



Board of Supervisors Family & Social Services Cluster Agenda Review Meeting

DATE: March 25, 2026

TIME: 1:30 PM

MEETING CHAIRS: Anthony Cespedes, 1st Supervisorial District

CEO MEETING FACILITATOR: Claudia Alarcon

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

To participate in the meeting in-person, the meeting location is:

Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, California 90012
Room 140

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

[Click here to join the meeting](#)

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

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

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

THIS TELECONFERENCE WILL BE MUTED FOR ALL CALLERS. PLEASE DIAL *6 TO UNMUTE YOUR PHONE WHEN IT IS YOUR TIME TO SPEAK.

- I. **Call to Order**
- II. **Consent Item(s)** (Any Information Item is subject to discussion and/or presentation at the request of two or more Board offices):
-- No items --
- III. **Presentation//Discussion Items:**
 - a) **Chief Executive Office- Budget and Operations Management Branch:** Fiscal Year 2026-27 Recommended Budget Recommendations.
 - b) **Ageing Department:** Los Angeles County Planning and Service Area 19 Area Agency on Aging 2026-27 Area Plan Update.
- IV. **Presentation//Discussion Items:**
-- No items --
- V. **Public Comment**
- VI. Standing item(s) and those continued from a previous meeting of the Board of Supervisors or from a previous FSS Agenda Review meeting.
-- No items --

VII. Adjournment

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

Family_Social_Services@ceo.lacounty.gov

Family and Social Services
AGING AND DISABILITIES - ADMINISTRATION

Recommended Budget
 Fiscal Year 2026-27

Changes From 2025-26 Budget

	Gross Appropriation (\$)	Intrafund Transfer (\$)	Revenue (\$)	Net County Cost (\$)	Budg Pos
2025-26 Final Adopted Budget	131,190,000	91,836,000	13,210,000	26,144,000	593.0
Other Changes					
1. Adult Protective Services (APS): Reflects an appropriation and IFT transfer from the Administration to the Assistance budget to cover the costs of providers assisting APS clients with health care, nutrition, financial stability, housing, and forensic center services.	(600,000)	(600,000)	--	--	--
2. Staffing: Reflects an adjustment to remove prior-year funding that was provided on a one-time basis by the Probation Department to support 2.0 Program Manager items that provide programmatic support for APS and the Community and Senior Centers.	(572,000)	(572,000)	--	--	--
3. Home Safe Program: Reflects a net decrease in appropriation due to the deletion of prior-year funding partially offset by an increase of FY 2026-27 one-time funding from the California Department of Social Services (CDSS) via the Department of Public Social Services (DPSS), to support APS clients who are homeless or on the verge of being homeless. (Total -\$3.992M: Admin -\$40k and Assist -\$3.952M)	(40,000)	(40,000)	--	--	--
4. Ministerial Adjustment: Reflects a net zero miscellaneous adjustment to absorb the increase in centrally allocated costs for indemnity and insurance with existing funding.	--	--	--	--	--
5. One-Time Funding Reversal: Reflects an adjustment to remove prior-year funding that was provided on a one-time basis for the administration of various programs and services.	(1,191,000)	--	(1,191,000)	--	--
6. Salaries and Employee Benefits: Primarily reflects Board-approved increases in salaries and health insurance subsidies.	27,000	--	--	27,000	--
7. Unavoidable Costs: Reflects changes in workers' compensation and long-term disability costs due to medical cost trends and increases in claims. Also reflects a projected increase in unemployment insurance costs based on historical experience.	--	--	--	--	--

	Gross Appropriation (\$)	Intrafund Transfer (\$)	Revenue (\$)	Net County Cost (\$)	Budg Pos
8. One-Time Funding: Reflects an adjustment to remove prior-year funding that was provide on a one-time basis for Cyber Security, Measure U, and Cy Pres.	(884,000)	--	--	(884,000)	--
9. Countywide Cost Allocation Adjustment: Reflects an adjustment in rent charges to comply with federal Office of Management and Budget claiming guidelines (2 CFR Part 200).	7,000	--	4,000	3,000	--
Total Changes	(3,253,000)	(1,212,000)	(1,187,000)	(854,000)	0.0
2026-27 Recommended Budget	127,937,000	90,624,000	12,023,000	25,290,000	593.0

Family and Social Services
AGING AND DISABILITIES - ASSISTANCE

Recommended Budget
 Fiscal Year 2026-27

Changes From 2025-26 Budget

	Gross Appropriation (\$)	Intrafund Transfer (\$)	Revenue (\$)	Net County Cost (\$)	Budg Pos
2025-26 Final Adopted Budget	75,309,000	26,591,000	45,954,000	2,764,000	0.0
Other Changes					
1. APS: Reflects an appropriation and IFT transfer from the Administration to the Assistance budget to cover the costs of providers assisting APS clients with health care, nutrition, financial stability, housing, and forensic center services.	600,000	600,000	--	--	--
2. Home Safe Program: Reflects a net decrease in appropriation due to the deletion of prior-year funding partially offset by an increase of FY 2026-27 one-time funding from CDSS via DPSS, to support APS clients who are homeless or on the verge of being homeless. (Total -\$3.992M: Admin -\$40k and Assist -\$3.952M)	(3,952,000)	(3,952,000)	--	--	--
3. Miscellaneous Adjustment: Reflects a revenue realignment from IFT to State revenue based on the projected available funding for the APS and Area Agency on Aging programs.	--	(1,939,000)	1,939,000	--	--
4. One-Time Funding Reversal: Reflects an adjustment to remove prior-year funding that was provided on a one-time basis for contract providers of various programs.	(1,676,000)	--	(1,676,000)	--	--
5. One-Time Funding: Reflects an adjustment to remove prior-year funding that was provided on a one-time basis for the Elder Nutrition Program.	(378,000)	--	--	(378,000)	--
Total Changes	(5,406,000)	(5,291,000)	263,000	(378,000)	0.0
2026-27 Recommended Budget	69,903,000	21,300,000	46,217,000	2,386,000	0.0

Family and Social Services
CHILD SUPPORT SERVICES
 Recommended Budget
 Fiscal Year 2026-27

Changes From 2025-26 Budget

	Gross Appropriation (\$)	Intrafund Transfer (\$)	Revenue (\$)	Net County Cost (\$)	Budg Pos
2025-26 Final Adopted Budget	231,995,000	0	225,590,000	6,405,000	1451.0
Other Changes					
1. Bridges to Support Grant: Reflects one-time federal grant funding to provide under-employed and unemployed noncustodial parents with a broad range of employment and other critical services that is expected to lead to increased child support payments, ultimately providing greater support for children.	588,000	--	588,000	--	--
2. One-Time Funding Reversal: Reflects an adjustment to remove prior-year funding that was provided on a one-time basis for various programs and services.	(3,202,000)	--	(3,202,000)	--	--
3. Salaries and Employee Benefits: Primarily reflects Board-approved increases in salaries and health insurance subsidies.	173,000	--	168,000	5,000	--
4. Unavoidable Costs: Reflects changes in workers' compensation and long-term disability costs due to medical cost trends and increases in claims. Also reflects a projected increase in unemployment insurance costs based on historical experience.	108,000	--	108,000	--	--
5. One-Time Funding: Reflects an adjustment to remove prior-year funding that was provided on a one-time basis for Cyber Security.	(26,000)	--	(25,000)	(1,000)	--
6. Countywide Cost Allocation Adjustment: Reflects an adjustment in rent charges to comply with federal Office of Management and Budget claiming guidelines (2CFR Part 200).	(42,000)	--	(41,000)	(1,000)	--
Total Changes	(2,401,000)	0	(2,404,000)	3,000	0.0
2026-27 Recommended Budget	229,594,000	0	223,186,000	6,408,000	1,451.0

Family and Social Services
DEPARTMENT OF PUBLIC SOCIAL SERVICES - ADMINISTRATION

Recommended Budget
 Fiscal Year 2026-27

Changes From 2025-26 Budget

	Gross Appropriation (\$)	Intrafund Transfer (\$)	Revenue (\$)	Net County Cost (\$)	Budg Pos
2025-26 Final Adopted Budget	3,219,977,000	3,775,000	2,950,580,000	265,62,000	14,587.0
Critical Issues					
1. CalFresh Administration: Reflects funding for the required County match to draw down projected State and federal CalFresh Administration allocations, primarily due to a change in federal sharing ratio.	--	--	(40,058,000)	40,058,000	--
Other Changes					
2. Electronic Benefit Transfer (EBT) Replacement: Reflects an increase in net County cost, to cover the General Relief EBT benefit replacements due to skimming/scamming incidents.	2,459,000	--	--	2,459,000	--
3. California Work Opportunity and Responsibility to Kids (CW) Contracted/Direct Services: Reflects a net decrease to various CW contracted and direct program services to align the budget with projected State and federal allocation levels, primarily due to the reversal of one-time funding.	(66,152,000)	--	(66,152,000)	--	--
4. Home Safe Program: Reflects a decrease in appropriation and revenue due to a reduction in Assembly Bill 135 State funding allocation.	(3,992,000)	--	(3,992,000)	--	--
5. Ministerial Adjustments: Reflects ministerial adjustments to align the department's budget to the appropriate classifications.	--	(349,000)	349,000	--	--
6. Measure A: Reflects a decrease to align with the Measure A spending plan adopted by the Board on February 3, 2026 and the associated revenue decrease for the federal match.	(1,000,000)	--	(1,000,000)	--	--
7. Negotiated Salary Changes and Fringe Benefits: Primarily reflects Board-approved increases in salaries and health insurance subsidies and dependent care spending.	28,637,000	--	22,941,000	5,696,000	--
8. Unavoidable Costs: Reflects changes in workers' compensation and long-term disability costs due to medical cost trends and increases in claims.	631,000	--	631,000	--	--

	Gross Appropriation (\$)	Intrafund Transfer (\$)	Revenue (\$)	Net County Cost (\$)	Budg Pos
9. Deletion of One-Time Funding: Reflects an adjustment to remove prior-year funding that was provided on a one-time basis for cyber security, Electronic Benefit Transfer (EBT) replacement benefits, Skills and Training to Achieve Readiness for Tomorrow (START) Transition-Aged Youth (TAY) opportunity and redesign, tenant improvement and low voltage for the Norwalk project, and the CalFresh Employment and Training claiming restructure.	(71,346,000)	--	(45,013,000)	(26,333,000)	--
10. Countywide Cost Allocation Adjustment: Reflects an adjustment in rent charges to comply with federal Office of Management and Budget claiming guidelines (2 CFR Part 200).	(298,000)	--	(239,000)	(59,000)	--
11. Board-Approved Reclassification: Reflects a Board approved reclassification of an Administrative Services Manager III to a Communications Manager.	29,000	--	29,000	--	--
Total Changes	(111,032,000)	(349,000)	(132,504,000)	21,821,000	0.0
2026-27 Recommended Budget	3,108,945,000	3,426,000	2,818,076,000	287,443,000	14,587.0

Family and Social Services
DEPARTMENT OF PUBLIC SOCIAL SERVICES - ASSISTANCE

Recommended Budget
 Fiscal Year 2026-27

Changes From 2025-26 Budget

	Gross Appropriation (\$)	Intrafund Transfer (\$)	Revenue (\$)	Net County Cost (\$)	Budg Pos
2025-26 Final Adopted Budget	2,991,658,000	--	2,408,746,000	582,912,000	0.0
Other Changes					
1. IHSS: Reflects funding for the four percent IHSS MOE inflator and the \$0.74 IHSS provider wage increase effective January 1, 2025.	74,167,000	--	--	74,167,000	--
2. IHSS: Reflects an increase to the IHSS Provider Health Care Plan capitation rate of \$184.38, from \$316.24 to \$500.62 and Public Authority Administration funding for the Personal Assistance Services Council.	135,395,000	--	135,395,000	--	--
3. CAPI: Reflects funding for an increase in caseload and a 2.2 percent cost-of-living adjustment.	17,761,000	--	17,761,000	--	--
4. CalWORKs: Reflects a decrease in caseloads and cost per case to align the budget with projected expenditures.	(127,165,000)	--	(124,619,000)	(2,546,000)	--
5. RCA: Reflects a decrease to projected caseload.	(7,409,000)	--	(7,409,000)	--	--
6. GRAH: Reflects a decrease to align with the Measure A spending plan adopted by the Board on February 3, 2026.	(3,715,000)	--	(3,715,000)	--	--
7. GR: Reflects a decrease to projected caseload and an adjustment to remove prior-year funding that was provided on a one-time basis for the GR Guaranteed Income Program.	(2,947,000)	--	--	(2,947,000)	--
8. REP: Reflects an adjustment to remove prior-year funding that was provided on a one-time basis for Housing Assistance and Support Services for Ukrainian Refugees and a decrease to align the REP Program budget with available federal revenue.	(1,296,000)	--	(1,296,000)	--	--
Total Changes	84,791,000	0	16,117,000	68,674,000	0.0
2026-27 Recommended Budget	3,076,449,000	0	2,424,863,000	651,586,000	0.0

Family and Social Services
MILITARY AND VETERAN AFFAIRS

Recommended Budget
 Fiscal Year 2026-27

Changes From 2025-26 Budget

	Gross Appropriation (\$)	Intrafund Transfer (\$)	Revenue (\$)	Net County Cost (\$)	Budg Pos
2025-26 Final Adopted Budget	23,388,000	9,622,000	6,176,000	7,590,000	74.0
Other Changes					
1. Veterans Peer Access Network (VPAN) and Housing Navigators: Reflects an adjustment to remove Mental Health Services Act (MHSA) funding provided by the Department of Mental Health for various veteran services.	(7,160,000)	(7,160,000)	--	-	(6.0)
2.. State Subvention: Reflects adjustments to align State revenue with actuals.	(762,000)	-	(762,000)	-	--
3. One-Time Funding: Reflects an adjustment to remove prior-year funding that was provided on a one-time basis for various programs and services.	(1,590,000)	--	(889,000)	(701,000)	--
4. Countywide Cost Allocation Adjustment: Reflects an adjustment in rent charges to comply with federal Office of Management and Budget claiming guidelines (2 CFR Part 200).	217,000	--	-	217,000	--
5. Salary and Employee Benefits: Reflects Board-approved increases in long-term disability and dependent care.	6,000	-	--	6,000	--
6. Measure A Funding: Reflects a decrease to align with the Measure A spending plan adopted by the Board on February 3, 2026.	(1,107,000)	-	(1,107,000)	-	(3.0)
Total Changes	(10,396,000)	(7,160,000)	(2,758,000)	(478,000)	(9.0)
2026-27 Recommended Budget	12,992,000	16,699,000	3,418,000	7,112,000	65.0

Family and Social Services
DEPARTMENT OF CHILDREN AND FAMILY SERVICES - ADMINISTRATION

Recommended Budget
 Fiscal Year 2026-27

Changes From 2025-26 Budget

	Gross Appropriation (\$)	Intrafund Transfer (\$)	Revenue (\$)	Net County Cost (\$)	Budg Pos
2025-26 Final Adopted Budget	2,202,028,000	7,509,000	1,629,296,000	565,223,000	9,897.0
<i>New/Expanded Programs</i>					
1. Young Children in Care (YCIC): Reflects funding for 3.0 additional positions to support the expansion of the Young Children in Care (YCIC) Birth to Five Program, offset by the deletion of 4.0 vacant budgeted positions and reductions in Services and Supplies (S&S).	--	--	--	--	-1.0
2. Community Cultural Broker (CCBP): Reflects funding for 2.0 additional positions to address racial disparities and disproportionality in the child welfare system, particularly for African American families, offset by the deletion of 3.0 vacant budgeted positions	--	--	--	--	-1.0
<i>Other Changes</i>					
3. Administration Support Services: Reflects funding for 14.0 additional positions to provide management and administrative support, partially offset by the deletion of 21.0 budgeted positions and reductions in Capital Assets.	--	--	--	--	-7.0
4. Salaries and Employee Benefits: Primarily reflects Board-approved increases in salaries and health insurance subsidies.	24,426,000	--	12,591,000	11,835,000	--
5. Workers' Compensation and Long-Term Disability: Reflects changes in workers' compensation and long-term disability costs due to anticipated benefit increases and medical cost trends.	(275,000)	--	(275,000)	--	--
6. One-time funding: Reflects an adjustment to remove prior-year funding that was provided on a one-time basis for various programs.	(24,072,000)	--	(111,000)	(23,961,000)	--
7. Countywide Cost Allocation Adjustment: Reflects an adjustment in rent charges to comply with federal Office of Management and Budget claiming guidelines (2 CFR Part 200).	(179,000)	--	(92,000)	(87,000)	--
Total Changes	(100,000)	0	12,113,000	(12,213,000)	-9.0
2026-27 Recommended Budget	2,201,928,000	7,509,000	1,641,409,000	553,010,000	9,888.0

Family and Social Services
DEPARTMENT OF CHILDREN AND FAMILY SERVICES - ASSISTANCE

Recommended Budget
 Fiscal Year 2026-27

Changes From 2025-26 Budget

	Gross Appropriation (\$)	Intrafund Transfer (\$)	Revenue (\$)	Net County Cost (\$)	Budg Pos
2025-26 Final Adopted Budget	1,374,463,000	5,800,000	1,134,322,000	234,341,000	0.0
Other Changes					
1. Adoption Assistance Program (AAP): Reflects funding for higher case costs associated with California Necessities Index (CNI) placement rate increases.	17,460,000	--	7,651,000	9,809,000	--
2. AAP: Reflects a decrease in appropriation and funding due to lower federal caseloads than previously budgeted.	(16,366,000)	--	(13,322,000)	(3,044,000)	--
3. Foster Care (FC): Reflects funding for higher case costs associated with CNI placement rate increases.	7,989,000	--	4,084,000	3,905,000	--
4. FC: Reflects a decrease in appropriation and funding due to lower federal caseloads than previously budgeted.	(50,029,000)	--	(61,128,000)	11,099,000	--
5. Kinship Guardianship Assistance Program (KinGAP): Reflects funding for higher case costs associated with CNI placement rate increases.	6,983,000	--	5,905,000	1,078,000	--
6. KinGAP: Reflects a decrease in appropriation and funding due to lower federal caseloads than previously budgeted.	(11,719,000)	--	(11,858,000)	139,000	--
7. Promoting Safe and Stable Families (PSSF): Reflects an adjustment to remove prior-year funding that was provided by the Department of Mental Health (DMH) on a one-time basis over six years for Prevention & Aftercare contracts.	(5,200,000)	(5,200,000)	--	--	--
Total Changes	(50,882,000)	(5,200,000)	(68,668,000)	22,986,000	0.0
2026-27 Recommended Budget	1,323,581,000	600,000	1,065,654,000	257,327,000	0.0

