

Orange County Office on Aging PSA 22

2022-2023 Area Plan Update

(Rev 03/2022)



AREA PLAN UPDATE (APU) CHECKLIST

PSA 22

Check one: FY21-22 FY 22-23 FY 23-24

Use for APUs only

AP Guidance Section	APU Components (To be attached to the APU)	Check if Included
	➤ <i>Update/Submit A) through G) <u>ANNUALLY</u>:</i>	
n/a	A) Transmittal Letter- (submit by email with electronic or scanned original signatures)	<input checked="" type="checkbox"/>
n/a	B) APU- (submit entire APU electronically only)	<input checked="" type="checkbox"/>
2, 3, or 4	C) Estimate- of the number of lower income minority older individuals in the PSA for the coming year	<input checked="" type="checkbox"/>
7	D) Public Hearings- that will be conducted	<input checked="" type="checkbox"/>
n/a	E) Annual Budget	<input type="checkbox"/>
10	F) Service Unit Plan (SUP) Objectives and LTC Ombudsman Program Outcomes	<input checked="" type="checkbox"/>
18	G) Legal Assistance	<input checked="" type="checkbox"/>
	➤ <i>Update/Submit the following only if there has been a CHANGE or the section was not included in the 2020-2024</i>	Mark Changed/Not Changed (C or N/C) C N/C
5	Minimum Percentage/Adequate Proportion	<input type="checkbox"/> <input checked="" type="checkbox"/>
5	Needs Assessment	<input type="checkbox"/> <input checked="" type="checkbox"/>
9	AP Narrative Objectives:	<input type="checkbox"/> <input checked="" type="checkbox"/>
9	• System-Building and Administration	<input type="checkbox"/> <input checked="" type="checkbox"/>
9	• Title IIIB-Funded Programs	<input type="checkbox"/> <input checked="" type="checkbox"/>
9	• Title IIIB-Transportation	<input type="checkbox"/> <input checked="" type="checkbox"/>
9	• Title IIIB-Funded Program Development/Coordination (PD or C)	<input type="checkbox"/> <input checked="" type="checkbox"/>
9	• Title IIIC-1	<input type="checkbox"/> <input checked="" type="checkbox"/>
9	• Title IIIC-2	<input type="checkbox"/> <input checked="" type="checkbox"/>
9	• Title IIID	<input type="checkbox"/> <input checked="" type="checkbox"/>
20	• Title IIIE-Family Caregiver Support Program	<input type="checkbox"/> <input checked="" type="checkbox"/>
9	• HICAP Program	<input type="checkbox"/> <input checked="" type="checkbox"/>
12	Disaster Preparedness	<input type="checkbox"/> <input checked="" type="checkbox"/>
14	Notice of Intent-to Provide Direct Services	<input type="checkbox"/> <input checked="" type="checkbox"/>
15	Request for Approval-to Provide Direct Services	<input type="checkbox"/> <input checked="" type="checkbox"/>
16	Governing Board	<input checked="" type="checkbox"/> <input type="checkbox"/>
17	Advisory Council	<input checked="" type="checkbox"/> <input type="checkbox"/>
21	Organizational Chart(s)	<input checked="" type="checkbox"/> <input type="checkbox"/>

TRANSMITTAL LETTER
2020-2024 Four Year Area Plan/ Annual Update
Check one: **FY 20-24** **FY 21-22** **FY 22-23** **FY 23-24**

AAA Name: Orange County Office on Aging

PSA 22

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. (see below)
(Type Name)

**

Signature: Governing Board Chair ¹

Date

2. Elaine Gennawey

Signature: Advisory Council Chair

Date

3. Ericka Danczak
(Type Name)

Signature: Area Agency Director

Date

** In a Minute Order dated April 14, 2020, the Orange County Board of Supervisors, as the governing body of the PSA 22 Area Agency on Aging, approved the 2020-24 Area Plan and authorized the Director of the Office on Aging to execute and submit plan updates and amendments for the 2020-24 planning period.

¹ Original signatures or official signature stamps are required.

Estimate of the number of lower income minority older individuals (60+) in the PSA for the coming year.

