

**PLANNING SERVICE AREA
(PSA) 19
LOS ANGELES COUNTY**



***ENGAGE & AGE
WITH US***

**Area Agency on Aging
2020-24 Area Plan**



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2020-2024 Four-Year AREA PLAN REQUIRED COMPONENTS CHECKLIST

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

TRANSMITTAL LETTER

2020-2024 Four-Year Area Plan/Annual Update
 FY 20-24/ FY 21-22 FY 22-23 FY 23-24

AAA Name: Los Angeles County

PSA 19

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

Signature: Kathryn Barger
Supervisor Kathryn Barger
Governing Board Chair ¹

4/23/2020
Date

Signature: Gene Dorio
Gene Dorio M.D., President
Los Angeles County Commission for Older Adults

4-24-20
Date

Signature: Otto Solórzano
Otto Solórzano, Acting Director
Workforce Development, Aging and Community Services
Area Agency on Aging

4/23/2020
Date

¹ Original signatures or official signature stamps are required.

SECTION 1: MISSION STATEMENT

California Department of Aging

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

Workforce Development, Aging and Community Services (WDACS)

To connect communities and improve the lives of all generations in Los Angeles County. We achieve our mission through effective, partnership-driven services and initiatives that connect individuals to careers and employers to a skilled workforce; ensure the well-being of older and dependent adults in the community; and resolve conflict and improve human relations in our diverse County.

Area Agency on Aging (AAA)

To provide support services that will enable our elderly and disabled adults to maintain their independence, improve their quality of life, and prevent abuse and neglect through collaborative intervention.

Purposeful Aging Los Angeles (PALA)

To help the Los Angeles region prepare for a dramatic demographic shift in the older adult population that will occur by 2030 and make the Los Angeles region the most age-friendly in the world.

SECTION 2.

DESCRIPTION OF THE PLANNING AND SERVICE AREA (PSA)

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

Background

The County of Los Angeles was established February 18, 1850 as one of the 27 original counties in the State of California. With more than 10 million people calling Los Angeles County home, it is the largest and most diverse County in the nation. The County government is comprised of 34 departments and approximately 200 committees and commissions. The County has an annual budget of over \$30 billion and more than 112,000 budgeted positions to serve its diverse population.

The five (5)-member Board of Supervisors is the governing body of the County of Los Angeles and was created by the State Legislature in 1852. The Board has executive, legislative, and quasi-judicial roles. Members are elected by voters in their respective Districts and are limited to three four-year terms. Below are current Board members.



Hilda L. Solis
1st District



Mark Ridley-Thomas
2nd District



Sheila Kuehl
3rd District



Janice Hahn
4th District



Kathryn Barger
5th District

The Board appoints all department heads other than the Assessor, District Attorney, and Sheriff, which are elective positions. As a subdivision of the State, the County is charged with providing numerous services that affect the lives of all residents, including law enforcement, property assessment, tax collection, public health protection, public social services, elections, and flood control. There are 88 cities within the County, each with its own city council. All of the cities, in varying degrees, contract with the County to provide municipal services. The areas not part of these cities is considered to be unincorporated County territory. The Board of Supervisors and County Departments provide the municipal services to approximately 140 unincorporated areas. More than 65 percent of the County, 2,649 square miles, is unincorporated.

In 2016, Los Angeles County joined the AARP Network of Age-Friendly States and Communities.

Geography

The County Planning and Service Area encompasses an area of more than 4,000 square miles. Altitudes vary from nine feet below sea level in Wilmington to 10,080 feet above sea level at Mt. San Antonio. There are 72 miles of beaches, which represents nearly nine percent of California's 840-mile coastline. The County of Los Angeles includes the islands of San Clemente and Santa Catalina. It is bordered on the east by Orange and San Bernardino Counties, on the north by Kern County, on the west by Ventura County, and on the south by the Pacific Ocean. Below is a map that displays the geographical boundaries of the County of Los Angeles, the five (5) Supervisorial Districts, and density of population aged 60 and over:

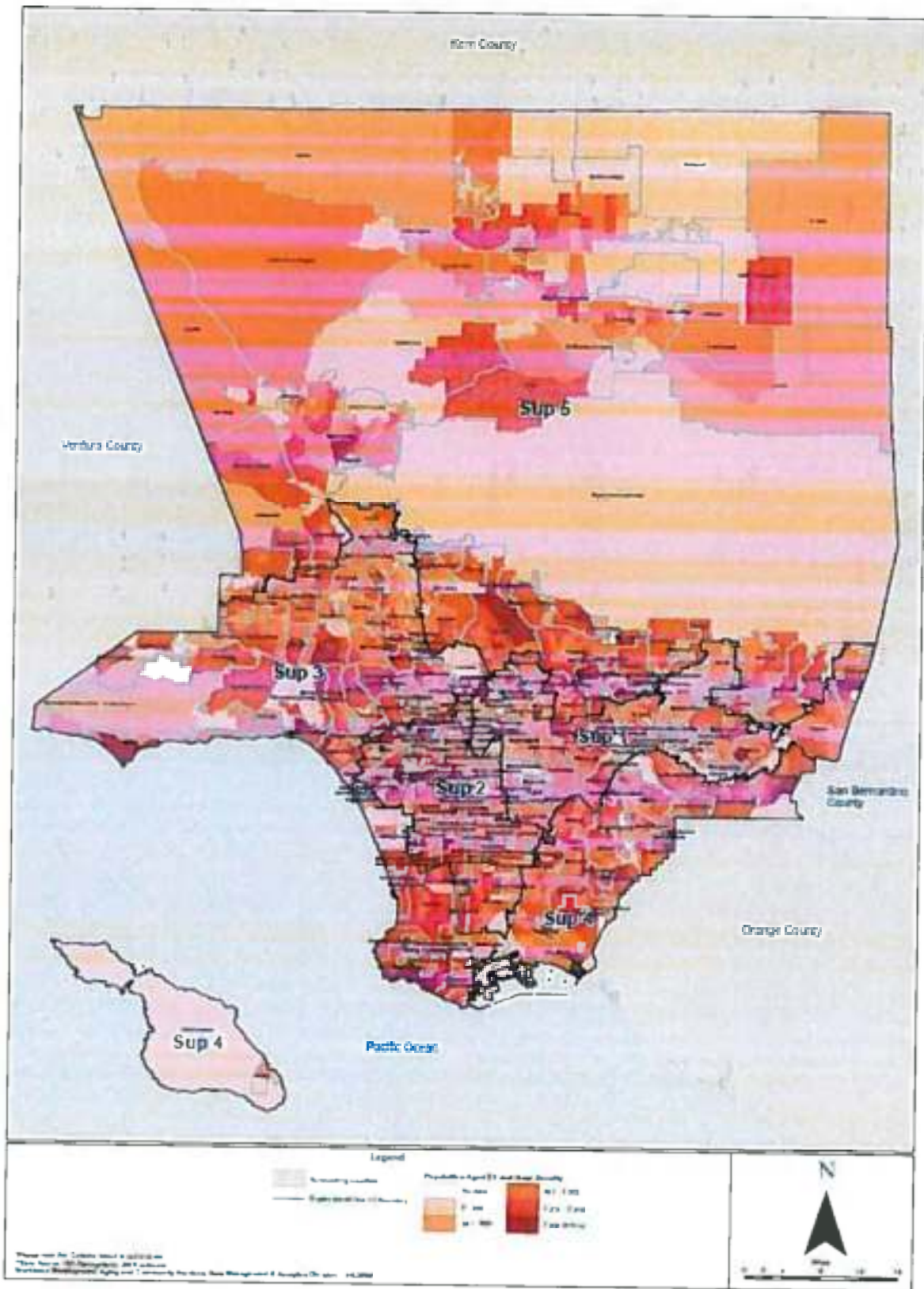


Figure 1 Geographic boundaries of the County of Los Angeles, Supervisory Districts and Density of Population Aged 60 and Over

Given the vastness of the County of Los Angeles, the County can be geographically divided into eight (8) regions in order to enhance the service deliver with Workforce Development, Aging and Community Services (WDACS). These distinct regions allow WDACS to develop and provide more relevant services targeted to the specific needs of the residents in these different areas. The eight (8) regions are illustrated in the map below:

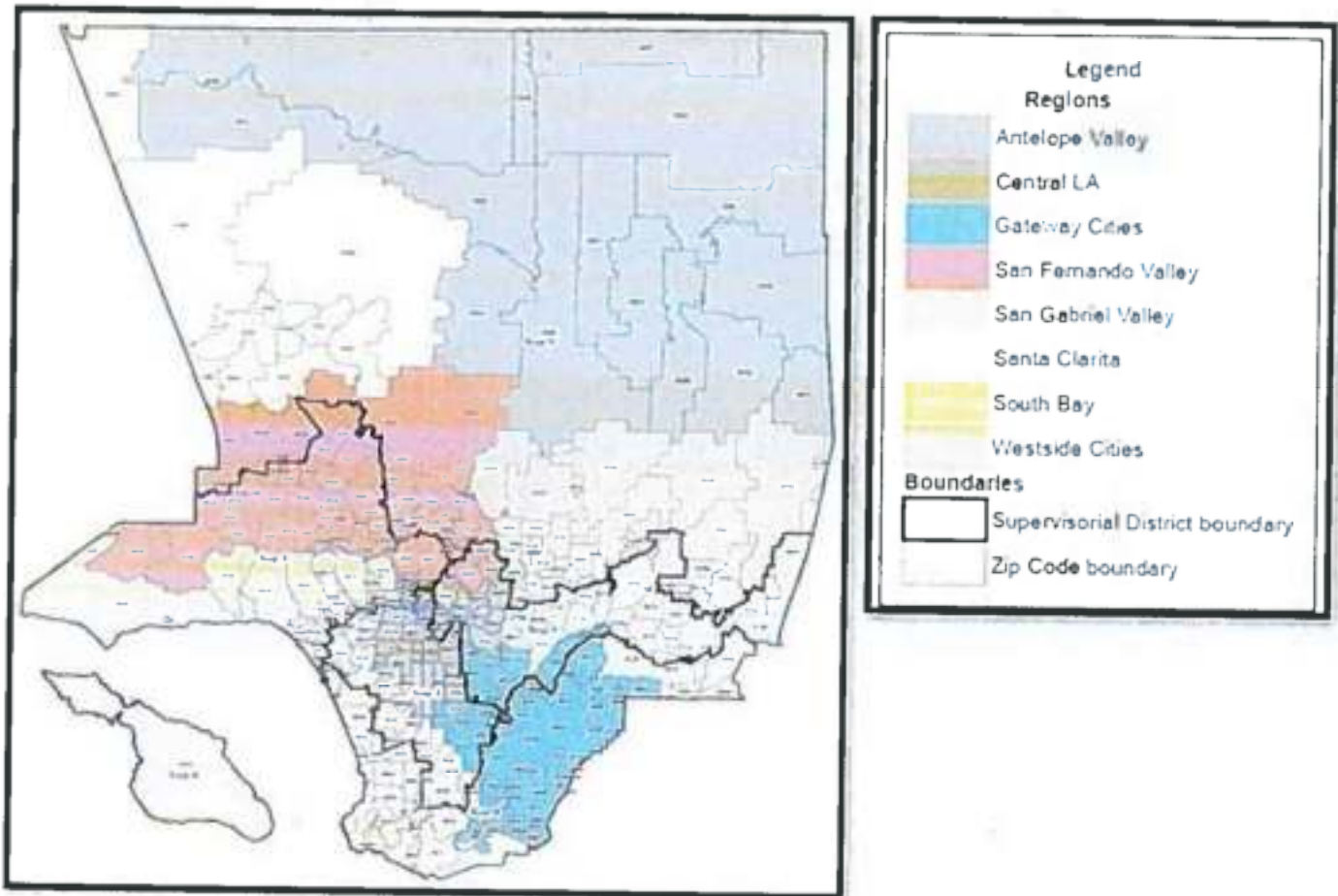


Figure 2 Geographic boundaries of the eight County of Los Angeles regions

Demographic Characteristics: Population Projections

An unprecedented shift towards an “aging nation” is being felt across the country as the Baby Boomer generation reaches older adulthood. According to projections based on the U.S. Census Bureau, the older population is expected to more than double from 40.3 million in the year 2010 to 83.7 million in the year 2050.²

Population 65 Years and Older by Size and Percent of Total Population: 1900 to 2010

(For more information on confidence interval projection, see www.census.gov/2010/c2k10/c2k10proj)

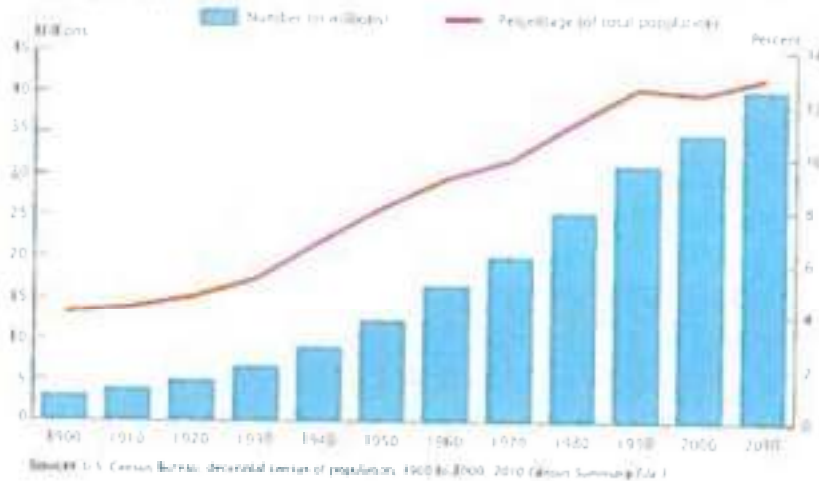


Figure 3 U.S. population aged 65 and older by size and percent of total population, 1900 - 2010

In California, between 2010 and 2018, the number of people aged 60 and older increased from 6.15 million to 7.96 million.³ The County of Los Angeles is one of the largest, most populous, and ethnically diverse counties in the entire nation. People aged 60 and over currently make up roughly 21% (or approximately 2.1 million) of the County’s population.⁴ The share of the County of Los Angeles aged over 60 has almost doubled since 2000, and is expected to continue to grow, reaching 32 percent by 2040.⁵

Projections for population aged 60 and older in Los Angeles County

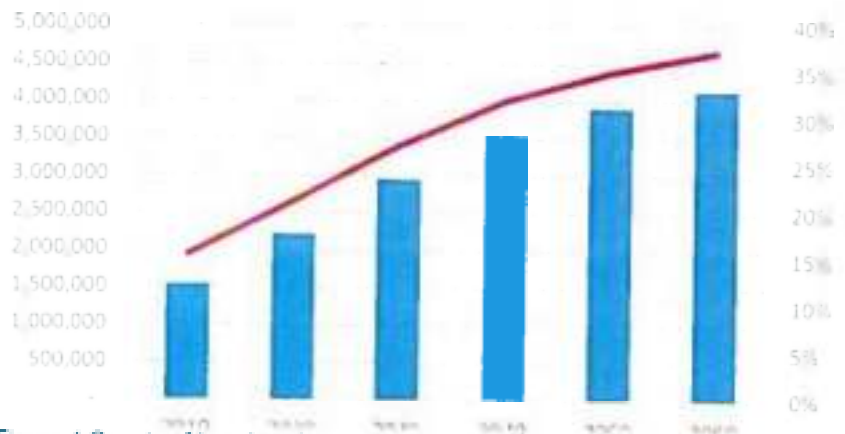


Figure 4 County of Los Angeles projected population aged 60 years and older by size and percent of total population, 2010 - 2060

² USC School of Social Work, 2010, Health Policy Brief: Los Angeles Population Change and Healthy Aging (Data from California Department of Finance).

³ United States Census Bureau, American Community Survey 1-year Estimates, 2010 and 2018.

⁴ California Department of Finance, Total Estimated and Projected Population for California Counties, 2019.

⁵ *Ibid.*

Caregivers in Los Angeles County play a significant role in providing unpaid care for frail adults. In 2007, 1.2 million adults in Los Angeles County cared for an older family member, friend, or neighbor who needed help to live independently.⁶ More than two-thirds of caregivers in the County reported caring for someone 65 years of age or older. As the aging population increases, this number will also rise rapidly. Grandparent caregivers represent a vulnerable segment of the older adult population, as they are the primary caregiver of a child whose biological or adoptive parents are no longer able to provide care. According to the 2018 American Community Survey, 1.5% of the County's age 60 years and over population is responsible for at least one grandchild.⁷

The table below illustrates 2020 population demographic projections for Los Angeles County.⁸

Table 1 Population demographic projections for the County of Los Angeles, 2020

Los Angeles County									
Total Population 60+	Non-Minority 60+	Minority 60+	Low Income 60+	Medi-Cal Eligible 60+	Geographic Isolation 60+	SSI/SSP 65+	Population 75+	Lives Alone 60+	Non-English Speaking 60+
1,388,920	534,807	856,118	187,315	379,679	10,719	162,928	416,731	203,350	110,225
	39%	62%	13%	27%	1%	12%	30%	15%	8%
Los Angeles County Share of California's Respective Populations									
16%	11%	22%	18%	21%	2%	26%	16%	14%	24%

The County of Los Angeles is home to a significant portion of the State's most vulnerable older adult population. A study completed by the U.S. Government Accountability Office (GAO) found that many older adults with low-incomes experience food insecurity, skipping meals because they did not have enough money for food. When comparing data from 2008 to 2013, the GAO found that there was an increase in low-income older adults who are food insecure (about 19% in 2008 compared to 24% in 2013) even though a substantially larger percentage of this population is receiving meal services (11% in 2008 compared to 17% in 2013).⁹ The GAO estimated 27% (about 16 million) of people age 60 and older likely need home-based care services. The U.S. Department of Agriculture reported that older adults formed part of 21% of all food-insecure households in 2018, and that the prevalence of very low food security has improved for households that included at least one older person between 2017 and 2018 (from 3.1% to 2.6%).¹⁰

⁶ UCLA School of Public Health, 2011, Informal Caregiving in Los Angeles County

⁷ U.S. Census Bureau, American Community Survey 1-year estimates, 2018, Los Angeles County.

⁸ 2020 California Department of Aging, Population Demographic Projections by County and PSA, 2020

⁹ U.S. Government Accountability Office, 2015, Older Americans Act: Updated Information on Unmet Need for Services

¹⁰ Coleman-Jensen, Alisha, Matthew P. Rabbitt, Christian A. Gregory, and Anita Singh.

2019. Household Food Security in the United States in 2018, ERR-270, U.S. Department of Agriculture, Economic Research Service.