**BOARD LETTER/MEMO
CLUSTER FACT SHEET**

Board Letter

Board Memo

Other

CLUSTER AGENDA REVIEW DATE	3/25/2026
BOARD MEETING DATE	4/14/2026
SUPERVISORIAL DISTRICT AFFECTED	<input checked="" type="checkbox"/> All <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th
DEPARTMENT(S)	Aging and Disabilities (AD)
SUBJECT	Los Angeles County Planning and Service Area (PSA) 19 Area Agency on Aging Fiscal Year 2026-27 Area Plan Update
PROGRAM	Los Angeles County Area Agency on Aging (AAA)
AUTHORIZES DELEGATED AUTHORITY TO DEPT	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
SOLE SOURCE CONTRACT	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
DEADLINES/ TIME CONSTRAINTS	The final FY 2026–27 Area Plan Update is due to the California Department of Aging on May 1, 2026.
PURPOSE OF REQUEST	<ol style="list-style-type: none"> Approve the FY 2026-27 Area Plan Update. 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 2026-27 Area Plan Update to California Department of Aging (CDA).
BACKGROUND (Include internal/external issues that may exist including any related motions)	AD seeks your Board’s approval of the Los Angeles County AAA Fiscal Year (FY) 2026-27 Area Plan Update. The FY 2026-27 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 includes revisions to the Needs Assessment & Targeting section, narrative goals and objectives, projected units of service for select AAA programs, and related service plan components, including Family Caregiver Support Program (FCSP), to ensure alignment with current data, program operations, funding levels, program requirements, and an added Disaster Preparedness section.
EQUITY INDEX OR LENS WAS UTILIZED	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please explain how
SUPPORTS ONE OF THE NINE BOARD PRIORITIES	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please state which one(s) and explain how.
DEPARTMENTAL CONTACTS	Name, Title, Phone # & Email: Ashley Liang at (213) 880-4158, aliang@ad.lacounty.gov



BOARD OF SUPERVISORS

April 14, 2026

- Hilda L. Solis
- Holly J. Mitchell
- Lindsey P. Horvath
- Janice Hahn
- Kathryn Barger

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

EXECUTIVE LEADERSHIP

- Maral V. Karaccusian
Director
- Victoria Jump
Acting Chief Deputy Director

**LOS ANGELES COUNTY PLANNING AND SERVICE AREA (PSA)
 19 AREA AGENCY ON AGING 2026-27 AREA PLAN UPDATE
 (ALL SUPERVISORIAL DISTRICTS) (3 VOTES)**

SUBJECT

- Susan Huff
Administrative Deputy II
- Anna Avdalyan
Assistant Director
- Ivan Pacheco
Chief Information Officer

The Los Angeles County Aging & Disabilities Department (AD) seeks the Board’s approval of the Los Angeles County Area Agency on Aging (AAA) Fiscal Year (FY) 2026-27 Area Plan Update. The FY 2026-27 Area Plan Update is required by the California Department of Aging (CDA) and provides revisions to the FY 2024-28 Area Plan approved by the Board on April 9, 2024. This year’s update includes revisions to the Needs Assessment and Targeting, narrative goals and objectives, and projected units of service for PSA 19. In addition, the Family Caregiver Support Program (FCSP) was streamlined to improve efficiency, with adjustments made to the service plan to enhance service delivery and alignment with program objectives.

GET IN TOUCH

510 S. Vermont Avenue, Suite 1100
 Los Angeles, CA 90020
ad.lacounty.gov
info@ad.lacounty.gov

IT IS RECOMMENDED THAT THE BOARD:

- 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

1. Approve the FY 2026-27 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 2026-27 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 mandated by the Older Americans Act (OAA), including 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 that all AAAs maintain a four (4) year Area Plan with annual updates outlining key priorities, goals, and objectives for delivering comprehensive services. Los Angeles County's (County) FY 2024-28 Area Plan is based on a comprehensive needs assessment and extensive stakeholder engagement. For the Area Plan Update 2026-27, in collaboration with the LADOA, AD hosted five (5) in-person and one (1) virtual public hearings to obtain public feedback.

In response to the wildfires in January 2025, AD has added a Disaster Preparedness section to provide disaster resources to clients. In addition, AD has reviewed all service categories and made updates that reflect the current needs of the clients served. The needs of our target population are ever-changing, and we recognize that future changes may be needed in response to community needs. The recommended actions are necessary to allow AD to submit the FY 2026-27 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 and competent care, healthy lifestyles, and the improvement of physical health outcomes; and Focus Area Goal D, Strategy 7 (Older Adults and 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 and 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 2026-27 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.

FISCAL IMPACT/FINANCING

The activities described in the FY 2026-27 Area Plan Update are financed by federal OAA, State, and local funds and are included in AD's FY 2026-27 Budget.

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 2026-27 Area Plan Update will enable AD to continue to provide its home and community-based programs and services. These programs provide opportunities for 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 Ashley Liang, Executive Assistant, at aliang@ad.lacounty.gov.

Respectfully Submitted,

Maral V. Karaccusian, MSW
Director

MK:VJ:MR:al

Attachment

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



Four Year

Joint Area Plan

Update FY 2026-2027



LOS ANGELES COUNTY
Aging & Disabilities
Department



CITY OF LOS ANGELES
Department
of Aging

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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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	AP Narrative Objectives:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 Hilda L. Solis
Governing Board Chair

Date

Signature:  _____
Ted Smith,
Los Angeles County Commission for Older Adults

02-17-2026

Date

Signature: _____
Maral V. Karaccusian, 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: _____
Abigail R. Marquez, Interim 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 2026-2027 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 were scheduled, prior to the start of the 2026 planning year. While the plan was created based on previously identified needs, we recognize the importance of remaining flexible and responsive to changing conditions. We are committed to making amendments 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

The Los Angeles County Aging & Disabilities Department (AD) and City of Los Angeles Department of Aging (LADOA) are the principal agencies that address issues that relate to older adults, people with disabilities, and their caregivers. In addition to providing several direct programs, we also develop, enhance and maintain community-based systems of care that provide services, which support independence and protect the quality of life of older persons and persons with functional impairments. We also promote citizen involvement in the planning and delivery of services for Los Angeles County's older population, people with disabilities, and their caregivers. We accomplish these objectives through a network of education, advocacy, problem-solving, program planning, public hearings and service delivery, and by utilizing a variety of funding sources.

The Los Angeles County Aging & Disabilities Department is governed by the Los Angeles County Board of Supervisors. They set the policy, determine funding, oversee the operations and approve the strategic plan and its submission to the California Department of Aging. We also have a 25-member Commission on Aging that determines programming, funding priorities, advocacy efforts and makes recommendations to the Board of Supervisors. The Commission on Aging is comprised of representatives from each of the five (5) supervisorial districts.

The City of Los Angeles Department of Aging is governed by the City Council and the Mayor. The Council is the governing body of the City and is responsible for ordering elections, levying taxes, authorizing public improvement, approving contracts, and adopting traffic regulations. All of the Council's actions are subject to the approval of the Mayor. The LADOA serves as the Area Agency on Aging (AAA) administrator over programs and services to serve older adults and their family caregivers in the City in its function as an AAA. LADOA also has an advisory board,

referred to as the Council on Aging, consisting of older adults throughout the City that provide updates and feedback to the department.

Annually, we submit a joint plan to the California Department of Aging outlining our regional approach to providing comprehensive services to older adults, people with disabilities and caregivers.

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 2.1 million in 2024, accounting for 22% of the total population of 9.75 million. Projections indicate continued growth, with older adults expected to comprise 25% of the population by 2030 and 30% by 2050.

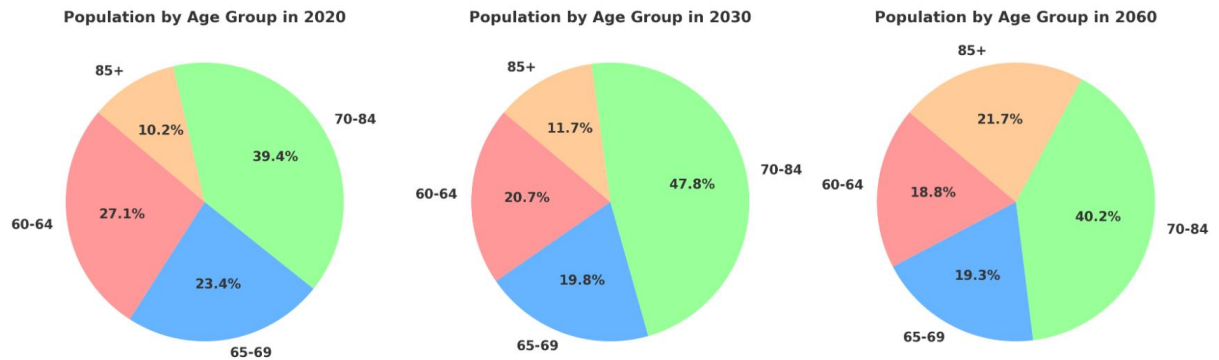
In the City of Los Angeles, the older adult population was approximately 797,254 in 2024, representing 21% of the city's 3.8 million residents. Based on an analysis of the 2024 ACS 1-Year Estimates, the population of adults aged 60 and older is projected to increase by approximately 60% by 2030 and nearly 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.

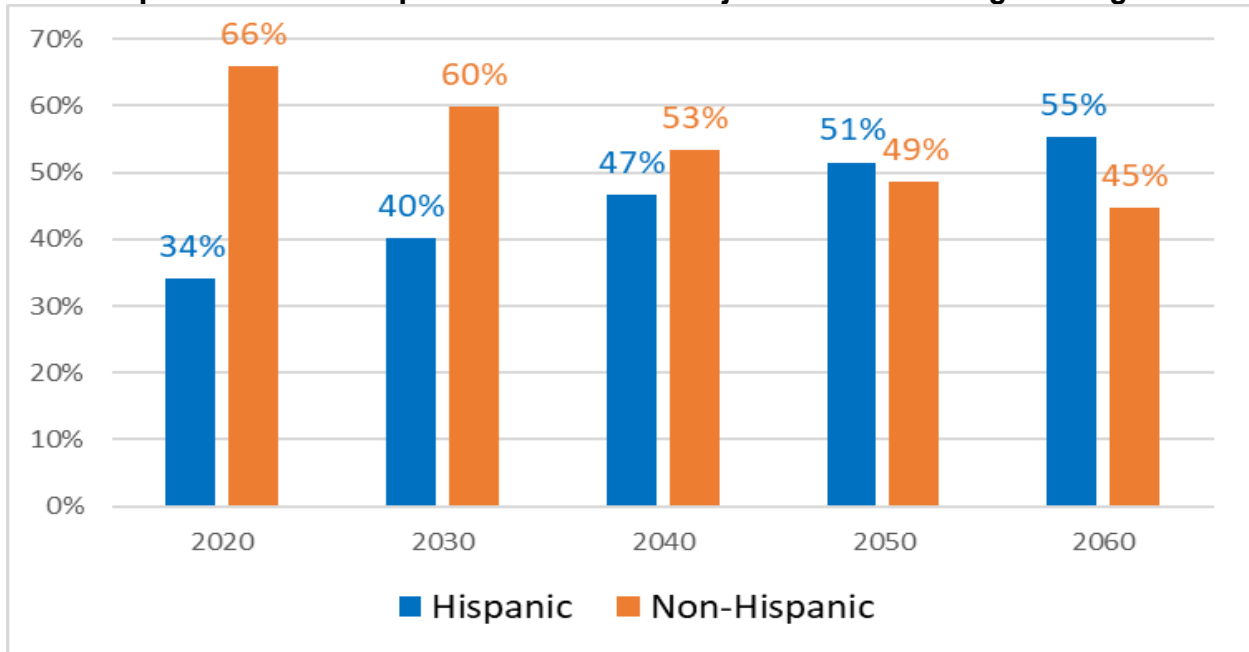
The demographic shift also includes changes in racial and ethnic composition, with a notable increase in the Hispanic older adult population. This trend presents both opportunities and

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

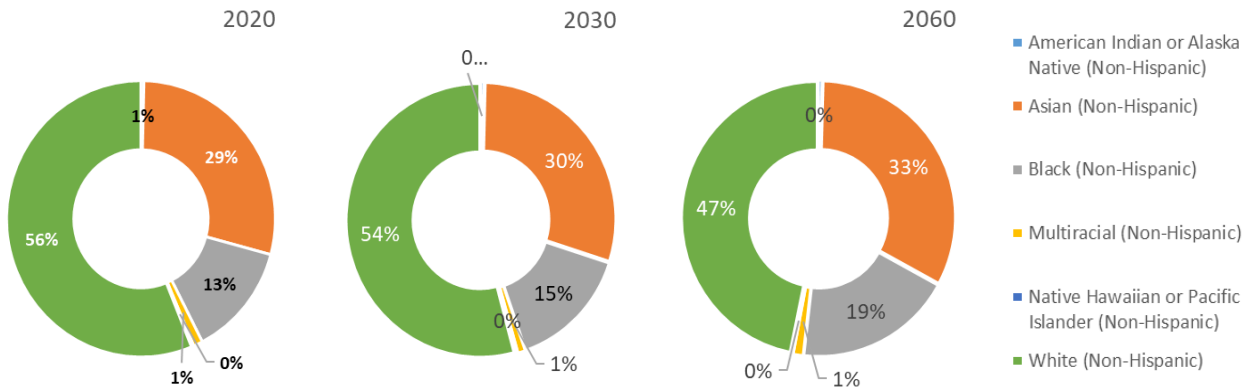


Hispanic vs Non-Hispanic Older Adult Projections for Los Angeles Region



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

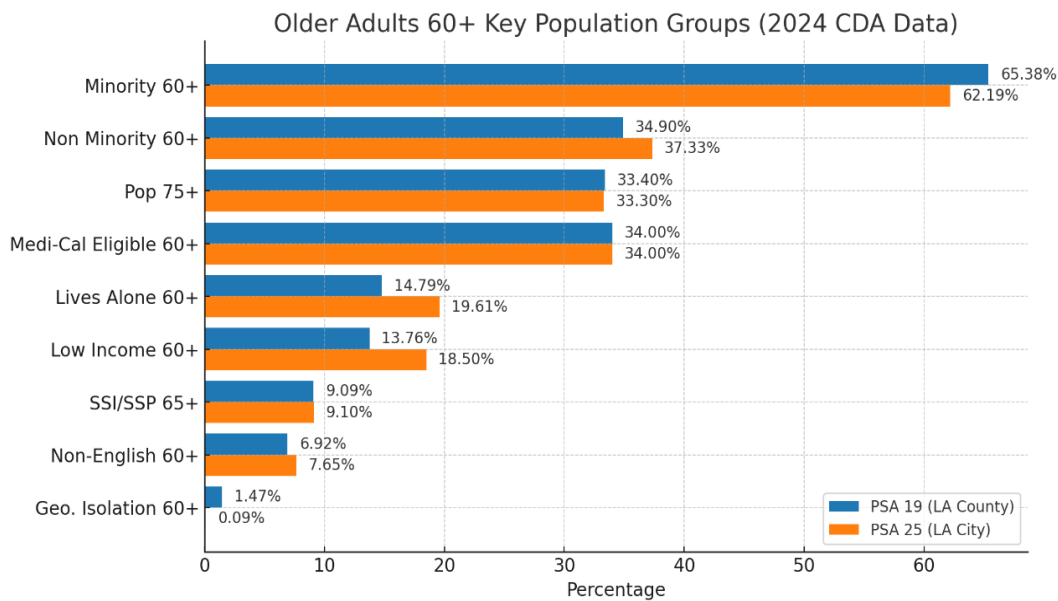


Source: California Department of Finance. Demographic Research Unit. [Report P-3: Population Projections, California, 2020-2060](#) (Baseline 2019 Population Projections; Vintage 2023 Release). Sacramento: California. July 2023.

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, 45.1% speak only English, while 54.9% use a different primary language at home. Additionally, 36.8% of older adults have limited

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.

English 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 2024 U.S. Census American Community Survey 1-Year Estimates, 30.7% (or 240,675 individuals) of the civilian non-institutionalized population aged 60+ in the City of Los Angeles report having a disability, while 69.3% do not¹⁰. Among those aged 65+ with disabilities¹¹:

- 23.4% have ambulatory difficulties.
- 19.3% experience independent living challenges.
- 11.2% report hearing impairments.
- 11.1% struggle with self-care.
- 10.3% face cognitive difficulties.
- 6.8% 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. (2024). *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. (2024). *American community survey 1-year estimates, 2024*. U.S. Department of Commerce.

⁹ U.S. Census Bureau. (2024). *American community survey 1-year estimates, 2024*. U.S. Department of Commerce.

¹⁰ U.S. Census Bureau. (2024). *American community survey 1-year estimates for the city of Los Angeles, 2024*. U.S. Department of Commerce.

¹¹ U.S. Census Bureau. (2024). *American community survey 1-year estimates for the city of Los Angeles, 2024*. 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 16.6% 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

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>

Security accounts for at least 90% of the total income for 21% of married elderly couples and approximately 45% of unmarried elderly beneficiaries²¹.

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 2025, the maximum monthly SSI payment was \$967 for an eligible individual and \$1,450 for an eligible couple²⁵.

In the City of Los Angeles, the average Social Security income increased from \$21,826 in 2023 to \$23,196 in 2024, reflecting a 6.28% increase²⁶. Additionally, 20.1% of PSA 25's older adult households received Supplemental Nutrition Assistance Program (SNAP) benefits, while 3.1% received cash public assistance income²⁷.

Of the 453,980 older adult households in the City of Los Angeles, 58.2% reported earnings from wages, salaries, or self-employment income, with an average income of \$105,093²⁸. Approximately 63.1% of older adult households had income from Social Security, while 13.2% received income from SSI²⁹. Additionally, 33.7% of older adults received retirement income, with the average amount being \$43,789³⁰.

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.