The older adult population (60+) in Orange County has steadily increased from 496,404 in 2010 to an estimated 674,878 older adults in 2019, according to the U.S. Census Bureau. An estimate number of lower income (below 100% of the Federal Poverty Guideline) minorities aged 60 and above in Orange County has been estimated for the coming year. The chart below shows an estimate number of lower income (below 100% of the Federal Poverty Guideline) minorities aged 60 and above in Orange County has been estimated for the coming year.

PROJECTED COUNTS	2016	2017	2018	2019	2020	2021	2022	2023
Lower Income 60+	54,777 ¹	53,162 ¹	63,824 ¹	55,422 ¹	56,150	56,888	57,636	
Black or African American	785	1,254	959	1,098	1,188	1,427	1,714	
American Indian and Alaska Native	157	367	90	53	49	51	53	
Asian	7,505	9,284	9,186	6,359	5,635	5,549	5,464	
Native Hawaiian and Other Pacific Islander	65	28	17	-	-	-	-	
Hispanic	17,407	19,665	17,217	13,288	11,310	10,697	10,116	
White	9,527	10,943	9,897	7,136	6,043	5,686	5,349	

¹ Census: American Community Survey 1-Year Estimates

SECTION 7. PUBLIC HEARINGS

PSA 22

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, OAA 2006 306(a), 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 Yes or No	Was hearing held at a Long-Term Care Facility? ³ Yes or No
2020-21	4/14/2020	Office on Aging in Santa Ana, CA	27	No	No
2021-22	4/9/2021	Via Zoom	45	No	No
2022-23	3/23/2022	Via Zoom			No
2023-24					

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

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

The needs of institutionalized, homebound and/or disabled older individuals were identified and addressed by key informant service providers as part of the needs assessment and planning process. A draft of the area plan emailed to all service providers and made available on the Office on Aging website. Conducting the public hearing via Zoom would allow for greater accessibility to the homebound and disabled populations.
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/or C

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.

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

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

**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](#) .

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			

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			

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			

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			

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			

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			

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			

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			

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			

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			

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			

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			

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

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

Title IIIB, Other Priority and Non-Priority Supportive Services

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

- Other **Priority Supportive Services include:** Alzheimer’s Day Care,

Comprehensive Assessment Health, Mental Health, Public Information, Residential Repairs/Modifications, Respite Care, Telephone Reassurance, and Visiting

- Other **Non-Priority Supportive Services include:** Cash/Material Aid, Community Education, Disaster Preparedness Materials, Emergency Preparedness, Employment, Housing, Interpretation/Translation, Mobility Management, Peer Counseling, Personal Affairs Assistance, Personal/Home 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			

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			

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			

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			

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

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

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			

3. Title IIID/ Health Promotion – Evidence Based

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

Evidence-Based Program Name(s):

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.

Unit of Service = 1 Contact

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

**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 626 divided by the total number of complaints received 794 = Baseline Resolution Rate 79 %
FY 2021-2022 Target Resolution Rate 70 %

3. FY 2020 - 2021 Baseline Resolution Rate:
 Number of complaints partially or fully resolved 450 divided by the total number of complaints received 599 = Baseline Resolution Rate 75%
 FY 2022-2023 Target Resolution Rate 70%

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: 2

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 500
 FY 2021-2022 Target: 921

3. FY 2020-2021 Baseline: Number of Resident Council meetings attended 454
 FY 2022-2023 Target: 921

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

Program Goals and Objective Numbers: 2

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 14
 FY 2021-2022 Target: 23

3. FY 2020-2021 Baseline: Number of Family Council meetings attended 0
 FY 2022-2023 Target: 15

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

Program Goals and Objective Numbers: 2

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 <u>10,241</u> FY 2021-2022 Target: <u>2,000</u>
3. FY 2020-2021 Baseline: Number of Instances <u>10,450</u> FY 2022-2023 Target: <u>2,000</u>
4. FY 2021-2022 Baseline: Number of Instances _____ FY 2023-2024 Target: _____
Program Goals and Objective Numbers: <u>2</u>

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

1. FY 2018-2019 Baseline: Number of Instances 5,480 _____ FY 2020-2021 Target: <u>5,000</u>
2. FY 2019-2020 Baseline: Number of Instances <u>4,994</u> FY 2021-2022 Target: <u>5,000</u>
3. FY 2020-2021 Baseline: Number of Instances <u>4,567</u> FY 2022-2023 Target: <u>5,000</u>
4. FY 2021-2022 Baseline: Number of Instances _____ FY 2023-2024 Target: _____
Program Goals and Objective Numbers: <u>2</u>

