



BOARD OF SUPERVISORS

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April 8, 2025

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

Dear Supervisors:

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

**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. AD provides a range of services (as mandated by the Older Americans Act (OAA)) that include

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

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) in-person and virtual public hearings to obtain public feedback.

This plan was developed before the devastating 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
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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.

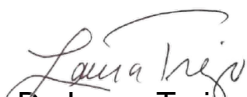
IMPACT ON CURRENT SERVICES

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 Mr. Mike Tsao, Administrative Deputy II, at MTsao@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



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Area Plan Update (APU) Checklist

Check one: 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	<input checked="" type="checkbox"/>
n/a	B) APU - <i>submit entire APU electronically only</i>	<input type="checkbox"/>
2, 3, or 4	C) Estimate - of the number of lower income minority older individuals in the PSA for the coming year	<input checked="" type="checkbox"/>
6	D) Priority Services and Public Hearings	<input checked="" type="checkbox"/>
n/a	E) Annual Budget , should match Org. Chart	<input type="checkbox"/>
8	F) Service Unit Plan (SUP) and LTC Ombudsman Program Outcomes	<input checked="" type="checkbox"/>
11	G) Legal Assistance	<input checked="" type="checkbox"/>

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	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5	Needs Assessment/Targeting	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
7	AP Narrative Objectives:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
7	System-Building and Administration	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
7	Title IIIB-Funded Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
7	Title IIIB-Program Development/Coordination (PD or C)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
7	Title IIIC-1 or Title IIIC-2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
7	Title IIID-Evidence Based	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
7	HICAP Program	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
9	Senior Centers and Focal Points	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10	Title IIIE-Family Caregiver Support Program	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
12	Disaster Preparedness	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Notice of Intent to Provide Direct Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14	Request for Approval to Provide Direct Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Governing Board	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Advisory Council	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Multipurpose Senior Center Acquisition or Construction	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

18	Organizational Chart(s) (Must match Budget)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Assurances	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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,
Los Angeles County Commission for Older Adults

_____ Date

Signature: _____

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

_____ Date

TRANSMITTAL LETTER (PSA 25)

2024-2028 Four Year Area Plan/ Annual Update

FY 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: _____
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.

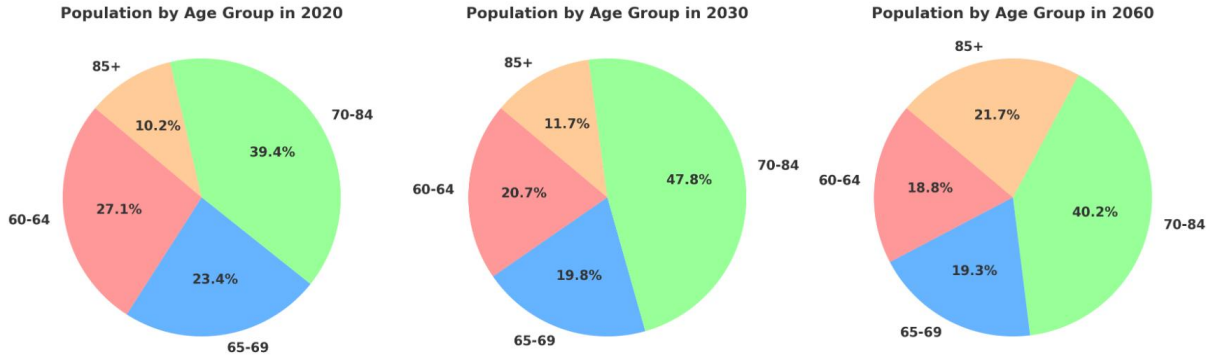
In the City of Los Angeles, the older adult population was approximately 771,266 in 2022, representing 20% of the city's 3.8 million residents. Based on an analysis of the 2022 ACS 1-Year Estimates, the population of adults aged 60 and older is projected to increase by approximately 60% by 2030 and nearly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

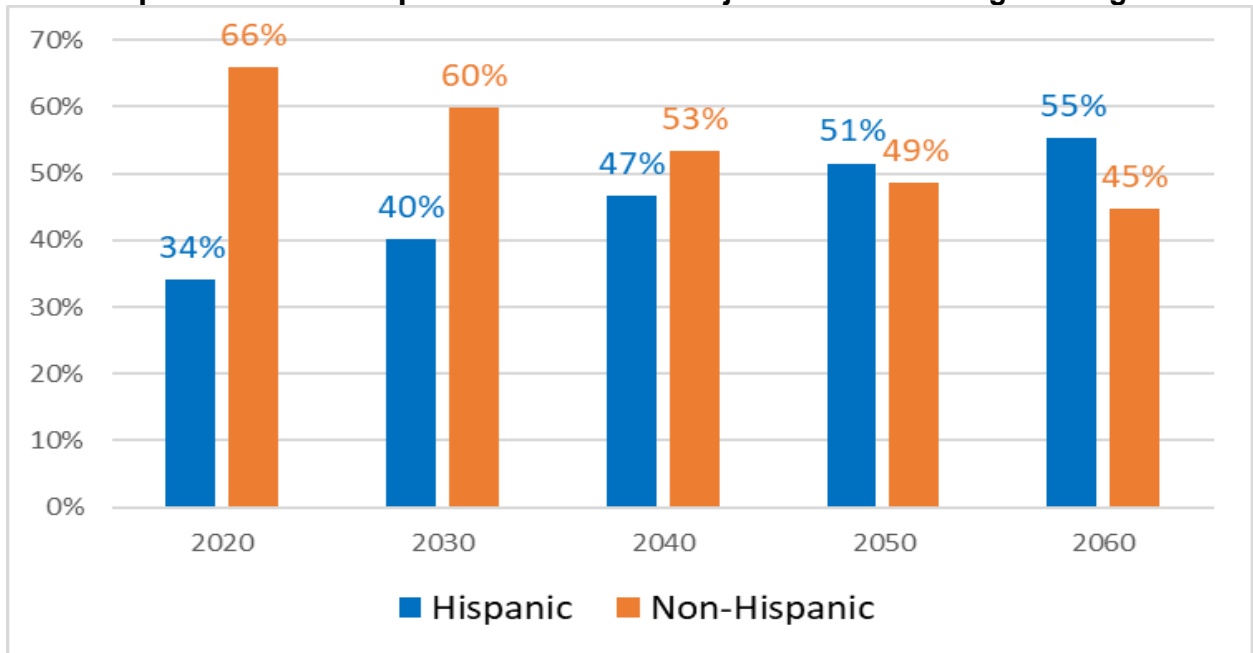
The demographic shift also includes changes in racial and ethnic composition, with a notable increase in the Hispanic older adult population. This trend presents both opportunities and