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

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. (2024). *American Community Survey, 2023-2024*. <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. (2024). *American Community Survey, 2023-2024*. <https://www.census.gov>

²⁹ Social Security Administration. (2024). *Annual Statistical Supplement, 2024*. <https://www.ssa.gov>

³⁰ U.S. Census Bureau. (2024). *American Community Survey, 2023-2024*. <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.

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 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 453,980 households led by older adults (aged 60+). Among them, 54.7% are homeowners, while 45.3% rent their housing. Of the older adults who rent, an estimated 61.1% allocate more than 30% of their household income toward housing costs. Similarly, 41.1% 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 about 55% 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.

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.

This demographic shift places increased strain on healthcare, transportation, housing, and public services.

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 2024 U.S. Census data, Los Angeles is home to 797,254 older adults aged 60+, of whom 54.9% are foreign-born. As of 2024, 74.8% of foreign-born seniors are naturalized U.S. citizens, while 25.2% remain non-citizens. Additionally, 85% of foreign-born older adults arrived before 2000, while 15% 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 5. NEEDS ASSESSMENT & TARGETING (PSA 19 & 25)

Who Do We Serve?

We provide services to:

- Older adults 60 years of age and older
- Persons with disabilities
- Unpaid caregivers

Services provided are dependent upon the funding requirements as well as program eligibility.

Our goal is to target our services to those in need and to ensure that our program participants mirror the composition of the community we serve. According to the California Department of Aging, the current total population of people over the age of 60 in Los Angeles County is 2,255,603 which is less than a .23% decrease from 2024. The steady population level emphasizes the importance of improving and maintaining the services rendered to older adults.

Of these 2,255,603 individuals:

- 1,353,361 are minorities
- 360,896 have incomes below the federal poverty level
- 721,792 are Medi-Cal eligible
- 22,556 are geographically isolated
- 203,004 are aged 65 or older and SSI/SSP eligible
- 721,792 are older than 75
- 383,452 live alone
- 157,892 are non-English speakers
- 225,560 are LGBTQIA+
- 112,780 are Veterans over the age of 65
- 766,905 are immigrants that are 60+

Our demographics align with the state averages but reflect a more diverse population.

Priority Categories	Los Angeles N=2,255,603	State of California N=8,948,621
Minority 60+	60%	51%
Low-income 60+	16%	14%
Medi-Cal eligible 60+	32%	26%
Geographic isolation 60+	1%	7%
SSI/SSP 65+	9%	6%
Population 75+	32%	32%
Lives alone 60+	17%	18%
Non-English-speaking 60+	7%	5%

LGBTQIA + older adults ³⁵	10%	5%
Veterans ³⁶	5%	9%
Immigrants ³⁷	34%	29%

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

2024-2028 Four-Year Planning Cycle

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

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

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

Access:

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

PSA 19:

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

PSA 25:

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

In-Home Services:³

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

PSA 19:

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

PSA 25:

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

³⁵ Source: Williams Institute, UCLA (2024), California Department of Aging (2024).

³⁶ Sources: USAFacts (2022), LA Almanac (2023), EDD Labor Market Info (2024).

³⁷ Sources: Migration Policy Institute (2016), LA County Immigrant Population Report (2025), City of LA AdvantAGE Report (2024), Public Policy Institute of California (2025).

Legal Assistance Required Activities:

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

PSA 19:

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

PSA 25:

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

³ Minimum percentages of applicable funds are calculated on the annual Title IIIB baseline allocation, minus Title IIIB administration and minus Ombudsman. At least one percent of the final Title IIIB calculation must be allocated for each "Priority Service" category, or a waiver must be requested for the Priority Service category(s) that the AAA does not intend to fund.

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

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

Fiscal Year	Date	Location	Number of Attendees	Presented in languages other than English? ⁴ Yes or No	Was a hearing held at a Long-Term Care Facility? ⁵ Yes or No
2026-2027	January 13, 2026	San Pedro Service Center 769 W 3rd Street San Pedro, CA 90731	28	Y	No
2026-2027	January 14, 2026	San Gabriel Valley Service Center 1441 Santa Anita Ave South El Monte, CA 91733	36	Y	No
2026-2027	January 15, 2026	Antelope Valley Senior Center 777 W. Jackman Street Lancaster, CA 93534	41	Y	No
2026-2027	January 20, 2026	ONEgeneration Senior Enrichment Center 18255 Victory Blvd. Reseda, CA 91335	59	Y	No
2026-2027	January 21, 2026	Virtual Joint Public Hearing Microsoft Teams	59	Y	No
2026-2027	January 22, 2026	Willowbrook Senior Citizens Center 12915 S. Jarvis Street Los Angeles, CA 90061	45	Y	No
2027-2028					
2027-2028					
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.

To solicit input into the Area Plan from institutionalized, homebound, and/or disabled older adults, the Los Angeles City and Los Angeles County Area Agencies on Aging (AAAs) conducted six joint public hearings. The hearings were primarily held in person, with one joint public hearing conducted virtually via Microsoft Teams. Two public hearings (San Gabriel and Antelope Valley) were conducted by the County only.

This dual-format approach significantly improved accessibility, particularly for homebound individuals and those with limited mobility, by allowing remote participation. To further ensure inclusivity, the virtual public hearing was recorded, enabling individuals who were unable to attend the live session to view the proceedings at a later time.

Public hearing announcements were published in three languages to reach diverse communities: English in the LA Daily News, Spanish in La Opinión, and Traditional Chinese in Sing Tao Daily. Information flyers were also widely disseminated through multiple channels, including Board offices, County Commissioners, Senior Centers, Aging & Disabilities Department (AD) partners, and AAA service providers.

To further expand outreach, AD promoted public hearings through its website and social media platforms. The availability of a virtual public hearing was particularly beneficial for institutionalized, homebound, and disabled older adults who were unable to attend in person due to mobility, health, or transportation barriers, ensuring broader and more equitable community participation in the Area Plan development process.

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.

- Service Access Challenges
 - Services exist but are difficult to access due to long waiting times, complex processes, and limited staffing
 - Seniors face barriers related to technology, internet access, and navigating multiple systems
 - Participants requested a single, human point of contact to help navigate services
- Transportation and Safety Issues
 - Transportation was identified as a major barrier to accessing healthcare, food, and social activities
 - Concerns included insufficient funding, driver shortages, lack of wheelchair-accessible vehicles, and unsafe pedestrian conditions
 - Participants requested improved infrastructure, clearer information, and expanded senior transportation options
- Technology and Digital Access
 - Requests were made for computers, Wi-Fi, and internet access at senior centers
 - Participants emphasized the need for ongoing digital skills training as technology and AI become more prevalent
 - Additional City and County funding was requested to support digital inclusion efforts
- Meal Program Issues
 - Participants reported long waitlists and requested increased funding and clearer communication about program changes
 - Greater flexibility was requested for disabled or homebound seniors who cannot attend congregate sites
 - Continued support for home-delivered meals was emphasized as critical to seniors' health and independence
- Financial Hardship
 - Seniors reported significant rent increases, fixed incomes, and depletion of savings
 - Housing costs were identified as a major driver of food insecurity and increased reliance on meal programs
- Medicare Counseling and Fraud Prevention
 - Demand for Medicare counseling services exceeds current funding levels
 - Participants requested stronger outreach, clearer explanations, and printed materials
 - Growing concerns were raised about Medicare fraud, including fraudulent hospice enrollments
- Senior Center Services
 - Participants noted inconsistent membership fees across senior centers
 - A universal membership model was suggested to improve access and equity
- In-Home Supportive Services and Emergency Preparedness
 - Participants advocated for expanded backup attendant programs to ensure

- continuity of care during emergencies
- Improved disaster preparedness coordination was requested to address food, shelter, and IHSS service continuity
- Information and Resources
 - Participants requested better coordination and referrals for landlord-tenant and consumer protection resources
 - Continued distribution of printed materials was emphasized, particularly where digital access is limited
- Alzheimer's and Dementia Needs
 - Family caregivers reported providing extensive unpaid care with limited public support
 - Participants called for expanded adult day care, respite services, and partnerships with dementia-specialized organizations
 - Concerns were raised about future federal policy changes affecting caregivers and beneficiary support
- Senior Housing and Homelessness
 - Participants expressed concern about the growing crisis of senior homelessness
 - Questions were raised about prioritizing seniors for housing based on age, disability, and health needs
 - Concerns were also raised about unsafe housing conditions and potential elder abuse

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

Public hearing attendees provided valuable input highlighting ongoing service access challenges, funding limitations, and the need to strengthen and sustain existing programs. Several comments emphasized the impact of rising costs on service delivery and reimbursement rates for providers. However, this Area Plan was developed based on current funding assumptions under the Older Americans Act and does not include provisions for service expansion or funding adjustments at this time. As a result, no changes to the Area Plan were made in response to public hearing input.

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

Our Goals are Simple

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

We plan to accomplish these measurable goals in 2026 and beyond through providing direct services in addition to contracting with other community-based organizations. Our goals contain strategies to include opportunities for collaboration and capacity building as well as identifying and addressing emerging needs and issues of the population we serve. The projected start date for all activities is July 1, 2026, which will run through June 30, 2027. No services being provided are funded by Title III-B Program Development and Coordination dollars.

Our Priorities

1. We support older adults in maintaining their independence and ability to live at home by promoting dignity and self-determination while ensuring all services are accessible and equitable across cultures, languages, abilities, and income levels.
2. We protect older adults in long-term care facilities by safeguarding their well-being and quality of life and ensuring every resident receives fair, respectful, and high-quality care regardless of background or circumstance.
3. We provide home-delivered meals to reduce hunger and support health while offering culturally appropriate, nutritionally balanced options that meet the diverse needs of all older adults.
4. We offer health insurance information, system navigation, and unbiased counseling to empower older adults in making informed decisions, ensuring that guidance is equitable, culturally responsive, and free of barriers.
5. We deliver evidence-based fall prevention classes to promote mobility and safety while ensuring equitable access for underserved communities and individuals with limited preventive care options.
6. We provide congregate meals and social opportunities to reduce isolation and strengthen community bonds while creating welcoming, inclusive environments for older adults of every background.
7. We prevent abuse and protect the rights of older adults by ensuring safety and justice, offering equitable case management and advocacy for individuals who may be marginalized or underserved.
8. We provide accessible transportation to support mobility and independence while prioritizing equitable service for communities with the greatest transportation barriers and diverse physical or financial needs.
9. We support family caregivers with information and assistance to reduce burden and strengthen care networks while ensuring equitable access to culturally relevant and

inclusive resources.

10. We communicate clearly about our services and resources to build awareness and trust while using inclusive, multilingual strategies that ensure all communities receive the information they need.
11. We advocate and uplift all communities by advancing social justice, promoting wellbeing, and reducing disparities so that every older adult has the opportunity to thrive.
12. We support older adults and caregivers during emergencies by using flexible funding to meet immediate needs by providing emergency kits, shelf-stable meals, and temporary housing support, to help maintain safety.

This means that although all the objectives listed below are important, as are the additional strategies and activities to be undertaken to meet these goals, additional efforts that may include staff time and resources will be focused on these priorities.

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

Rationale: The LA Region is committed to creating and maintaining streets, facilities, and open spaces that are environmentally friendly, accessible, and available to all residents including special accommodation for older adults and adults with disabilities. To meet this objective, the LA Region will partner with museums, stadiums, studios, convention centers and other tourist attractions in the Los Angeles Region to enhance age-friendly building features and generate awareness of and attention around tourist facilities that have taken steps to become age-friendly.

	Projected Start and End Dates	Type of Activity and Funding Source	Update Status
No Older Americans Act funds are being used to support this goal.			
<u>Strategies to support the goal and objectives under this category:</u>			
<ol style="list-style-type: none"> 1. In collaboration with the LA County Commission on Older Adults, Commission on Disabilities and the LA City Advisory Council on Aging, and the LA City Disabilities Commission to collaborate with County and City parks, beaches, marinas, and other public spaces to assist in incorporating age-friendly, accessible, and culturally relevant approaches and expand programming for older adults and adults with disabilities through 6/30/28. 			

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

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

	Projected Start and End Dates	Type of Activity and Funding Source	Update Status
<p>Objective 2.1 The LA Region will ensure that current and new public transportation systems reflect the needs of a growing older adult population (including individuals with physical and cognitive needs).</p> <p>Provide transportation to ensure older adults and adults with disabilities have access through accessible transportation to fully participate in the community.</p>	7/1/24-6/30/28	Other (non-OAA)	Ongoing
<p>Strategies to support the goal and objectives under this category:</p> <ol style="list-style-type: none"> 1. In partnership with LA METRO, the LA Region will work with “On the Move Riders” program to provide outreach to older adults regarding available transportation options and training to older adults in using public transportation. The LA Region aims to provide at least two of the following activities within the 5 Supervisory Districts: one-on-one and/or group travel training, informational transit tours, or safety education presentations at Pop-Up events, Transportation Expo, and/or Raised on Records Concert by 6/30/2027. 			

Goal 3: Address Issues of Homelessness and Promoting Affordable Housing

Rationale: Los Angeles Region is one of the most unaffordable housing markets in the nation, directly contributing to homelessness among older adults. The older adult population is the fastest growing demographic of the homeless population. The LA Region has declared emergency declarations given the crisis in unhoused persons in the community. Of particular concern is that an estimated half of all new unhoused adults are over the age of 50.

	Projected Start and End Dates	Type of Activity and Funding Source	Update Status
<p>Objective 3.1 Provide referral services to older adults and/or caregivers who are at risk of homelessness or are homeless through collaborations with various organizations and/or departments that</p>	7/01/24-6/30/28	Title IIIB & IIIE	Ongoing

deal with the issue of homelessness.			Ongoing
Objective 3.2 Seek assistance from the Legal Services Provider for issues that relate to tenant rights.	7/01/24-6/30/28	Title IIIB & IIIE	
<u>Strategies to support the goal and objectives under this category:</u>			
<ol style="list-style-type: none"> 1. Explore the feasibility of creating a homeless prevention unit and early intervention unit within PSA 19 to serve all county/city residents by 6/30/2028. 2. Explore leveraging county funding to assist individuals experiencing temporary homelessness. 3. Explore benefits of alternate housing including collaborative/shared housing. 4. Explore United to House LA (ULA) funding from the City of Los Angeles Housing Department as a sustainable funding stream for affordable housing production and homelessness prevention. 			

Goal 4: Promote Social Participation of Older Adults

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

	Projected Start and End Dates	Type of Activity and Funding Source	Update Status
Objective 4.1 Promote social participation through congregate/community meals.	7/01/24-6/30/28	Title III-C1	Ongoing
Objective 4.2 Promote social interaction, including multi-generational ones, through various social events and activities (games, dance, sports, etc.) in the multipurpose centers as well as offsite for special events.	7/01/24-6/30/28	Title IIID Other	Ongoing

<u>Strategies to support the goal and objectives under this category:</u>			
<ol style="list-style-type: none"> 1. Continue providing opportunities for socialization through the congregate meals program and various activities that are offered at the parks, and community and senior centers. Community gardens are currently at Adventure Park, Mayberry Park and Norwalk. Community gardens give older adults the ability to share expertise, learn and collaborate with others. 2. Explore the expansion of participatory arts and cultural programs for older adults led by professional artists to increase quality of life, address social isolation, increase mastery and positive effects on cognitive and physical health (ex: Music Mends Minds/ art classes) 3. Explore the feasibility of bringing the Los Angeles Social Isolation Impact Coalition to Aging & Disabilities. 			

Goal 5: Encourage Civic Participation & Employment

Rationale: Volunteerism and civic participation enhance the wellbeing and quality of life of older adults and contribute to the community. The LA Region will establish opportunities for engagement of community leaders and external partners.

	Projected Start and End Dates	Type of Activity and Funding Source	Update Status
<p>Objective 5.1 The Senior Community Service Employment Program (SCSEP) provides an opportunity for unemployed seniors to return to the competitive job market through work experience and job training programs. SCSEP provides subsidized, temporary, part-time, community service work-based training for low-income persons age 55 or older who are unemployed and trying to re-enter the job market. Through this program, older workers have access to on-the-job training and employment assistance available through local WorkSource Centers.</p>	7/01/24-6/30/28	Title V (OAA)	Ongoing
<p><u>Strategies to support the goal and objectives under this category:</u></p> <ol style="list-style-type: none"> 1. Explore incorporating recruitment strategies for older adults who volunteer through the County Volunteer Program, Mayor’s Volunteer Corps, and other existing City and County volunteer programs; explore a partnership with the Federal Senior Corps to host Senior Corps members at County and City Departments by 6/30/2028. 			

Goal 6: Communication & Information

Rationale: Increasing awareness of programs and needs that support older adults, people with disabilities and caregivers living in Los Angeles County. Older adults and adults with disabilities are the most vulnerable populations and most difficult to reach, thereby needing an effective outreach and communications system.

	Projected Start and End Dates	Type of Activity and Funding Source	Update Status

<p>Objective 6.1: Information and Resources provide easy, uniform and streamlined access to a broad array of services, support and advocacy for older adults, adults with disabilities and caregivers as well as focused populations of older adults that are veterans, immigrants, identify as LBGTQIA, and/or are HIV positive. Provide information, assistance and referrals including follow-up</p>	7/01/24-6/30/28	Title IIIB Title IIIE ADRC	Ongoing
<ul style="list-style-type: none"> • Provide outreach – one on one contact and/or virtual contact to connect people to services • Provide Medicare enrollment assistance including assistance with Medicare part D comparisons through the Health Insurance Counseling and Advocacy Program (HICAP) 	7/01/24-6/30/28	Title IIIB Title IIIE ADRC	Ongoing
	7/01/24-6/30/28	HICAP MIPAA	Ongoing

Strategies to support the goal and objectives under this category:

1. Promote the use of the Aging and Adult Information and Assistance Hotline (800) 510- 2020.
2. Strengthen the awareness of AAA programs and services by distributing outreach materials at senior centers, health fairs and various community events. Collaborate with other departments to provide comprehensive information.
3. Create a countywide no-wrong door network, by making Aging and Disability Resource Connection (ADRC) available throughout the County, building on the foundation of the existing Central and Southern ADRC providers, five Independent Living Centers and 211 LA.
4. Provide at least one community education event at each of the County & City designated Community and Senior Centers to expand access to Medicare through HICAP & MIPPA, ensuring effective guidance is available to those navigating Medicare and health insurance options by 6/30/2028.
5. Establish technology hubs at each of the County's 13 senior/community Centers and at the City's 15 Multipurpose Senior Centers to support the increasing digital demand for access by older adults and others in the community. Technology hubs will serve older adults on how to use their device in at least two senior centers, one in PSA 19 and one in PSA 25 by 6/30/2028.
6. Work with providers such as County of LA Military Veterans Affairs, LGBT Center, and LA County Office of Immigrant Affairs to link those that are Veterans, LBGTQIA, immigrants and/or HIV positive to home and community-based services.

