



AREA PLAN

2024 - 2028

Orange County, California
PSA 22



OFFICE ON AGING
ORANGE COUNTY

Area Plan
July 1, 2024 to June 30, 2028

Orange County, California
PSA 22

California Department of Aging
Due May 1, 2024

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2024-2028 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 5-1-24 only*

Section	Four-Year Area Plan Components	4-Year Plan
TL	Transmittal Letter – <i>Can be electronically signed and verified, email signed letter or pdf copy of original signed letter can be sent to areaplan@aging.ca.gov</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 & Identification of Priorities	<input checked="" type="checkbox"/>
5	Needs Assessment & Targeting	<input checked="" type="checkbox"/>
6	Priority Services & Public Hearings	<input checked="" type="checkbox"/>
7	Area Plan Narrative Goals and Objectives:	<input checked="" type="checkbox"/>
7	Title IIIB Funded Program Development (PD) Objectives	<input checked="" type="checkbox"/>
7	Title IIIB Funded Coordination (C) Objectives	<input checked="" type="checkbox"/>
7	System-Building and Administrative Goals & Objectives	<input checked="" type="checkbox"/>
8	Service Unit Plan (SUP) and Long-Term Care Ombudsman Outcomes	<input checked="" type="checkbox"/>
9	Senior Centers and Focal Points	<input checked="" type="checkbox"/>
10	Title III E Family Caregiver Support Program	<input checked="" type="checkbox"/>
11	Legal Assistance	<input checked="" type="checkbox"/>
12	Disaster Preparedness	<input checked="" type="checkbox"/>
13	Notice of Intent to Provide Direct Services	<input checked="" type="checkbox"/>
14	Request for Approval to Provide Direct Services	<input checked="" type="checkbox"/>
15	Governing Board	<input checked="" type="checkbox"/>
16	Advisory Council	<input checked="" type="checkbox"/>
17	Multipurpose Senior Center Acquisition or Construction Compliance Review	<input checked="" type="checkbox"/>
18	Organization Chart	<input checked="" type="checkbox"/>
19	Assurances	<input checked="" type="checkbox"/>

AREA PLAN UPDATE (APU) CHECKLIST

Check one: FY25-26 FY 26-27 FY 27-28

Use for APUs only

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

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

TRANSMITTAL LETTER
2024-2028 Four Year Area Plan/ Annual Update
Check one: FY 24-25 FY 25-26 FY 26-27 FY 27-28

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 Commission have each had the opportunity to participate in the planning process and to review and comment on the Area Plan. The Governing Board, Advisory Commission, 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. _____
(Type Name)

Signature: Governing Board Chair ¹

Date

2. _____
(Type Name)

Signature: Advisory Commission Chair

Date

3. _____
(Type Name)

Signature: Area Agency Director

Date

¹ Original signatures or electronic signatures are required.

** In a Minute Order dated _____, the Orange County Board of Supervisors, as the governing body of the PSA 22 Area Agency on Aging, approved the 2024-28 Area Plan and authorized the Director of the Office on Aging to execute and submit plan updates and amendments for the 2024-28 planning period.

SECTION 1. MISSION STATEMENT

At a minimum, the mission statement must include the following:

“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 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 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.”

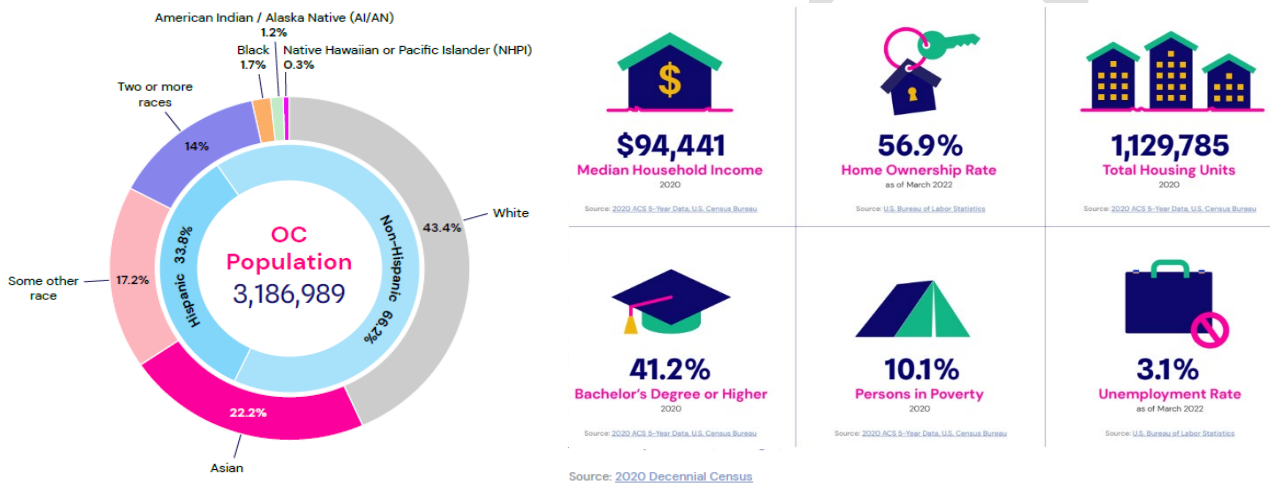
The Vision of the **Office on Aging** is: *Orange County is the best place in America to age with dignity.*

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

Orange County is one of the largest counties in the country. Located within the heart of Southern California, the County is nestled between Los Angeles to the north and San Diego to the south, with Riverside and San Bernardino counties to the east. The county covers 798 square miles with both urban and suburban qualities, and includes 34 cities, several large unincorporated areas, 9 beaches and 42 miles of coastline. While Orange County’s population has experienced a slight decline, the County continues to be the third-most-populous county in California following Los Angeles and San Diego, with a population of 3,186,989. Orange County has 8% of California’s population but only 0.5% of its land area. It is one of the most densely populated areas in the United States averaging 3,926 people per square mile.¹

Orange County is home to approximately 953,096 foreign-born residents² accounting for approximately 30% of its population. Immigration largely from Asia and Latin America, contribute to the county’s international population growth.

Orange County at a Glance



Approximately 516,802 older adults 65 years or older reside in Orange County.³ Although predominantly White (Non-Hispanic) (55.7%), the 65 and over population continues to be diverse with Asian making up approximately (23.6%) of the population, followed by Hispanic/Latino (16.8%), Black/African American (1.5%), American Indian/Alaskan Native (0.5%), Native Hawaiian/Pacific Islander (0.3%), and two or more races/other race (16.8%).

Orange County’s median age increased from 38.6 in 2019 to 39.2 years in 2021. Since

¹ Source: California Department of Finance, E-5 Population and Housing Estimates for Cities, Counties and the State — January 1, 2021-2023.

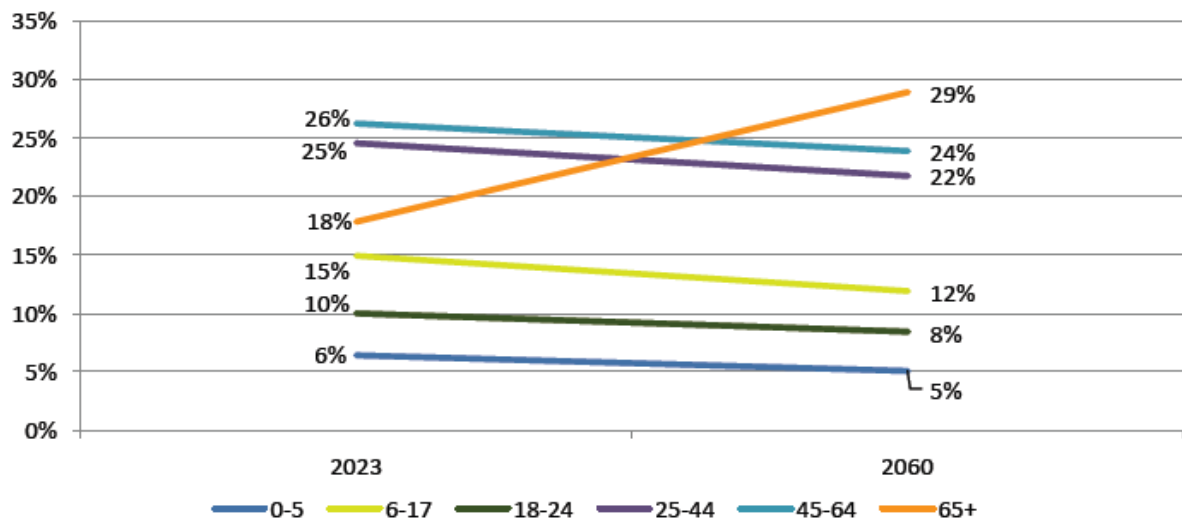
² 2022 American Community Survey 1-Year Estimates (DP02).

³ 2022 American Community Survey 1-Year Estimates (S0103)

2010, the county's median age has increased by 4 years or by 11.4%. Residents over the age of 65 are the only age group expected to increase in proportion over the next several decades, growing from 18 percent of the population in 2023 to 29 percent in 2060. This trend is also reflected on the national level. The older adult population is growing at such a rapid rate in the U.S. that ten years from now, California will be home to 10.8 million people aged 60 and over, which is nearly twice as many older adults in 2010.

This newfound, growing population has resulted in the need for local government agencies and community organizations to re-evaluate and understand the changing health and social dynamics faced by their constituents.

PROJECTED CHANGE IN AGE GROUP PROPORTIONS OF TOTAL ORANGE COUNTY POPULATION, 2023 AND 2060



Source: California Department of Finance. Demographic Research Unit. Report P-2B: Population Projections by Individual Year of Age, California Counties, 2010-2060 (Baseline 2019 Population Projections; Vintage 2020 Release). Sacramento, California, July 2021.

The concentration of older adults varies throughout Orange County. While the northern cities have higher numbers of older adults, the southern cities have higher percentages of seniors relative to the general population. See graphs below for comparison.

Highest Number of Older Adults

City	Total Population ALL Ages	Number of adults 65+	Percentage of adults 65+
Anaheim	344,461	40,646	11.8%
Fullerton	140,541	18,551	13.2%
Garden Grove	169,254	23,724	14.1%
Huntington Beach	194,310	35,364	18.2%
Irvine	313,685	31,682	10.1%
Mission Viejo	91,776	19,273	21.0%
Newport Beach	83,993	19,822	23.6%
Orange	136,178	18,656	13.7%
Santa Ana	308,189	30,819	10.0%
Westminster	89,397	14,482	16.2%

Highest Percentage of Older Adults

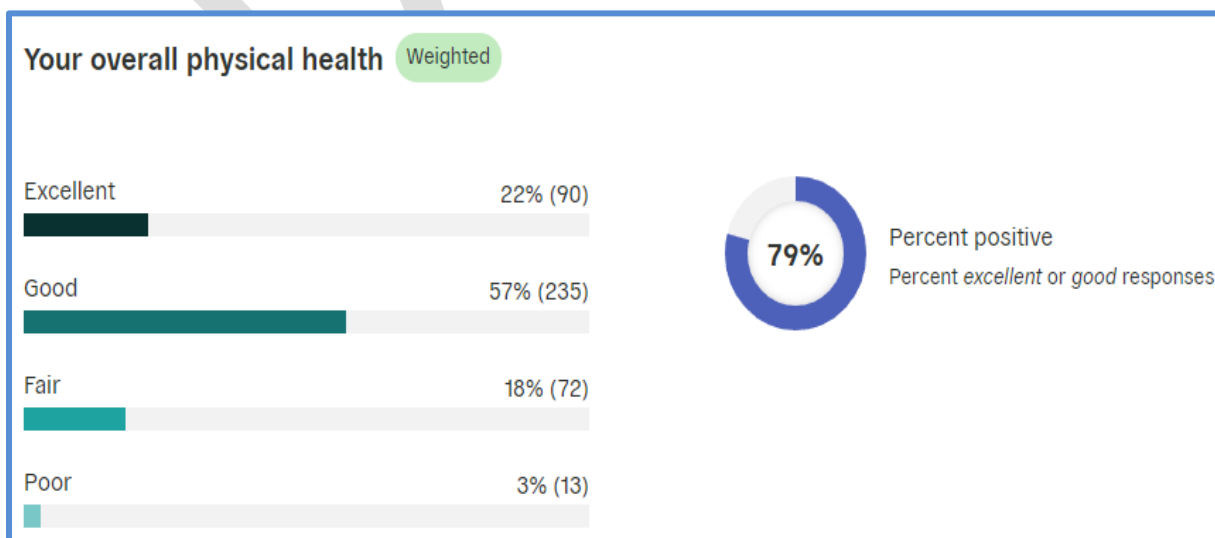
City	Total Population ALL Ages	Number of adults 65+	Percentage of adults 65+
Laguna Woods	17,192	13,771	80.1%
Seal Beach	24,627	10,245	41.6%
Villa Park	5,731	1,639	28.6%
Laguna Beach	22,583	6,097	27.0%
Newport Beach	83,993	19,822	23.6%
Dana Point	32,465	6,655	20.5%
La Palma	15,194	2,902	19.1%
Mission Viejo	91,776	19,273	21.0%
Fountain Valley	55,930	11,298	20.2%
San Juan Capistrano	34,548	6,840	19.8%

Source: US Census Bureau Population Estimates, July 1, 2022

Health and Wellness

Orange County continues to rank among the healthiest counties in California, ranking #6 out of 58 counties. Orange County’s health care system includes more than 37 medical hospitals, two behavioral health hospitals, 210 home health and hospice agencies, 76 long-term care facilities, and 65 community clinics. Although the County has no public hospital, safety net services are provided by a combination of public and private entities including private physicians, hospitals, urgent care centers, and emergency departments.

