

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



***ENGAGE & AGE
WITH US***

**Area Agency on Aging
FY 2023-24 Area Plan Update**

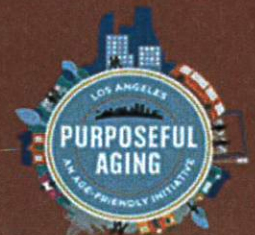
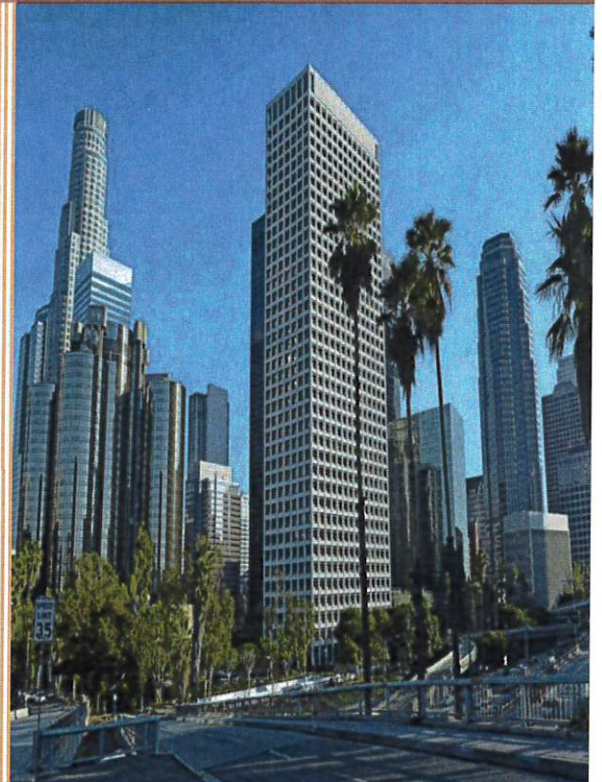


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Letter from Dr. Laura Trejo, Director



As the Director of the new Los Angeles County of Los Angeles Aging & Disabilities Department, it is my great honor to share the FY 2023/24 Area Plan update with you. The updates provided in this report reflect the continual efforts of Los Angeles County to support and uphold older adults, adults with disabilities, and their caregivers.

Los Angeles County is home to one of the nation's largest concentrations of older adults sixty years and older. In recognition of the need to provide comprehensive support to this rapidly growing population group and persons with disabilities, the County of Los Angeles launched the new Aging and Disabilities Department (AD) on July 1, 2022, at the direction of the Board of Supervisors. The mission of the AD is to improve lives and support self-determination of Los Angeles County residents, especially older adults, adults with disabilities, and our communities.

Our Department supports the dignity and independence of those who are vulnerable and most in need through caring, targeted service delivery systems. With support from the Older Americans Act funds coming through the California Department of Aging (CDA) and in alignment with the State Plan on Aging and the California Master Plan on Aging (MPA), AD will continue to provide a wide array of supportive services that help older adults age with dignity and independence. Funds from the American Rescue Plan Act (ARPA) continue to supplement our efforts to address food insecurity, digital inclusion, and social connectedness through warm meals, access to technology, and other services for older adults impacted by the pandemic.

AD promotes equitable life course outcomes by emphasizing supports and interventions for individuals with the greatest need, such as mobility issues for home-bound older adults, adults experiencing disabilities and or chronic health conditions, and economic or social need. We prioritize those who have experienced disproportional challenges due to having low incomes, being a member of a minority group, those living in rural areas, persons at risk of becoming or who are unhoused, and those at risk of losing their independence. In addition, the residents we serve continue to be disproportionately impacted by the COVID-19 pandemic, and we remain vigilant and steadfast in our commitment to address their ongoing needs to ensure an equitable recovery for all.

Our commitment to establishing strategic partnerships with the City of Los Angeles and Independent Living Centers for a No Wrong Door System in our approach to serve individuals regardless of age, disability, or income by making Long-Term Services and Supports (LTSS) more accessible and helping individuals navigate available service options has been recognized by CDA. Accordingly, our status as an Emerging Aging and Disability Resource Connection (ADRC) serving Los Angeles County has been approved by the CDA, effective January 1, 2023. Los Angeles County and the City of Los Angeles will continue to coordinate efforts to align PSA 19 and 25 operations and develop a single area plan for 2024-2028. Collaborations like this embody the dedication of Los Angeles to becoming the most age-friendly region in the world.

