



AREA PLAN

2020-2024

Orange County, California
PSA22

AREA PLAN 2020 - 2024

Orange County, California
PSA 22

Orange County Office on Aging

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2020-2024 4-YEAR AREA PLAN REQUIRED COMPONENTS CHECKLIST

**To ensure all required components are included, “X” mark the far-right column boxes.
Enclose a copy of the checklist with your Area Plan; submit this form with the Area Plan due 5-1-20 only**

Section	Four-Year Area Plan Components	4-Year Plan
	Transmittal Letter – <i>must have original, ink signatures or official signature stamps- no photocopies</i>	<input checked="" type="checkbox"/>
1	Mission Statement	<input checked="" type="checkbox"/>
2	Description of the Planning and Service Area (PSA)	<input checked="" type="checkbox"/>
3	Description of the Area Agency on Aging (AAA)	<input checked="" type="checkbox"/>
4	Planning Process / Establishing Priorities	<input checked="" type="checkbox"/>
5	Needs Assessment	<input checked="" type="checkbox"/>
6	Targeting	<input checked="" type="checkbox"/>
7	Public Hearings	<input checked="" type="checkbox"/>
8	Identification of Priorities	<input checked="" type="checkbox"/>
9	Area Plan Narrative Goals and Objectives:	<input checked="" type="checkbox"/>
9	Title IIIB Funded Program Development (PD) Objectives	<input checked="" type="checkbox"/>
9	Title IIIB Funded Coordination (C) Objectives	<input checked="" type="checkbox"/>
9	System-Building and Administrative Goals & Objectives	<input checked="" type="checkbox"/>
10	Service Unit Plan (SUP) Objectives and Long-Term Care Ombudsman Outcomes	<input checked="" type="checkbox"/>
11	Focal Points	<input checked="" type="checkbox"/>
12	Disaster Preparedness	<input checked="" type="checkbox"/>
13	Priority Services	<input checked="" type="checkbox"/>
14	Notice of Intent to Provide Direct Services	<input checked="" type="checkbox"/>
15	Request for Approval to Provide Direct Services	<input checked="" type="checkbox"/>
16	Governing Board	<input checked="" type="checkbox"/>
17	Advisory Council	<input checked="" type="checkbox"/>
18	Legal Assistance	<input checked="" type="checkbox"/>
19	Multipurpose Senior Center Acquisition or Construction Compliance Review	<input checked="" type="checkbox"/>
20	Title III E Family Caregiver Support Program	<input checked="" type="checkbox"/>
21	Organization Chart	<input checked="" type="checkbox"/>
22	Assurances	<input checked="" type="checkbox"/>

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

Checksw.J.: **FY 20-24** **FY 21-22** **FY 22-23** **FY 23-24**

AAA Name: County of Orange Office on Aging

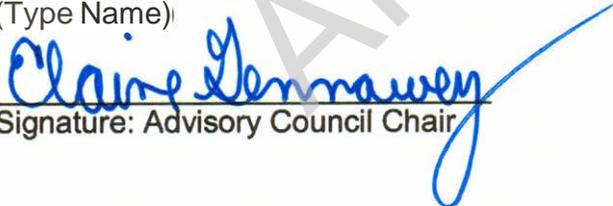
This Area Plan is hereby submitted to the California Department of Aging for approval. The Governing Board and the Advisory Council have each had the opportunity to participate in the planning process and to review and comment on the Area Plan. The Governing Board, Advisory Council, and Area Agency Director actively support the planning and development of community-based systems of care and will ensure compliance with the assurances set forth in this Area Plan. The undersigned recognize the responsibility within each community to establish systems in order to address the care needs of older individuals and their family caregivers in this planning and service area.

1. Michelle Steel
(Type Name)


Signature: Governing Board Chair¹

4-1 L/-2..0
Date

2. Elaine Gennawey
(Type Name)


Signature: Advisory Council Chair

4-27-20
Date

3. Ericka Danczak
(Type Name)


Signature: Area Agency Director

01/-1.-1- 2-0
Date

¹ Original signatures or official signature stamps are required.



ATTEST:


ROBIN STIELER
CLERK OF THE BOARD OF SUPERVISORS
ORANGE COUNTY, CALIFORNIA

SECTION 1 - MISSION STATEMENT

The Mission for all Area Agencies on Aging (AAAs), as articulated in the California Code of Regulations, is:

“To provide leadership in addressing issues that relate to older Californians; to develop community-based systems of care that provide services which support independence within California’s interdependent society, and which protect the quality of life of older persons and persons with functional impairments; and to promote citizen involvement in the planning and delivery of services.”

The Office on Aging is a division of **OC Community Services**, which is a department of OC Community Resources.

The Mission of **OC Community Resources** is: *Connecting people and resources.*

The Vision of **OC Community Resources** is: *Positively transforming lives in Orange County.*

The Mission of **OC Community Services** is: *As an opportunity catalyst, OC Community Services facilitates the provision of economic, housing and community services that enhance the quality of life for the people of Orange County.*

The Vision of **OC Community Services** is: *An unparalleled system of support for the human experience.*

The mission of the Office on Aging complements those of OC Community Resources, OC Community Services and the core mission of all AAAs as articulated in the California Code of Regulations.

The Mission of the **Office on Aging** is:

“**To ensure that Orange County’s older adults experience a high quality of life characterized by independence, safety, health, transportation, affordable housing, appropriate nutrition and social activity.**”

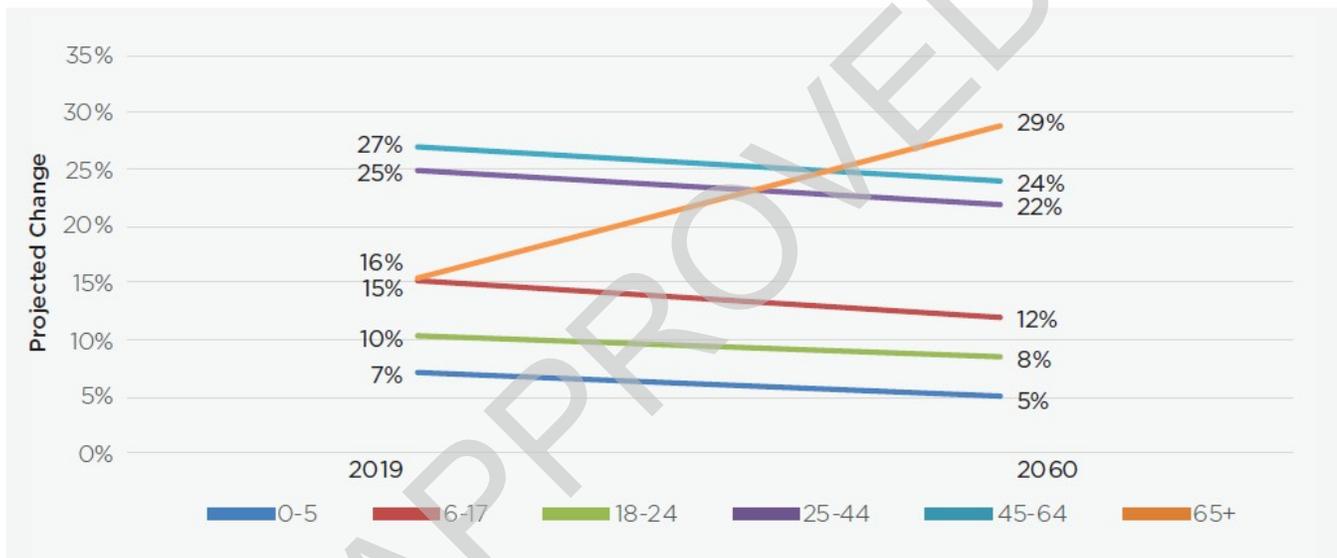
The Vision of the **Office on Aging** is: *Orange County is the best place in America to age with dignity.*

SECTION 2 - DESCRIPTION OF THE PLANNING AND SERVICE AREA (PSA)

Orange County is one of the largest counties in the country. It is located in the heart of Southern California, with Los Angeles County to the north, San Diego County to the south, and Riverside and San Bernardino counties to the east. The county covers 798 square miles with both urban and suburban qualities. It has 34 cities, nine beaches and 42 miles of coastline. Orange County has the third largest county population in California (3,185,968), following Los Angeles and San Diego. It is one of the most densely populated areas in the United States averaging 3,807 people per square mile. Immigration largely from Asia and Latin America contribute to the county’s growth making it the 4th largest international population in the nation with approximately 944,709 foreign-born residents.



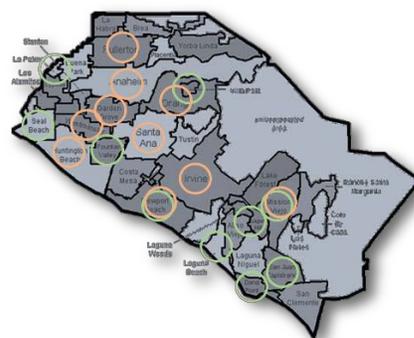
Projected Change in Age Group Proportions of Total Orange County Population, 2019 and 2060



Source: Projections Prepared by Demographic Research Unit, California Department of Finance, May 2019

It is no surprise the older adult population is increasing nationwide however, in Orange County, it is increasing at a faster rate. The older adult (65+) cohort is the only age group that is projected to grow as all others shrink proportionately. According to the 2012-16 American Community Survey, Orange County is home to approximately 576,841 older adults where about 40.0% are foreign-born residents. Although predominantly White (Non-Hispanic) (57.2%), the over 60 population continues to be diverse with Asian making up 22.5% of the population, followed by Hispanic/Latino (17.9%), Black/African American (1.5%), American Indian/Alaskan Native (0.7%), Native Hawaiian/Pacific Islander (0.3%), and two or more races/other race (1.14%).

Older adults in Orange County are concentrated in different areas of the County. While the northern cities have higher numbers of older adults, the southern cities have higher percentages of seniors relative to the general population. The map to the right shows the ten cities with highest number of older adults (orange circles) compared to the top ten cities with the highest percentage of older adult residents (green circles).



Highest number of older adults

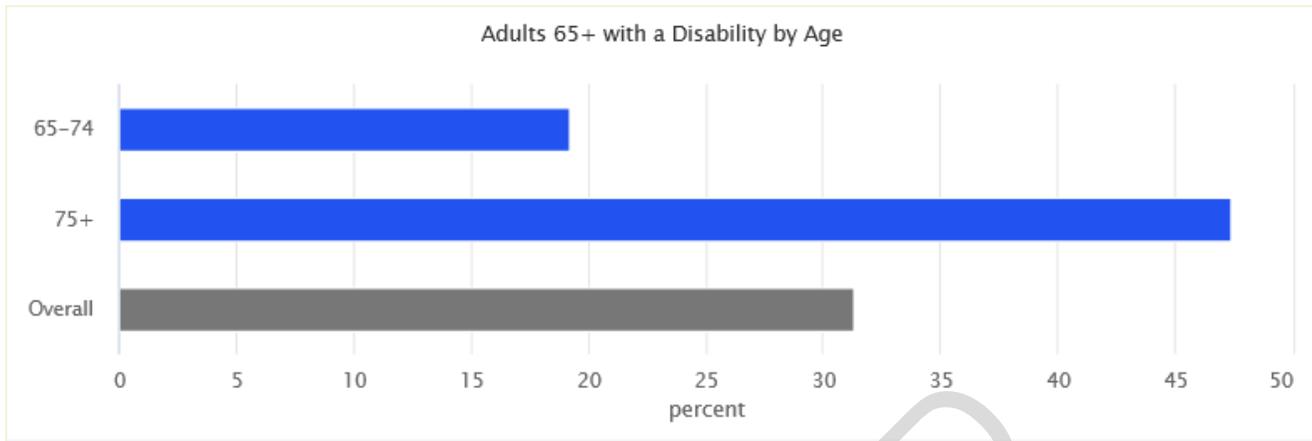
City	Total Population in City (ALL Ages)	Number of 65+ Living in city	Percentage of 65+ Living in city
Anaheim	346,776	36,758	10.60%
Fullerton	139,491	17,297	12.40%
Garden Grove	174,676	21,835	12.50%
Huntington Beach	198,724	31,995	16.10%
Irvine	246,992	25,193	10.20%
Mission Viejo	96,178	17,216	17.90%
Newport Beach	86,813	18,057	20.80%
Orange	139,919	16,091	11.50%
Santa Ana	333,605	26,355	7.90%
Westminster	91,635	15,486	16.90%

Highest percentage of older adults

City	Total Population in City (ALL Ages)	Number of 65+ Living in city	Percentage of 65+ Living in city
Laguna Woods	16,347	13,257	81.10%
Seal Beach	24,510	9,313	38.00%
Villa Park	5,922	1,622	27.40%
Laguna Beach	23,204	5,081	21.90%
Newport Beach	86,813	18,057	20.80%
Dana Point	34,009	7,005	20.60%
La Palma	15,834	2,897	18.30%
Mission Viejo	96,178	17,215	17.90%
Fountain Valley	56,670	10,143	17.90%
San Juan Capistrano	36,006	36,006	17.10%

According to the data, Orange County older adults are becoming more conscientious of their well-being and embracing a healthier lifestyle. For more than 25 years, more than half of the adult population in California has been overweight and the Dietary Guidelines note that prevalence is higher with increasing age. According to the Orange County Older Adult Dashboard, there has been a big decrease in fast food consumption among seniors (65+) and the obesity rate (19.6%) have been at a steady decline according to the California Health Interview Survey. This may contribute to Orange County ranking in the second-best quartile, compared to 58 other counties in California, when it comes to making healthier food decisions. Seniors are also kicking bad habits such as smoking. According to the Centers for Disease Control and Prevention, about 8 of every 100 adults aged 65 years and older (8.4%) are smokers but the Orange County Older Adult Dashboard shows that only 4.5% of Orange County adults 65 years and older are smokers with this habit trending down.

More than half of the Orange County seniors (50.6%) who participated in the 2016 California Health Interview Survey self-reported to be in very good to excellent health. This subjective assessment



of their health status is important because it will positively impact their community socially and economically. Still, the US Census Bureau data shows that a total of 133,818 seniors in Orange County are living with some form of disability and data shows that the rates of disability increase sharply with age.

Orange County remains one of the most expensive areas of the United States in which to live evidenced by the cost of living being 67.7% over the national average. Driven by high housing prices relative to other markets, income that would be considered sufficient in other areas is grossly lacking in Orange County. In the last 5 years, housing prices in Orange County have increased 8.6% and prices are expected to continue increasing. Though the majority of older adults in Orange County own their homes (75.6%) and many residents who have had their homes for many years are “aging in place”, increases in the cost of living over the span of retirement will negatively affect the purchasing power. In other words, seniors will need twice as much income later in life to buy the same goods and services bought earlier in retirement. According to the Census Bureau, 34.1% of older adult homeowners and 60.2% of renters spend 30% or more of their income on monthly household costs; leaving very little income for all other expenses such as, food, transportation and medical insurance. While 98.5% of those 65+ do have some form of health insurance, according to the 2018 American Community Survey, there is still a portion (1.2%) who cannot afford coverage.

The Elder Economic Security Index is a measure of the income that older adults need to meet their basic needs. It is specific to household size and location. It includes housing, health status, transportation, food, and daily living essentials. According to the Elder Index, a senior in “good” health renting in Orange County would have to make approximately \$32,064 per year, which is 26% above the national average.

Average Monthly Household Expenses for a Single Senior in Good Health Renting in Orange County			
	Transportation \$221		Food \$257
	Miscellaneous \$269		Health \$293
	Rent \$1,632		Monthly Total Expenses \$2,672

However, not all of Orange County older adults would be considered in “good” health. In fact, in California, 9.4% of senior households face food insecurity. The California Health Interview Survey estimated 23% of low-income older adults in Orange County to be food insecure which negatively affects total monthly expenses. Food insecurity is defined as limited or uncertain availability of nutritionally adequate foods. Food insecurity is linked with poor health outcomes associated with chronic health conditions such as, diabetes, heart disease, hypertension, and mental health issues including depression. To put things into perspective, in Orange County, the average payment from Social Security is approximately \$1,845 and \$825 for Supplemental Security Income payment. A monthly income of \$2,670 is just enough for a senior in “good health” to meet their daily needs but leave no reserves for emergencies or future planning.

While there are programs that can help meet basic needs, many use the Federal Poverty Guidelines (FPL) to determine eligibility, but this amount is the same across the nation and does not take into account local cost of living. Since 2005, the number of older adults living in poverty has been steadily increasing and currently accounts for approximately 50,000 older adults (American Community Survey, 2013-17). Although Social Security and Supplemental Security Income (SSI) remains a valuable resource for retirees, it only accounts for about 40% of former earnings and is hardly enough to live on. No matter what their source of income, older adults often struggle to make ends meet. Many older adults do struggle to pay for living expenses but find ways to remain in stable housing. However, there is a segment of the older adult population that find themselves homeless. The 2019 Point in Time Count, a federally mandated biennial census taken over two days, identified 677 Orange County homeless senior (62+) residents.

