



AREA PLAN

2024 - 2028

Orange County, California
PSA 22



Area Plan

July 1, 2024, to June 30, 2028

Orange County, California
PSA 22

California Department of Aging
Due May 1, 2024

APPROVED

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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

PSA 22

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. Donald P. Wagner
 (Type Name)

[Signature]
 Signature: Governing Board Chair¹



FACSIMILE SIGNATURE AUTHORIZED
 PER G.C. SEC. 25103, RESO 79-1535
 SIGNED AND CERTIFIED THAT A COPY OF
 THIS DOCUMENT HAS BEEN DELIVERED
 TO THE CHAIR OF THE BOARD

ATTEST:

[Signature]
 ROBIN STIELER
 CLERK OF THE BOARD OF SUPERVISORS
 ORANGE COUNTY, CALIFORNIA

4/23/24
 Date

2. Meredith Chillemi
 (Type Name)

DocuSigned by:

[Signature]
 Signature: Advisory Commission Chair

3/19/2024
 Date

3. Claudia Harris
 (Type Name)

DocuSigned by:

[Signature]
 Signature: Area Agency Director

3/19/2024
 Date

In a Minute Order dated 4/23/24, the Orange County Board of Supervisors, as the governing body of the PSA 22, Area Agency on Aging, approved the 2024-2028 Area Plan and authorized the Director of the Office on Aging to execute and submit plan updates and amendments for the 2024-2028 planning period.

¹ Original signatures or electronic signatures are required.

SECTION 1. MISSION STATEMENT

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

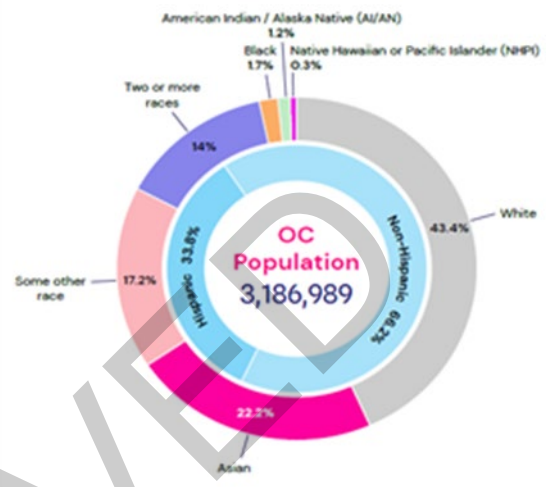
The Mission of the Office on Aging is: To ensure that Orange County's older adults experience a high quality of life characterized by independence, safety, health, transportation, affordable housing, appropriate nutrition and social activity.

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

Furthermore, the Office on Aging is committed 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. (CCR Title 22, Article 3, Section 7302(a)(3))

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.²



Orange County is home to approximately 953,096 foreign-born residents³ accounting for approximately 30% of its population. Immigration largely from Asia and Latin America, contribute to the county's international population growth.



Approximately 516,802 older adults 65 years or older reside in Orange County.⁴ 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 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.

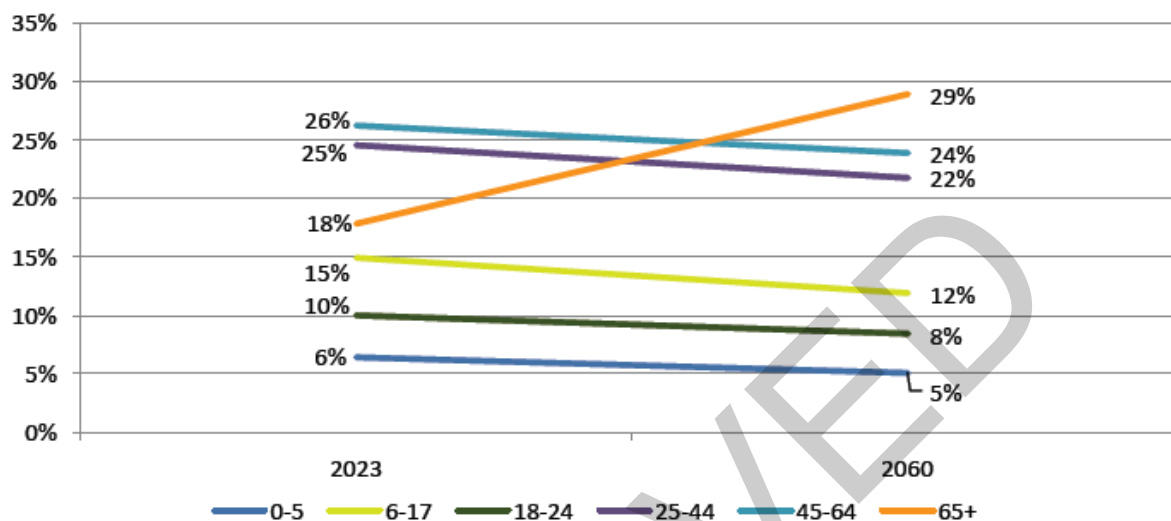
² Source: California Department of Finance, E-5 Population and Housing Estimates for Cities, Counties and the State – January 1, 2021-2023.

³ 2022 American Community Survey 1-Year Estimates (DP02)

⁴ 2022 American Community Survey 1-Year Estimates (S0103)

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 older adults 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%.

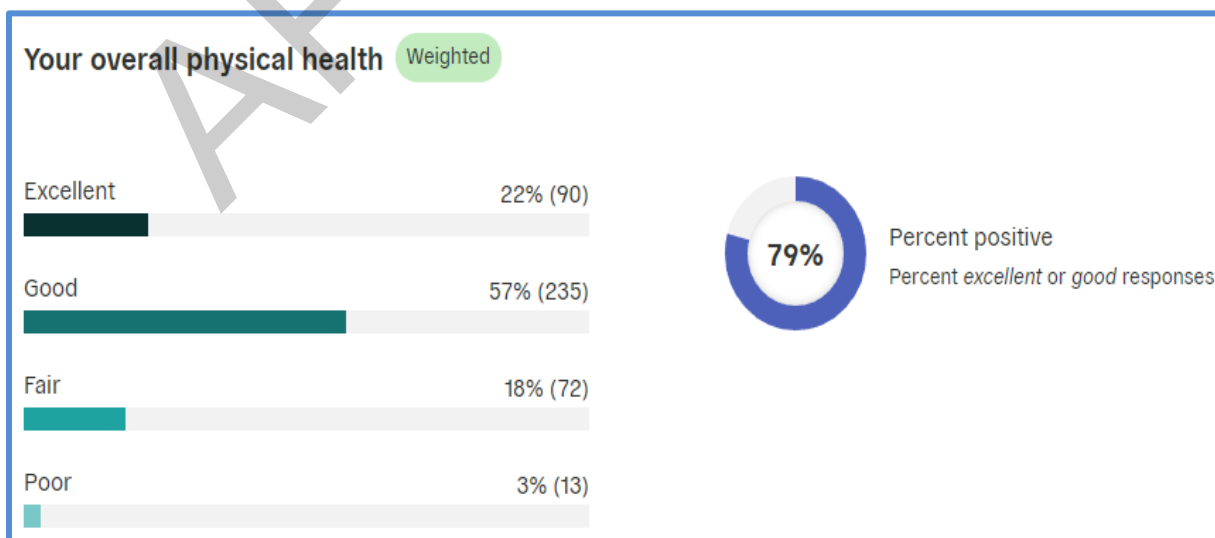
Health-related problems were some of the most common challenges listed by older adults in the survey, with 36% reporting physical health challenges and 29% reporting mental health challenges. Health care was also a challenge for about 36% of older residents.