I am privileged to submit this update as it reflects the significant progress Los Angeles County is making to support older adults during the COVID-19 pandemic and represents the many ways Los Angeles is expanding aging services.

AREA PLAN UPDATE (APU) CHECKLIST

PSA 19

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

Use for APUs only

AP Guidance Section	APU Components (To be attached to the APU)	Check if Included	
	➤ <i>Update/Submit A) through I) ANNUALLY:</i>		
n/a	A) Transmittal Letter- (requires <i>hard copy</i> with original ink signatures or official signature stamp- no photocopies)	<input checked="" type="checkbox"/>	
n/a	B) APU- (submit entire APU electronically only)	<input checked="" type="checkbox"/>	
2, 3, or 4	C) Estimate- of the number of lower income minority older individuals in the PSA for the coming year	<input checked="" type="checkbox"/>	
7	D) Public Hearings- that will be conducted	<input checked="" type="checkbox"/>	
n/a	E) Annual Budget	<input type="checkbox"/>	
10	F) Service Unit Plan (SUP) Objectives and LTC Ombudsman Program Outcomes	<input checked="" type="checkbox"/>	
18	G) Legal Assistance	<input checked="" type="checkbox"/>	
	➤ <i>Update/Submit the following only if there has been a CHANGE or the section was not included in the 2020-2024</i>	Mark Changed/Not Changed (C or N/C)	
		C	N/C
5	Minimum Percentage/Adequate Proportion	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5	Needs Assessment	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	AP Narrative Objectives:	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	• System-Building and Administration	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	• Title IIIB-Funded Programs	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	• Title IIIB-Transportation	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	• Title IIIB-Funded Program Development/Coordination (PD or C)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	• Title IIIC-1	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	• Title IIIC-2	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	• Title IIID	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20	• Title IIIE-Family Caregiver Support Program	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	• HICAP Program	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12	Disaster Preparedness	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14	Notice of Intent-to Provide Direct Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15	Request for Approval-to Provide Direct Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16	Governing Board	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17	Advisory Council	<input checked="" type="checkbox"/>	<input type="checkbox"/>
21	Organizational Chart(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

TRANSMITTAL LETTER

2020-2024 Four-Year Area Plan/Annual Update
 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 have each had the opportunity to participate in the planning process and to review and comment on the Area Plan. The Governing Board, Advisory Council, and Area Agency Director actively support the planning and development of community-based systems of care and will ensure compliance with the assurances set forth in this Area Plan. The undersigned recognize the responsibility within each community to establish systems in order to address the care needs of older individuals and their family caregivers in this planning and service area.

Signature: *Janice Hahn*
Supervisor Janice Hahn
Governing Board Chair ¹ Date 4/25/23

Signature: *Helen Romero Shaw*
Helen Romero Shaw, President
Los Angeles County Commission for Older Adults Date 4/17/23

Signature: *Dr. Laura Trejo*
Dr. Laura Trejo, DSW, MSG, MPA, Director
Los Angeles County Aging & Disabilities Department Date March 21, 2023

¹ Original signatures or official signature stamps are required.

SECTION 6
TARGETING

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SECTION 6: TARGETING

Estimated Number of Lower Income Minority Older Individuals

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 expecting to serve the following number of lower income minority older individuals for the FY 2023-24:

- Minority clients – 24,400 (68%)
- Rural clients – 1,600 (4%)
- Low-income clients (below poverty level) – 13,600 (38%)

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SECTION 7
PUBLIC HEARINGS

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SECTION 7: PUBLIC HEARINGS

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

Fiscal Year	Date	Location	Number of Attendees	Presented in languages other than English? ² 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 3 rd 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	2/25/2021	Zoom Meeting	69	Yes	No
2022-2023	10/14/2021	Zoom Meeting	69	Yes	No
2023-2024	1/17/2023	Zoom Meeting	194	Yes	No
2023-2024	1/19/2023	Zoom Meeting	160	Yes	No

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

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

Due to COVID, two virtual public hearing events were held on Tuesday, January 17, 2023, and Thursday, January 19, 2023. A notice of the public hearings was advertised through a newspaper in the County and City of Los Angeles. Furthermore, the public hearing notice was sent to the Board offices, County departments, cities within the County of Los Angeles, County Commissioners, Senior Centers, Aging & Disabilities (AD) partners, and Area Agency on Aging (AAA) service providers. Individuals who were unable to make it to the public hearings were also informed that written statements can be submitted to the AAA.

