susan Sexton	7/1/25
Kiera L. Pollock	7/1/27
Salvador Diaz	7/1/25
Louis Dominguez	7/1/26
Kimberly Lewis	7/1/27
Cathy McClure	7/1/25
Karen Reside	7/1/26
Kyo Jhin	7/1/24
Fran Sereseres	7/1/26
Charles Trevino	7/1/27
Vacant	

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

Yes No
Representative with Low Income
Representative with a Disability
□ Supportive Services Provider
□ Local Elected Officials
Persons with Leadership Experience in Private and Voluntary Sectors
Yes No Additional Other (Optional) ☐ Family Caregiver, including older relative caregiver ☐ ☐ Tribal Representative ☐ LGBTQ Identification ☐ Veteran Status ☐ Other: Experience in Voluntary & Private Sectors

Explain any "No" answer(s):

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. There are currently two (2) commissioners with expired terms who are "serving at the pleasure of the board".

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

LACCA shall consist of twenty-five (25) members to be appointed by the Board of Supervisors (Board) and equally apportioned between the five (5) supervisorial districts. The Los Angeles County Area Agency on Aging shall recommend 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) <u>15</u>

Number and Percent of Council Members over age 60 <u>15 (100%)</u>

Race/Ethnic Composition	% Of PSA 19 60+Population	% on Advisory Council
White	41.6%	40%
Hispanic	33.3%	0%
Black	9.6%	40%
Asian/Pacific Islander	15.3	20%
Native American/Alaskan Native	0.2%	0%
Other	0.0%	0%

Name and Title of Officers	Office Term Expires
Wilkinson, Tony, Chair	09/30/2025

Name and Title of other members	Office Term Expires
Simmons, Suzanne, At Large Member	09/30/2025
Carril, Ana, At Large Member	09/30/2025
Vacant	09/30/2025
Kaine-Krolak, Maureen, At Large Member	09/30/2025
Lee, Christine, At Large Member	09/30/2025
Vacant	09/30/2025
Muse, Freddie, At Large Member	09/30/2025
Rigsby-Pauley, Michele, At Large Member	09/30/2025
Vacant	09/30/2025
Talalla, Ida, At Large Member	09/30/2025
Vendig, Stephanie, At Large Member	09/30/2025
Vacant	09/30/2025
Diaz, Nadine, At Large Member	09/30/2025
Yergan, Kim, At Large Member	09/30/2025

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

Υe	S NO
\boxtimes	☐ Low Income Representative
\boxtimes	☐ Disabled Representative
\boxtimes	☐ Supportive Services Provider Representative
\boxtimes	☐ Health Care Provider Representative
	□ Local Elected Officials
\boxtimes	☐ Individuals with Leadership Experience in Private and Voluntary Sectors
\boxtimes	☐ Family Caregiver, including older relative caregiver
	□ LGBTQ Identification
	∀ Veteran Status

Explain any "No" answer(s):

PSA 25 seeks 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.

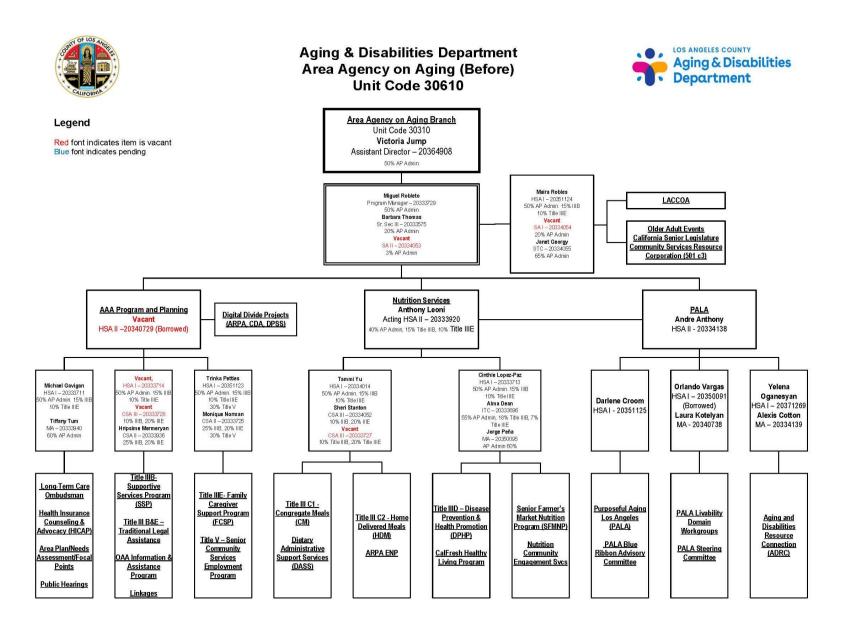
Members are appointed by the General Manager of the Los Angeles Department of Aging (LADOA) for a term of one calendar year. In June of each year, existing members, and prospective new members may apply for membership for the following years. Unsolicited applications shall be received and filed for consideration. 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. 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 18. ORGANIZATION CHART (PSA 19)

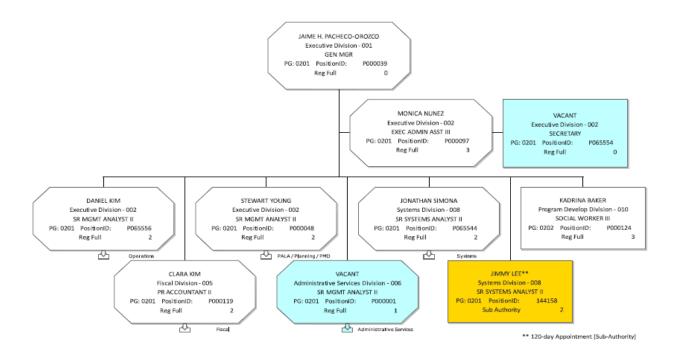


SECTION 18. ORGANIZATION CHART (PSA 25)