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

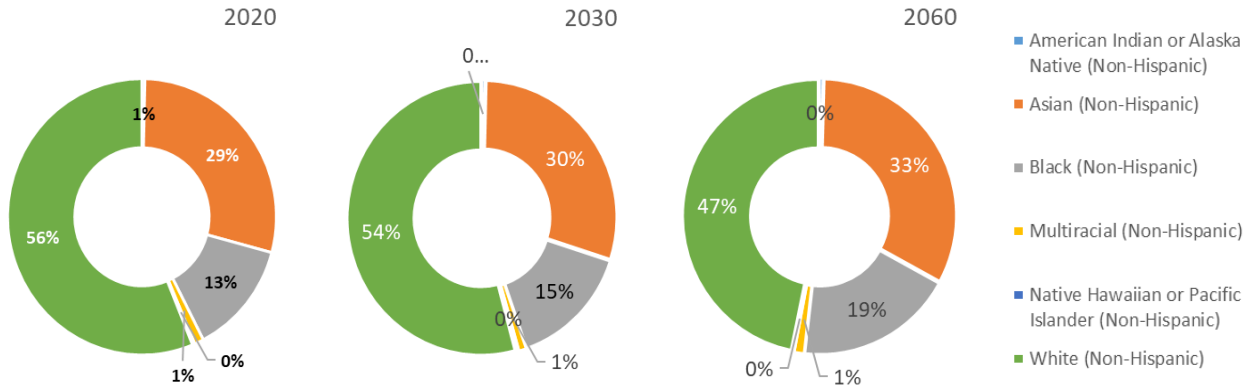


Hispanic vs Non-Hispanic Older Adult Projections for Los Angeles Region



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

Los Angeles Region Racial and Ethnic Composition Projections

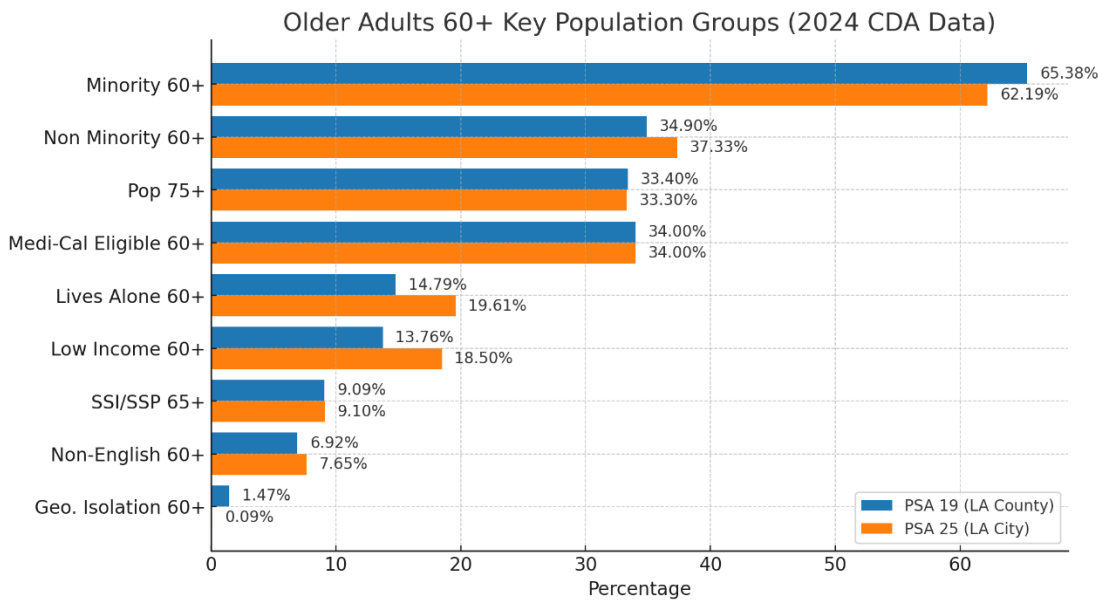


Source: California Department of Finance. Demographic Research Unit. [Report P-3: Population Projections, California, 2020-2060](#) (Baseline 2019 Population Projections; Vintage 2023 Release). Sacramento: California. July 2023.

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.

¹¹ U.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 \$8,900²⁴. 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 \$40,535³⁰.

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 III C 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 <u>30</u> %	26-27_	%	27-28_	%
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PSA 25:

2024-25	<u>58.5</u> %	25-26 <u>58.5</u> %	26-27_	%	27-28_	%
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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> %	26-27_	%	27-28_	%
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PSA 25:

2024-25	<u>15.5</u> %	25-26 <u>15.5</u> %	26-27_	%	27-28_	%
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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_	%
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PSA 25:

2024-25	<u>5.5</u> %	25-26 <u>5.5</u> %	26-27_	%	27-28_	%
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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	Y	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.

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

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

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

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

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

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
4. Attendees were provided the opportunity to testify regarding setting minimum percentages of Title III B program funds to meet the adequate proportion of funding for Priority Services
 Yes. Go to question #5
 No, Explain:
5. Summarize the comments received concerning minimum percentages of Title IIIB funds to meet the adequate proportion of funding for priority services.

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

6. List any other issues discussed or raised at the public hearing.
 - Coordination Between County and City Services
 - 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.
 - AI in Senior Care
 - Use AI for healthcare consultations to help seniors manage their health and reduce ER visits.
 - Access to Services/Information

- Improve responsiveness from service providers and offer printed materials for seniors without internet access.
 - 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.
 - Refer clients to third-party vendors for health services if City departments lack resources. Care Management/Advocacy
 - Develop programs with community health workers to help seniors navigate healthcare and communicate with providers.
 - 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
 - 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
 - Use neighborhood councils to advocate for senior issues and increase public participation.
- Senior Housing
 - 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
 - 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.
 - 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 **ALL regular AP funding sources**. Related funding is reported in the annual Area Plan Budget (CDA 122) for Titles IIIB, IIIC-1, IIIC-2, IIID, and VII. Only report services provided; others may be deleted.

Personal Care (In-Home)

Unit of Service = 1 hour

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

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

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

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				
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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

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

Fiscal Year	Proposed Units of Service		Goal Numbers	Objective Numbers (if applicable)
	PSA 19	PSA 25		
2024-2025	3,000	N/A	7	7.3
2025-2026	3,000	N/A	7	7.3
2026-2027				
2027-2028				

Nutrition Education

Unit of Service = 1 session

Fiscal Year	Proposed Units of Service		Goal Numbers	Objective Numbers (if applicable)
	PSA 19	PSA 25		
2024-2025	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 not reported in OAAPS categories. (Identify the specific activity under the Other Supportive Service Category on the “Units of Service” line when applicable.)