The Older Adult Service Network in Orange County

The older adult services network is a tremendous resource within Orange County. Publicly funded services form a foundation for the broader spectrum of older adult services in Orange County and assist older adults in maintaining their independence. In addition to public entities providing services to older adults, the network of non-profit organizations serving older adults in Orange County makes invaluable contributions to the well-being and quality of life of Orange County’s most vulnerable older adult population. The efficiency and effectiveness of the older adult service delivery system is widely acknowledged in the county. The network of contracted service providers of programs administered by the Office on Aging constitutes a foundation of valuable resources to the Office on Aging and, most importantly, to the community and the thousands of older adults, caregivers and their families receiving services. The section below describes specific network organizations that contribute to the older adult network.

The Office on Aging is a program in the OC Community Services division, which serves special population groups such as older adult, caregivers, persons with disabilities veterans, and the under/unemployed in Orange County. It is comprised of the following divisions: Office on Aging, Community Investment Division (CID), and the Veterans Service Office (VSO). In addition to the Office on Aging, the following agencies are among the major public-sector providers of important services for Orange County’s older adult population.

Veterans Service Office (VSO)

Veterans Service Office provides advocacy services and assistance to Orange County veterans, survivors and dependents, focusing on U.S. Department of Veterans Affairs disability benefits and

survivor benefits. Approximately 60% of the veterans served at the VSO are 60 and older. Because of this cross-over in clients served by both the Office on Aging and the VSO, the OoA Information & Assistance (I&A) call center staff continues to answer the VSO reception phone and provides information on local veteran resources and the general claims process. This allows I&A staff to identify VSO clients who may benefit from other community services as well as providing more comprehensive service to veterans who call through the I&A line. VSO also collaborates with the HCA program OC4Vets, which provides one-stop access for Veterans with behavioral health issues to services including housing and transportation assistance, mental health services, and employment training and development.

Community Investment Division (CID)

Community Investment Division is primarily responsible for administering programs and activities of the Workforce Innovation and Opportunity Act (WIOA) in Orange County. The WIOA assists individuals who are employed, unemployed and underemployed, to increase their self-sufficiency and/or improve their ability to meet the demands of Orange County businesses and employers.

Orange County Housing Authority (OCHA)

The Orange County Housing Authority (OCHA) administers federally funded programs to provide monthly rental assistance to qualified tenants. Such programs include the Housing Choice Voucher Program (HCV), a federally funded program through the U.S. Department of Housing and Urban Development (HUD) offering housing assistance to the elderly, low-income families and persons with disabilities. In addition to the HCV Program, OCHA also administers other voucher programs including Veterans Affairs Supportive Housing (VASH), Shelter Plus Care, Non-Elderly Disabled, Family Unification, and Family Self-Sufficiency Vouchers. These programs combined with the HCV Program provide rental assistance to over 25,000 people per month in Orange County. Of the 25,000 people assisted, approximately 70% are elderly and/or disabled.

Health Care Agency (HCA)

The County of Orange Health Care Agency (HCA) provides behavioral health services directly and through contracted agencies. There are HCA-staffed programs and contracted programs providing direct services specifically to older adults with behavioral health problems. The HCA programs are the Senior Health Outreach Prevention Program (SHOPP), the Substance Abuse Resource Team (START), Older Adult Mental Health Recovery Services. The Health Care Agency provides services to older adults in their own homes through the SHOPP, START and Older Adult Mental Health Recovery Services programs. In addition to behavioral health services, HCA now oversees Continuum of Care, a regional strategy to address homelessness in Orange County as well as coordinating the OC Health Improvement Plan.

Social Services Agency (SSA)

The Social Services Agency provides the CalFresh Program, Medi-Cal, Adult Protective Services (APS), In-Home Supportive Services (IHSS), General Relief, and the Cash Assistance Program for Immigrants (for some legal non-citizens who are not eligible for federal food stamps). According to the Social Services Agency 2018-19 Annual Report, an average 1 in 6 senior received Medi-Cal benefits, 1 in 30 seniors are enrolled in IHSS, and 1 in 36 seniors received CalFresh benefits. In order to expand food options for CalFresh recipients, two new programs have been implemented in Orange County. In 2018, the Restaurant Meals Program (RMP) was expanded countywide, which

allows elderly, disabled, and homeless CalFresh recipients and their spouses to use their Electronic Benefits Transfer (EBT) card to purchase prepared meals from participating restaurants. CalFresh Expansion was implemented June 1, 2019 in response to a new state policy and allows Supplemental Security Income (SSI) recipients to be eligible for CalFresh benefits. Since SSI is a program for those over 65 years of age, blind, or disabled who also have limited income and resources, this new CalFresh benefit is an additional resource for those who struggle to buy healthy foods.

Orange County Transportation Authority (OCTA)

OCTA provides public transportation services to seniors through two major programs, Senior Mobility Program (SMP) and OC ACCESS (ADA paratransit). OC ACCESS is a shared-ride service that is available to qualified applicants whose physical or cognitive limitations prevent them from utilizing the regular OC Bus fixed-route service. Through the OC Go Fare Stabilization Program, OCTA provides fare discounts for seniors and persons with disabilities. OCTA is also introducing new projects in pilot areas, such as OC Flex, a ride share service which may be more acceptable to seniors than Uber or Lyft.

CalOptima

Medi-Cal recipients in Orange County are served by CalOptima, a County Organized Health System (COHS), providing coverage through four major programs: Medi-Cal, OneCare, PACE (Program of All-Inclusive Care for the Elderly), and OneCare Connect. As of January 31, 2020, 705,556 Orange County residents are CalOptima members, including 14,104 enrolled in OneCare Connect (a program that combines Medicare and Medi-Cal benefits), 1,417 in OneCare (HMO SNP), and 394 in PACE, a program that provides needed preventive, primary, acute and long-term care services in a variety of settings. Office on Aging is an appointed advisory member of CalOptima's OneCare Connect Member Advisory Committee.

Orange County Aging Services Collaborative (OCASC)

OCASC is an initiative that brings together nonprofit and governmental senior service providers who are committed to effectively meeting the needs of our aging community through ongoing coordination. The collaborative and its established committees meet regularly to develop public policy through education within the community and with elected officials, create marketing strategies, maintain knowledge on senior issues in Orange County, and improved access and awareness of available services by connecting member agencies. The Office on Aging is an advisory member on the collaborative and participates on several of the committees.

Orange County Elder Abuse Forensic Center

Orange County is home to the nation's first Elder Abuse Forensic Center. Launched in May 2003, the Elder Abuse Forensic Center changes the way elder abuse cases are prosecuted through an unprecedented collaborative process. Orange County's Elder Abuse Forensic Center is staffed by team of professionals from legal, medical, social services, and law enforcement agencies. It is a partnership between UCI Geriatric Medicine, Adult Protective Services, Ombudsman, Health Care Agency, Orange County Sheriff's Department, the District Attorney's Office, Public Guardian, Orange County Superior Court, and leading non-profit experts. Together they conduct case reviews; in-home medical and mental status, and evidentiary investigation; taped victim interviews; education; consultation; and research. The collaboration brings these experts together to better

understand, identify and treat elder abuse, determine more efficient ways to successfully prosecute elder abuse cases and support the prevention of elder abuse through greater awareness and education among those professionals who work with older and disabled adults.

OC Strategic Plan on Aging (OCSPA)

OCSPA is a coalition of public and private stakeholders with a goal of examining strategies and approaches to develop Orange County as a community that facilitates successful aging. OCSPA's governance structure has a Leadership Council and eight sub-committees focused on initiatives such as Housing, Transportation, Elder Abuse Prevention, Social Engagement, Food Security/Nutrition, Healthcare, Communications, and Technology. Office on Aging is a member of several committees, including healthcare, social engagement, food security/nutrition, and technology.

CalFresh Collaborative

This collaborative includes those community organizations that provide application assistance for the CalFresh program, specifically 211 OC, Second Harvest, Community Action Partnership, Catholic Charities, Dayle McIntosh Center, and County of Orange Social Services Agency. This group works together to coordinate outreach and benefits enrollment events in order to decrease service delivery duplication and leverage common resources. Office on Aging recently began participating with the collaborative once funded to deliver CalFresh Expansion grant activities. Though focused on CalFresh benefits, participation with this group has further increased awareness of the Older Americans Act and other senior programs among these non-profits.

BeWell OC

Be Well OC is a new initiative that brings together a community-based, cross-sector of organizations —public, private, academic, faith and others—to create a community-wide, coordinated ecosystem to support optimal mental health. The long-term goal of this movement is to create regional wellness hubs which will serve as a central resource location for mental healthcare.

Constraints

Though rich in collaborative relationships, Orange County does face some challenges.

- **Cost of Housing/Living**

As described earlier in this section, Orange County is one of the most expensive areas of the United States in which to live with housing being the major contributor to this statistic. Although over 75 percent of older adults in Orange County own their own homes, they often are on fixed incomes, with rising prices on goods and services straining the budget. For the seniors who have to rent, rental payments are one of the largest expenses. Both single and older adult couples who rent in Orange County are among those with the highest rates of economic insecurity. The cost of the lowest priced apartment still exceeds the average price that many older adults in Orange County can afford to pay. Currently, the average price for a one-bedroom apartment in Orange County is \$1,432 and \$2,037 for a two-bedroom, as reported by bestplaces.net. However, the range can vary greatly based on location. The 21.2% of those 65+ who are living alone are bearing the brunt of high rent prices, leaving little money for food, healthcare, transportation, or basic needs.

- **Limited Funding and a Growing Population**

Though federal and state funding has started to increase over the last two years, the rate of increase is not always proportional to the number of people aging into older adulthood. Rising operating costs, older and more frail clients, and increased demand for services has challenged the resources of contracted service providers, the Office on Aging, and other organizations serving older adults in the county. Orange County residents 65 and older are the only age group that is projected to increase proportionate to the other age groups in the next 25 years. In 2019, residents 65 years and older comprised 16% of the population; by 2060, they are expected to make up 29% of the total county population. While growth in the number of seniors mirrors national and statewide trends, this growth is more pronounced in Orange County than the nation. This is further exacerbated by the increase in expenses for contractors, such as increased food and fluctuating gasoline costs for the nutrition providers. The fact that there are more needs than can be met with available funds will inevitably result in limits to services.

- **Fragmentation in Service Delivery**

Within Orange County there are several different agencies providing services to older adults. As lead advocate, systems planner, and facilitator of services for older adults, their families and caregivers, the Office on Aging is challenged with the task of tracking and coordinating with the programs offered by other agencies. With multiple funding and regulatory silos, older adults may find it hard to enter or navigate the system of care, making the role of the Office on Aging more critical. With its partnership with Dayle McIntosh Center (DMC), the independent living center for Orange County, and the recent redesignation and program funding by the State of California, Office on Aging and DMC will address the limited coordination among service providers through the expansion of the Aging and Disability Resource Connection (ADRC). The ADRC initiative focuses on coordination and providing long-term support services (LTSS) to older adults and persons with disabilities through specific service deliveries. The ADRC and the many collaborative efforts within the provider network are focused on providing ready access into the service network for older adults, caregivers and persons with disabilities.

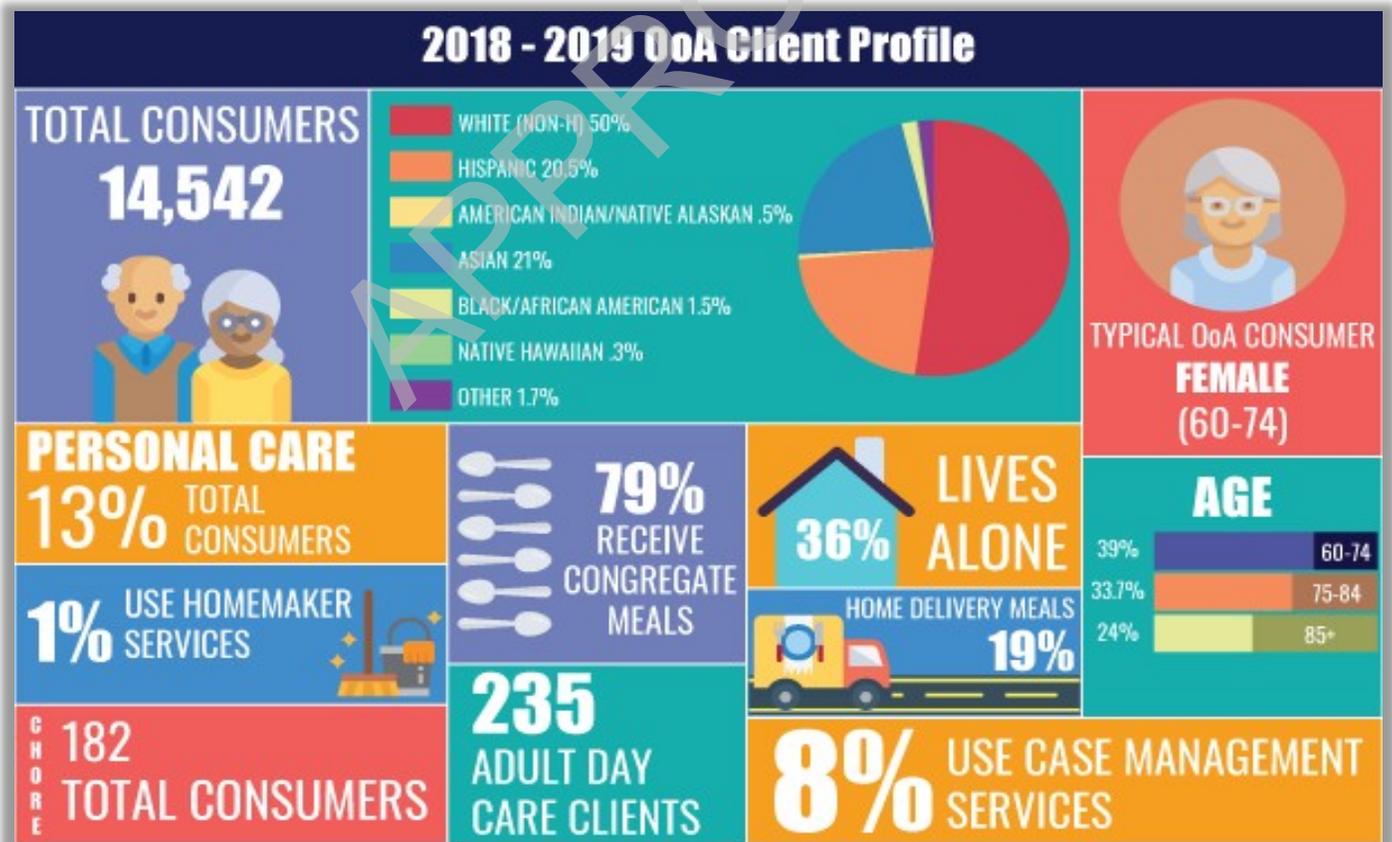
Finding ways to develop and finance additional service capacity that meets needs, allows choice, and ensures quality care will be a challenge for the Office on Aging and local governments in years to come; demanding strategic planning, collaboration and partnership with the broad spectrum of service providers as we strive to make Orange County the best place in America to age with dignity.

SECTION 3 - DESCRIPTION OF THE AREA AGENCY ON AGING (AAA)

The Office on Aging is the designated Area Agency on Aging (AAA) for Orange County since 1974. As the local AAA, the Office on Aging is mandated by Federal law to be the lead advocate, system planner, and facilitator of services and programs for older adults, persons with disabilities, and family caregivers. This mandate includes accomplishing the goals of the older adult programs funded by Federal, State, and county general funds.

Orange County’s Board of Supervisors and the senior community have preferred that services be privatized to local non-profit or municipal contractors to the maximum extent possible. Rather than provide services directly, Office on Aging administers a majority of contracts for the provision of services to older adults through community-based organizations or public agencies. These programs are funded with federal and State funds; County General Funds; Tobacco Settlement Revenue and local Measure M2. Contracts for provision of services are awarded every four years through a competitive Request for Proposals process.

The Office on Aging administers and monitors support service programs for older adults (60+) and family caregivers funded by the CA Department on Aging. The following contracted programs along with the direct services provided are some indicators of the leadership role of the Office on Aging within the aging network in Orange County.



CDA-Funded Contracted Programs

- **Elderly Nutrition Program**

The Elderly Nutrition Program (ENP) is the largest program funded by the Office on Aging and fills a critical nutrition need countywide. Three contractors serve on average 115,000 congregate and home-delivered meals per month.

- **Transportation**

The Office on Aging also administers federal Older Americans Act Title III funds for transportation for older adults to travel to locations such as financial institutions, grocery stores, social/recreational activities, senior centers (including congregate meal sites), community education programs, or places of worship. The scope of this service activity was expanded for the Request for Proposal cycle starting FY 2020-21.