2. Were proposed expenditures for Program Development (PD) or Coordination (C) discussed?
 Yes. Go to question #3
 Not applicable, PD and/or C funds are not used. Go to question #4
3. Summarize the comments received concerning proposed expenditures for PD and/or C
4. Attendees were provided the opportunity to testify regarding setting minimum percentages of Title III B program funds to meet the adequate proportion of funding for Priority Services
 Yes. Go to question #5
 No, Explain:
5. Summarize the comments received concerning minimum percentages of Title IIIB funds to meet the adequate proportion of funding for priority services.

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.

Adult Day Care: Provide adult day care for those who are in need of companionship.

Adult Day Health Care: Provide adult day health care for those who are in need.

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.

Case Management: More case managers to provide management services to adults and adults with disabilities.

Chore: Provide chore services.

Counseling: More counseling and education sessions for adults and adults with disabilities.

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

Emergency and Disaster Preparedness: Provide more emergency and disaster services to support older adults and those with disabilities.

Employment: Provide employment opportunities for adults and adults with disabilities.

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

Funding for Older Adult Programs: More funding needed to help with housing and transportation needs, senior centers, nutrition services, family caregiver support services and Evidence-Based disease prevention health promotion programs.

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

Home-delivered Nutrition: Provide more home-delivered meals for adults and adults with disabilities.

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

Homemaker: Homemaker for adults with disabilities.

Housing Assistance: Provide housing assistance for adults and adults with disabilities.

Information and Assistance: Provide information sessions for adults and adults with disabilities.

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.

Medical Services: Provide medical services to adults and adults with disabilities whenever in need.

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); reopening of community centers and meal sites is needed; food insecurity issues are and issue with older adults in the community.

Outreach: Provide more outreach in the community for adults and adults with disabilities.

Personal Care: Personal care needed for adults and adults with disabilities.

Purchase of Services/Materials: Provide purchase of services and materials to adults and adults with disabilities.

Respite: Provide more respite.

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

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

Technology: Digital Divide access and technology education is needed for older adults.

Transportation: Better access to transportation (more taxi vouchers, coupons, and bus tokens; assistance with wheelchairs; and expand 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. As a result, there were no changes in the Area Plan.

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SECTION 9

AREA PLAN NARRATIVE GOALS AND OBJECTIVES

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SECTION 9: AREA PLAN NARRATIVE GOALS AND OBJECTIVES

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 C⁴	Update Status⁵
<p>1.1 Health Promotion: Evidence-Based</p> <p>a) Provide the Health Promotion: Evidence-Based 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/Bingocize</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>		<p>Continued</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 promoting 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		Continued
<ul style="list-style-type: none"> 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		
<ul style="list-style-type: none"> 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>	7/01/2020 to 6/30/2024		Continued

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 C⁴	Update Status⁵
4.1 Inclusive Stakeholder Engagement and Collaboration 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.	7/01/2020 to 6/30/2024		Continued
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.			Continued
4.2 Information and Referral a) Provide outreach to targeted populations, which includes the Lesbian, Gay, Bisexual, and Transgender (LGBT) community. b) Strengthen the awareness of AAA programs and services by distributing comprehensive outreach materials at senior centers, health fairs, and various community events.	7/01/2020 to 6/30/2024		

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

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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 Older Americans Act Performance System (OAAPS) Categories and units of service. They are defined in the OAAPS State Program Report (SPR)

For services not defined in OAAPS, refer to the [Service Categories and Data Dictionary 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	10,000	4	4.1, 4.2
2022-2023	10,000	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	16,000	4	4.1, 4.2
2023-2024	16,000	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	36,500	4	4.1, 4.2
2022-2023	39,000	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	2,200	4	4.1, 4.2
2023-2024	2,200	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	27,500	4	4.1, 4.2
2023-2024	27,500	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	7,500	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. OAAPS Service Category – “Other” Title III Services

- Each **Title IIIB** “Other” service must be an approved OAAPS 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 OAAPS 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	6,000	4	4.1, 4.2
2023-2024	6,000	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	2,800	4	4.1, 4.2
2022-2023	2,500	4	4.1, 4.2
2023-2024	2,500	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	7,500	4	4.1, 4.2
2022-2023	5,000	4	4.1, 4.2
2023-2024	5,000	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	62,000	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	40,000	4	4.1, 4.2
2023-2024	40,000	4	4.1, 4.2

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3. Title IIID/ Health Promotion: Evidence-Based

Instructions for Title IIID Health Promotion: Evidence-Based: 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: (1) Chronic Disease Self-Management/Tomando Control de su Salud, (2) Chronic Pain Self-Management, (3) Diabetes Self-Management/Programa de Manejo Personal de la Diabetes, (4) A Matter of Balance/Bingocize, (5) Arthritis Foundation Exercise, (6) Arthritis Foundation Walk with Ease.