Title IIIB, Other Priority and Non-Priority Supportive Services

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

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

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

Other Supportive Service Category: Alzheimer’s Day Care

Unit of Service: 1 Day of Attendance

Fiscal Year	Proposed Units of Service		Goal Numbers	Objective Numbers (If applicable)
	PSA 19	PSA 25		
2024-2025	8,600	N/A	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 Service: 1 Hour

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

Other Supportive Service Category: Health (Physical Fitness)

Unit of Service: 1 Hour

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

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				

Other Supportive Service Category: Comprehensive Assessment

Unit of Service: 1 Hour

Fiscal Year	Proposed Units of Service		Goal Numbers	Objective Numbers (If applicable)
	PSA 19	PSA 25		
2024-2025	N/A	5,739	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 Resolution Rate	# Of complaints Resolved	+ # of partially resolved complaints	Divided by the total number of Complaints	= Baseline Resolution Rate	Fiscal Year Target Resolution Rate
2022-2023	5404	N/A	14,798	37%	<u>45</u> % 2024-2025
2023-2024	3594	N/A	10,133	35%	<u>40</u> % 2025-2026
2024-2025					<u> </u> % 2026-2027
2026-2027					<u> </u> % 2027-2028

Program Goals and Objective Numbers: 7

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

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

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

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

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

1. FY 2022-2023 Baseline: Number of Instances <u>2,979</u> FY 2024-2025 Target: <u>2,000</u>
2. FY 2023-2024 Baseline: Number of Instances <u>1688</u> _____ FY 2025-2026 Target: <u>2000</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: <u>7</u> _____

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

Count of instances of Ombudsman representatives' interactions with residents, family members, friends, and others in the community for the purpose of providing general

information and assistance unrelated to a complaint. Information and Assistance may be accomplished by telephone, letter, email, fax, or in person.

1. FY 2022-2023 Baseline: Number of Instances <u>5,025</u> FY 2024-2025 Target: <u>2,500</u>
2. FY 2023-2024 Baseline: Number of Instances <u>3,568</u> FY 2025-2026 Target: <u>4,000</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: <u>7</u>

F. Community Education (NORS Element S-68)

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

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

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

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

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

LTC residents' quality of care and quality of life, participation in disaster preparedness planning, participation in legislative advocacy efforts related to LTC issues, etc.) Be specific about the actions planned by the local LTC Ombudsman Program.

Enter information in the relevant box below.

FY 2024-2025
FY 2024-2025 Systems Advocacy Effort(s): (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.

<p>1. FY 2022-2023 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint <u>171</u> divided by the total number of Nursing Facilities <u>244</u> = Baseline <u>70</u> % FY 2024-2025 Target: <u>70%</u></p>
<p>2. FY 2023-2024 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint <u>99</u> divided by the total number of Nursing Facilities <u>240</u> = Baseline <u>42</u> % FY 2025-2026 Target: <u>60%</u></p>
<p>3. FY 2024-2025 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint _____ divided by the total number of Nursing Facilities _____ = Baseline _____ % FY 2026-2027 Target: _____</p>
<p>4. FY 2025-2026 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint _____ divided by the total number of Nursing Facilities _____ = Baseline _____ % FY 2027-2028 Target: _____</p>
<p>Program Goals and Objective Numbers: <u>7</u></p>

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

<p>1. FY 2022-2023 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint <u>280</u> divided by the total number of RCFEs <u>886</u> = Baseline <u>32</u> % FY 2024-2025 Target: <u>35</u> %</p>
<p>2. FY 2023-2024 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint <u>161</u> divided by the total number of RCFEs <u>849</u> = Baseline <u>40</u> % FY 2025-2026 Target: 45%</p>

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

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

<p>1. FY 2022-2023 Baseline: <u>22.04</u> FTEs FY 2024-2025 Target: <u>32</u> FTEs</p>
<p>2. FY 2023-2024 Baseline: <u>23</u> FTEs FY 2025-2026 Target: <u>30</u> FTEs</p>
<p>3. FY 2024-2025 Baseline: _____ FTEs FY 2026-2027 Target: _____ FTEs</p>
<p>4. FY 2025-2026 Baseline: _____ FTEs FY 2027-2028 Target: _____ FTEs</p>
<p>Program Goals and Objective Numbers: <u>7</u></p>

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

<p>1. FY 2022-2023 Baseline: Number of certified LTC Ombudsman volunteers <u>24</u> FY 2024-2025 Projected Number of certified LTC Ombudsman volunteers <u>15</u></p>
<p>2. FY 2023-2024 Baseline: Number of certified LTC Ombudsman volunteers <u>16</u> FY 2025-2026 Projected Number of certified LTC Ombudsman volunteers <u>18</u></p>
<p>3. FY 2024-2025 Baseline: Number of certified LTC Ombudsman volunteers _____ FY 2026-2027 Projected Number of certified LTC Ombudsman volunteers _____</p>

4. FY 2025-2026 Baseline: Number of certified LTC Ombudsman volunteers _____ FY 2027-2028 Projected Number of certified LTC Ombudsman volunteers _____
Program Goals and Objective Numbers: <u>7</u>

Outcome 3.

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

Measures and Targets:

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

Some examples could include:

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

The WISE & Healthy Aging Long-Term Care Ombudsman Program will 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.

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

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

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

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

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

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

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

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

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

- **Hours Spent Developing a Coordinated System to Respond to Elder Abuse** –Indicate the number of hours to be spent developing a coordinated system to respond to elder abuse. This category includes time spent coordinating services provided by the AAA or its contracted service provider with services provided by Adult Protective Services, local law enforcement agencies, legal services providers, and other agencies involved in the protection of elder and dependent adults from abuse, neglect, and exploitation.
- **Educational Materials Distributed** –Indicate the type and number of educational materials to be distributed to the 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 III E	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 Resolution Rate	# of partially resolved or fully resolved complaints	Divided by the total number of Complaints	= Baseline Resolution Rate	Fiscal Year Target Resolution Rate
2022-2023	2,615	8,016	33%	<u>33</u> % 2024-2025
2023-2024	2,539	7,163	35%	<u>35</u> % 2025-2026
2024-2025				<u> </u> % 2026-2027
2026-2027				<u> </u> % 2027-2028

Program Goals and Objective Numbers: 7

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

1. FY 2022-2023 Baseline: Number of Resident Council meetings attended <u>13</u> FY 2024-2025 Target: <u>10</u>
2. FY 2023-2024 Baseline: Number of Resident Council meetings attended <u>35</u> FY 2025-2026 Target: <u>20</u>
3. FY 2024-2025 Baseline: Number of Resident Council meetings attended <u> </u> FY 2026-2027 Target: <u> </u>
4. FY 2025-2026 Baseline: Number of Resident Council meetings attended <u> </u> FY 2027-2028 Target: <u> </u>
Program Goals and Objective Numbers: <u> 7 </u>