- **Legal Services**

Services provided primarily through individual, one-on-one consultation with older adults. Paralegals, under the direction of an attorney, provide this service at various locations throughout the county, including senior centers.

- **Family Caregiver Support Program**

Allocates funding to provide multifaceted systems of support services for family caregivers and older individuals who are relative caregivers.

- **Case Management**

The Office on Aging contracts with community-based service providers for case management services funded by Title III B of the Older Americans Act. The case management service also includes in-home services, specifically personal care, homemaker, and chore services to homebound older adults, to maintain independent living or provide respite for the primary caregiver.

- **Ombudsman**

The Ombudsman program investigates complaints of elder and dependent abuse made by, or on behalf of, individual residents of long-term-care (LTC) facilities. Staff and volunteers work with licensing agencies and law enforcement in the investigation of abuse in facilities. Staff and volunteers visit all licensed LTC facilities, providing a regular presence to ensure that the rights of residents are protected.

- **Elder Abuse Prevention**

The Elder Abuse Prevention program includes activities to develop, strengthen, and administer programs for the prevention and treatment of elder abuse, neglect, and exploitation. Education and training sessions are provided in the community to the public, professionals, and family caregivers.

- **Health Insurance Counseling and Advocacy Program**

This program provides both community education sessions open to the public and individualized one-to-one counseling on Medicare, managed care, and other private health

insurance issues.

- **Adult Day Care**

Adult day care is personal care for dependent older adults in a supervised, protective, and congregate setting during some portion of the day.

- **Senior Community Service Employment Program (SCSEP)**

SCSEP provides part-time, work-based training opportunities at local non-profit or government agencies for low-income adults age 55+. In order to streamline SCSEP administration, Office on Aging will begin managing the program directly in fiscal year 2020-21 rather than through a Memorandum of Understanding with the Community Investment Division (CID).

CDA-Funded Direct Services

- **Information & Assistance**

The Office on Aging Information & Assistance (I&A) call center provides information and referral services via a state-of-the-art call center system. Through the onsite call center, the Office on Aging toll-free line acts as a single point of entry for referrals to services and programs for older adults, caregivers, and persons with disabilities. In addition to having bi-lingual/bi-cultural staff to serve Spanish speaking and Vietnamese speaking callers, the call center also uses a language line that provides access to other languages as needed. Consumers contacting the call center can be directly connected with public and private community-based programs to meet their needs. I&A staff utilize a resource database to track client contact information and offer several resource options, as well as perform follow-up on all assistance calls to ensure that consumers were connected with referred services.

- **Health Promotion**

The Office on Aging provides health promotion services through the activities of the health educator. The Office on Aging Health Educator oversees the Chronic Disease and Diabetes Self-Management Programs and A Matter of Balance. Activities include training new leaders and providing technical assistance to current leaders, conducting fidelity checks, recruiting and working with workshop sites, collecting paperwork and managing workshop supplies, and seeking out partnerships to expand the programs. To support the activities of the health educator, the Office on Aging has a Memorandum of Understanding with HCA to provide Chronic Disease Self-Management Education trainings and community workshops.

- **Community Education (Speaker's Bureau Program)**

The speakers bureau is a network of professionals and knowledgeable volunteers who are trained and available to speak at no charge to any community group. The mission of the Speakers Bureau Network is to educate and empower individuals to enhance the quality of life for older adults. The Office on Aging staff coordinate the speakers and community groups.

- **Aging & Disability Resource Connection (ADRC)**

Redesignated in 2019, the Orange County ADRC operates as a collaborative between the

Office on Aging and the Dayle McIntosh Center for Independent Living. With new state funding allocated to the initiative, Office on Aging and Dayle MacIntosh is planning for and implementing new systems to change the way long term care services and supports are delivered to consumers in the aging and disability communities of Orange County.

Locally-Funded

- **The Senior Non-Emergency Medical Transportation Program (SNEMT)**

SNEMT is non-emergency transportation to doctor, dentist, pharmacy and other medical-related destinations for older adults and is funded through collaboration between the Orange County Transportation Authority (OCTA), the Health Care Agency (HCA), and Office on Aging. HCA administers Tobacco Settlement Revenue (TSR) funds which are implemented by the Office on Aging for SNEMT and Measure M2 funds are allocated by OCTA. The Office on Aging contracts with the two providers of SNEMT services. The purpose of the SNEMT program is to provide a coordinated community-based system of non-emergency medical transportation for older adults (60+) who lack other reasonable means of medical-related transportation. The program utilizes cars, vans, mini-buses or other appropriate vehicles on a cost-per-mile basis.

Senior Citizens Advisory Council

The Senior Citizens Advisory Council (SCAC) advises the Orange County Board of Supervisors and the Office on Aging on matters affecting older adults in Orange County. The council meets monthly in senior centers throughout Orange County.

SCAC consists of forty volunteer citizens, including local elected officials, representatives of health care and supportive services provider organizations, persons with leadership experience, caregiver representatives and the general public. At least half of the council must be older adults (60+). The Board of Supervisors appoints twelve members, the City Selection Committee appoints ten members, and the council itself appoints the remaining eighteen at-large members.

The council has three standing committees addressing health/nutrition, housing/transportation and legislation, and a seven-member executive board.

AAA's Demonstrated Leadership in Community-Based System Development

From its beginning 46 years ago, the primary mission of the Office on Aging has been to advocate for the development of a comprehensive and coordinated system of services that responds to the social, economic and health-related needs of Orange County's older adults. The Office on Aging has served as the primary advocate for older adults by developing area plans for services, administering service contracts, providing staff support to the Senior Citizens Advisory Council, supporting a continuum of community based long term care services, publicizing and disseminating information on available resources, identifying service gaps and barriers, and providing selective direct services.

The Office on Aging works closely with community-based organizations and other government agencies on a variety of projects throughout the year. As previously mentioned, the ADRC is a collaboration between the Office on Aging and Dayle McIntosh Center for connecting consumers with home and community-based resources. Other collaborations that make it possible for the Office on Aging to positively influence the community on behalf of older adults include the Orange County Strategic Plan on Aging, Orange County Aging Services Collaborative, Financial Abuse Services Team (FAST), OC Roundtable, Community Alliance Forum Committee, Older Adult Veteran Task Force, OC Older Adult Mental Health Advisory Council, North Orange County Senior Collaborative, CalOptima OneCare Connect Member Advisory Committee, among others.

The outcome of these partnerships includes better communication between the Office on Aging and other key informants, more efficient and effective use of resources, the opportunity to influence policy and planning within the County, and opportunity for the Office on Aging to hear and consider the needs of those in the greatest social and economic need.

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SECTION 4 - PLANNING PROCESS / ESTABLISHING PRIORITIES

The process of assessing needs among the older adult population is ongoing and involves regular contact with providers and community partners. The 2020-24 Area Plan needs assessment process involved a variety of elements, including a study of the 2010 Census as described in Section 2, existing data elements from WellSky Aging and Disability database, ReferNet database, community meetings, and a variety of surveys to provide the broadest perspective possible on the current needs of Orange County's older adult population.

Orange County's Office on Aging (OoA) utilized a quantitative approach to gather information and assess the current needs of the senior (60+) community. The Orange County Aging Services Collaborative (OCASC) and OoA staff contributed in the development of the 18-question survey based on the current services and resources available to the senior population. The survey targeted 60 and older who live in Orange County, seniors with the greatest economic and social needs, as well as persons with disabilities. Caregivers and individuals working with the senior community were encouraged to take the survey.



The partnership between OoA and OCASC provided a wider reach when engaging a variety of organizations and individuals to aid in survey distribution and collection, including Senior Citizen Advisory Council members. The survey was available in English, Spanish and Vietnamese. It was distributed via paper and online through survey monkey in the following methods: county newsletters, community senior center, Congregate Meal sites, community outreach events, Social Services Agency lobbies, Health Care Agency lobbies, Orange County Public Libraries, Health Education Workshops, Veteran Services lobby, Somang Society, Golden Rain Foundation, OoA social media feeds and others. Increased efforts were made to target minorities and ensure the inclusion of homebound older adults in the assessment process by distributing surveys to clients receiving Home Delivered Meals.

In addition, a provider survey was distributed to current providers via survey monkey. Twelve provider surveys were returned outlining unmet needs and barriers they feel that the older adult community is facing. Both surveys were distributed using convenience sampling and caution should be exercised in over generalizing the results to the entire Orange County older adult population. Therefore, focus groups were held to present and discuss the survey results and engage community members in the development of the 2020-2024 Area Plan goals. Seventy-five older adults attended one of 10 small focus groups facilitated to help understand and identify key issues.

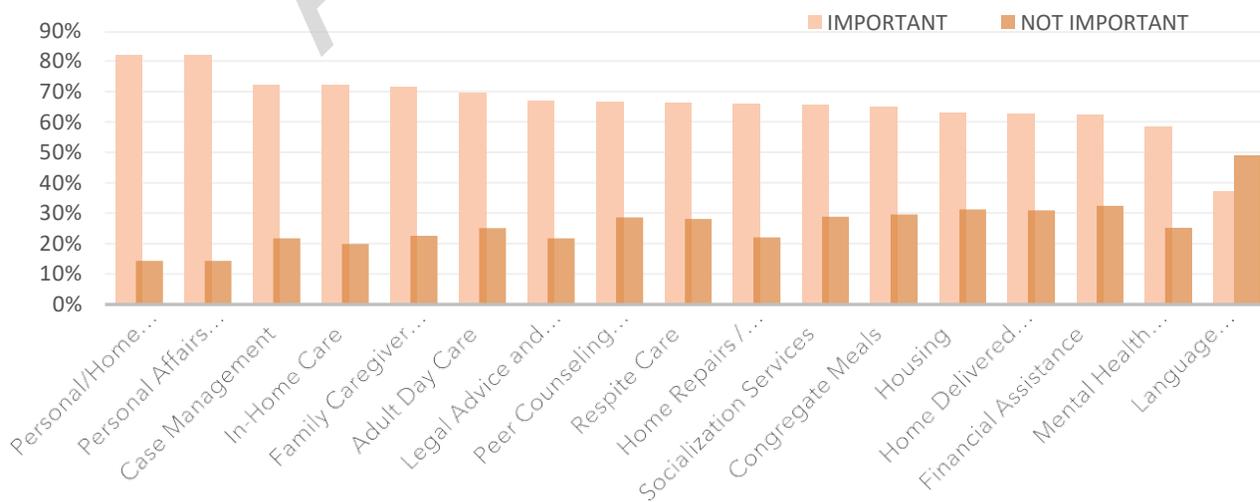
SECTION 5 - NEEDS ASSESSMENT

A total of 2,188 Senior Living Needs Assessment surveys were returned, of which 763 (34%) were completed online by respondents via survey monkey. Results were discarded if respondents did not live in Orange County and/or if respondent did not meet the age criteria for a total of 1,639 senior (60+) respondents. The majority of survey respondents (n=1,639) were between the ages of 60-74, 580 respondents were the age of 75-84, and 291 respondents were 85+ years of age.

Respondents of the Orange County Senior Living Needs Assessment Survey were predominantly women (68%) with two participants (0.1%) identified as being transgender and two participants (0.1%) identified as being Gender-Queer/Gender Non-Binary. The majority of those who identified their race were White (58%), 21% were Asian, 2% African American, 1% Pacific Islander, 1% American Indian/Alaska Native, 2% Other, 10% declined to state, and 17% identified as being Hispanic/Latino. The majority of survey respondents (n=1,639) identified as being straight/heterosexual (75%), 2% identified as being gay/lesbian/same-gender loving, 0.5% identified as bisexual, 0.4% as questioning/unsure, and 12% declined to state. Survey participants were also asked for their educational background and yearly income. Results showed 48% of respondents have a bachelor's degree or higher, 34% are high school graduates, 14% have an education level less than high school, and 4% decline to state. Furthermore, respondents were asked for their yearly income levels in which 32% receive a yearly income level less than \$15,000, 21% receive an income level between \$15,000 - \$34,999, 19% reported income levels between \$35,000 - \$74,999, 8% reported \$75,000 - \$99,999, 8% reported \$100,000 or higher, and 12% declined to state.

Participants were asked which services are most important to them as they age. Services that were rated as “Extremely Important,” “Very Important,” and “Somewhat Important” were labeled as “Important” services. Those rated as “Not Very Important,” and/or “Not at All Important” were considered “Not Important”.

Table 1: Senior Living Needs Assessment Survey: Services Rated Most Important to Seniors



Leading Causes of Death among Ages 65 Years and Older	Number of Deaths	Crude Rate per 100,000 Population in the Age Group
1. Heart disease	4,210	919.2
2. Cancer (malignant neoplasms)	3,486	761.1
3. Alzheimer's disease	1,410	307.9
4. Cerebrovascular diseases (stroke)	1,236	269.9
5. Chronic lower respiratory diseases	914	199.6
6. Influenza and pneumonia	493	107.7
7. Diabetes mellitus	372	81.2
8. Parkinson's disease	316	69.0
9. Accidents (unintentional injuries)	302	66.0
10. Nephritis, nephrotic syndrome and	296	64.6
All other causes	2,646	577.7
Total deaths	15,681	

The need to enhance the quality of life, safety, and security is a reoccurring theme among all responses throughout the needs assessment process. 82% of senior respondents said Personal Home/Safety as an “Important” service as they age in Orange County. In particular, 52% of survey respondents said they are most concerned about falling and or bodily injuries.

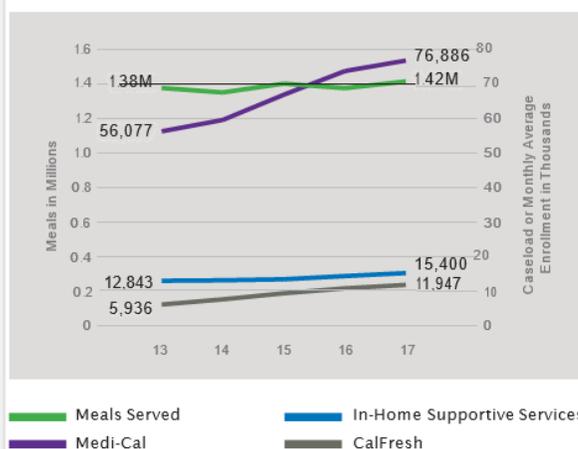
The California Department of Public Health rated “accidents” as one of the top 10 leading causes of death among older adults. In fact, OC Indicators show hospitalization rates for falls increasing in the senior population (65+). The National Institutes of Health (NIH) estimates that approximately 1 in 3 seniors fall each year. The risk of falls increases with age and seniors are well aware of their physical limitations increasing as they age. Majority of participants said, “they are fearful of falling because they wouldn’t know what to do after the fall”. Of those who have

experienced a fall said, “falling is expensive, and a fall prevention class would have helped them prevent the fall”.

Preserving the quality of life was made clear by participants and they further voiced their interest in learning ways to prevent scams (Financial Safety 14%) and making their homes safer (Home Safety 14%). One focus group participant said, “We [seniors] are vulnerable and isolated which makes us an easy target for scammers and burglars.” Three of the ten focus groups said, if they could fund one program, it would be a program to help seniors stay in their home for as long as possible. Concurrent with the survey results, Case Management and In-Home Care had a positive response from the focus group participants as well. Participants said these services are crucial to healthy aging because they can continue being independent and keep their freedom. Another participant said, “it is important because some day family members will not be able to assist and as seniors live longer, these services will definitely be needed.” Participants explained that some [seniors] suffer from health conditions such as, arthritis or have weak hearts that prevent them from doing daily chores.

GROWTH CONTINUES IN SENIOR SUPPORT SERVICES

Older Adult Support Services in Orange County, 2013-2017



Sources: County of Orange Social Services Agency (IHSS, Medi-Cal, CalFresh); Orange County Community Services/Office on Aging (meals)

According to the Arthritis Foundation, more than 50 million adults have been diagnosed with arthritis which is the number 1 cause of disability in the U.S. In fact, the prevalence of arthritis in Orange County seniors is 32.6% which is higher than the US value (31.3%). Hypertension in Orange County is at a 55.3% prevalence for older adults. Because of poor physical health conditions, seniors struggle with doing housework (547 respondents), and running errands (384 respondents). Focus group participants said that cleaning their home becomes exhausting and dangerous and the equipment [vacuum cleaner] is heavy, the dust is harder to spot with declining eyesight and balancing becomes dangerous. Seniors find it difficult to find others to help with performing essential errands. Some seniors find it hard to trust random strangers in their home. Others cannot afford the service and there are some that feel like they are giving up their independence. When asked if In-Home Services was an option for them, they said yes, it is a program that will help improve their livelihood.

Table 2: Senior Living Needs Assessment Survey: Activities Limited due to Physical Health



According to the Centers for Disease Control and Prevention, suicide is the leading cause of death in the United States. Although older adult mental health hospitalizations for major depression and bipolar disorders have been at a steady decline, it is attributed to an increase in older adults taking anti-depressant medications. In 2016, 33 out of every 10,000 older adults were hospitalized for a mental health related condition.