- **Title III D/ Health Promotion: Evidence-Based:** 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	6,800	1	1.1
2023-2024	6,800	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%.

1. FY 2018-2019 Baseline Resolution Rate:

Number of complaints resolved 2,536 + number of partially resolved complaints 723 divided by the total number of complaints received 8,810 = Baseline Resolution Rate 37 % FY 2020-2021 Target Resolution Rate 50 %

2. FY 2019-2020 Baseline Resolution Rate:

Number of complaints partially or fully resolved 3197 divided by the total number of complaints received 8784 = Baseline Resolution Rate 36 %
 FY 2021-2022 Target Resolution Rate 45 %

<p>3. FY 2020 - 2021 Baseline Resolution Rate: Number of complaints partially or fully resolved <u>7,474</u> divided by the total number of complaints received <u>13,490</u> = Baseline Resolution Rate <u>55</u> % FY 2022-2023 Target Resolution Rate <u>50</u> %</p>
<p>4. FY 2021-2022 Baseline Resolution Rate: Number of complaints partially or fully resolved <u>6,393</u> divided by the total number of complaints received <u>13,690</u> = Baseline Resolution Rate <u>47</u> % FY 2023-2024 Target Resolution Rate <u>50%</u></p>
<p>Program Goals and Objective Numbers: Goal 2. Objective 2.2</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 <u>19</u> FY 2021-2022 Target: <u>15</u></p>
<p>3. FY 2020-2021 Baseline: Number of Resident Council meetings attended <u>5</u> FY 2022-2023 Target: <u>10</u></p>
<p>4. FY 2021-2022 Baseline: Number of Resident Council meetings attended <u>7</u> FY 2023-2024 Target: <u>15</u></p>
<p>Program Goals and Objective Numbers: Goal 2. Objective 2.2</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 <u>1</u> FY 2021-2022 Target: <u>2</u></p>
<p>3. FY 2020-2021 Baseline: Number of Family Council meetings attended <u>3</u> FY 2022-2023 Target: <u>3</u></p>
<p>4. FY 2021-2022 Baseline: Number of Family Council meetings attended <u>0</u> FY 2023-2024 Target: <u>2</u></p>
<p>Program Goals and Objective Numbers: Goal 2. Objective 2.2</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 <u>2,431</u> FY 2021-2022 Target: <u>1,800</u></p>

3. FY 2020-2021 Baseline: Number of Instances <u>4,465</u> FY 2022-2023 Target: <u>1,800</u>
4. FY 2021-2022 Baseline: Number of Instances <u>3,373</u> FY 2023-2024 Target: <u>2,000</u>
Program Goals and Objective Numbers: Goal 2. Objective 2.2

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>2,000</u>
2. FY 2019-2020 Baseline: Number of Instances <u>2,717</u> FY 2021-2022 Target: <u>2,000</u>
3. FY 2020-2021 Baseline: Number of Instances <u>5,948</u> FY 2022-2023 Target: <u>2,000</u>
4. FY 2021-2022 Baseline: Number of Instances <u>4,528</u> FY 2023-2024 Target: <u>2,000</u>
Program Goals and Objective Numbers: Goal 2. Objective 2.2

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 <u>18</u> FY 2021-2022 Target: <u>6</u>
3. FY 2020-2021 Baseline: Number of Sessions <u>13</u> FY 2022-2023 Target: <u>6</u>
4. FY 2021-2022 Baseline: Number of Sessions <u>8</u> FY 2023-2024 Target: <u>6</u>
Program Goals and Objective Numbers: Goal 2. Objective 2.2