Goal 7: Promote Community & Health Services

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

	Projected Start and End Dates	Type of Activity and Funding Source	Update Status
<p>Objective 7.1: Provide evidence- based Disease Prevention and Health Promotion (DPHP) classes to promote health and prevent falls.</p> <ul style="list-style-type: none"> At least 4 of the following classes will be offered: Chronic Disease Self-Management Program and/or Tomando Control de Su Salud; A Matter of Balance; Arthritis Foundation Walk with Ease; Arthritis Foundation Exercise Program; Diabetes Self-Management Program and/or Programa de Manejo Personal de la Diabetes; Chronic Pain Self-Management Program 	7/1/24-6/30/28	Title IIID	Ongoing

<p>Objective 7.2: Provide programs and services to assist unpaid, informal caregivers, including older adults (such as grandparents) aged 55 and older raising children aged 18 and younger (such as children)</p> <ul style="list-style-type: none"> • Access: information and assistance and caregiver outreach (contacts) • Info services: public information activities and community education (events) • Support services: caregiver assessment, case management, support groups, training and counseling (hours) • Respite services: in-home supervision and out-of-home day care (hours) • Supplemental services: caregiver adaptations and assistive devices (occurrences) <p>Objective 7.3: Provide meals, nutrition counseling and education to ensure that older adults have access to nutritional meals, fresh fruits, and vegetables; as well as information to make healthy choices.</p> <ul style="list-style-type: none"> • Congregate Meals • Home Delivered Meals • Nutrition Counseling • Nutrition Education • Emergency Food pantry (non OAA funded) • Provide education and promote physical activity 	<p>7/1/24-6/30/28</p>	<p>Title III E</p>	<p>Ongoing</p>
<p>Objective 7.3: Provide meals, nutrition counseling and education to ensure that older adults have access to nutritional meals, fresh fruits, and vegetables; as well as information to make healthy choices.</p> <ul style="list-style-type: none"> • Congregate Meals • Home Delivered Meals • Nutrition Counseling • Nutrition Education • Emergency Food pantry (non OAA funded) • Provide education and promote physical activity 	<p>7/1/24-6/30/28</p>	<p>Title III C Other</p>	<p>Ongoing</p>

<p>Objective 7.6: Maintaining Independence – Providing access to programs and services that foster independence and help older adults remain at home:</p> <ul style="list-style-type: none"> • Case management • Personal care • Homemaker • Chore • Adult Day Care • Subsidized employment training through the Senior Community Services Employment Program • Options Counseling • Transitions Counseling 	7/1/24-6/30/28	Title IIIB ADRC Title V Other	Ongoing
<p><u>Strategies to support the goal and objectives under this category:</u></p> <ol style="list-style-type: none"> 1. Continue the quarterly service providers meetings. 2. AD will explore creating a hub for aging and disability services to maximize other funding streams. 3. Support dementia-focused community engagement, programs, and policies by modernizing LA Found. 4. Evaluate the feasibility of implementing a CalSWEC intern program with APS. 5. Align county data systems via the Master Data Management agreement in coordination with County Counsel and the CIOs office by developing & implementing strategies for effective data management and sharing within various County departments. The vision would be data storage, analysis, and governance to drive insights and support data decision making. 			

Goal 8: Promoting Emergency Preparedness & Resilience Efforts

Rationale: The Los Angeles Region is susceptible to natural and man-made disasters. The development and implementation of emergency training and education will ensure the safety, wellness, and resilience of older adults in emergency situations. In collaboration with the OEM, the City EMD and County and City First Responder agencies, the LA Region will develop and implement emergency preparedness strategies that engage older adults and others with functional/ access needs, in preparing and responding to community emergencies.

	Projected Start and End Dates	Type of Activity and Funding Source	Update Status
No Older Americans Act funds are being used to support this goal.			
<p><u>Strategies to support the goal and objectives under this category:</u></p> <ol style="list-style-type: none"> 1. Establish a regional emergency preparedness and response working group to address the 			

- unique needs of older adults, adults with disabilities, and family caregivers.
- 2. Explore and attend national, statewide, and local emergency preparedness training opportunities to further enhance skills and to learn best practices across other agencies.
- 3. Implement outreach programs to increase awareness of first responders focusing on the unique emergency-related needs and challenges of older adults and adults with disabilities, ensuring a more informed and sensitive response in such situations.
- 4. Ensure that service providers' emergency preparedness plans are relevant and current.
- 5. Create and disseminate essential emergency preparedness resources within the aging network and to service providers, ensuring easy access and comprehensive coverage for those in need.
- 6. Expand emergency preparedness training for AAA staff, contractors, and community partners to ensure consistent, coordinated, and culturally responsive responses during disasters.
- 7. Strengthen resident preparedness by offering accessible training, resources, and guidance that help older adults and adults with disabilities understand how to prepare for emergencies, respond safely during an event, and access available supports. This includes promoting personal emergency plans, distributing preparedness materials, and integrating preparedness education into outreach, I&A, ADRC activities, and community workshops.
- 8. Expand the City's award-winning program "Go-Kit" bags to the wider LA County region. PSA 19 will secure funding for 1,000 "Go-Kit" bags by 6/30/2028.
- 9. Expand outreach to underserved communities by collaborating with local tribal organizations and other organizations that serve the underserved.

Goal 9: Strengthen Quality, Accountability and Effectiveness Across all Funded Programs

Rationale: As the Aging & Disabilities system continues to expand its portfolio of contracted and directly delivered services, it is critical to ensure that public funds are used efficiently, equitably, and in ways that demonstrably improve outcomes for older adults and people with disabilities. A structured approach to accountability, grounded in data, performance metrics, and consumer feedback—supports continuous quality improvement, promotes transparency, and ensures programs are responsive to the diverse needs of the communities we serve. Strengthening the quality and accountability framework also positions the Agency to meet state and federal requirements, maximize return on investment, and increase public trust.

	Projected Start and End Dates	Type of Activity and Funding Source	Update Status
<p>Objective 9.1 - Develop and Implement a Comprehensive Program Effectiveness Review Framework</p> <ul style="list-style-type: none"> • Develop and apply standardized metrics to assess program outcomes, service quality, and alignment with Older Americans Act (OAA), MPA, and Board priorities. • Analyze program performance using quantitative data (e.g., units of service, timeliness, demographic reach, cost-per-unit, equity indicators) and qualitative inputs (consumer satisfaction, provider surveys, case studies). • Conduct annual performance reviews of all contracted providers, including 	07/01/2025	AP Admin/other	New

<p>recommendations for improvement and targeted technical assistance.</p> <p>Objective 9.2 - Strengthen Data Collection, Reporting, and Analytics</p> <ul style="list-style-type: none"> • Expand the use of data dashboards to regularly track service utilization, demographic trends, and equity gaps. • Integrate evidence-based indicators to measure impact (e.g., reductions in food insecurity, improved caregiver strain scores, increased enrollment in benefits). • Enhance internal capacity for data validation and quality assurance to ensure accurate reporting to state and federal partners <p>Objective 9.3 - Establish a Continuous Customer Feedback Loop</p> <ul style="list-style-type: none"> • Create a standardized process for collecting consumer feedback across all programs, including surveys, focus groups, complaint resolution data, and community listening sessions. • Incorporate consumer voice into program planning, contract monitoring, and quality improvement cycles. 			
<p><u>Strategies to support the goal and objectives under this category:</u></p> <p>None at this time.</p>			

SECTION 8. SERVICE UNIT PLAN (SUP) (PSA 19 and 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	10,000	3,012	7	7.2
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	18,000	13,476	7	7.6
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	N/A	2,976	7	7.6
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	N/A	N/A		
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	37,000	28,201	7	7.6
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	N/A	N/A		
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	N/A	N/A		
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	15,000	288,120	6	6.1
2027-2028				

Outreach (Access)

Unit of Service = 1 contact

Fiscal Year	Proposed Units of Service		Goal Numbers	Objective Numbers (if applicable)
	PSA 19	PSA 25		
2024-2025	10,000	11,466	6	6.1
2025-2026	10,000	17,507	6	6.1
2026-2027	10,000	17,507	6	6.1
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	3,000	6,172	7	7.5
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	1,500,000	664,924	7	7.3
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	920,502	7	7.3
2025-2026	1,000,000	835,808	7	7.3
2026-2027	1,000,000	835,808	7	7.3
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	3,000	N/A	7	7.3
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	20	7	7.3
2025-2026	10	20	7	7.3
2026-2027	10	20	7	7.3
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	8,600	N/A	7	7.6
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	3,400	N/A	7	7.6
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	5,000	N/A	7	7.6
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	56,000	17,816	7	7.4
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	58,000	15,819	4	4.2
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	N/A	4,935	7	
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	N/A	11,096	7	
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	11,580	7	
2025-2026	N/A	12,108	7	
2026-2027	N/A	12,108	7	
2027-2028				

Other Supportive Service Category: Emergency Preparedness Plans **Unit of Service:** N/A

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	N/A	N/A	8	
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	N/A	5,739	7	
2027-2028				

Other Supportive Service Category: Disaster Preparedness Materials **Unit of Service:** 1 Product

Fiscal Year	Proposed Units of Service		Goal Numbers	Objective Numbers (If applicable)
	PSA 19	PSA 25		
2024-2025	N/A	N/A	7	
2025-2026	N/A	N/A	7	
2026-2027	500	500	8	
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 session

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	6,500	938	7	7.1
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	3149	N/A	8,242	38%	<u>45</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>70</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 0 _____ FY 2024-2025 Target: <u>2</u>
2. FY 2023-2024 Baseline: Number of Family Council meetings attended 0 _____ FY 2025-2026 Target: <u>2</u>
3. FY 2024-2025 Baseline: Number of Family Council meetings attended 0 _____ FY 2026-2027 Target: <u>2</u>
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 <u>1887</u> FY 2026-2027 Target: <u>2000</u>
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 4,037 _____ FY 2026-2027 Target: 4,500___
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 16 _____ FY 2026-2027 Target: 20 _____
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.

<p>FY 2024-2025</p>
<p>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.</p>
<p>FY 2025-2026</p>
<p>Outcome of FY 2024-2025 Efforts: Residents that are in managed health plan have increased access to the Long-Term Care Ombudsman Program. Ombudsman activities during this period included consistent facility visits, complaint investigation, and resident consultation, ensuring that residents were able to communicate concerns and receive timely assistance. These efforts supported resident rights and contributed to improved quality of care in long-term care facilities.</p> <p>FY 2025-2026 Systems Advocacy Effort(s): (Provide one or more new systems advocacy efforts) For FY 2025–26, the Long-Term Care Ombudsman Program will expand advocacy by increasing outreach to acute care hospitals to promote safe and appropriate discharge planning to long-term care facilities. The program will also strengthen collaborative working relationships with first responders throughout the county to increase recognition and reporting of potential resident rights concerns, ensuring that issues can be addressed quickly and effectively through the Ombudsman Program.</p>

<p>FY 2026-2027</p> <p>Outcome of FY 2025-2026 Efforts: The Long-Term Care Ombudsman Program has promoted safe and appropriate discharge planning by providing education to local acute care hospitals. Additionally, the Long-Term Care Ombudsman Program included hospital staff in SNF Symposiums to ensure consistent messaging to skilled nursing facility and hospital staff about residents’ rights related to discharge and transfers/readmission to their SNF of origin. Outreach to first responders has continued most notably by work with LA County Fire.</p> <p>FY 2026-2027 Systems Advocacy Effort(s): (Provide one or more new systems advocacy efforts) The Long-Term Care Ombudsman Program is committed to ensuring appropriate emergency preparedness plans are in all long-term care facilities. The local program will participate in County EMS efforts to ensure training and outreach to SNFs but will further the effort by outreaching to residential care facilities for the elder (AKA assisted living facilities). Additionally, the program will work with local legislators to underscore the need for funding for improved plans and coordination for residential care facilities for the elderly.</p>
<p>FY 2027-2028</p> <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>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>
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<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>41</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 <u>99</u> divided by the total number of Nursing Facilities <u>233</u> = Baseline <u>42</u> % FY 2026-2027 Target: <u>60%</u></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>19</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 <u>188</u> divided by the total number of RCFEs <u>840</u> = Baseline <u>20</u> % FY 2026-2027 Target: <u>45%</u></p>

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

C. Number of Full-Time Equivalent (FTE) Staff (NORS Element S-23) This number may only include staff time legitimately charged to the LTC Ombudsman Program. Time spent working for or in other programs may not be included in this number. For example, in a local LTC Ombudsman Program that considers full-time employment to be 40 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: 12.8___FTEs FY 2025-2026 Target: <u>30</u> FTEs</p>
<p>3. FY 2024-2025 Baseline: <u>16.2</u> FTEs FY 2026-2027 Target: 20 _____ 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 9_____ FY 2026-2027 Projected Number of certified LTC Ombudsman volunteers 12_____</p>
<p>4. FY 2025-2026 Baseline: Number of certified LTC Ombudsman volunteers _____ FY 2027-2028 Projected Number of certified LTC Ombudsman volunteers _____</p>
<p>Program Goals and Objective Numbers: <u>7</u></p>

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 has hired a Quality Assurance and Training Director. The QA Director is developing review tools to monitor for accuracy and is creating training courses to ensure consistency across all regions.

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

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

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

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

Units of Service categories include public education sessions, training sessions for professionals, training sessions for family caregivers served by a Title 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	2,000	
Public Education Sessions	15	15	15	
Training Sessions for Professionals	15	15	15	
Training Sessions for Caregivers served by Title III E	0	0	0	
Hours Spent Developing a Coordinated System	500	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	2,000	Elder Justice Resources Guides, mandatory reporting flow charts and other related materials.
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>40</u> % 2025-2026
2024-2025	2,239	5,105	44%	<u>45</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>40</u>
3. FY 2024-2025 Baseline: Number of Resident Council meetings attended <u>27</u> FY 2026-2027 Target: <u>40</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>0</u> FY 2026-2027 Target: <u>1</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>500</u>
3. FY 2024-2025 Baseline: Number of Instances <u>1,577</u> FY 2026-2027 Target: <u>750</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>1,500</u>
3. FY 2024-2025 Baseline: Number of Instances <u>3,379</u> FY 2026-2027 Target: <u>1,750</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>4</u> FY 2025-2026 Target: <u>10</u>
3. FY 2024-2025 Baseline: Number of Sessions <u>1</u> FY 2026-2027 Target: <u>5</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) 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: The Long-Term Care Ombudsman Program (LTCOP) has promoted safe and appropriate discharge planning by providing education to local acute care hospitals. Specific training was also provided to units of the Los Angeles Fire Department (LAFD), which identified high calls to service in long-term care facilities. The LTCOP and LAFD personnel in that district have worked on streamlining reporting. Residential Care Facility for the Elderly (RCFE) specific symposiums were not held due to the shifting priorities related to response to the fires. However, efforts will still be made to launch this project soon and include emergency planning components. The LTCOP provided support to legislative efforts by the AAAs to ensure appropriate services could be provided to vulnerable populations within the evacuation centers.</p> <p>FY 2026-2027 Systems Advocacy Effort(s): (Provide one or more new systems advocacy efforts) The Long-Term Care Ombudsman Program is committed to ensuring that appropriate emergency preparedness plans are in all long-term care facilities. The local program will participate in County Emergency Medical Services (EMS) efforts to ensure training and outreach to Skilled Nursing Facilities (SNFs) and will further reach out to residential care facilities for the elderly (also known as assisted living facilities). Additionally, the program will work with local legislators to underscore the need for funding for improved plans and coordination for residential care facilities for the elderly.</p>
FY 2027-2028

Outcome of 2026-2027 Efforts:

FY 2027-2028 Systems Advocacy Effort(s): (Provide one or more new systems advocacy efforts)

Outcome 2.

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

Measures and Targets:

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

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

2. FY 2023-2024 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint 94 divided by the total number of Nursing Facilities 142 = Baseline 66 %
FY 2025-2026 Target: 50%

3. FY 2024-2025 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint 80 divided by the total number of Nursing Facilities 140 = Baseline 57 %
FY 2026-2027 Target: _____

4. FY 2025-2026 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint _____ divided by the total number of Nursing Facilities _____ = Baseline _____ %
FY 2027-2028 Target: _____

Program Goals and Objective Numbers: 7

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></p> <p>FY 2024-2025 Target: 25%</p>
<p>2. FY 2023-2024 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint <u>47</u> divided by the total number of RCFEs <u>711</u> = Baseline <u>7%</u></p> <p>FY 2025-2026 Target: 20%</p>
<p>3. FY 2024-2025 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint <u>91</u> divided by the total number of RCFEs <u>801</u> = Baseline <u>11%</u></p> <p>FY 2026-2027 Target:</p>
<p>4. FY 2025-2026 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint _____ divided by the total number of RCFEs _____ = Baseline</p> <p>FY 2027-2028 Target:</p>
<p>Program Goals and Objective Numbers: <u>7</u></p>

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

<p>1. FY 2022-2023 Baseline: <u>13.66</u> FTEs FY 2024-2025 Target: <u>14</u> FTEs</p>
<p>2. FY 2023-2024 Baseline: <u>10.42</u> FTEs FY 2025-2026 Target: <u>14</u> FTEs</p>
<p>3. FY 2024-2025 Baseline: <u>12.02</u> FTEs FY 2026-2027 Target: <u>14</u> FTEs</p>

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 <u>10</u> FY 2026-2027 Projected Number of certified LTC Ombudsman volunteers <u>15</u>
4. FY 2025-2026 Baseline: Number of certified LTC Ombudsman volunteers <u> </u> FY 2027-2028 Projected Number of certified LTC Ombudsman volunteers <u> </u>
Program Goals and Objective Numbers: <u>7</u>

Outcome 3.

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

Measures and Targets:

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

Some examples could include:

- 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-alone website for the Ombudsman Program allows for reporting parties to make complaints directly through the website. This information goes directly to the Intake

Department for prompt processing. The Intake Department sends daily updates to the regional staff about new cases. The Intake Supervisor is reviewing new intakes to ensure adequate information is captured.