Our survey included a series of questions related to health and well-being. 69% of survey respondents found themselves canceling their plans and/or appointments because they are “too tired” or “not feeling well.” When asked why, focus group participants said they are using “too tired” or “not feeling well” as an excuse to hide underlying issues such as depression. Others said they are making excuses when in fact they are self-conscious of

“Meals on Wheels is the best part of my day. Not because of the food, I look forward to talking with the delivery person.”

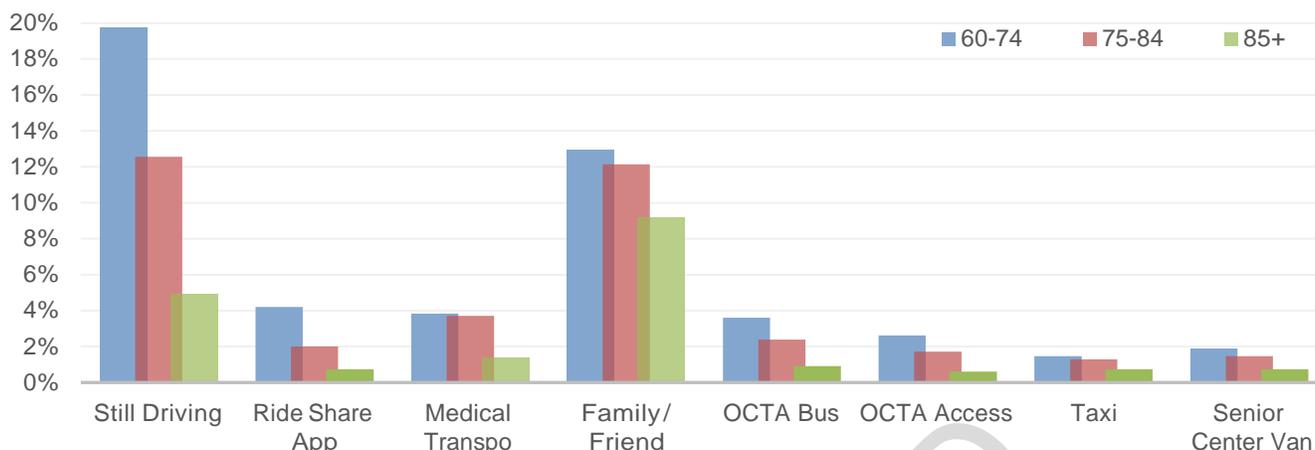
their appearance and not want to leave the house. Of the many ways to connect with others, 46% of seniors prefer companionship or contact with other people in their home and/or community. These results were consistent across all age groups 60 years and above. Isolation drives the need for socialization. Participants explained, "As people get older there is an increase in the need of companionship because people [non-seniors] are used to being busy with work, spouse, and kids, then it all stops."

Not only is mental health a causing factor for seniors to canceling their plans, seniors also struggle with declining physical health. In fact, 22% of survey respondents said that poor physical health limits them from engaging in social activities. Seniors expressed that human interaction is necessary to stay healthy and prevent diseases such as depression and dementia. Focus group participants made it clear that the leading factor in older adults desiring companionship is loneliness. Majority of the participants said in-person communication is preferred over social media and/or over the phone conversations.

Transportation to medical appointments, church, pharmacy, grocery store, and other shopping areas remains an unmet need for most seniors and adults with disabilities. 41% of survey respondents said they feel their social activities and medical needs are limited due to lack of transportation. The Orange County Strategic Plan for Aging report indicates that approximately 5,876 Orange County residents aged 70 or older do not drive and have become dependent on family and/or friends to meet their transportation needs which correlates with the survey results.

More than half of the focus group participants agreed that transportation services would be a priority service for funding because it helps them keep their independence longer. In fact, half of the focus groups said if they could fund one program it would be transportation because it is the one service that is needed first as they age. Respondents were asked what types of transportation they utilized and were given the option to choose more than one response. As demonstrated in Table 3, the majority of the younger older adults drive their own vehicle (37%). Those who do not drive rely on family and friends (34%), while others have little to no alternatives. Transportation was consistently the top reason as to why social activities and/or medical needs are limited. 7% of survey respondents said they use ride share applications such as Uber and Lyft. Those who use ride share applications said they only use it when they have exhausted all other transportation alternatives because it is very costly. All other participants indicated it is not an option for them because they are not technically inclined, they have safety concerns, and/or it is unreliable. Current transportation programs have specific eligibility requirements that can limit options for seniors. Transportation continues to be one of the top service requests for the Office on Aging Information & Assistance Call Center.

Table 3: Senior Living Needs Assessment Survey: Alternate Types of Transportation by Age



One interesting finding was that Language Translation Services (49%) was rated as “Not Important” for seniors aging in Orange County. When asked why this service was ranked so low, participants said, there is enough translation and interpreting services. Important offices such as doctor and government offices have staff who can assist. They also provide informational pamphlets in multiple languages, and use google translator as a resource.

Another interesting finding was that Orange County older adults (41%) are most concerned about their monthly household expenses over medical costs. When focus groups participants were asked if this is true in their household they concurred. Participants said it is a concern to them because most have fixed income and as they age, cost of living continues to increase.

SECTION 6 – TARGETING

The targeting priorities established in the Older Americans Act (Sections 102 and 306(a)), California Code of Regulations (CCR Article 3, Section 7310), and LGBT Disparities Reduction Act of 2016 require that AAAs use outreach efforts to identify individuals eligible for assistance under federal law. Special emphasis is to be given to older adults:

- residing in rural areas
- having the greatest economic need and social need, with particular attention to low-income minority individuals
- having severe disabilities
- having limited English-speaking proficiency
- having Alzheimer's disease or related disorders, and their caregivers
- at risk of institutional placement
- LGBTQ community

There are often barriers to serving the abovementioned communities.

- Language barriers and transportation problems can impede access.
- Low income older adults are especially vulnerable living in Orange County, with its high cost of living.
- LGBTQ seniors are largely a hidden population in Orange County, often due to their past experiences of discrimination.

It must also be noted that resource limitations caused by increased population and demand result in further barriers to service, as individuals are either delayed in receiving, or unable to access, needed services.

The Office on Aging remains committed to ensuring that services are accessible to individuals with the characteristics identified in the Older Americans Act and California Code of Regulations. This is done in part by allocation of Title III funds according to a funding formula, which gives additional weight to minority and low-income older adults. In addition, the Office on Aging has developed a number of strategies to meet the needs of target populations.

- The Office on Aging contracts with service providers serving ethnic minorities and maintains collaborative partnerships with others through coalitions and other relationships.
- Evaluation criteria in the Request for Proposals process address the need for providers to appropriately target those groups emphasized in the federal regulations.
- Requests for Proposals contain language requirements to ensure the use of printed materials in languages appropriate to the demographic composition of the service area; contractors must also make use of bilingual paid or volunteer staff or have access to interpreters.
- The Office on Aging call center assures access to services through bilingual staff and the use of the language line provided for callers with limited English proficiency.

- All Office on Aging contracted service providers are required to have materials available to clients in the three threshold languages – English, Spanish and Vietnamese.
- All Office on Aging contracted service providers are required to meet the requirements under Title VI of the Civil Rights Act that address the obligation to provide meaningful access to services to those having limited English proficiency.
- All Office on Aging contracts address the issue of compliance with non-discrimination laws – specifically Title VI of the Civil Rights Act.
- There is low-income ethnic minority representation on the Senior Citizens Advisory Council.
- The Office on Aging to continue working with community organizations, such as The Center of Orange County and City of Laguna Beach, to increase services and programming, and address the barriers to service faced by LGBTQ elders.

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SECTION 7. PUBLIC HEARINGS

At least one public hearing must be held each year of the four-year planning cycle. CCR Title 22, Article 3, Section 7302(a)(10) and Section 7308, Older Americans Act Reauthorization Act of 2016, Section 314(c)(1).

Fiscal Year	Date	Location	Number of Attendees	Presented in languages other than English? ²	Was hearing held at a Long-Term Care Facility? ³
				Yes or No	Yes or No
2020-2021	2/14/2020	Office on Aging	27	No	No
2021-2022					
2022-2023					
2023-2024					

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.

Homebound older individuals through the home-delivered meal program were given the opportunity to complete the needs assessment survey. Input from those institutionalized were identified and addressed by key informant service providers as part of the needs assessment and planning process. A draft of the area plan and a public comment submission form was available on the Office on Aging website.

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

² A translator is not required unless the AAA determines a significant number of attendees require translation services.

³ AAAs are encouraged to include individuals in LTC facilities in the planning process, but hearings are not required to be held in LTC facilities.

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

N/A

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

Yes. Go to question #5

No, Explain:

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

Questions and comments regarding the minimum percentages for Title IIIB included asking whether or not the minimums had been increased.

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

- Fluctuations in service unit goals from year to year
- Needs assessment strategies
- Collaboration between local jurisdictions and service providers for activities beyond the scope of Older American Act funding.

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

Due to the timing of the public hearing and a concurrent RFP cycle, service unit levels were re-evaluated, and some adjustments made after the public hearing taking into consideration public hearing comments that service units should be increased, and the service unit levels submitted by the RFP proposers for FY 20-21.

SECTION 8 - IDENTIFICATION OF PRIORITIES

Priorities

The CCR, Article 3, Section 7312 requires that the AAA allocate an “adequate proportion” of federal funds to provide Access, In-Home Services, and Legal Assistance in the PSA. The annual minimum allocation for these priority services is to be determined by the AAA through the planning process.

In this 2020-24 planning cycle, the Office on Aging as determined the following minimum percentages for priority services:

- 42% for Access (Information & Assistance, Transportation, Case Management, and Outreach)
- 20% for In-Home Services (including Adult Day Care)
- 12% for Legal Assistance

The needs assessment for the 2020-24 cycle included specific questions to determine whether or not Office on Aging was offering services that were a priority to Orange County older adults. As validated in the needs assessment results (Section 5), four of the top 6 identified services are current programs offered through Office on Aging service providers. The top priority of “Personal/Home Safety” will be addressed during FY 20-21 by allocating Title IIIB funds to home/modifications to further support the state-funded Dignity at Home Fall Prevention Program. The needs assessment was also an opportunity to ensure that the services currently being offered were truly needed by the community. Language Translation services ranked last among the priorities and was the only service to receive more “not important” responses than “very important/important” responses. Due to these results, the Office on Aging made the decision to not include this service as part of the RFP process for 2020-24.

As new grant and funding opportunities are available, the Office on Aging will evaluate these priorities in an effort to meet the needs of the community through additional funding avenues and partnerships with other agencies and organizations to maximize limited resources.

2020-24 Goals

The 2020-24 Area Plan has three broad System Building and Administration goals:

- Goal #1 Inform and educate communities
- Goal #2 Coordinate service delivery and enhance collaborative partnerships
- Goal #3 Ensure quality of services

Unless otherwise stated, all objectives will be addressed by Office on Aging staff. Service Unit goals are entered into the Service Unit Plans.

SECTION 9 - AREA PLAN NARRATIVE GOALS AND OBJECTIVES

Goal #1: Inform and educate communities

Rationale:

The vision of the Office on Aging is for Orange County to be the best place in America to age with dignity. The most commonly cited reason for non-use of available services and resources is lack of knowledge and awareness that they exist. Office on Aging will create greater awareness of available programs by serving as a lead advocate and educating the community and its partners in quality of life, independence, and options for older adults and adults with disabilities.

Objectives:	Projected Start and End Dates	Title IIIB Funded PD or C ⁴
<p>1.1 The Office on Aging will expand the scope of traditional community outreach efforts to include increased education and awareness of resources and services available to older adults, caregivers, and persons with disabilities.</p> <ul style="list-style-type: none"> • Collaborate with community partners and County agencies to incorporate an Office on Aging component into new staff trainings, such as HICAP new counselor training, other County programs, and volunteer trainings. • Collaborate with other County agencies and programs, such as Social Services Agency, Veterans Service Office, and Health Care Agency, to expand outreach efforts to their clients. • Partner with Orange County Board of Supervisors to co-host senior-focused events in the respective districts. • The Office on Aging senior advisory group, Senior Citizen Advisory Council (SCAC), will increase communication with community members and groups about upcoming SCAC meetings, especially those with an educational component. 	July 1, 2020 - June 30, 2024	N/A

⁴ Indicate if Program Development (PD) or Coordination (C) is the objective (cannot be both). If a PD objective is not completed in the timeline required and is continuing in the following year, any objective revision must save additional tasks.

Objectives:	Projected Start and End Dates	Title IIIB Funded PD or C ⁴
<ul style="list-style-type: none"> • Analyze social media usage data and trends to determine the most effective outreach methods. • Expand outreach efforts in ethnic communities by investigating and utilizing various modes of communication to determine the most effective methods. • Review data related to predominant language spoken by older adults in Orange County and translate Office on Aging materials into new languages, as needed. 		
<p>1.2 The Office on Aging will coordinate disaster preparedness plans and activities with local agencies to expand community education and awareness of emergency preparedness for older adults and persons with disabilities using the following methods:</p> <ul style="list-style-type: none"> • The Office on Aging will distribute emergency/disaster preparedness packets. • The Office on Aging will distribute “File of Life” magnets with important life-saving information inserts upon the request of call center clients and during outreach events. • Expand collaboration and discussion with county agencies and contracted providers on the department’s role in disaster response. 	July 1, 2020 - June 30, 2024	N/A
<p>1.3 The Office on Aging will plan, arrange and/or provide presentations to groups of older adults, caregivers, and service providers. A minimum of forty presentations will be delivered over the course of the year.</p> <ul style="list-style-type: none"> • Topics may include: senior services overview, nutrition, exercise, fall prevention, medications, health promotion, advance healthcare directives, scams/fraud, or available health-related services. 	July 1, 2020 - June 30, 2024	N/A

Objectives:	Projected Start and End Dates	Title IIIB Funded PD or C ⁴
<ul style="list-style-type: none"> • The Office on Aging Health Educator will partner with congregate sites and offer nutrition presentations throughout the year. • The Office on Aging staff will partner with contracted providers to expand information about OoA programs to their clients. 		
<p>1.4 The Office on Aging will prepare and distribute publications that increase awareness of the Office on Aging and available resources in the community.</p> <ul style="list-style-type: none"> • Quarterly newsletters • Office on Aging website content • Social media campaigns • Year-end program report to recap provider performance and highlight services delivered and client stories. 	July 1, 2020 - June 30, 2024	N/A

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Goal #2: Coordinate service delivery and enhance collaborative partnerships

Rationale:

The Office on Aging is charged with the responsibility of serving as lead advocate, systems planner and facilitator of services and programs for older adults and caregivers in Orange County. Consistent with the missions of OC Community Services and the Office on Aging, the Office on Aging will foster strategic partnerships addressing issues that relate to the health, well-being, independence, and dignity of older adults in Orange County. Limited resources demand cooperative approaches to service delivery and systems planning. In addition, population projections prove the urgent need for strategic planning for coordination of service delivery as the baby boomers reach retirement.

Objectives:	Projected Start and End Dates	Title IIIB Funded PD or C
2.1 The Office on Aging will continue as an advisory member of the Orange County Aging Services Collaborative. Participation on this committee requires ongoing contributions from the members and Office on Aging serves on the Communications, Family Caregiver, and Healthy Aging Initiative subcommittees. Office on Aging staff will support the ongoing activities of this collaborative by serving as a facilitator and planner on countywide initiatives.	July 1, 2020- June 30, 2024	N/A
2.2 The Office on Aging will maintain participation on the OC Strategic Plan on Aging committee initiatives. Activities include participation by Office on Aging staff on various subcommittees. Office on Aging will support the ongoing activities of this initiative by serving as a contributor to the development of the strategic plan and other projects.	July 1, 2020- June 30, 2024	N/A
2.3 The Office on Aging will continue the partnership with the Dayle McIntosh Center by maintaining the designated status for the ADRC (Aging and Disability Resource Connection) in Orange County, hosting and maintaining the ADRC website, reconvening the Advisory Committee and further implementing the core ADRC services.	July 1, 2020- June 30, 2024	N/A
2.4 The Office on Aging will continue to participate with other senior-based organizations, on community collaborative groups that address emergent issues, such as mental health, elder abuse, and substance abuse.	July 1, 2020- June 30, 2024	N/A

Objectives:	Projected Start and End Dates	Title IIIB Funded PD or C
2.5 Establish and maintain partnerships with other county agencies such as the Health Care Agency and Social Services to share knowledge, information, address common challenges and create open lines of communication to better serve the target population.	July 1, 2020- June 30, 2024	N/A
2.6 The Office on Aging will collaborate with the necessary agencies to provide input for the California Master Plan on Aging. The Office on Aging will support the agencies directly involved in creating the Master Plan and will provide access to pertinent aging information as necessary.	July 1, 2020- June 30, 2024	N/A
2.7 The Office on Aging will continue to partner with both the Orange County Transportation Authority (OCTA) and the Orange County Health Care Agency (HCA) to provide the Senior Non-Emergency Medical Transportation program. This collaboration may lead to a potential expansion of the program should other funding sources become available.	July 1, 2020- June 30, 2024	N/A
<p>2.8 The Office on Aging Health Educator will collaborate with community partners to offer five (5) evidence-based health promotion programs.</p> <ol style="list-style-type: none"> 1. Chronic Disease Self-Management Program (CDSMP) 2. Tomando Control de su Salud 3. Diabetes Self-Management Program (DSMP) 4. Programa de Manejo Personal de la Diabetes 5. A Matter of Balance (AMOB) 	July 1, 2020- June 30, 2024	N/A
2.9 SCAC will develop long-term priority recommendations to present to the Orange County Board of Supervisors which will address senior needs and enhance alignment among county programs and services.	July 1, 2020- June 30, 2021	N/A
2.10 Office on Aging will provide ongoing technical assistance to contracted service providers to ensure effective program management and that annual service goals are met.	July 1, 2020- June 30, 2024	N/A

Goal #3: Ensuring quality of services

Rationale:

Enhance the quality of services through quality assurance protocols in order to better provide for the needs of program clients.