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.

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.

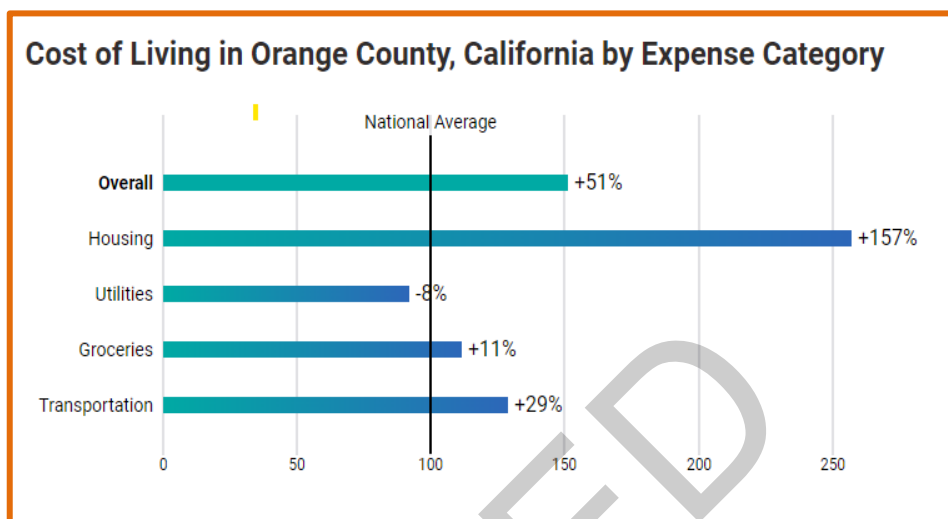


Figure 1 Source: Payscale.com

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, older adults 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.⁵

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).

⁵ American Community Survey ACS-S0102

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 older adult (62+) residents.

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 (OoA) constitutes a foundation of valuable resources to the OoA 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 OoA 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 Division (WEDD), and the Veterans Service Office (VSO). In addition to the OoA 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. OoA 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 older adults received Medi-Cal benefits, 1 in 34 older adults were enrolled in IHSS, and 1 in 12 older adults 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 older adults 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 older adults 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 older adults 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 older adult 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 older adult 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 older adult 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 OCASC Food and Nutrition sub-committee as part of the 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, an older adult 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 older adults 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.⁵ 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.

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 older adults mirror 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.

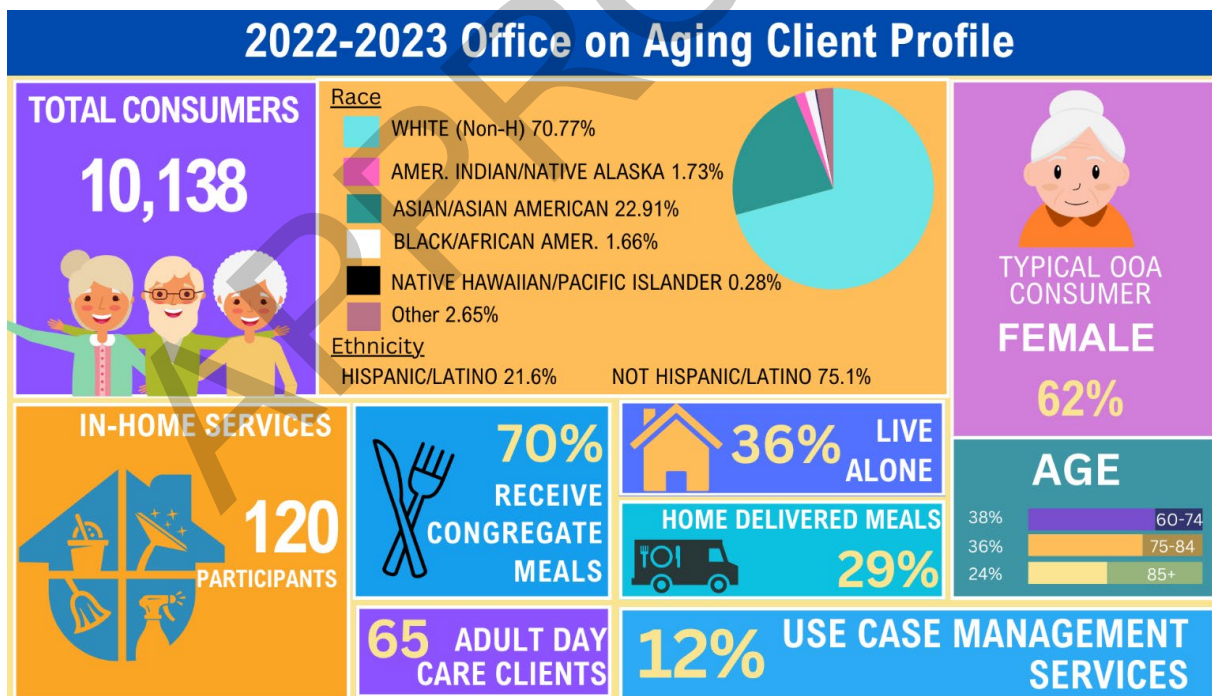
⁵Source: Orange County 2023-2024, Community Indicators Report

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 older adult community have preferred those 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 2020-2021.

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 for 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 (OACC) 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 Older Adults Advisory Commission, 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

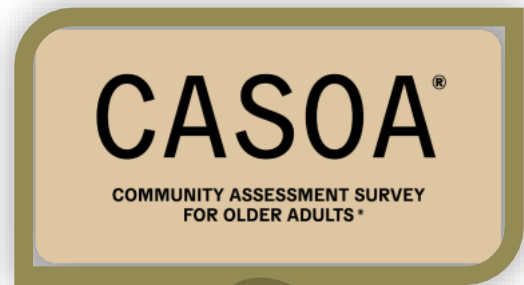
In 2019, Governor Gavin Newsom ordered a statewide master plan on the issue. The Master Plan for Aging states that soon one out of every four Californians will be older adults, a demographic shift that will change structures of families and communities as well as the drivers of the California economy.

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 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.

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

In this 2024-28 planning cycle, the Office on Aging determined the following minimum percentages for priority services:

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

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 older adults 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 California Assessment Survey of Older Adults (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, 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 as 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.

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 independently.⁶ 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 children.⁷



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 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.

⁶ Prevalence of Disabilities and Health Care Access by Disability Status and Type Among Adults – United States, 2016

⁷ AARP Family Caregiver Contribution Study

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 older adults 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 LGBTQ Center of Orange County and City of Laguna Beach, to increase services and programming, and address the barriers to service faced by LGBTQ elders. The LGBTQ Center of Orange County offers a 55+ support group and a safe space to express and share feelings, explore thoughts and experiences, and enhance awareness of community resources.

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 fund⁸ 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 _____ % 26-27 _____ % 27-28 _____ %

In-Home Services:

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

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

Legal Assistance Required Activities:⁹

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

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

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

The allocations are justified through a comprehensive analysis of various factors, including historical funding levels, service level trends, needs assessments, and anticipated future demands. To determine if the allocations are sufficient to meet the need, we conduct thorough assessments of the resources available against anticipated demand. This involves evaluating the effectiveness of past allocations, identifying any gaps in services, and forecasting future needs based on factors such as population growth, and changing service demands.

⁸Minimum 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.

⁹Legal Assistance must include all the following activities: Legal Advice, Representation, Assistance to the Ombudsman Program and Involvement in the Private Bar.