In a recent Community Assessment Survey of Older Adults, conducted by the California Department of Aging, approximately 79% of older residents in Orange County rated their



overall physical health as excellent or good and 85% rated their mental health as excellent or good.

For the most part, community opportunities for health and wellness received higher ratings from older adults than did health care ratings. Here, opportunities for health and wellness were scored positively by 72% residents, while the percent giving ratings of excellent or good to the availability of physical health care was 48%, to mental health care 40%, and to long term care options 42%.

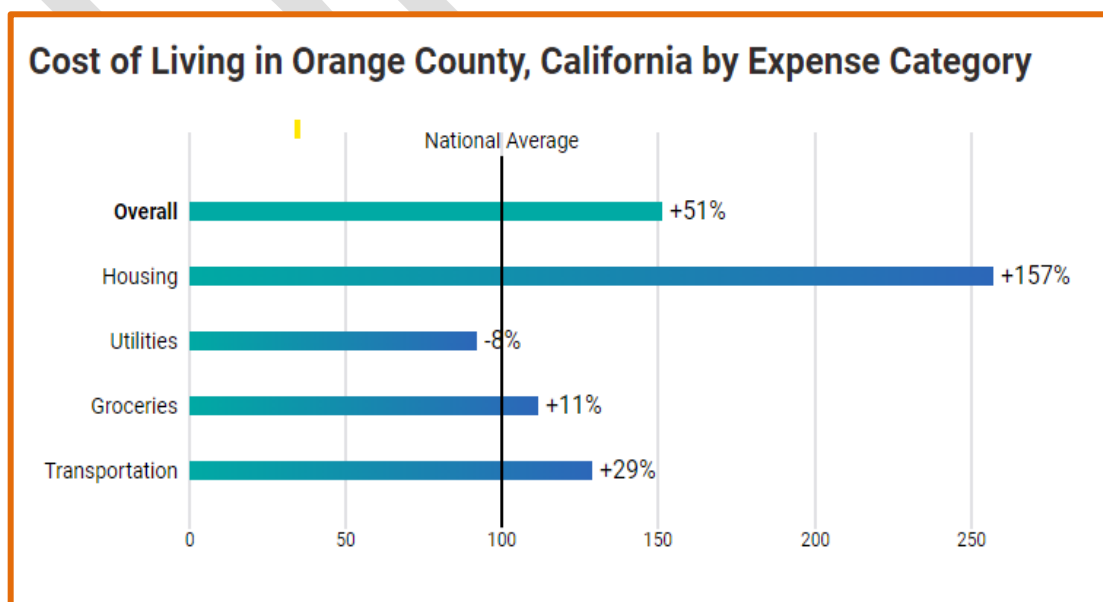
Health-related problems were some of the most common challenges listed by older adults in the survey, with 36% reporting physical health challenges and 29% reporting mental health challenges. Health care was also a challenge for about 36% of older residents.

Of all the attributes of aging, health poses the greatest risk and the biggest opportunity for communities to ensure the independence and contributions of their aging populations. Health and wellness include not only physical and mental health, but issues of safety, independent living, and health care. Chronic diseases such as heart disease, cancer, and stroke account for 7 in 10 deaths in Orange County. Prevention and management of conditions such as obesity, diabetes, and high blood pressure are key to decreasing illness and death due to these conditions.

As older adults are faced with various health, economic, and social concerns, it is critical for the public health to be prepared to meet the needs of our aging population.

Housing and Economics

As California and Orange County age, they will also experience new challenges—more people staying in the workforce, more neighbors living alone, and many individuals are enjoying less economic security than before. While the pace of inflation has begun to slow, consumer finances remain tight. Orange County continues to be one of the most expensive areas of the United States in which to live evidenced by the cost of living being 51% over the national average.



Source: Payscale.com cost of living calculator



Housing, perhaps the most significant element of cost of living, remains a primary challenge across the nation but especially in Orange County. According to a report published by the Orange County Business Council, housing supply continues to lag demand in Orange County, leading to high home prices and the need for significant investment in all forms of housing, particularly multi-unit housing. The median, existing single-family home price in Orange County was \$1,265,000 in May of 2023 compared to \$836,110 across California.

Though the majority of older adults in Orange County own their homes (73.1%) 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, 31.7% of older adult homeowners and 64.4% 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.¹

The 2020 California Health Interview Survey (CHIS) estimates 26.7% of older adults in Orange County have a household income below the Elder Economic Security Standard Index. This percentage has increased significantly compared to estimates from 2015, where 9% of single older adults and 9.6% of older adult couples in Orange County were living below the Elder Economic Security Index. The number of low-income older adults is increasing. In 2022, the California Department of Aging estimated that 77,745 adults over age 60 living in Orange County were considered ‘low income’, compared to 74,045 adults in 2021.

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. Over the years, the number of older adults living in poverty has been steadily increasing. In 2022, more than 8.6 million (11.2%) older adults nationwide were living below the poverty level (American Community Survey, 2022). 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 2022 Point in Time Count (PIT), a federally mandated biennial census taken over two days, identified 718 Orange County homeless older adult (62+) residents, which represents an increase over the 2019 PIT count, which identified 677 Orange County homeless senior (62+) residents.

¹ American Community Survey ACS-S0102

The Older Adult Service Network in Orange County

The older adult services network is a tremendous resource within Orange County. Publicly funded programs and 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.

Office on Aging

The Office on Aging is a program in the OC Community Services (OCCS) division, which serves special population groups such as older adults, caregivers, persons with disabilities, veterans, and the under/unemployed in Orange County. OCCS is comprised of the following divisions: Office on Aging, Workforce & Economic Development (WEDD), 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. 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.

Workforce and Economic Development Division (WEDD)

The Workforce and Economic Development 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. Office on Aging staff attends the WEDD regional and partner meetings.

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), Continuum of Care, Non-Elderly Disabled, Mainstream, Emergency Housing, 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 \(START\)](#), and [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 administers 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 2021-2022 Annual Report, an average of 1 in 5 seniors received Medi-Cal benefits, 1 in 34 seniors were enrolled in IHSS, and 1 in 12 seniors received CalFresh benefits. 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 also introduced a new ride-share pilot program – OC Flex - in certain Orange County cities, which may be more appealing 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), Cal-AIM, and OneCare Connect. As of June 30, 2023, 988,716 Orange County residents are CalOptima members, including 17,687 in OneCare (HMO D-SNP), and 439 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. In 2023, OCASC merged with the Orange County Strategic

Plan on Aging (OCSPA), a coalition of public and private stakeholders to leverage its ability to develop Orange County as a community that facilitates successful aging. 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.

In addition, Office on Aging staff participates on the Financial Abuse Specialist Team (FAST). FAST provides information in the areas of law, criminal investigation, civil litigation, guardianship, fiduciary matters, banking and accounting, real estate, insurance, and senior services. FAST assists Adult Protective Services (APS), Long-Term Care Ombudsmen, law enforcement, and attorneys in resolving complicated matters of abuse.

County Nutrition Action Partnership (CNAP)

Recognizing that something needs to be done to counter the serious and expensive chronic health conditions related to obesity, especially in low-income communities, the Office on Aging participates on the Orange County Aging Services Collaborative (OCASC) Food and Nutrition sub-committee as part of the County Nutrition Action Partnership (CNAP) The committee is comprised of a variety of community partners to share expertise, leverage resources and use their collective voices and influence to transform communities into healthy places where all residents can thrive.

BeWell OC

Be Well OC is an 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**

For older adults on a fixed income, Orange County is one of the most expensive areas of the United States in which to live. The growing cost of housing, medical and other basic necessities present a significant challenge, and often takes a toll on their physical and mental health. Orange County's median housing burden is 44%, which exceeds affordability standards, defined as paying no more than 30% of income toward housing cost. Driven by high housing prices relative to other markets, income that would be considered sufficient in other areas is grossly lacking in Orange County.

The Elder Economic Security Index measures the income 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 2023 Elder Index, a senior in "good" health, renting in Orange County would have to make approximately \$38,772 per year, which is 130% of the national average of \$29,748.



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. Fair market rent for a one-bedroom apartment in the region increased from \$1,905 in 2022 to \$2,113 in 2023, an increase of 10.9 percent.¹ Meanwhile, fair market rents for two and three-bedroom units increased by 9.3 percent and 8.5 percent, respectively. However, the range can vary greatly based on location. 36.1% 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.

Additionally, the "2023 Report on Aging in Orange County" stated that the most significant barriers to independent living for older adults and people with disabilities in Orange County continue to be in-home care and affordable, accessible housing.

¹ Source: Orange County 2023-2024 Community Indicators Report

- **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 2023, residents 65 years and older comprised 18% 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 and transportation 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. As core partners in the Aging and Disability Resource Connection (ADRC), the Office on Aging and the Dayle McIntosh Center (DMC) continue to work on addressing coordination among service providers through the 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.

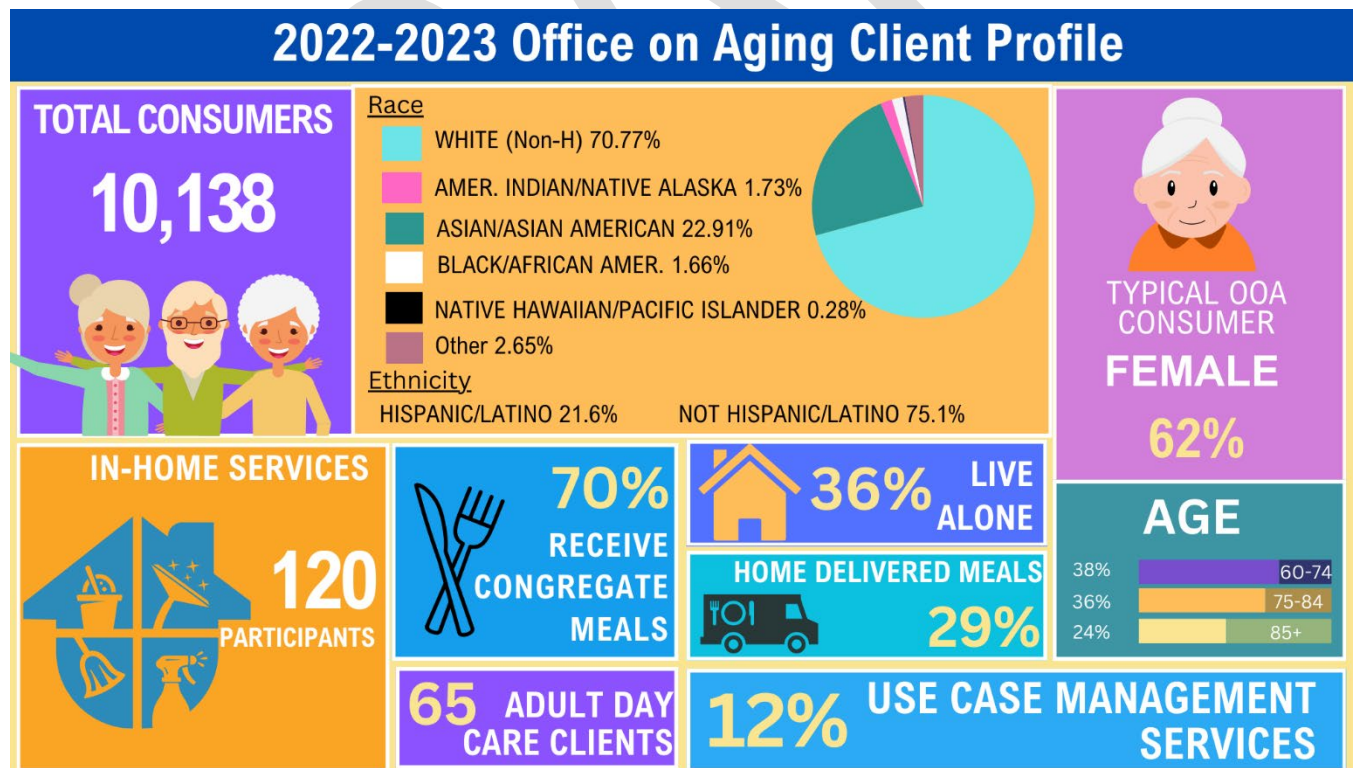
Finding ways to develop and finance additional service capacity that meets needs, allows choice, and ensures quality care will be a challenge for the Office on Aging and local governments in years to come; demanding strategic planning, collaboration and partnership with the broad spectrum of service 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. It should be noted that fallout from the COVID pandemic continues to have a dramatic effect on some of the programs and services administered by the Office on Aging. Many consumers remain reluctant to resume in-home supportive service programs (Personal Care, Homemaker, Chore) out of fear for the health and wellbeing, resulting in decreased participation.



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. Two contractors serve on average 100,000 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 awarded contracts that started in FY 2020-21.

- **Legal Services**

Legal advice, counseling, and representation is provided primarily through individual, one-on-one consultation with older adults. Services are provided by attorneys and paralegals (working under the direction of an attorney) at various locations throughout the county, including senior centers.

- **Family Caregiver Support Program**

Allocates funding to provide multifaceted systems of support services for unpaid family caregivers of older individuals.

- **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. Case Management includes assessing needs, developing care plans, authorizing, and coordinating services among providers, and providing follow-up and reassessment, as required.

- **In-Home Services**

The Office on Aging contracts with community-based service providers for in-home services funded by Title III B of the Older Americans Act including 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 unemployed low-income adults age 55+. While training in community service positions, participants provide non-profit or government "host agencies" with support to provide community services. The Program provides participants with a variety of supportive services, such as personal and job-related counseling and job-related training as preparation unsubsidized employment opportunities for, job search assistance, and job referrals. Participants work an average of 20 hours a week, and are paid the highest of federal, state or local minimum wages.

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. The I&A call center 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 and Vietnamese speaking callers, the call center also uses a Language Line to provide access to translation services in over 150 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. The resource database is also accessible to the public via the Office on Aging or through the OC Senior Services mobile application.