Objectives:	Projected Start and End Dates	Title IIIB Funded PD or C
<p>3.1 The Office on Aging will ensure that clients are receiving excellent customer service and are satisfied by using these quality assurance protocols:</p> <ul style="list-style-type: none"> • An Information & Assistance call center follow-up survey will be conducted via telephone call or automated survey to a sample population of callers who contact the call center requesting community related referrals. The surveys will measure the callers overall experience and interaction with the Office on Aging staff member. The target goal will be to achieve a score of 90% or higher. • The Office on Aging will collect and review summaries of customer satisfaction surveys distributed by applicable service providers. The OoA will analyze the results from these surveys and provide feedback to the service providers. Feedback may include, but not be limited to positive comments, areas of improvement, and recommendations for additional services not currently offered. The OoA will also provide technical assistance to the service providers on survey questions. • Review post-surveys from health promotion workshops and follow-up with program lay leaders to discuss any performance or program implementation issues. 	July 1, 2020- June 30, 2024	N/A
<p>3.2 Collect and review evaluation forms from community education presentations conducted by Office on Aging staff or community partners, and follow-up on issues/recommendations as identified on the evaluation forms, when necessary.</p>	July 1, 2020- June 30, 2024	N/A

<p>3.3 Improve data collection and integrity to better measure activity, performance and quality by facilitating a development process to reach consensus on key data elements, definitions, collection submission of essential data and information, and measures for programs. Utilizing and researching current database capabilities to identify data and information required to measure the value of aging network programs and services. Create and maintain OoA Data Policy and Procedure Manual with supporting desk guides.</p> <ul style="list-style-type: none"> • Provide training aligned to continuous quality improvement efforts for data and program management by creating guidelines and operational guides to streamline processes. 	July 1, 2020- June 30, 2024	N/A
<p>3.4 Identify gaps in services by incorporating the applicable questions to our service providers' customer satisfaction surveys. Survey results will provide a more concrete list of services needed by older adults in the PSA. The Office on Aging can use the identified gaps in services to leverage additional funding for the older population of Orange County.</p>	July 1, 2020- June 30, 2024	N/A
<p>3.5 Office on Aging and SCAC will utilize results from the technology survey, distributed to older adults, in the development of long-term priorities.</p>	July 1, 2020- June 30, 2021	N/A

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SECTION 10 - SERVICE UNIT PLAN (SUP) OBJECTIVES

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

The Service Unit Plan (SUP) uses the National Aging Program Information System (NAPIS) Categories and units of service. They are defined in the [NAPIS State Program Report \(SPR\)](#)

For services not defined in NAPIS, refer to the [Service Categories and Data Dictionary and the National Ombudsman Reporting System \(NORS\) Instructions](#).

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

Personal Care (In-Home)

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	3,500	2	
2021-2022	3,500	2	
2022-2023	3,500	2	
2023-2024	3,500	2	

Homemaker (In-Home)

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	6,000	2	
2021-2022	6,000	2	
2022-2023	6,000	2	
2023-2024	6,000	2	

Chore (In-Home)**Unit of Service = 1 hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	600	2	
2021-2022	600	2	
2022-2023	600	2	
2023-2024	600	2	

Home-Delivered Meal**Unit of Service = 1 meal**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	1,000,000	2	
2021-2022	1,000,000	2	
2022-2023	1,000,000	2	
2023-2024	1,000,000	2	

Adult Day/ Health Care (In-Home)**Unit of Service = 1 hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	45,500	2	
2021-2022	45,500	2	
2022-2023	45,500	2	
2023-2024	45,500	2	

Case Management (Access)**Unit of Service = 1 hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	12,000	2	
2021-2022	12,000	2	
2022-2023	12,000	2	
2023-2024	12,000	2	

Congregate Meals**Unit of Service = 1 meal**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	360,000	2	
2021-2022	360,000	2	
2022-2023	360,000	2	
2023-2024	360,000	2	

Transportation (Access)**Unit of Service = 1 one-way trip**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	33,000	2	
2021-2022	33,000	2	
2022-2023	33,000	2	
2023-2024	33,000	2	

Legal Assistance**Unit of Service = 1 hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	8,300	2	
2021-2022	8,300	2	
2022-2023	8,300	2	
2023-2024	8,300	2	

Nutrition Education**Unit of Service = 1 session per participant**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	14,000	1,2	
2021-2022	14,000	1,2	
2022-2023	14,000	1,2	
2023-2024	14,000	1,2	

Information and Assistance (Access)**Unit of Service = 1 contact**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	20,000	1	
2021-2022	20,000	1	
2022-2023	20,000	1	
2023-2024	20,000	1	

Outreach (Access)**Unit of Service = 1 contact**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	5,000	1	1.1
2021-2022	5,000	1	1.1
2022-2023	5,000	1	1.1
2023-2024	5,000	1	1.1

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

- Each Title IIIB “Other” service must be an approved NAPIS Program service listed above on the “Schedule of Supportive Services (III B)” page of the Area Plan Budget (CDA 122) and the CDA Service Categories and Data Dictionary.
- Identify Title IIIB services to be funded that were not reported in NAPIS categories. (Identify the specific activity under the Other Supportive Service Category on the “Units of Service” line when applicable.)

3. Title IIIB, Other Priority and Non-Priority Supportive Services

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

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

Security, Registry, Senior Center Activities, and Senior Center Staffing.

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

Service Category: Senior Center Activities

Unit of Service = 1 Hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2020-2021	10,000	2	
2021-2022	10,000	2	
2022-2023	10,000	2	
2023-2024	10,000	2	

Service Category: Cash/Material Aid

Unit of Service = 1 Assistance

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2020-2021	6,600	2	
2021-2022	6,600	2	
2022-2023	6,600	2	
2023-2024	6,600	2	

Service Category: Community Education

Unit of Service = 1 Activity

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2020-2021	40	1	1.3
2021-2022	40	1	1.3
2022-2023	40	1	1.3
2023-2024	40	1	1.3

Service Category: Disaster Preparedness Materials

Unit of Service = 1 Product

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2020-2021	1,000	1	1.2

2021-2022	1,000	1	1.2
2022-2023	1,000	1	1.2
2023-2024	1,000	1	1.2

Service Category: Residential Repairs/Modifications **Unit of Service = 1 Modification**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2020-2021	15	2	
2021-2022	15	2	
2022-2023	15	2	
2023-2024	15	2	

Service Category: Public Information **Unit of Service = 1 Activity**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2020-2021	24	1	1.4
2021-2022	24	1	1.4
2022-2023	24	1	1.4
2023-2024	24	1	1.4

4. Title IIID/ Disease Prevention and Health Promotion

Instructions for Title IIID Disease Prevention and Health Promotion: Enter the name of the proposed program to be implemented, proposed units of service and the Program Goal and Objective number(s) that provide a narrative description of the program and explain how the service activity meets the criteria for evidence-based programs described in PM 15-10 if not ACL approved.

1. Chronic Disease Self-Management Program (CDSMP)
2. Tomando Control de su Salud
3. Diabetes Self-Management Program (DSMP)
4. Programa de Manejo Personal de la Diabetes
5. A Matter of Balance (AMOB)

Each of these programs has been deemed evidence-based by the Administration on Aging.

Title IIID/ Disease Prevention and Health Promotion: Enter required program goal and objective numbers in the Title III D Service Plan Objective Table below:

Unit of Service = 1 Contact

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2020-2021	2,000	2	2.8
2021-2022	2,000	2	2.8
2022-2023	2,000	2	2.8
2023-2024	2,000	2	2.8

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**TITLE IIIB and Title VIIA:
LONG-TERM CARE (LTC) OMBUDSMAN PROGRAM OUTCOMES**

2020-2024 Four-Year Planning Cycle

As mandated by the Older Americans Act Reauthorization Act of 2016, the mission of the LTC Ombudsman Program is to seek resolution of problems and advocate for the rights of residents of LTC facilities with the goal of ensuring their dignity, quality of life, and quality of care.

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

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

Complete all Measures and Targets for Outcomes 1-3;

Outcome 1: The problems and concerns of long-term care residents are solved through complaint resolution and other services of the Ombudsman Program. Older Americans Act Reauthorization Act of 2016, Section 712(a)(3), (5)]

Measures and Targets:

A. Complaint Resolution Rate (NORS Element CD-08) (Complaint Disposition). The average California complaint resolution rate for FY 2017-2018 was 73%.

1. FY 2018-2019 Baseline Resolution Rate:

Number of complaints resolved 471 + number of partially resolved complaints 112
divided by the total number of complaints received 803 = Baseline Resolution Rate
72.6 % FY 2020-2021 Target Resolution Rate 70 %

2. FY 2019-2020 Baseline Resolution Rate:

Number of complaints partially or fully resolved _____ divided by the total number
of complaints received _____ = Baseline Resolution Rate _____ %
FY 2021-2022 Target Resolution Rate _____ %

3. FY 2020 - 2021 Baseline Resolution Rate:
 Number of complaints partially or fully resolved _____ divided by the total number
 of complaints received _____ = Baseline Resolution Rate _____ %
 FY 2022-2023 Target Resolution Rate _____ %

4. FY 2021-2022 Baseline Resolution Rate:
 Number of complaints partially or fully resolved _____ divided by the total number
 of complaints received _____ = Baseline Resolution Rate _____ %
 FY 2023-2024 Target Resolution Rate _____

Program Goals and Objective Numbers: _____

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

1. FY 2018-2019 Baseline: Number of Resident Council meetings attended 932 ___
 FY 2020-2021 Target: 950

2. FY 2019-2020 Baseline: Number of Resident Council meetings attended _____
 FY 2021-2022 Target: _____

3. FY 2020-2021 Baseline: Number of Resident Council meetings attended _____
 FY 2022-2023 Target: _____

4. FY 2021-2022 Baseline: Number of Resident Council meetings attended _____
 FY 2023-2024 Target: _____

Program Goals and Objective Numbers: _____

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

1. FY 2018-2019 Baseline: Number of Family Council meetings attended 21 ___
 FY 2020-2021 Target: 25

2. FY 2019-2020 Baseline: Number of Family Council meetings attended _____
 FY 2021-2022 Target: _____

3. FY 2020-2021 Baseline: Number of Family Council meetings attended _____
 FY 2022-2023 Target: _____

4. FY 2021-2022 Baseline: Number of Family Council meetings attended _____
 FY 2023-2024 Target: _____

Program Goals and Objective Numbers: _____

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

1. FY 2018-2019 Baseline: Number of Instances 2,062 ___
 FY 2020-2021 Target: 2,000

2. FY 2019-2020 Baseline: Number of Instances _____ FY 2021-2022 Target: _____
3. FY 2020-2021 Baseline: Number of Instances _____ FY 2022-2023 Target: _____
4. FY 2021-2022 Baseline: Number of Instances _____ FY 2023-2024 Target: _____
Program Goals and Objective Numbers: _____

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

1. FY 2018-2019 Baseline: Number of Instances 5,480 _____ FY 2020-2021 Target: <u>5,000</u>
2. FY 2019-2020 Baseline: Number of Instances _____ FY 2021-2022 Target: _____
3. FY 2020-2021 Baseline: Number of Instances _____ FY 2022-2023 Target: _____
4. FY 2021-2022 Baseline: Number of Instances _____ FY 2023-2024 Target: _____
Program Goals and Objective Numbers: _____

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

1. FY 2018-2019 Baseline: Number of Sessions 21 _____ FY 2020-2021 Target: <u>20</u>
2. FY 2019-2020 Baseline: Number of Sessions _____ FY 2021-2022 Target: _____
3. FY 2020-2021 Baseline: Number of Sessions _____ FY 2022-2023 Target: _____
4. FY 2021-2022 Baseline: Number of Sessions _____ FY 2023-2024 Target: _____
Program Goals and Objective Numbers: _____

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

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

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

Enter information in the relevant box below.

System Advocacy Efforts
FY 2020-2021
<p>FY 2020-2021 Systems Advocacy Effort(s): (Provide one or more new systems advocacy efforts)</p> <p>The Program will continue its focus on closely collaborating with the Elder Abuse Prevention Program's Financial Abuse Specialist Team (FAST) to help increase awareness and prevention of elder financial abuse within LTC facilities. The ombudsman representatives will use the information learned from FAST meetings to educate the families and caregivers of LTC residents on the latest trends in elder adult scams and recognize its warning signs.</p> <p>The Program will also continue participating in the Elder Abuse Forensic Center of Orange County, which is a collaboration of legal, medical, social service and law enforcement agencies. The Forensic Center strives to better identify, understand and treat victims of elder abuse, with an eye towards prevention. The Ombudsman Program participates in the EAFC meetings on a weekly basis.</p>
FY 2021-2022

FY 2021-2022 Systems Advocacy Effort(s): (Provide one or more new systems advocacy efforts)

FY 2022-2023

FY 2022-2023 Systems Advocacy Effort(s): (Provide one or more new systems advocacy efforts)

FY 2023-2024

FY 2023-2024 Systems Advocacy Effort(s): (Provide one or more new systems advocacy efforts)

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Outcome 2: Residents have regular access to an Ombudsman. [(Older Americans Act Reauthorization Act of 2016), Section 712(a)(3)(D), (5)(B)(ii)]

Measures and Targets:

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

1. FY 2018-2019 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint <u>71</u> divided by the total number of Nursing Facilities <u>77</u> = Baseline <u>92.2</u> % FY 2020-2021 Target: <u>95</u> %
2. FY 2019-2020 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 2021-2022 Target: _____ %
3. FY 2020-2021 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 2022-2023 Target: _____ %
4. FY 2021-2022 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 2023-2024 Target: _____ %
Program Goals and Objective Numbers: _____

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.

1. FY 2018-2019 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint <u>599</u> divided by the total number of RCFEs <u>970</u> = Baseline <u>61.8</u> % FY 2020-2021 Target: 90 %
2. FY 2019-2020 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint _____ divided by the total number of RCFEs _____ = Baseline _____% FY 2021-2022 Target: %
3. FY 2020-2021 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint _____ divided by the total number of RCFEs _____ = Baseline _____% FY 2022-2023 Target: %
4. FY 2021-2022 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint _____ divided by the total number of RCFEs _____ = Baseline _____% FY 2023-2024 Target: %
Program Goals and Objective Numbers: _____

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

1. FY 2018-2019 Baseline: 11.07 FTEs FY 2020-2021 Target: <u>15.53</u> FTEs
2. FY 2019-2020 Baseline: _____ FTEs FY 2021-2022 Target: _____ FTEs
3. FY 2020-2021 Baseline: _____ FTEs FY 2022-2023 Target: _____ FTEs
4. FY 2021-2022 Baseline: _____ FTEs FY 2023-2024 Target: _____ FTEs
Program Goals and Objective Numbers: _____

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

1. FY 2018-2019 Baseline: Number of certified LTC Ombudsman volunteers 61 _____ FY 2020-2021 Projected Number of certified LTC Ombudsman volunteers 65

2. FY 2019-2020 Baseline: Number of certified LTC Ombudsman volunteers _____ FY 2021-2022 Projected Number of certified LTC Ombudsman volunteers _____
3. FY 2020-2021 Baseline: Number of certified LTC Ombudsman volunteers _____ FY 2022-2023 Projected Number of certified LTC Ombudsman volunteers _____
4. FY 2021-2022 Baseline: Number of certified LTC Ombudsman volunteers _____ FY 2023-2024 Projected Number of certified LTC Ombudsman volunteers _____
Program Goals and Objective Numbers: _____

Outcome 3: Ombudsman representatives accurately and consistently report data about their complaints and other program activities in a timely manner. [Older Americans Act Reauthorization Act of 2016, Section 712(c)].