Additionally, the program has implemented more frequent All Ombudsman training 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:

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

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

Units of Service categories include public education sessions, training sessions for professionals, training sessions for 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	1,500	
Public Education Sessions	5	5	6	
Training Sessions for Professionals	6	6	6	
Training Sessions for Caregivers served by Title III E	N/A	N/A	N/A	
Hours Spent Developing a Coordinated System	677	677	500	

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	1,000	Elder Justice Resources Guides, mandatory reporting flow charts and other related materials
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	5,720	3,300	7
2027-2028			

Caregiver Access Information & Assistance	Total Contacts		Required Goal #(s)	Required Objective #(s)
	PSA 19	PSA 25		
2024-2025	2,900	1,950	7	7.1
2025-2026	2,900	1,950	7	7.1
2026-2027	2,551	1,950	7	7.2
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 2,640 and Total est. audience (contacts) for above: 100,000	# Of activities: 316 Total est. audience for above: 125,000	7	7.2
2027-2028	# Of activities and Total est. audience (contacts) for above:			

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	2,175	7	7.1
2026-2027	4,939	2,175	7	7.2
2027-2028				
*Includes In-Home Supervision, Homemaker Assistance, In-Home Personal Care, Home Chore				
Caregiver Respite Other	Total hours		Required Goal #(s)	Required Objective #(s)
	PSA 19	PSA 25		
2024-2025	5,575	1,800	7	7.1
2025-2026	5,575	1,800	7	7.1
2026-2027	N/A	1,800	7	7.2
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	258	7	7.1
2026-2027	14,862	258	7	7.2
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	10	N/A		
2026-2027	N/A	N/A		
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	N/A	100	7	7.2
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	2,253	1,179	7	7.2
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	N/A	N/A		
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	571	N/A	7	7.2
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	N/A	N/A		
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	270	N/A	7	7.2
2027-2028				
Caregiver Support Groups	Total sessions		Required Goal #(s)	Required Objective #(s)
	PSA 19	PSA 25		
2024-2025	485	887	7	7.1
2025-2026	485	887	7	7.1
2026-2027	427	887	7	7.2
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	N/A	1,356	7	7.2
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	2,332	1,312	7	7.2
2027-2028				

Direct and/or Contracted III E 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	215	N/A	7	7.2
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	1,946	7	7.1
2026-2027	N/A	1,946	7	7.2
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: 100 Total est. audience for above: 15,000	# Of activities: 1 Total est. audience for above: 100	7	7.2

2027-2028	# Of activities: Total est. audience for above:			
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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	N/A	N/A		
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	175	N/A		
2026-2027	N/A	N/A		
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	N/A	N/A		
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	N/A	N/A		
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	N/A	N/A		
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	180	N/A	7	7.2
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	N/A	N/A		
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	N/A	N/A		
2027-2028				

Caregiver Supplemental Services Home Modifications	Total occurrences		Required Goal #(s)	Required Objective #(s)
	PSA 19	PSA 25		
	PSA 19	PSA 25		
2024-2025	5	N/A	7	7.1
2025-2026	5	N/A	7	7.1
2026-2027	N/A	N/A		
2027-2028				
Caregiver Supplemental Services Legal Consultation	Total contacts		Required Goal #(s)	Required Objective #(s)
	PSA 19	PSA 25		
	PSA 19	PSA 25		
2024-2025	400	N/A	7	7.1
2025-2026	400	350	7	7.1
2026-2027	360	350	7	7.2
2027-2028				
Caregiver Support Groups	Total sessions		Required Goal #(s)	Required Objective #(s)
	PSA 19	PSA 25		
	PSA 19	PSA 25		
2024-2025	360	N/A	7	7.1
2025-2026	360	N/A	7	7.1
2026-2027	N/A	N/A		
2027-2028				
Caregiver Support Training	Total hours		Required Goal #(s)	Required Objective #(s)
	PSA 19	PSA 25		
	PSA 19	PSA 25		
2024-2025	122	N/A	7	7.1
2025-2026	122	N/A	7	7.1
2026-2027	N/A	N/A		
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	N/A	N/A		
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	4,189	7
2026-2027	4,189	7
2027-2028		
HICAP Fiscal Year (FY)	PM 1.2 Public and Media Events (PAM) (Estimated)	Goal Numbers
2024-2025	140	7
2025-2026	109	7
2026-2027	109	7
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	10,121	7
2026-2027	10,121	7
2027-2028		
HICAP Fiscal Year (FY)	PM 2.2 PAM Outreach (Interactive)	Goal Numbers
2024-2025	6,000	7
2025-2026	11,696	7
2026-2027	11,696	7
2027-2028		

HICAP Fiscal Year (FY)	PM 2.3 Medicare Beneficiaries Under 65	Goal Numbers
2024-2025	2,100	7
2025-2026	1,242	7
2026-2027	1,242	7
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	6,418	4,345	0	2,083	7
2026-2027	6,418	4,345	0	2,083	7
2027-2028					

HICAP Fiscal Year (FY)	PM 2.5 Enrollment Contacts (Qualifying)	Goal Numbers
2024-2025	8,590	7
2025-2026	9,929	7
2026-2027	9,929	7
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

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

2025-2026	300	7
2026-2027	300	7
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	350	7
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	200	7
2027-2028		

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	3,129	7
2026-2027	3,129	7
2027-2028		
HICAP Fiscal Year (FY)	PM 1.2 Public and Media Events (PAM) (Estimated)	Goal Numbers
2024-2025	100	7
2025-2026	76	7
2026-2027	76	7
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	5,982	7
2026-2027	5,982	7
2027-2028		
HICAP Fiscal Year (FY)	PM 2.2 PAM Outreach (Interactive)	Goal Numbers
2024-2025	6,500	7
2025-2026	6,913	7
2026-2027	6,913	7
2027-2028		

HICAP Fiscal Year (FY)	PM 2.3 Medicare Beneficiaries Under 65	Goal Numbers
2024-2025	1,500	7
2025-2026	734	7
2026-2027	734	7
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	3,793	2,562	0	1,231	7
2026-2027	3,793	2,562	0	1,231	7
2027-2028					

HICAP Fiscal Year (FY)	PM 2.5 Enrollment Contacts (Qualifying)	Goal Numbers
2024-2025	6,500	7
2025-2026	5,869	7
2026-2027	5,869	7
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	379	3,4
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	568	3,4
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	284	3,4
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
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
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
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
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	3330 N Lincoln Avenue, 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 10. FAMILY CAREGIVER SUPPORT PROGRAM (PSA 19)

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

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

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

Family Caregiver Services

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

Older Relative Caregiver Services

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

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

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

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

Justification: Los Angeles County Department of Children and Family Services (DCFS)

1. Provider Name and Address:

Los Angeles County Department of Children and Family Services (DCFS) – Relative Caregiver Resources

425 Shatto Place, Los Angeles, CA 90020 (main DCFS address)

2. Description of Service(s) Provided:

DCFS supports relative caregivers—such as grandparents, aunts/uncles, other relatives, or close family friends—who take custody or care of children when their parents are unable to do so. The department offers a family-centered approach to child safety, well-being, and permanency, prioritizing placement with relatives or extended family when a child cannot safely remain with parents. Relative caregiver services include guidance through the Resource Family Approval (RFA) process, emergency placement support, financial assistance (monthly stipends and other funding while caregiving), access to foster parent resources, and connection to community-based support services. These community supports include support groups, caregiver mentoring, childcare and respite referrals, legal assistance referrals, food and clothing referrals, educational opportunities, recreational activities, counseling, need-based financial assistance, and help navigating DCFS questions and processes—all of which align with supportive service categories in the CDA Service Category and Data Dictionary.

3. Where the Service Is Provided:

DCFS relative caregiver services and related supports are available countywide throughout Los Angeles County, covering the entire PSA. Relative caregivers can access information, support, and referrals regardless of their specific Service Planning Area (SPA), with local support organizations connected through DCFS and SPA-based relative support providers.

4. How the AAA Ensures Continuation of Service Without Title III E Funds:

The AAA monitors and updates provider information regularly through the Area Plan Update process to ensure that DCFS relative caregiver resources remain accessible and current within the PSA. Although these services are not funded by Title III E, caregivers and older adults can access supportive, informational, and referral services—including caregiver resources—via 211 LA County, a centralized helpline that connects residents to community programs and family support resources at no cost. By listing DCFS services on the AAA resource directory and coordinating with 211, the AAA helps ensure that caregivers are connected to existing supports without requiring Title III E funding, while also tracking service availability and changes during plan updates.

SECTION 10. FAMILY CAREGIVER SUPPORT PROGRAM (PSA 25)

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

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

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

Family Caregiver Services

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

Older Relative Caregiver Services

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

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

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

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

SECTION 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:**

Los Angeles is home to one of the highest concentrations of older adults in the state with a population of 2,255,603 individuals aged 60 and older. The needs of this population continue to be shaped by significant demographic and economic factors, including 362,805 older adults experiencing low income at or near the federal poverty level, 21,857 experiencing geographic isolation, 736,007 who are Medicaid-eligible, and 381,295 who live alone. These numbers reflect an ongoing and growing demand for supportive legal services that address economic insecurity, income stabilization, housing stability, social isolation, and access to healthcare.

In addition to these persistent challenges, Los Angeles continues to recover from the devastating wildfires that have significantly increased vulnerability among our older adult population. These disasters revealed the chronic fragility of older adults when faced with emergencies, and they have triggered widespread housing and income destabilization. Many older adults were displaced from their homes, lost essential belongings and medications, and faced disruptions to critical support services. The recovery process has placed additional strain on an already vulnerable population, requiring increased outreach, emergency assistance, and legal services support.

Furthermore, the overall increased cost of living and ongoing affordability crisis remains a pressing concern for older adults who live on fixed incomes. Rising costs for housing, food, utilities, and healthcare continue to outpace the limited resources available to many seniors, forcing difficult choices between essential needs.

These combined factors will no doubt increase demand for services. The AAA and Legal Services Provider, Bet Tzedek, will continue to work together to monitor and address the changing landscape of need.

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 & 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:**

California Statewide Guidelines in the provision of OAA legal services, AAA and Bet Tzedek maintain a close, coordinated partnership to identify and respond to priority legal needs for older adults. This approach is grounded in direct community input, regular provider collaboration, and data-informed decision-making, as outlined below.

- **Participation in Local Area Plans:** AAA's local area planning process is inclusive of Bet Tzedek, creating structured opportunities for both agencies to hear directly from community members through town halls, developing a nuanced understanding of hyper-local concerns, and reviewing relevant local data to inform priorities.
- **Quarterly meetings:** AAA convenes mandatory quarterly meetings with all local service providers. These sessions enable AAA and Bet Tzedek to hear from frontline partners about emerging issues affecting older adults and to identify the legal needs triggered by social determinants, ensuring timely and coordinated responses.
- **BI Legal-Issues Data Tracking:** Bet Tzedek and AAA both leverages Business Intelligence (BI) databases to track the legal services provided and analyze trends. This facilitates efficient monitoring of prevalent legal issues and systematic reporting back to AAA on common needs and areas of increasing concern.

Through this data-driven collaborative process, AAA and Bet Tzedek have identified the following priority legal issues: (1) Estate Planning – Wills and Estates; (2) Housing and Private Landlord tenant issues; (3) Advance Healthcare Directive; and (4) Healthcare- Medi-Cal. The highest volume of service requests comes from individuals aged 60, followed by those aged 64.

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 collaborates closely with its LSP to identify and serve older adults with the greatest economic and social needs through ongoing coordination, quarterly meetings, and shared analysis of local data. Together, we align service delivery with OAA priorities, focusing on legal issues related to economic hardship, housing stability, protective services, and consumer matters.

The targeted population includes adults aged 60 and older with incomes at or below the Federal Poverty Guidelines and those experiencing social needs such as disability, language barriers, cultural or geographic isolation, housing instability, or other factors that threaten their ability to live independently. This population also includes low-income seniors, minorities, frail or disabled older adults, and individuals at risk of losing income or housing.

To reach these groups, AAA and LSP use coordinated outreach and service delivery strategies, including on-site services at ten senior centers across Los Angeles County, advance scheduling and follow-up appointments, community workshops, and advance planning clinics. LSP also conducts training for community partners to strengthen referral pathways, maintains a centralized intake portal, and hosts targeted educational and outreach events to ensure accessible and timely legal services throughout the PSA.

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	1	No
2027-2028		

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

Bet Tzedek conducts over 100 outreach and in-service presentations targeting older adults and in-service providers. Outreach service models include in-person education, workshops, community tabling events, virtual events, and hybrid events. In addition, Bet Tzedek carries out multiple signature outreach events each year to connect with the target population, including Mobile World Elder Abuse Awareness Day Event, Estate Planning Week Workshops, and Safe & Savvy Education Presentations.

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. Bet Tzedek b. c.	a. Los Angeles County in its entirety (5 Supervisorial Districts). 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 operates multiple service delivery models to ensure accessibility for all older adults regardless of mobility, location, or preference. These models include home visits for individuals who are homebound or have difficulty traveling, in-person services at the main office, and services provided at ten geographically diverse community sites throughout the service area. Additionally, older adults may access legal assistance remotely by contacting Bet Tzedek's central intake line, which allows them to receive services by phone or other virtual means.

A key feature of Bet Tzedek's approach is that the older adult drives the format of how they wish to receive legal services. This client-centered philosophy ensures that everyone can select the method of service delivery that best meets their needs and circumstances. In addition to direct legal services, Bet Tzedek operates a dedicated Elder /Dependent Abuse Retraining Order clinic to address the urgent legal needs of older adults experiencing abuse.

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:**

Los Angeles continues to recover from devastating wildfires that resulted in housing instability, income loss, and disruption of essential services. The recovery process has placed additional strain on older adults, an already vulnerable population, requiring increased outreach, emergency assistance, and legal services support.

In response, Bet Tzedek provides legal assistance in the following major areas:

- **Housing:** Assisting seniors at risk of eviction or foreclosure and addressing unsafe living conditions.
- **Public Benefits and Financial Security:** Supporting clients with Medi-Cal, Social Security, SSI, and other benefits to ensure income stability.
- **Estate Planning and Advance Directives:** Preparing wills, powers of attorney, advance healthcare directives, and related documents to protect seniors' legal and healthcare interests.
- **Elder Abuse and Exploitation:** Addressing physical, financial, and emotional abuse, including seeking restraining orders, conservatorships, and protective interventions.
- **Consumer Protection:** Assisting with fraud, scams, and debt-related issues that disproportionately impact older adults.

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

Geographic and Social Isolation. Our PSA includes 21,857 geographically isolated seniors who face significant challenges accessing legal services. These individuals may lack reliable transportation, have limited mobility, or reside in rural or underserved areas. Social isolation further compounds these barriers, as many seniors lack support to identify available resources.

Technology and Communication Gaps. Many isolated seniors lack access to or familiarity with technology, making it difficult for them to seek services remotely.

To address these barriers, we propose the following strategies:

- **Leveraging Technology to Expand Service Delivery.** With dedicated funding, our Provider Services will implement new technology tools to improve service delivery and reach more clients. This includes expanding virtual consultation options, developing user-friendly online intake systems, and creating accessible digital resources for common legal issues affecting older adults.
- **Enhanced Outreach to Isolated Seniors.** We will strengthen partnerships with community organizations, senior centers, and home-delivered meal programs to identify and reach isolated seniors who may need legal assistance but are unaware of available services.
- **Mobile and On-Site Legal Clinics.** Additional funding would expand services to address transportation and mobility barriers and in addition allow our LSP to explore periodic mobile legal clinics and on-site services at isolated senior housing facilities and community centers throughout the PSA.

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

In accordance with State Guidelines, Bet Tzedek maintains strong relationships with other legal aid service providers in the area. As LSP specializes in elder law, referrals are made for ancillary legal issues that fall outside our primary scope of services.

Bet Tzedek is the only legal services provider participating in the County's multidisciplinary teams, including the Center of Excellence and LEAP . This participation allows for coordinated, holistic support for vulnerable older adults across multiple service systems.

Additionally, LSP has established Memoranda of Understanding (MOUs) or partnerships with various county-wide agencies, including:

- Los Angeles Superior Court, the largest trial court in the nation
- Peace over Violence
- Long Term Care Ombudsman-Wise
- Los Angeles County District Attorney's Office- Bureau of Victim Services

These partnerships enable LSP to provide comprehensive, coordinated services that address the legal and social needs of our clients through a collaborative, multi-agency approach.

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)]

- 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. 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:**

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.

The contract states that the LSP's performance shall comply with all applicable laws of the United States of America, the State of California, and City, including but not limited to, laws regarding health and safety, labor and employment, wage and hours and licensing. The contract shall be enforced and interpreted under the laws of the State of

California without regard to conflict of law principles. The LSP shall comply with new, amended, or revised laws, regulations, or procedures that apply to the performance of the contract.

Per contract, if the LSP fails to perform any of the provisions of the contract or fails to make progress as to endanger timely performance of the Contract, the AAA may give the LSP a written notice of the default. The AAA's default notice will indicate whether the default may be cured and the time period to cure the default. Additionally, the AAA's default notice may offer the LSP an opportunity to provide a plan to cure the default, within a time period specified by the AAA. If the default cannot be cured, the AAA may terminate the contract.

4. 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. 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 and Bet Tzedek maintain a close, coordinated partnership to identify and respond to priority legal needs for older adults. Their approach is grounded in direct Community input, regular provider collaboration, and data-informed decision-making, as outlined below:

- a. Participation in local area plans. The AAA's local area planning process is inclusive of Bet Tzedek, creating structured opportunities for both agencies to hear directly from community members through town halls, develop a nuanced understanding of hyper-local concerns, and review relevant local data to inform priorities.
- b. Bi-monthly provider meetings. The AAA convenes mandatory bi-monthly meetings with all local service providers. These sessions enable the AAA and Bet Tzedek to hear from frontline partners about emerging issues affecting older adults and to identify the legal needs triggered by social determinants, ensuring timely and coordinated responses.
- c. Business Intelligence (BI) legal-issues data tracking. Bet Tzedek leverages the AAA's BI database to track the legal services provided and analyze trends. This facilitates efficient monitoring of prevalent legal issues and systematic reporting back to the AAA on common needs and areas of increasing concern.