Furthermore, the Office on Aging engages in ongoing monitoring and evaluation to assess the adequacy of allocations. By regularly reviewing performance metrics, feedback mechanisms, and emerging trends, we can make informed adjustments to allocations as necessary to ensure that they remain sufficient to effectively address the identified needs.

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?¹⁰ Yes or No	Was hearing held at a Long- Term Care Facility?¹¹ Yes or No
2024-2025	03/08/24	Easterseals 1063 McGaw Ave. #100, Irvine, CA 92614	23	No	No
2025-2026					
2026-2027					
2027-2028					

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

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

The Area Plan draft was posted on the Office on Aging's website and for those who were unable to attend the public hearing and wanted to provide a comment could do so by emailing the areaagencyonaging@occr.ocgov.com.

The Office on Aging utilized its network of community organizations, service providers, senior centers, and disability advocacy groups to assist with reaching out to homebound and/or disabled older adults and help facilitate communication and engagement with their

¹⁰A translator is not required unless the AAA determines a significant number of attendees require translation services.

¹¹AAAs are encouraged to include individuals in LTC facilities in the planning process, but hearings are not required to be held in LTC facilities.

participants.

Furthermore, the Community Assessment Survey for Older Adults was administered to a random sample of 5,000 households with an older adult. 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. The survey distribution was used as a form of outreach to seeking input in the planning process and ensure that homebound and disabled older adults were heard and considered in the decision-making process.

2. Were proposed expenditures for Program Development (PD) or Coordination (C) discussed?

☐ Yes. Go to question #3

☒ Not applicable, PD and/or C funds are not used. Go to question #4

3. **Summarize the comments received concerning proposed expenditures for PD and/or C.**

Not Applicable.

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

☒ Yes. Go to question #5

☐ No, Explain:

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

Clarification was provided to the public as to why the priority services allocation did not amount to 100%. It was explained that the Area Plan is a prescribed template and only the allocation to priority services were needed to be included in that section. The remaining 26% was allocated to non-priority services such as senior activities and cash/material aid.

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

The public requested for an itemization of tasks and specific actions on how the goals and objectives are to be accomplished by the Office on Aging (OoA). The public was informed that the Area Plan is a prescribed template and performance metrics is not a requirement.

The public inquired about budget allocation for disseminating information on older adult programs and it was confirmed that the OoA has allocated a budget for outreach and information and assistance efforts.

An explanation was provided on how to translate the units for Adult Day Care and how the units shared at the presentation are County goals and they are a cumulation of all Adult

Day Care providers under OoA.

An inquiry was made about funding sources outside of the of the Older Americans Act (OOA) and it was explained that the Area Plan is to inform the public on programs and activities strictly under the OOA.

There was interest in the application process to become an OoA provider and information on County procurement process was provided.

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

A glossary of acronyms was added to the Area Plan as a result of a public suggestion. Additionally, the Area Plan draft was revised and made more concise to reduce confusion as a result of a public recommendation.

APPROVED

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 four goals identified below serve as the guiding principles and targeted outcomes for our initiatives, ensuring alignment with our mission and strategic priorities.

Goal #1: Inform and Educate

Rationale: The most commonly cited reason for non-use of available services and resources is lack of knowledge and awareness. Informing and educating communities lays the groundwork for building awareness, fostering empathy and understanding, mobilizing support, and empowering individuals and communities to address the needs of older adults effectively.

Objectives		Projected Start and End Dates	Type of Activity and Funding Source¹²	Update Status¹³
1.1	The Office on Aging (OoA) will expand the scope of traditional community outreach efforts to include increased education and awareness of resources and services available to older adults, caregivers, and persons with disabilities by: <ul style="list-style-type: none">Continued collaborative efforts with community partners and County agencies to incorporate an OoA component into new staff trainings, new counselor trainings, county programs, and	July 1, 2024 – June 30, 2025	Admin.	

¹²Indicate 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.

¹³Use for the Area Plan Updates to indicate if the objective is New, Continued, Revised, Completed, or Deleted. **Page 36 of 105**

	<p>volunteer trainings.</p> <ul style="list-style-type: none"> ▪ Continued collaboration with other county agencies and programs to expand outreach efforts. ▪ Continued partnerships with the Orange County Board of Supervisors to co-host older adult-focused events in the respective districts. ▪ Continue to analyze social media usage trends to determine effective outreach methods. ▪ Continue to expand outreach efforts in ethnic communities by investigating and utilizing various modes of communication to determine effective methods. 			
1.2	<p>The Older Adults Advisory Commission (OAAC) will continue to communicate with community members and groups about upcoming OAAC meetings, especially those with an educational component.</p>	<p>July 1, 2024 – June 30, 2025</p>	<p>N/A</p>	
1.3	<p>The OoA 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"> ▪ Disseminate emergency/disaster preparedness packets. ▪ Continue to distribute “File of Life” magnets. ▪ Expand collaboration and discussion with county agencies and contracted providers on the 	<p>July 1, 2024 – June 30, 2025</p>	<p>Admin.</p>	

	department's role in disaster response.			
1.4	The OoA will plan, arrange and/or provide a minimum of forty (40) educational presentations to groups of older adults, caregivers, and service providers to include: <ul style="list-style-type: none"> ▪ Evidence based-health promotion programs. ▪ Older adult program overviews ▪ Nutrition and Exercise ▪ Scams/frauds 			
1.5	The OoA will increase awareness of the OoA and available resources by preparing and distributing publications such as: <ul style="list-style-type: none"> ▪ Quarterly newsletters ▪ Updating website content ▪ Social media campaigns ▪ Year-end program report to highlight services delivered and success client stories. 	July 1, 2024 – June 30, 2025	Admin.	

Goal #2: Service Delivery Coordination & Enhancement of Collaborative Partnerships

Rationale: Service delivery coordination within the older adult community is essential for optimizing care, improving health outcomes, enhancing efficiency, empowering older adults, reducing caregiver burden, and promoting aging in place. Furthermore, by fostering collaboration and partnerships, organizations and stakeholders can create a more supportive and inclusive environment that enables older adults to age with dignity, independence, and quality of life.

Objectives		Projected Start and End Dates	Type of Activity and Funding Source	Update Status
2.1	The OoA will continue as an advisory member of the Orange County Aging Services Collaborative and support the ongoing activities by serving as a facilitator and planner on countywide initiatives.	July 1, 2024 – June 30, 2025	Admin.	

2.2	<p>The OoA 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 and strategize how to increase caregiver engagement. ▪ Facilitate a monthly in person support group for caregivers where they can share success stories, challenges and share information. ▪ Conduct caregiver assessments every 6 months to stay connected to the caregiver and learn about their needs and challenges. ▪ Conduct outreach to inform caregivers about available respite services and how to access them. 	July 1, 2024 – June 30, 2025	Admin.	
2.3	<p>The OoA will maintain the designated status for the Aging and Disability Resource Connection (ADRC) by continuing partnership with the Dayle McIntosh Center by:</p> <ul style="list-style-type: none"> ▪ Hosting and maintaining the ADRC website ▪ Participating on the advisory committee ▪ Implementing the core ADRC services 	July 1, 2024 – June 30, 2025	Admin.	
2.4	<p>The OoA will continue to participate with other older adult-based organizations, on community collaborative groups that address emergent issues.</p>	July 1, 2024 – June 30, 2025	Admin.	