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
<p>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 hearings if necessary (please see below for additional notes on FY 2020-2021 Systems Advocacy Effort(s):</p>
FY 2021-2022
<p>Outcome of FY 2020-2021 Efforts: An author could not be secured for this effort due to the pandemic. The focus of systemic advocacy pivoted to efforts to get ombudsman back into long-term care facilities after seven months not being permitted in. The WISE Ombudsman Program with the in-kind support of an ombudsman volunteer who is a geriatrician, created the personal protective equipment scenarios and level of PPE that ombudsman needed to utilize in different situations in the field (for example: residents who are COVID positive, residents who wander and can't mask due to mental or cognitive impairment, residents who can mask and social distance). This was adopted by the Office of the State Long-Term Care Ombudsman Office for required use by ombudsman statewide. WISE Ombudsman Program assisted the California Department of Aging and the California LTC Ombudsman Association with the creation of the Ombudsman donning and doffing PPE video specifically for ombudsman. The WISE program provided technical assistance and script writing for the video and secured in-kind voice over studio and production support for our staff member to provide the narration/instruction in the video. The WISE Program was one of two local ombudsman programs that worked with CDA and the OSLTCO to uncover the barriers and create pathways for ombudsman to return to the field and in-person work with residents regardless of COVID status.</p> <p>FY 2021-2022 Systems Advocacy Effort(s): (Provide one or more new systems advocacy efforts). Work on COVID-19 mitigation, vaccination, and family visitation efforts with LA Public Health, Community Care Licensing, and other partner organizations.</p>

FY 2022-2023

Outcome of FY 2021-2022 Efforts: The program staff met weekly with LA DPH, CCL, DMH and other partners to advocate for best outcomes in terms of COVID mitigation and response to outbreaks, access to testing, and access to vaccinations for residents in SNF's and RCFE's in Los Angeles. Additionally, the WISE Ombudsman Program worked with Pasadena Public Health on several initiatives including creating a document for SNF's on how to conduct activities safely during the pandemic. The WISE Ombudsman Program worked on vaccine confidence work with LA DPH to help identify facilities that were not highly vaccinated and reach out to determine if there were barriers and to identify facilities where public health could come in and do vaccination confidence sessions with staff and residents.

FY 2022-2023 Systems Advocacy Effort(s): (Provide one or more new systems advocacy efforts): (Provide one or more new systems advocacy efforts). Working on the development and maintenance of the PEDAL team. After some troubling high profile cases including two SNF evacuations in the city of Pasadena, the WISE & Healthy Aging Long Term Care Ombudsman Program enhanced existing collaborative working relationships with various agencies within the city of Pasadena including the Pasadena Public Health Department. Out of this collaboration the Pasadena Elderly and Dependent Adult Liaisons (PEDAL) team was created. This is a unique multidisciplinary team (MDT) focusing on long term care facilities. The team consists of representatives from various city departments including Pasadena Public Health, the Fire Department, Code Enforcement, the City Prosecutor's office, the City Manager's office, and the Long-Term Care Ombudsman Program. The mission of PEDAL includes to improve the quality of life for elders and dependent adults residing in long term care facilities through education, community outreach, code enforcement, and prosecution. The team will be working together to develop outreach strategies, training videos, as well as conducting visits to long term care facilities. It is the first MDT of its kind in the nation.

FY 2023-2024

Outcome of 2022-2023 Efforts: The PEDAL Team has established criteria for identifying troubled facilities that could benefit from outreach efforts/unannounced visits from the team. As a result of these visits, facilities have been required to make necessary improvements to the physical plant which improves living conditions for residents.

The team is currently planning a training event for facility staff members where continuing education units will be provided.

Additionally, the PEDAL team has partnered with personnel from the USC School of Medicine which brings the expertise needed to better understand and address the complexities of elder mistreatment. The partnership with the USC School of Medicine also brought grant funding which will provide for motivational interviewing training for all team members, and the hiring of a certified public accountant to expand the team's investigative capacity related to elder financial exploitation and abuse.

FY 2023-2024 Systems Advocacy Effort(s): (Provide one or more new systems advocacy efforts) The WISE & Healthy Aging Long-Term Care Ombudsman Program will be focusing efforts on enhancing consumer education and expanding access to ombudsman services. The program is launching a website to provide consumer information, including maps to identify facilities with needed services, such as: memory care, locked units, etc. Additionally, consumers will be able to directly submit concerns and/or requests for assistance through the website for processing by the WISE & Healthy Aging Long-Term Care Ombudsman Program Intake Department. Requests for Advance Healthcare Directive Witnessing can also be made on the website. The program will release a new brochure and other information to ensure awareness about all means by which residents, friends/families, and other concerned parties can contact the Program.