Demographic Characteristics: Racial/Ethnic Composition

The County's racial and ethnic composition is evolving in ways that will transform future needs of the growing older adult population. Unique to the County of Los Angeles, the aging population is becoming more racially and ethnically diverse than any other region. The Hispanic and Asian older adult population grew by over 40% between 2000 and 2008, while the African American older adult population grew by about 9%.¹¹ By 2050, it is projected that the number of African Americans age 65 or older will more than triple nationwide.¹² In California Department of Finance projections, the non-Hispanic white population share will change from 45 percent in 2010 to 24 percent in 2060, as Los Angeles' population aged 60 and over continues to become more diverse.¹³

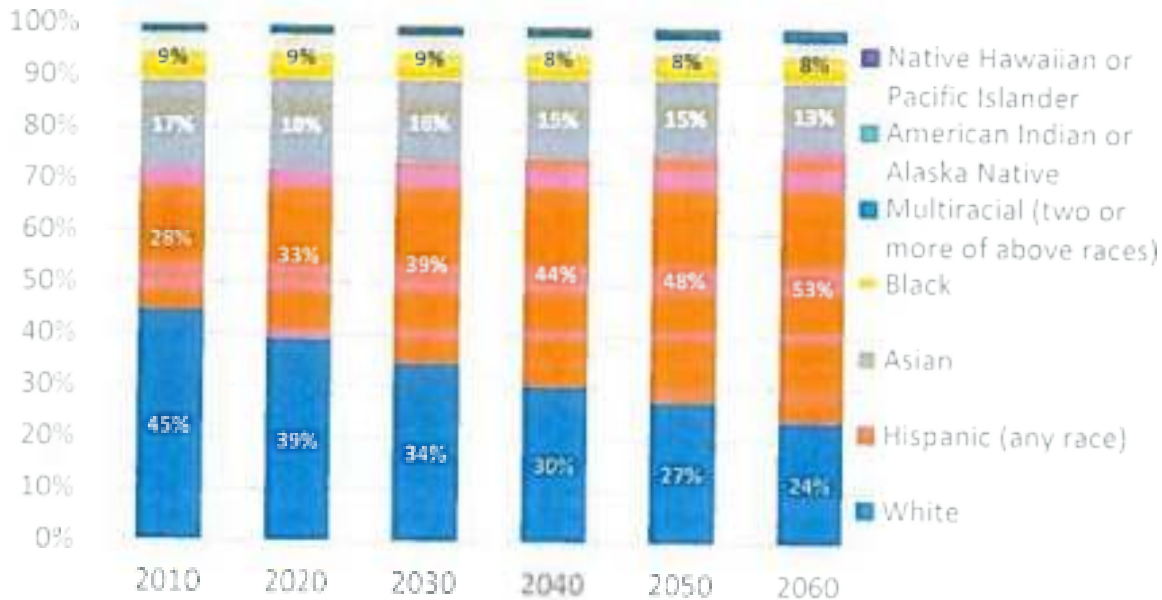


Figure 5 Projected racial and ethnic composition of the population aged 60 and older in the County of Los Angeles, 2010–2060

Below is the racial and ethnic composition of the age 60 years and older population in Los Angeles County according to the 2017 American Community Survey.¹⁴

¹¹ USC School of Social Work, 2010, Health Policy Brief: Los Angeles Population Change and Healthy Aging (Data from U.S. Census)

¹² Advocates for African American Elders (AAAE), 2014, Understanding the Service Needs of African American Seniors in Los Angeles County: Findings from the AAAE Community Survey

¹³ California Department of Finance, Total Estimated and Projected Population for California Counties, 2019.

¹⁴ U.S. Census Bureau, 2017 American Community Survey 1-Year Estimates

Table 2 Racial and ethnic composition of Los Angeles population aged 60 years and older, 2017

Population aged 60 and over	Los Angeles County
Hispanic or Latino Origin (of any race)	31.3%
White alone	38.8%
One race	98.2%
White	55.8%
Black or African American	9.1%
American Indian and Alaska Native	0.7%
Asian	19.3%
Native Hawaiian and Other Pacific Islander	0.2%
Some other race	13.2%
Two or more races	1.8%

Demographic Characteristics: Language

More than half of Los Angeles County residents speak a language other than English at home, and they are more likely to have been born abroad than the U.S. average.¹⁵ More than one (1) out of every three (3) county residents report speaking English "less than very well", or face some difficulty communicating in English that impacts their ability to access critical services. Asian and Latino residents are more likely than other residents to face language barriers; 48% of Latinos and 43% of Asians in Los Angeles County speak English "less than very well".¹⁶ The prevalence of individuals with limited English is consistent with the growth in the U.S. foreign-born population.¹⁷

The U.S. Census Bureau's 2017 American Community Survey reveals the following foreign-born and LEP statistics for the County of Los Angeles:

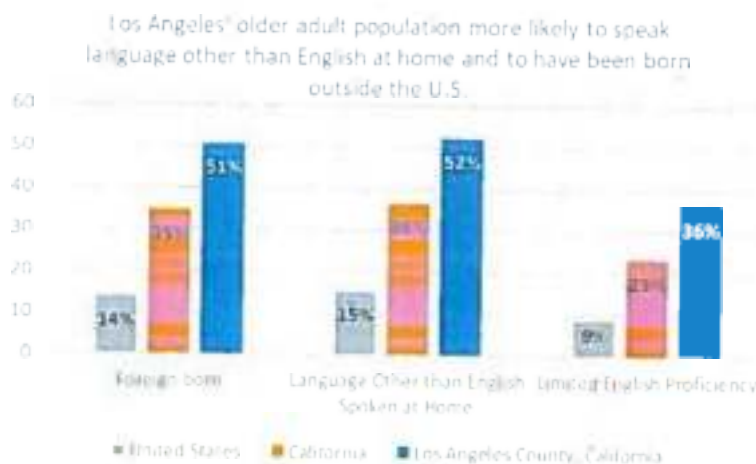


Figure 6 Foreign-born, language spoken at home and English proficiency in County of Los Angeles, California and the nation, 2017

¹⁵ U.S. Census, American Community Survey, 1-year estimates, 2017

¹⁶ Asian Pacific American Legal Center of Southern California and Cyrus Chung Ying Tang Foundation, 2009, LA Speaks: Language Diversity and English Proficiency by Los Angeles County Service Planning Area

¹⁷ Migration Policy Institute National Center on Immigrant Integration Policy, 2011, LEP Data Brief

According to a professor at the University of California Los Angeles, there are at least 224 identified languages in Los Angeles County, not including the differing dialects.¹⁸ Spanish is the most widely spoken first language in Los Angeles. Other common languages in Los Angeles County include Vietnamese, Cantonese, Mandarin, Armenian, Russian, Tagalog, Korean, Farsi, Arabic, and Khmer.

Demographic Characteristics: Disability and Health

Older adults in Los Angeles County are also facing rising health care costs as illness and disability rates increase with age. In the County of Los Angeles, 30% of individuals 60 years and over are living with a disability.¹⁹ In the 2018 LA County Health Survey, more than 27% of Angelinos 65 and older rated their health as fair or poor. In that survey, 23.3% older people reported having been diagnosed as diabetic at some point.²⁰ In an analysis of data in 2015, USC researchers found Hispanic older adults almost twice as likely to report having been diagnosed with diabetes as non-Hispanic white residents.²¹ Chronic diseases and risk factors affected a large share of the older population in Los Angeles: 23% were obese, 53.1% had previously been diagnosed with hypertension, 47.5% had been diagnosed with high cholesterol, 10.7% had been diagnosed with asthma and 14.8% had been diagnosed with depression.

In a 2015 publication, the California Department of Public Health estimated the 2010 healthcare costs for each of the 58 counties in California.²² The healthcare costs were for treating the six most common chronic conditions: arthritis, asthma, cardiovascular disease (stroke, hypertension, coronary heart disease, and congestive heart failure), diabetes, cancer, and depression. The healthcare costs for Los Angeles County was \$25.4 billion. The costs were primarily determined by population size. However, when comparing the health care costs for chronic conditions as a percentage of total health care expenditures, the County of Los Angeles ranked 37 out of 58 counties.

Cognitive decline also contributes to poor health and can place significant demands on caregivers. One estimate puts the number of Californians living with Alzheimer's Disease at 670,000 in 2019, with that number expected to continue to rise.²³ People living with Alzheimer's or Dementia may be physically able to complete activities of daily living, but still face difficulties in caring for themselves without support. The California Department of Public Health reported that in 2015, Alzheimer's disease was the third leading cause of death in the state.²⁴

The share of older Angelinos who report poor or fair health (27%) is higher than the California

¹⁸ "Language Spoken at Home by City Persons 5 years & Over." Los Angeles Almanac. Copyright 1998-2019 Given Place Media, publishing as Los Angeles Almanac. 2 Jan. 2019 <<http://www.laalmanac.com/population/po47a.php>>

¹⁹ U.S. Census, 2017 American Community Survey 1-year Estimates

²⁰ Los Angeles County Health Survey, 2018.

²¹ USC School of Social Work, Los Angeles Healthy Aging Report 2015.

²² Brown PM et al., California Department of Public Health. "Economic Burden of Chronic Disease in California 2015." Sacramento, California, 2015.

²³ Alzheimer's Association, California Alzheimer's Statistics, 2019.

²⁴ California Department of Public Health, Alzheimer's Disease Trends in California 2000-2015, 2018.

average (24%).²⁵ The data also reveal significant differences in health problems among different racial and ethnic groups. The chart below shows the prevalence of health problems among older adults age 65 and older in the County of Los Angeles.²⁶

Table 3 Health problems reported by County of Los Angeles residents by race and ethnic group

	Depression	Diabetes	Hypertension
Latino	5.5%	32.5%	68.4%
African American	2.0%	25.7%	79.3%
Asian	3.5%*	24.7%	59.3%
White	1.4%*	14.3%	58.3%

* indicates unstable estimates

The growing prevalence of individuals with disabilities and functional limitations due to various health reasons increase the number of individuals at risk for institutional placement. The health of caregivers is just as important as the health of the older family members or friends they support. Caregivers are often busy caring for their loved ones that they tend to neglect their own emotional and physical health, resulting in caregiver burnout.

Demographic Characteristics: Income and Economics

Although income is not an eligibility criterion for AAA programs and services (excluding the Title V Senior Community Service Employment Program), the Federal Poverty Guidelines (FPG) (also commonly referred to as Federal Poverty Level (FPL)) is typically used to determine income eligibility for many public assistance programs. When using the poverty guidelines to set eligibility criteria, some programs use a percentage multiple of the guidelines, such as 125 percent, 150 percent, or 185 percent. The guidelines are adjusted for families of different sizes and by geographic location (with different guidelines for the 48 contiguous states and the District of Columbia, Alaska, and Hawaii).

The chart below shows the 2018 Poverty Guidelines for the 48 contiguous states and the District of Columbia.

Table 4 Poverty guidelines for the 48 contiguous States and District of Columbia, 2018

PERSONS IN FAMILY/HOUSEHOLD*	POVERTY GUIDELINE
1	\$12,490
2	\$16,910
3	\$21,330
4	\$25,750
5	\$30,170
6	\$34,590
7	\$39,010
8	\$43,430

²⁵ Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data, 2018 data.

²⁶ USC School of Social Work, Los Angeles Healthy Aging Report 2015.

*For families/households with more than 8 persons, add \$4,420 for each additional person.

On the other hand, the poverty threshold refers to the poverty level determined by the U.S. Census Bureau. It was devised to define and quantify poverty in America and used mainly for statistical purposes. In the County of Los Angeles, 13.2% of individuals age 60 years or older are living below 100 percent of the poverty level, 10.1% are living between 100 and 149 percent of the poverty level, and 76.8% are living at or above 150 percent of the poverty level.²⁷ In 2018, the poverty threshold for a single individual age 65 years and older was an annual income of \$12,043 and \$15,178 for an older couple not raising a child under 18 years of age. The chart below displays the poverty thresholds for 2018.

Table 5 Poverty Thresholds for 2018 by Size of Family and Number of Related Children Under 18 Years

Size of family unit	Related children under 18 years								
	None	One	Two	Three	Four	Five	Six	Seven	Eight or more
One person (unrelated individual):									
Under age 65	13,064								
Aged 65 and older	12,043								
Two people:									
Householder under age 65	16,815	17,308							
Householder aged 65 and older	15,178	17,242							
Three people									
	19,842	20,212	20,231						
Four people									
	25,900	26,324	25,465	25,554					
Five people									
	31,234	31,889	30,718	29,967	29,509				
Six people									
	35,925	36,068	35,324	34,612	33,553	32,925			
Seven people									
	41,336	41,594	40,705	40,085	38,929	37,581	36,102		
Eight people									
	46,231	46,640	45,800	45,064	44,021	42,696	41,317	40,967	
Nine people or more									
	55,813	55,883	55,140	54,516	53,491	52,082	50,807	50,491	48,546

The poverty threshold is the same dollar amount across the country and does not capture today's cost of living. Thus, the Elder Economic Security Standard™ Index (Elder Index) was developed to provide an evidence-based indicator of the actual basic costs faced by older adults. The Elder Economic Planning Act of 2011 (AB 138) was signed into law in October 2011. This law requires state and local agencies to use the Elder Index in planning for California's growing aging population. The Elder Index is used as a guide in developing policies, making resource allocation decisions, and crafting statewide and local area plans. The statewide initiative was led by the Insight Center for Community Economic Development, part of a national project headed by Wider Opportunities for Women. In the County of Los Angeles, the lead agency for the Elder Index is the University of California Los Angeles (UCLA) Center for Health Policy Research, School of Public Health.

The Elder Index measures how much income a retired older adult requires to meet his or her basic needs—without public or private assistance. The Elder Index measures basic expenses for those

²⁷ U.S. Census, 2018 American Community Survey 1-year Estimates

age 65 and older living in the community, not in institutions. The Elder Index was first identified for the year 2011, and is specific to household size, location, housing status, and health status, including the cost of housing, health care, transportation, food, and miscellaneous essentials.

Table 6 Cost components of the Elder Index for County of Los Angeles compared to California, 2015

Monthly Cost Components - for older adult only	Los Angeles County, 2015	California, 2015
Rent (one-bedroom apt.)	\$1,130	\$877
Food	\$269	\$270
Healthcare	\$162	\$342
Transportation	\$228	\$228
Miscellaneous	\$220	\$263
Monthly Total	\$2,009	\$1,980
Annual Total	\$24,108	\$23,760

* Annual total may not equal the sum of monthly totals due to rounding.

The following table displays the basic costs of living for those age 65 years and older living in the County of Los Angeles, calculated for 2015. It is arranged to provide the monthly cost components breakdown for housing, healthcare, food, transportation, and miscellaneous, by household type and housing type.

Table 7 County of Los Angeles Elder Index for single elder and older couple, 2015

Los Angeles County, 2015						
Household type Housing Type	Single Elder			Older Couple		
	Renter	Homeowner - No mortgage	Homeowner - with mortgage	Renter	Homeowner - No mortgage	Homeowner - with mortgage
Monthly Housing	\$1,130	\$442	\$1,863	\$1,130	\$442	\$1,863
Monthly Health Care	\$162	\$162	\$162	\$324	\$324	\$324
Monthly Food	\$269	\$269	\$269	\$499	\$499	\$499
Monthly Transportation	\$228	\$228	\$228	\$320	\$320	\$320
Monthly Miscellaneous	\$220	\$220	\$220	\$317	\$317	\$317
Monthly Total	\$2,009	\$1,321	\$2,742	\$2,590	\$1,902	\$3,323
Annual Total	\$24,108	\$15,852	\$32,904	\$31,080	\$22,824	\$39,876

(Source: UCLA Center for Health Policy Research, Fielding School of Public Health, 2018)

Expenses are estimated by three household types: Elder renters, elder owners with no mortgage, and elder owners with a mortgage for either a single elder or an elder couple. More individuals aged 60 years and over in the County of Los Angeles are living in owner-occupied housing units (62.3%) when compared to renter-occupied housing units (37.7%).²⁸

²⁸ U.S. Census, 2018 American Community Survey 1-year Estimates



Figure 7 Population living below Elder Index by housing situation, 2015

In 2015, The UCLA Center for Health Policy Research identified the “hidden poor,” defined as those who have incomes over 100 percent of the Federal Poverty Guideline, but who do not have enough income to make ends meet as calculated by the Elder Index. The chart below displays the percentages of those who have incomes below the 2015 Elder Index in the County of Los Angeles (outside of the City of Los Angeles).

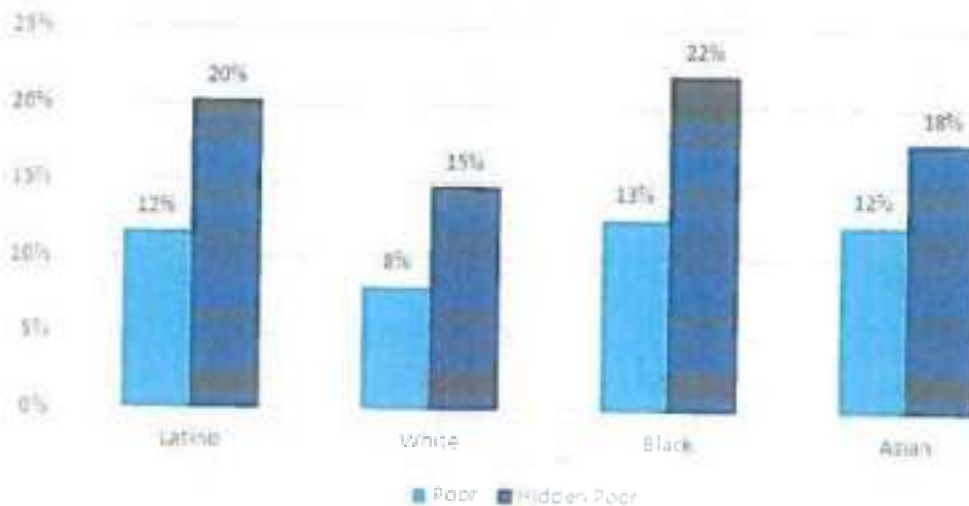


Figure 8 Elder population among the “Hidden Poor” by race and ethnic group, Los Angeles County 2015

The chart below shows the large share of older adults living alone with economic insecurity (in shades blue) by housing situation. Single elders in Los Angeles County who are renting are most likely to be living below the Elder Index threshold.