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

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

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

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

1. FY 2022-2023 Baseline: Number of Instances <u>1,556</u> FY 2024-2025 Target: <u>350</u>
2. FY 2023-2024 Baseline: Number of Instances <u>1,476</u> FY 2025-2026 Target: <u>1,050</u>
3. FY 2024-2025 Baseline: Number of Instances <u> </u> FY 2026-2027 Target: <u> </u>
4. FY 2025-2026 Baseline: Number of Instances <u> </u> FY 2027-2028 Target: <u> </u>
Program Goals and Objective Numbers: <u> 7 </u>

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

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

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

1. FY 2022-2023 Baseline: Number of Sessions <u>5</u> FY 2024-2025 Target: <u>4</u>
2. FY 2023-2024 Baseline: Number of Sessions <u>14</u> FY 2025-2026 Target: <u>12</u>
3. FY 2024-2025 Baseline: Number of Sessions <u> </u> FY 2026-2027 Target: <u> </u>
4. FY 2025-2026 Baseline: Number of Sessions <u> </u> FY 2027-2028 Target: <u> </u>
Program Goals and Objective Numbers: <u> 7 </u>

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

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

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

Enter information in the relevant box below.

FY 2024-2025
<p>FY 2024-2025 Systems Advocacy Effort(s): (Provide one or more new systems advocacy efforts)</p> <p>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.)</p> <p>Their website has also been launched (https://wiseombudsman.org/) and their brochures have been printed.</p>
FY 2025-2026
<p>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.</p> <p>FY 2025-2026 Systems Advocacy Effort(s): (Provide one or more new systems advocacy efforts)</p> <p>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.</p>
FY 2026-2027
<p>Outcome of FY 2025-2026 Efforts:</p> <p>FY 2026-2027 Systems Advocacy Effort(s): (Provide one or more new systems advocacy efforts)</p>
FY 2027-2028
<p>Outcome of 2026-2027 Efforts:</p> <p>FY 2027-2028 Systems Advocacy Effort(s): (Provide one or more new systems advocacy efforts)</p>

Outcome 2.

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

Measures and Targets:

A. Routine Access: Nursing Facilities (NORS Element S-58) Percentage of nursing facilities within the PSA that were visited by an Ombudsman representative at least once each quarter **not** in response to a complaint. The percentage is determined by dividing the number of nursing

facilities in the PSA that were visited at least once each quarter not in response to a complaint by the total number of nursing facilities in the PSA. NOTE: This is not a count of visits but a count of facilities. In determining the number of facilities visited for this measure, no nursing facility can be counted more than once.

<p>1. FY 2022-2023 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint <u>77</u> divided by the total number of Nursing Facilities <u>144</u> = Baseline <u>53</u> % FY 2024-2025 Target: <u>50%</u></p>
<p>2. FY 2023-2024 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint <u>94</u> divided by the total number of Nursing Facilities <u>142</u> = Baseline <u>66</u> % FY 2025-2026 Target: <u>50%</u></p>
<p>3. FY 2024-2025 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint _____ divided by the total number of Nursing Facilities _____ = Baseline _____ % FY 2026-2027 Target: _____</p>
<p>4. FY 2025-2026 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint _____ divided by the total number of Nursing Facilities _____ = Baseline _____ % FY 2027-2028 Target: _____</p>
<p>Program Goals and Objective Numbers: <u>7</u></p>

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

<p>1. FY 2022-2023 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint <u>48</u> divided by the total number of RCFEs <u>686</u> = Baseline <u>7%</u> FY 2024-2025 Target: 25%</p>

2. 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:
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: <u>7</u>

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

1. FY 2022-2023 Baseline: <u>13.66</u> FTEs FY 2024-2025 Target: <u>14</u> FTEs
2. FY 2023-2024 Baseline: <u>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: <u>7</u>

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

1. FY 2022-2023 Baseline: Number of certified LTC Ombudsman volunteers <u>27</u> FY 2024-2025 Projected Number of certified LTC Ombudsman volunteers <u>20</u>
2. FY 2023-2024 Baseline: Number of certified LTC Ombudsman volunteers <u>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: <u>7</u>

Outcome 3.

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

Measures and Targets:

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

Some examples could include:

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

The WISE & Healthy Aging Long-Term Care Ombudsman Program will 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:

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

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

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

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

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

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

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

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

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

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

Total # of	2024-2025	2025-2026	2026-2027	2027-2028
Individuals Served	6,000	6,000		
Public Education Sessions	5	5		
Training Sessions for Professionals	6	6		
Training Sessions for Caregivers served by Title III E	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 III E SERVICE UNIT PLAN PSA (19 and 25)

CCR Article 3, Section 7300(d)

2024-2028 Four-Year Planning Period

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

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

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

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

Direct and/or Contracted III E Services

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

Caregiver Access Information & Assistance	Total Contacts		Required Goal #(s)	Required Objective #(s)
	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	# Of activities and Total est. audience (contacts) for above:		Required Goal #(s)	Required Objective #(s)
	PSA 19	PSA 25		
2024-2025	# Of activities: 5,600 Total est. audience (contacts) for above: 115,000	# Of activities: 50 Total est. audience for above: 125,000	7	7.1
2025-2026	# Of activities: 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	Total hours		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 Services Assistive Technologies	Total occurrences		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

CATEGORIES (16 total)	1		2	3
Older Relative Caregivers	<i>Proposed Units of Service</i>		<i>Required Goal #(s)</i>	<i>Required Objective #(s)</i>
Caregiver Access Case Management	Total hours		<i>Required Goal #(s)</i>	<i>Required Objective #(s)</i>
	PSA 19	PSA 25		
2024-2025	160	N/A	7	7.1
2025-2026	200	N/A	7	7.1
2026-2027				
2027-2028				
Caregiver Access Information & Assistance	Total hours		<i>Required Goal #(s)</i>	<i>Required Objective #(s)</i>
	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		<i>Required Goal #(s)</i>	<i>Required Objective #(s)</i>
	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 sessions		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		
	300	N/A	7	7.1
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		
2027-2028		

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.

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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		
2027-2028		

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		

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

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

COMMUNITY SENIOR CENTERS AND FOCAL POINTS LIST

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

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

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

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

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

Senior Center	Address
Altadena Community Center	730 East Altadena Drive Altadena, CA 91001
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 must be completed and submitted annually. The Older Americans Act Reauthorization Act of 2020 designates legal assistance as a priority service under Title III B [42 USC §3026(a)(2)]. CDA developed *California Statewide Guidelines for Legal Assistance* (Guidelines), which are to be used as best practices by CDA, AAAs and LSPs in the contracting and monitoring processes for legal services, and located at: <https://aging.ca.gov/Providers and Partners/Legal Services/#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 must be completed and submitted annually. The Older Americans Act Reauthorization Act of 2020 designates legal assistance as a priority service under Title III B [42 USC §3026(a)(2)]¹².