2.5	Establish and maintain partnerships with other county agencies to share knowledge, information, address common challenges and create open lines of communication to better serve the target population.	July 1, 2024 – June 30, 2025	Admin.	
2.6	The OoA will collaborate, and support county agencies involved in creating the county's Master Plan for Aging by providing access to pertinent aging information.	July 1, 2024 – June 30, 2025	Admin.	
2.7	The OoA will continue to partner with the Orange County Transportation Authority and the Orange County Health Care Agency to provide the Senior Non-Emergency Medical Transportation services and potentially expand the program should other funding sources become available.	July 1, 2024 – June 30, 2025	Admin.	
2.8	<p>The OoA Health Educator will collaborate with community partners to offer the following evidence-based health promotion programs:</p> <ul style="list-style-type: none"> ▪ Chronic Disease Self-Management Program ▪ Tomando Control de su Salud ▪ Diabetes Self-Management Program ▪ Programa de Manejo Personal de la Diabetes ▪ A Matter of Balance 	July 1, 2024 – June 30, 2025	Admin.	
2.9	The OOAC will develop priority recommendations to present to the Orange County Board of Supervisors.	July 1, 2024 – June 30, 2025	Admin.	
2.10	OoA will provide ongoing technical assistance to contracted service providers to ensure effective program management and performance metrics are met.	July 1, 2024 – June 30, 2025	Admin.	

Goal #3: Enhance Quality of Services

Rationale: Enhancing quality of services is essential to uphold the principles of dignity, respect, health, safety, empowerment, and community integration. By making quality of services a goal, the OoA and its providers demonstrate their commitment to promoting the well-being and quality of life of older adults in our care.

Objectives		Projected Start and End Dates	Type of Activity and Funding Source	Update Status
3.1	<p>The OoA will ensure that participants are receiving excellent customer service and are satisfied by using these quality assurance protocols:</p> <ul style="list-style-type: none"> Conduct an automated survey to a random sample of callers to measure their overall experience with the Information & Assistance call center. Launch customer satisfaction surveys to participants to measure their overall experience with the program and provide technical assistance to the service providers as needed. Review evidence-based health promotion post surveys and assist with any performance or program implementation issues. 	July 1, 2024 – June 30, 2025	Admin.	
3.2	<p>Improve data collection and integrity to better measure activity, performance, and quality by:</p> <ul style="list-style-type: none"> 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 quality of programs and services. Maintain and update a data policy and procedure manual 	July 1, 2024 – June 30, 2025	Admin.	

	with supporting desk guides.			
3.3	Provide training to align with quality improvement efforts for data and program management by creating guidelines and operational guides to streamline processes.	July 1, 2024 – June 30, 2025	Admin.	
3.4	Identify gaps in services by incorporating applicable questions to customer satisfaction surveys.	July 1, 2024 – June 30, 2025	Admin.	

Goal #4: Participation in the Development of the County's Master Plan for Aging

Rationale: It is important for the OoA to actively engaging in planning efforts of the County's Master Plan for Aging and play an important role in shaping the future of aging police and services and improving the lives of older adults.

Objectives:		Projected Start and End Dates	Type of Activity and Funding Source	Update Status
4.1	The OoA in a collaborative effort with participating county agencies will 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.	July 1, 2024 – June 30 2025	Admin.	
4.2	The OoA will continue to play an active role in the development of the County's Master Plan for Aging Planning Team.	July 1, 2024 – June 30 2025	Admin.	

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			
2026-2027			
2027-2028			

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			
2026-2027			
2027-2028			

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			
2026-2027			

2027-2028			
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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	2	
2025-2026			
2026-2027			
2027-2028			

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			
2026-2027			
2027-2028			

Transportation (Access)

Unit of Service = 1 one-way trip

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

Information and Assistance (Access)

Unit of Service = 1 contact

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

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			
2026-2027			
2027-2028			

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			
2026-2027			
2027-2028			

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			
2026-2027			
2027-2028			

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			
2026-2027			
2027-2028			

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			
2026-2027			
2027-2028			

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

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

Title IIIB, Other Priority and Non-Priority Supportive Services

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

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

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

Other Supportive Service Category 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			
2026-2027			
2027-2028			

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			
2026-2027			
2027-2028			

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			
2026-2027			
2027-2028			

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			
2026-2027			
2027-2028			

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			
2026-2027			
2027-2028			

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			
2026-2027			
2027-2028			

3. Title IIID/Health Promotion—Evidence-Based

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

Evidence-Based Program Name(s):

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			
2026-2027			
2027-2028			

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	806	0	1,111	73%	<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 <u>920</u> 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 <u>21</u> 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 <u>4376</u> 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: _____
5. 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.

6. FY 2022-2023 Baseline: Number of Instances <u>9662</u> FY 2024-2025 Target: <u>5,000</u>
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7. FY 2023-2024 Baseline: Number of Instances _____ FY 2025-2026 Target: _____
8. FY 2024-2025 Baseline: Number of Instances _____ FY 2026-2027 Target: _____
9. 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 15 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.

FY 2024-2025
<p>FY 2024-2025 Systems Advocacy Effort(s):</p> <p>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.</p>
FY 2025-2026
<p>Outcome of FY 2024-2025 Efforts:</p> <p>FY 2025-2026 Systems Advocacy Effort(s):</p>
FY 2026-2027
<p>Outcome of FY 2025-2026 Efforts:</p> <p>FY 2026-2027 Systems Advocacy Effort(s):</p>
FY 2027-2028
<p>Outcome of 2026-2027 Efforts:</p> <p>FY 2027-2028 Systems Advocacy Effort(s):</p>

Outcome 2.

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

Measures and Targets:

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

this measure, no nursing facility can be counted more than once.

<p>1. FY 2022-2023 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint <u>67</u> divided by the total number of Nursing Facilities <u>72</u> = Baseline <u>93</u> %</p> <p>FY 2024-2025 Target: <u>95%</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 _____ %</p> <p>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 _____ %</p> <p>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 _____ %</p> <p>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>734</u> divided by the total number of RCFEs <u>1,002</u> = Baseline <u>73</u> %</p> <p>FY 2024-2025 Target: <u>80%</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 _____ %</p> <p>FY 2025-2026 Target: _____</p>

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

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

1. FY 2022-2023 Baseline: <u>13.46</u> FTEs FY 2024-2025 Target: <u>14.94</u> FTEs
2. FY 2023-2024 Baseline: _____ FTEs FY 2025-2026 Target: _____ FTEs
3. FY 2024-2025 Baseline: _____ FTEs FY 2026-2027 Target: _____ FTEs
4. FY 2025-2026 Baseline: _____ FTEs FY 2027-2028 Target: _____ FTEs
Program Goals and Objective Numbers: <u>2</u>

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

1. FY 2022-2023 Baseline: Number of certified LTC Ombudsman volunteers <u>27</u> FY 2024-2025 Projected Number of certified LTC Ombudsman volunteers <u>30</u>
2. FY 2023-2024 Baseline: Number of certified LTC Ombudsman volunteers _____ FY 2025-2026 Projected Number of certified LTC Ombudsman volunteers _____
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: 2 _____

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 LTC Ombudsman program has several systems in place to ensure Ombudsmen are consistently submitting activities and complaint reports in a timely manner. All reports are tracked on a spreadsheet and the Ombudsmen report how and when the issue was resolved. Each month, Ombudsmen are provided with a list of their outstanding issues, which managers review. The LTC Ombudsman 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.