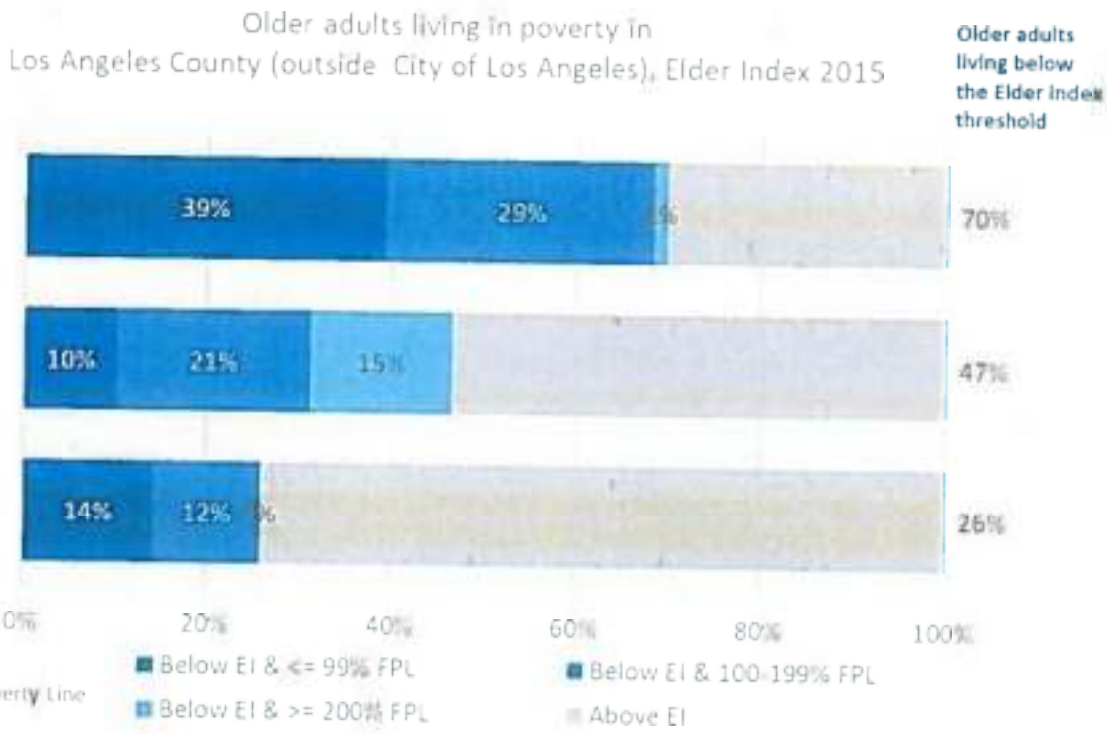


Figure 9 Share of older adults living in poverty in the County of Los Angeles, 2015

The income gap between the Elder Index and primary sources of income for older adults is noteworthy. For 2015, the FPG amount for an older adult was \$11,367 and \$114,342 for an older couple, and the SSI/SSP maximum payment amount for an older adult was \$10,673 and \$17,942 for an older couple. In 2015, the income gap between the FPG and Elder Index ranged between 39% for a single older adult without a mortgage to over 175% for an older couple with a mortgage.

Table 8 Elder Index per year, annual comparisons, and basic monthly expenses for selected household types, Los Angeles County 2015

Los Angeles County (excluding LA City), CA 2015

Elder Index Per Year						
	Elder Person			Elder Couple		
	Renter, one bedroom	Owner w/o mortgage	Owner w/ mortgage	Renter, one bedroom	Owner w/o mortgage	Owner w/ mortgage
Income needed to meet basic needs (see monthly expenses listed below)	\$24,108	\$15,852	\$32,904	\$31,080	\$22,824	\$39,876
Annual Comparison Amounts						
Federal Poverty Guideline (2015 DHHS)	\$11,367	\$11,367	\$11,367	\$14,342	\$14,342	\$14,342
% of Federal Poverty (Elder Index divided by Federal Poverty Guidelines)	212%	139%	289%	217%	159%	278%
SSI Payment Maximum, California 2015	\$10,673	\$10,673	\$10,673	\$17,942	\$17,942	\$17,942
SSI Income Gap (SSI Payment Maximum minus Elder Index)	\$(13,435)	\$(5,179)	\$(22,231)	\$(13,138)	\$(4,882)	\$(21,934)

Many older adults rely on Social Security as a primary source of income. The average annual income from Social Security benefits was \$14,625 in Los Angeles County in 2017, which is below the state average of \$15,344, and below Elder Index the single older adult without a mortgage in Los Angeles. Some try to find employment to supplement their income, but the share of people in the labor force declines as people age, with 63 percent of Los Angeles residents in the labor force at ages 60 and 61, dropping to 6 percent for those aged 75 years and older.

Most beneficiaries have other sources of income, but for approximately two-thirds of elderly beneficiaries, Social Security provides at least half of their total income. Social Security makes up at least 90% of total income for 21% of married elderly couples and about 45% of unmarried elderly beneficiaries.²⁹

Supplemental Security Income (SSI) is a source of income for some of the most vulnerable populations. SSI provides cash to help older individuals age 65 and over, individuals who are blind, and individuals with a disability, who have little or no income, meet basic needs for food, clothing, and shelter. In 2018, 214,386 Angelinos aged 65 and older received SSI to help them cover basic living costs, and close to 60,000 only received SSI with no Social Security (Old Age, Survivors and Disability Insurance) income.³⁰ In November 2019, the average monthly SSI payment was \$459 for individuals age 65 and older, equating to an average of \$5,508 annually.³¹ The maximum SSI

²⁹ Social Security Administration, Social Security Fact Sheet 2019.

³⁰ Social Security Administration, Research, Statistics, and Policy Analysis: SSI Recipients by State and County, 2018

³¹ Social Security Administration, Research, Statistics, and Policy Analysis: Monthly Statistical Snapshot, November 2019

payment for an eligible individual was \$771 and for an eligible couple, \$1,157 in 2019.³² The gap between SSI and FPG is significant, and the gap between SSI and the Elder Index is even greater.

The economic security of family caregivers must also be given precedence. It is common to attribute family caregiver services as being “free;” however, the value of the services family caregivers provide is estimated to be \$470 billion a year.³³ That is more than all out-of-pocket healthcare expenses in the U.S. (\$366 billion), and increasingly incorporates more complex care. The average family caregiver for someone 50 years or older spent \$7,000 per year on out of pocket caregiving expenses in 2016. During the 2009 economic downturn, one (1) in five (5) family caregivers had to move into the same home with their loved ones to cut expenses. Caregiving can affect economic opportunity, a Harvard Business School study found that a third of workers reported having quit a job because of their caregiving responsibilities at some point in their career.³⁴

In addition, older adults who usually become the primary caregivers of their grandchildren after an unexpected event are further faced with the financial challenge of having an additional dependent without additional income. A study conducted by the UCLA Center for Health Policy Research estimated that older adults need about twice the median Social Security income to support themselves and their grandchildren.³⁵

Constraints

The physical characteristics of the County of Los Angeles ranges from seaside areas to some of the highest mountains and most densely populated areas in the nation. Because the area is so vast, this presents multiple challenges in delivering services, including long travel times and jurisdictional complexity. It is the nation’s most populous County and yet, it includes difficult to serve rural areas as well. Serving frail older adults and adults with disabilities who live in remote rural areas poses a major challenge.

Furthermore, the County of Los Angeles is one of the major immigrant gateways in the nation. Major immigrant gateways in all regions of the United States had the highest populations of residents who speak English “less than very well”. Immigrant gateways include greater New York, Los Angeles, Miami, and Chicago, with a LEP count of 3.2 million, 2.9 million, 1.4 million, and 1.0 million, respectively.³⁶ In each of these regions, the foreign-born population makes up more than 85% of the residents who speak English “less than very well”. Language and cultural barriers can present major challenges to immigrants in the United States, impeding access to crucial services such as healthcare. Most studies on language barriers focus on children and adults in their child-rearing years. Thus, much less is known about older adults who may be especially vulnerable to adverse health outcomes resulting from language problems in healthcare access.

³² Social Security Administration, SSI Federal Payment Amounts, 1975 – 2020.

³³ Reinhard, Susan C. Lynn Friss Feinberg, Ari Houser, Rita Choula, and Molly Evans. *Valuing the Invaluable: 2019 Update – Charting a Path Forward*. Washington, DC: AARP Public Policy Institute. November 2019.

³⁴ Fuller, Joseph B. and Raman, Manjari, *The Caring Company*, 2019.

³⁵ UCLA Center for Health Policy Research, 2013, *Health Policy Brief, The High Cost of Caring: Grandparents Raising Grandchildren*

³⁶ US. Census, *American Community Survey, 5-year Estimates, 2017*.

Home to a melting pot of various cultures, races, and ethnicities, Los Angeles County's older non-white non-Hispanic population represents a third of California's non-white non-Hispanic population aged 60 years and older.³⁷ Approximately 1.2 million older adults in Los Angeles County are non-white and non-Hispanic, representing more than 60% of the County's older adult population. The multiple languages spoken in the region, the different cultural networks and norms all affect how information is most effectively disseminated and what messages will resonate with older adults and their caregivers. It also affects what meals will appeal to potential clients, and the context in which people seek out and are willing to accept assistance. Trust in government institutions may also vary based on previous personal and community interactions with law enforcement, immigration officials and other government agencies. The need for cultural competency to serve a particular community can affect which providers are most effective at reaching and serving them, and the geographic dispersion of community members can create barriers to access. This is also true for other target populations, including the LGBT community.

While support programs can help, many use the FPG to determine eligibility. The problem is that the FPG is the same dollar amount across the country and does not reflect today's cost of living. Older individuals in the County of Los Angeles are struggling with increasing costs of living on a limited, and often, fixed income. The Elder Index does not factor in any "extras" as it measures only basic expenses. These "extras" may include vacations, entertainment, gifts, or eating out. Older individuals living below the Elder Index often make difficult decisions between basic needs such as nutritious food, prescription medications, or adequate heating or cooling during winter and summer months. Many older adults and caregivers in the County of Los Angeles may be living above the poverty level but may still lack economic security.

The nation is no longer shifting towards an "aging nation," but is currently experiencing a state in which Baby Boomers are turning 65 years old at a rate of about 10,000 a day. The Pew Research Center estimates that all Baby Boomers will be 65 years old by the year 2030, representing 18% of the nation's entire population.³⁸ These startling numbers translate to increased strain on healthcare, transportation, housing, and public service systems.

The increased aging population coupled with rising housing costs has created a significant increase in the demand for AAA programs and services. Older Americans Act funding has remained flat over the past several years, which has impacted the ability for programs and services to meet growing needs for basic services. These basic services such as meals, health insurance counseling, family caregiver support, in-home services, and legal assistance play a significant role in allowing seniors to live independently with dignity in their homes and communities. However, every challenge and constraint present an opportunity to identify untapped resources and develop innovative solutions to serve the most vulnerable populations in the County of Los Angeles.

Resources

Resources for older individuals, their caregivers, and adults with disabilities remain limited; thus, the AAA and its aging network are making every effort to leverage its current resources. The AAA takes advantage of the sheer size of the County by working collaboratively with other County departments,

³⁷ U.S. Census Bureau, 2018 American Community Survey 1-Year Estimates

³⁸ Pew Research Center, 2010, Baby Boomers Approach 65 – Glumly: Survey Findings about America's Largest Generation

local Universities, and a well-established network of community-based organizations, including private and non-profit service providers whose mission is to serve older adults, caregivers, and adults with disabilities.

In addition, the Los Angeles County AAA continues to work in partnership with the City of Los Angeles Department of Aging (PSA 25) to continue program development and coordination efforts. As a result, the **Purposeful Aging Los Angeles (PALA)** initiative was created in 2016, when both Los Angeles County and the City of Los Angeles joined the international network of age-friendly cities and communities. Working in partnership, representatives from City and County departments, universities, community organizations and stakeholders, are acting to understand, plan for, and better serve the needs of a growing older adult population in Los Angeles. PALA has established eight working groups that include older adults, community groups, providers, experts, and relevant County and City departments and agencies, working together to leverage resources and expertise to make Los Angeles age-friendly. One result from this collaborative approach is the LA Found program, which helps locate people with cognitive impairments who may become lost, providing security for affected older adults and their caregivers.

The County government is comprised of 34 departments and approximately 200 committees and commissions. Developing community-based systems across numerous departments with its own specializations and political jurisdictions remains a challenge and navigating the complex and often ambiguous maze of services made available by County departments, municipalities, and non-governmental organizations may be difficult for many older adults, their caregivers, and adults with disabilities. However, all 34 departments and 200 committees and commissions share the same bottom-line vision—to improve the quality of life in the County of Los Angeles by providing responsive, efficient, and high-quality public services that promote the self-sufficiency, well-being, and prosperity of individuals, families, businesses, and communities. This philosophy of teamwork and collaboration is anchored in the shared values of:

- **Integrity:** We do the right thing: being honest, transparent, and accountable
- **Inclusivity:** We embrace the need for multiple perspectives where individual and community differences are seen as strengths
- **Compassion:** We treat those we serve, and each other, the way we want to be treated
- **Customer Orientation:** We place our highest priority on meeting the needs of our customers

The County of Los Angeles recognizes that no single strategy in isolation can achieve the greatest well-being for residents. Thus, consensus has emerged among County and community leaders that making substantial improvements in integrating the County's health and human services system is necessary to significantly move toward progress in an environment with static or decreasing revenue streams.

In addition to comprehensive and collaborative planning efforts with a wealth of community stakeholders, the Los Angeles County AAA has established a robust relationship with its commission—the Los Angeles County Commission on Older Adults (LACCOA). The AAA's commission acts as a valuable resource for both the AAA and the communities in which they represent.

Service System

The Los Angeles County AAA currently offers numerous programs and services in collaboration with private, non-profit, and municipal organizations in order to meet the growing needs of the older adult population. Realizing that programs and services should reflect the needs and preferences of each unique community, the AAA contracts with community-based organizations to provide essential services. For instance, the AAA currently contracts with approximately 18 community Service Providers to provide Title III Nutrition Services. These Service Providers deliver over one million meals to homebound clients annually. Also, there are currently 98 Congregate Meal sites located throughout the County of Los Angeles, providing socialization opportunities to older adults. Service Providers are able to customize menus by offering ethnic meals based on community preferences.

Additional services provided through community-based contracts are:

- Comprehensive Case Management
- Homemaker Services
- Personal Care Services
- Respite Care Services
- Alzheimer's Day Care Services
- Telephone Reassurance
- Family Caregiver Support Program
- Health Promotion Services
- Elder Abuse Prevention and Education
- Legal Assistance
- Long-Term Care Ombudsman
- Health Insurance Counseling and Advocacy Program (HICAP)
- Nutrition Education and Counseling Services

The Los Angeles County AAA also collaborates with many community leaders to provide the following:

- Senior Community Services Employment Program (SCSEP)
- Information and Assistance
- Outreach and Education
- Senior Center Activities

The AAA has experienced numerous successes in the development of various programs and services. For instance, the AAA achieved notable results from the CalFresh Healthy Living program. Given that a majority of its services are provided through contracts with local non-profit organizations, the AAA must overcome the challenges brought by the very nature of contracting out social services and remains cognizant of both the advantages and disadvantages of indirect service delivery. New endeavors and a commitment towards service improvement will constantly bring new challenges. However, the AAA finds that the efforts to overcome these challenges are well-worth the benefits of a strong, coordinated, and community-based service delivery system.

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

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

The Los Angeles County AAA is under the umbrella of the County of Los Angeles Workforce Development, Aging and Community Services (WDACS) and is part of the Aging and Adult Services Branch. WDACS is governed by a five (5)-member County Board of Supervisors, representing five (5) Supervisorial Districts. The AAA's role is to provide leadership and continued support to meet the needs of older adults, informal caregivers, and adults with disabilities residing within the Los Angeles County area. The AAA is actively involved in advocating for the well-being of the underserved population, which includes low-income and minority seniors, adults with disability, seniors with limited English proficiency, homeless seniors, LGBT seniors, senior veterans, as well as the frail elderly population that is at risk of institutional placement. Furthermore, the AAA provides leadership and support by ensuring close communication with the County of Los Angeles Board of Supervisors to identify potential policy issues and establish departmental priorities, goals, and objectives.

The AAA promotes the involvement of older individuals, adults with disabilities, and informal caregivers in developing community-based systems of care by continuing to work in partnership with the Los Angeles County Commission for Older Adults (LACCOA). The mission of LACCOA is to advocate, advise, and make recommendations regarding the needs and welfare of Los Angeles County seniors, age 60 and older, to the County of Los Angeles Board of Supervisors, County departments, and other entities that provide services to seniors regarding their needs, health, well-being, and rights. To accomplish this mission, LACCOA:

- Assists the County in preparing for the significant increase expected in the senior population.
- Network and collaborate with other partners who are interested in and concerned about issues affecting seniors.
- Develop methods of communications which enhance and provide outreach and education to seniors in Los Angeles County.
- Advocates for the needs and well-being of older adults in Los Angeles County.

The AAA and LACCOA collaborate to identify and address the needs of the population served. Members are actively involved in their communities to assess what is needed and make recommendations as to how these needs can be met. Standing LACCOA committees are: Area Plan, which includes Veteran Affairs, Employment, Fraud and Elder Abuse; Communications; Health, Nutrition, and Long-Term Care; Housing and Transportation; Legislative/Advocacy; and Membership. In addition, Ad Hoc Committees are formed when needed.

The AAA is focused on developing, implementing, and promoting community-based programs to support the independence and protect the quality of life of older individuals, adults with disabilities, and their caregivers. To achieve this endeavor, the AAA contracts with over 30 different organizations to provide services for seniors, informal caregivers, and adults with disabilities. Some of these services include care management, supportive services, legal assistance, health insurance counseling, and nutrition services. Direct services provided by the AAA include Title III E Community Education and Outreach, and III B Outreach. These services are funded with federal Older Americans Act.

As evidenced by the Purposeful Aging Los Angeles initiative, continued collaboration with partners, contractors, community-based organizations, and multiple County departments is a vital component of the AAA's continuous focus on working toward a comprehensive and coordinated system of home and community-based care. In addition to the service delivery system composed of contracts and direct services, focal points play a major role in this endeavor. Focal points provide an avenue for older adults and adults with disabilities to access much needed programs and services, such as information and assistance, care management, and nutrition programs.

Over the next four (4) years, the AAA will continue to work toward providing comprehensive, coordinated, and effective services in collaboration with its partners. The AAA's main priority is to ensure this vulnerable population is provided with the resources and services to live as independently as possible and with dignity. In doing so, the AAA continues to be sensitive to the needs of the population by exploring new and innovative ways to improve the quality of services delivery in the County of Los Angeles.

With the passage of Assembly Bill 1118, the Age-Friendly California Act, California declared itself an age-friendly state. Los Angeles County is an existing member of the network of age-friendly communities, and the AAA will work to inform and align with state age-friendly initiatives. The Masterplan for Aging, to be released in October 2020, will define a long-term strategy to build a more inclusive, age- and disability-friendly California, and the Los Angeles AAA will adapt its area plan and service offerings in shared pursuit of this goal.

SECTION 4
PLANNING PROCESS / ESTABLISHING PRIORITIES

SECTION 4: PLANNING PROCESS / ESTABLISHING PRIORITIES

Between 2016 and 2018, the PALA initiative conducted an extensive survey of Los Angeles residents and City and County employees to understand the age-friendly future that would meet the needs and expectations of Angelinos who want to grow older in their communities. Based on analysis of the survey by experts at leading local academic institutions, stakeholders developed recommendations that were then prioritized in consultation with 300 older adults. These prioritized recommendations were grouped into eight livability domains and crafted into the *Age-friendly Action Plan for the Los Angeles Region 2018-2021* and released in August 2018.

The priorities set by the PALA process reflect the collective wisdom of stakeholders on what would be useful policy action in these spaces. In many cases, they require action from City and County departments outside the City of Los Angeles Department of Aging (DoA) and Los Angeles County Department of Workforce Development, Aging and Community Services (WDACS), the two departments that house the Los Angeles AAAs. Eight working groups have been established to convene key stakeholders, including older adults, to make progress on the identified priorities. Both the PALA action plan, and the working groups have been taken into consideration in the planning process for the Los Angeles County AAA 2020-2024 Area Plan.