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

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

PSA 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
2024-2025	a. Bet Tzedek b. c.	a. City of Los Angeles b. c.
2025-2026	a. Bet Tzedek b. c.	a. City of Los Angeles 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:**

Older adults access legal services in a variety of ways, including by calling Bet Tzedek’s main line 323-939-0506 and speaking with our intake department, or through the online intake portal on Bet Tzedek’s website. Generally, seniors also access legal services at the many multipurpose senior centers in the City, where they can make an appointment with Bet Tzedek, or through the SOVA Community Food and Resource Program sites that the agency visits. Other access points include the medical-legal clinic that Bet Tzedek operates at Harbor-UCLA Hospital, other clinics conducted by Bet Tzedek staff in the community (e.g., Self-Help Conservatorship Clinics at several courthouses, the Elder Abuse Restraining Order Clinic, the Employment Rights Project Clinic, Advance Planning Clinics), and through Bet Tzedek’s large referral network throughout the community (e.g., ombudsmen, social workers, case managers, non-profits, social service agencies, government agencies, and local law enforcement officials). During the current pandemic, in compliance with government-issued orders and guidelines issued by the CDC, the agency did not conduct in-person appointments with older adult clients. Instead, intakes and client appointments were conducted remotely. With the change in restrictions, in-person appointments are once again resuming. In addition, the agency continues to work with community partners and LADOA to reach out to older communities through flyers and other efforts. Older adults also obtain information about legal services by calling the Los Angeles Department of Aging (LADOA) Information and Assistance Hotline and going to LADOA’s website.

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 pre-pandemic times.

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

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.lacounty.gov
Carin Anderson (Back-up)	Administrative Services Manager I	(323) 369-3154	Canderson@ad.lacounty.gov

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

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

5. List critical services the AAA will provide 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 Providers	A. PSA 19 informs our AAA service providers of resources during an emergency event that include but not limited to: Alert LA County, LA County

	food zones, road closures, and emergency survival guide.
B. Continuity of Operations for Nutrition Program	B. Work with contractors to ensure congregate meal and home delivered meal recipients continue to receive meals.
C	C
D	D

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

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

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

The AAA will link these vulnerable populations with the appropriate services and to the nearest Disaster Assistance Center. The AAA will follow up with service providers to 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.

- Identify each of the local Office of Emergency Services (OES) contact person(s) within the PSA that the AAA will coordinate with in the event of a disaster (add additional information as needed for each OES within the PSA):

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

- Identify the Disaster Response Coordinator within the AAA:

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

- 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 System	C. Work with EARS vendors and City first responders to carry out welfare checks and respond as necessary.
D. Congregate Meals	D. Work with sub-recipients, City stakeholders, Community stakeholders, and private vendors to obtain and maintain resources for C-1 operations.

5. List 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.

<u>Check applicable direct services</u>	<u>Check each applicable Fiscal Year</u>			
Title IIIB	24-25	25-26	26-27	27-28
<input type="checkbox"/> Information and Assistance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Case Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Outreach	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Program Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Long Term Care Ombudsman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Title IIID	24-25	25-26	26-27	27-28
<input type="checkbox"/> Health Promotion – Evidence-Based	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Title IIIE	24-25	25-26	26-27	27-28
<input type="checkbox"/> Information Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Access Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Support Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Respite Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Supplemental Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Title VII	24-25	25-26	26-27	27-28
<input type="checkbox"/> Long Term Care Ombudsman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Title VII	24-25	25-26	26-27	27-28
<input type="checkbox"/> Prevention of Elder Abuse, Neglect, and Exploitation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

In addition, as part of the LA Found program, staff will be issuing, consulting, and educating family caregivers on the tracking bracelets to assist family caregivers with locating their loved ones if they go missing. It will help family caregivers reduce the daily ongoing stress and

burnout that occurs when taking care of an individual with a cognitive impairment who wanders. Individuals wearing a device have a higher likelihood of being found quicker, therefore, reducing the potential for injury or death for the older adult and reducing costs in healthcare for the recipient and family caregiver undergoing that situation.

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

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

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

Identify Service Category: Senior Center Activities and Information Services

Check applicable funding source:⁹

IIIB

IIIC-1

IIIC-2

IIIE

VII

HICAP

Request for Approval Justification:

Necessary to Assure an Adequate Supply of Service OR

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

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

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

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

Senior Center Activities are planned to be provided as direct services for the following reasons.

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

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

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

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

Identify Service Category: Emergency Preparedness

Check applicable funding source:⁹

IIIB

IIIC-1

IIIC-2

IIIE

VII

HICAP

Request for Approval Justification:

Necessary to Assure an Adequate Supply of Service OR

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

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

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

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

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) 25

Number and Percent of Council Members over age 60 18 (72%)

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
<i>Vacant</i>	

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
- Health Care 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) 15

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

Race/Ethnic Composition	% Of PSA 19 60+Population	% on Advisory Council
White	41.6%	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.

Yes No

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

Explain any “No” answer(s):

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)