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

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	4,000	2	2.2
2025-2026			
2026-2027			
2027-2028			

Caregiver Access Information & Assistance	Total Contacts	Required Goal #(s)	Required Objective #(s)
2024-2025	16,000	2	2.5
2025-2026			
2026-2027			
2027-2028			
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: 226 Activities 177, 650 Est. Audience	2	2.1
2025-2026	# Of activities and Total est. audience (contacts) for above:		
2026-2027	# Of activities and Total est. audience (contacts) for above:		
2027-2028	# Of activities and Total est. audience (contacts) for above:		
Caregiver Respite In-Home	Total hours	Required Goal #(s)	Required Objective #(s)
2024-2025	1,385	2	2.2
2025-2026			
2026-2027			
2027-2028			
Caregiver Respite Other	Total hours	Required Goal #(s)	Required Objective #(s)
2024-2025	250	2	2.2
2025-2026			
2026-2027			
2027-2028			

Caregiver Respite Out-of-Home Day Care	Total hours	Required Goal #(s)	Required Objective #(s)
2024-2025	4,700	2	2.2
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	15	2	2.2
2025-2026			
2026-2027			
2027-2028			
Caregiver Supplemental Services Caregiver Assessment	Total hours	Required Goal #(s)	Required Objective #(s)
2024-2025	825	2	2.2
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	60	2	2.2
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	23	2	2.2
2025-2026			
2026-2027			
2027-2028			
Caregiver Support Groups	Total sessions	Required Goal #(s)	Required Objective #(s)
2024-2025	120	2	2.2
2025-2026			
2026-2027			
2027-2028			
Caregiver Support Training	Total hours	Required Goal #(s)	Required Objective #(s)
2024-2025	500	2	2.2
2025-2026			
2026-2027			
2027-2028			
Caregiver Support Counseling	Total hours	Required Goal #(s)	Required Objective #(s)
2024-2025	600	2	2.2

2025-2026			
2026-2027			
2027-2028			

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			

**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		
2026-2027		
2027-2028		
HICAP Fiscal Year (FY)	PM 1.2 Public and Media Events (PAM) (Estimated)	Goal Numbers
2024-2025	300	1
2025-2026		
2026-2027		
2027-2028		

SECTION 2: FEDERAL PERFORMANCE MEASURES

HICAP Fiscal Year (FY)	PM 2.1 Client Contacts (Interactive)	Goal Numbers
2024-2025	11,666	1
2025-2026		
2026-2027		
2027-2028		
HICAP Fiscal Year (FY)	PM 2.2 PAM Outreach (Interactive)	Goal Numbers
2024-2025	5629	1
2025-2026		
2026-2027		
2027-2028		

HICAP Fiscal Year (FY)	PM 2.3 Medicare Beneficiaries Under 65	Goal Numbers
2024-2025	818	1,2
2025-2026		
2026-2027		
2027-2028		

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

HICAP Fiscal Year (FY)	PM 2.5 Enrollment Contacts (Qualifying)	Goal Numbers
2024-2025	11,513	1
2025-2026		
2026-2027		
2027-2028		

SECTION 3: HICAP LEGAL SERVICES UNITS OF SERVICES (IF APPLICABLE)¹⁴

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		
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		

¹⁴Requires a contract for using HICAP funds to pay for HICAP Legal Services.

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 St. Westminster, CA 92683
Abrazar at Midway City Community Center	14900 Park Lane Midway City, CA 92655
Anaheim Independencia Family Resource Center	10841 Garza Ave. Anaheim, CA 92804
Asian American Senior Citizens Service Center	850 N. Birch St. Santa Ana, CA 92701
The Bell Tower Regional Community Center	22232 El Paseo Rancho Santa Margarita, CA 92688
Brea Senior Center	500 South Sievers Ave. Brea, CA 92821
Brookhurst Community Center	2271 W. Crescent Ave. Anaheim, CA 92801
Buena Park Senior Activity Center	8150 Knott Ave. Buena Park, CA 90620
The Center at Founders Village Senior and Community Center	17967 Bushard St. Fountain Valley, CA 92708
Community Action Partnership of Orange County	11870 Monarch St. Garden Grove, CA 92841
Costa Mesa Senior Center	695 W. 19th St. Costa Mesa, CA 92627
Cypress Senior Center	9031 Grindlay St. Cypress, CA 90603
Dana Point Senior Center	34052 Del Obispo St. Dana Point, CA 92629

Dorothy Visser Senior Center	117 Avenida Victoria San Clemente, CA 92672
Downtown Anaheim Senior Center	250 E. Center St. Anaheim, CA 92805
El Modena Community Center	18672 E. Center Street, Orange, CA 92869
Florence Sylvester Senior Center	23721 Moulton Pkwy. Laguna Hills, CA 92653
Fullerton Community Center	340 W. Commonwealth Ave. Fullerton, CA 92832
H. Louis Lake Senior Center	11300 Stanford Ave. Garden Grove, CA 92840
Jewish Federation of Orange County	1 Federation Way, #210 Irvine, CA 92603
Korean American Seniors Association of OC	9884 Garden Grove Blvd. Garden Grove, CA 92844
La Habra Community Center	101 W. La Habra Blvd. La Habra, CA 90631
La Palma Community Center and Central Park	7821 Walker St. La Palma, CA 90623
Laguna Beach Community and Susi Q Center	380 3rd St Laguna Beach, CA 92651
Laguna Woods Village Community Center	24351 El Toro Rd. Laguna Woods, CA 92637
Lake Forest Senior Clubhouse	100 Civic Center Dr. Lake Forest, CA 92630
Lakeview Senior Center	20 Lake Rd. Irvine, CA 92604
Los Alamitos Recreation and Community Services	10911 Oak St. Los Alamitos, CA 90720
Norman P. Murray Community and Senior Center	24932 Veterans Way Mission Viejo, CA 92692
North Seal Beach Community Center	3333 St. Cloud Dr. Seal Beach, CA 90740

Oasis Senior Center	801 Narcissus Ave. Newport Beach, CA 92625
Orange Senior Center	170 S. Olive St. Orange, CA 92866
Placentia Senior Center	143 S. Bradford Ave. 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. 3rd St. Santa Ana, CA 92701
Sea Country Senior and Community Center	24602 Aliso Creek Rd. Laguna Niguel, CA 92677
Seal Beach Senior Center	707 Electric Ave. Seal Beach, CA 90740
Senior Center in Central Park	18041 Goldenwest St. Huntington Beach, CA 92648
Southern California Indian Center, Inc.	10175 Slater Ave. #150 Fountain Valley, CA 92708
Southland Integrated Services	9862 Chapman Ave. Garden Grove, CA 92841
Southwest Senior Center	2201 W. McFadden Ave. Santa Ana, CA 92704
Stanton Community Center	7800 Katella Ave. Stanton, CA 90680
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 type="checkbox"/> Yes Direct I&A only <input type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct I&A only <input type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct I&A only <input 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 type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input type="checkbox"/> No
Caregiver Support <input checked="" type="checkbox"/> Training <input checked="" type="checkbox"/> Support Groups <input checked="" type="checkbox"/> Counseling	<input type="checkbox"/> Yes Direct <input checked="" type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input type="checkbox"/> No
Caregiver Respite <input checked="" type="checkbox"/> In Home <input checked="" type="checkbox"/> Out of Home (Day) <input type="checkbox"/> Out of Home (Overnight) <input 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 type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input type="checkbox"/> No
Caregiver Supplemental <input checked="" type="checkbox"/> Legal Consultation <input checked="" type="checkbox"/> Consumable Supplies <input type="checkbox"/> Home Modifications <input 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 type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input type="checkbox"/> No

Older Relative Caregiver Services

Category	2024-2025	2025-2026	2026-2027	2027-2028
Caregiver Access <input 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 type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input type="checkbox"/> No
Caregiver Information Services <input 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 type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input type="checkbox"/> No
Caregiver Support <input type="checkbox"/> Training <input 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 type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input type="checkbox"/> No
Caregiver Respite <input 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 type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input type="checkbox"/> No
Caregiver Supplemental <input 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 type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input type="checkbox"/> No

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

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

The Office on Aging (OoA) does not provide or administer Older Relative Caregiver Services. The need is being met through our OoA's Information & Assistance Program by referring them to organizations with caregiver programs that do not disqualify them for being an older adult caring for a grandchild. Additionally, the organizations listed below provide services to grandparent caregivers.