- **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 Falls Prevention Program. Activities include facilitating the classes to the public, recruiting and training new leaders, providing technical assistance to current leaders, conducting fidelity checks, recruiting and working with workshop sites, collecting class surveys, managing workshop supplies, and seeking out partnerships to expand these programs. To support the activities of the Health Educator, the Office on Aging has a Memorandum of Understanding (MOU) with HCA to help promote the Chronic Disease Self-Management Education trainings and community workshops. Through the MOU with HCA, a Registered Dietician is assigned to assist the Health Educator

with facilitating classes.

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

The speaker's bureau is a network of professionals and knowledgeable volunteers who are trained and available to speak at no charge to local 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 acts as an intermediary connecting expert 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 local Independent Living Center – The Dayle McIntosh Center. The Orange County ADRC has developed a successful program that connects older adults, caregivers, veterans and those with disabilities to long term services and supports. The OC ADRC has collaborated with numerous community business organizations in Orange County and has developed a successful referral process that utilizes a No Wrong Door service model to connect individuals to services. Funding for this program continues to decrease as more ADRC's emerge throughout the state, but Orange County will continue to connect with more community business organizations and connect clients to the services they need.

Locally-Funded

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

The SNEMT program offers non-emergency transportation to doctor, dentist, pharmacy and other medical-related destinations for older adults and is funded through a 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.

Older Adult Advisory Commission

The Orange County Older Adults Advisory Commission (formerly known as 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 Commission meets monthly and 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 membership are older adults (60+). The Board of Supervisors appoints ten members, the City Selection Committee appoints ten members, and the Commission's Executive Committee appoints the remaining twenty at-large members. The Executive Committee consists of the Chair, Vice-Chair, Past-Chair, Secretary and three at-large members.

AAA's Demonstrated Leadership in Community-Based System Development

From its beginning 50 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 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.

Local Master Plan on Aging

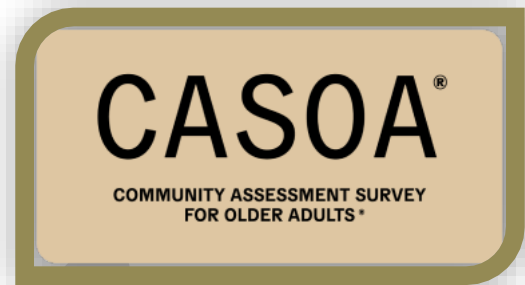
In 2019, Governor Gavin Newsom ordered a statewide master plan on the issue. The Master Plan for Aging states that soon one out of every four Californians will be older adults, a demographic shift that will change structures of families and communities as well as the drivers of the California economy.

Orange County is in the process of developing its own version of the Master Plan for Aging. See Local Master Plan on Aging Supplement below for more information.

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 Office on Aging makes great effort to stay abreast of developing needs and community trends so it can adjust its programs and services accordingly if need be.

The 2024-28 Area Plan needs assessment utilized a quantitative approach to gather information and assess the current needs of the older adult (60+) community. To provide the broadest perspective possible of the current needs of Orange County's older adult community, the Office on Aging utilized information obtained from a variety of sources including the Community Assessment Survey for Older Adults (CASOA) commissioned by the California Department of Aging (CDA), existing data elements, the 2020 Census, and information gathered from community partners and the County's older adult service network.



The Community Assessment Survey for Older Adults (CASOA) was intended to enable local governments, community-based organizations, the private sector and other community members to understand more thoroughly, and predict more accurately, the services and resources required to serve an aging population. With this data, community stakeholders can shape public policy, educate the public and assist communities and organizations in their efforts to sustain a high quality of life for older adults.

The objectives of the study were to:

- Identify community strengths to support successful aging.
- Articulate the specific needs of older adults in the community.
- Estimate contributions made by older adults in the community.
- Develop estimates and projections of resident need in the future.

The result of the assessment is a significant factor when it comes to determining prioritization of services. This information is considered in terms of the programs and services provided by the Office on Aging, the quality of such programs, whether additional focus should be given to a specific area of need, and availability of funding to support additional needs if warranted.

SECTION 5. NEEDS ASSESSMENT & TARGETING

It is no secret that most older adults desire to age in place. Communities that do a good job supporting seniors by providing opportunities for recreation, transportation, culture, social connection, education, healthcare, communication and spiritual enrichment, allow their residents to remain throughout their retirement years.

The CASOA was administered to a random sample of older adult households with an adult member 55 years or older. The statistically valid survey identified strengths and needs of older adults as reported by older adults themselves.

A total of **5,000** older adult households were randomly selected to receive the survey. Those contacted were given more than one prompt to participate. These households first received a half-page postcard inviting them to complete the survey online, followed by a mailed hard copy survey packet which included a cover letter, a copy of the questionnaire and a postage-paid return envelope. Paper versions of the survey were mailed in both English and Spanish. Additionally, the survey was available online in English, Spanish, Vietnamese, Korean, Arabic, Traditional Chinese, Simplified Chinese, Hindi and Tagalog.

A total of **361** completed paper surveys was obtained, providing an overall response rate of 7.27% and a margin of error plus or minus 5% around any given percent and one point around any given average rating for the entire sample (e.g., average number of caregiving hours). Results were statistically weighted to reflect the proper demographic composition of older adults in the entire community.

In addition to the random sample "probability" survey, an open participation survey was conducted, in which all older adults 55 years or older were invited to participate. The open participation survey instrument was identical to the probability sample survey. This survey was conducted entirely online. A total of **50** surveys were completed by open participation survey respondents. The open participation survey results were combined with responses from the probability sample survey, for a **total of 411 completed surveys**. With the inclusion of the open participation survey participants, it is likely that the precision of the responses would be even greater (and thus the margin of error smaller). Results were statistically weighted to reflect the proper demographic composition of older adults in the entire community.

Information gleaned from the survey summarized how older residents viewed their community and its success in creating a thriving environment for older adults. Aspects of livability were explored within **six** community dimensions: **Community Design, Employment and Finances, Equity and Inclusivity, Health and Wellness, Information and Assistance, and Productive Activities**. Overall community quality was also assessed.

It was clear from the results that the largest challenges faced by older adults were in the areas of **housing, information about older adult services and health care**. These issues align with the goals, objectives and priorities outlined in Section 7 below.

Overall Community Quality

Measuring community livability for older adults starts with assessing the quality of life of those who live there, and ensuring that the community is attractive, accessible, and welcoming to all. A strong testament to the quality of a community is the likelihood of residents

recommending and remaining in their community. Generally, residents will not recommend a community to friends unless they believe that the community offers the right amenities and services. Survey respondents were asked to rate a number of aspects of the community. These ratings were converted to an average scale of 0 (the lowest rating, such as poor) to 100 (the highest rating, such as excellent) and then combined to provide one overall rating (index) for each of the six dimensions of Community Readiness, as well as an overall rating of the Quality of the Community.

About 79% of older residents living in the region rated their overall quality of life as excellent or good. Most of the older adult respondents scored their communities positively as a place to live and would recommend their communities to others. About 79% of residents planned to stay in their community throughout their retirement.

Overall Scores of Community Livability

The survey examined the status of older adults and the community utilizing (17) topics of livability within six domains outlined above. For each topic, area, survey question evaluated the community's livability to accommodate the needs of older residents, as well as the actual experience and challenges of older adults.

Of the 17 aspects of livability examined, the aspects found to be strongest in the region related to areas of Safety (average positive score of 73%), Social Engagement (68%), and Physical Health (64%). The areas showing the greatest need for improvement related to Housing (25%), Employment (35%) and Independent Living (38%). According to the 2023-24 Orange County Community Indicators Report, housing supply continues to lag demand in Orange County, leading to high home prices and the need for significant investment in all forms of housing, particularly multi-unit housing.

Community Design

Livable communities (which include those with mixed-use neighborhoods, higher density development, increased connections, shared community spaces and more human-scale design) will become a necessity for communities to age successfully. Communities that have planned and been designed for older adults tend to emphasize access, helping to facilitate movement and participation.

- About 63% of respondents rated the overall quality of the transportation system (auto, bicycle, foot, bus) in their community as excellent or good. In many communities, ease of travel by walking or bicycling is given lower ratings than travel by car. Here, ease of travel by car was considered excellent or good by 80% of respondents, while ease of travel by walking and bicycling was considered excellent or good by 68% and 57% of respondents, respectively.

When it came to availability of safe and affordable transportation 32% of respondents rated this as problematic, with 18% reporting that they are no longer able to drive.

- When considering aspects of housing (affordability and variety) and community features of new urbanism (where people can live close to places where they can eat, shop, work, and receive services), relatively lower scores were given by older adults compared to many other items on the survey. Only 18% of respondents gave a positive score to the

availability of affordable quality housing in their communities, and only about 43% older adults gave excellent or good ratings to the availability of mixed-use neighborhoods.

- About 40% of older residents in the region reported experiencing housing needs and 22% reported mobility needs.

Employment and Finances

The life expectancy for those born between 1940 and 1960 has increased dramatically due to advances in health care and lifestyle changes. While this is a very positive trend overall, it also highlights both the importance of communities providing employment opportunities for older adults and the need for older adults to plan well for their retirement years.

- About 73% of older residents rated the overall economic health of their communities positively, although the cost of living was rated as excellent or good by only 17%.
- Employment opportunities for older adults (quality and variety) received low ratings (30% and 29% positive, respectively), and the opportunity to build work skills also was found to be lacking (29% excellent or good).
- About 28% older adults reported financial challenges and 18% reported employment needs.



Equity and Inclusion

A community is often greater than the sum of its parts. Having a sense of community entails not only a sense of membership and belonging, but also feelings of equity and trust in the other members of the community. Opportunities for health, income and other life circumstances are often disproportionate.

- About 58% of older residents rated the sense of community in their cities as excellent or good, and neighborliness was rated positively by 54% of residents.
- About 58% of the respondents positively rated their community's openness and acceptance toward older residents of diverse backgrounds, and 50% indicated that their community valued older residents.
- Inclusion challenges were reported by about 23% of older residents and equity challenges by 9%.

Health and Wellness

Of all the attributes of aging, health poses the greatest risk and the biggest opportunity for communities to ensure the independence and contributions of their aging populations. Health and wellness, for the purposes of the survey, included not only physical and mental health, but issues of safety, independent living and health care. Poor health does not need to be an inevitable consequence of aging. Adoptions of healthy lifestyles and the use of preventive

services will reduce the risk of morbidity and increase healthy longevity of older residents. The Orange County health status profile for 2021 shows that the leading causes of death are heart disease with 4,396 average deaths, and cancer with 3,558 average deaths, and have consistently been the top two leading causes of death during the period 2017-2021. During this period, Alzheimer's disease has been the third leading cause of death, followed by cerebrovascular disease (stroke) and chronic lower respiratory diseases. However, after 2020, COVID-19 became the third leading cause of death followed by Alzheimer's, stroke, and chronic lower respiratory diseases.



- About 79% older residents in the region rated their overall physical health as excellent or good and 85% rated their mental health as excellent or good.
- In most places, opportunities for health and wellness received higher ratings from older adults than do health care ratings. Here, community opportunities for health and wellness were scored positively by 72% residents, while the percent giving ratings of excellent or good to the availability of physical health care was 48%, to mental health care 40%, and to long term care options 42%. 66% of respondents gave a rating of excellent or good to the availability of preventative health services (e.g. health screenings, flu shots, educational workshops, etc.)
- Health-related problems were some of the most common challenges listed by older adults in the survey, with 36% reporting physical health challenges and 29% reporting mental health challenges. Staying physically fit was rated as problematic by 54% of respondents followed by maintaining a healthy diet (41%), falling or injury at home (30%) and having enough food to eat (19%).

While the overall availability of affordable, quality, physical health care was rated excellent or good, finding affordable healthcare insurance and the ability to afford medication together with access to oral and vision care, were rated problematic by approximately 35% of respondents.

If the community cannot help to maintain the independence of residents who experience the decline in health that often accompanies aging, the potential contribution of older residents will be lost to hospitals or nursing homes. Survey respondents reported that the average number of hours in a week receiving assistance with, either paid or unpaid, with shopping, cooking, etc. was 0.9 hours. Performing regular activities, including walking, eating and preparing meals were rated problematic by 27% of respondents.

Mental health plays a vital role in the well-being of residents. Depression, isolation, anxiety and memory loss can have a direct and profound effect on older adults' quality of life. 85% of respondents reported their overall mental health/emotional wellbeing being as excellent or good. However, dealing with the loss of a close family member or friend (43%), feeling depressed (35%), and experiencing confusion or forgetfulness (31%), were rated problematic.

When it came to safety in the community, 73% rated the overall feeling of safety in their community at excellent or good, while 24% rated being a victim of fraud or a scam as problematic followed by being a victim of crime (15%) and being physically or emotionally abused (8%).

Information and Assistance

Providing useful and well-designed programs, as well as informing residents about other assistance resources, is an important way that government agencies can help residents age in place. Sometimes residents of any age fail to take advantage of services offered by a community solely because they are not aware of the opportunities that exist. While educating a large community of older adults is not an easy task, raising awareness about attractive, useful and well-designed programs has led to more Orange County older adults benefitting as program participants.

- The overall services provided to older adults in the region were rated as excellent or good by 61% of survey respondents.
- About 62% of survey respondents reported being somewhat informed or very informed about services and activities available to older adults. The availability of information about resources for older adults was rated positively by 41% of older residents and the availability of financial or legal planning services was rated positively by 42% of older residents.

It should be noted that approximately 37% of older adults were found to have information access challenges in the region. These included not knowing what services are available to older adults and having adequate information on dealing with public programs such as Social Security, Medicare and Medicaid. As stated in Goal #1 below, the Office on Aging is committed to creating greater awareness of available programs by serving as a lead advocate for keeping the community informed and educating older adults and community partners about available programs and services. Through collaborative partnerships with county agencies, the County's Older Adult Advisory Commission, and community partners, the OoA will expand outreach efforts.