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

1. FY 2018-2019 Baseline: Number of Sessions 21 _____ FY 2020-2021 Target: <u>20</u>
2. FY 2019-2020 Baseline: Number of Sessions <u>13</u> FY 2021-2022 Target: <u>20</u>
3. FY 2020-2021 Baseline: Number of Sessions <u>8</u> FY 2022-2023 Target: <u>20</u>
4. FY 2021-2022 Baseline: Number of Sessions _____ FY 2023-2024 Target: _____
Program Goals and Objective Numbers: <u>2</u>

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

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

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

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)

The Program will continue participating in the Residential Care for the Elderly (RCFE) Task Force, which is comprised of the California Community Care Licensing Division - Orange County Office, the Orange County Health Care Agency, the OCHCA MHOAC, Orange County Sheriff's Department, EMS Division, Orange County Social Services Agency and the Council on Aging, Southern California, LTC Ombudsman Program. This Task Force was assembled to support RCFEs through the COVID-19 pandemic and beyond.

Objectives of the Task Force include:

- Identifying roles and responsibilities of agencies involved in COVID-19 outbreaks at an RCFE and other assisted living facilities, including memory care facilities, within Orange County;
- Coordinating solutions and identifying resources inside and outside of the task force;
- Identifying emergency response plans due to staffing shortages within facilities;
- Identifying proactive approaches for RCFE facilities through education.

FY 2022-2023

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

The Program will continue to advocate for the visitation rights of residents in long-term care facilities during the COVID-19 pandemic. Given the harm to residents as a consequence of isolation, concentrated effort to ensure visitation with family members and friends continues to be warranted. These efforts include partnering with other advocacy groups such as CANHR (California Advocates for Nursing Home Reform) and Consumer Voice, as well as utilizing the Program's contacts at CDSS-CCL and CDPH. The Program would continue to provide this advocacy by:

- Being an information clearinghouse for the most recent regulations, both on the state and federal levels.
- Providing resources to residents and their families when visitation is in jeopardy.
- Remaining active in the RCFE Task Force.

FY 2023-2024

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

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

Measures and Targets:

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

1. FY 2018-2019 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint <u>71</u> FY 2020-2021 Target: <u>72</u>
2. FY 2019-2020 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint <u>0</u> FY 2021-2022 Target: <u>72</u>
3. FY 2020-2021 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint <u>5</u> FY 2022-2023 Target: <u>72</u>
4. FY 2021-2022 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint _____ FY 2023-2024 Target: _____
Program Goals and Objective Numbers: <u>2</u>

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

1. FY 2018-2019 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint <u>599</u> FY 2020-2021 Target: 873
2. FY 2019-2020 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint <u>0</u> FY 2021-2022 Target: 818
3. FY 2020-2021 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint <u>5</u> FY 2022-2023 Target: 818
4. FY 2021-2022 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint _____ FY 2023-2024 Target:
Program Goals and Objective Numbers: <u>2</u>

C. Number of Full-Time Equivalent (FTE) Staff (NORS Element S-23) This number may only include staff time legitimately charged to the LTC Ombudsman Program. 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: <u>13.11</u> FTEs FY 2021-2022 Target: <u>14.13</u> FTEs
3. FY 2020-2021 Baseline: <u>11.93</u> FTEs FY 2022-2023 Target: <u>14.13</u> FTEs

4. FY 2021-2022 Baseline: _____ FTEs FY 2023-2024 Target: _____ FTEs
Program Goals and Objective Numbers: <u> 2 </u>

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

1. FY 2018-2019 Baseline: Number of certified LTC Ombudsman volunteers <u> 61 </u> FY 2020-2021 Projected Number of certified LTC Ombudsman volunteers <u> 65 </u>
2. FY 2019-2020 Baseline: Number of certified LTC Ombudsman volunteers <u> 39 </u> FY 2021-2022 Projected Number of certified LTC Ombudsman volunteers <u> 59 </u>
3. FY 2020-2021 Baseline: Number of certified LTC Ombudsman volunteers <u> 35 </u> FY 2022-2023 Projected Number of certified LTC Ombudsman volunteers <u> 59 </u>
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: <u> 2 </u>

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

Measures and Targets:

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 Program will require that the Ombudsmen participate in NORS Consistency Training to ensure there is accuracy in case reporting and entry.