Olive Crest – 2130 E. 4th St. Ste 200, Santa Ana, CA 92705

- Services provided include Information & Assistance, Support Groups. Caregiver Respite Out of Home (Day), Consumable Supplies, and resources such as backpacks.

Regional Center – 1525 N. Tustin Ave, Santa Ana, CA 92705

- Services provided include Case Management, Information & Assistance, Training,

Support Groups, In-Home Respite Care, Out of Home (Day and Overnight) Respite Care, Home Modifications, and Assistive Technology.

Cal Aim – 505 City Parkway West, Orange, CA 92868

- Services provided include Case Management, Information & Assistance, and Consumable Supplies.

Services listed above for all three organizations are offered throughout Orange County. The Office on Aging ensures that services continue to be provided without the use of Title III E funds by creating partnerships and collaborations with organizations such as those listed above.

APPROVED

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)]. 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 four years, evolving changes to landlord-tenant laws have impacted our local needs for legal services. The enactment of the California Tenant Protection Act of 2019 [Assembly Bill (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 Legal Services Provider (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. In addition, 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.

These shifts have affected funding levels, with an increased need for resources to address the growing demand for legal assistance. Compared to four years ago, funding has increased to support services, but the rising demand continues to challenge available resources.

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 Older Americans Act (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 Office on Aging (OoA) and LSP use client data, needs assessments, and the California Statewide Guidelines to review legal services priorities on an annual basis. In a collaborative effort the following legal service were established as priority issues:

- **Housing** related to landlord and tenant issues and subsidized housing
- **Income Maintenance** including government benefits like Social Security and Supplemental Security Income (SSI)
- **Elder Abuse** to include financial and consumer scams
- **Consumer Issues** related to 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?

In a collaborative effort with the LSP, data from various internal, local and state sources is used to assist with identifying the targeted population. In addition, 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 gather information and determine trending legal issues within the older adult population.

These collaborative efforts have assisted us with identifying the targeted population which are older adults aged 60 and older, specifically those who show the greatest economic and social needs, and limited access to resources.

Outreach efforts are used as a main mechanism for reaching targeted groups in Orange County include but are not limited to:

- Active participation in local events where the targeted population is likely to attend, providing opportunities for direct engagement and information sharing.
- Visiting outside county sites and clinics for legal presentation and clinics are also part of the LSP's monthly schedule.
- Utilizing digital outreach and traditional media to advertise services which include, but not limited to social media, local publications, and websites. Such publications include:
 - Council on Aging's ANSWERS resource guide
 - El Clasificado
 - Laguna Woods Globe
 - Leisure World Weekly
 - Nguoi Viet
 - Radio ChieuThuBay
 - Facebook
- Conduct community outreach and education at senior centers, community-based organizations, and local community fairs where older adults can ask questions, speak to a LSP staff, and share contact information for further legal consultation.

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

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 utilizes a combination of outreach methods to effectively raise awareness and engage with the targeted population.

In addition to the outreach efforts outlined in question 5, the LSP does the following on a regular basis:

- Disseminates informational flyers throughout the community.
- Visits senior centers, senior apartment complexes and community service centers countywide to educate older adults, stakeholders, and the community on legal services offered.
- Conduct presentations and legal clinics in-person and virtually.
- Collaborate with community partners such as Boat People SOS, the Vietnamese Cancer Society, the County Community Service Center, and Leisure World in Seal Beach and participate in community events.
- Provide virtual and in-person outreach at community event and resource fairs.
- Offer weekly workshops at the Orange County Public Law Library on topics related to consumer defense.

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.

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 methods to accessing legal services are traditional methods which is calling the LSP's legal hotline and walking in.

Additionally, the targeted population can use any of the other available methods to access legal services which are:

- Visiting one of the multiple senior centers the LSP visits on a scheduled rotation.
- Utilizing the on-line intake application process.
- Scheduling their consultation via a virtual platform such as Zoom.
- Attend a virtual or in-person legal clinic.

Special accommodations are made to allow persons with disabilities or lack of access to technology to access legal services.

The LSP continues to explore other user-friendly platforms to broaden accessibility and encourage participation.

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).

Major types of legal issues that are handled by the LSP include, but are not limited to:

- Government benefits and assistance
- Landlord-tenant disputes
- Elder abuse including financial abuse and consumer scams
- Probate
- Estate planning
- Immigration
- Health access
- Conservatorships

Although not new, the LSP has seen an upward trend for assistance in areas concerning conservatorships for family members, and 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.

During the COVID-19 pandemic and continuing, governmental agencies either suspended or limited access to in-person appearances and have required virtual appearances making access to technology a barrier.

To mitigate access to technology barriers the LSP created several workspaces within its physical offices to allow participants access to computers and make virtual appearances at court hearings, trials, and/or administrative law hearings. LSP staff is available to assist with setting up virtual appearances. Additionally, LSP refers and encourages participants with limited or no access to technology to apply for an iPad via the OoA's technology

programs:

- Communications, Health, Aging, Technology (CHAT)
- Access to Technology (ATT)
- Digital Connections (DC)

Furthermore, the LSP continues to assist participants with technology issues through phone consultations.

Another prominent barrier when it comes to accessing legal services is access to transportation.

Proposed strategies to assist with mitigating transportation barriers include:

- Continue to offer limited offsite visits to homebound older adults.
- Augment current cross-referral system with local transportation service providers.
- Offer user-friendly remote platforms.

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

The LSP has a robust aging network of professional experts to coordinate and help facilitate the planning of comprehensive services to the targeted population which consist of, but not limited to:

- Senior and community centers
- Financial Abuse Specialist Team
- Elder Abuse Forensics Center Team
- Adult Protective Services
- Social Services Agency
- Public Guardian
- Law Enforcement
- Legal Advocates
- Long-Term Care Ombudsman Program
- Council on Aging Southern California
- Orange County Superior Court
- 2-1-1

The LSP continues to augment their network by actively seeking partnerships with community stakeholders and government agencies to assist .

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 (OC DAFN) is 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.

The Orange County Office on Aging plans to enhance its existing website by providing tailored resources, checklists, and local emergency contacts to assist older adults and caregivers in disaster preparedness. While coordination with local tribal organizations has not yet been established, it will be explored as part of future efforts.

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 Alt: 949-770-6011	OAAdmin@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	OAAdmin@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?
Information & Assistance (I&A) Call Center	Remote capabilities allow I&A to be redirected to alternate locations if needed, or out stationed at Local Assistance Centers in the community. Emergency notifications can be posted on the Office on Aging website as a means for communicating importance information to clients and service providers.
HDM/In-Home Services	Service providers maintain protocols for continuing service to their clients.
Congregate Meals	Service providers maintain protocols for continuing service to their clients.

Elder Abuse/Ombudsman	Service providers maintain protocols for continuing service to their clients.
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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?
Fire Evacuation Plan	Following the facility building Emergency Evacuation and Fire Prevention Plan.
Maintaining Call Center	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.
Alternative Work Locations	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.