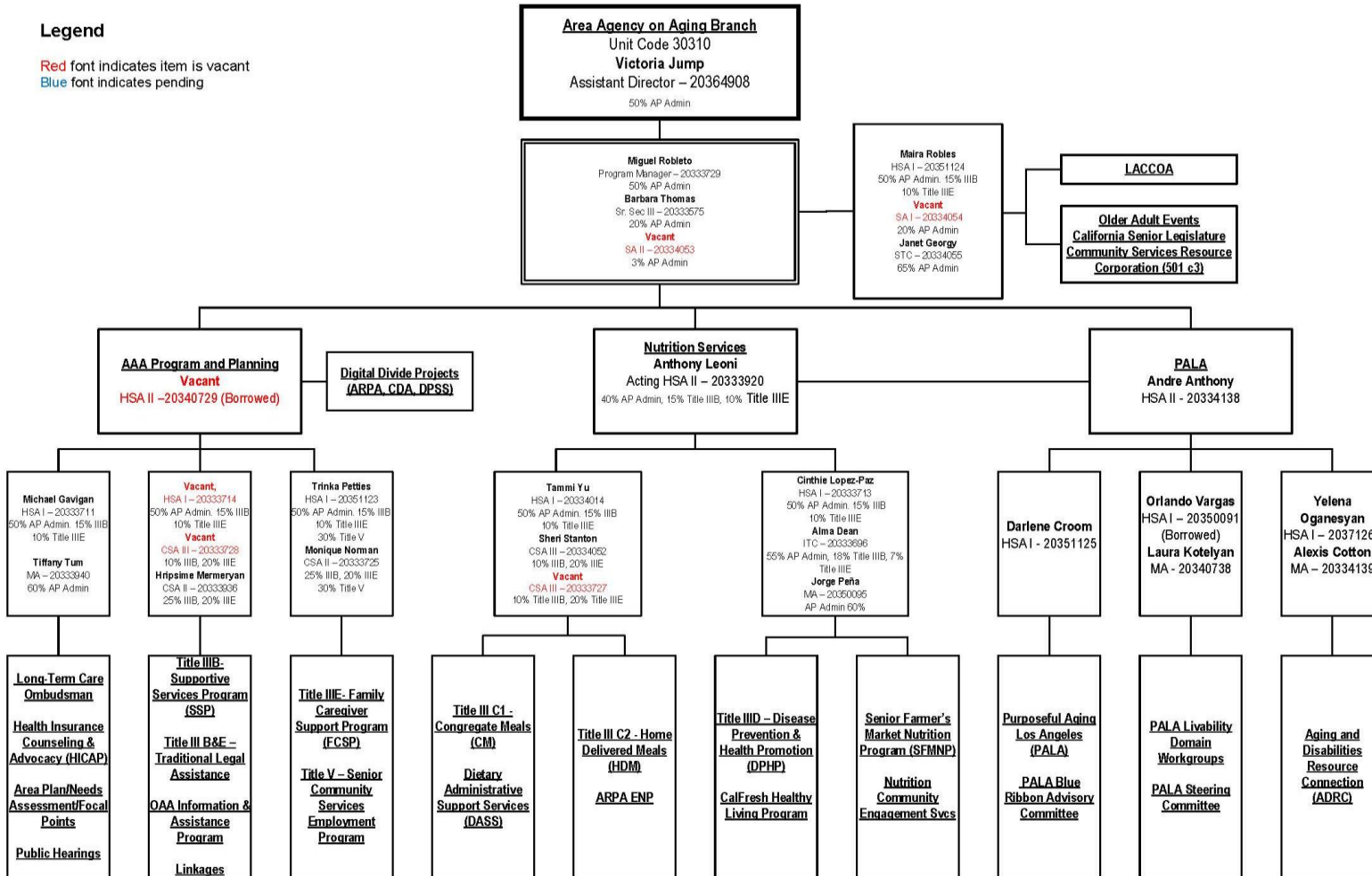


**Aging & Disabilities Department
Area Agency on Aging (Before)
Unit Code 30610**



Legend

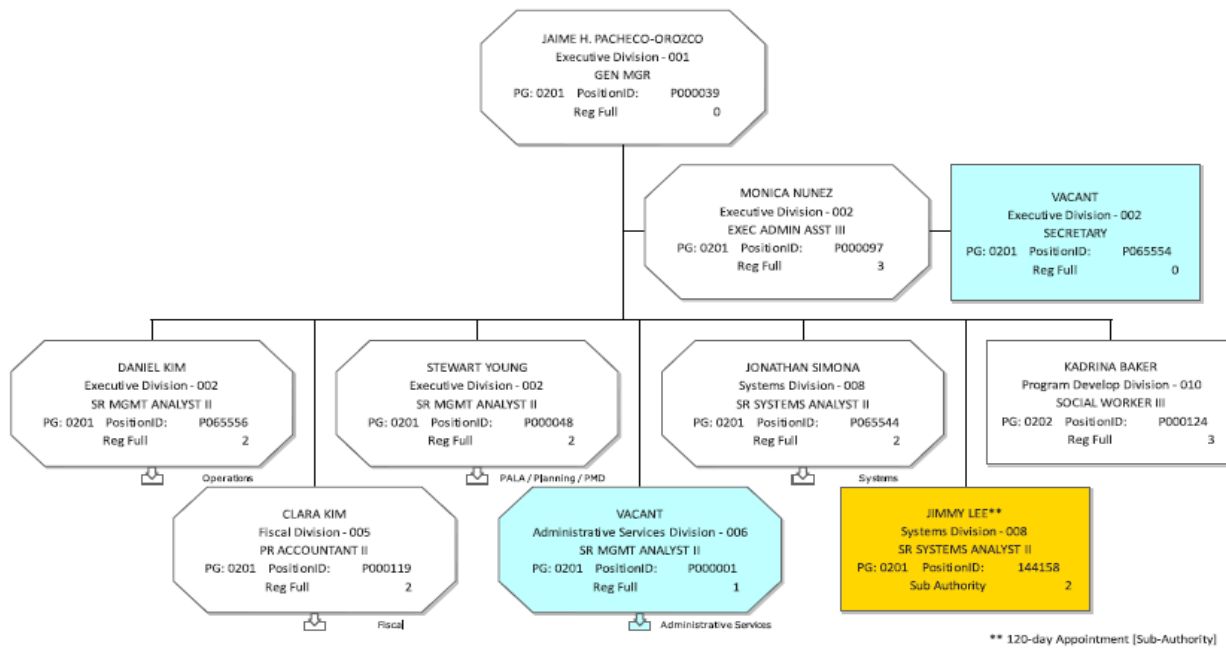
Red font indicates item is vacant
Blue font indicates pending



SECTION 18. ORGANIZATION CHART (PSA 25)