The Program Director and Field Services Managers will review data on a weekly basis to ensure data integrity.

The Program will continue to require Ombudsmen to report their Activities on a weekly basis to ensure data is entered in a timely manner.

**TITLE VIIA ELDER ABUSE PREVENTION
SERVICE UNIT PLAN OBJECTIVES**

PSA 22

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

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

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

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

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

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

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

- **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	

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

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

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

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		

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

TITLE IIIE 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 Caregivers of Older Adults			
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			
Access Assistance	Total contacts	2	
2020-2021	20,000		
2021-2022	20,000		
2022-2023	20,000		
2023-2024			

Support Services	Total hours	2	
2020-2021	5,500		
2021-2022	5,500		
2022-2023	5,500		
2023-2024			
Respite Care	Total hours	2	
2020-2021	7,000		
2021-2022	7,000		
2022-2023	7,000		
2023-2024			
Supplemental Services	Total occurrences	2	
2020-2021	70		
2021-2022	70		
2022-2023	70		
2023-2024			

Older Elderly Relative			
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			

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

CCR Article 3, Section 7300(d)

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

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

STATE & FEDERAL PERFORMANCE TARGETS: The Administration for Community Living (ACL) establishes targets for the State Health Insurance Assistance Program (SHIP)/HICAP performance measures (PMs). ACL introduced the current SHIP PMs in late 2016 and continues to manage the PMs in conjunction with the SHIP Annual Resource Report, used to inform Congress. The SHIP PMs are comprised of five (5) base elements, with one multi-layered category. The PMs are not used in performance-based funding scoring methodology, but instead are assessed to determine a Likert scale comparison model for setting National PM Targets that define the proportional penetration rates needed for statewide improvements.

Using ACL’s approach, CDA HICAP calculates State and Federal Performance Measures with goal-oriented targets for each AAA’s Planning and Service Area (PSA). The PMs are calculated at the county-level data, then displayed under each Planning Service Area. In general, the State and Federal Performance Measures include the following:

- 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:
 - o PM 2.4a Low-income (LIS)
 - o PM 2.4b Rural
 - o 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/ProgramsProviders/AAA/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).

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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"/> Health Promotion: Evidence-Based	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Title IIIE⁴	2020-2021	2021-2022	2022-2023	2023-2024
<input type="checkbox"/> Information Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
<input type="checkbox"/> Respite Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Supplemental Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Title 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"/>

⁴ Refer to PM 11-11 for definitions of Title III E categories.

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 as well as the local phone number have been widely marketed in Orange County, and the 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, 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's 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, and 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. As of January 2020, these classes are now also offered virtually via Zoom. An ongoing goal is to recruit and train bilingual lay leaders; currently lay leaders and coaches offer these classes in English, Spanish, and Chinese.

**ADVISORY COUNCIL MEMBERSHIP
2020-2024 Four-Year Planning Cycle**

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

Total Council Membership (include vacancies) 40

Number of Council Members over age 60 23

	<u>% of PSA's 60+Population</u>	<u>% on Advisory Council</u>
Race/Ethnic Composition		
White	<u>37</u>	<u>60</u>
Hispanic	<u>34</u>	<u>27</u>
Black	<u>2</u>	<u>00</u>
Asian/Pacific Islander	<u>22</u>	<u>3</u>
Native American/Alaskan Native	<u>0</u>	<u>00</u>
Other	<u>5</u>	<u>10</u>

Name and Title of Officers:

Office Term Expires:

Elaine Gennawey – Chair	12/31/23
Eugene Hernandez - Vice Chair & Standing Committee Liaison to Executive Board	12/31/23
Elizabeth Busick - Secretary	12/31/23
John Pointer – Past Chair	12/31/23
Cynthia Thacker – Member-At-Large & Senior Center Liaison Coordinator	12/31/23
Dave Tetzlaff – Member-At-Large & Ad Hoc Committees	12/31/22
Phil Mandeville – Member-At-Large	

Name and Title of other members:

Office Term Expires:

Charlene Ashendorf	12/31/22
Linda Barcelona	12/31/17
Denise Barnes	12/31/21
Amelia Castro	12/31/23
Meredith Chillemi – Past Chair Wellbeing Reimagined	12/31/23
Susan Dobak	12/31/22