Productive Activities

Productive activities outside of work (such as volunteerism and social activity) promote quality of life and contribute to active aging. This domain examines the extent of older adults' participation in social and leisure programs and their time spent attending or viewing civic meetings, volunteering or providing help to others.

- About 62% of older adults surveyed felt they had excellent or good opportunities to volunteer, and 49% participated in some kind of volunteer work.
- The caregiving contribution of older adults was substantial in the region. About 37% of older residents reported providing care to individuals 55 and older, 22% to individuals 18-54 and 20% to individuals under 18.
- Older adults in the region reported challenges with being civically engaged 24%, being socially engaged 25% and caregiving 20%.

Remaining productive and active during the global pandemic was a significant challenge for all Orange County residents, but especially the older adult community. It prompted many older adults to start using technology to communicate with medical professionals, keep in touch with family and friends, and participate virtually in online activities and stay engaged. For some, learning curve was challenging, but offered an opportunity to explore new avenues and learn something new. With the pandemic behind us, the frequent use of technology has become more prevalent among older adults. 94% of those surveyed reported using technology to check email either several times a day, once a day or a few times a week. This was followed by 94% accessing the internet from their home using a computer, laptop or tablet computer. 90% reported accessing the internet from their phone, while 67% visit social media sites. 43% shop online and 30% share their opinions online. 92% responded “yes” to having high-speed internet/broadband at home.

The Economic Contribution of Older Adults

Productive behavior is often referred to as “any activity, paid or unpaid, that generates goods or services of economic value.” Productive activities include many types of paid and unpaid work, as well as services provided to friends, family or neighbors. Older adults make significant contributions (paid and unpaid) to the communities in which they live. In addition to their paid work, older adults contribute to the economy through volunteering, providing informal help to family and friends, and caregiving. The contribution older adults make through employment, volunteerism and caregiving was calculated for all older adults living in the region. It is estimated that older residents in Orange County contribute **\$26,549,495,406** annually to their community through paid and unpaid work.



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Caregiving

According to the Centers for Disease Control, about 2 in 5 adults 65 years and older have a disabling condition that affects their ability to live independently¹. Those who provide care to a loved one or friend with such a condition often feel a sense of contribution and personal worth despite the physical, emotional and financial burden such care can produce. While such caregiving is most often provided by family members and is unpaid, AARP researchers estimate the value of the care as \$470 billion annually. A caregiving crunch is predicted in the future, where the average American will spend more years caring for their parents than for their own children².

The results of the CASOA revealed that in Orange County, the average number of hours spent per respondent in a typical week providing care to someone age 55+ was 3.1 hours. This was followed by 1.4 hours providing care to someone under the age of 18, and between

¹ *Prevalence of Disabilities and Health Care Access by Disability Status and Type Among Adults — United States, 2016*

² *AARP Family Caregiver Contribution study*

the ages of 18 and 54. Being a caregiver can take a tremendous toll on an individual – emotionally, physically and financially. 30% of respondents reported feeling emotionally burdened by providing care for another person, 27% felt physically burdened and 26% reported being financially burdened.

Older Resident Needs

Through the survey, more than 40 challenges commonly facing older adults were assessed by respondents. These challenges were grouped into 15 larger categories of needs. In the region, the largest challenges were in the areas of housing, information about older adult services, and health care. At least 40% of older residents reported at least one item in these categories was a major or moderate problem in the 12 months prior to taking the survey.

Typically, it is understood that the self-reported needs of older adults represent a minimum level, a conservative estimate attenuated by respondents' strong desire to feel and appear self-reliant and further reduced by the silent voice of some older adults who, no matter how sensitive the attempt, are too frail to participate in the survey process.

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 five threshold languages – English, Spanish, Korean, Chinese 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 Older Adults Advisory Commission.
- 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.

SECTION 6. PRIORITY SERVICES & PUBLIC HEARINGS

2024-2028 Four-Year Planning Cycle

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

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

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

Access:

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

2024-25 42 % 25-26 42 % 26-27 42 % 27-28 42 %

In-Home Services:

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

2024-25 20 % 25-26 20 % 26-27 20 % 27-28 20 %

Legal Assistance Required Activities:³

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

2024-25 12 % 25-26 12 % 26-27 12 % 27-28 12 %

Explain how allocations are justified and how they are determined to be sufficient to meet the need for the service within the PSA.

² Minimum percentages of applicable funds are calculated on the annual Title IIIB baseline allocation, minus Title IIIB administration and minus Ombudsman. At least one percent of the final Title IIIB calculation must be allocated for each “Priority Service” category or a waiver must be requested for the Priority Service category(s) that the AAA does not intend to fund.

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

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

Fiscal Year	Date	Location	Number of Attendees	Presented in languages other than English? ⁴ Yes or No	Was hearing held at a Long-Term Care Facility? ⁵
2024-2025	03/08/24	Easterseals, 1063 McGaw Ave. #100, Irvine, CA 92614		No	No
2025-2026					
2026-2027					
2027-2028					

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

- Summarize the outreach efforts used in seeking input into the Area Plan from institutionalized, homebound, and/or disabled older individuals.
- 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
- Summarize the comments received concerning proposed expenditures for PD and/or C
- Attendees were provided the opportunity to testify regarding setting minimum percentages of Title III B program funds to meet the adequate proportion of funding for Priority Services
 - Yes. Go to question #5
 - No, Explain:
- Summarize the comments received concerning minimum percentages of Title IIIB funds to meet the adequate proportion of funding for priority services.
- List any other issues discussed or raised at the public hearing.
- Note any changes to the Area Plan that were a result of input by attendees.

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

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

DRAFT

SECTION 7. AREA PLAN NARRATIVE GOALS & OBJECTIVES

Goals and Objectives are required per California Code of Regulations Title 22 Section 7300 (c) Goals are statements of ideal conditions that the AAA wishes to achieve through its planned efforts. Objectives are measurable statements of action to meet the goals. Objectives indicate all of the following:

- (1) The nature of the action.
- (2) The party responsible for the action.
- (3) How the action will be accomplished.
- (4) The anticipated outcome of that action.
- (5) How the outcome of the action will be measured.
- (6) The projected dates for starting and completing the action.
- (7) Any program development and coordination activities, as specified in Section 9400, Welfare and Institutions Code, that are associated with the objective.

The 2024-28 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
- Goal #4 Continued participation in the development of Orange County's Master Plan for Aging

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

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 continue to 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	Type of Activity and Funding Source⁶	Update Status⁷
1.1 The Office on Aging will continue to 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.	July 1, 2024 – June 30, 2028	Admin. Source Funding N/A	Continued

<ul style="list-style-type: none"> • Continue to 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. • Continue to 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. • Continue to partner with Orange County Board of Supervisors to co-host senior-focused events in the respective districts. • The Office on Aging senior advisory group, Older Adults Advisory Council (OAAC), will continue to work on enhancing its communication with community members and groups about upcoming OAAC meetings, especially those with an educational component. • Analyze social media usage data and trends to determine the most effective outreach methods. • Continue to expand outreach efforts in ethnic communities by investigating and utilizing various modes of communication to determine the most effective methods. 			
<p>1.2 The Office on Aging will continue to 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. 	<p>July 1, 2024 – June 30, 2028</p>	<p>Admin. Source Funding N/A</p>	<p>Continued</p>

<ul style="list-style-type: none"> • The Office on Aging will continue to 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. 			
<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. • The Office on Aging’s Health Educator will continue to partner with local organizations that provide services to older adults including congregate meal sites, senior centers, and older adult living communities to offer nutrition presentations and health education classes throughout the year. • The Office on Aging staff will partner with contracted providers to expand information about OoA programs to their clients. 	July 1, 2024 – June 30, 2028	Admin. Source Funding N/A	Continued
<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 	July 1, 2024 – June 30, 2028	Admin. Source Funding N/A	Continued

<ul style="list-style-type: none"> Year-end program report to recap provider performance and highlight services delivered and client stories. 			
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Goal #2: Coordinate service delivery and enhance collaborative partnerships

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	Type of Activity and Funding Source⁶	Update Status⁷
<p>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 Food Security and Nutrition, Elder Abuse Prevention, Health and Wellness, and Policy subcommittees. Office on Aging staff will support the ongoing activities of this collaborative by serving as a facilitator and planner on countywide initiatives.</p>	<p>July 1, 2024 – June 30, 2028</p>	<p>Admin. Source Funding</p>	<p>Continued</p>
<p>2.2 The Office on Aging will coordinate the provision of services to unpaid family caregivers through its service providers to support them in their caregiving role, and allow the care receiver to maintain a healthy, safe lifestyle in the home setting as follows:</p> <ul style="list-style-type: none"> Contract for the delivery of virtual self-paced caregiver training modules. Review data monthly to strategize how to 	<p>July 1, 2024 – June 30, 2028</p>	<p>Admin. Source Funding</p>	

<p>increase caregiver engagement in these modules.</p> <ul style="list-style-type: none"> Facilitate a monthly in person support group for caregivers where they can share success stories and challenges, share information regarding experiences with HCBS. Respite day care will be available for their loved one if needed. Conduct caregiver assessments every 6 months to stay connected to the caregiver and knowledgeable about their needs. 			
<p>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, participating on the Advisory Committee and further implementing the core ADRC services.</p>	<p>July 1, 2024 – June 30, 2028</p>	<p>Admin. Source Funding</p>	<p>Continued</p>
<p>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.</p>	<p>July 1, 2024 – June 30, 2028</p>	<p>Admin. Source Funding</p>	<p>Continued</p>
<p>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.</p>	<p>July 1, 2024 – June 30, 2028</p>	<p>Admin. Source Funding</p>	<p>Continued</p>
<p>2.6 The Office on Aging will collaborate with the necessary agencies on the development of Orange County’s Master Plan for 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.</p>	<p>July 1, 2024 – June 30, 2028</p>	<p>Admin. Source Funding</p>	<p>Continued</p>
<p>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</p>	<p>July 1, 2024 – June 30, 2028</p>	<p>Admin. Source Funding</p>	<p>Continued</p>

expansion of the program should other funding sources become available.			
<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, 2024 – June 30, 2028	Admin. Source Funding	Continued
<p>2.9 The Older Adults Advisory Commission (OAAC) 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.</p>	July 1, 2024 – June 30, 2028	Admin. Source Funding	Continued
<p>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.</p>	July 1, 2024 – June 30, 2028	Admin. Source Funding	Continued

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	Type of Activity and Funding Source ⁶	Update Status ⁷
<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>	July 1, 2024 – June 30, 2028	Admin. Source Funding	Continued

<ul style="list-style-type: none"> • An Information & Assistance call center follow-up survey will be conducted via automated survey to a sample population of callers who contact the call center requesting related referrals to services available for older adults, those with disabilities, caregivers and veterans. The surveys will measure the callers overall experience and interaction with the Office on Aging staff member and the services that were provided. 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 to ensure quality of services. • Review post-surveys from health promotion workshops and follow-up with program lay leaders to discuss any performance or program implementation issues. 			
<p>3.2 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>	<p>July 1, 2024 – June 30, 2028</p>	<p>Admin. Source Funding</p>	<p>Continued</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. 			
<p>3.3 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, 2024 – June 30, 2028	Admin. Source Funding	Continued

Goal #4: Continued participation in the development of Orange County's Master Plan for Aging

Rationale: To create a Master Plan for Aging specific to the needs of Orange County older adults. The Plan will focus on the five goals in the state's master plan: housing, access to health care, equity, caregiving, and economic security.

Objectives:	Projected Start and End Dates	Type of Activity and Funding Source ⁶	Update Status ⁷
4.1 Review results of the Older Adult Needs Assessment to determine the needs of the County's multi-cultural and diverse older adult communities and identify gaps in care and services, currently offered by all stakeholders to the 55 and older population.	July 1, 2024 – June 30 2028	Admin. Source Funding	New
4.2 The Office on Aging will continue to play an active role on the County's Master Plan for Aging Planning Team and assist with guiding coordination with County departments on crafting and developing the County's Master Plan for Aging.	July 1, 2024 – June 30 2028	Admin. Source Funding	New

⁶ Indicate if the objective is Administration (Admin,) Program Development (PD) or Coordination (C). If a PD objective is not completed in the timeline required and is continuing in the following year, provide an update with additional tasks. For program specific goals and objectives please identify service category where applicable.

⁷ Use for the Area Plan Updates to indicate if the objective is New, Continued, Revised, Completed, or Deleted.

SECTION 8. SERVICE UNIT PLAN (SUP)**TITLE III/VII SERVICE UNIT PLAN
CCR Article 3, Section 7300(d)**

The Service Unit Plan (SUP) uses the Older Americans Act Performance System (OAAPS) Categories and units of service. They are defined in the OAAPS State Program Report (SPR).

For services not defined in OAAPS, refer to the [Service Categories and Data Dictionary](#).