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:**

The AAA and Bet Tzedek leverage hyper-local data on older adult needs and the most

common legal issues facing older adults, aligning this analysis with the goals of the Older Americans Act (OAA) legal services to clearly define the target population. Through this process, the target population is identified as adults age 60 or older with the greatest economic or social need, including but not limited to low-income seniors, minorities, individuals who are frail or disabled, those requiring income and housing stabilization, and older adults at risk of losing their independence.

Outreach and Engagement Mechanisms

Both AAA and Bet Tzedek maintain robust systems to reach the defined target population. Bet Tzedek prioritizes community engagement with local service providers and direct outreach to older adults at diverse community partner sites. Bet Tzedek delivers in-service trainings to community partners – such as hospitals, faith-based organizations, independent living programs, and support groups within the PSA – to strengthen referral pathways and promote early identification of legal needs. They also conduct outreach and community workshops tailored for older adults to support direct linkage to services.

Further, Bet Tzedek maintains a centralized intake portal through which individuals in the target population are identified. Bet Tzedek also conducts annual targeted educational initiatives to deepen engagement and expand access, including programs such as World Elder Abuse Awareness Day events and “Leaving a Legacy” estate planning workshops.

In addition to the outreach mechanisms described in #8 below, the mechanism used to reach the 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	1	No
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. Bet Tzedek b. c.	a. City of Los Angeles 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 their 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 Safeguarding of Vulnerable Adults (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). 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.

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.

PSA 25 works with WISE and Healthy Aging for the Ombudsman Program in monitoring performance goals relative to identifying, investigating and resolving complaints made by and for older adults in long term care facilities, as well as carrying out elder abuse programs with respect to the prevention, abuse, neglect and exploitation of individuals. Aside from these, the AAA tracks the service provider's regular presence in the facilities and the technical assistance provided to senior multipurpose centers.

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) 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 establishes targets each year in consultation with the local LTC Ombudsman Program Coordinator. The annual baseline data is used as the benchmark for determining yearly targets.

PSA 25 also works with the Center for Health Care Rights for the Health Insurance Counseling and Advocacy Program (HICAP) Project, where the AAA monitors performance goals relative to community education, lay counseling and advocacy, and legal representation or referral for Medicare-related appeals and grievances.

The senior services are provided pursuant to the Older Californians Act (OCA) which provides for HICAP services to persons aged sixty and older (60+) with an emphasis on serving seniors with the greatest economic or social need, and with particular attention to underrepresented communities and those who are non or limited English speaking whose income is at or below poverty. When possible, senior multipurpose centers (MPC) or mini senior multipurpose centers (mini-MPC) shall be the focal point in each of the fifteen (15) Aging Service Areas (ASAs), and the Central Business District, within the boundaries of the City of Los Angeles.

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

Building on these coordination efforts, and informed by recent wildfire events in Los Angeles County, including the Altadena and Palisades fires, the AAA is expanding its focus on proactive disaster preparedness and engagement with community partners and AAA funded service providers. Lessons learned from these events have underscored the importance of strengthening provider readiness, communication, and continuity planning to better support older adults, caregivers, and adults with disabilities before, during, and after emergencies.

– In response, the AAA is exploring the development of a small internal disaster preparedness function focused on supporting AAA subrecipients with emergency readiness activities. This function will provide guidance, coordination, and technical assistance to help agencies strengthen emergency preparedness planning, improve communication protocols, and enhance continuity strategies for critical services serving older adults and other target populations. This effort is intended to complement existing County emergency response structures and further strengthen systemwide preparedness without duplicating emergency response roles.

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
Sarineh Aboolian (AAA Emergency Coordinator)	Administrative Services Manager II	(213) 762-4312	SAboolian@ad.lacounty.gov
Keilah Kelso (Back-up)	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.

Additionally, as a part of enhanced disaster preparedness efforts informed by recent wildfire events in Los Angeles County, the AAA is exploring the development of a small disaster preparedness function focused on supporting AAA-funded service providers. This function will help coordinate preparedness activities, share best practices, and provide guidance and technical assistance to strengthen agencies' emergency readiness and continuity planning for services serving older adults, caregivers, and adults with disabilities.

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:

- 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
Ruth Rodrigues	Executive Officer	Office: (213) 808-8445	ruth.rodrigues@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)

PSA 25 works with the City of Los Angeles Emergency Management Department, which is the umbrella organization linking the AAA to first responders such as the Los Angeles Police Department and the Los Angeles Fire Department. 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>			
	24-25	25-26	26-27	27-28
Title IIIB				
<input checked="" type="checkbox"/> Information and Assistance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Case Management	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Outreach	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/> Information Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Access Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 County Area Agency on Aging (AAA) conducts ongoing outreach activities throughout the County to ensure that underserved populations, including older adults with the greatest economic need, greatest social need, Limited English Proficient individuals, and minority communities, are aware of and able to access available services.

The LA County InfoVans and Information and Referral staff play an integral role in these efforts by providing community-based outreach and direct engagement. Staff regularly attend cultural celebrations, health fairs, senior center events, community forums, and other local gatherings to reach targeted populations and distribute culturally and linguistically appropriate information about available programs and supports.

To further support vulnerable populations, the AAA participates in the LA Found program by _____

issuing tracking bracelets and providing consultation and education to family caregivers of individuals living with cognitive impairment who are at risk of wandering. This initiative assists caregivers in locating loved ones more quickly if they go missing, reducing the risk of injury or death and helping to alleviate the significant stress and burnout associated with caregiving. By increasing the likelihood of rapid recovery, the program also helps reduce potential healthcare and emergency response costs for families and the community.

Through these coordinated outreach and prevention efforts, the AAA strengthens access to services, enhances safety, and ensures priority populations throughout the PSA are effectively served.

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

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

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

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

Check applicable direct services Check each applicable Fiscal Year

Title IIIB	24-25	25-26	26-27	27-28
<input checked="" type="checkbox"/> Information and Assistance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Program Development	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Coordination	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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 IIIE⁹	24-25	25-26	26-27	27-28
<input checked="" type="checkbox"/> Information Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Access Assistance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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.

PSA 25 will implement a comprehensive outreach strategy to reach target populations throughout the PSA using different methods of communication such as a digital platform, in person, phone, and through partnerships with agencies and service providers. PSA 25 has a website for the public to navigate the services and resources available. PSA 25 also has a front desk to answer the main and to direct phone call to the necessary providers. LADOA’s Program Management Division is staffed with monitors who conduct site visits and data analysis of program outcomes. These Program Monitors provide support in tracking goals to ensure benchmarks are met. The LADOA, as well as its service providers, have case managers that respond to client concerns and develop an action plan to resolve any gaps in the programs to improve service delivery to our senior and caregiver clients.

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, Disaster Preparedness, 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.

Information Services are planned to be provided as direct services for the following reasons:

The AAA provides Information Services to ensure timely, accurate, and culturally responsive information regarding available long-term services and supports. Direct delivery allows the AAA to maintain quality control, ensure consistency with state and federal reporting requirements,

and provide coordinated access to services across the service area. This approach strengthens linkages between programs, supports the development of the ADRC framework, and ensures that older adults, caregivers, and community partners receive reliable information and appropriate referrals.

Disaster Preparedness is planned to be provided as direct services for the following reasons:

The AAA will provide Disaster Preparedness activities directly as staff continue researching and developing strategies to strengthen emergency readiness across the provider network. This includes working collaboratively with contracted providers to enhance preparedness planning, organizing and identifying relevant resources, and exploring the development of basic emergency preparedness kits and materials to support providers and the older adults they serve. Direct involvement ensures coordinated planning, consistent guidance, and improved system-wide readiness during emergencies.

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.

Identify Service Category: Nutrition Education

Check applicable funding source:

IIIC-1

IIIC-2

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 nutrition education. The nutrition education activities are detailed in Section 7, Objective 7.3.

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:

Hilda L. Solis – Chair of the Board of Supervisors

Office Term Expires:

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. 2028
Bob Blumenfield, President Pro Tempore, Council District 3	2 nd Monday of Dec. 2026
Nithya Raman, Assistant President Pro Tempore, Council District 4	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 15 (68%)

Race/Ethnic Composition	% Of PSA's 60+Population	% on Advisory Council
White	38%	45%
Hispanic	28%	32%
Black	9%	23%
Asian/Pacific Islander	22%	0%
Native American/Alaskan Native	0%	0%
Other	3%	0%

Name and Title of Officers	Office Term Expires
Ted Smith, President	07.01.2028
Wayne Powell, Vice President	07.01.2027
Rachel Valenzuela Kirk, Secretary/Treasurer	07.01.2026
Helen Romero Shaw, Past President	07.01.2027

Name and Title of other members	Office Term Expires
John A. Kotick	07.01.2027
Elvia Torres	07.01.2016
Reina Schmitz	07.01.2026
Carlene Davis	07.01.2027
Kari Bell	07.01.2026
Scott Houston	07.01.2026
Wayne Powell	07.01.2027
Zana Wilkins	07.01.2026

Robert Boller	07.01.2027
Barbara Meltzer	07.01.2028
Susan Sexton	07.01.2028
Kiera L. Pollock	07.01.2027
Salvador Diaz	07.01.2028
Louis Dominguez	07.01.2026
Kimberly Lewis	07.01.2027
Cathy McClure	07.01.2028
Karen Reside	07.01.2026
Fran Sereseres	07.01.2026
<i>Vacant</i>	<i>Vacant</i>
<i>Vacant</i>	<i>Vacant</i>
<i>Vacant</i>	<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):

Currently no advisory council member representing a tribal group, as terms expire, PSA 19 will undertake targeted outreach to engage older adults across all categories, including tribal communities, to ensure broad and inclusive representation on the advisory council.

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:

LACCOA 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	09/30/2026

Name and Title of other members	Office Term Expires
Simmons, Suzanne, At Large Member	09/30/2026
Carril, Ana, At Large Member	09/30/2026
Vacant	09/30/2026
Kaine-Krolak, Maureen, At Large Member	09/30/2026
Lee, Christine, At Large Member	09/30/2026
Vacant	09/30/2026
Muse, Freddie, At Large Member	09/30/2026
Rigsby-Pauley, Michele, At Large Member	09/30/2026
Vacant	09/30/2026
Talalla, Ida, At Large Member	09/30/2026
Vendig, Stephanie, At Large Member	09/30/2026
Vacant	09/30/2026
Diaz, Nadine, At Large Member	09/30/2026
Yergan, Kim, At Large Member	09/30/2026

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. Given the fact that there are four (4) vacancies on the current council, DOA Council Liaison has initiated the recruitment process to backfill these slots during January/February 2026. 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 fourth 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 and/or remotely and at alternate locations previously approved by the LACoA Chairperson and LADOA staff liaison.

SECTION 18. ORGANIZATION CHART (PSA 19)

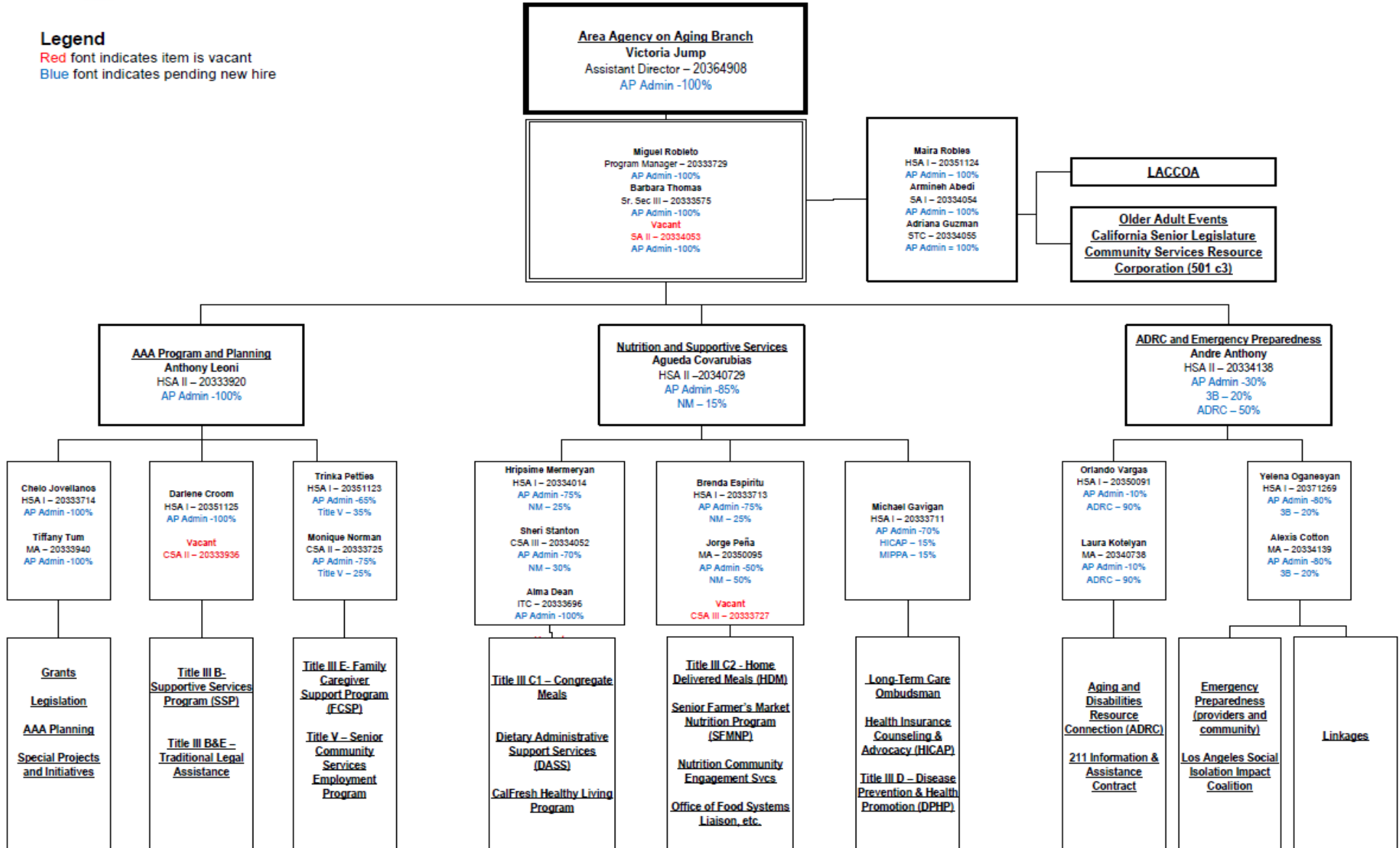


**Aging & Disabilities Department
Area Agency on Aging
Unit Code 30610**



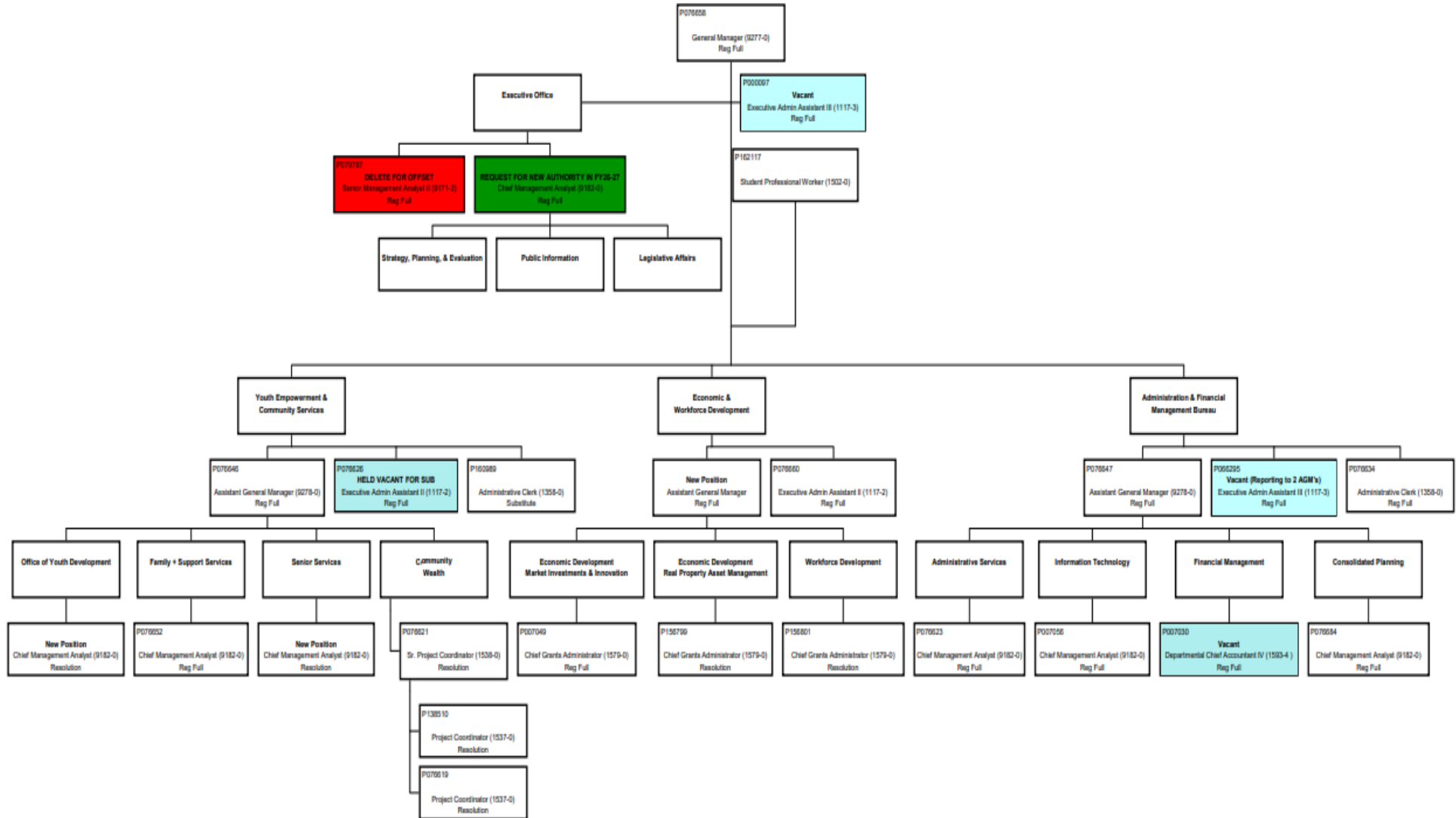
Legend

Red font indicates item is vacant
Blue font indicates pending new hire

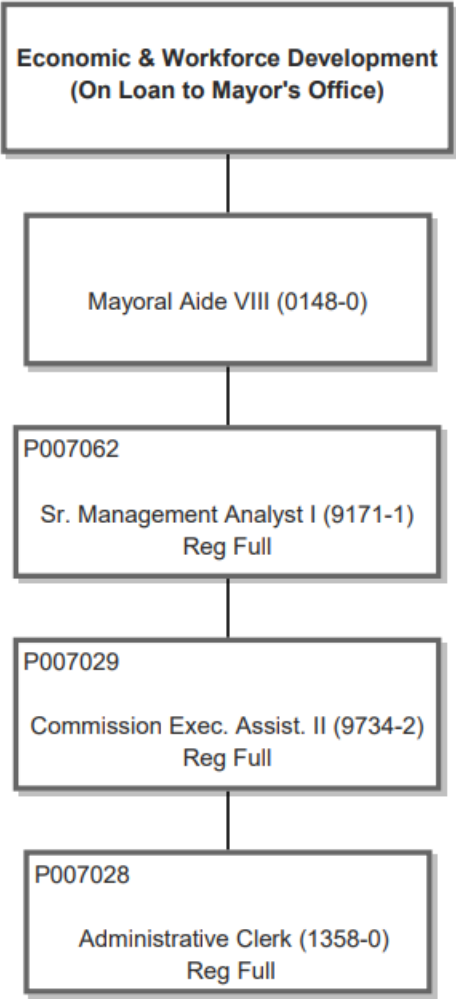


SECTION 18. ORGANIZATION CHART (PSA 25)