Measures and Targets:

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

Some examples could include:

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

The Orange County LTC Ombudsman Program will provide its staff with updated computer equipment so that each staff member can begin uploading activities into the Ombudsman Data Integrated Network, rather than relying on the Program’s Data Entry staff member to do so. This will create more timely and accurate entries of information into ODIN. This will also allow the Data Entry staff member more time to enter information submitted by volunteers.

The Program has also created a new staff position, Routine Facility Access Coordinator. This position will monitor which facilities within the county have not received a quarterly visit, in order to fulfill the Program’s goal of visiting every facility at least once per quarter, not in response to a complaint.

TITLE VIIA ELDER ABUSE PREVENTION SERVICE UNIT PLAN OBJECTIVES

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

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

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

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

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

- **Public Education Sessions** –Indicate the total number of projected education sessions for the general public on the identification, prevention, and treatment of elder abuse, neglect, and exploitation.
- **Training Sessions for Professionals** –Indicate the total number of projected training sessions for professionals (service providers, nurses, social workers) on the identification, prevention, and treatment of elder abuse, neglect, and exploitation.
- **Training Sessions for Caregivers Served by Title III E** –Indicate the total number of projected training sessions for unpaid family caregivers who are receiving services under Title III E of the Older Americans Act (OAA) on the identification, prevention, and treatment of elder abuse, neglect, and exploitation. Older Americans Act Reauthorization Act of 2016, Section 302(3) 'Family caregiver' means an adult family member, or another individual, who is an informal provider of in-home and community care to an older individual or to an individual with Alzheimer's disease or a related disorder with neurological and organic brain dysfunction.
- **Hours Spent Developing a Coordinated System to Respond to Elder Abuse** –Indicate the number of hours to be spent developing a coordinated system to respond to elder abuse. This category includes time spent coordinating services provided by the AAA or its contracted service provider with services provided by Adult Protective Services, local law enforcement agencies, legal services providers, and other agencies involved in the protection of elder and

dependent adults from abuse, neglect, and exploitation.

Educational Materials Distributed –Indicate the type and number of educational materials to be distributed to the general public, professionals, and caregivers (this may include materials that have been developed by others) to help in the identification, prevention, and treatment of elder abuse, neglect, and exploitation.

- **Number of Individuals Served** –Indicate the total number of individuals expected to be reached by any of the above activities of this program.

TITLE VIIA ELDER ABUSE PREVENTION SERVICE UNIT PLAN OBJECTIVES

The agency receiving Title VIIA Elder Abuse Prevention funding is: Council on Aging – Southern California

Fiscal Year	Total # of Public Education Sessions
2020-2021	25
2021-2022	25
2022-2023	25
2023-2024	25

Fiscal Year	Total # of Training Sessions for Professionals
2020-2021	18
2021-2022	18
2022-2023	18
2023-2024	18

Fiscal Year	Total # of Training Sessions for Caregivers served by Title III E
2020-2021	6
2021-2022	6
2022-2023	6
2023-2024	6

Fiscal Year	Total # of Hours Spent Developing a Coordinated System
2020-2021	300
2021-2022	300
2022-2023	300
2023-2024	300

Fiscal Year	Total # of Copies of Educational Materials to be Distributed	Description of Educational Materials
2020-2021	6,000	FAST brochure and bookmarks
		Healthcare Fraud brochure from SMP
		Materials relevant to specific subject matter
2021-2022	6,000	FAST brochure and bookmarks
		Healthcare Fraud brochure from SMP
		Materials relevant to specific subject matter
2022-2023	6,000	FAST brochure and bookmarks
		Healthcare Fraud brochure from SMP
		Materials relevant to specific subject matter
2023-2024	6,000	FAST brochure and bookmarks
		Healthcare Fraud brochure from SMP
		Materials relevant to specific subject matter

Fiscal Year	Total Number of Individuals Served
2020-2021	3,500
2021-2022	3,500
2022-2023	3,500
2023-2024	3,500

TITLE IIE SERVICE UNIT PLAN OBJECTIVES
CCR Article 3, Section 7300 (d)

2020-2024 Four-Year Planning Period

This Service Unit Plan (SUP) uses the five broad federally mandated service categories. Refer to the CDA Service Categories and Data Dictionary Revisions Effective July 2018 for eligible activities and service unit measures. Specify proposed audience size or units of service for ALL budgeted funds.

Direct and/or Contracted IIIE Services

Family Caregiver Services Caring for Elderly			
Category	Proposed Units of Service	Required Goal #(s)	Optional Objective #(s)
Information Services	# of activities and Total est. audience for above	2	
2020-2021	# of activities: 250 Total est. audience for above: 130,000		
2021-2022	# of activities: 250 Total est. audience for above: 130,000		
2022-2023	# of activities: 250 Total est. audience for above: 130,000		
2023-2024	# of activities: 250 Total est. audience for above: 130,000		
Access Assistance	Total contacts	2	
2020-2021	20,000		
2021-2022	20,000		
2022-2023	20,000		
2023-2024	20,000		
Support Services	Total hours		
2020-2021	5,500		

2021-2022	5,500		
2022-2023	5,500		
2023-2024	5,500		
Respite Care	Total hours		
2020-2021	7,000		
2021-2022	7,000		
2022-2023	7,000		
2023-2024	7,000		
Supplemental Services	Total occurrences		
2020-2021	70		
2021-2022	70		
2022-2023	70		
2023-2024	70		

Grandparent Services Caring for Children			
Category	Proposed Units of Service	Required Goal #(s)	Optional Objective #(s)
Information Services	# of activities and Total est. audience for above	N/A	
2020-2021	# of activities: Total est. audience for above:		
2021-2022	# of activities: Total est. audience for above:		
2022-2023	# of activities: Total est. audience for above:		
2023-2024	# of activities: Total est. audience for above:		
Access Assistance	Total contacts	N/A	

2020-2021			
2021-2022			
2022-2023			
2023-2024			
Support Services	Total hours	N/A	
2020-2021			
2021-2022			
2022-2023			
2023-2024			
Respite Care	Total hours	N/A	
2020-2021			
2021-2022			
2022-2023			
2023-2024			
Supplemental Services	Total occurrences	N/A	
2020-2021			
2021-2022			
2022-2023			
2023-2024			

APPROVED

HEALTH INSURANCE COUNSELING AND ADVOCACY PROGRAM (HICAP)

SERVICE UNIT PLAN

CR Article 3, Section 7300(d)

MULTIPLE PSA HICAPs: If you are a part of a multiple-PSA HICAP where two or more AAAs enter into an agreement with one “Managing AAA,” to deliver HICAP services on their behalf to eligible persons in their AAA, then each AAA is responsible for providing HICAP services in the covered PSAs in a way that is agreed upon and equitable among the participating parties.

HICAP PAID LEGAL SERVICES: Complete this section if your Master Contract contains a provision for using HICAP funds to provide HICAP Legal Services.

STATE & FEDERAL PERFORMANCE TARGETS: The Administration for Community Living (ACL) establishes targets for the State Health Insurance Assistance Program (SHIP)/HICAP performance measures (PMs). ACL introduced revisions to the SHIP PMs in late 2016 in conjunction with the original funding announcement (ref HHS-2017-ACL-CIP-SAPG-0184) for implementation with the release of the Notice of Award (Grant No. 90SAPG0052-01-01 issued July 2017).

The new five federal PMs generally reflect the former seven PMs (PM 2.1 through PM 2.7), except for PM 2.7, (Total Counseling Hours), which was removed because it is already being captured under the *SHIP Annual Resource Report*. As a part of these changes, ACL eliminated the performance-based funding scoring methodology and replaced it with a Likert scale comparison model for setting National Performance Measure Targets that define the proportional penetration rates needed for improvements.

Using ACL’s approach, CDA HICAP provides State and Federal Performance Measures with goal-oriented targets for each AAA’s Planning and Service Area (PSA). One change to all PMs is the shift to county-level data. In general, the State and Federal Performance Measures include the following:

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

- PM 2.4c English Second Language (ESL)
- PM 2.5 Enrollment Contacts ~ Percentage of contacts with one or more qualifying enrollment topics discussed

AAA's should demonstrate progress toward meeting or improving on the Performance requirements established by CDA and ACL as is displayed annually on the *HICAP State and Federal Performance Measures* tool located online at:

https://www.aging.ca.gov/Providers_and_Partners/Area_Agencies_on_Aging/#pp-planning. (Reference CDA PM 17-11 for further discussion, including current HICAP Performance Measures and Definitions).

For current and future planning, CDA requires each AAA ensure that HICAP service units and related federal *Annual Resource Report* data are documented and verified complete/ finalized in CDA's Statewide HICAP Automated Reporting Program (SHARP) system per the existing contractual reporting requirements. HICAP Service Units do not need to be input in the Area Plan (with the exception of HICAP Paid Legal Services, where applicable).

HICAP Legal Services Units of Service (if applicable)⁵

Fiscal Year (FY)	3.1 Estimated Number of Clients Represented Per FY (Unit of Service)	Goal Numbers
2020-2021	N/A	
2021-2022		
2022-2023		
2023-2024		

Fiscal Year (FY)	3.2 Estimated Number of Legal Representation Hours Per FY (Unit of Service)	Goal Numbers
2020-2021	N/A	
2021-2022		
2022-2023		
2023-2024		

⁵ Requires a contract for using HICAP funds to pay for HICAP Legal Services.

Fiscal Year (FY)	3.3 Estimated Number of Program Consultation Hours Per FY (Unit of Service)	Goal Numbers
2020-2021	N/A	
2021-2022		
2022-2023		
2023-2024		

APPROVED

SECTION 11 - FOCAL POINTS**COMMUNITY FOCAL POINTS LIST**

CCR Title 22, Article 3, Section 7302(a)(14), 45 CFR Section 1321.53(c), (Older Americans Act Reauthorization Act of 2016, Section 306(a))

In the form below, provide the current list of designated community focal points and their addresses. This information must match the total number of focal points reported in the National Aging Program Information System (NAPIS) State Program Report (SPR), i.e., California Aging Reporting System, NAPISCare, Section III.D.

Designated Community Focal Point	Address
Abrazar	7101 Wyoming Westminster, CA 92683
Abrazar at Midway City Community Center	14900 Park Lane Midway City, CA 92655
Anaheim Senior Citizen Center	250 E. Center Anaheim, CA 92805
Asian American Senior Citizens Service Center	850 N. Birch St. Santa Ana, CA 92701
Bell Tower Regional Community Center	22232 El Paseo Rancho Santa Margarita, CA 92688
Brea Senior Center	500 S. Sievers Avenue Brea, CA 92821
Brookhurst Community Center	2271 W. Crescent Ave Anaheim, CA 92801
Buena Park Senior Activity Center	8150 Knott Avenue Buena Park, CA 90620
The Center at Founders Village Senior & Community Center	17967 Bushard Street Fountain Valley, CA 92708
Community Action Partnership of OC (Anaheim Independencia Senior Center)	10841 Garza Anaheim, CA 92804
Costa Mesa Senior Center	695 West 19th Street Costa Mesa, CA 92627
Cypress Senior Citizen Center	9031 Grindlay Cypress, CA 90603

Dana Point Senior Center	34052 Del Obispo Dana Point, CA 92629
Dorothy Visser Senior Center	117 Avenida Victoria San Clemente, CA 92672
Florence Sylvester Memorial Senior Center	23721 Moulton Parkway Laguna Hills, CA 92653
Fullerton Senior & Community Center	340 W. Commonwealth Fullerton, CA 92832
H. Louis Lake Senior Center	11300 Stanford Avenue Garden Grove, CA 92840
Jewish Federation & Family Services	1 Federation Way Irvine, CA 92603
Korean American Seniors Assn. of OC	9884 Garden Grove Blvd Garden Grove, CA 92844
La Habra Community Center	101 West La Habra Blvd La Habra, CA 90631
La Palma Senior Club	7821 Walker St La Palma, CA 90623
Lake Forest Senior Center	100 Civic Center Dr. Lake Forest, CA 92630
Lakeview Senior Center	20 Lake Road Irvine, CA 92604
Los Alamitos Recreation & Community Services	10911 Oak St. Los Alamitos, CA 90720
Norman P. Murray Senior Center	24932 Veterans Way Mission Viejo, CA 92692
North Seal Beach Community Center	3333 St. Cloud Drive Seal Beach, CA 90740
Oasis Senior Center	801 Narcissus Avenue Newport Beach, CA 92625
Orange Senior Center	170 South Olive St. Orange, CA 92866

Placentia Senior Center	143 S. Bradford Avenue Placentia, CA 92870
Rancho Senior Center	3 Ethel Coplen Way Irvine, CA 92612
San Juan Capistrano Community Services	25925 Camino Del Avion San Juan Capistrano, CA 92675
Santa Ana Senior Center	424 W. Third St. Santa Ana, CA 92701
Sea Country Senior & Community Center	24602 Aliso Creek Road Laguna Niguel, CA 92677
Seal Beach Senior Center	707 Electric Ave. Seal Beach, CA 90740
Senior Center in Central Park	18041 Goldenwest Street Huntington Beach, CA 92648
Southern California Indian Center, Inc.	10175 Slater Ave. #150 Fountain Valley, CA 92708
Southland Integrated Services	1618 W. 1st. St. Santa Ana, CA 92703
Southwest Senior Center	2201 W. McFadden Ave. Santa Ana, CA 92704
Stanton Senior Center	7800 Katella Ave. Stanton, CA 90680
The Susi Q. Senior Center (Laguna Beach Senior Center)	380 Third Street Laguna Beach, CA 92651
Trabuco Center	5701 Trabuco Road Irvine, CA 92620
Tustin Area Senior Center	200 S. "C" St. Tustin, CA 92780
Westminster Senior Center	8200 Westminster Blvd. Westminster, CA 92683
Yorba Linda Senior Center	4501 Casa Loma Yorba Linda, CA 92886

SECTION 12 - DISASTER PREPAREDNESS

Disaster Preparation Planning

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

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

The Orange County Office on Aging is a County government office which falls under the County's Emergency Management Bureau (EMB) plan for disaster preparedness. The EMB for Orange County has an Emergency Operations Center (EOC) that functions as the communication and coordination center for both the County and Operational Area emergency response organization and disaster preparedness, providing a central point for coordinating operational, administrative, and support needs of the County and Operational Area Members. It also assists in coordination and communication between Mutual Aid Coordinators and the State Office of Emergency Services during County-wide and State-wide emergency response and recovery operations. The Orange County EOC can be used to gather and process information to and from the County, cities, school and special districts, business and industry, volunteer organizations, individuals, and State and federal government agencies. It has the ability to function as a virtual EOC so that Operational Area Members may communicate between EOCs without co-location. In addition, the EOC may become responsible for managing the tactical operations of regional resources designed to more efficiently use the pooled resources of Operational Area Members or external resources to benefit the Operational Area as a whole.

The Orange County Office on Aging is a member of the Orange County Disabilities and Functional Needs Working Group (OC DAFN), a working group that's mission is to plan, facilitate, and support Operational Area efforts to more effectively integrate people with disabilities and access and functional needs into the emergency planning system in Orange County. As a member of this working group the Orange County Office on Aging ensures that the needs of older adults are accounted for in the County of Orange's emergency planning.

Implemented in fiscal year 2019-2020, Office on Aging home-delivered meal service providers are required to annually supply each HDM client with 3 shelf-stable meals. New clients are required to receive the 3 meals within 30 days of intake.

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
Don Barnes 550 N Flower St Santa Ana, CA 92703	Orange County Sheriff	Office: (714) 647-7000 (949) 770-6011	OAdmin@ocsd.org
Donna Boston 2644 Santiago Canyon Road Silverado, CA 92676	Director, Office of Emergency Management		
Public Information Hotline		714-628-7085	OAdmin@ocsd.org

3. Identify the Disaster Response Coordinator within the AAA:

Name	Title	Telephone	Email
Francis Barton	Administrative Manager I	Office: 714-480-6475 Cell: 714-616-0951	Francis.barton@occr.ocgov.com

4. List critical services the AAA will continue to provide after a disaster and describe how these services will be delivered:

Critical Services	How is it Delivered?
I&A	Remote capabilities allow I&A to be redirected to alternate locations if needed, or out-stationed at Local Assistance Centers in the community. Emergency notifications can be posted on the Office on Aging website as a means for communicating importance information to clients and service providers.
HDM/In-Home Services	Service providers maintain protocols for continuing service to their clients.
Congregate Meals	Service providers maintain protocols for continuing service

	to their clients.
Elder Abuse/Ombudsman	Service providers maintain protocols for continuing service to their clients.

5. List any agencies with which the AAA has formal emergency preparation or response agreements.
 - The Orange County Office on Aging does not have formal agreements with agencies for emergency preparation or response. However, as previously stated in this section, the Orange County Emergency Management Bureau maintains formal agreements between the County and various agencies via MOU for emergency preparation and disaster response. These agencies include County departments, all cities, special districts, school districts and community college/college districts, volunteer organizations and programs such as the American Red Cross and 2-1-1 Orange County.