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 4.52%
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 0 divided by the total number of Nursing Facilities 245 = Baseline 0 %
FY 2021-2022 Target: 75% (Note: Ombudsman not able to visit facilities in 1st Quarter of 2021 due to COVID-19)

3. FY 2020-2021 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint 47 divided by the total number of Nursing Facilities 246 = Baseline 19 %
FY 2022-2023 Target: 25 %

4. FY 2021-2022 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint 144 divided by the total number of Nursing Facilities 246 = Baseline 59 %
FY 2023-2024 Target: 50%

Program Goals and Objective Numbers: **Goal 2. Objective 2.2**

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: <u>70</u> %
2. FY 2019-2020 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint <u>0</u> divided by the total number of RCFEs <u>811</u> = Baseline <u>0</u> % FY 2021-2022 Target: <u>30</u> % (Note: Ombudsman may not able to visit facilities in 1 st Quarter of 2021 due to COVID-19)
3. FY 2020-2021 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint <u>82</u> divided by the total number of RCFEs <u>832</u> = 10% Baseline FY 2022-2023 Target: <u>20</u> %
4. FY 2021-2022 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint <u>418</u> divided by the total number of RCFEs <u>832</u> = Baseline <u>50</u> %
Program Goals and Objective Numbers: Goal 2. Objective 2.2

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: <u>23.08</u> FTEs FY 2021-2022 Target: <u>22</u> FTEs
3. FY 2020-2021 Baseline: <u>19.02</u> FTEs FY 2022-2023 Target: <u>21</u> FTEs
4. FY 2021-2022 Baseline: <u>18.46</u> FTEs FY 2023-2024 Target: <u>22</u> FTEs

Program Goals and Objective Numbers: **Goal 2. Objective 2.2**

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

1. FY 2018-2019 Baseline: Number of certified LTC Ombudsman volunteers 30
FY 2020-2021 Projected Number of certified LTC Ombudsman volunteers 55

2. FY 2019-2020 Baseline: Number of certified LTC Ombudsman volunteers 32
FY 2021-2022 Projected Number of certified LTC Ombudsman volunteers 10

3. FY 2020-2021 Baseline: Number of certified LTC Ombudsman volunteers 22
FY 2022-2023 Projected Number of certified LTC Ombudsman volunteers 10

1. FY 2021-2022 Baseline: Number of certified LTC Ombudsman volunteers 26
FY 2023-2024 Projected Number of certified LTC Ombudsman volunteers 10

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

The WISE & Healthy Aging Long-Term Care Ombudsman Program will develop a case review check list for supervisors to be utilized. Additionally, Regional supervisors will increase the sample of cases reviewed each month to ensure accuracy in data reporting in addition to ensuring that all case management steps have been taken. All staff and volunteer interns enter data into ODIN to ensure timely and up to date NORS data is collected. A new requirement for any new volunteers recruited will be that they enter their data directly into ODIN monthly. This will be a phased approach.

FY 2020-2021 Systems Advocacy Effort(s): Notes

The focus of systemic advocacy pivoted to efforts to get ombudsman back into long-term care facilities after seven months not being permitted in. The Long-Term Care Ombudsman Program (LTCOP) with the in-kind support of an ombudsman volunteer who is a geriatrician, created the personal protective equipment scenarios and level of PPE that ombudsman needed to utilize in different situations in the field (for example: residents who are COVID positive, residents who wander and can't mask due to mental or cognitive impairment, residents who can mask and social distance). This was adopted by the Office of the State Long-Term Care Ombudsman Office for required use by ombudsman statewide. PSA 19 LTCOP assisted the California Department of Aging and the California LTC Ombudsman Association with the creation of the Ombudsman donning and doffing PPE video specifically for ombudsman. PSA 19 LTCOP provided technical assistance and script writing for the video and secured in-kind voice over studio and production support for our staff member to provide the narration/instruction in the video. PSA 19 LTCOP was one of two local ombudsman programs that worked with CDA and the OSLTCO to uncover the barriers and create pathways for ombudsman to return to the field and in-person work with residents regardless of COVID status.

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

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

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

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

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

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

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

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

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

neurological and organic brain dysfunction.