The Los Angeles County AAA strives to implement an inclusive and comprehensive planning process to ensure the needs of Los Angeles County older adults, informal caregivers, and adults with disabilities are being adequately addressed. The planning process includes Public Hearings and a Needs Assessment. Public Hearings are conducted in partnership with the City of Los Angeles Department of Aging (PSA 25) and the Los Angeles County Commission on Older Adults. Public Hearings are essential in providing older adults, caregivers, service providers, senior advocacy groups, community leaders, and other relevant stakeholders an opportunity to comment on proposed program changes or service modifications of Older Americans Act Programs. The Public Hearings also provide an opportunity for discussion, public testimony, and written statements. Hearings were held in English or in Spanish with translation available, and at sites around the county in order to reach the rural area in Antelope Valley, the lesbian, gay, bisexual, and transgender (LGBT) older adult population, the native American population, and communities in all five (5) Los Angeles County Supervisorial Districts.

The Needs Assessment revealed critical information from older adults in the various Los Angeles County communities. The older adult survey was distributed through providers and senior centers, through outreach by LACCOA board members and partner organizations. Hard copies were available at public hearings held through the middle of October. Overall more than 1,000 surveys were completed. Providers serving all parts of the County were surveyed to learn about the issues facing their communities. In addition to this Needs Assessment, between 2016 and 2018, the PALA initiative conducted an extensive survey of Los Angeles residents and City and County employees to understand the age-friendly future that would meet the needs and expectations of Angelinos who want to grow older in their communities. Based on analysis of the survey by experts at leading local academic institutions, stakeholders developed recommendations that were then prioritized in consultation with 300 older adults. These

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Findings from the Needs Assessment, PALA Action Plan, Public Hearings, and input from LACCOA Commissioners were used to determine the needs and unmet needs faced by older adults and adults with disabilities. These resources form a solid foundation for the development of goals and objectives, which outline the major activities that will be accomplished over the next four-year planning cycle. The Area Plan describes the AAA's response to the identified needs and challenges, as well as the resources and actions that will be taken.

The AAA takes part in a continuous planning process and is constantly collaborating with community organizations, other County departments and governmental entities, County residents, and LACCOA Commissioners to improve current services or develop new avenues to better address the needs of older adults, informal caregivers, and adults with disabilities. The AAA keeps apprised of new developments and maintains strong relationships with the aging network in order to be aware of the most innovative programs, services, and recent changes in policies. This robust planning process is never-ending and involving, as it helps to identify much needed services. These services enable older adults to age in place safely and help older individuals remain independent in their homes and communities for as long as possible.

Through the ongoing activities of the Purposeful Aging Los Angeles partnership, the efforts of the AAA, LACCOA, service providers, and the community, the vision to make Los Angeles the most age-friendly region in the world is well underway.

SECTION 5
NEEDS ASSESSMENT

SECTION 5: NEEDS ASSESSMENT

Executive Summary

The Purposeful Aging Los Angeles (PALA) survey revealed that 80 percent of older adults in Los Angeles want to stay in their own homes and their community as they age. The services funded through the Older Americans Act and the Older Californian's Act and delivered by the Area Agencies on Aging (AAA) and their local partners, aim to make it easier for Angelinos to age in place. Every four years, the AAAs conduct a needs assessment to update their understanding of what support older adults and their caregivers need, how much they need, and where they need services. In keeping with the PALA action plan recommendation that the City and County establish shared goals and outcomes and promote alignment of programs in Los Angeles, this needs assessment evaluates both the City and the County AAA service areas.

To understand the needs of the older and dependent adult population in Los Angeles, the AAAs took a convergent approach to collecting data. More than 750 older and dependent adults were surveyed about their needs, AAA service providers were interviewed about the challenges their communities face and the new services they would like to offer. Thirteen public hearings were conducted around Los Angeles, to get community feedback. Members of the Los Angeles County Commission for Older Adults (LACCOA) and City of Los Angeles Advisory Council on Aging (LACoA) helped guide the hearings and contributed their perspectives. This information was added to local, state and national statistics about the shifting characteristics of the Los Angeles community, and data on the needs of the clients the City of Los Angeles AAA and the Los Angeles County AAA served in 2018-19. The PALA survey, conducted in 2017, enriched the AAAs' understanding of how people in Los Angeles want to age, and shaped the framework of eight livability domains used to discuss community needs.

The information collected revealed the following needs under the livability domains.

Civic Participation & Employment

Although the percentage of adults in the workforce drops for older cohorts, tens of thousands of Angelinos are working past 65. While employment can provide a valuable sense of purpose and community, most providers surveyed saw employment as an area of low need, compared with case management and transportation, for example. Among the older adults surveyed, desire for full- or part-time employment was primarily linked to financial need. Rising costs, particularly for housing, mean that 28 percent of respondents said they didn't have enough money at the end of the month to feed themselves, and 21 percent of respondents said 'money to live on' was a serious problem for them. A mismatch of skills and opportunities, inability to work under standard conditions due to impairments, and perceived bias among employers were cited by older adults at the public hearings and in survey responses as impediments to obtaining work. Paid training programs, opportunities to reskill, and initiatives that raise employer's awareness of the unique contributions of older workers were identified as needs.

Civic engagement can provide older people the opportunity to influence policy and politics and allow communities to benefit from their insight and experience. By fostering stronger ties to society, it also reduces the risk of isolation and loneliness. Senior centers can be sources of information and gathering spaces for older people interested in organizing and advocating together on issues they care about. Their informed participation in the public hearing process and the older adult survey demonstrated how essential older voices are to civic discussions. Programs that foster this engagement could aid civic participation.

Communication & Information

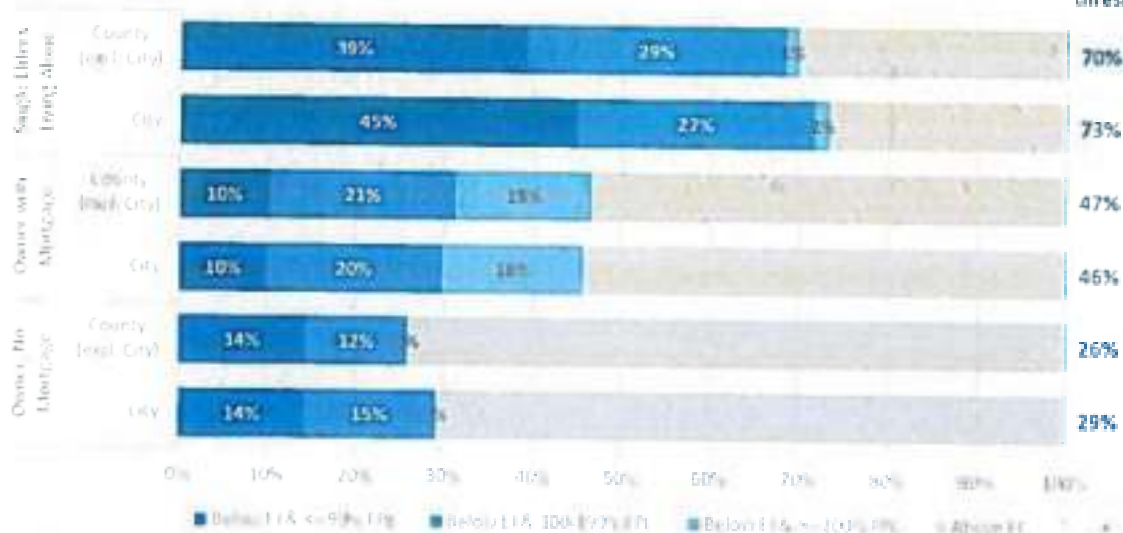
The Information & Referral Hotline for older adults seeking non-emergency assistance anywhere in Los Angeles is **1-800-510-2020**. However, general awareness of where to turn for help was identified as one of the top three concerns a third of providers surveyed, and the lack of a clear central hub for aging services in the Los Angeles region was apparent in public comments. Information is often spread by word of mouth, and older adults who lived alone were more likely to identify obtaining information about services and benefits as a serious problem in the survey. Knowing that services exist is often a prerequisite for accessing them, although in future, modern data analysis methods could allow agencies to identify and serve those in need – for example by flagging people who suddenly fall behind on utility bills as potentially facing a crisis. The internet is a helpful resource, but agencies depending on it to reach older people are potentially excluding vulnerable groups. More than half of Los Angeles County residents speak a language other than English at home, and there is a rich cultural diversity among LA communities. This also means that different languages and messages are needed to communicate and engage with older people and their caregivers in Los Angeles. Hiring and retaining staff with the relevant cultural competency is both essential and challenging, according to providers. Technology training, improved internet access, and more intuitive web resources would help connect older adults to online information and communication tools. Senior centers, senior living and libraries are valuable information hubs and sources of trusted training and counsel. Education at these sites on nutrition, exercise, job skills, legal and financial issues, along with a broader set of topics as relevant (e.g. applying for citizenship, preparing for and coping with grief, language training) can help older Angelinos lead independent, full lives.

Community Support & Health Services

As the cost of living in Los Angeles rises, fewer older adults in the region have the resources they need to live comfortably. In the City of Los Angeles, 73 percent of old older adults live below the Elder Index poverty threshold, with the share living in poverty only slightly lower in Los Angeles County at 70 percent. With housing absorbing more of people's budgets as costs rise and incomes stay flat, older Angelinos are having to dedicate money to housing that they previously spent on food, healthcare or transportation. This leaves people even more in need of nutrition services and other benefits available to them through the AAAs. Nutrition programs that serve meals seven days a week or have frozen meals that people can reheat at home are appealing as options to help combat hunger and were requested at public hearings.

Older adults living in poverty in Los Angeles County and City of Los Angeles, Elder Index 2015

Older adults living below the Elder Index threshold



FPL = Federal Poverty Line
EI = Elder Index

In a fragmented system, obtaining care can be challenging and older adults may need help ensuring they are accessing the benefits they need. Participants at public hearings were unaware of some of the services already available from the AAA, and there was a consensus among AAA providers that case management was the highest need among the older adults they served. Timely and informed support can help people avoid crises that can lead to them losing housing or becoming vulnerable to exploitation. Trusted legal and financial counsel can help protect older people, offer peace of mind, and help prevent evictions leading to hardship and possibly homelessness.

There continues to be great need for in-home care. In the City of LA, more than 30 percent of clients in FY2018-19 needed help with more than three activities of daily living (like bathing and dressing), and more than half needed help with more than three instrumental activities of daily living (like money management or housework). In the survey of older adults, between 10 and 20 percent of people who were dependent for an activity of daily living said no one helped them with this need (note: this is based on limited data). Culturally competent and compassionate care is particularly of concern for older adults who have experienced discrimination in the past or have reason to fear intolerance (including LGBT elders, some of whom shared their experiences at the public hearings). For those who are homebound, home-delivered meal services are a vital source of nutrition and provide a daily social interaction.

The changing needs of the AAAs' client population will require adapting the service model. For example, the number of people who live alone and are experiencing cognitive decline will grow, and current systems to support people with Alzheimer's or dementia often assume they have a family caregiver. Similarly, the changing composition of Los Angeles' older population requires that AAAs continue to expand efforts to offer culturally competent care in a variety of languages throughout the County and City of Los Angeles and expand translation services available.

Older adults who receive care from informal caregivers in the Family Caregiver Support Program needed even more help with the activities of daily living than the general client population of the AAAs. To provide support to caregivers before they 'burn out,' service providers need to

overcome reluctance to seek help by using messaging they understand and that resonates with them culturally. A lack of awareness of the support available, combined with a desire to keep perceived weakness private or an understandable unwillingness to acknowledge that a loved one is no longer able to operate independently presents further obstacles to offering support in a way that it can be accepted. Family caregivers are an essential part of the social infrastructure that helps older Angelinos age in place.

Emergency Preparedness & Resilience

Older and dependent adults in Los Angeles must be prepared for emergencies. They are more vulnerable in wide-spread natural disasters that might affect their neighborhood, including fires and earthquakes, but also to personal emergencies like an accident in the home. In the survey, concern over accidents in or out of the home was second only to having enough money in the top problems respondents faced. Several respondents also raised concern over electricity shut-offs that occurred this year, worrying that they might not be able to summon help if they needed it and that their food would spoil without a working refrigerator. People with cognitive and physical impairments face additional risks and may be reluctant to share information with neighbors fearing it might make them vulnerable to crime.

Housing

More than 5,200 older adults in Los Angeles were homeless in the 2019 count, and a much larger number are at risk of becoming homeless or fear losing their accommodation. The PALA survey revealed that Angelinos want to age in place, and in the surveys of older adults and of AAA providers, housing was identified as a top concern and area of need. Older adults were part of more than a quarter of households experiencing no-fault evictions from rent controlled homes in the City of Los Angeles over a five-year period. Given rising rents, a very tight housing market, and multi-year-long waiting lists for affordable housing, older adults need support in identifying safe, affordable, appropriate housing options that can afford, and legal assistance to avoid being unfairly evicted. Populations more likely to face discrimination, including LGBT older adults, need housing options that does not put them at risk. Rental assistance programs, appropriate support for older adults who are homeless, education and legal support to avoid evictions, and a broader suite of solutions (e.g. cohousing) were also identified as needs.

Outdoor Spaces & Buildings

An environment that enables mobility, encourages activity and the use of cultural amenities are all vital part of an age friendly community. This means safe, passable sidewalks, accessible by wheelchairs and walkers. It also means benches in the shade where one can wait for transportation home after a visit to a mall or a theater. Parks and other outdoor spaces can be a place for enjoying nature alone, with a pet or a friend. Programming in parks and public spaces can be a valuable social contact and being outside can help make programming visible and easier to join. The survey revealed that outdoor spaces can also be seen as risky. Fear of falling and injuries incurred after a fall were reported as barriers to mobility in the survey, and accidents in or outside the home (including falling) was identified as a serious or minor problem by 42 percent of respondents. Some parks in Los Angeles are temporarily home to Angelinos living in tents, and in the survey and at public hearings several older people expressed trepidation about using the parks as a result. Crime was seen as a minor or serious problem by 29 percent of respondents to the survey question and was raised as a concern in public hearings. Fear of crime can prevent people from feeling safe and able to move around their community, even in the absence of a direct experience of crime (although several survey respondents reported this too).

Outdoor spaces and buildings can also be made safer for older community members by investing in social capital and technology. The risk of harm coming to a loved one with Alzheimer's disease, dementia, or autism who wanders and becomes lost is a cause of stress for their caregivers. Becoming lost can be traumatic and dangerous for a person with a cognitive impairment. Programs that educate public safety officials and the public about the risks and how to identify and help a person who may have wandered can help. Devices like the bracelets distributed by the LA Found program, that allow a lost person to be located quickly can help make more independent living possible and safe.

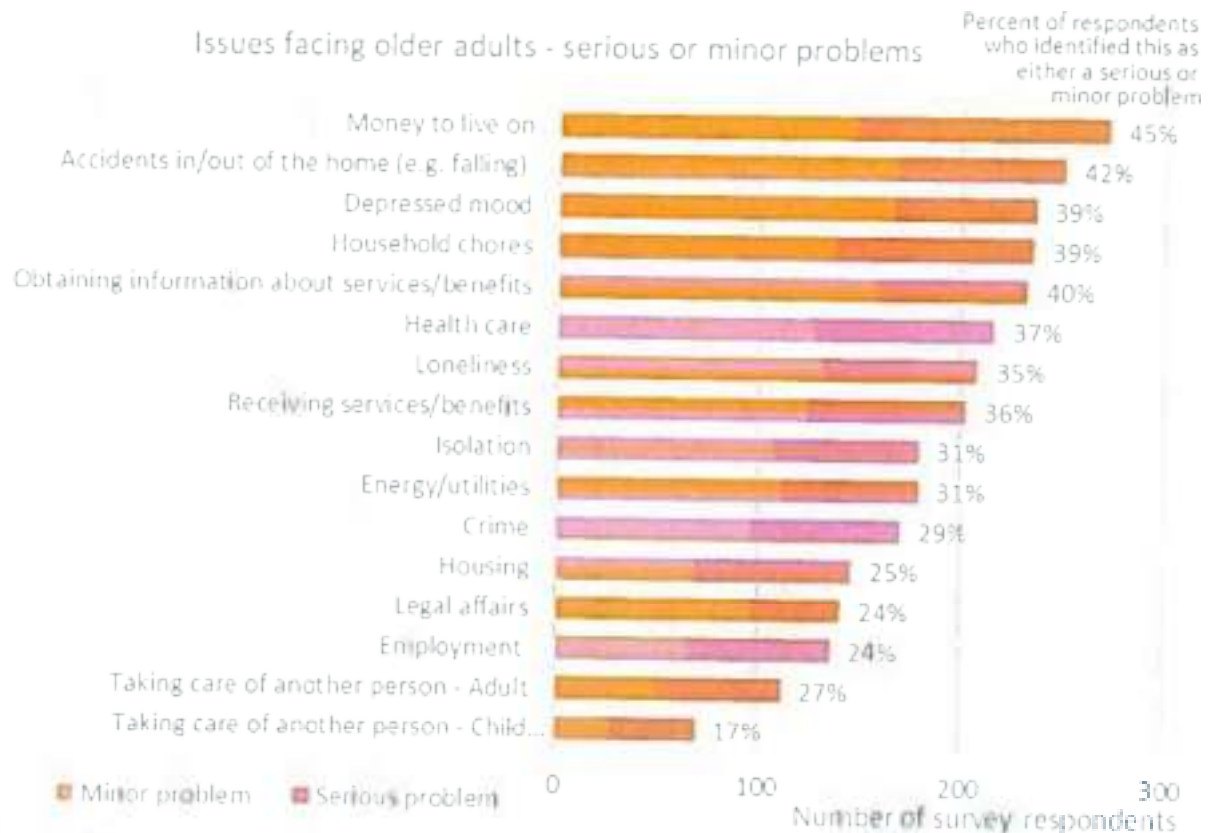
Social Participation, Respect & Social Inclusion

Recognizing the importance of social contact, programs that encourage volunteerism, group exercise, entertainment or education, and congregating for meals are popular offerings at senior centers and in senior housing. Bringing older people together creates community and helps tackle the loneliness many reported feeling as their partners and friends passed away and children move away. Inter-generational activities create new bonds with the opportunity to both learn and teach. Senior centers can serve as a valuable social hub, and in public consultations people praised them as places to access services and share information. Increasingly, as people live in more marginal spaces, the senior center replaces the living room, and is a place where days can be spent safely and with dignity. Investing in Los Angeles' senior centers to serve those most in need is vital for social inclusion. Exploring how their features and programming could be adapted in recognition that the generation currently in their 60s might have different programming preferences to those a generation above them will become necessary. Ensuring that all older Angelinos feel welcome and use the senior centers and services requires active inclusion. Poverty, disability, homelessness, and language can all act as barriers to accessing resources, and additional outreach is needed. Similarly, people who have faced discrimination in the past because of race, LGBT status, or disability may choose not to participate and are more vulnerable to isolation as a result. Finding ways to identify and serve the needs of those who live outside the established network remains a challenge.