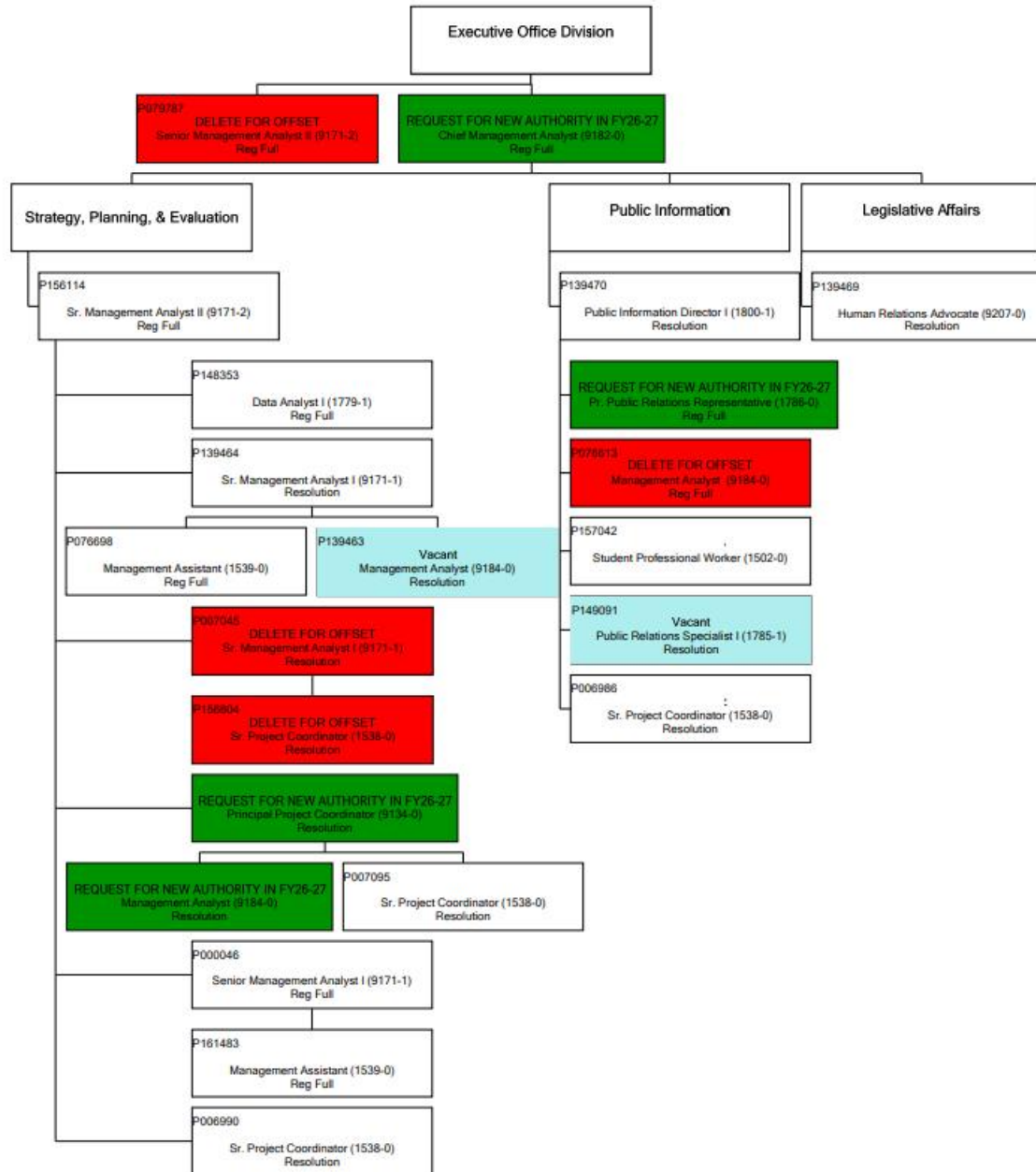
COMMUNITY INVESTMENT DEPARTMENT
FY 2026-2027 ORGANIZATIONAL CHART



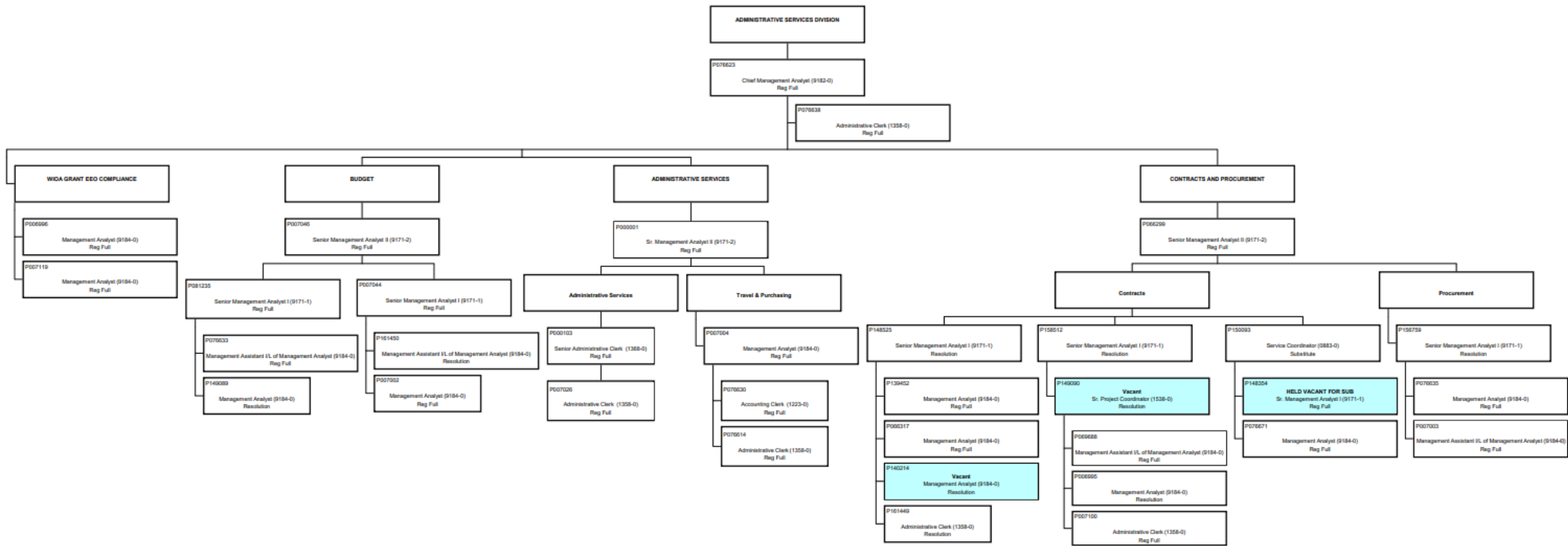
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FY 2026-2027 ORGANIZATIONAL CHART



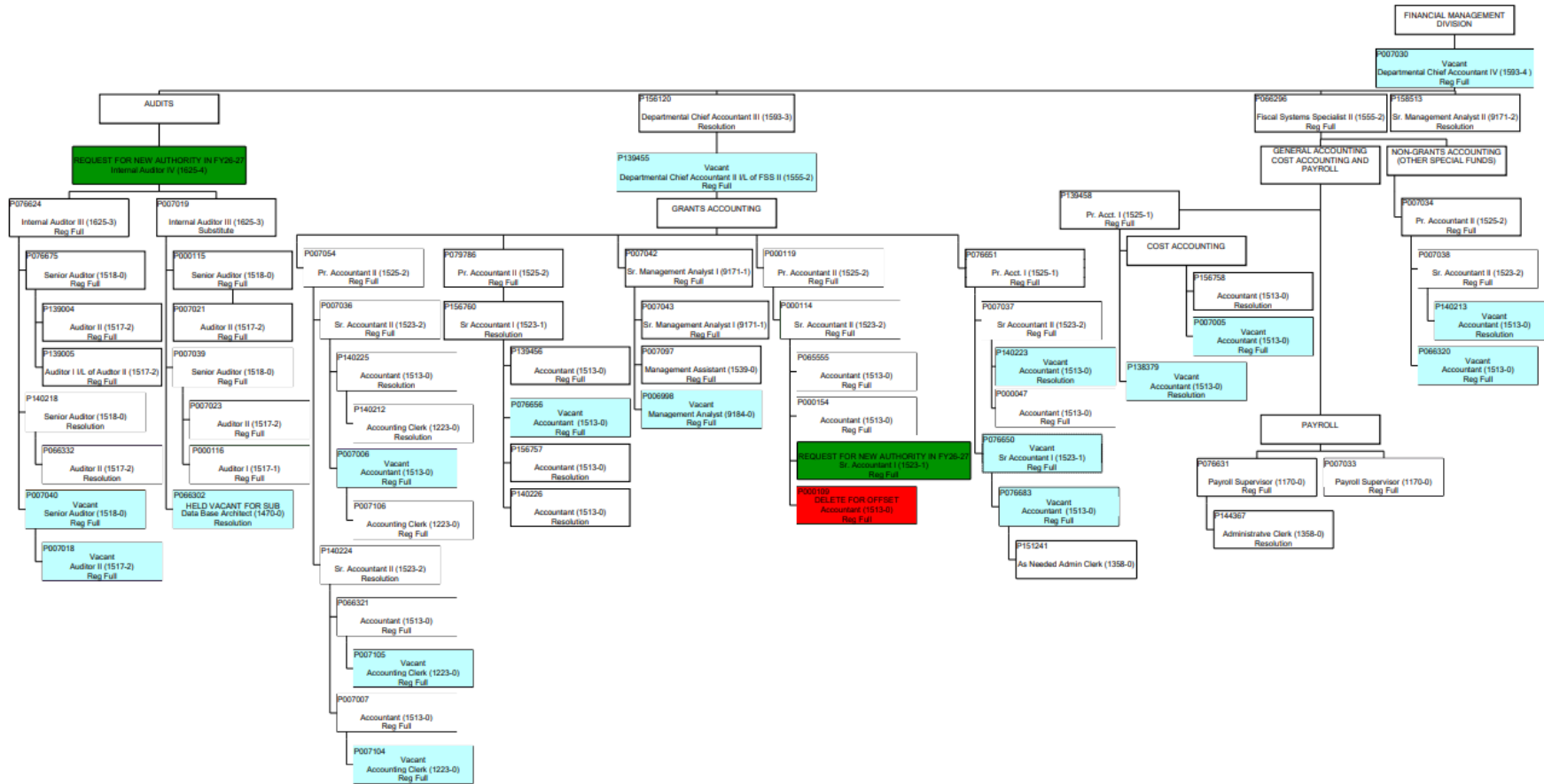
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FY2026-2027 ORGANIZATIONAL CHART**



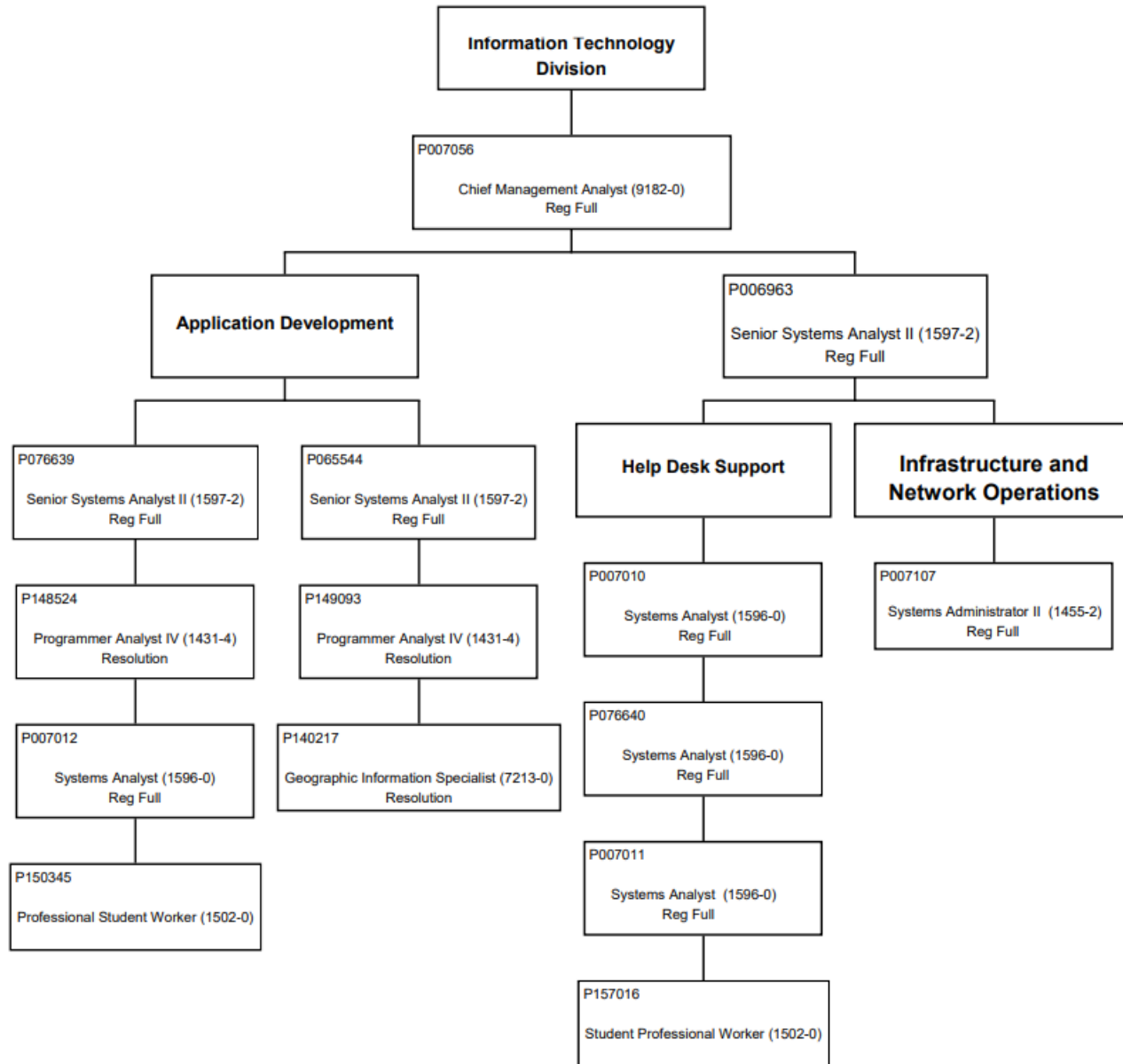
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FY2026-2027 ORGANIZATIONAL CHART