Department of Aging

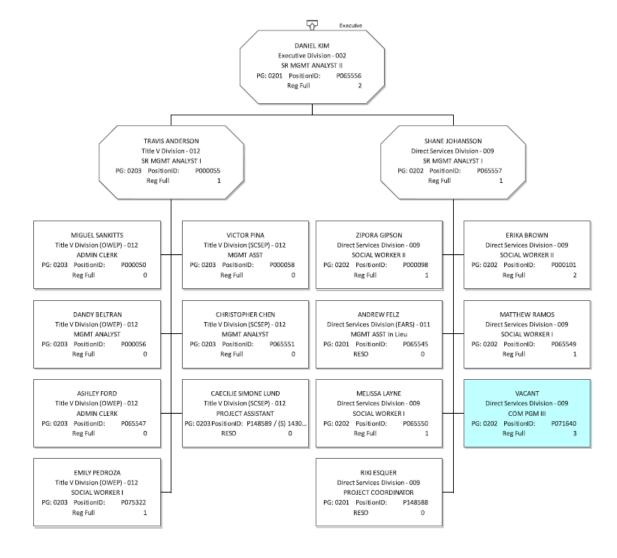
Executive Division



Supervisor Assistant Staff



Administration / Operations

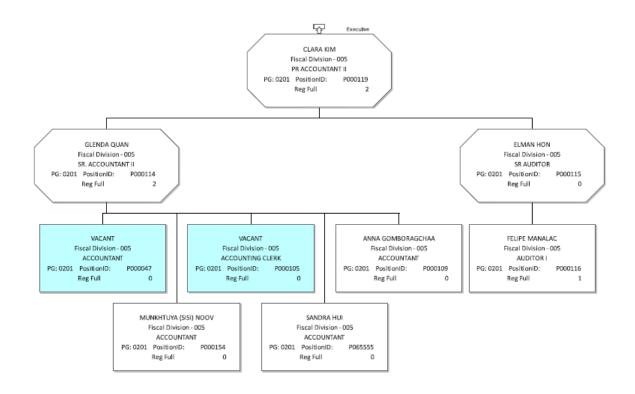


Legend

Supervisor Assistant Staff



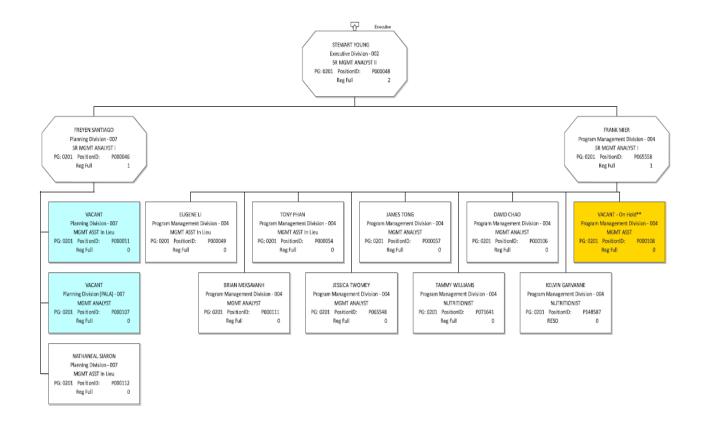
Fiscal Division



Supervisor Assistant Staff



PALA / Planning / PMD



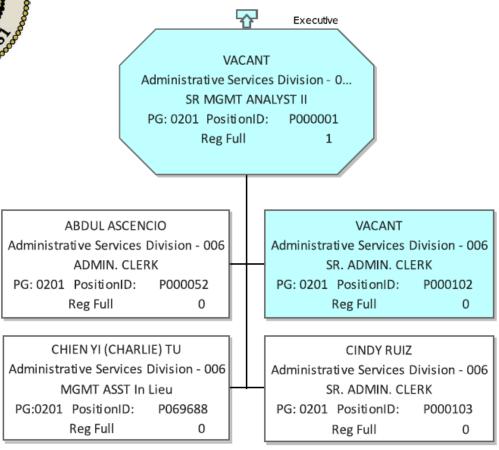
Legend

Supervisor Assistant Staff

** On Hold to Fund Substitute SSA II Light Orange = MULTIPLE Positions Sky Blue = VACANT Position Light Purple = Reclassification Request Light Yellow = Budget Request



Administrative Services



Legend

Supervisor

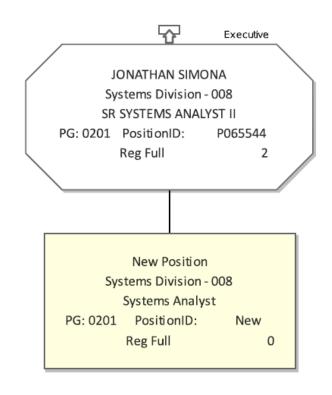
Assistant

Staff

Light Orange = MULTIPLE Positions Sky Blue = VACANT Position
Light Purple = Reclassification Request Light Yellow = Budget Request



Administrative Services



Legend

Supervisor

Assistant

Staff

Light Orange = MULTIPLE Positions Sky Blue = VACANT Position Light Purple = Reclassification Request Light Yellow = Budget Request