Transportation

Transportation is crucial to well-being for many older and dependent adults in Los Angeles. With scarce resources available, priority is given to essential trips like traveling to doctor's appointments or to pick up groceries, but people also wanted to travel to the senior center to see friends or to attend training. It is also essential to accessing work and Los Angeles' rich cultural and recreational amenities. Los Angeles has a large and complex system of transportation options that can be daunting to navigate, and trips can often cross jurisdictions which can affect what services are available. While new services like ridesharing increase the options available (at a cost), door through door transportation is necessary for people who have certain cognitive or physical impairments to ensure they get to their destination safely. In the survey and at public

meetings, the community shared their desire for timely and safe on-demand transportation services, and for public transit that accommodates the needs of older riders.



Key findings

Ongoing needs	Rising needs
<ul style="list-style-type: none"> Nutrition support Help navigating the system In-home care Transportation Social connection 	<ul style="list-style-type: none"> Housing and housing security Culturally competent care Translation Alzheimer's and dementia support Legal support

The growing Los Angeles older population is diverse and has diverse needs ranging from help getting dressed in the morning to reskilling to access employment. More detailed findings on the needs identified in the Los Angeles region are available in the full 2019 needs assessment report, and the PALA *Age-Friendly Action Plan for the Los Angeles Region 2018-2021*, published in 2018. Some of these needs can be addressed by the two Los Angeles Area Agencies on Aging using Older American Act and Older Californians Act funding. Given that these funds are limited and many of the challenges identified are the responsibility of other agencies, Los Angeles also will leverage City, County, and community partners' expertise and programs to make progress together addressing these problems through the Purposeful Aging Los Angeles initiative.

SECTION 6
TARGETING

SECTION 6: TARGETING

The Older Americans Act (OAA) defines a number of "target populations" that the Area Agency on Aging (AAA) includes in the planning and delivery of community-based services. In particular, service delivery is targeted to those with the greatest economic or social need. Those with the "greatest economic need" are older adults with service needs resulting from an income level at or below the Federal Poverty Guideline or Elder Economic Index. Second, older adults with the "greatest social need" have a service need resulting from non-economic factors that restricts a person's ability to perform normal daily tasks or threatens their capacity to live independently. This includes isolation caused by racial, ethnic, social, disability, cultural, or geographic factors, and in 2019 Assembly Bill 2719 revised the definition to include cultural and social isolation caused by sexual orientation, gender identify or gender expression.

These targeted groups also consist of older individuals with any of the following characteristics:

- Alzheimer's Disease or Related Disorders
- At risk for institutional placement
- Disability
- Frailty
- Homelessness
- Informal Caregiver
- Isolated, Neglected, and/or Exploited
- Sexual Orientation, Gender Identity, or Gender Expression
- Limited English Proficiency
- Native American
- Reside in a Rural Area
- Unemployed

The AAA's main focus is to serve those with the greatest economic and social needs in addition to older adults with the characteristics identified. Thus, the AAA makes it a priority for all AAA-funded providers to serve this target population. Addressing these issues is primarily done through a network of partners.

The AAA subcontracts with numerous community-based organizations that are required to conduct targeted outreach and provide services in a culturally sensitive manner. The AAA continuously works toward expanding services in rural areas and identifying methods to reach the target population. WDACS also administers Adult Protective Services, which assists the AAA and its direct service providers identify and serve the most vulnerable populations. Informal caregivers play a critical role in assisting older adults and individuals with functional impairments continue to live in their own homes for as long as possible. Thus, the AAA continues to work with its Family Caregivers' network in order to provide the much-needed support and services to informal caregivers of older adults and grandparents raising grandchildren. The Senior Community Service Employment Program also remains a priority for the AAA in order to provide essential services to older adults who are unemployed.

In our efforts to serve those with the greatest economic and social need, the AAA requires its contractors to meet minimum goals. The AAA also provides resources and assistance to help achieve these goals.

The Los Angeles County AAA is estimating to serve the following number of lower income minority older individuals for the FY 2019-20:

- Minority clients – 22,192 (60%)
- Rural clients – 1,331 (4%)
- Low income clients (below poverty level) – 13,217 (36%)

SECTION 7
PUBLIC HEARINGS

SECTION 7: PUBLIC HEARINGS

At least one public hearing must be held each year of the four-year planning cycle.
CCR Title 22, Article 3, Section 7302(a) (10) and Section 7308, OAA 2006 306(a)

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

Fiscal Year	Date	Location	Number of Attendees	Presented in languages other than English? ² Yes or No	Was hearing held at a Long-Term Care Facility? ³ Yes or No
2020-2021	9/30/2019	Antelope Valley Senior Center 777 W. Jackman Street Lancaster, CA 93534	39	Yes	No
2020-2021	10/1/2019	Sunland Senior Citizens Center 8640 Fenwick Street Sunland, CA 91040	22	Yes	No
2020-2021	10/3/2019	Los Angeles LGBT Center Harry & Jeanette Weinberg Senior Ctr, 1118 N. McCadden Place Los Angeles, CA 90038	46	Yes	No
2020-2021	10/4/2019	San Pedro Service Center 769 W 3rd Street San Pedro, CA 90731	38	Yes	No
2020-2021	10/7/2019	Estelle Van Meter 7600 S. Avalon Blvd. Los Angeles, CA 90003	42	Yes	No
2020-2021	10/8/2019	Wilmington Jaycees 1371 Eubanks Ave., Wilmington, CA 90744	85	Yes	No
2020-2021	10/9/2019	St. Barnabas Senior Services 675 S. Carondelet St. Los Angeles, CA 90057	43	Yes	No
2020-2021	10/10/2019	El Monte Senior Citizens Center 3120 N. Tyler Avenue El Monte, CA 91731	79	Yes	No
2020-2021	10/15/2019	The Event Center of Agoura Hills 29900 Lady face Court Agoura Hills, CA 91301	18	Yes	No
2020-2021	10/16/2019	United American Indian Involvement 1125 W 6 th Street Los Angeles, CA 90017	19	Yes	No
2020-2021	10/18/2019	Santa Clarita Valley Senior Center 27180 Golden Valley Road Santa Clarita, CA 91350	32	Yes	No
2020-2021	10/22/2019	Lynwood Senior Citizen Center 11329 Ernestine Ave. Lynwood, CA 90262	32	Yes	No
2020-2021	11/14/2019	Topanga Library 122 N Topanga Canyon Blvd Topanga, CA 90290	29	Yes	No
2021-2022					
2022-2023					
2023-2024					

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

A notice of the Public Hearings was advertised through the newspaper in the County and City of Los Angeles. Furthermore, flyers were sent to the Board offices, County departments, cities within the County of Los Angeles, County Commissioners, Senior Centers, WDACS partners, and AAA Service Providers. Individuals who were unable to make it to any of the scheduled Public Hearings were also informed that written statements can be submitted to the AAA.

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

- Yes. Go to question #3
- Not applicable, PD and C funds are not used. Go to question #4

3. Summarize the comments received concerning proposed expenditures for PD and C.
4. Attendees were provided the opportunity to testify regarding setting of minimum percentages of Title III B program funds to meet the adequate proportion funding for Priority Services.

- Yes. Go to question #5
- No, Explain:

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

There were no comments received pertaining to adequate proportion funding for priority services.

6. List any other issues discussed or raised at the Public Hearing.

ALZHEIMER'S: Provide trained care management services that enable families to navigate the legal, financial, and health challenges that come with an Alzheimer's diagnosis.

Family Caregiver Support Services: More caregiver support services (caregiver outreach, education, respite services, care management for people with dementia and their caregivers, etc.).

Elder Abuse: More outreach/community education needs to be conducted to inform the public about elder abuse and how to report it.

² A translator is not required unless the AAA determines a significant number of attendees require translation services.
³ AAAs are encouraged to include individuals in LTC facilities in the planning process, but hearings are not required to be held in LTC facilities

Emergency and Disaster Preparedness: Provide more disaster shelters; support older adults during Public Safety Power Shutoff; re-establish Disaster Supplemental Nutrition Assistance Program (D-SNAP) or a similar program that allows older adults and those with disabilities to apply for assistance during a PSPS or disaster.

Funding for Older Adult Programs: More funding needed to help with housing and transportation needs, senior center services, nutrition services, family caregiver support services, home repair and handyman programs.

Health Services: More services needed to educate older adults on how to age well and age healthy.

Homelessness: More services needed to provide housing for older adults experiencing homelessness.

Legal Services: More legal services needed to assist older adults with wills, estates, power of attorney, and end-of-life planning as they are increasingly isolated.

Mental Health: Support services to mentally ill and homeless older adults needed.

Nutrition: More fresh food and meals to help with special diet needs; Expand nutrition services for the weekend (Saturday and Sunday).

Rural, Remote, and Isolated Areas: Expand services in areas such as Lancaster, Palmdale, and Topanga; ensure rural areas are not neglected or overlooked; research and prepare a list of vulnerable at-risk people in rural and remote unincorporated

Senior Centers: Provide more services (Computer classes, education and exercise classes, peer support group services, lifelong learning and social engagement programs.

Transportation: Better access to transportation (more taxi vouchers, coupons, and bus tokens; assistance with wheelchairs; and expanded the New Freedom Transportation program).

Vulnerable Population Needs: Provide culturally competent services that protect the quality of life of LGBTQ older adults.

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

Feedback from public hearing attendees justified the need to expand existing services and adjust unit rates that are used to reimburse sub-recipients for the increasing cost of services. However, this Area plan is prepared with the assumption that Older Americans Act funding will remain about the same and service expansion is not assumed. Therefore, there were no changes in Area Plan which were the result of the input by attendees.

SECTION 8
IDENTIFICATION OF PRIORITIES

SECTION 8: IDENTIFICATION OF PRIORITIES

The AAA's primary function is to administer Older Americans Act and Older Californians Act programs, along with maximizing independence for all older adults and adults with disabilities. Through the planning process, the AAA has identified priorities based on service and demographic trends, focus group discussions, survey responses, Public Hearings, and availability of resources. Based on these findings, the specific goals for this Four-Year Area Plan are as follows:

- Goal #1: Promote community support and health services.
- Goal #2: Promote respect and social participation/inclusion of older adults.
- Goal #3: Promote accessible and affordable transportation options for older adults and individuals with disabilities.
- Goal #4: Coordinate communication and information outreach measures.

Over the next four (4) years, the AAA will continue to utilize a combination of direct and contracted services to meet the needs of older adults, informal caregivers, and adults with disabilities. The AAA plans to do this by assuring that an "adequate proportion" of Title III B funds will be allocated to the following priority services established by the federal government: Access Services, In-Home Services, and Legal Services. Access services include Case Management, Information and Referral, and Outreach. In-Home Services include Personal Care, Homemaker, Alzheimer's Day Care, Respite Care, and Telephone Reassurance Services. Legal Services include the legal assistance provided to older adults. For Fiscal Year 2020-2021, the AAA's adequate proportions of Title III-B funds are as follows and were reviewed at the Public Hearings:

- Access – 30%
- In-Home – 17%
- Legal – 5%

The public hearings and needs assessment revealed a wide range of services and support that will help older Los Angeles residents age in place and lead healthy, full lives. Some of these needs can be met through programs provided by the AAA and its service providers directly, funded by the Older Americans Act and the Older Californians Act. These services are outlined in Section 9 below. The design and provision of additional services and support will be fostered by the AAA through active participation in the PALA initiative and its eight working groups. In addition, the AAA plans the following activity in each of the livability domains:

Civic Participation & Employment

Older adults are valuable advocates for themselves and their communities. The AAA plans to engage older adults in efforts to increase the number of cities in Los Angeles County that pledge to be age-friendly.

Los Angeles County Title V – SCSEP has been showing steady improvement year over year in meeting the programmatic goals for the past 3 years. The strategy to provide this program through the County's America's Job Centers of California (AJCC) system is proving to be effective. The County plans to continue providing SCSEP services in this format and

incorporating it into the system's continuous improvement strategies. In addition, WDACS is also working on introducing an updated Mature Worker curriculum to both SCSEP participants and other older workers being served by the County workforce system. This will prepare the AJCC staff to better serve the older workers and equip participants with better tools in their job search and training process.

Furthermore, other workforce development strategies that the County is planning to implement as part of the Purposeful Aging LA (PALA) initiative include developing coordinated County and City strategies for connecting older adults to meaningful employment opportunities, such as developing older worker employment goals that consider the full range of employment opportunities and classifications and include full-time, part-time, temporary and consultant positions; collaborating with the Department of Human Resources to establish an Older Adult internship program that offers a pathway to permanent County employment and to explore hosting Older Adult Fellow consultants in the vein of the Los Angeles Encore Fellows program and the Executive Service Corps; working with all Los Angeles Region Workforce Development Boards to develop and implement a regional approach, with specified annual performance goals, for the public workforce system to recruit, train and place older workers in employment and career opportunities, including those available with County and City departments; robust engagement of Chambers of Commerce, economic development organizations, labor organizations, educational and training institutions and other appropriate public and private agencies in the development and implementation of workforce development strategies; urging private for-profit and non-profit agencies to establish and implement older worker hiring targets.

Communication & Information

Coordinate more closely with the City of Los Angeles Department of Aging (PSA 25) to help older adults and their caregivers reach the services they need more seamlessly. Coordinate with Adult Protective Services at the County to streamline their client's access to AAA services. The AAA plans to continue encourage the provision of evidence-based education programs to older adults at senior centers through partnerships.

Community Support & Health Services

The AAA will continue to provide evidence-based disease prevention and health promotion programs, including a fall prevention program to address concerns expressed by older adults in the need's assessment.

Emergency Preparedness & Resilience

The AAA will continue to partner with other departments and agencies to share data as appropriate to help serve homebound seniors in emergencies.

Housing

WDACS administers the Home Safe program, which provides emergency shelter to Adult Protective Services clients and aids rapid rehousing of clients. AAA will continue to work with other departments and agencies to ensure appropriate services for older adults who are experiencing homelessness, sharing their expertise on the particular needs of older adults. In doing so, AAA will utilize all programs and resources that may be available as a result of the enactment of Assembly Bill No. 816 and Assembly Bill No. 1845. Assembly No. 816 established the California Flexible Housing Subsidy Pool Program within the Department of Housing and Community Development for the purpose of making grants available to applicants, which include

a city, county, city and county, or continuum of care, for eligible activities including, among other things, rental assistance, operating subsidies in new and existing affordable or supportive housing. Assembly Bill No. 1845 was enacted for the purpose of ending homelessness in California.

WDACS has an ongoing partnership with the Homeless Initiative, the City of Los Angeles' Department of Aging, Senior Centers located throughout the County, and the Los Angeles Homeless Services Authority (LAHSA). Together we launched an older adults pilot program in March 2018 in five senior centers. The pilot program will allow us to explore ways in which the older adults system and homeless services system can support one another. While there is not specific funding set aside for older adults, we realize that this population has unique needs and we will continue to work to strengthen both systems through ongoing collaboration with our partners.

Outdoor Spaces & Buildings

The LA Found program, which invests in technology and social infrastructure to help locate people with cognitive impairments who may become lost, reduces the risk of enjoying outdoor spaces and buildings for affected older adults and their caregivers.

Social Participation, Respect & Social Inclusion

Congregate meals and Senior Centers are vital sources of community, and the AAA will continue to explore additional opportunities to leverage attendance to connect to other services.

Transportation

The New Freedom Transportation programs provide taxicab services, volunteer driver mileage reimbursement, and door assistance transportation for older adults and people with disabilities.

The AAA will also continue exploring funding options for transportation services targeted to older adults and adults with disabilities. In addition to the priority service categories established by the federal government, the AAA places a great emphasis on collaborating with various community-based organizations and governmental agencies to address Emergency Preparedness, food insecurity, Elder Abuse Prevention, veterans' issues, and homelessness. Furthermore, the AAA has placed a priority on evidence-based programs and plans to release a request for proposal to implement an evidence-based Disease Prevention and Health Promotion Program that will address at least one of the following areas of need: Chronic Disease Self-Management Program and/or Tomando Control de Su Salud, Chronic Pain Self-Management Program, Diabetes Self-Management Program and/or Programa de Manejo Personal de la Diabetes, Arthritis Foundation Exercise Program, Arthritis Foundation Walk with Ease, A Matter of Balance

SECTION 9
AREA PLAN NARRATIVE GOALS AND OBJECTIVES

SECTION 9: AREA PLAN NARRATIVE GOALS AND OBJECTIVES PSA

Goal #1

Goal: Promote community support and health services

Rationale: The need for home and community-based services is substantially increasing as the older adult population continues to exponentially grow. Access to health and community support services that promote wellness and active aging have shown to enhance the quality of life for older adults and family caregivers. The Area Agency on Aging and its partners strive toward providing proven ways to promote health and prevent disease among older adults and their caregivers.

[Refer to CCR Article 3, Section 7300 (c)]	Projected Start and End Dates	Title IIIB Funded PD or C ⁴	Update Status ⁵
<p>1.1 Disease Prevention and Health Promotion</p> <p>a) Provide the evidence-based Disease Prevention and Health Promotion (DPHP) Programs in order to assist older adults in the prevention of illness, the management of chronic physical conditions, the support of healthy lifestyles, and the promotion of healthy behaviors. At least four of the following programs may be offered:</p> <ul style="list-style-type: none"> • <i>Chronic Disease Self-Management Program and/or Tomando Control de Su Salud</i> • <i>Chronic Pain Self-Management Program</i> • <i>Diabetes Self-Management Program and/or Programa de Manejo Personal de la Diabetes</i> • <i>Arthritis Foundation Exercise Program</i> • <i>Arthritis Foundation Walk with Ease</i> • <i>A Matter of Balance</i> <p>b) Ensure DPHP Programs meet the following criteria:</p> <ul style="list-style-type: none"> • Proven effective with the older adult population, using experimental or quasi-experimental research design; • Research results published in a peer-reviewed journal; • Have been implemented previously at the community level (with fidelity to the published research) and shown to be effective outside a research setting; and • Includes developed dissemination products (program manuals, guides, and/or handouts) that are available to the public; or • Considered evidence-based by any operating division of the U.S. Department of Health and Human Services (HHS). 	<p>7/01/2020 to 6/30/2024</p>		

Goal #2

Goal: Promote respect and social participation/inclusion of older adults.			
Rationale: Several studies show that initiatives that promote social inclusion and respect for older people have the potential to significantly improve health and wellbeing. PSA 19 is committed to promote the age-friendly environments to help support and encourage older adults to live independently and in good health for longer and can also optimize health and well-being for the wider community.			
[Refer to CCR Article 3, Section 7300 (c)]	Projected Start and End Dates	Title IIIB Funded PD or C⁴	Update Status⁵
2.1 Elder Abuse Prevention	7/01/2020 to 6/30/2024		
a) Collaborate with statewide and Long-Term Care (LTC) Ombudsman Offices to create and foster enhanced communication and collaborative services, while fulfilling the roles and responsibilities defined in the Memorandum of Understanding between Los Angeles County Adult Protective Services (APS) and LTC Ombudsman.			
b) Improve and coordinate elder abuse prevention efforts with other County departments and community-based organizations.			
c) Strengthen and carry out education sessions and outreach for the general public on the identification, prevention, and treatment of elder abuse, neglect, and exploitation.			
2.2 Ombudsman	7/01/2020 to 6/30/2024		
a) Improve collaborative efforts with the AAA Ombudsman service provider to ensure comprehensive and coordinated service delivery for older individuals who reside in LTC Facilities.			
b) Publicize the mission of the LTC Ombudsman Program and the role of ombudsman representatives by conducting targeted community outreach.			