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

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	2,200	2	
2025-2026	2,200	2	
2026-2027	2,200	2	
2027-2028	2,200	2	

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	4,400	2	
2025-2026	4,400	2	
2026-2027	4,400	2	
2027-2028	4,400	2	

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	600	2	
2025-2026	600	2	
2026-2027	600	2	
2027-2028	600	2	

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	32,000		
2025-2026	32,000		
2026-2027	32,000		
2027-2028	32,000		

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	10,000	2	
2025-2026	10,000	2	
2026-2027	10,000	2	
2027-2028	10,000	2	

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	18,000	2	
2025-2026	18,000	2	
2026-2027	18,000	2	
2027-2028	18,000	2	

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	20,000	1	
2025-2026	20,000	1	
2026-2027	20,000	1	
2027-2028	20,000	1	

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	5,000	1	1.1
2025-2026	5,000	1	1.1
2026-2027	5,000	1	1.1
2027-2028	5,000	1	1.1

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	8,300	2	
2025-2026	8,300	2	
2026-2027	8,300	2	
2027-2028	8,300	2	

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	350,000	2	
2025-2026	350,000	2	
2026-2027	350,000	2	
2027-2028	350,000	2	

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	1,000,000	2	
2025-2026	1,000,000	2	
2026-2027	1,000,000	2	
2027-2028	1,000,000	2	

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	16	1,2	
2025-2026	16	1,2	
2026-2027	16	1,2	
2027-2028	16	1,2	

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

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

Title IIIB, Other Priority and Non-Priority Supportive Services

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

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

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

Other Supportive Service Category Senior Center Activities**Unit of Service = 1 Hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (If applicable)
2024-2025	20,000	2	
2025-2026	20,000	2	
2026-2027	20,000	2	
2027-2028	20,000	2	

Other Supportive Service Category Cash/Material Aid Unit of Service = 1 Assistance

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (If applicable)
2024-2025	14,500	2	
2025-2026	14,500	2	
2026-2027	14,500	2	
2027-2028	14,500	2	

Other Supportive Service Category Community Education Unit of Service = 1 Activity

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (If applicable)
2024-2025	40	1	
2025-2026	40	1	
2026-2027	40	1	
2027-2028	40	1	

Other Supportive Service Category Disaster Preparedness Materials Unit of Service = 1 Activity

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (If applicable)
2024-2025	1,000	1	1.2
2025-2026	1,000	1	1.2
2026-2027	1,000	1	1.2
2027-2028	1,000	1	1.2

Other Supportive Service Category Residential Repairs/Modifications Unit of Service = 1 Activity

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (If applicable)
2024-2025	15	2	
2025-2026	15	2	
2026-2027	15	2	
2027-2028	15	2	

Other Supportive Service Category Public Information**Unit of Service = 1 Activity**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (If applicable)
2024-2025	24	1	1.4
2025-2026	24	1	1.4
2026-2027	24	1	1.4
2027-2028	24	1	1.4

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)

Unit of Service = 1 contact

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (If applicable)
2024-2025	2,000	2	2.8
2025-2026	2,000	2	2.8
2026-2027	2,000	2	2.8
2027-2028	2,000	2	2.8

TITLE IIIB and TITLE VII: LONG-TERM CARE (LTC) OMBUDSMAN PROGRAM OUTCOMES

2024-2028 Four-Year Planning Cycle

As mandated by the Older Americans Act Reauthorization Act of 2020, the mission of the LTC Ombudsman Program is to seek resolution of problems and advocate for the rights of residents of LTC facilities with the goal of ensuring their dignity, quality of life, and quality of care.

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

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

Complete all Measures and Targets for Outcomes 1-3.

Outcome 1.

The problems and concerns of long-term care residents are solved through complaint resolution and other services of the Ombudsman Program. Older Americans Act Reauthorization Act of 2020, Section 712(a)(3), (5)]

Measures and Targets:

A. Complaint Resolution Rate (NORS Element CD-08) (Complaint Disposition). The average California complaint resolution rate for FY 2021-2022 was 57%.

Fiscal Year Baseline Resolution Rate	# Of complaints Resolved	+ # of partially resolved complaints	Divided by the total number of Complaints	= Baseline Resolution Rate	Fiscal Year Target Resolution Rate
2022-2023	796	0	1,116	71.3%	<u>70</u> % 2024-2025
2023-2024					<u> </u> % 2025-2026
2024-2025					<u> </u> % 2026-2027
2026-2027					<u> </u> % 2027-2028

Program Goals and Objective Numbers: Goal# 2

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

1. FY 2022-2023 Baseline: Number of Resident Council meetings attended 834 FY 2024-2025 Target: <u>850</u>
2. FY 2023-2024 Baseline: Number of Resident Council meetings attended _____ FY 2025-2026 Target: _____
3. FY 2024-2025 Baseline: Number of Resident Council meetings attended _____ FY 2026-2027 Target: _____
4. FY 2025-2026 Baseline: Number of Resident Council meetings attended _____ FY 2027-2028 Target: _____
Program Goals and Objective Numbers: <u>2</u>

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

1. FY 2022-2023 Baseline: Number of Family Council meetings attended 21 FY 2024-2025 Target: <u>15</u>
2. FY 2023-2024 Baseline: Number of Family Council meetings attended _____ FY 2025-2026 Target: _____
3. FY 2024-2025 Baseline: Number of Family Council meetings attended _____ FY 2026-2027 Target: _____
4. FY 2025-2026 Baseline: Number of Family Council meetings attended _____ FY 2027-2028 Target: _____
Program Goals and Objective Numbers: <u>2</u>

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

1. FY 2022-2023 Baseline: Number of Instances 2,915 FY 2024-2025 Target: <u>2,200</u>
2. FY 2023-2024 Baseline: Number of Instances _____ FY 2025-2026 Target: _____
3. FY 2024-2025 Baseline: Number of Instances _____ FY 2026-2027 Target: _____
4. FY 2025-2026 Baseline: Number of Instances _____ FY 2027-2028 Target: _____
Program Goals and Objective Numbers: <u>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 2022-2023 Baseline: Number of Instances 5,845 FY 2024-2025 Target: <u>5,000</u>
2. FY 2023-2024 Baseline: Number of Instances _____ FY 2025-2026 Target: _____
3. FY 2024-2025 Baseline: Number of Instances _____ FY 2026-2027 Target: _____
4. FY 2025-2026 Baseline: Number of Instances _____ FY 2027-2028 Target: _____
Program Goals and Objective Numbers: <u>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 2022-2023 Baseline: Number of Sessions 12 FY 2024-2025 Target: <u>17</u>
2. FY 2023-2024 Baseline: Number of Sessions _____ FY 2025-2026 Target: _____
3. FY 2024-2025 Baseline: Number of Sessions _____ FY 2026-2027 Target: _____
4. FY 2025-2026 Baseline: Number of Sessions _____ FY 2027-2028 Target: _____
Program Goals and Objective Numbers: <u>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.

FY 2024-2025

FY 2024-2025 Systems Advocacy Effort(s): (Provide one or more new systems advocacy efforts)

There is an increasing need to protect the state's growing population of vulnerable elderly and disabled residents in licensed facilities from abuse and neglect and to counter an unfortunate statewide decline in Program volunteers. Ombudsman advocacy in FY 24-25 must focus on improving the education about and the awareness of the Program. Ombudsmen, along with the California Long Term Care Ombudsman Association (CLTCOA), will advocate by educating legislators about Program accomplishments and the important role Ombudsmen have in securing the safety and well-being of the state's most vulnerable citizens.

FY 2025-2026

Outcome of FY 2024-2025 Efforts:

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

FY 2026-2027

Outcome of FY 2025-2026 Efforts:

FY 2026-2027 Systems Advocacy Effort(s): (Provide one or more new systems advocacy efforts)

FY 2027-2028

Outcome of 2026-2027 Efforts:

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

Outcome 2.

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

Measures and Targets:

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

by the total number of nursing facilities in the PSA. NOTE: This is not a count of visits but a count of facilities. In determining the number of facilities visited for this measure, no nursing facility can be counted more than once.

<p>1. FY 2022-2023 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint _____ divided by the total number of Nursing Facilities <u>80</u> = Baseline <u>93.75</u> % FY 2024-2025 Target: <u>76</u></p>
<p>2. FY 2023-2024 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 2025-2026 Target: _____</p>
<p>3. FY 2024-2025 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint _____ divided by the total number of Nursing Facilities _____ = Baseline _____ % FY 2026-2027 Target: _____</p>
<p>4. FY 2025-2026 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint _____ divided by the total number of Nursing Facilities _____ = Baseline _____ % FY 2027-2028 Target: _____</p>
<p>Program Goals and Objective Numbers: _____</p>

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

<p>1. FY 2022-2023 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint <u>797</u> divided by the total number of RCFEs <u>1,091</u> = Baseline <u>73.05</u> % FY 2024-2025 Target: <u>930</u></p>
<p>2. FY 2023-2024 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 2025-2026 Target: _____</p>

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

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

<p>Program Goals and Objective Numbers: _____</p>

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

<p>1. FY 2022-2023 Baseline: <u>14.94</u> FTEs FY 2024-2025 Target: <u>14.94</u> FTEs</p>
<p>2. FY 2023-2024 Baseline: _____ FTEs FY 2025-2026 Target: _____ FTEs</p>
<p>3. FY 2024-2025 Baseline: _____ FTEs FY 2026-2027 Target: _____ FTEs</p>
<p>4. FY 2025-2026 Baseline: _____ FTEs FY 2027-2028 Target: _____ FTEs</p>
<p>Program Goals and Objective Numbers: <u>2</u> _____</p>

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

<p>1. FY 2022-2023 Baseline: Number of certified LTC Ombudsman volunteers <u>23</u> _____ FY 2024-2025 Projected Number of certified LTC Ombudsman volunteers <u>30</u> _____</p>
<p>2. FY 2023-2024 Baseline: Number of certified LTC Ombudsman volunteers _____ FY 2025-2026 Projected Number of certified LTC Ombudsman volunteers _____</p>

3. FY 2024-2025 Baseline: Number of certified LTC Ombudsman volunteers _____ FY 2026-2027 Projected Number of certified LTC Ombudsman volunteers _____
4. FY 2025-2026 Baseline: Number of certified LTC Ombudsman volunteers _____ FY 2027-2028 Projected Number of certified LTC Ombudsman volunteers _____
Program Goals and Objective Numbers: <u>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 2020, Section 712(c)]

Measures and Targets:

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

Some examples could include:

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

Fiscal Year 2024-25

The Program has several systems in place to ensure Ombudsmen are submitting Activities and Complaint Reports consistently and in a timely manner. All reports received by the Program are tracked on a spreadsheet and the Ombudsmen must report how and when the issue was resolved. Each month, Ombudsmen are provided with a list of their outstanding issues, which managers review. The Program will also begin auditing Ombudsmen in ODIN to ensure none are falling behind and to address any concerns.

Fiscal Year 2025-2026

Fiscal Year 2026-2027

Fiscal Year 2027-2028

TITLE VII ELDER ABUSE PREVENTION
SERVICE UNIT PLAN

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

<input type="checkbox"/>	Ombudsman Program
<input type="checkbox"/>	Legal Services Provider
<input type="checkbox"/>	Adult Protective Services
<input checked="" type="checkbox"/>	Other (explain/list) <ul style="list-style-type: none"> • Council on Aging- Southern California

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 2020, Section 302(3) 'Family caregiver' means an adult family member, or another individual, who is an informal provider of in-home and community care to an older individual or to an

individual with Alzheimer’s disease or a related disorder with neurological and organic brain dysfunction.

- **Hours Spent Developing a Coordinated System to Respond to Elder Abuse** –Indicate the number of hours to be spent developing a coordinated system to respond to elder abuse. This category includes time spent coordinating services provided by the AAA or its contracted service provider with services provided by Adult Protective Services, local law enforcement agencies, legal services providers, and other agencies involved in the protection of elder and dependent adults from abuse, neglect, and exploitation.
- **Educational Materials Distributed** –Indicate the type and number of educational materials to be distributed to the 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 VII ELDER ABUSE PREVENTION SERVICE UNIT PLAN

The agency receiving Title VII Elder Abuse Prevention funding is: Council on Aging – Southern California. Please note, the Office on Aging is currently in the RFP process for Title VII programs.

Total # of	2024-2025	2025-2026	2026-2027	2027-2028
Individuals Served	4500	4500	4500	4500
Public Education Sessions	34	34	34	34
Training Sessions for Professionals	21	21	21	21
Training Sessions for Caregivers served by Title III E	6	6	6	6
Hours Spent Developing a Coordinated System	300	300	300	300

Fiscal Year	Total # of Copies of Educational Materials to be Distributed	Description of Educational Materials
2024-2025	8,000	FAST brochure and bookmarks Healthcare Fraud brochure from SMP Materials relevant to specific subject matter
2025-2026	8,000	FAST brochure and bookmarks Healthcare Fraud brochure from SMP Materials relevant to specific subject matter
2026-2027	8,000	FAST brochure and bookmarks Healthcare Fraud brochure from SMP Materials relevant to specific subject matter
2027-2028	8,000	FAST brochure and bookmarks Healthcare Fraud brochure from SMP Materials relevant to specific subject matter

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TITLE III E SERVICE UNIT PLAN

CCR Article 3, Section 7300(d)

2024-2028 Four-Year Planning Period

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

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

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

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

Direct and/or Contracted III E Services

CATEGORIES (16 total)	1	2	3
Family Caregivers - Caregivers of Older Adults and Adults who are caring for an individual of any age with Alzheimer's disease or a related disorder with neurological and organic brain dysfunction.	<i>Proposed Units of Service</i>	<i>Required Goal #(s)</i>	<i>Required Objective #(s)</i>
Caregiver Access Case Management	Total hours	<i>Required Goal #(s)</i>	<i>Required Objective #(s)</i>
2024-2025	5000	2	2.2
2025-2026	5000	2	2.2
2026-2027	5000	2	2.2
2027-2028	5000	2	2.2