Carol Downey- New Member Mentor	12/31/22
Carolyn Inmon	12/31/22
Jim Levy	12/31/22
Irene Martinez	12/31/23
Nelida Mendoza	12/31/23
Crystal Miles	12/31/22
Carol Moore	12/31/22
Patty Mouton	12/31/20
Joan Nichols	12/31/21
Phil Orland	12/31/21
Tony Rodella	12/31/23
Jeffrey Rodriguez	Indefinite
Amina Sen-Matthews	12/31/22
Barbara Sloate – Chair Wellbeing Reimagined	12/31/23
Dave Sullivan	12/31/22
Sandy Stang – Chair Housing & Transportation	12/31/23
Evelyn Velez – Chair Senior Citizens Engagement	12/31/22

Indicate which member(s) represent each of the “Other Representation” categories listed below. *To protect the privacy of the members of the Advisory Council, this personal information will not be included in this public document, but will be provided to CDA upon request.*

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

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

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

The SCAC Bylaws allow for members who have not been reappointed or replaced at the expiration date to serve until they are reappointed or replaced.

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

The Board of Supervisors appoints ten members, the City Selection Committee appoints ten members, and the council itself appoints the remaining twenty 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.

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2020-2024 Four-Year Area Planning Cycle

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

CDA developed California Statewide Guidelines for Legal Assistance (Guidelines), which are to be used as best practices by CDA, AAAs and LSPs in the contracting and monitoring processes for legal services and located at:

https://aging.ca.gov/Providers_and_Partners/Legal_Services/#pp-gg

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

A minimum of 12% of Title IIIB funding is allocated to Legal Services.

2. Specific to Legal Services, has there been a change in your local needs in the past four years? If so, please identify the change (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, consumer scams and emotional/physical abuse) and landlord/tenant disputes can be attributed to the prevalence of fraud and the surge in housing/rental prices within the PSA. There has been a stark increase in referrals and calls for landlord-tenant issues which can also be attributed to the cost-of-living increase, the continuing Covid 19 pandemic and the constant change in the laws regarding landlord/tenant issues. There has also been an increased demand for workshops and assistance to discuss other legal matters such as powers of attorneys, conservatorships and estate planning in general. Additionally, issues regarding access to government agencies and benefits will continue to be an issue as agencies both state and federal have differing policies with regards to providing services to the public.

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

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

4. 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)

5. Specific to Legal Services, does the AAA collaborate with the Legal Services Provider(s) to jointly identify the target population? Yes/No, Discuss:

Yes. The AAA 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. During the Covid19 pandemic and continuing until the local, state, and federal government allows for the full reopening of services, the LSP has suspended all in person contacts with clients within its own offices. The LSP are in constant contact with the multiple senior centers in Orange County, and the senior centers continue to refer clients with legal needs for a telephone consultation if that particular Senior Center has to temporarily shut down due to the ongoing pandemic. Client contacts are made virtually via telephone, zoom or other virtual platforms. The LSP has reinstated one-on one consultations with clients at the Senior Centers which have reopened during the pandemic.

6. 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.

7. 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	1
2022-2023	1
2023-2024	

8. 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. During the Covid19 pandemic, the LSP provides virtual outreaches to the community. Additionally, the LSP provides informational flyers to the agencies upon request.

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

Fiscal Year	Name of Provider	Geographic Region covered
2020-2021	Community Legal Aid SoCal	Countywide
2021-2022	Community Legal Aid SoCal	Countywide
2022-2023	Community Legal Aid SoCal	Countywide
2023-2024		

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

Older adults can access legal services mainly through calling the Intake and Assessment Unit or by making an in-person appointment at one of the 15 senior centers throughout Orange County. When the older adult contacts the Intake and Assessment Unit, their qualifying information and the legal issues are retrieved over the phone. Counsel and advice are given to them over the phone and if necessary, a call back appointment is given to them. Most work done by the advocate for the client can be done using technology available to them such as e-signing, zoom meetings or by U.S. mail. If the client does not have any access to technology, the advocate can arrange to make an in-person meeting with the older adult to sign whatever document is necessary outside of the office while the pandemic is ongoing or in the office when it is safe to do so (after pandemic). The LSP also conducts one on one in-person interviews with older adults at the various senior centers throughout Orange County. The LSP also conducts both in person and virtual workshops in the following areas: Limited Conservatorships (via zoom only); Worker’s Rights Workshop; Consumer Workshop; Social Security Workshop; Expungement workshops and the Chapter 7 Bankruptcy Workshop.