APPROVED

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 services⁸

Title IIIB

- ☒ Information and Assistance
- ☐ Case Management
- ☒ Outreach
- ☐ Program Development
- ☐ Coordination
- ☐ Long Term Care Ombudsman

Check each applicable Fiscal Year

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

- | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Title IIID

- ☒ Health Promotion – Evidence-Based

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

- | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|

Title IIIE¹⁶

- ☐ Information Services
- ☒ Access Assistance
- ☐ Support Services
- ☐ Respite Services
- ☐ Supplemental Services

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

- | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
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Title VII

- ☐ Long Term Care Ombudsman

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

- | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|--------------------------|

Title VII

- ☐ Prevention of Elder Abuse, Neglect, and Exploitation.

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

- | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <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 (OoA) operates the Information & Assistance (I&A) call center which provides older adults, their families and caregivers with information, referrals and access to agencies and programs that can help them with older-related services. Call center representatives are not only trained to provide personalized information and referrals, but they are also trained to effectively identify and address underlying needs of callers by actively listening, and asking open-ended questions to gather information and clarify the caller's needs and make them aware of services available to them.

¹⁶ Refer to CDA Service Categories and Data Dictionary: <https://aging.ca.gov/>

Other methods used by the OoA to ensure those having the greatest social and economic need, including ethnic minorities, caregivers, frail elderly and/or disabled, and low-income older adults are served throughout Orange County include but are not limited to:

- Analyzing demographic data to identify characteristics such as age, gender, income level, ethnicity, education, and geographic location to understand the target population's composition.
- Obtaining and conducting assessments to gather information directly from the targeted population about their needs, preferences, and barriers to access. In addition to understanding local needs, resources, and existing gaps in services.
- Bringing together small groups of older adults from the targeted population to discuss relevant issues, provide feedback, and generate ideas for program development and outreach strategies through focus groups and public hearings.
- Providing translation services through our Information & Assistance department in over 240 languages. In addition to English, materials and communication are offered in the following languages to ensure accessibility and inclusivity:
 - Chinese
 - Korean
 - Spanish
 - Vietnamese
- Utilizing social media to advertise our services to the targeted population.
- Ensuring accessibility to information via our Orange County Senior Resources Application.
- Training and empowering older adults to serve as peer educators and advocates to spread awareness, provide support, and encourage participation in programs and services through our Health Education program and Orange County Older Adults Advisory Commission (OAAC).
- Collaborating with community organizations, advocacy groups, healthcare providers, schools, faith-based institutions, and other stakeholders that have existing relationships with the targeted population via service providers, outreach efforts, Health Education program, OAAC, and active participation in aging collaboratives such as the Orange County Aging Services Collaborative. In addition, OoA manages the Speakers on Adults Realities program which connects the community with aging subject matter experts for the purpose of informing and educating the public. Topics include but not limited to Medicare Essentials, Disaster Preparedness, and the Anatomy of a Scam.

The OoA in collaboration with County agencies, service providers, older adult council, and community-based organizations employ these methods to effectively target and engage older adults to ensure that programs and services meet their needs and are accessible to all.

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: N/A

Check applicable funding source:¹⁷

☐ IIIB

☐ IIIC-1

☐ IIIC-2

☐ IIIE

☐ VII

☐ HICAP

Request for Approval Justification:

☐ Necessary to Assure an Adequate Supply of Service OR

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

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

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

Provide: documentation below that substantiates this request for direct delivery of the above stated service¹⁸. N/A

¹⁷Does not apply to Title V (SCSEP).

¹⁸For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs agree.

SECTION 15. GOVERNING BOARD

PSA 22

**ORNAGE COUNTY BOARD OF SUPERVISORS 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?

No expiring terms at this time.

**ORANGE COUNTY OLDER ADULTS ADVISORY COMMISSION
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):

The Orange County Older Adults Advisory Commission (OCAAC) members have the opportunity to indicate in their membership application if they represent any or all of the

categories listed above. None of the current commission members have indicated that they are Tribal Representatives, and/or identify themselves as LGBTQ.

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 OCOAAC bylaws 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 OCOAAC consists of forty (40) members with the Board of Supervisors (Board) appointing ten (10) of those members. Commission members are appointed by the Board with each Supervisor nominating two (2) 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 twenty (20) 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 REVIEW¹⁹

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

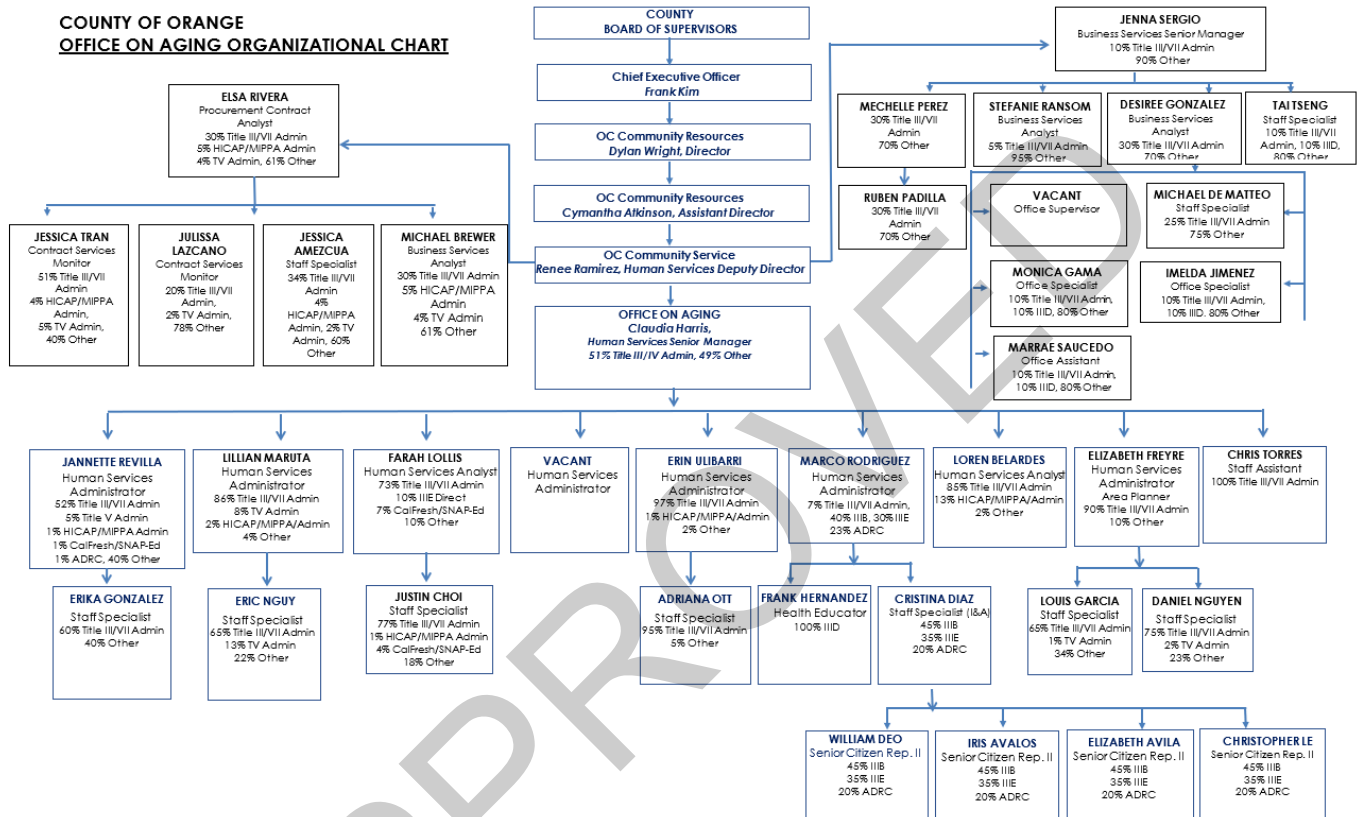
- ☒ No. Title IIIB funds not used for Acquisition or Construction.
- ☐ Yes. Title IIIB funds used for Acquisition or Construction.