Caregiver Access Information & Assistance	Total Contacts	Required Goal #(s)	Required Objective #(s)
2024-2025	18000	2	2.5
2025-2026	18000	2	2.5
2026-2027	18000	2	2.5
2027-2028	18000	2	2.5
Caregiver Information Services	# Of activities and Total est. audience (contacts) for above:	Required Goal #(s)	Required Objective #(s)
2024-2025	# Of activities and Total est. audience (contacts) for above: 150 Activities 200,000 Est. Audience	2	2.1
2025-2026	# Of activities and Total est. audience (contacts) for above: 150 Activities 200,000 Est. Audience	2	2.1
2026-2027	# Of activities and Total est. audience (contacts) for above: 150 Activities 200,000 Est. Audience	2	2.1
2027-2028	# Of activities and Total est. audience (contacts) for above: 150 Activities 200,000 Est. Audience	2	2.1
Caregiver Respite In-Home	Total hours	Required Goal #(s)	Required Objective #(s)
2024-2025	2200	2	2.2
2025-2026	2200	2	2.2
2026-2027	2200	2	2.2
2027-2028	2200	2	2.2
Caregiver Respite Other	Total hours	Required Goal #(s)	Required Objective #(s)
2024-2025	250	2	2.2
2025-2026	250	2	2.2
2026-2027	250	2	2.2
2027-2028	250	2	2.2

Caregiver Respite Out-of-Home Day Care	Total hours	Required Goal #(s)	Required Objective #(s)
2024-2025	2500	2	2.2
2025-2026	2500	2	2.2
2026-2027	2500	2	2.2
2027-2028	2500	2	2.2
Caregiver Respite Out-of-Home Overnight Care	Total hours	Required Goal #(s)	Required Objective #(s)
2024-2025	N/A		
2025-2026			
2026-2027			
2027-2028			
Caregiver Supplemental Services Assistive Technologies	Total Occurrences	Required Goal #(s)	Required Objective #(s)
2024-2025	15	2	2.2
2025-2026	15	2	2.2
2026-2027	15	2	2.2
2027-2028	15	2	2.2
Caregiver Supplemental Services Caregiver Assessment	Total hours	Required Goal #(s)	Required Objective #(s)
2024-2025	825	2	2.2
2025-2026	825	2	2.2
2026-2027	825	2	2.2
2027-2028	825	2	2.2
Caregiver Supplemental Services Caregiver Registry	Total Occurrences	Required Goal #(s)	Required Objective #(s)
2024-2025	N/A		
2025-2026			
2026-2027			
2027-2028			

Caregiver Supplemental Services Consumable Supplies	Total occurrences	Required Goal #(s)	Required Objective #(s)
2024-2025	60	2	2.2
2025-2026	60	2	2.2
2026-2027	60	2	2.2
2027-2028	60	2	2.2
Caregiver Supplemental Services Home Modifications	Total occurrences	Required Goal #(s)	Required Objective #(s)
2024-2025	N/A		
2025-2026			
2026-2027			
2027-2028			
Caregiver Supplemental Services Legal Consultation	Total contacts	Required Goal #(s)	Required Objective #(s)
2024-2025	25	2	2.2
2025-2026	25	2	2.2
2026-2027	25	2	2.2
2027-2028	25	2	2.2
Caregiver Support Groups	Total sessions	Required Goal #(s)	Required Objective #(s)
2024-2025	425	2	2.2
2025-2026	425	2	2.2
2026-2027	425	2	2.2
2027-2028	425	2	2.2
Caregiver Support Training	Total hours	Required Goal #(s)	Required Objective #(s)
2024-2025	450	2	2.2
2025-2026	450	2	2.2
2026-2027	450	2	2.2
2027-2028	450	2	2.2
Caregiver Support Counseling	Total hours	Required Goal #(s)	Required Objective #(s)
2024-2025	750	2	2.2

2025-2026	750	2	2.2
2026-2027	750	2	2.2
2027-2028	750	2	2.2

Direct and/or Contracted IIIE Services- Older Relative Caregivers

CATEGORIES (16 total)	1	2	3
Older Relative Caregivers	<i>Proposed</i> Units of Service	<i>Required</i> Goal #(s)	<i>Required</i> Objective #(s)
Caregiver Access Case Management	Total hours	<i>Required</i> Goal #(s)	<i>Required</i> Objective #(s)
2024-2025	N/A		
2025-2026			
2026-2027			
2027-2028			
Caregiver Access Information & Assistance	Total hours	<i>Required</i> Goal #(s)	<i>Required</i> Objective #(s)
2024-2025	N/A		
2025-2026			
2026-2027			
2027-2028			
Caregiver Information Services	# Of activities and Total est. audience (contacts) for above	<i>Required</i> Goal #(s)	<i>Required</i> Objective #(s)
2024-2025	# Of activities: Total est. audience for above: N/A		
2025-2026	# Of activities: Total est. audience for above: N/A		
2026-2027	# Of activities: Total est. audience for above: N/A		
2027-2028	# Of activities: Total est. audience for above: N/A		
Caregiver Respite In-Home	Total hours	<i>Required</i> Goal #(s)	<i>Required</i> Objective #(s)

2024-2025	N/A		
2025-2026			
2026-2027			
2027-2028			
Caregiver Respite Other	Total hours	Required Goal #(s)	Required Objective #(s)
2024-2025	N/A		
2025-2026			
2026-2027			
2027-2028			
Caregiver Respite Out-of-Home Day Care	Total hours	Required Goal #(s)	Required Objective #(s)
2024-2025	N/A		
2025-2026			
2026-2027			
2027-2028			
Caregiver Respite Out-of-Home Overnight Care	Total hours	Required Goal #(s)	Required Objective #(s)
2024-2025	N/A		
2025-2026			
2026-2027			
2027-2028			
Caregiver Supplemental Services Assistive Technologies	Total Occurrences	Required Goal #(s)	Required Objective #(s)
2024-2025	N/A		
2025-2026			
2026-2027			
2027-2028			
Caregiver Supplemental Services Caregiver Assessment	Total hours	Required Goal #(s)	Required Objective #(s)
2024-2025	N/A		

2025-2026			
2026-2027			
2027-2028			
Caregiver Supplemental Services Caregiver Registry	Total Occurrences	Required Goal #(s)	Required Objective #(s)
2024-2025	N/A		
2025-2026			
2026-2027			
2027-2028			
Caregiver Supplemental Services Consumable Supplies	Total occurrences	Required Goal #(s)	Required Objective #(s)
2024-2025	N/A		
2025-2026			
2026-2027			
2027-2028			
Caregiver Supplemental Services Home Modifications	Total occurrences	Required Goal #(s)	Required Objective #(s)
2024-2025	N/A		
2025-2026			
2026-2027			
2027-2028			
Caregiver Supplemental Services Legal Consultation	Total contacts	Required Goal #(s)	Required Objective #(s)
2024-2025	N/A		
2025-2026			
2026-2027			
2027-2028			
Caregiver Support Groups	Total sessions	Required Goal #(s)	Required Objective #(s)
2024-2025	N/A		

2025-2026			
2026-2027			
2027-2028			
Caregiver Support Training	Total hours	Required Goal #(s)	Required Objective #(s)
2024-2025	N/A		
2025-2026			
2026-2027			
2027-2028			
Caregiver Support Counseling	Total hours	Required Goal #(s)	Required Objective #(s)
2024-2025	N/A		
2025-2026			
2026-2027			
2027-2028			

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**HEALTH INSURANCE COUNSELING AND ADVOCACY PROGRAM (HICAP)
SERVICE UNIT PLAN
CCR Article 3, Section 7300(d)
WIC § 9535(b)**

MULTIPLE PLANNING AND SERVICE AREA HICAPs (multi-PSA HICAP): Area Agencies on Aging (AAA) that are represented by a multi-PSA, HICAPs must coordinate with their “Managing” AAA to complete their respective PSA’s HICAP Service Unit Plan.

CDA contracts with 26 AAAs to locally manage and provide HICAP services in all 58 counties. Four AAAs are contracted to provide HICAP services in multiple Planning and Service Areas (PSAs). The “Managing” AAA is responsible for providing HICAP services in a way that is equitable among the covered service areas.

HICAP PAID LEGAL SERVICES: Complete this section if HICAP Legal Services are included in the approved HICAP budget.

STATE & FEDERAL PERFORMANCE TARGETS: The HICAP is assessed based on State and Federal Performance Measures. AAAs should set targets in the service unit plan that meet or improve on each PM displayed on the *HICAP State and Federal Performance Measures* tool located online at:

https://www.aging.ca.gov/Providers_and_Partners/Area_Agencies_on_Aging/Planning/

HICAP PMs are calculated from county-level data for all 33 PSAs. HICAP State and Federal PMs, include:

- PM 1.1 Clients Counseled: Number of finalized Intakes for clients/ beneficiaries that received HICAP services
- PM 1.2 Public and Media Events (PAM): Number of completed PAM forms categorized as “interactive” events
- PM 2.1 Client Contacts: Percentage of one-on-one interactions with any Medicare beneficiaries
- PM 2.2 PAM Outreach Contacts: Percentage of persons reached through events categorized as “interactive”
- PM 2.3 Medicare Beneficiaries Under 65: Percentage of one-on-one interactions with Medicare beneficiaries under the age of 65
- PM 2.4 Hard-to-Reach Contacts: Percentage of one-on-one interactions with “hard-to-reach” Medicare beneficiaries designated as,
 - PM 2.4a Low-income (LIS)
 - PM 2.4b Rural
 - PM 2.4c English Second Language (ESL)
- PM 2.5 Enrollment Contacts: Percentage of contacts with one or more qualifying enrollment topics discussed

HICAP service-level data are reported in CDA’s Statewide HICAP Automated Reporting Program (SHARP) system per reporting requirements.

SECTION 1: STATE PERFORMANCE MEASURES

HICAP Fiscal Year (FY)	PM 1.1 Clients Counseled (Estimated)	Goal Numbers
2024-2025	6,473	1
2025-2026	6,473	1
2026-2027	6,473	1
2027-2028	6,473	1
HICAP Fiscal Year (FY)	PM 1.2 Public and Media Events (PAM) (Estimated)	Goal Numbers
2024-2025	300	1
2025-2026	300	1
2026-2027	300	1
2027-2028	300	1

SECTION 2: FEDERAL PERFORMANCE MEASURES

HICAP Fiscal Year (FY)	PM 2.1 Client Contacts (Interactive)	Goal Numbers
2024-2025	11,666	1
2025-2026	11,666	1
2026-2027	11,666	1
2027-2028	11,666	1
HICAP Fiscal Year (FY)	PM 2.2 PAM Outreach (Interactive)	Goal Numbers
2024-2025	2,887	1
2025-2026	2,887	1
2026-2027	2,887	1
2027-2028	2,887	1

HICAP Fiscal Year (FY)	PM 2.3 Medicare Beneficiaries Under 65	Goal Numbers
2024-2025	496	1,2
2025-2026	496	1,2

2026-2027	496	1,2
2027-2028	496	1,2

HICAP Fiscal Year (FY)	PM 2.4 Hard to Reach (Total)	PM 2.4a LIS	PM 2.4b Rural	PM 2.4c ESL	Goal Numbers
2024-2025	3,327	1,125	0	2,202	1,2
2025-2026	3,327	1,125	0	2,202	1,2
2026-2027	3,327	1,125	0	2,202	1,2
2027-2028	3,327	1,125	0	2,202	1,2

HICAP Fiscal Year (FY)	PM 2.5 Enrollment Contacts (Qualifying)	Goal Numbers
2024-2025	11.513	1
2025-2026	11.513	1
2026-2027	11.513	1
2027-2028	11.513	1

SECTION 3: HICAP LEGAL SERVICES UNITS OF SERVICE (IF APPLICABLE)¹⁵

HICAP Fiscal Year (FY)	PM 3.1 Estimated Number of Clients Represented Per FY (Unit of Service)	Goal Numbers
2024-2025	N/A	
2025-2026		
2026-2027		
2027-2028		

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

HICAP Fiscal Year (FY)	PM 3.2 Estimated Number of Legal Representation Hours Per FY (Unit of Service)	Goal Numbers
2024-2025	N/A	
2025-2026		
2026-2027		
2027-2028		
HICAP Fiscal Year (FY)	PM 3.3 Estimated Number of Program Consultation Hours Per FY (Unit of Service)	Goal Numbers
2024-2025	N/A	
2025-2026		
2026-2027		
2027-2028		

DRAFT

SECTION 9. SENIOR CENTERS & FOCAL POINTS**COMMUNITY SENIOR CENTERS AND FOCAL POINTS LIST**

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

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

Designated Community Senior Centers and Focal Points	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
Laguna Woods Village Community Center	24351 El Toro Road, Laguna Woods, CA 92637
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

Orange – El Modena Community Center	18672 E. Center Street, Orange, CA 92869
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 10. FAMILY CAREGIVER SUPPORT PROGRAM

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

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

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

Family Caregiver Services

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

Older Relative Caregiver Services

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

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

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

The Orange County Office on Aging does not provide or administer Title III E Older Relative Caregiver Services in any category. 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. Consideration was 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.

SECTION 11. LEGAL ASSISTANCE

2024-2028 Four-Year Area Planning Cycle

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

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

A minimum of 12 percent.

2. How have your local needs changed in the past year(s)? Please identify any changes (include whether the change affected the level of funding and the difference in funding levels in the past four years).

In the past 4 years, evolving changes to landlord-tenant laws have impacted our local needs for legal services significantly. The enactment of the California Tenant Protection Act of 2019 (AB 1482) and the COVID-19 pandemic resulted in constant changes to federal, state, and local laws pertaining to landlord/tenant issues; as a result, the needs of legal services have increased leading new and existing older adult clients to repeatedly contact the LSP to seek counseling, advice, and interpretations to remain informed. These changes require the LSP to undergo multiple trainings to remain abreast with AB1482 and landlord-tenant laws and issues to continue to provide efficient services to Orange County older adults. The LSP has also experienced a rise in clients seeking elder abuse restraining orders against either the client's family members, caregivers, or tenants who are renting rooms in the client's home.

3. How does the AAA's contract/agreement with the Legal Services Provider(s) (LSPs) specify and ensure that the LSPs are expected to use the California Statewide Guidelines in the provision of OAA legal services?