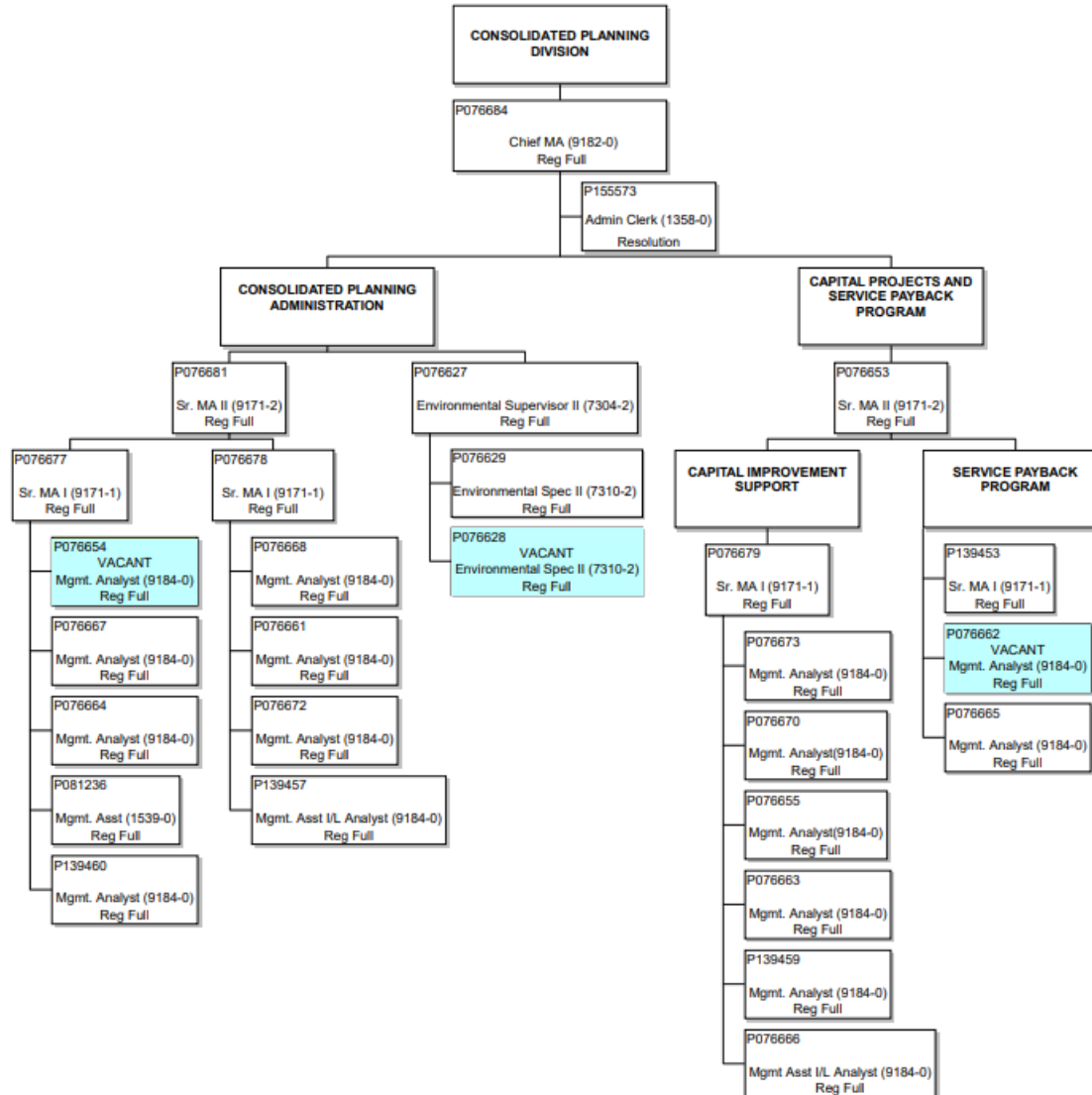
**COMMUNITY INVESTMENT DEPARTMENT
FY 2026-2027 ORGANIZATIONAL CHART**



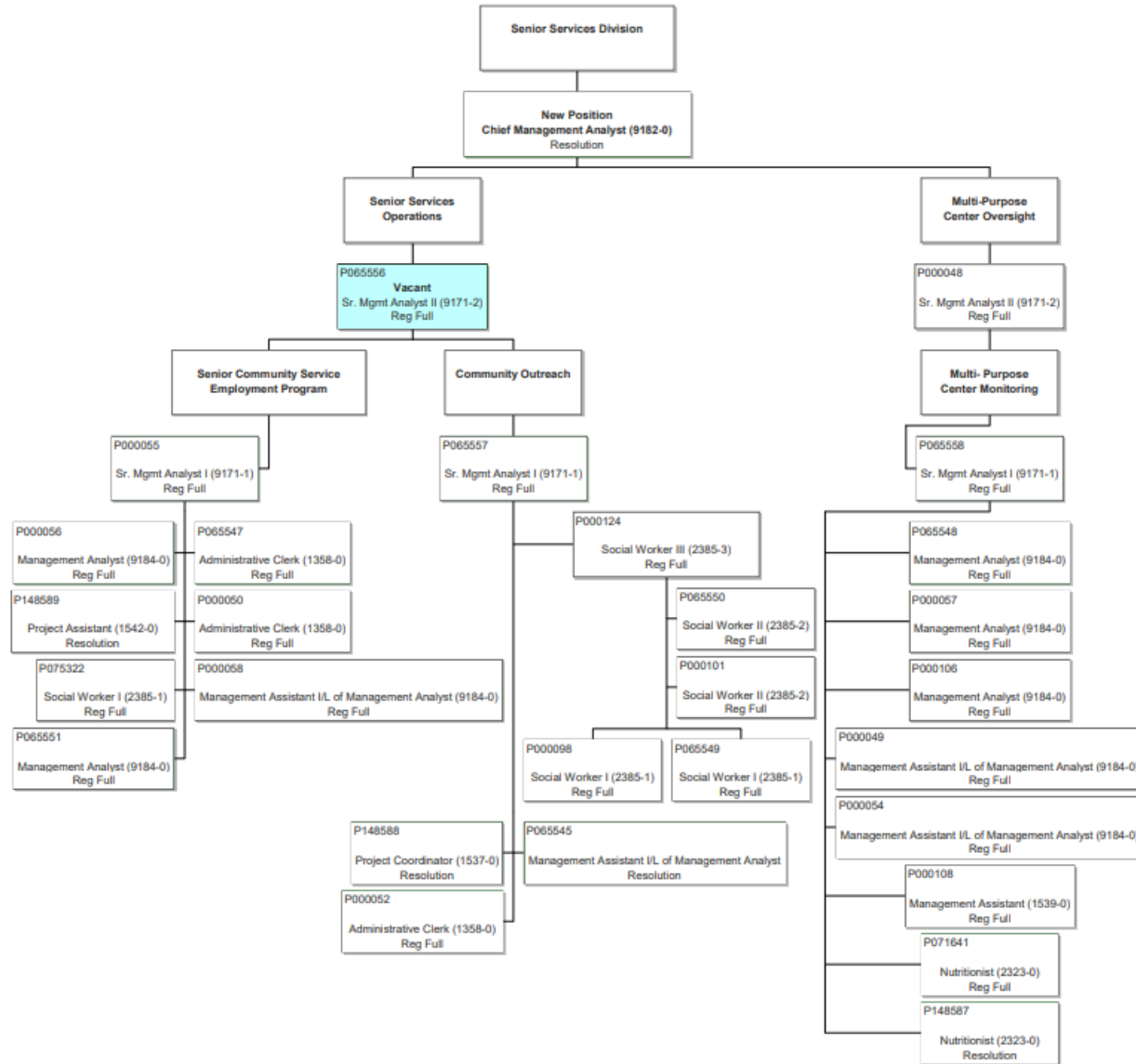
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 FY 2026-2027 ORGANIZATIONAL CHART



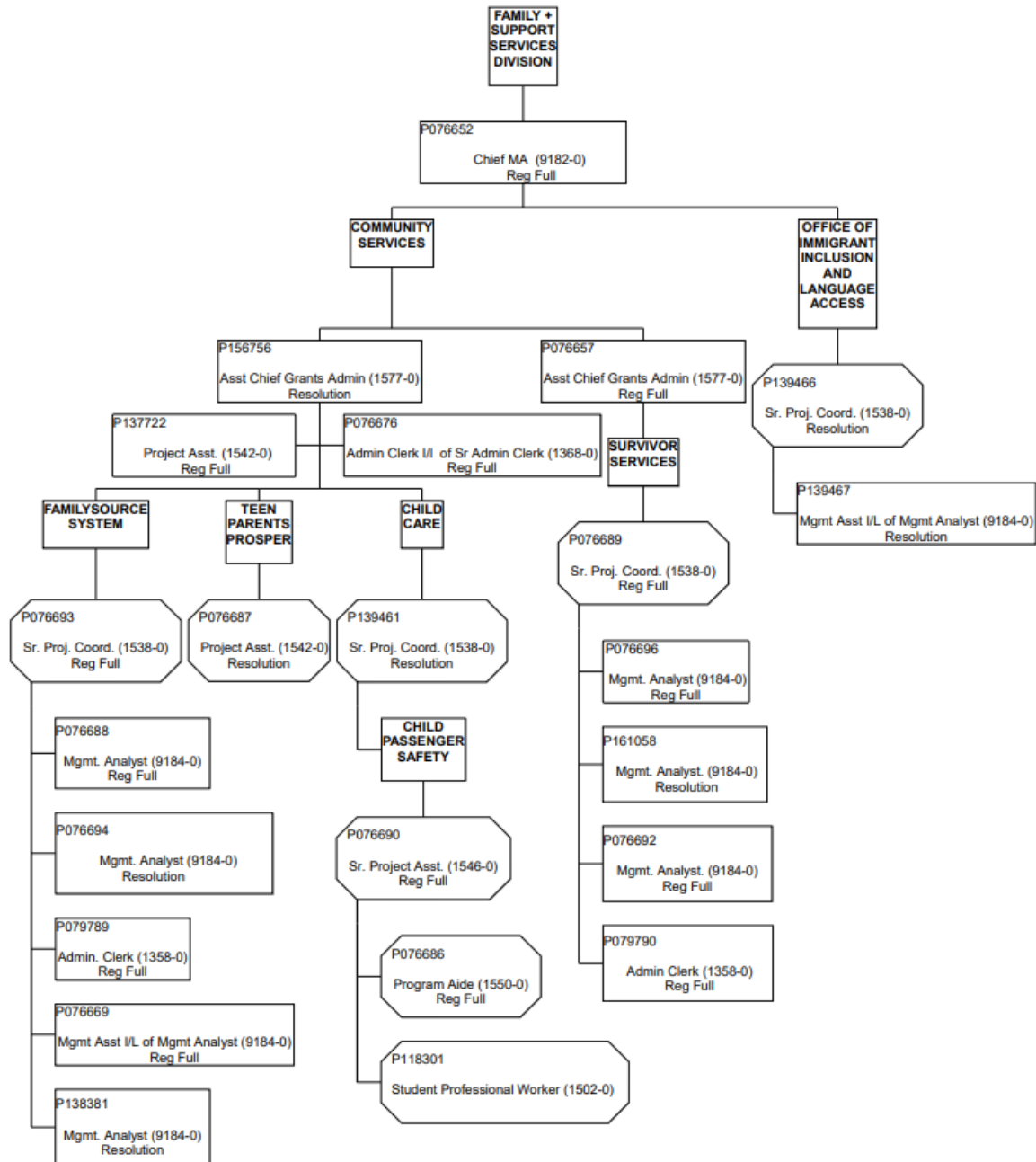
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FY 2026-2027 ORGANIZATIONAL CHART



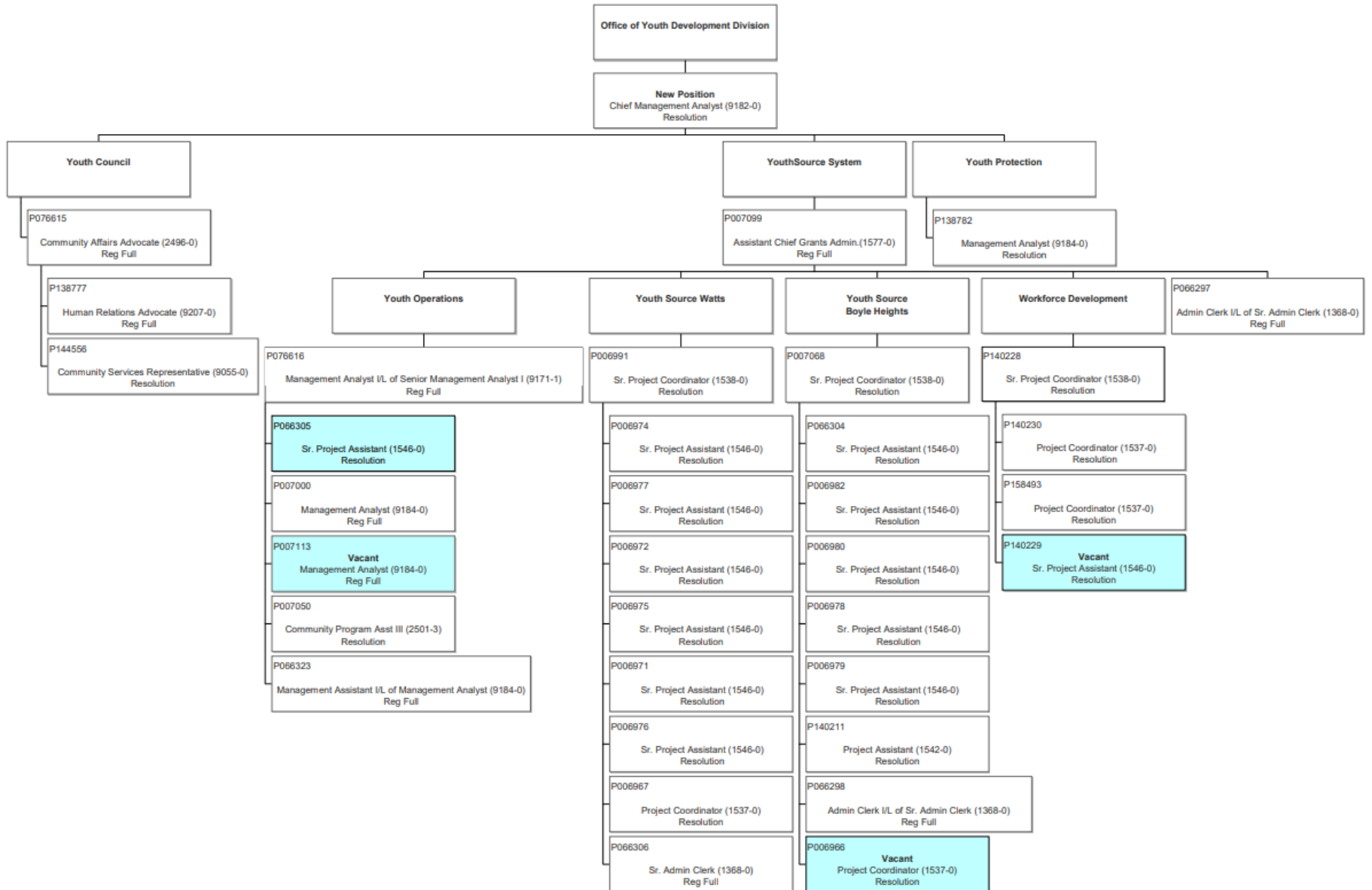
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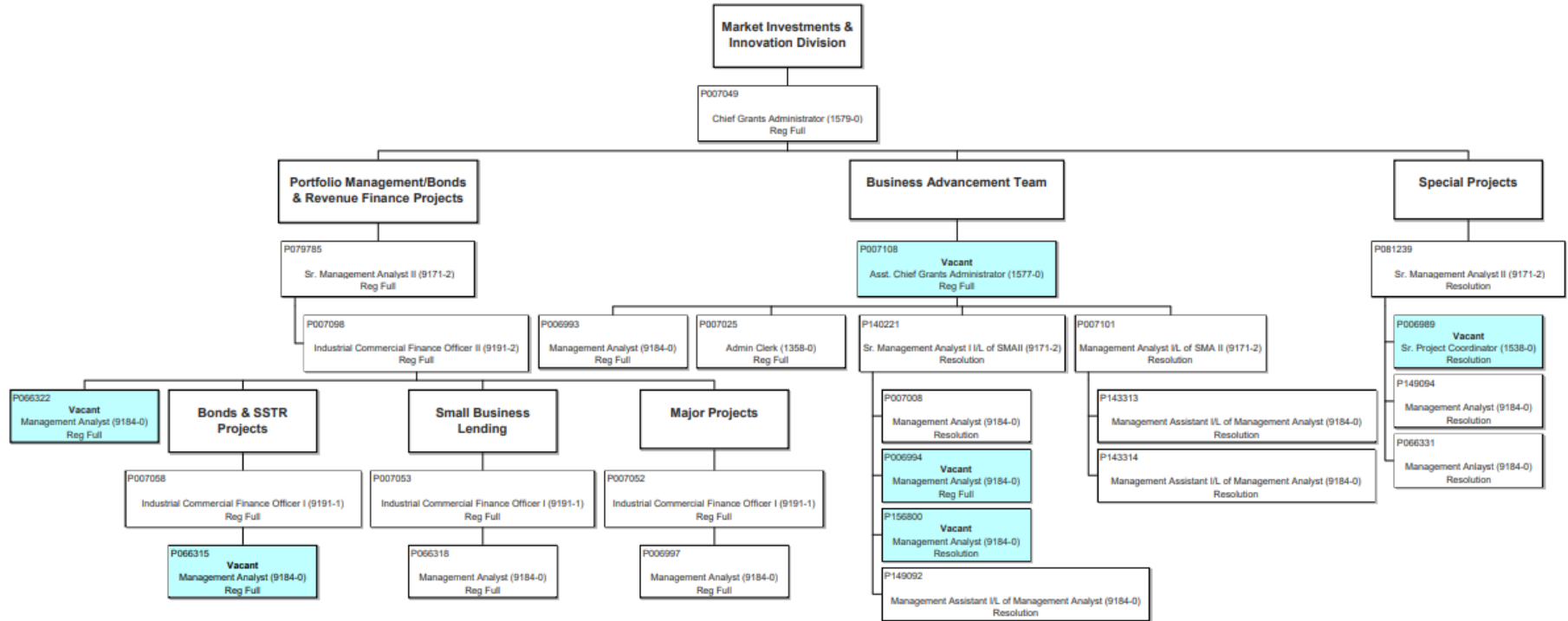
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FY 2026-2027 ORGANIZATIONAL CHART



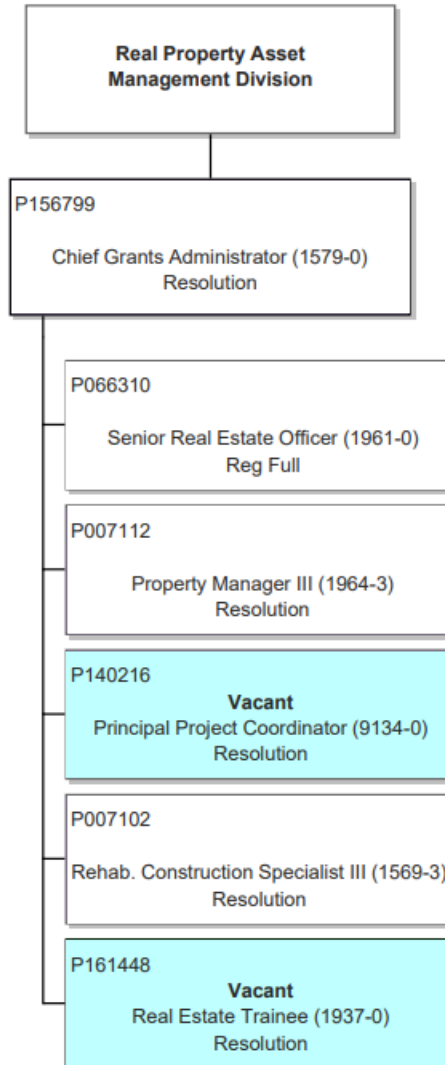
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COMMUNITY INVESTMENT DEPARTMENT FY 2026-2027 ORGANIZATIONAL CHART



COMMUNITY INVESTMENT DEPARTMENT
FY 2026-2027 ORGANIZATIONAL CHART



COMMUNITY INVESTMENT DEPARTMENT FY 2026-2027 ORGANIZATIONAL CHART