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

The major types of legal issues handled by the Title IIB legal providers in the PSA include housing issues (landlord/tenant and subsidized housing issues); consumer collection issues; estate planning and powers of attorney issues; bankruptcy issues; conservatorship issues; immigration issues; elder abuse issues such as restraining orders and elder scams; accessing health care issues; and government benefits issues. The current trend right now

continues to be the housing issues. During the pandemic and continuing, there have been multiple changes to the laws both statewide and in local governments. The changes are both confusing to the older adult tenants as well as the landlords. The constant changes to the landlord/tenant laws have caused a start increase in the requests for assistance in the area of housing.

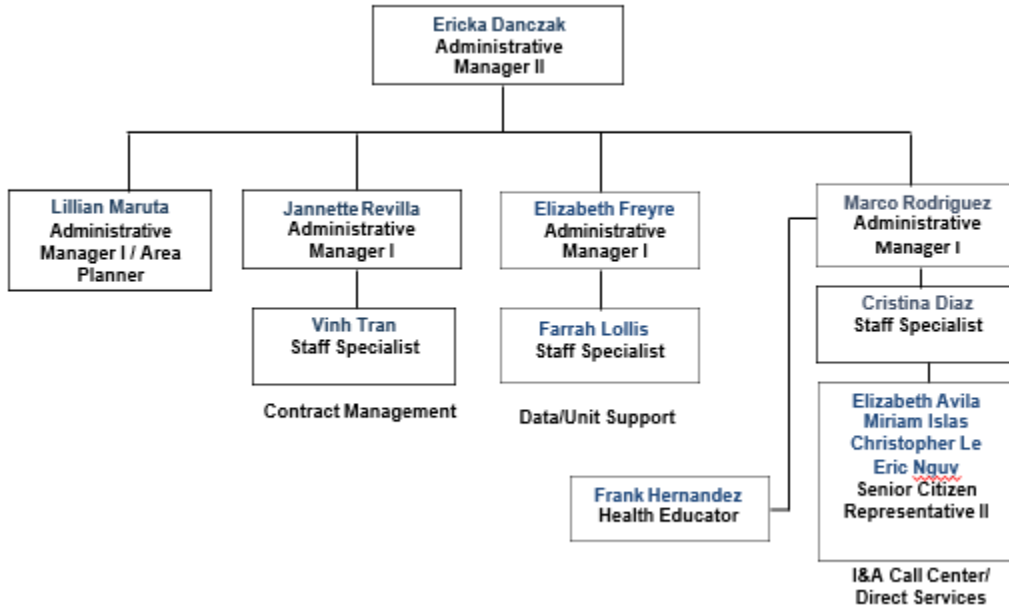
12. What are the barriers to accessing legal assistance in your PSA? Include proposed strategies for overcoming such barriers. Discuss:

The main barrier to accessing legal assistance is the lack of knowledge in the older adult population of the existence of a free legal service provider in the PSA. A strategy to overcome this lack of knowledge would be to increase the advertisement of the availability of the legal service providers. This would require an increased advertisement budget and targeted advertisement to places such as senior apartment buildings/complexes; other senior centers throughout Orange County; senior adult day care centers and senior communities.

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

The LSP collaborates with the Elder Abuse Forensic Center of Orange County; The Financial Abuse Specialist Team of Orange County; The Women's Transitional Living Center Elder Abuse Team; Boat People SOS (BPSOS); and the Orange County Superior Court. These collaborations involve strategic discussion and response to the biggest issues challenging older adults today. In addition, as noted above, CLA SoCal coordinates with 15 senior centers across Orange County. We also have an MOU in place with the Southern California Council on Aging for Ombudsman services. Pre-pandemic, our Seniors Unit staff presented in 2019 at the World Elder Abuse Awareness Day and we anticipate we will return to that event once in-person conferences resume. Informally, CLA SoCal has close working relationships with area domestic violence shelters, family justice centers, and social services agencies that refer seniors to us.