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. How does the AAA collaborate with the Legal Services Provider(s) to jointly establish specific priority issues for legal services? What are the top four (4) priority legal issues in your PSA?

The AAA and LSP use client data, needs assessments, and the California Statewide Guidelines to review legal services priorities on an annual basis. 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. How does the AAA collaborate with the Legal Services Provider(s) to jointly identify the target population? What is the targeted senior population and mechanism for reaching targeted groups in your PSA?

The AAA and LSP collaborate 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 those 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 the LSP's main location. The LSP also visits multiple senior centers and bilingual community services centers for one-on-one consultations with clients. Visits to other county sites for legal presentations and clinics are also part of the LSP's monthly schedule. The LSP has become an active member in community stakeholder groups such as Financial Elder Abuse Specialist Team (FAST) and Elder Abuse Forensic Center (EAFC) to determine trending legal issues faced by older adults.

The LSP targets low-income, minority, frail, and disabled older adults age 60 and older within Orange County. The older adults generally request direct assistance by calling the LSP's hotline, applying through the LSP's on-line intake, walk-in, attending 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. Additionally, the LSP's network refers clients with legal needs for consultations. Currently, client contacts are made in-person or virtually via telephone, the on-line intake process, zoom, or other virtual platforms. The LSP coordinates with the Orange County Superior Court, 2-1-1 information services, Orange County Social Services, and other community stakeholders and government agencies to provide the LSP's contact information for those seeking to receive further legal assistance.

The LSP conducts outreach in local publications and media such as Council on Aging Answers, El Clasificado, Laguna Woods Globe, Leisure World Weekly, Nguoi Viet, Radio ChieuThuBay, and Facebook. The LSP also conducts community outreach and education at various events including senior centers and community-based organizations. At these outreach and education events, older adults can ask questions, speak to a LSP staff individually, and given the opportunity to provide their contact information to be called back by a member of the LSP for consultation on their specific legal needs.

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

Fiscal Year	# of Legal Assistance Services Providers	Did the number of service providers change? If so please explain
2024-2025	1	No
2025-2026		
2026-2027		
2027-2028		

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

The LSP provides various outreach methods throughout Orange County to connect legal services to older adults. Aside from disseminating informational flyers throughout the community, the LSP visits senior centers, senior apartment complexes, and community service centers countywide monthly to provide community education, outreach, and one-on-one consultations with clients. For broader reach, presentations and clinics are offered in-person and virtually to benefit and meet the needs of our community partners and older adults. Community partners such as Boat People SOS, the Vietnamese Cancer Society, the County Community Service Center, and Leisure World in Seal Beach host events and provide a platform for the LSP to provide legal service resources to older adults. The LSP continues to provide virtual and in-person outreach at community events and resource fairs. Currently, the LSP conducts weekly Consumer Defense (collection cases) workshops at the Orange County Public Law Library. The Consumer Defense workshops provide an overview of the debt collection lawsuit and assistance with trial preparation and responses to discovery for trial.

The LSP also conducts outreach efforts through local publications and media such as Council on Aging Answers, El Clasificado, Laguna Woods Globe, Leisure World Weekly, Nguoi Viet, Radio ChieuThuBay, and Facebook. Additionally, the LSP coordinates with the Orange County Superior Court, 2-1-1 information services, Orange County Social Services and other community stakeholders and government agencies to provide the LSP's contact information for those seeking to receive further legal assistance.

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

Fiscal Year	Name of Provider	Geographic Region covered
2024-2025	a. Community Legal Aid SoCal b. c.	a. Countywide b. c.
2025-2026	a. b. c.	a. b. c.
2026-2027	a. b. c.	a. b. c.
2027-2028	a. b. c.	a. b. c.

It should be noted that the County is currently in the RFP process for Legal Services

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

The most widely used and preferred method to accessing Legal Services by Orange County

older adults is calling the LSP's legal hotline and walking in for an in-person consultation at the LSP office. Older adults can also access services by visiting one of the multiple senior centers the LSP visits on a scheduled rotation. The LSP also instituted an on-line intake application whereby clients can input their legal needs. An LSP staff member will review the submitted online application and contact the client regarding their legal needs. The LSP disseminates pertinent legal information on subjects like creating advanced health care directives or setting up a will (including applicable forms) on their website for accessibility. Currently, client contacts are made in-person or virtually via telephone, the on-line intake process, Zoom, or other virtual platforms depending on client preferences.

A variety of legal clinics conducted by attorneys in areas such as Supplemental Security, divorce, family law, bankruptcy, landlord-tenant disputes, limited conservatorships, consumer rights, worker rights, and small-claims matters can be accessed in-person and through virtual platforms. Most clinics and workshops are conducted in-person, but clients are accommodated based on their preference for in-person or virtual attendance regardless of whether the workshop or clinic is held in-person or remote. Special accommodations will be made to allow persons with disabilities or lack of access to technology to access the clinic or workshops in person. The only workshop which allows for hybrid attendance of both in person and Zoom presentations simultaneously is the bankruptcy workshop. The LSP will continue to explore user-friendly remote platforms to broaden accessibility to older adults.

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

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, estate planning, immigration, consumer issues, and health access issues. The LSP has also seen an increase in fielded requests from the following areas: conservatorships for family members, landlord-tenant issues specifically for non-payment of rent, and elder abuse restraining orders against persons residing with the elderly client.

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

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 two 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. The LSP currently refers clients to the Orange County Transportation Authority for transportation services, and the LSP will make an effort to further connect with local programs and services such as the Orange County Transportation Authority and its Senior Mobility Program to overcome this barrier.

The LSP continues to explore user-friendly remote platforms as a means of overcoming transportation barriers; however, the older adults served by the LSP require significant assistance to successfully utilize technology creating an additional barrier. The LSP assists clients with technology issues through phone consultations and phone trainings. The trainings are informally conducted during phone consultations regarding clients' legal needs,

and the extent of the trainings vary based on the older adult's legal needs and the technological requirements associated with their legal issues.

Additionally, during the COVID-19 pandemic and continuing, governmental agencies either suspended or limited access to in-person appearances and have required virtual appearances. The LSP created several workspaces within its physical offices to overcome this barrier and allow clients who have no access to technology to come into the office to utilize the LSP's computers/technology to make virtual appearances at court hearings, trials, and/or administrative law hearings such as hearings before the Social Security. LSP staff assists those clients with setting up their virtual appearances. For clients who have limited or no access to technology, the LSP will encourage and refer clients to apply for an iPad equipped with broadband services, technical support and online training access through the Communications, Health, Aging, Technology (CHAT), Access to Technology (ATT), and Digital Connections (DC) programs.

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

The LSP is involved with several local organizations serving older adults. The LSP works with multiple senior and community services centers to conduct legal consultation appointments and deliver community education. The LSP is an active member of the Financial Abuse Specialist Team (FAST) and the Elder Abuse Forensics Center Team (EAFCT), which are Multidisciplinary Team (MDT) focused on financial and other elder abuse cases that involves Adult Protective Services (APS), social workers, Public Guardian, law enforcement, legal advocates, Long-Term Care Ombudsman Program, and other professional experts to facilitate the planning of comprehensive services and assistance to this vulnerable population. The LSP also has an existing MOU with the local HICAP and Ombudsman programs. Through this partnership, the LSP has increased its collaboration with the Council on Aging for direct referrals of clients who require legal assistance. The LSP coordinates with the Orange County Superior Court, 2-1-1 information services, Orange County Social Services and other community stakeholders and government agencies to provide the LSP's contact information for those seeking to receive further legal assistance.

SECTION 12. DISASTER PREPAREDNESS

Disaster Preparation Planning Conducted for the 2024-2028 Planning Cycle Older Americans Act Reauthorization Act of 2020, Section 306(a)(17); 310, CCR Title 22, Sections 7529 (a)(4) and 7547, W&I Code Division 8.5, Sections 9625 and 9716, CDA Standard Agreement, Exhibit E, Article 1, 22-25, Program Memo 10-29(P)

1. Describe how the AAA coordinates its disaster preparedness plans, policies, and procedures for emergency preparedness and response as required in OAA, Title III, Section 310 with:

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

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 whose 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. In addition, Office on Aging home-delivered meal service provider contracts include an option for meal service providers 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 or (949) 770- 6011	OAdmin@ocsd.org
Michelle Anderson 2644 Santiago Canyon Rd. Silverado, CA 92676	Director, Office of Emergency Management		manderson@ocsheriff.gov
Public Information Hotline		714-628-7085	OAdmin@ocsd.org

3. Identify the Disaster Response Coordinator within the AAA:

Name	Title	Telephone	Email
Andy Diep	Safety Manager, OC Community Resources	Office: 714-480-6428 Cell: 657-441-4776	andy.diep@occr.ocgov.com
Desiree Gonzalez	Business Services Analyst	Office: 714-480-6483 Cell: 657-314-4304	Desiree.Gonzalez@occr.ocgov.com

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

Critical Services	How Delivered?
A. Information & Assistance (I&A) Call Center	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.
B. HDM/In-Home Services	B. Service providers maintain protocols for continuing service to their clients.

C. Congregate Meals	C. Service providers maintain protocols for continuing service to their clients.
D. Elder Abuse/Ombudsman	D. Service providers maintain protocols for continuing service to their clients.

5. List critical services the AAA will provide to its operations after a disaster and describe how these services will be delivered (i.e., Cyber Attack, Fire at your building, Evacuation of site, Employee needs)

Critical Services	How Delivered?
A. Fire Evacuation Plan	A. Following the facility building Emergency Evacuation and Fire Prevention Plan.
B. Maintaining Call Center	B. Critical Services provided to ensure the call center is operational 24/7 include coordinating with the Amazon Call Center support help desk, (844) 834-2449.
C. Alternative Work Locations	C. Ensuring a plan is in place to establish an alternative work location in the event of a disaster to maintain operations.

6. List critical resources the AAA need to continue operations.

- **Communication:** Critical services include maintaining communications during and after a disaster. The OoA Call Center acts as a main form of communication with the public to help disseminate information to vulnerable categories within their organization. Communication needs to be maintained to help provide services, and information in response in the event of a disaster.
- **Alternative Worksite:** Office on Aging staff have remote (work from home) capability to continue day to day operations.
- **Transportation:** Office on Aging staff have personal and a county vehicle accessible to use for transportation to maintain day to day operations and access to local community resources.

7. List any agencies or private/non-government organizations with which the AAA has formal or nonformal emergency preparation or response agreements. (contractual or MOU)

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 United Way/2-1-1 Orange County.

8. 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 requiring 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.
- **Identify possible needs of the participants before a disaster event (PSPS, Flood, Earthquake, ETC):** In the event of a temporary power outage caused by a disaster that affects the infrastructure, Public Safety Power Shutoffs will be coordinated through OCCR Facilities staff and designate OCCS facilities maintenance personnel on how to properly implement the PSPS. Additionally, staff will follow the direction of local utility companies for further guidance and direction.

Possible needs for vulnerable populations in the event of a disaster should include.

- Vital community resources available in a natural disaster, including access to Office on Aging Information & Assistance information phone line.
- Planning for emergency and evacuation routes to include nearby shelters.
- Awareness and notification of potential natural disaster events should be communicated to all vulnerable populations.
- Establish a communication plan and ensure there is a procedure in place to maintain the call center in the event of an emergency.
- **Follow up with 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. If contact is not made with a particular client, staff and volunteers can notify local first responders such as police, fire, or disaster workers.

9. How is disaster preparedness training provided?

- **AAA to participants and caregivers:** Orange County's Office on Aging provides disaster preparedness packets including resources to County advisory alerts and other community-based resources to participants and their caregivers.
- **To staff and subcontractors:** Disaster preparedness training is provided to all employees, including Information and Assistance personnel, during the new hiring process where all employees at Orange County Community Services are required to review Emergency Action & Fire Prevention Plan within 10 days of employment to include annually. The overviews include evacuation procedures, evacuation assignments, medical emergency response, fire emergency, extended power loss, hazardous materials / chemical spills, telephone bomb threats, severe weather & natural disasters, criminal activity, employee injury & vehicle accident reporting.

Additionally, staff members have access to online training platform Eureka that covers Emergency Preparedness. [Eureka Emergency Preparedness](#). The training comprises of six emergency responses principles from general guidelines for emergency preparedness to steps for addressing specific emergencies.

With regard to subcontractors, service providers maintain protocols for continuing service to their clients.

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SECTION 13. 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	24-25	25-26	26-27	27-28
<input checked="" type="checkbox"/> Information and Assistance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Case Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Outreach	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 IIID	24-25	25-26	26-27	27-28
<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 IIIE⁹	24-25	25-26	26-27	27-28
<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 VII	24-25	25-26	26-27	27-28
<input type="checkbox"/> Long Term Care Ombudsman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Title VII	24-25	25-26	26-27	27-28
<input type="checkbox"/> Prevention of Elder Abuse, Neglect, and Exploitation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

The 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 throughout the State of California and 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 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 continued to develop 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 virtually and in-person 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, Farsi and Chinese.

⁸ Refer to CDA Service Categories and Data Dictionary.

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SECTION 14. REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES

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

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

Identify Service Category: _____

Check applicable funding source:⁹

IIIIB

IIIC-1

IIIC-2

IIIE

VII

HICAP

Request for Approval Justification:

Necessary to Assure an Adequate Supply of Service OR

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

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

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

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

⁹ Section 15 does not apply to Title V (SCSEP).

¹⁰ For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs agree.