**Department of Aging
Executive Division**



** 120-day Appointment [Sub-Authority]

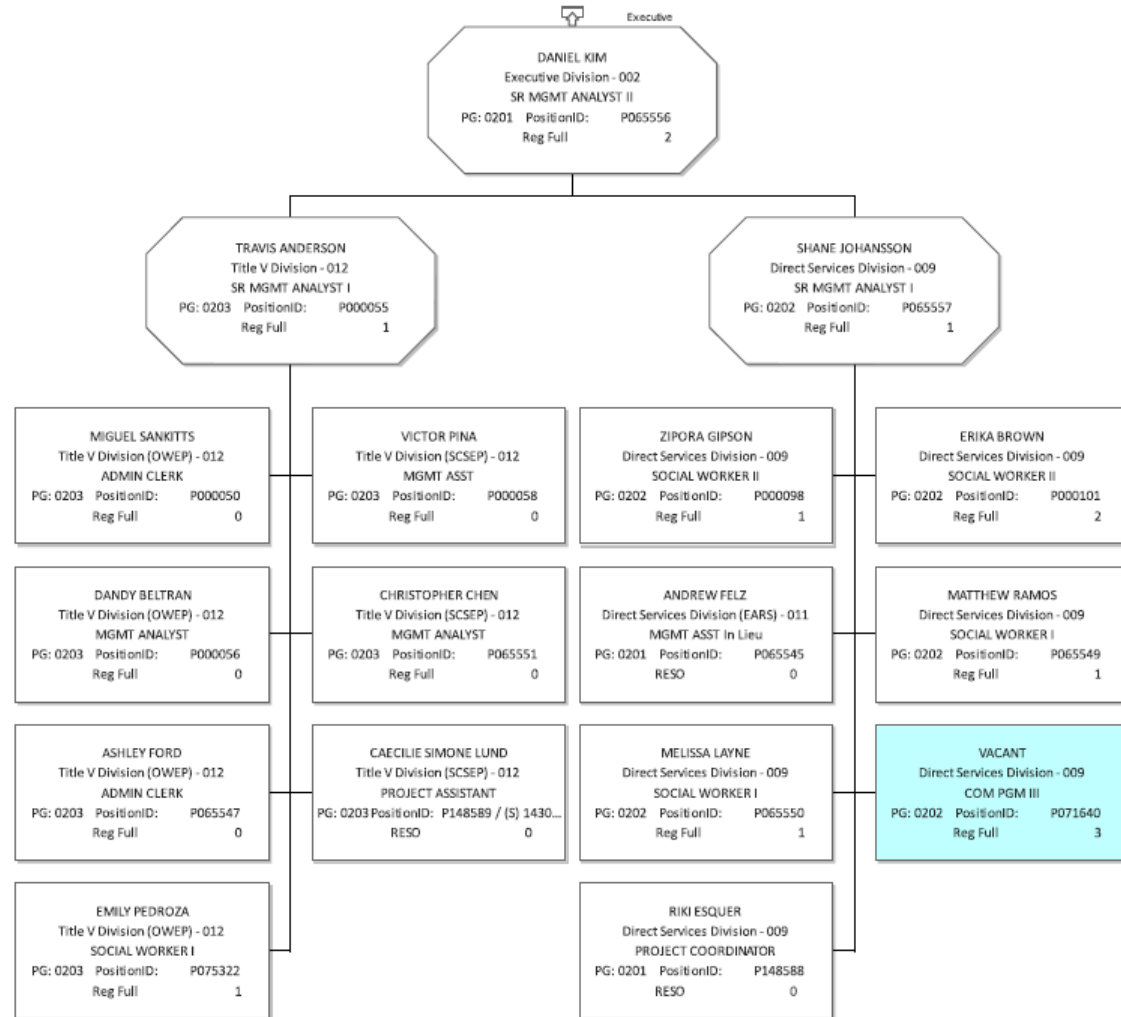
Legend



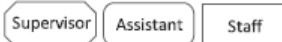
Light Orange = MULTIPLE Positions Sky Blue = VACANT Position Light Purple = Reclassification Request Light Yellow = Budget Request