SECTION 21 - ORGANIZATION CHART: OFFICE ON AGING



Name	Title III/VII Admin	Title III Direct	HICAP/FA/ MIPPA Admin	TV Admin	Other
Executive Director: E. Danczak	25%		2%	3%	70%
Admin Manager I: E. Freyre	65%	IIIB 10%, IIID 5%, IIIE 5%	5%	1%	9%
Admin Manager I: M. Rodriguez	20%	IIIB 30%, IIIE 20%			30%
Admin Manager I: L. Maruta	80%		10%	10%	
Admin Manager I: J. Revilla	90%				10%
Admin Manager I N. Thierry	30%		5%	4%	61%
Admin Manager I: J. Sergio	15%				85%
Admin Manager I: F. Barton	30%				70%
Admin Manager I: S. Ransom	10%				90%
Staff Specialist: V. Tran	60%		5%	5%	30%
Staff Specialist: C. Diaz	60%	IIID 10%			30%
Staff Specialist: M. De Matteo	25%				75%
Staff Specialist: F. Lollis	80%	IIID 5%	4%	1%	10%
Staff Specialist: J. Amezcua	34%		4%	2%	60%
Staff Specialist: D. Gonzalez	15%				85%
Senior Citizen Rep.: E. Nguy	5%	IIIB 40%, IIIE 30%			25%
Senior Citizen Rep.: E. Avila	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 88%, IIIE 2%			
Office Supervisor: S. Munoz	20%				80%
Office Specialist: M. Gama	10%	IIID 10%			90%
Office Specialist: I. Jimenez	10%	IIID 10%			90%
Office Assistant: C. Truong	20%				80%
Contract Services Monitor: J. Lazcano	20%			2%	78%
Contract Services Monitor: J. Tran	51%		4%	5%	40%

SECTION 22 - ASSURANCES

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

A. Assurances

1. OAA 306(a)(2)

Provide an adequate proportion, as required under Older Americans Act Reauthorization Act of 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 and behavioral health services) outreach, information and assistance, (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible) and case management services];

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Use outreach efforts that:

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

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

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

7. OAA 306(a)(5)

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

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

(A) Provide assurances that the Area Agency on Aging, in carrying out the State Long-Term Care Ombudsman program under 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2019 in carrying out such a program under this title;

(B) Funds made available to the Area Agency on Aging pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712.

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

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 will not be given by the Area Agency on Aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title

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 Section 306(a)(4)(A)(i); and
- (B) in compliance with the assurances specified in Section 306(a)(13) and the limitations specified in Section 212.

13. OAA 305(c)(5)

In the case of a State specified in subsection (b)(5), the State agency shall provide assurance, determined adequate by the State agency, that the Area Agency on Aging will have the ability to

develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area.

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

(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)

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

(i) public education to identify and prevent abuse of older individuals;

(ii) receipt of reports of abuse of older individuals;

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

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)

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

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

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

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

persons in leading independent, meaningful and dignified lives in their own homes and communities as long as possible.

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

- (1) Have a visible focal point of contact where anyone can go or call for help, information or referral on any aging issue;
- (2) Provide a range of options;
- (3) Assure that these options are readily accessible to all older persons: The independent, semi-dependent and totally dependent, no matter what their income;
- (4) Include a commitment of public, private, voluntary and personal resources committed to supporting the system;
- (5) Involve collaborative decision-making among public, private, voluntary, religious and fraternal organizations and older people in the community;
- (6) Offer special help or targeted resources for the most vulnerable older persons, those in danger of losing their independence;
- (7) Provide effective referral from agency to agency to assure that information or assistance is received, no matter how or where contact is made in the community;
- (8) Evidence sufficient flexibility to respond with appropriate individualized assistance, especially for the vulnerable older person;
- (9) Have a unique character which is tailored to the specific nature of the community;
- (10) Be directed by leaders in the community who have the respect, capacity and authority necessary to convene all interested persons, assess needs, design solutions, track overall success, stimulate change and plan community responses for the present and for the future.

24. 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.

25. 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.

26. CFR [1321.53(c)]

Assure that services financed under the Older Americans Act in, or on behalf of, the community will be either based at, linked to or coordinated with the focal points designated.

27. CFR [1321.53(c)]

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

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.

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

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

29. 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.

30. 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.

DRAFT