SECTION 15. GOVERNING BOARD**GOVERNING BOARD MEMBERSHIP
2024-2028 Four-Year Area Plan Cycle**

CCR Article 3, Section 7302(a)(11)

Total Number of Board Members: 5

Name and Title of Officers	Office Term Expires:
Andrew Do 1 st District	01/06/2025
Vincent Sarmiento 2 nd District	01/04/2027
Don Wagner 3 rd District	01/06/2025
Doug Chaffee 4 th District	01/04/2027
Katrina Foley 5 th District	01/04/2027

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

SECTION 16. ADVISORY COUNCIL**ADVISORY COUNCIL MEMBERSHIP
2024-2028 Four-Year Planning Cycle**

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

Total Council Membership (include vacancies) 40

Number and Percent of Council Members over age 60 24 77% Council 60+

Race/Ethnic Composition	% Of PSA's 60+Population	% on Advisory
White	56.1%	61%
Hispanic	18.3%	10%
Black	1.2%	3%
Asian/Pacific Islander	23.2%	10%
Native American/Alaskan Native	0.6%	0%
Other	18.7% *	3.2%

* Includes some other race and two or more races – Source ACS S0102 Data

Name and Title of Officers:**Office Term Expires:**

1. Meredith Chillemi – Chair	12/31/23
2. Crystal Miles – Vice Chair	12/31/22
3. Gene Hernandez – Past Chair	12/31/23
4. Dave Tetzlaff – Secretary	12/31/22

Name and Title of other members:**Office Term Expires:**

5. Charlene Ashendorf	12/31/24
6. Debbie Baker	12/31/25
7. Linda Barcelona	12/31/17
8. LaVal Brewer	12/31/23
9. Elizabeth Busick	12/31/23
10. Jerry Chang	12/31/23
11. Colette Chencinski	12/31/24
12. Elaine Gennawey	12/31/24
13. Howard Hart	12/31/25
14. Ken Higman	12/31/24

15. Mariann Klinger	12/31/24
16. Beck Levin	12/31/24
17. Patty Mouton	12/31/24
18. Ann Mudry	12/31/24
19. Robin Nelson	12/31/24
20. Joan Nichols	12/31/24
21. Rachel Owens	12/31/22
22. John W Pointer	12/31/23
23. Jeffrey Rodriguez	Indefinite
24. Irene Rose	12/31/24
25. Marty Simonoff	12/31/25
26. Amina Sen-Matthews	12/31/22
27. Barbara Sloate	12/31/23
28. Sandy Stang – Past Chair Housing & Transportation	12/31/23
29. Nathan Steele	12/31/24
30. Cynthia Thacker	12/31/24
31. Dave Wheeler	12/31/24

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

Yes No

- Representative with Low Income
 Representative with a Disability
 Supportive Services Provider
 Health Care Provider
 Local Elected Officials
 Persons with Leadership Experience in Private and Voluntary Sectors

Yes No Additional Other (Optional)

- Family Caregiver, including older relative caregiver
 Tribal Representative
 LGBTQ Identification
 Veteran Status
 Other _____

Explain any “No” answer(s):

Explain what happens when term expires, for example, are the members permitted to remain in their positions until reappointments are secured? Have they been replaced, renewed or other?

According to the Bylaws of the Orange County Older Adults Advisory Commission, and pursuant to Government Code section 1302, a member whose term has expired may continue serving as a member until reappointed, resigns, or replaced.

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

The Advisory Commission consists of 40 Members with the Board of Supervisors appointing 10 of those members as follows:

1. Ten (10) to be selected by the Board.

Commission members shall be appointed by the Board with each Supervisor nominating two Commission members from inside or outside of their respective district. No person living outside of the Supervisor's District shall be nominated for appointment to the Commission without the written consent of the Supervisor representing the district where the nominee resides.

The remaining members are appointed by the City Selection Committee (10 appointees) and the Advisory Commission's Executive Committee (10 appointees).

SECTION 17. MULTIPURPOSE SENIOR CENTER ACQUISITION OR CONSTRUCTION COMPLIANCE REVIEW ¹¹

CCR Title 22, Article 3, Section 7302(a)(15)
20-year tracking requirement

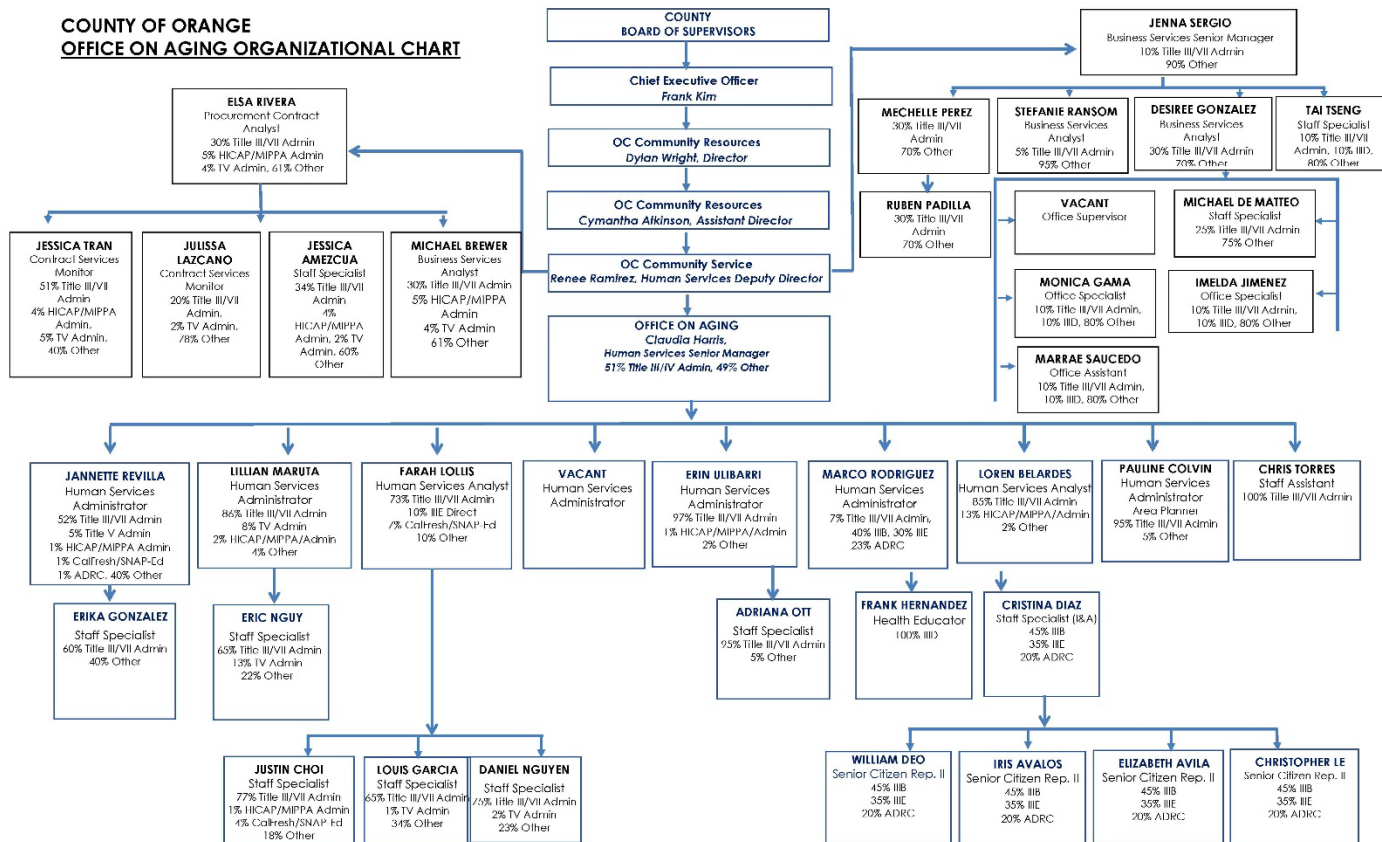
- No. Title IIIB funds not used for Acquisition or Construction.
- Yes. Title IIIB funds used for Acquisition or Construction.

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:						

¹¹ 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 18. ORGANIZATION CHART



SECTION 19. 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 2020 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)(6)(I)

Describe the mechanism(s) for assuring that each Area Plan will include information detailing how the Area Agency will, to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals.

9. 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;

10. 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.

11. 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;

12. 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;

13. 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;

14. 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.

15. 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.

16. 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.

17. 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.

18. 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

19. 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.

20. 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.

21. 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.

22. 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.

23. 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:

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, 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.

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 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.

28.CFR [1321.53(c)]

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

29.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.

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

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

31.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.

32.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.

Local Master Plan on Aging Supplemental Summary

In 2019, Governor Gavin Newsom ordered a statewide master plan on the issue. The Master Plan for Aging states that soon one out of every four Californians will be older adults, a demographic shift that will change structures of families and communities as well as the drivers of the California economy. The next generation of older adults in California will be significantly more diverse, will have a higher life expectancy, and contribute in new ways to make the state a more vibrant place.

Orange County is in the process of developing its own version of the Master Plan for Aging. See Local Master Plan on Aging Supplement below for more information. This collaborative effort between the Social Services Agency, OC Community Resources' Office on Aging, OC Health Care Agency, and the County Executive Office, aims to create a local aging plan specific to the needs of Orange County older adults. It will focus on the five goals in the state's master plan: housing, access to health care, equity, caregiving, and economic security.

The Orange County Older Adults Needs Assessment was commissioned by the Board of Supervisors in December 2022 and was targeted specifically to Orange County residents. Through a competitive bidding process, the County recruited the services of a survey consultant to conduct the assessment. The purpose of the county-wide, comprehensive assessment was to assess existing programs and services, determine the needs of the County's multi-cultural and diverse older adult communities, identify gaps in care and services, currently offered to the 55 and older population by all stakeholders, and guide the development of the County's Master Plan for Aging.

A multi-pronged approach was utilized in the development of the Needs Assessment that included three separate instruments – Community Survey, Caregiver Survey and Provider Survey – along with stakeholder interviews, focus groups and town-hall meetings to gather information. Office on Aging staff, together with representatives from the County's Health Care Department, Social Services, County Executive Office contributed to the development of the surveys. The community survey targeted individuals 55 and older who live in Orange County, with a special emphasis on older adults with the greatest economic and social needs, as well as person with disabilities. The Caregiver survey targeted individuals, regardless of age, who served as an unpaid caregiver to a loved one. The Provider Survey was distributed to older adult service providers throughout the county to gain their perspective on unmet needs and barriers they feel older adults are facing in the community.

The County's Older Adults Needs Assessment was conducted in Fall 2023 and targeted individuals 55 and older. The consultant's research team utilized a participatory model for which they invited the community to nominate individuals to serve as key informants. This approach assisted in identifying and assessing the top issues and concerns affecting Orange County's older population. The key informants included individuals and organizations who were familiar with the older adult landscape and issues of concern, including representatives from the health care industry, social services, older adult service providers, community leaders, advocates for older adults, and owners/operators of facilities serving older adults.

The interviews were utilized to identify key populations for focus group analysis and were instrumental in shaping questions for the community, caregiver and provider surveys.

The community and caregiver surveys were carefully crafted to glean information from the dual perspective of being a recipient of care and a provider of care. The surveys included questions on topics including, but not limited to, health and wellness, community wellbeing, equity and inclusivity, information and assistance, and productive activities. The caregiver survey targeted unpaid individuals who assist in activities of daily living at home and focused on services provided by caregivers as well as caregiver needs.

Focus group participants were chosen based on predefined demographic traits, or specific lived experiences, such as residents experiencing housing insecurity, veterans, and older adults who are also caregivers. Town halls were conducted to supplement the qualitative primary data collection by soliciting additional input, specific examples and lived experience.

The community and caregiver survey instruments were made available in the County's seven threshold languages – English, Spanish, Vietnamese, Korean, Farsi, Arabic and Chinese. An extensive marketing and outreach campaign was launched to educate and inform the community about the Needs Assessment(s). The campaign leveraged relationships with community-based organizations, ethnic and faith-based communities, service providers, and local government agencies to promote and distribute surveys. 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. Informational flyers and survey instruments were placed at key locations throughout the County including, but not limited to, community senior centers, congregate meal sites, community outreach events, Social Services Agency lobbies, Health Care Agency lobbies, Orange County Public Libraries, and Veteran Services lobbies. The flyers contained a QR code providing direct access to the online survey. A dedicated website was developed for the Assessment and enabled individuals to complete the survey online. The website was promoted by County departments via social media and newsletters.

The caregiver survey specifically targeted unpaid caregivers – family members, friends, volunteers - was developed and disseminated throughout the community. As with the Community Survey, the survey instrument was available in all seven threshold languages identified above, and promoted throughout the County utilizing the same approach as the was utilized for that survey. The purpose of the survey was to obtain a better understanding of how informal caregivers assist another individual in activities of daily living at home, and the impacts such caregiving may have on their physical and mental health and wellbeing.

A total of approximately 5,324 Older Adult Needs Assessment Surveys were completed. Survey analysis and results are currently pending.

Older Californians Act (OCA) Modernization Supplemental Summary

Program Memo 23-13 outlines the funding intent, allowable activities, and distribution of general funds for modernizing the Mello-Granlund Older Californians Act. Funding for these efforts include State General Funds granted in response to the AAAs network's legislative proposal. If the AAA is using the modernization funding to expand the scope of the existing OCA programs and/or fund community-based service programs, the supplemental summary document of the actions being taken at the AAA should be completed. The narrative summary should include programmatic actions being funded and the services provided including Nutrition Modernization programs.

Not Participating in OCA Modernization

Description of program(s) being funded:

The County of Orange Office on Aging intends to provide OCA Modernization programs and will implement programs resulting from the Request for Proposal (RFP),

Services being provided:

The County of Orange Office on Aging intends to provide the following OCA Modernization programs:

1. Alzheimer's Day Care Resource Center -
2. Brown Bag
3. Groceries
4. Linkages
5. Aging in Place
6. Caregiver Respite
7. Caregiver Support for People with Dementia/Alzheimer's
8. Senior Companion

An RFP for these services is still in process. Programs will depend on the proposals received by Office on Aging.