Goal #3

Goal: Provide accessible and affordable transportation options for older adults and individuals with disabilities.

Rationale: The need for accessible transportation options is essential to maintaining independence and an adequate quality of life for individuals with disabilities and older adults.

[Refer to CCR Article 3, Section 7300 (c)]	Projected Start and End Dates	Title IIIB Funded PD or C⁴	Update Status⁵
<p>3.1 Transportation and Mobility Management</p> <p>a) Implement the Taxicab Service Program (TSP), the Volunteer Driver Mileage Reimbursement (VDMR) Program, and the Door Assistance Transportation Program (DATP) in order to enhance quality of life, maintain independence, and improve the overall health and well-being of vulnerable populations.</p> <p>b) Collaborate with partner agencies and Los Angeles County Metropolitan Transportation Authority (LACMTA) to seek funding for technological enhancements and extension of the three (3) successful pilot programs.</p> <p>c) Develop and provide mobility management services, which will include travel training and travel options counseling, for older adults throughout Los Angeles County.</p>	<p>7/01/2020 to 6/30/2024</p>		

Goal #4

Goal: Coordinate communication and information outreach measures.

Rationale: Collaborate with the City of Los Angeles Department of Aging, other County departments, and community-based organizations to increase service awareness and provide a seamless and coordinated approach to service delivery for older adults, adults with disabilities, and informal caregivers. Collaboration with other public entities will increase awareness of resources available to improve the quality of life for older adults and adults with disabilities.

[Refer to CCR Article 3, Section 7300 (c)]

	Projected Start and End Dates	Title IIIB Funded PD or C ⁴	Update Status ⁵
<p>4.1 Inclusive Stakeholder Engagement and Collaboration</p> <p>a) Increase awareness of AAA programs and services to older adults, adults with disabilities, and caregivers throughout Los Angeles County in collaboration with the Los Angeles County Commission on Older Adults.</p>	<p>7/01/2020 to 6/30/2024</p>		
<p>b) Collaborate with the Los Angeles City Department of Aging and other County departments who have a stake in protecting the quality of life for older adults, their caregivers, and adults with disabilities in order to maximize resources and offer comprehensive supportive services.</p>			
<p>4.2 Information and Referral</p> <p>a) Provide outreach to targeted populations, which includes the Lesbian, Gay, Bisexual, and Transgender (LGBT) community.</p> <p>b) Strengthen the awareness of AAA programs and services by distributing comprehensive outreach materials at senior centers, health fairs, and various community events.</p>	<p>7/01/2020 to 6/30/2024</p>		

⁴ Indicate if Program Development (PD) or Coordination (C) – cannot be both. If a PD objective is not completed and is continued the following year, the objective must be revised and restated with the remaining or additional tasks.

⁵ Use for Area Plan Updates only: Indicate if objective is **New, Continued, Revised, Completed, or Deleted.**

SECTION 10
SERVICE UNIT PLAN (SUP) OBJECTIVES

SECTION 10: SERVICE UNIT PLAN (SUP) OBJECTIVES

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

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

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

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

Personal Care (In-Home)

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	9,500	4	4.1, 4.2
2021-2022	9,500	4	4.1, 4.2
2022-2023	9,500	4	4.1, 4.2
2023-2024	9,500	4	4.1, 4.2

Homemaker (In-Home)

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	22,800	4	4.1, 4.2
2021-2022	22,800	4	4.1, 4.2
2022-2023	22,800	4	4.1, 4.2
2023-2024	22,800	4	4.1, 4.2

Chore (In-Home)

Unit of Service = 1 hour

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

Home-Delivered Meal

Unit of Service = 1 meal

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	950,000	4	4.1, 4.2
2021-2022	950,000	4	4.1, 4.2
2022-2023	950,000	4	4.1, 4.2
2023-2024	950,000	4	4.1, 4.2

Adult Day/ Health Care (In-Home)

Unit of Service = 1 hour

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

Case Management (Access)

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	38,000	4	4.1, 4.2
2021-2022	38,000	4	4.1, 4.2
2022-2023	38,000	4	4.1, 4.2
2023-2024	38,000	4	4.1, 4.2

Assisted Transportation (Access)

Unit of Service = 1 one-way trip

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

Congregate Meals

Unit of Service = 1 meal

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	1,200,000	4	4.1, 4.2
2021-2022	1,200,000	4	4.1, 4.2
2022-2023	1,200,000	4	4.1, 4.2
2023-2024	1,200,000	4	4.1, 4.2

Nutrition Counseling

Unit of Service = 1 session per participant

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	2,000	4	4.1, 4.2
2021-2022	2,000	4	4.1, 4.2
2022-2023	2,000	4	4.1, 4.2
2023-2024	2,000	4	4.1, 4.2

Transportation (Access)

Unit of Service = 1 one-way trip

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

Legal Assistance

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	6,000	4	4.1, 4.2
2021-2022	6,000	4	4.1, 4.2
2022-2023	6,000	4	4.1, 4.2
2023-2024	6,000	4	4.1, 4.2

Nutrition Education

Unit of Service = 1 session per participant

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	55,000	4	4.1, 4.2
2021-2022	55,000	4	4.1, 4.2
2022-2023	55,000	4	4.1, 4.2
2023-2024	55,000	4	4.1, 4.2

Information and Assistance (Access)

Unit of Service = 1 contact

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	7,200	4	4.1, 4.2
2021-2022	7,200	4	4.1, 4.2
2022-2023	7,200	4	4.1, 4.2
2023-2024	7,200	4	4.1, 4.2

Outreach (Access)

Unit of Service = 1 contact

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	11,000	4	4.1, 4.2
2021-2022	11,000	4	4.1, 4.2
2022-2023	11,000	4	4.1, 4.2
2023-2024	11,000	4	4.1, 4.2

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

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

Title III B, Other Priority and Non-Priority Supportive Services

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

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

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

Alzheimer’s Day Care

Unit of Service = 1 Day of Attendance

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2020-2021	7,500	4	4.1, 4.2
2021-2022	7,500	4	4.1, 4.2
2022-2023	7,500	4	4.1, 4.2
2023-2024	7,500	4	4.1, 4.2

In-Home Respite

Unit of Service = 1 Hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2020-2021	2,200	4	4.1, 4.2
2021-2022	2,200	4	4.1, 4.2
2022-2023	2,200	4	4.1, 4.2
2023-2024	2,200	4	4.1, 4.2

Registry

Unit of Service = 1 Hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2020-2021	9,000	4	4.1, 4.2
2021-2022	9,000	4	4.1, 4.2
2022-2023	9,000	4	4.1, 4.2
2023-2024	9,000	4	4.1, 4.2

Telephone Reassurance

Unit of Service = 1 Contact

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2020-2021	58,000	4	4.1, 4.2
2021-2022	58,000	4	4.1, 4.2
2022-2023	58,000	4	4.1, 4.2
2023-2024	58,000	4	4.1, 4.2

Senior Center Activities

Unit of Service = 1 Hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2020-2021	75,000	4	4.1, 4.2
2021-2022	75,000	4	4.1, 4.2
2022-2023	75,000	4	4.1, 4.2
2023-2024	75,000	4	4.1, 4.2

3. Title IIID/ Disease Prevention and Health Promotion

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

Unit of Service = 1 contact

Service Activities: Chronic Disease Self-Management Program and/or Tomando Control de Su Salud, Chronic Pain Self-Management Program, Diabetes Self-Management Program and/or Programa de Manejo Personal de la Diabetes, Arthritis Foundation Exercise Program, Arthritis Foundation Walk with Ease, A Matter of Balance

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (Required)
2020-2021	9,500	1	1.1
2021-2022	9,500	1	1.1
2022-2023	9,500	1	1.1
2023-2024	9,500	1	1.1

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

2020-2024 Four-Year Planning Cycle

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

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

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

Complete all Measures and Targets for Outcomes 1-3;

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

Measures and Targets:

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

<p>1. FY 2018-2019 Baseline Resolution Rate: Number of complaints resolved <u>2536</u> + number of partially resolved complaints <u>723</u> divided by the total number of complaints received <u>8,810</u> = Baseline Resolution Rate <u>37</u> % FY 2020-2021 Target Resolution Rate <u>50</u> %</p>
<p>2. FY 2019-2020 Baseline Resolution Rate: Number of complaints partially or fully resolved _____ divided by the total number of complaints received _____ = Baseline Resolution Rate _____ % FY 2021-2022 Target Resolution Rate _____ % _____ % FY 2021-22 Target Resolution Rate _____ %</p>

<p>3. FY 2020 - 2021 Baseline Resolution Rate: Number of complaints partially or fully resolved _____ divided by the total number of complaints received _____ = Baseline Resolution Rate _____ % FY 2022-2023 Target Resolution Rate _____ %</p>
<p>4. FY 2021-2022 Baseline Resolution Rate: Number of complaints partially or fully resolved _____ divided by the total number of complaints received _____ = Baseline Resolution Rate _____ % FY 2023-2024 Target Resolution Rate _____</p>
<p>Program Goals and Objective Numbers: _____</p>

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

<p>1. FY 2018-2019 Baseline: Number of Resident Council meetings attended <u>60</u> FY 2020-2021 Target: <u>80</u></p>
<p>2. FY 2019-2020 Baseline: Number of Resident Council meetings attended _____ FY 2021-2022 Target: _____</p>
<p>3. FY 2020-2021 Baseline: Number of Resident Council meetings attended _____ FY 2022-2023 Target: _____</p>
<p>4. FY 2021-2022 Baseline: Number of Resident Council meetings attended _____ FY 2023-2024 Target: _____</p>
<p>Program Goals and Objective Numbers: _____</p>

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

<p>1. FY 2018-2019 Baseline: Number of Family Council meetings attended <u>0</u> FY 2020-2021 Target: <u>3</u></p>
<p>2. FY 2019-2020 Baseline: Number of Family Council meetings attended _____ FY 2021-2022 Target: _____</p>
<p>3. FY 2020-2021 Baseline: Number of Family Council meetings attended _____ FY 2022-2023 Target: _____</p>
<p>4. FY 2021-2022 Baseline: Number of Family Council meetings attended _____ FY 2023-2024 Target: _____</p>
<p>Program Goals and Objective Numbers: _____</p>

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.

<p>1. FY 2018-2019 Baseline: Number of Instances <u>340</u> FY 2020-2021 Target: <u>350</u></p>
<p>2. FY 2019-2020 Baseline: Number of Instances _____ FY 2021-2022 Target: _____</p>

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

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

1. FY 2018-2019 Baseline: Number of Instances <u>2,056</u> _____ FY 2020-2021 Target: <u>2000</u>
2. FY 2019-2020 Baseline: Number of Instances _____ FY 2021-2022 Target: _____
3. FY 2020-2021 Baseline: Number of Instances _____ FY 2022-2023 Target: _____
4. FY 2021-2022 Baseline: Number of Instances _____ FY 2023-2024 Target: _____
Program Goals and Objective Numbers: _____

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

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

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

One or more new systems advocacy efforts must be provided for each fiscal year Area Plan Update. In the relevant box below for the current Area Plan year, in narrative format, please provide at least one new priority systems advocacy effort the local LTC Ombudsman Program will engage in during the fiscal year. The systems advocacy effort may be a multi-year initiative,

but for each year, describe the results of the efforts made during the previous year and what specific new steps the local LTC Ombudsman program will be taking during the upcoming year. Progress and goals must be separately entered each year of the four-year cycle in the appropriate box below.

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

FY 2020-2021
FY 2020-2021 Systems Advocacy Effort(s): Work on a legislation to require residential care facilities to give eviction notices in the resident's primary language. Current law does not require this. Identify an author, assist with writing the legislation, provide testimony at
FY 2021-2022
Outcome of FY 2020-2021 Efforts:
FY 2021-2022 Systems Advocacy Effort(s): (Provide one or more new systems advocacy efforts)
FY 2022-2023
Outcome of FY 2021-2022 Efforts:
FY 2022-2023 Systems Advocacy Effort(s): (Provide one or more new systems advocacy efforts)
FY 2023-2024
Outcome of 2022-2023 Efforts:
FY 2023-2024 Systems Advocacy Effort(s): (Provide one or more new systems advocacy efforts)

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

Measures and Targets:

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

1. FY 2018-2019 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint 113 divided by the total number of Nursing Facilities 250 = Baseline 45.2 % FY 2020-2021 Target: 70 %
2. FY 2019-2020 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint divided by the total number of Nursing Facilities = Baseline _____ % FY 2021-2022 Target: _____ %
3. FY 2020-2021 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint divided by the total number of Nursing Facilities = Baseline _____ % FY 2022-2023 Target: _____ %
4. FY 2021-2022 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint divided by the total number of Nursing Facilities = Baseline _____ % FY 2023-2024 Target: _____ %
Program Goals and Objective Numbers: _____

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

1. FY 2018-2019 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint <u>50</u> divided by the total number of RCFEs <u>807</u> = Baseline <u>6.2</u> % FY 2020-2021 Target: 70 %

2. FY 2019-2020 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint _____ divided by the total number of RCFEs _____ = Baseline _____ %
3. FY 2020-2021 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint _____ divided by the total number of RCFEs _____ = Baseline _____ %
4. FY 2021-2022 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint _____ divided by the total number of RCFEs _____ = Baseline _____ %
Program Goals and Objective Numbers: _____

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

1. FY 2018-2019 Baseline: <u>12.59</u> FTEs FY 2020-2021 Target: <u>16.7</u> FTEs
2. FY 2019-2020 Baseline: _____ FTEs FY 2021-2022 Target: _____ FTEs
3. FY 2020-2021 Baseline: _____ FTEs FY 2022-2023 Target: _____ FTEs
4. FY 2021-2022 Baseline: _____ FTEs FY 2023-2024 Target: _____ FTEs
Program Goals and Objective Numbers: _____

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

1. FY 2018-2019 Baseline: Number of certified LTC Ombudsman volunteers <u>30</u> FY 2020-2021 Projected Number of certified LTC Ombudsman volunteers <u>55</u>
2. FY 2019-2020 Baseline: Number of certified LTC Ombudsman volunteers _____ FY 2021-2022 Projected Number of certified LTC Ombudsman volunteers _____
3. FY 2020-2021 Baseline: Number of certified LTC Ombudsman volunteers _____ FY 2022-2023 Projected Number of certified LTC Ombudsman volunteers _____

4. FY 2021-2022 Baseline: Number of certified LTC Ombudsman volunteers _____
FY 2023-2024 Projected Number of certified LTC Ombudsman volunteers _____

Program Goals and Objective Numbers: Goal 2. Objective 2.2

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 2016, Section 712(c)]

Measures and Targets:

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

Some examples could include:

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

PSA 19 through its The Long-Term Care Ombudsman Program (LTCOP) Service Provider, WISE & Healthy Aging will be creating a central intake unit to ensure the accuracy, consistency, and timeliness of all data entry intakes within the system. The intake unit will also handle entering the data for all volunteers other than interns. The Program will continue to include the federally approved NORS and ODIN training as part of the initial certification training and as an in-service for current staff and volunteers.

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

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

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

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

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

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

- **Public Education Sessions** –Indicate the total number of projected education sessions for the general public on the identification, prevention, and treatment of elder abuse, neglect, and exploitation.
- **Training Sessions for Professionals** –Indicate the total number of projected training sessions for professionals (service providers, nurses, social workers) on the identification, prevention, and treatment of elder abuse, neglect, and exploitation.
- **Training Sessions for Caregivers Served by Title III E** –Indicate the total number of projected training sessions for unpaid family caregivers who are receiving services under Title III E of the Older Americans Act (OAA) on the identification, prevention, and treatment of elder abuse, neglect, and exploitation. Older Americans Act Reauthorization Act of 2016, Section 302(3) 'Family caregiver' means an adult family member, or another individual, who is an informal provider of in-home and community care to an older individual or to an individual with Alzheimer's disease or a related disorder with neurological and organic brain dysfunction.

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

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

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

TITLE VIIA ELDER ABUSE PREVENTION SERVICE UNIT PLAN OBJECTIVES

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

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

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

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

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

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

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

The agency receiving Title VIIA Elder Abuse Prevention funding is: PSA 19

Fiscal Year	Total # of Public Education Sessions
2020-2021	15
2021-2022	
2022-2023	
2023-2024	

Fiscal Year	Total # of Training Sessions for Professionals
2020-2021	20
2021-2022	
2022-2023	
2023-2024	

Fiscal Year	Total # of Training Sessions for Caregivers served by Title III E
2020-2021	0
2021-2022	
2022-2023	
2023-2024	

Fiscal Year	Total # of Hours Spent Developing a Coordinated System
2020-2021	500
2021-2022	
2022-2023	
2023-2024	

Fiscal Year	Total # of Copies of Educational Materials to be Distributed	Description of Educational Materials
2020-2021	2,000	Elder Justice Resource Guides, Mandatory Reporting Flow Charts, and other related materials.
2021-2022		
2022-2023		
2023-2024		

Fiscal Year	Total Number of Individuals Served
2020-2021	2,000
2021-2022	
2022-2023	
2023-2024	

TITLE III E SERVICE UNIT PLAN OBJECTIVES

CCR Article 3, Section 7300(d)

2020 – 2024 Four-Year Planning Period

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

Direct and/or Contracted III E Services

CATEGORIES	1	2	3
Family Caregiver Services Caring for Elderly	<i>Proposed Units of Service</i>	<i>Required Goal #(s)</i>	<i>Optional Objective #(s)</i>
Information Services	# of activities and Total est. audience for above		
2020-2021	# of activities: 4,500 Total est. audience for above: 100,00	3	3.1, 3.2
2021-2022	# of activities: 4,500 Total est. audience for above: 100,00	3	3.1, 3.2
2022-2023	# of activities: 4,500 Total est. audience for above: 100,00	3	3.1, 3.2
2023-2024	# of activities: 4,500 Total est. audience for above: 100,00	3	3.1, 3.2
Access Assistance	Total contacts		
2020-2021	18,000	3	3.1, 3.2
2021-2022	18,000	3	3.1, 3.2
2022-2023	18,000	3	3.1, 3.2
2023-2024	18,000	3	3.1, 3.2
Support Services	Total hours		
2020-2021	16,500	3	3.1, 3.2

2021-2022	16,500	3	3.1, 3.2
2022-2023	16,500	3	3.1, 3.2
2023-2024	16,500	3	3.1, 3.2
Respite Care	Total hours		
2020-2021	26,000	3	3.1, 3.2
2021-2022	26,000	3	3.1, 3.2
2022-2023	26,000	3	3.1, 3.2
2023-2024	26,000	3	3.1, 3.2
Supplemental Services	Total occurrences		
2020-2021	1,200	3	3.1, 3.2
2021-2022	1,200	3	3.1, 3.2
2022-2023	1,200	3	3.1, 3.2
2023-2024	1,200	3	3.1, 3.2

Direct and/or Contracted III E Services

Grandparent Services Caring for Children	<i>Proposed Units of Service</i>	<i>Required Goal #(s)</i>	<i>Optional Objective #(s)</i>
Information Services	# of activities and Total est. audience for above		
2020-2021	# of activities: 60 Total est. audience for above: 500	3	3.1, 3.2
2021-2022	# of activities: 60 Total est. audience for above: 500	3	3.1, 3.2
2022-2023	# of activities: 60 Total est. audience for above: 500	3	3.1, 3.2
2023-2024	# of activities: 60 Total est. audience for above: 500	3	3.1, 3.2
Access Assistance	Total contacts		
2020-2021	2,500	3	3.1,3.2
2021-2022	2,500	3	3.1, 3.2
2022-2023	2,500	3	3.1, 3.2
2023-2024	2,500	3	3.1, 3.2
Support Services	Total hours		
2020-2021	5,000	3	3.1,3.2
2021-2022	5,000	3	3.1, 3.2
2022-2023	5,000	3	3.1, 3.2
2023-2024	5,000	3	3.1, 3.2
Respite Care	Total hours		
2020-2021	350	3	3.1,3.2
2021-2022	350	3	3.1, 3.2
2022-2023	350	3	3.1, 3.2
2023-2024	350	3	3.1, 3.2
Supplemental Services	Total occurrences		
2020-2021	15	3	3.1,3.2
2021-2022	15	3	3.1, 3.2
2022-2023	15	3	3.1, 3.2
2023-2024	15	3	3.1, 3.2

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

CCR Article 3, Section 7300(d)

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

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

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

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

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

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

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

<https://www.aging.ca.gov/ProgramsProviders/AAA/Planning/>

(Reference CDA PM 17-11 for further discussion, including current HICAP Performance Measures and Definitions).