6. Describe how the AAA will:
 - Identify vulnerable populations.
Older adults, caregivers, and persons with disabilities are all considered to be vulnerable populations particularly in the event of a disaster. However, individuals who are most at risk are those living in a care facility, living alone, isolated or homebound, or require assistance due to a physical or mental disability. Coordination with service providers whose clients are in these vulnerable categories will help to identify and reach out to them during a disaster. Such service providers include; Adult Day Care Centers, IHSS, Home Delivered Meals, Senior Non-Emergency Medical Transportation, Regional Centers, Independent Living Centers, and the Ombudsman program.
 - Follow-up with these vulnerable populations after a disaster event.
Client files for each of the programs serving vulnerable populations include contact information as well as emergency contact information. Collaborating with Office on Aging services providers, I&A staff can assist with follow-up calls to ensure the safety of individuals registered with those programs. In the event that contact is not made with a particular client, staff and volunteers can notify local first responders such as police, fire, or disaster workers.

SECTION 13 - PRIORITY SERVICES

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

2020-2024 Four-Year Planning Cycle

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 funds⁶ 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 2020-21 through FY 2023-2024:

Access:			
Transportation, Assisted Transportation, Case Management, Information and Assistance, Outreach, Comprehensive Assessment, Health, Mental Health, and Public Information			
2020-2021: 42%	2021-2022: 42%	2022-2023: 42%	2023-2024: 42%

In-Home Services:			
Personal Care, Homemaker, Chore, Adult Day / Health Care, Alzheimer's, Residential			
2020-2021: 20%	2021-2022: 20%	2022-2023: 20%	2023-2024: 20%

Legal Assistance Required Activities⁷:			
Legal Advice, Representation, Assistance to the Ombudsman Program and Involvement in the Private Bar			
2020-2021: 12%	2021-2022: 12%	2022-2023: 12%	2023-2024: 12%

Explain how allocations are justified and how they are determined to be sufficient to meet the need for the service within the PSA. Allocations are based on past years' funding levels and service level trends and results from the needs assessment.

⁶ 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.

⁷ Legal Assistance must include all the following activities: Legal Advice, Representation, Assistance to the Ombudsman Program and Involvement in the Private Bar.

SECTION 14 - NOTICE OF INTENT TO PROVIDE DIRECT SERVICES**CCR Article 3, Section 7320 (a)(b) and 42 USC Section 3027(a)(8)(C)**

If a 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	2020-2021	2021-2022	2022-2023	2023-2024
<input checked="" type="checkbox"/> Information and Assistance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Case Management	<input checked="" 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 checked="" 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 IID	2020-2021	2021-2022	2022-2023	2023-2024
<input checked="" type="checkbox"/> Disease Prevention and Health Promotion	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Title IIIE⁸	2020-2021	2021-2022	2022-2023	2023-2024
<input checked="" type="checkbox"/> Information Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Access Assistance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Support Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Title VIIA	2020-2021	2021-2022	2022-2023	2023-2024
<input type="checkbox"/> Long Term Care Ombudsman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Title VII	2020-2021	2021-2022	2022-2023	2023-2024
<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 Office on Aging operates a state-of-the-art call center with the capacity to directly connect callers with referral agencies. The Office on Aging toll-free number has been widely marketed in Orange County, and Office on Aging is increasingly recognized by service agencies and the general public as the single point of entry for information on programs and services for older adults, their families

⁸ Refer to PM 11-11 for definitions of Title III E categories.

and caregivers. The Office on Aging will continue to target services to those having the greatest social and economic need, including ethnic minorities, caregivers, frail elderly and/or disabled, and low-income older adults; through cooperative efforts with others in the aging network.

The Office on Aging health educator has developed a well-established network of contacts with a broad spectrum of direct service providers in Orange County, including those addressing the needs of individuals having the greatest social and economic need, caregivers, ethnic minorities, frail elderly and/or disabled. The health educator manages the Chronic Disease Self-Management Program, including Tomando Control de su Salud, Diabetes Self-Management Program, including Programa de Manejo Personal de la Diabetes, and A Matter of Balance. These workshops are offered in a variety of settings such as community centers, senior apartment complexes, and churches. An ongoing goal is to recruit and train bilingual leaders; currently lay leaders and coaches offer these classes in English, Spanish, and Chinese.

APPROVED

SECTION 15 - REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES**Older Americans Act Reauthorization Act of 2016 Section 307(a)(8)
CCR Article 3, Section 7320(c), W&I Code Section 9533(f)**

Complete and submit for CDA approval a separate Section 15 for each direct service not specified in Section 14. The request for approval may include multiple funding sources for a specific service.

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

Service Category:

Community Education
Check applicable funding source ⁹ :
<input checked="" type="checkbox"/> IIIIB
<input type="checkbox"/> IIIC-1
<input type="checkbox"/> IIIC-2
<input type="checkbox"/> IIID
<input type="checkbox"/> IIIE
<input type="checkbox"/> VIIA
<input type="checkbox"/> 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			
<input checked="" type="checkbox"/> 2020-2021	<input checked="" type="checkbox"/> 2021-2022	<input checked="" type="checkbox"/> 2022-2023	<input checked="" type="checkbox"/> 2023-2024

Provide: documentation below that substantiates this request for direct delivery of the above stated service¹⁰: **Community groups and organizations often make request of the Office on Aging staff to provide or coordinate education sessions. By including community education as a direct service, we will be able to fulfill this community need. The Office on Aging Information and Assistance staff and the health educator are experienced and equipped to provide this service. Increasing the Office on Aging presence in the community will also raise awareness of our programs and of the call center.**

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.

Service Category:

Disaster Preparedness Materials
Check applicable funding source ¹¹ :
<input checked="" type="checkbox"/> III B
<input type="checkbox"/> III C-1
<input type="checkbox"/> III C-2
<input type="checkbox"/> III D
<input type="checkbox"/> III E
<input type="checkbox"/> VII A
<input type="checkbox"/> 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			
<input checked="" type="checkbox"/> 2020-2021	<input checked="" type="checkbox"/> 2021-2022	<input checked="" type="checkbox"/> 2022-2023	<input checked="" type="checkbox"/> 2023-2024

Provide: documentation below that substantiates this request for direct delivery of the above stated service¹²: Individual community members and organizations call the Office on Aging call center requesting disaster preparation information and materials because of the wildfire, earthquake and heat threats that Orange County residents face. Providing disaster preparedness materials would fulfill this community need. The Office on Aging Information and Assistance staff regularly mail information and pre-prepared packet to community members, such as caregiver packets. Providing disaster packets are a natural fit within the call center.

¹¹ Section 15 does not apply to Title V (SCSEP).

¹² For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs agree.

SECTION 16 - GOVERNING BOARD**GOVERNING BOARD MEMBERSHIP**
CCR Article 3, Section 7302 (a)(11)**2020-2024 Four-Year Area Plan Cycle**Total Number of Board Members: 5

Name and Title of Officers:	Office Term Expires:
Andrew Do 1 st District – Vice Chair	2021
Michelle Steel 2 nd District – Chair	2023
Don Wagner 3 rd District	2021
Doug Chaffee 4 th District	2023
Lisa Bartlett 5 th District	2023

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

APPROVED

SECTION 17 - ADVISORY COUNCIL**ADVISORY COUNCIL MEMBERSHIP**

Older Americans Act Reauthorization Act of 2016 Section 306(a)(6)(D)
45 CFR, Section 1321.57 CCR Article 3, Section 7302(a)(12)

2020-2024 Four-Year Planning Cycle

Total Council Membership (include vacancies): 40

Number of Council Members over age 60: 24

Race/Ethnic Composition	% of PSA's 60+ Population	% on Advisory Council
White	57.4%	70.0%
Hispanic	17.9%	23.3%
Black	1.5%	0.0%
Asian/Pacific Islander	22.7%	6.7%
Native American/Alaskan Native	0.5%	0.0%
Other		

Name and Title of Officers:	Office Term Expires:
Elaine Gennawey – Chair	12/31/21
Anthony Allevato - Vice Chair	12/31/21
Guadalupe Leon - Treasurer	12/31/19
Elizabeth Busick - Secretary	12/31/21
John Pointer – Past Chair	12/31/21
Eugene Hernandez – Member-At-Large	12/31/21
Dave Tetzlaff – Member-At-Large	12/31/20

Name and Title of Officers:	Office Term Expires:
Linda J. Barcelona	12/31/17
Denise Barnes	12/31/20
Anna T. Boyce	12/31/20
Patrick Brenden	12/31/20
Carol Downey	12/31/20
Dee Erman	12/31/20
Marilyn Federow	12/31/20
Sherry Geyer	12/31/21
Denise Habjan	12/31/20
Shari Horne	12/31/20
Carolyn Inmon	12/31/20
Larry Kramer	12/31/19
Tiffany Le	12/31/21
Jim Levy	12/31/21
Guy Navarro	12/31/20
Chi Charlie Nguyen	12/31/20
Anthony Rodella	12/31/21
Jeffrey Rodriguez	Indefinite
Christina Selter	12/31/20
Barbara Sloate	12/31/21
Phil Smith	12/31/20
Dave Sullivan	12/31/20
Cynthia Thacker	12/31/21

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

Yes	No	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Low Income
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Representative Disabled
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Representative
Supportive Services		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Provider Representative
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Health Care Provider
Representative		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Family Caregiver
Representative Local		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Elected Officials
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Individuals with Leadership Experience in Private and Voluntary Sectors

Explain any "No" answer(s): N/A

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

The advisory board bylaws allow for a member to remain in his/her seat until reappointed by the appointing body or another person is appointed into the seat. Although efforts are made to avoid expired terms, due to the nature of the advisory seats, some members are not reappointed prior to the end of the term.

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

The Board of Supervisors appoints twelve members, the City Selection Committee appoints ten members, and the council itself appoints the remaining eighteen members. All members appointed by the Board of Supervisors and by the City Selection Committee shall serve at the pleasure of the appointing body except that the Board of Supervisors, by majority vote, may reject appointment by any authority. Service beyond a two-year term shall be considered by the appointing authority at the end of each two-year term. A member who has not been reappointed or replaced at the termination date of appointment shall serve as a member until reappointed or replaced unless the appointing authority rules otherwise.

SECTION 18 - LEGAL ASSISTANCE

2020-2024 Four-Year Planning Cycle

This section must be completed and submitted annually. The Older Americans Act Reauthorization Act of 2016 designates legal assistance as a priority service under Title III B [42 USC §3026(a)(2)]¹³ 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. Specific to Legal Services, what is your AAA's Mission Statement or Purpose Statement? Statement must include Title IIIB requirements: Discuss:

The Legal Services mission of PSA 22 is to support the Legal Services Provider (LSP) by providing Title IIIB funds to supplement the existing program's funding level so that Orange County older adults in the greatest social and economic need will be provided access to legal services.

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

A minimum of 12 percent.

3. Specific to Legal Services, has there been a change in your local needs in the past four years? If so, please identify the change (include whether the change affected the level of funding and the difference in funding levels in the past four years). Yes/No, Discuss:

There continues to be a high demand for legal assistance for older adults, most of which present varying degrees of complexity. Increased referrals for elder abuse (including financial elder abuse and consumer scams) and landlord-tenant disputes can be attributed to the prevalence of fraud and surge in housing/rental prices within the PSA. There has also been an increased demand in requests of conservatorships and workshops to discuss other legal matters, such as obtaining power of attorney and creating advanced health care directives.

4. Specific to Legal Services, does the AAA's contract/agreement with the Legal Services Provider(s) (LSPs) specify that the LSPs are expected to use the California Statewide Guidelines in the provision of OAA legal services? Yes/No, Discuss:

Yes. The requirement to use the California Statewide Guidelines in the provision of OAA legal services is included in the provider contract scope of services.

¹³ For Information related to Legal Services, contact Chisorom Okwuosa at 916 419-7500 or chisorom.okwuosa@aging.ca.gov

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

Yes. The AAA and LSP collaborated to establish the following legal service priority issues:

- a. Housing (landlord and tenant issues and subsidized housing)
- b. Income Maintenance (including government benefits like Social Security and SSI)
- c. Elder Abuse (including financial elder abuse and consumer scams)
- d. Consumer Issues (probate, debt collection, and bankruptcy)

6. Specific to Legal Services, does the AAA collaborate with the Legal Services Provider(s) to jointly identify the target population? If so, what is the targeted senior population in your PSA AND what mechanism is used for reaching the target population? Yes/No, Discuss:

Yes. The AAA and LSP collaborates on identifying a target population by analyzing the data reported and using it to establish priority legal needs. To keep in line with the Older Americans Act requirements, the AAA and LSP seek to target services to seniors, specifically ones who show the greatest economic and social needs. These targeted older adults are reached through the LSP hotline and in-person (by means of a walk-in consultation) at their main location. The LSP also visits multiple senior centers and bilingual community services centers for one on one consultations with clients. Visits to homeless shelters and other county sites for legal presentations and clinics are also part of the LSP's monthly schedule.

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

The LSP targets low-income, minority, frail, and disabled older adults aged 60 and over within Orange County. The older adults generally request direct assistance by calling the LSP's hotline, walking in for in-person consultations, attending one of the multiple senior center appointments, or attending local community fairs. The LSP also provides offsite visits to homebound or hospitalized older adults. A higher level of assistance is provided by the LSP in cases primarily affecting older adults with limited resources.

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

Fiscal Year	# of Legal Assistance Services Providers
2020-2021	1
2021-2022	
2022-2023	
2023-2024	

9. Does your PSA have a hotline for legal services? Yes/No, Discuss:

Yes. The LSP hotline is open from 9am to 6pm on Mondays through Thursday, and 9am to 5pm on Fridays. Walk-ins are welcome Monday through Fridays from 9am to 5pm.

10. What methods of outreach are Legal Services providers using? Discuss:

The LSP visits multiple senior and community services centers and homeless shelters monthly throughout the County of Orange to provide one-on-one consultations with clients. The LSP also offers presentations and clinics at various locations on subjects such as creating advanced health care directives and obtaining power of attorney.

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

Fiscal Year	Name of Provider	Geographic Region covered
2020-2021	a. Community Legal Aid So Cal b. c.	a. Countywide b. c.
2021-2022		
2022-2023		
2023-2024		

12. Discuss how older adults access Legal Services in your PSA: Discuss:

Clients typically request direct assistance by calling the LSP's legal hotline, walking in for an in-person consultation at the LSP's location, or visiting one of the multiple senior centers served by the LSP within the county. The LSP also disseminates pertinent legal information on subjects like creating advanced health care directives or help with setting up a will (including applicable forms), on their website. The LSP also offers a variety of legal clinics conducted by attorneys in areas such as Supplemental Security Income (SSI), divorce, family, bankruptcy, education, landlord-tenant disputes, limited conservatorships, consumer rights, worker rights, probate accounting, and small-claims matters. They also work closely with the Office on Aging's Information and Assistance call center to coordinate legal referrals for older adults.

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

The primary legal issues handled by the LSP include, but are not limited to, the following: government benefits, landlord-tenant disputes, elder abuse (including financial abuse and consumer scams), probate, and health and consumer issues. The following areas have also seen an increase in the LSP's fielded requests: conservatorships for family members and issues with student loan repayments.

14. In the past four years, has there been a change in the types of legal issues handled by the Title IIIB legal provider(s) in your PSA? Yes/No, Discuss:

The continuing increase in cost of living within the PSA have resulted in a rise in the following legal matters for older adults: housing (landlord-tenant disputes), income maintenance, and government benefit issues (like Social Security and SSI). There was also a remarkable increase in requests for conservatorships and elder abuse cases (including financial abuse and consumer scams).

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

Transportation is a prominent barrier to accessing legal assistance. The County of Orange has a vast area that is not easily covered by the local transportation authority. Offsite visits by the LSP to homebound older adults are conducted on a limited basis since they require a minimum of 2 staff members for security purposes. Partnerships and cross-referrals between the LSP and local transportation service providers may help mitigate this barrier to accessing legal assistance.

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

The LSP is involved with several local organizations serving older adults. They work with multiple senior and community services centers to conduct legal consultation appointments

and deliver presentations. The LSP is also an active member of the Financial Abuse Specialist Team (FAST) and the Elder Abuse Forensics Center Team, which also involves Adult Protective Services (APS) and the Long-Term Care Ombudsman Program. The LSP also has an existing MOU with the local HICAP and Ombudsman program.

APPROVED

SECTION 19 - MULTIPURPOSE SENIOR CENTER ACQUISITION OR CONSTRUCTION COMPLIANCE REVIEW¹⁴

CCR Title 22, Article 3, Section 7302(a)(15)

20-year tracking requirement

- No. Title IIIB funds not used for Acquisition or Construction.
 Yes. Title IIIB funds used for Acquisition or Construction.