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 Begin	Recapture Period End	Compliance Verification State Use Only
Name: Address:						
Name: Address:						
Name: Address:						
Name: Address:						

¹⁹ 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 (OAA) Reauthorization Act of 2020, 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.

SUPPLEMENTAL SUMMARY. LOCAL MASTER PLAN FOR AGING

The California's Master Plan for Aging (MPA) is a comprehensive, multi-sector "blueprint" to help build a California for All Ages and Abilities and continue California's leadership in aging, disability, and equity.

The County of Orange is in the process of developing its own version of the Master Plan for Aging and is currently in the planning stage. The Office on Aging in collaboration with the Social Services Agency, Health Care Agency, and the County Executive Office, is working on creating a local aging plan specific to the needs of Orange County older adults. The plan will align with the state's master plan and focus on housing, access to health care, equity, caregiving, and economic security.

In a collaborative effort with County agencies, the Office on Aging brought awareness to the MPA through the release of The Orange County Older Adults Needs Assessment. An extensive marketing and outreach campaign was launched to educate and inform the community. The campaign leveraged relationships with community-based organizations, ethnic and faith-based communities, service providers, and local government agencies. A dedicated website to the MPA and needs assessment was created and town halls and focus groups were used as a platform to bring awareness.

Other efforts included placing informational flyers at key locations throughout the County including, but not limited to, community senior centers, congregate meal sites, outreach events, public assistance lobbies, and public libraries.

SUPPLEMENTAL SUMMARY. OLDER CALIFORNIANS ACT (OCA) MODERNIZATION

The State is providing one-time funding to support the modernization of Community Based Service Programs under the OCA. The Office on Aging intends to provide OCA Modernization programs and will implement programs resulting from the Request for Proposal (RFP) which is still in process. The activities being solicited support the goal of modernizing the OCA and reflect changes in the needs of the 60+ population as well as the goals of the Master Plan for Aging.

The Office on Aging is currently accepting proposals to expand and supplement current programs such as, Adult Day Care Services, Community Services, Legal Assistance Services, Elder Abuse Prevention, Ombudsman Program Services, Case Management Services, In-Home Services, Residential Repairs/Modifications, Transportation, Family Caregiver Support Program and Caregiver Respite Services.

Proposals are also being accepted to fund the following community-based service programs:

1. Brown Bag Program provides both surplus and donated eligible fruits, vegetables, and other unsold food products to older individuals with low income on a regular basis.
2. Groceries Program provides Older Americans Act participants with food items, such as produce, whole grain products, low-fat dairy products, lean proteins, and lower sodium products through a delivery or pick-up system.
3. Linkages is a case management program which provides services to frail elderly and functionally impaired adults with priority for enrollment given to low-income individuals, to help prevent or delay placement in nursing facilities.
4. Aging in Place Program include services such as, but not limited to case management, education, referral services, assessment, home modification equipment, injury prevention information, assessment and equipment, durable medical equipment, and the authorization of coordinated services to enable an eligible individual to continue aging in place within the home.
5. Senior Companion Program provides low-income older adults with opportunities to volunteer by providing care and support on a person-to-person basis to adults with special needs, such as the frail elderly, physically impaired adults, and those adults who are mentally or neurologically impaired.

As mentioned, programs and services will be implemented upon the results of the RFP.

GLOSSARY OF ACRONYMS

1	AAA	Area Agency on Aging
2	AB	Assembly Bill
3	ACS	American Community Survey
4	ADA	Americans with Disabilities Act
5	ADRC	Aging and Disability Resource Connection
6	AoA	Administration on Aging
7	AP	Area Plan
8	APS	Adult Protective Services
9	APU	Area Plan Update
10	ATT	Access to Technology
11	CASOA	Community Assessment Survey for Older Adults
12	CCR	California Code of Regulations
13	CFR	Code of Federal Regulations
14	CHAT	Communications, Health, Aging, Technology
15	CHIS	California Health Interview Survey
16	CNAP	County Nutrition Action Partnership
17	COHS	County Organized Health System
18	DC	Digital Connections
19	DMC	Dale MacIntosh Center
20	EAFC	Elder Abuse Forensic Center
21	EMB	Emergency Management Bureau
22	ENP	Elderly Nutrition Program
23	EOC	Emergency Operations Center
24	EOC	Emergency Operations Center
25	ESL	English Second Language
26	FAST	Financial Elder Abuse Specialist Team
27	FCSP	Family Caregiver Support Program
28	FPL	Federal Poverty Guidelines
29	FTE	Full-Time Equivalent
30	FY	Fiscal Year
31	HCA	Health Care Agency
32	HCV	Housing Voucher Program
33	HDM	Home Delivered Meals
34	HICAP	Health Insurance Counseling and Advocacy Program
35	HUD	Housing and Urban Development
36	I&A	Information & Assistance
37	IHSS	In-Home Supportive Services
38	IHSS	In-Home Supportive Services
39	LGBT	Lesbian, Gay, Bisexual & Transgender
40	LGBTQ	Lesbian, Gay, Bisexual & Transgender, and Queer
41	LSP	Legal Services Provider
42	LSP	Legal Service Provider
43	LTC	Long Term Care
44	LTSS	Long Term Supportive Services
45	MOU	Memorandum of Understanding

46	MPA	Master Plan for Aging
47	NORS	National Ombudsman Reporting System
48	OAA	Older Americans Act
49	OAA	Older Americans Act
50	OACC	Older Adults Advisory Commission
51	OC ACCESS	ADA Paratransit
52	OC DAFN	Orange County Disabilities and Functional Needs
53	OCA	Older Californians Act
54	OCASC	Orange County Aging Services Collaborative
55	OCCR	Orange County Community Resources
56	OCCS	Orange County Community Services
57	OCDAFN	Orange County Disabilities and Functional Needs Working Group
58	OCEMB	Orange County Emergency Management Bureau
59	OCHA	Orange County Housing Authority
60	OCOAAC	Orange County Older Adults Advisory Commission
61	OCSPA	Orange County Strategic Planning on Aging
62	OCTA	Orange County Transportation Authority
63	ODIN	Ombudsman Data Integration Network
64	OES	Office of Emergency Services
65	OES	Office of Emergency Services
66	OoA	Office on Aging
67	OSLTCO	Office of the State Long-Term Care Ombudsman
68	PACE	Program of All-Inclusive Care for the Elderly
69	PAM	Public and Media Events
70	PD or C	Program Development/Coordination
71	PIT	Point in Time Count
72	PSA	Planning and Service Area
73	PSPS	Public Safety Power Shutoffs
74	RCFE	Residential Care Facility for the Elderly
75	RFP	Request for Proposal
76	SCSEP	Senior Community Service Employment Program
77	SHARP	Statewide HICAP Automated Reporting Program
78	SHOPP	Senior Health Outreach Prevention Program
79	SMP	Senior Mobility Program
80	SNEMT	Senior Non-Emergency Medical Transportation
81	SS	Social Security Benefits
82	SSA	Social Services Agency
83	SSI	Supplemental Security Income
84	START	Substance Abuse Resource Team
85	SUP	Service Unit Plan
86	TSR	Tobacco Settlement Revenue
87	VASH	Veterans Affairs Supportive Housing
88	VSO	Veterans Service Office
89	WEDD	Workforce & Economic Development Division
90	WIOA	Workforce Innovation and Opportunity Act