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

HICAP Legal Services Units of Service (if applicable)⁷

Fiscal Year (FY)	3.1 Estimated Number of Clients Represented Per FY (Unit of Service)	Goal Numbers
2020-2021	300	4
2021-2022	300	4
2022-2023	300	4
2023-2024	300	4

Fiscal Year (FY)	3.2 Estimated Number of Legal Representation Hours Per FY (Unit of Service)	Goal Numbers
2020-2021	350	4
2021-2022	350	4
2022-2023	350	4
2023-2024	350	4

Fiscal Year (FY)	3.3 Estimated Number of Program Consultation Hours Per FY (Unit of Service)	Goal Numbers
2020-2021	200	4
2021-2022	200	4
2022-2023	200	4
2023-2024	200	4

⁷ Requires a contract for using HICAP funds to pay for HICAP Legal Services.

SECTION 11
FOCAL POINTS

SECTION 11: FOCAL POINTS

COMMUNITY FOCAL POINTS LIST

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

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

Designated Community Focal Point	Address
Alhambra, City of: Joslyn Adult Center	210 North Chapel Avenue Alhambra, CA 91801
Altadena Community Center (WDACS)	730 East Altadena Drive Altadena, CA 91001
Altadena Senior Center (WDACS)	560 East Mariposa Street Altadena, CA 91001
Antelope Valley Senior Center (WDACS)	777 West Jackman Street Lancaster, CA 93534
Azusa, City of: Azusa Senior Center /Azusa Recreation & Family Service	<u>Site 1:</u> 740 North Dalton Avenue Azusa, CA 91702 <u>Site 2:</u> 320 North Orange Place Azusa, CA 91702
Bet Tzedek Justice for All	<u>Site 1:</u> Main Office 3250 Wilshire Boulevard 13 th Floor Los Angeles, CA 90010 <u>Site 2:</u> Alicia Broadous-Duncan Multi-Purpose Senior Center 11300 Glenoaks Blvd Pacoima, CA 91331 <u>Site 3:</u> Antelope Valley Senior Center 777 West Jackman Street Lancaster, CA 93534 <u>Site 4:</u> East Los Angeles Community Service Center 133 North Sunol Drive Suite# 237 Los Angeles, CA 90063

	<p><u>Site 5:</u> Intervale Senior Services 943 N. Grand Ave Covina, CA 91724</p> <p><u>Site 6:</u> Jack Crippen Multipurpose Senior Center 3120 North Tyler Avenue El Monte, CA 91731</p> <p><u>Site 7:</u> Joslyn Adult Center 1301 W. Olive Ave. Burbank, CA 91506</p> <p><u>Site 8:</u> Kyoto "Ken" Nakaoka Memorial Community Center, Gardena Senior Citizens 1670 West 162th Street Gardena, CA 90247</p> <p><u>Site 9:</u> Long Beach Senior Center 1150 East 4th Street Long Beach, CA 90802</p> <p><u>Site 10:</u> Los Nietos Community and Senior Center 11640 East Slauson Avenue Whittier, CA 90606</p> <p><u>Site 11:</u> Palomares Park Senior Center 499 East Arrow Highway Pomona, CA 91767</p> <p><u>Site 12:</u> Hawthorne Senior Center 3901 W. El Segundo Blvd Hawthorne, CA 90250</p> <p><u>Site 13:</u> SOVA Resource Center 8846 West Pico Blvd Los Angeles, CA 90035</p>
<p>Burbank, City of: Joslyn Adult Center /Tuttle Center</p>	<p><u>Site 1:</u> 1301 West Olive Avenue Burbank, CA 91506</p> <p><u>Site 2:</u> 1731 North Ontario Burbank, CA 91505</p>
<p>Center for Health Care Rights (CHCR)</p>	<p><u>Site 1:</u> 520 S. La Fayette Park Place Suite 214 Los Angeles, CA 90057</p>

	<p><u>Site 2:</u> City of Burbank Joslyn Adult Center 1301 W. Olive Avenue Burbank, CA 91506</p>
Centro Maravilla Service Center (WDACS)	4716 East Cesar East Chavez Avenue Los Angeles, CA 90022
Chinatown Service Center: Little Tokyo Service Center /Korean Health Education, Info. & Research Center	<p><u>Site 1:</u> 767 N. Hill Street Suite# 400 Los Angeles, CA 90012</p> <p><u>Site 2:</u> 320 South Garfield Avenue Suite#202 Alhambra, CA 91801</p>
Claremont, City of: Joslyn Center /Blaisdell Community Center	<p><u>Site 1:</u> 660 North Mountain Avenue Claremont, CA 91711</p> <p><u>Site 2:</u> 440 South College Avenue Claremont, CA 91711</p>
East Los Angeles Senior Center (WDACS)	133 North Sunol Drive Suite# 237 Los Angeles, CA 90063
East Rancho Dominguez Service Center (WDACS)	4513 East Compton Boulevard Compton, CA 90221
El Monte, City of: Jack Crippen Multipurpose Senior Center	3120 North Tyler Avenue El Monte, CA 91731
Florence/Firestone Service Center (WDACS)	7807 South Compton Avenue Los Angeles, CA 90001
Gardena, City of	1670 West 162th Street Gardena, CA 90247
Glendale, City of: Adult Recreation Center / Sparr Heights Community Center	<p><u>Site 1:</u> 201 East Colorado Glendale, CA 91205</p> <p><u>Site 2:</u> 1613 Glencoe Way, Glendale, CA 91208</p>
Human Services Association	<p><u>Site 1:</u> 6800 Florence Avenue Bell Gardens, CA 90201</p> <p><u>Site 2:</u> 6453 Florence Place Bell Gardens, CA 90201</p> <p><u>Site 3:</u> 605 South Myrtle Avenue Monrovia, CA 91016</p>

Jewish Family Service: West Hollywood Comprehensive Service Center /Freda Mohr Multipurpose Center	<u>Site 1:</u> 7377 Santa Monica Boulevard West Hollywood, CA 90046 <u>Site 2:</u> 330 North Fairfax Avenue Los Angeles, CA 90036
Long Beach Senior Center	1150 East 4 th Street Long Beach, CA 90802
Los Nietos Senior Center (WDACS)	11640 East Slauson Avenue Whittier, CA 90606
Norwalk, City of: Senior Center	14040 San Antonio Drive Norwalk, CA 90650
Pomona, City of: Community Service Department	499 East Arrow Hwy Pomona, CA 91767
Potrero Heights Park Community and Senior Center (CSS)	8051 Arroyo Drive Montebello, CA 90640
San Gabriel Valley Service Center (CSS)	1441 Santa Anita Avenue South El Monte, CA 91733
San Gabriel Valley YWCA: Las Palmas Park	505 South Huntington Street San Fernando, CA 91340
San Pedro Service Center (WDACS)	769 West Third Street San Pedro, CA 90731
Santa Clarita Valley Community on Aging	27180 Golden Valley Rd, Santa Clarita, CA 91350
Santa Clarita Valley Service Center (WDACS)	24271 Main Street Newhall, CA 91321
South El Monte, City of: Senior Center	1556 Central Avenue South El Monte, CA 91733
Southeast Area Social Service Funding Authority	10400 Pioneer Boulevard Suite # 9 Santa Fe Springs, CA 90670
Special Services for Groups:	<u>Site 1:</u> Silver (Columbia site) 515 Columbia Avenue Suite# 100 Los Angeles, CA 90017 <u>Site 2:</u> Asian Community Service Center 14112 S. Kingsley Drive, Room# 100 Gardena, CA 90249 <u>Site 3:</u> 14112 S. Kingsley Drive, Room# 100 Gardena, CA 90249 <u>Site 4:</u> Little Tokyo Service Center 231 E. 3rd Street #G106

	Los Angeles, CA 90013 Site 5: San Gabriel Valley Service Center (South El Monte Office) 1441 Santa Anita Ave., South El Monte, CA 91733
Torrance South Bay Family YMCA	2900 West Sepulveda Boulevard Torrance, CA 90505
West Covina, City of	1444 West Garvey Avenue West Covina, CA 91793
Wise & Healthy Aging	1527 4 th Street, 2 nd Floor Santa Monica, CA 90401
Willowbrook Senior Center (WDACS)	12915 South Jarvis Avenue Los Angeles, CA 90401

SECTION 12
DISASTER PREPAREDNESS

SECTION 12: DISASTER PREPAREDNESS

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

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

The PSA 19 Area Agency on Aging (AAA) coordinates its disaster preparedness plans and activities with AAA subrecipients by requiring agencies to have on a file an updated emergency preparedness plan and by providing emergency preparedness resources for each agency. The AAA also plays an integral part in alerting AAA subrecipients of adverse weather conditions as well as any other potential circumstances that may result in a disruption of services. Upon determining the scope of the disaster in terms of its effect on AAA clients, the AAA emergency coordinator will report to the California Department of Aging (CDA) for relay to the State Office of Emergency Services and the Federal Emergency Management Agency. The AAA emergency coordinator will also assist in linking impacted older adults to the nearest Disaster Assistance Center and comply with completing the required CDA reports.

The AAA continues to coordinate its disaster preparedness activities with County of Los Angeles Workforce Development, Aging and Community Services (WDACS) Adult Protective Services (APS) and WDACS Internal Support Services (ISS) to carry out emergency support functions and non-deferrable services. The AAA places a high commitment on serving the most vulnerable populations in the County of Los Angeles. This includes advocating for older adults and individuals with disabilities to be included in the emergency planning process. Through collaboration with the City of Los Angeles Parks and Recreation, Los Angeles County Departments of Public Health, Public Works, Health Services, Mental Health, Parks and Recreation, and Office of Emergency Management, and the AAA is a member of the Access and Functional Needs (AFN) Committee. The AAA's participation in these committees has provided essential resources for the AAA to expand emergency preparedness policies for its subrecipients.

2. Identify each of the local Office of Emergency Services (OES) contact person(s) within the PSA that the AAA will coordinate with in the event of a disaster (add additional information as needed for each OES within the PSA):

Name	Title	Telephone	email
Jessie Comer	Emergency Program Manager	(323) 980-2263	Jcomer@ceooem.lacounty.gov

3. Identify the Disaster Response Coordinator within the AAA:

Name	Title	Telephone	email
Michael Gavigan (AAA Emergency Coordinator)	Human Services Administrator I	Office: 3333 Wilshire Blvd. Suite 400, Los Angeles, CA 90010 Cell: 323-807-8651	mgavigan@wdacs.lacounty.gov
Ellie Wolfe (Depart. Emerg. Coordinator)	Program Manager	Cell: 213-748-2681	ewolfe@wdacs.lacounty.gov

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

Critical Services	How Delivered?
<p>a. Congregate Meals</p> <p>b. Home Delivered Meals</p>	<p>a. Depending on the nature of the disaster, the AAA emergency coordinator will coordinate with site directors to ensure alternate arrangements for service delivery.</p> <p>b. Depending on the availability of funds, all active home-delivered meal clients receive a minimum of 3 shelf-stable meals to consume in the event of a disruption to normal meal services. These meals are provided with instructions.</p>

5. List any agencies with which the AAA has formal emergency preparation or response agreements.

The AAA requires that its sub-recipients maintain an emergency preparedness plan and follow established emergency communications protocol.

- Avalon Medical Development Corporation
- Bet Tzedek
- Center for Health Care Rights
- Chinatown Service Center
- City of Alhambra
- City of Azusa
- City of Burbank
- City of Claremont
- City of Culver City
- City of El Monte
- City of Gardena
- City of Glendale
- City of Inglewood
- City of Norwalk
- City of Pomona
- City of South El Monte
- City of West Covina
- CNS/RQA/CA, INC.
- Heritage Clinic and the Community Assistance Program for Seniors
- Human Services Association
- Jewish Family Service of Los Angeles
- ONEgeneration
- Partners in Care Foundation
- Santa Clarita Valley Committee on Aging Corporation
- Southeast Area Social Services Funding Authority
- Special Service for Groups, Inc.
- University of Southern California
- Watts Labor Community Action Committee
- WISE & Healthy Aging
- Young Men's Christian Association of Metropolitan Los Angeles
- YWCA of San Gabriel Valley

6. Describe how the AAA will:

- Identify vulnerable populations.

In the event of an emergency, disaster, or disruption in normal service delivery, the AAA identifies vulnerable populations through direct contact with service providers. In addition, the AAA receives referrals from Adult Protective Services and other agencies that have identified vulnerable populations. This includes other health and human services departments in Los Angeles County.

- Follow-up with these vulnerable populations after a disaster event.

The AAA will link these vulnerable populations with the appropriate services and to the nearest Disaster Assistance Center. The AAA will follow-up with service providers to assure adequate services are in place. The AAA will provide Information and Assistance services during and after a disaster. Furthermore, the AAA works closely with Adult Protective Services to ensure that the most vulnerable populations are being served.

SECTION 13
PRIORITY SERVICES

SECTION 13: PRIORITY SERVICES

2020-2024 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 funds⁷ listed below have been identified for annual expenditure throughout the four-year planning period. These percentages are based on needs assessment findings, resources available within the PSA, and discussions at public hearings on the Area Plan.

Category of Service and the Percentage of Title III B Funds expended in/or to be expended in FY 2020-21 through FY 2023-2024

Access:

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

2020-21 30% 21-22 _____% 22-23 _____% 23-24 _____%

In-Home Services:

Personal Care, Homemaker, Chore, Adult Day / Health Care, Alzheimer's, Residential Repairs/Modifications, Respite Care, Telephone Reassurance, and Visiting

2020-21 17% 21-22 _____% 22-23 _____% 23-24 _____%

Legal Assistance Required Activities:⁸

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

2020-21 5% 21-22 _____% 22-23 _____% 23-24 _____%

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

The percentages were based on target populations and service needs.

⁷ Minimum percentages of applicable funds are calculated on the annual Title III B baseline allocation, minus Title III B administration and minus Ombudsman. At least one percent of the final Title III B 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.

⁸ Legal Assistance must include all of the following activities: Legal Advice, Representation, Assistance to the Ombudsman Program and Involvement in the Private Bar.

SECTION 14: NOTICE OF INTENT TO PROVIDE DIRECT SERVICES

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

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

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

<u>Check applicable direct services</u>	<u>Check each applicable Fiscal Year</u>			
Title IIIB	20-21	21-22	22-23	23-24
<input type="checkbox"/> Information and Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Case Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Outreach	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Program Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Long Term Care Ombudsman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Title IID	20-21	21-22	22-23	23-24
<input type="checkbox"/> Disease Prevention and Health Promo.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Title IIIE⁹	20-21	21-22	22-23	23-24
<input checked="" type="checkbox"/> Information Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Access Assistance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Respite Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Supplemental Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Title VIIA	20-21	21-22	22-23	23-24
<input type="checkbox"/> Long Term Care Ombudsman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Title VII	20-21	21-22	22-23	23-24
<input type="checkbox"/> Prevention of Elder Abuse, Neglect, and Exploitation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

The Los Angeles (LA) County AAA conducts ongoing outreach activities in communities throughout the County to ensure that under-served, low-income, Limited English Proficient, and minority populations are aware of the services available to them. The LA County InfoVans and the Information and Referral Specialists play an integral part

in our continuous efforts to inform the public about our services. Staff attends cultural celebrations, health fairs, community forums as well as other activities to reach targeted populations and distribute information on available services.

In addition, as part of the LA Found Initiative, staff will be issuing, consulting and educating caregivers on the tracking bracelets to assist caregivers with locating their loved ones if they go missing. It will help caregivers reduce the daily ongoing stress and burnout that occurs when taking care of an individual with a cognitive impairment who wanders. Individuals wearing a device have a higher likelihood of being found quicker, therefore, reducing the potential for injury or death for the older adult and reducing costs in healthcare for the recipient and caregiver undergoing that situation.

Also, continued collaboration with the LA City Department of Aging and other county departments play a role in outreaching to the population we serve and helping them to have access to quality care.

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

SECTION 15
REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES

SECTION 15: REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES

Older Americans Act Reauthorization Act of 2016 Section 307(a)(8)
CCR Article 3, Section 7320(c), W&I Code Section 9533(f)

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

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

Identify Service Category: Senior Center Activities

Check applicable funding source:¹⁰

- III B
- III C-1
- III C-2
- Nutrition Education
- III E
- VII A
- 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 20-21 FY 21-22 FY 22-23 FY 23-24

Provide: documentation below that substantiates this request for direct delivery of the above stated service¹¹: Some services specifically for older adults and adults with functional impairments are currently not offered countywide; providing direct services through the Senior Centers affords the AAA the opportunity to enhance services and address the needs of this population in a more expedient way, when necessary.

¹⁰ Section 15 does not apply to Title V (SCSEP).

¹¹ For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs agree.

SECTION 16
GOVERNING BOARD

SECTION 16: GOVERNING BOARD

**GOVERNING BOARD MEMBERSHIP
2020-2024 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:

Kathryn Barger – Chair of the Board of Supervisors	December 2020

Names and Titles of All Members:

Board Term Expires:

Hilda L. Solis - 1st District Supervisor	December 2022
Mark Ridley-Thomas - 2nd District Supervisor	December 2020
Sheila Kuehl - 3rd District Supervisor	December 2022
Janice Hahn - 4th District Supervisor	December 2020
Kathryn Barger - 5th District Supervisor	December 2020

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

Members with expiring terms are replaced always on time.