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

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

¹⁴ Acquisition is defined as obtaining ownership of an existing facility (in fee simple or by lease for 10 years or more) for use as a Multipurpose Senior Center.

SECTION 20 - FAMILY CAREGIVER SUPPORT PROGRAM

Notice of Intent for Non-Provision of FCSP Multifaceted Systems of Support Services Older Americans Act Reauthorization Act of 2016, Section 373(a) and (b)

2020-2024 Four-Year Planning Cycle

Based on the AAA's review of current support needs and services for **family caregivers** and **grandparents** (or other older relative of a child in the PSA), indicate what services the AAA **intends** to provide using Title III E and/or matching FCSP funds for both family caregivers and grandparents/older relative caregivers.

Check YES or NO for each of the services¹⁵ identified below and indicate if the service will be provided directly or contracted. **If the AAA will not provide a service, a justification for each service is required in the space below.**

Family Caregiver Services:

Category	2020-2021	2021-2022	2022-2023	2023-2024
Information Services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract
Access Assistance	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract
Support Services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract
Respite Care	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract
Supplemental Services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract

¹⁵ Refer to PM 11-11 for definitions for the above Title III E categories.

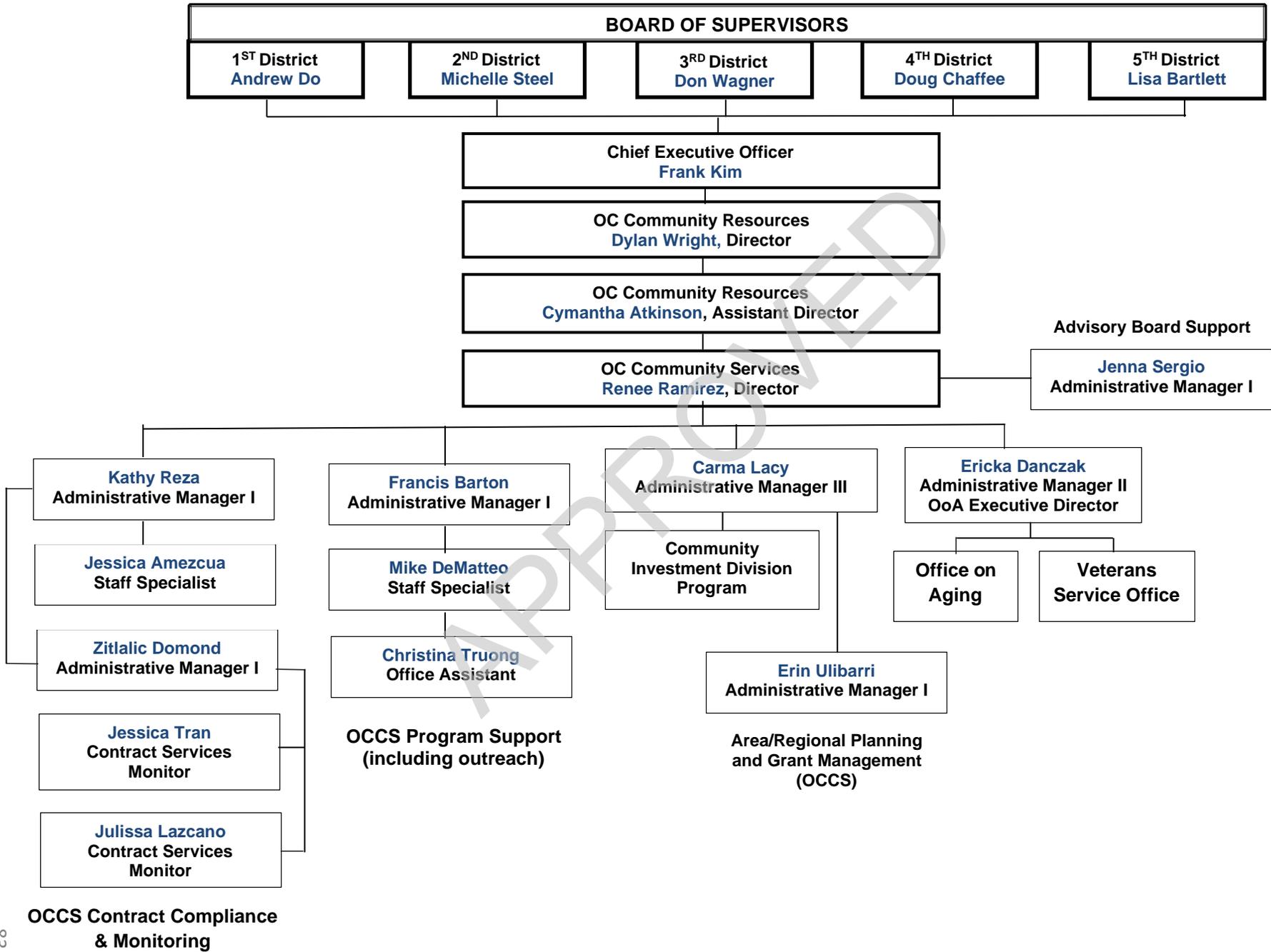
Grandparent Services:

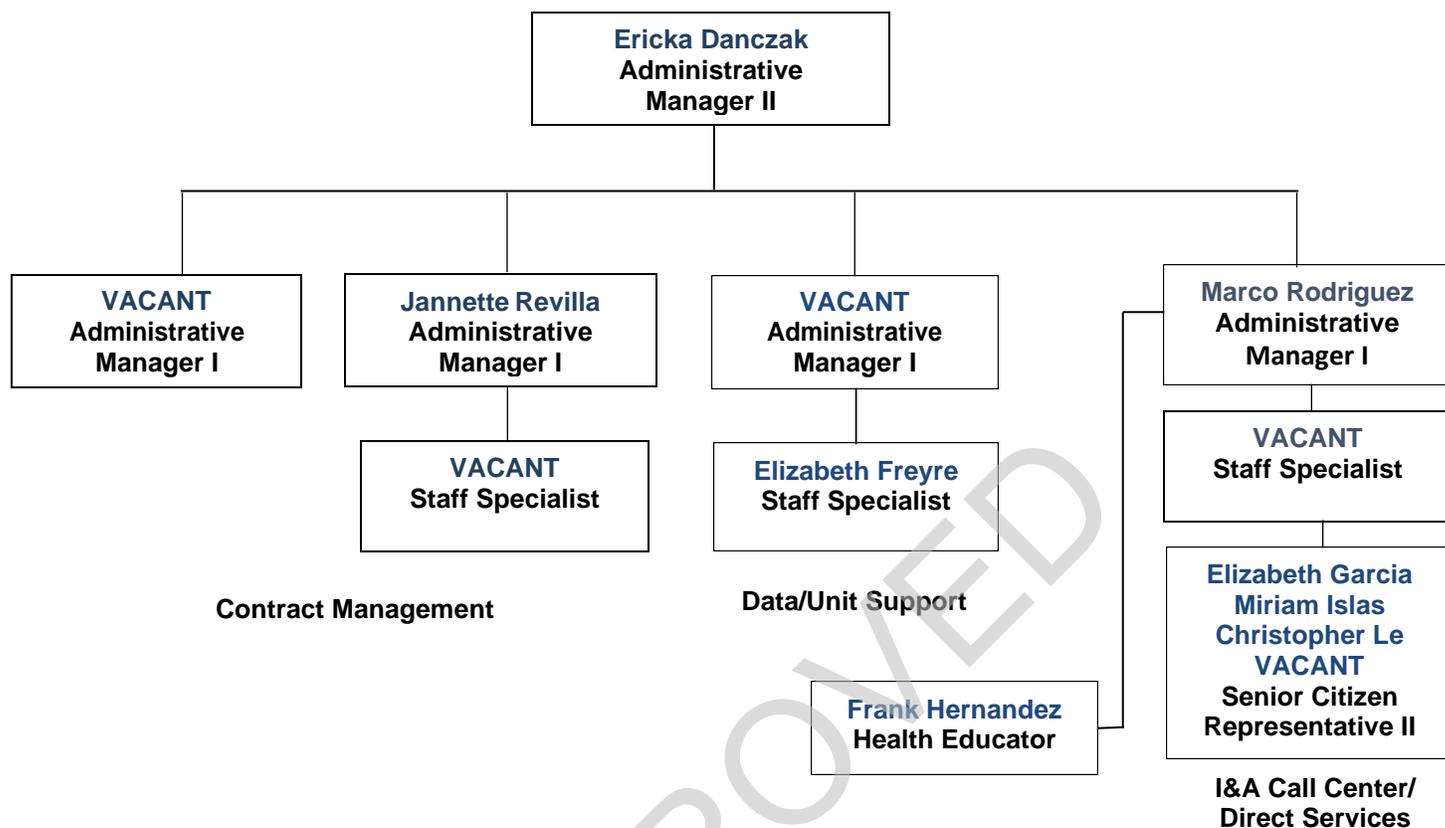
Category	2020-2021		2021-2022		2022-2023		2023-2024	
Information Services	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	<input type="checkbox"/> Direct	<input type="checkbox"/> Contract						
Access Assistance	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	<input type="checkbox"/> Direct	<input type="checkbox"/> Contract						
Support Services	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	<input type="checkbox"/> Direct	<input type="checkbox"/> Contract						
Respite Care	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	<input type="checkbox"/> Direct	<input type="checkbox"/> Contract						
Supplemental Services	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	<input type="checkbox"/> Direct	<input type="checkbox"/> Contract						

Justification: For each service category checked “no”, explain how it is being addressed within the PSA. The justification must include the following:

- Provider name and address of agency
- Description of the service
- Where the service is provided (entire PSA, certain counties, etc.)
- Information that influenced the decision not to provide the service (research, needs assessment, survey of senior population in PSA, etc.)
- How the AAA ensures the service continues to be provided in the PSA without the use of Title III E funds

The Orange County Office on Aging does not provide or administer Title III E Grandparent Services in any category. During the procurement process for the next contract period, it was determined that the Kinship Support Services Program (KSSP) contracted by the County of Orange Social Services Agency (SSA) and operated by a local non-profit addresses the needs of grandparent caregivers in Orange County. KSSP provides non-financial support to relative caregivers, including grandparents, who care caring for dependent children placed in their homes by the juvenile court. KSSP services include family fun events, respite care, training, and basic needs. If contacted by a grandparent caring for a child, the current Title III E Family Caregiver Support Program (FCSP) provider offers community resources and general assistance to the family. In addition to the presence of the KSSP and other SSA initiatives, consideration was also given to the fact that allocating funds to grandparent services would reduce available funds for FCSP services to caregivers of older adults. Though the current FCSP provider does not maintain a formal waiting list, demand at times does exceed available resources indicating that the current funding level is needed to support family caregivers.





Name	Title III/VII Admin	Title III Direct	HICAP/FA/ MIPPA Admin	TV Admin	Other
OoA Executive Director: E. Danczak	35%		2%	3%	60%
Admin Manager I: M. Rodriguez	20%	IIIB 15%, IIIE 10%			55%
Admin Manager I: Vacant	75%				25%
Admin Manager I: J. Revilla	50%		10%	5%	35%
Admin Manager I Vacant	75%		5%	3%	17%
Admin Manager I: K. Reza	40%				60%
Admin Manager I: Z. Domond	30%		5%	5%	60%
Admin Manager I: F. Barton	30%				70%
Admin Manager I: E. Ulibarri	30%				70%
Admin Manager I: J. Sergio	15%				85%
Staff Specialist: Vacant	70%		3%	3%	24%
Staff Specialist: Vacant	20%	IIIB 40%, IIIE 20%			20%
Staff Specialist: M. De Matteo	25%				75%
Staff Specialist: E. Freyre	80%	IIID 5%	5%		10%
Staff Specialist: J. Amezcua	35%		3%	2%	60%
Senior Citizen Rep.: Vacant	5%	IIIB 40%, IIIE 30%			25%
Senior Citizen Rep.: E. Garcia	5%	IIIB 40%, IIIE 30%			25%
Senior Citizen Rep.: C. Le	5%	IIIB 35%, IIIE 40%			20%
Senior Citizen Rep.: M. Islas	3%	IIIB 30%, IIID 2%, IIIE 30%			35%
Health Educator: F. Hernandez	5%	IIIB 5%, IIID 90%			
Office Assistant : Christina Truong	35%				65%
Contract Services Monitor: J. Tran	60%		5%	5%	10%
Contract Services Monitor: J. Lazcano	10%				90%

SECTION 22 – ASSURANCES

Pursuant to the Older Americans Act Reauthorization Act of 2016, (OAA), the Area Agency on Aging assures that it will:

Assurances

1. OAA 306(a)(2)

Provide an adequate proportion, as required under Older Americans Act Reauthorization Act of 2016 Section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services—

- (A) services associated with access to services (transportation, health services (including mental health services) outreach, information and assistance, (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible) and case management services);
- (B) in-home services, including supportive services for families of older individuals who are victims of Alzheimer’s disease and related disorders with neurological and organic brain dysfunction; and
- (C) legal assistance; and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded;

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

- (I) provide assurances that the area agency on aging will –
 - (aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;
 - (bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and;
- (II) include proposed methods to achieve the objectives described in (aa) and (bb) of subclause (I);

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

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

- (I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;
- (II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and
- (III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area;

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

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

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

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

Use outreach efforts that —

- (i) identify individuals eligible for assistance under this Act, with special emphasis on—
 - (I) older individuals residing in rural areas;
 - (II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
 - (III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
 - (IV) older individuals with severe disabilities;
 - (V) older individuals with limited English proficiency;
 - (VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
 - (VII) older individuals at risk for institutional placement; and
- (ii) inform the older individuals referred to in sub-clauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance;

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

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

7. OAA 306(a)(5)

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

8. OAA 306(a)(9)

Provide assurances that the Area Agency on Aging will carry out the State Long-Term Care Ombudsman program under 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title;

9. OAA 306(a)(11)

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

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

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

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

11. 306(a)(14)

Provide assurances that preference in receiving services under this Title shall not be given to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title;

12. 306(a)(15)

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

- (A) to provide benefits and services to older individuals, giving priority to older individuals identified in Older Americans Act Reauthorization Act of 2016, Section 306(a)(4)(A)(i); and
- (B) in compliance with the assurances specified in Older Americans Act Reauthorization act of 2016, Section 306(a)(13) and the limitations specified in Older Americans Act Reauthorization Act of 2016, Section 212;

13.OAA 305(c)(5)

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

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

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

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

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

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

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

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

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

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

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

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

In carrying out such services conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for -

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

20. OAA 307(a)(15)

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

- (A) To utilize in the delivery of outreach services under Section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability.
- (B) To designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include:
 - (i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and
 - (ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effective linguistic and cultural differences.

21. OAA 307(a)(18)

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

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

22. OAA 307(a)(26)

That funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the State agency, or an area agency on aging, to carry out a contract or commercial relationship that is not carried out to implement this title.

23. OAA 307(a)(27)

Provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care.

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

- (a) The Older Americans Act intends that the area agency on aging shall be the leader relative to all aging issues on behalf of all older persons in the planning and service area. This means that the area agency shall proactively carry out, under the leadership and direction of the State agency, a wide range of functions related to advocacy, planning, coordination, interagency linkages, information sharing, brokering, monitoring and evaluation, designed to lead to the development or enhancement of comprehensive and coordinated community based systems in, or serving, each community in the Planning and Service Area. These systems shall be designed to assist older persons in leading independent, meaningful and dignified lives in their own homes and communities as long as possible.
- (b) A comprehensive and coordinated community-based system described in paragraph (a) of this section shall:
- (1) Have a visible focal point of contact where anyone can go or call for help, information or referral on any aging issue;
 - (2) Provide a range of options;
 - (3) Assure that these options are readily accessible to all older persons: The independent, semi-dependent and totally dependent, no matter what their income;
 - (4) Include a commitment of public, private, voluntary and personal resources committed to supporting the system;
 - (5) Involve collaborative decision-making among public, private, voluntary, religious and fraternal organizations and older people in the community;
 - (6) Offer special help or targeted resources for the most vulnerable older persons, those in danger of losing their independence;
 - (7) Provide effective referral from agency to agency to assure that information or assistance is received, no matter how or where contact is made in the community;
 - (8) Evidence sufficient flexibility to respond with appropriate individualized assistance, especially for the vulnerable older person;
 - (9) Have a unique character which is tailored to the specific nature of the community;
 - (10) Be directed by leaders in the community who have the respect, capacity and authority necessary to convene all interested individuals, assess needs, design solutions, track overall success, stimulate change and plan community responses for the present and for the future.

25. CFR [1321.53(c)]

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

26. CFR [1321.53(c)]

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

27. CFR [1321.53(c)]

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

28. CFR [1321.53(c)]

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

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

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

30. CFR [1321.61(d)]

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

31. CFR [1321.69(a)]

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

APPROVED



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