Department of Aging Administration / Operations



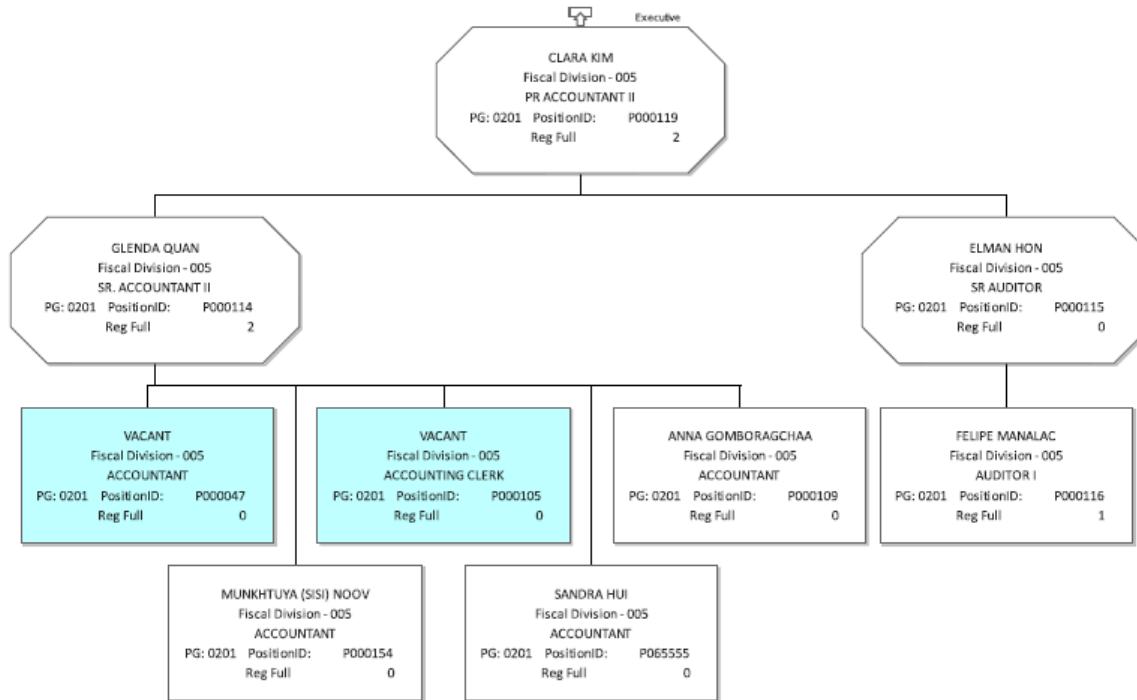
Legend



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



Department of Aging Fiscal Division



Legend

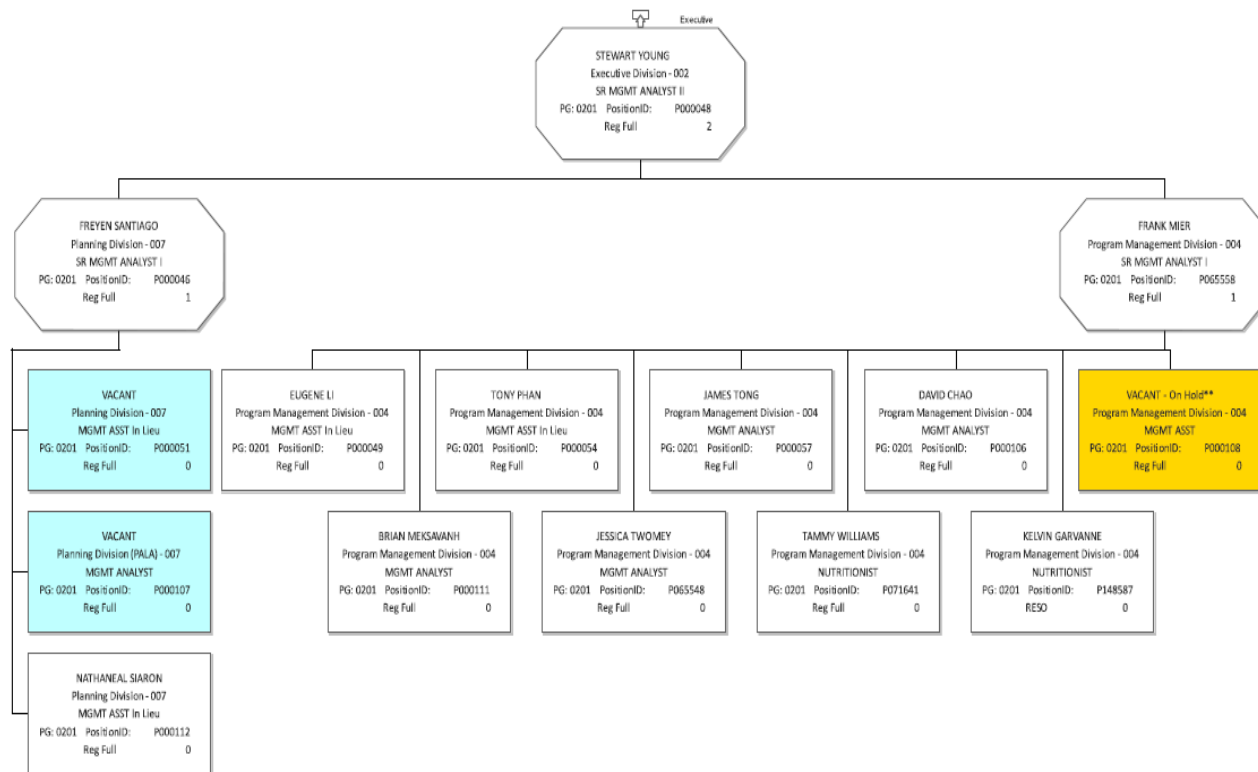


Light Orange = MULTIPLE Positions Sky Blue = VACANT Position Light Purple = Reclassification Request Light Yellow = Budget Request

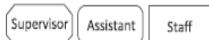


Department of Aging

PALA / Planning / PMD



Legend

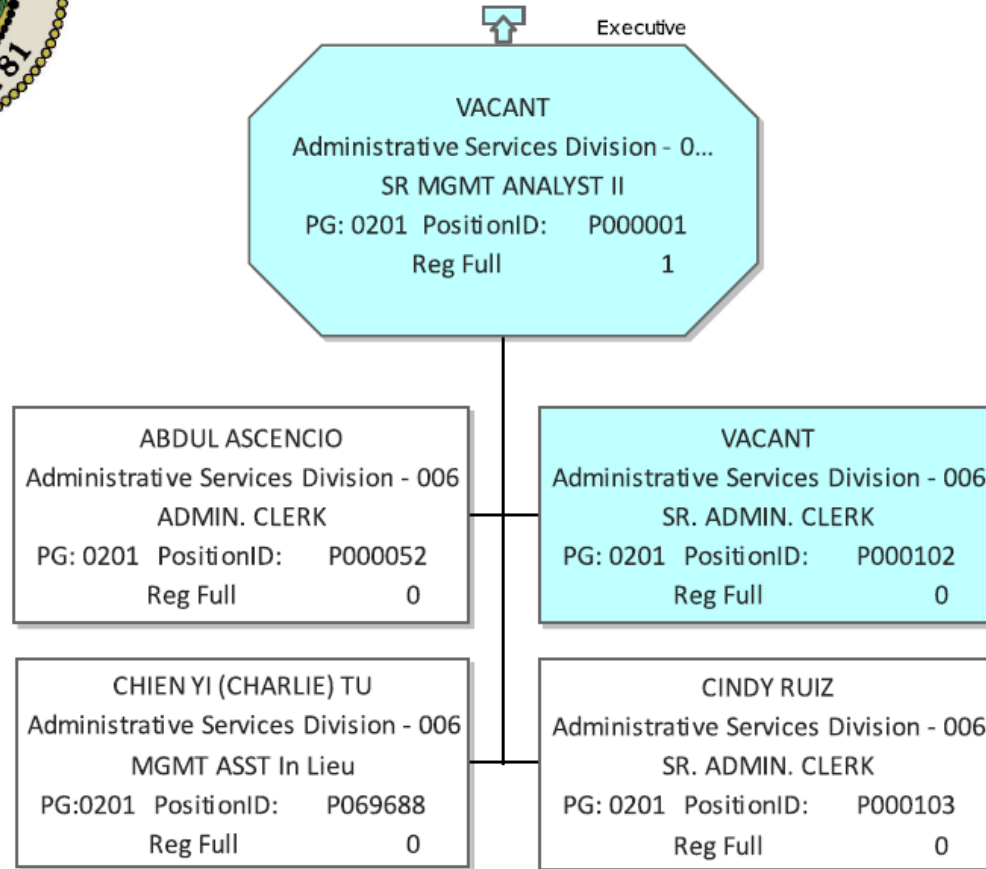


Light Orange = MULTIPLE Positions Sky Blue = VACANT Position Light Purple = Reclassification Request Light Yellow = Budget Request

** On Hold to Fund Substitute SSA II



Department of Aging Administrative Services



Legend

Supervisor

Assistant

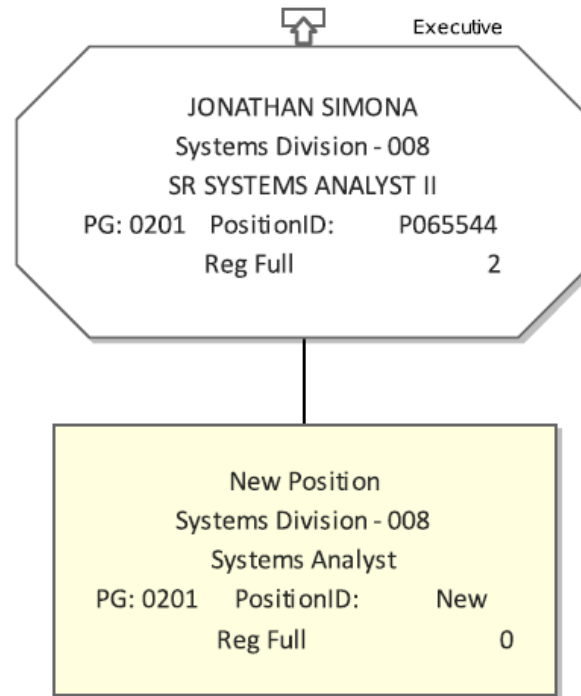
Staff

Light Orange = MULTIPLE Positions
Light Purple = Reclassification Request

Sky Blue = VACANT Position
Light Yellow = Budget Request



Department of Aging Administrative Services



Legend

- Supervisor
- Assistant
- Staff
- Light Orange = MULTIPLE Positions
- Sky Blue = VACANT Position
- Light Purple = Reclassification Request
- Light Yellow = Budget Request