SECTION 17
ADVISORY COUNCIL

SECTION 17: ADVISORY COUNCIL

ADVISORY COUNCIL MEMBERSHIP
 2020-2024 Four-Year Planning Cycle
 Updated June 28, 2018

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

Total Council Membership (include vacancies) 50

Number of Council Members over age 60 26

Race/Ethnic Composition	% of PSA's 60+Population	% on Advisory Council
White	55.8%	50.0%
Hispanic (of any race)	31.3%	19.4%
Black	9.1%	19.4%
Asian/Pacific Islander	19.3%	08.3%
Native American/Alaskan Native	0.2%	2.9%
Other/Two or more races	14.6%	0.0%

Name and Title of Officers:

Office Term Expires:

Gene Dorio, President	06.30.2021
Helen Romero Shaw, 1st Vice President	06.30.2021
Richard Wolfe, 2nd Vice President	06.30.2020
Michael Neely, Secretary	06.30.2021
Kim M Bowman, Fiscal Officer	06.30.2021
Diana Love, Past President	06.30.2021

Name and Title of other members:

Office Term Expires:

Robert Boller	06.30.2021
Kristine Choulakian	06.30.2021
Louis Dominguez	06.30.2021
Eloise Evans	06.30.2022

Jerry Gaines	06.30.2021
Ruth Gonzales	06.30.2021
Yolanda J. Gorman	06.30.2021
Raymond Hall	06.30.2022
Oleeta Igar	06.30.2021
Paul Kyo Jhin	06.30.2020
John Kotick	06.30.2022
Cathy McClure	06.30.2022
Gayle McKinney	06.30.2021
Barbara Meltzer	06.30.2022
Peter Mezza	06.30.2021
Sheila Moore	06.30.2022
Arlene Okamoto	06.30.2020
Teresa Palacios	06.30.2021
Elizabeth Payne	06.30.2021
Kiera Pollock	06.30.2021
Carmen Reyes	06.30.2022
Joshua Sneed	06.30.2021
Patricia Stanyo	06.30.2021
Tanya Tassi	06.30.2021
Dancingwater Taylor	06.30.2021
Lavada Theus	06.30.2020
Elvia Torres	06.30.2022
Sandra Tung	06.30.2020
Maria Wiest	06.30.2020
Sylvia Youngblood	06.30.2022

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

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

Explain any "No" answer(s):

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

They have been replaced

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

25 Commissioners are appointed by the Board of Supervisors and 25 Commissioners are elected by the Advisory Council at large.

SECTION 18
LEGAL ASSISTANCE

SECTION 18: LEGAL ASSISTANCE

2020-2024 Four-Year Area Planning Cycle

This section must be completed and submitted annually. The Older Americans Act Reauthorization Act of 2016 designates legal assistance as a priority service under Title III B [42 USC §3026(a)(2)]¹² CDA developed *California Statewide Guidelines for Legal Assistance* (Guidelines), which are to be used as best practices by CDA, AAAs and LSPs in the contracting and monitoring processes for legal services, and located at:

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

1. Specific to Legal Services, what is your AAA's Mission Statement or Purpose Statement? Statement must include Title IIIB requirements: **Discuss:**

Our purpose is to provide support services that will enable our older adults, informal caregivers, and adults with disabilities to maintain their independence, improve their quality of life, and prevent abuse and neglect through collaborative intervention, which includes contracted legal services. Our purpose is also to improve and protect the lives of Los Angeles County's diverse older adults, informal caregivers, and adults with disabilities through advocacy, coordination, and education.

2. Based on your local needs' assessment, what percentage of Title IIIB funding is allocated to Legal Services? **Discuss: 5%.**

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

The local level of need for legal services has grown in the past four years as appointment schedules for legal services at senior centers are frequently booked weeks in advance. Our legal services provider, Bet Tzedek, has reported receiving more cases involving elder abuse, including financial elder abuse and real estate title fraud through forgery, undue influence, and diminished capacity experienced by older adults.

The foreclosure crisis has significantly abated since its peak in 2010-2012, but the devastating effects are still being experienced by a number of communities throughout the County of Los Angeles. Bet Tzedek continues its foreclosure efforts such as evaluating eligibility for loan modifications and advocating with banks and government programs to obtain loan modifications, postpone sales, rescind wrongful foreclosures, or to obtain other forms of assistance. Eviction from affordable housing units due to expiring regulatory agreements between buildings' owners and government financing is another development in recent years. Bet Tzedek has also reported seeing an increase in landlords terminating Section 8 tenancies, including elderly tenants. In addition, there has been an increase in the number of older adults with income tax disputes. To alleviate the issue, Bet Tzedek provides tax controversy and tax debt-reduction representation to AAA clients.

¹² For information related to Legal Services, contact Chisorom Okwuosa at 916 419-7500 or chisorom.okwuosa@aging.ca.gov

An increase in intergenerational family households has also contributed to the consistent increase in legal issues involving kinship care and informal caregiving arrangements. Bet Tzedek has represented undocumented immigrant youth in order to have their grandparents or other older adult relative caregiver appointed as their legal guardians in probate court.

The AAA anticipates that as the older adult population continues to increase, the need for legal services will increase as well. The level of funding as remained relatively stable in the past four years.

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

The AAA Legal Services Statement of Work (SOW) specifies that the LSP is expected to follow all applicable Older Americans Act requirements, standards established by the California Department of Aging, and County of Los Angeles Community and Senior Services Program Memoranda/Directives, which includes the California Statewide Guidelines.

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

Priorities are identified based on the most common legal issues facing AAA clients. The top four (4) priority legal issues in the County of Los Angeles are as follows:

- Government Benefits: This includes assistance with Social Security, SSI, In-Home Supportive Services, and healthcare.
- Housing/Utilities: This includes tenants' rights, real property (including home equity fraud and foreclosures), and utilities.
- Protective Services/Elder Abuse/Defense against Conservatorship: This includes assistance with conservatorship issues, restraining orders, exploitation, and advance planning/autonomy/advance directives.
- Consumer: Older adults consult with Bet Tzedek on debtors' rights issues and harassment by creditors, consumer scams, and identity theft issues.

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

The AAA has identified the target population to be older adults with the greatest economic or social needs. Subsequently, Bet Tzedek targets services to those with the greatest economic or social needs. Specific to legal services, greatest economic needs result from an income level at or below the current official Federal Poverty Guideline amounts. Greatest social needs are caused by non-economic factors, which include: physical and mental disabilities, language barriers, and cultural, social or geographical isolation,

including isolation caused by race or ethnicity, sexual orientation or gender identify, or housing status or mobility issues that restricts the ability of an individual to perform normal daily tasks or threatens the capacity of an individual to live independently.

Several mechanisms are used for reaching the target population. This includes scheduling appointments in advance, providing on site services at locations where older adults congregate, conducting follow up sessions at locations convenient to the older adult, and preparing advance planning clinics.

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

The targeted senior population is age 60 or older with the greatest economic or social need, as identified above. AAA legal services are provided through Bet Tzedek's offices on Wilshire Boulevard and various community and senior centers located throughout the County of Los Angeles. In addition to regular appointments, advance planning clinics and other services are provided on an as needed basis in some of the centers. Extensive outreach efforts to reach the target population are conducted, which is further described in #10 below.

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

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

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

Bet Tzedek has a Call Center which can be reached at (323) 939-0506. Callers are pre-screened for eligibility and type of legal need and subsequently either provided with an appointment or, where appropriate, given referrals to other community agencies.

In addition, Los Angeles County Community and Senior Services (CSS) operate an Information and Referral hotline to conduct referrals and follow-up with callers who wish to be connected with supportive services, including legal assistance.

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

Several outreach strategies are used. In addition to one-on-one legal consultations, Bet Tzedek hosts several workshops, trainings, and participates in clinics, senior fairs, information sessions, and communication events sponsored by a variety of social service agencies and departments. Advance Planning Clinics are conducted at various senior

centers and outreach sites to assist older adults in preparing advance health care directives and statutory wills. In addition to assisting AAA clients with SSI overpayment cases, Bet Tzedek also operates Self-Help Conservatorship Clinics in several courthouses throughout the County of Los Angeles for older adults and their caregivers. Additional outreach is also provided at the Department of Children and Family Services North facility, where a Bet Tzedek attorney assists grandparents with kinship care legal issues that involve their grandchildren.

Bet Tzedek also produces flyers and brochures on a variety of legal topics, including a distribution of several user-friendly guidebooks that are invaluable for older adults, caregivers, service providers, attorneys, social workers, and health care professionals. These resources are available in English and Spanish.

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

Fiscal Year	Name of Provider	Geographic Region covered
2020-2021	a. Bet Tzedek Legal Services b. c.	a. Los Angeles County b. c.
2021-2022	a. b. c.	a. b. c.
2022-2023	a. b. c.	a. b. c.
2023-2024	a. b. c.	a. b. c.

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

Older adults and caregivers access legal services in a variety of ways. This includes calling Bet Tzedek's Call Center, accessing Bet Tzedek's website, scheduling an appointment at a multipurpose senior center, or through one of the sites where Bet Tzedek provides outreach. Other access points include the medical-legal clinic that Bet Tzedek operates at St. Francis Medical Center, other clinics conducted by Bet Tzedek staff in the community (e.g., Self-Help Conservatorship Clinics at several courthouses, the Employment Rights Project Clinic, Advance Planning Clinics), DCFS North, and through Bet Tzedek's large referral network throughout the community (e.g., ombudsmen, social workers, case managers, non-profits, social service agencies, government agencies, and local law enforcement officials).

In addition, older adults and caregivers can access legal service through CSS Information and Referral hot line, 211, CSS' website, and through our community partners and providers who contract with the AAA to provide a wealth of services.

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

The major types of legal issues handled by Bet Tzedek include government benefits (e.g., Social Security, SSI, Medi-Cal, IHSS, CAPI, KinGAP), California Statutory Wills, advance health care directives, consumer debt, debtors' rights, financial elder abuse, housing issues, real estate fraud against seniors, foreclosure prevention, family caregiver rights, conservatorships, guardianships, elder abuse restraining orders, legal issues regarding care for adults with intellectual/developmental disabilities and their aging family caregivers, employment rights, income tax disputes, and small claims issues.

Additionally, through its Holocaust Survivor Services Project, Bet Tzedek see hundreds of local seniors who are Holocaust survivors. Bet Tzedek remains one of a handful of agencies in the world that offers free legal advice and assistance for survivors who are applying for reparations, pensions, and other benefits from Germany and other European countries. Bet Tzedek also integrates its Caregiver/Elder Law services into the Holocaust Survivor Services Project, providing the same wraparound services for Holocaust survivors that other seniors receive from Bet Tzedek.

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

The major legal issues handled by Bet Tzedek for Los Angeles County has not changed. However, please see #3 above for more detail.

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

The barriers to accessing legal assistance in the County of Los Angeles are the challenges associated with serving the homebound and those living alone with no support; the hurdles faced in serving the abused; overcoming cultural differences and fears of the older adult immigrant population; the difficulty of grandparents caring for grandchildren in accessing useful information; reaching and communicating to long term care facility residents; language barriers; and lack of access to transportation.

Overcoming these barriers is a challenge, but efforts are continuously made. Bet Tzedek makes home visits to older adults who cannot travel to service sites. Furthermore, Bet Tzedek's Caregiver and Real Estate Fraud units address many elder abuse issues common to seniors, and its Employment Rights Project assists immigrants and others, including seniors, with employment issues in the work place. In addition to having a full-time staff attorney dedicated to aiding on kinship care issues, Bet Tzedek publishes easily accessible companion guides on its website, in English and Spanish, on a variety of subjects relevant to seniors. Staff members speak a number of languages and Bet Tzedek draws upon its large corps of volunteers to provide additional assistance in interpreting when clients speak languages not known to staff members.

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

Bet Tzedek coordinates services and works in close collaboration with a wide variety of social service providers, legal services support centers, non-profits, senior multipurpose centers, medical providers, government agencies, and law enforcement agencies. Bet Tzedek is an active participant in the Los Angeles County Elder Abuse Forensic Center, regularly attending meetings and accepting referrals from the task force. Other partners include several dozen community agencies as well as secondary partners such as the Los Angeles Police Department, Los Angeles Sheriff's Department, Los Angeles Department of Consumer Affairs, Legal Aid Foundation of Los Angeles, Public Counsel, Adult Protective Services of Los Angeles County, the Los Angeles City Attorney's Office, the District Attorney's Office of Los Angeles County, and the Los Angeles County Superior Court. Bet Tzedek also has a massive pro bono program in partnership with major law firms which significantly leverages staff resources to serve more seniors in need. Pro bono assistance to Bet Tzedek, including private attorneys and volunteer paralegals, law students, and other community members, typically averages over 50,000 hours per year.

SECTION 19

**MULTIPURPOSE SENIOR CENTER ACQUISITION OR
CONSTRUCTION COMPLIANCE REVIEW**

**SECTION 19: MULTIPURPOSE SENIOR CENTER ACQUISITION OR
CONSTRUCTION COMPLIANCE REVIEW ¹³**

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

20-year tracking requirement

No. Title III B funds not used for Acquisition or Construction.

Yes. Title III B funds used for Acquisition or Construction. **Complete the chart below.**

Title III Grantee and/or Senior Center	Type Acq/Const	III B Funds Awarded	% of Total Cost	Recapture Period MM/DD/YY		Compliance Verification (State Use Only)
				Begins	Ends	
Name: Address:						
Name: Address:						
Name: Address:						
Name: Address:						

¹³ Acquisition is defined as obtaining ownership of existing facility in fee simple or by lease for 10 years or more) for use as a Multipurpose Senior Center.

SECTION 20
FAMILY CAREGIVER SUPPORT PROGRAM

SECTION 20: FAMILY CAREGIVER SUPPORT PROGRAM

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

2020–2024 Four-Year Planning Cycle

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

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

Family Caregiver Services

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

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

Grandparent Services

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

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

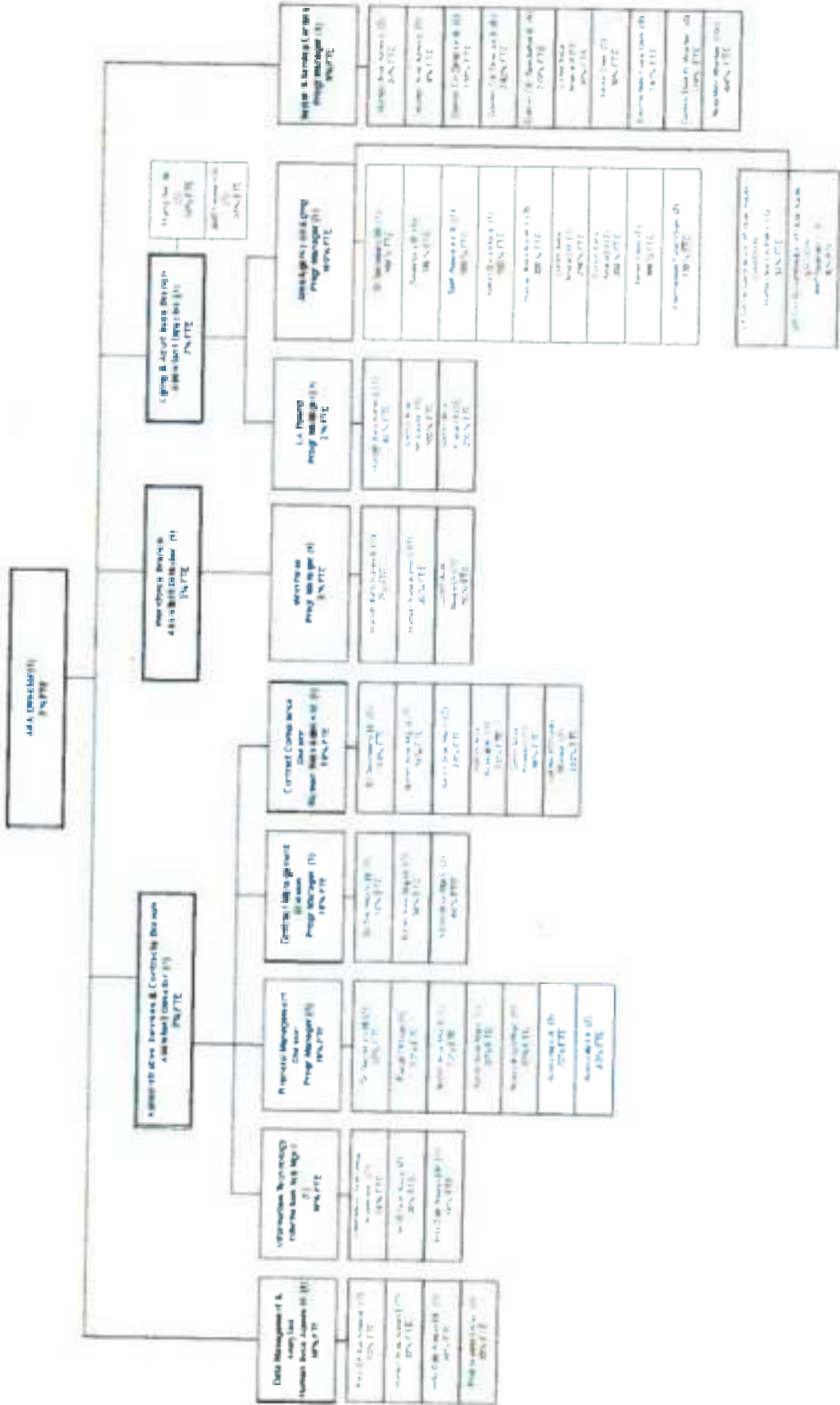
Justification: For each service category checked "no", explain how it is being addressed within the PSA. The justification must include the following:

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

SECTION 21
ORGANIZATION CHART

SECTION 21: ORGANIZATION CHART

2020-21 Organizational Chart
 Workforce Development, Aging and Community Services (PSA 19)



SECTION 22
ASSURANCES

SECTION 22: ASSURANCES

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

A. Assurances

1. OAA 306(a)(2)

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

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

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

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

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

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

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

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

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

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

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

(III) meet specific objectives established by the area agency on aging, for providing

services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area;

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

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

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

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

Use outreach efforts that —

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

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

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

7. OAA 306(a)(5)

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

8. OAA 306(a)(9)

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

9. OAA 306(a)(11)

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

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

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

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

11. 306(a)(14)

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

12. 306(a)(15)

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

- (A) to provide benefits and services to older individuals, giving priority to older

individuals identified in Older Americans Act Reauthorization Act of 2016, Section 306(a)(4)(A)(i); and

- (B) in compliance with the assurances specified in Older Americans Act Reauthorization Act of 2016, Section 306(a)(13) and the limitations specified in Older Americans Act Reauthorization Act of 2016, Section 212;

13. OAA 305(c)(5)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

20. OAA 307(a)(15)

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

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

21. OAA 307(a)(18)

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

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

22. OAA 307(a)(26)

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

23. OAA 307(a)(27)

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

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

25. CFR [1321.53(c)]

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

26. CFR [1321.53(c)]

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

27. CFR [1321.53(c)]

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

CFR [1321.53(c)]

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

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

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

29. CFR [1321.61(d)]

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

30. CFR [1321.69(a)]

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