- **Hours Spent Developing a Coordinated System to Respond to Elder Abuse** –Indicate the number of hours to be spent developing a coordinated system to respond to elder abuse. This category includes time spent coordinating services provided by the AAA or its contracted service provider with services provided by Adult Protective Services, local law enforcement agencies, legal services providers, and other agencies involved in the protection of elder and dependent adults from abuse, neglect, and exploitation.
- **Educational Materials Distributed** –Indicate the type and number of educational materials to be distributed to the general public, professionals, and caregivers (this may include materials that have been developed by others) to help in the identification, prevention, and treatment of elder abuse, neglect, and exploitation.
- **Number of Individuals Served** –Indicate the total number of individuals expected to be reached by any of the above activities of this program.

APPROVED

**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	15
2022-2023	16
2023-2024	15

Fiscal Year	Total # of Training Sessions for Professionals
2020-2021	20
2021-2022	15
2022-2023	14
2023-2024	14

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

Fiscal Year	Total # of Hours Spent Developing a Coordinated System
2020-2021	500
2021-2022	700
2022-2023	700
2023-2024	600

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	2,000	Elder Justice Resource Guides, Mandatory Reporting Flow Charts, and other related materials.
2022-2023	2,000	Elder Justice Resource Guides, Mandatory Reporting Flow Charts, and other related materials.
2023-2024	2,000	Elder Justice Resource Guides, Mandatory Reporting Flow Charts, and other related materials.

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

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
Services to Caregivers of Older Adults	<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: 100,000	4	
2021-2022	# of activities: 4,500 Total est. audience for above: 100,000	4	
2022-2023	# of activities: 4,500 Total est. audience for above: 100,000	4	
2023-2024	# of activities: 4,500 Total est. audience for above: 100,000	4	
Access Assistance	Total contacts		
2020-2021	18,000	4	
2021-2022	18,000	4	
2022-2023	12,000	4	
2023-2024	12,000	4	
Support Services	Total hours		
2020-2021	16,500	4	

2021-2022	15,000	4	
2022-2023	13,000	4	
2023-2024	13,200	4	
Respite Care	Total hours		
2020-2021	26,000	4	
2021-2022	24,000	4	
2022-2023	20,000	4	
2023-2024	20,000	4	
Supplemental Services	Total occurrences		
2020-2021	1,200	4	
2021-2022	1,200	4	
2022-2023	1,200	4	
2023-2024	1,200	4	

APPROVED

Direct and/or Contracted III E Services

Services to Older Relative Caregivers	Proposed Units of Service	Required Goal #(s)	Optional Objective #(s)
Information Services	# of activities and Total est. audience for above		
2020-2021	# of activities: 60 Total est. audience for above: 500	4	
2021-2022	# of activities: 70 Total est. audience for above: 1,000	4	
2022-2023	# of activities: 70 Total est. audience for above: 2800	4	
2023-2024	# of activities: 80 Total est. audience for above: 4,000	4	
Access Assistance	Total contacts		
2020-2021	2,500	4	
2021-2022	2,310	4	
2022-2023	1,100	4	
2023-2024	1,100	4	
Support Services	Total hours		
2020-2021	5,000	4	
2021-2022	4,500	4	
2022-2023	1,400	4	
2023-2024	1,400	4	
Respite Care	Total hours		
2020-2021	350	4	
2021-2022	320	4	
2022-2023	300	4	
2023-2024	300	4	
Supplemental Services	Total occurrences		
2020-2021	15	4	
2021-2022	15	4	
2022-2023	15	4	
2023-2024	15	4	

**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:
 - o PM 2.4a Low-income (LIS)

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

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

https://www.aging.ca.gov/Providers_and_Partners/Area_Agencies_on_Aging/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 13
PRIORITY SERVICES

APPROVED

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 30% 22-23 30% 23-24 30%

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 17% 22-23 10% 23-24 10%

Legal Assistance Required Activities:⁸

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

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

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 16
GOVERNING BOARD

APPROVED

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:

Janice Hahn – Chair of the Board of Supervisors	December 2024

Names and Titles of All Members:

Board Term Expires:

Hilda L. Solis - 1st District Supervisor	December 2024
Holly J. Mitchell - 2nd District Supervisor	December 2024
Lindsey P. Horvath - 3rd District Supervisor	December 2026
Janice Hahn - 4th District Supervisor	December 2024
Kathryn Barger - 5th District Supervisor	December 2024

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

Members with expiring terms are always replaced on time.

APPROVED

SECTION 17
ADVISORY COUNCIL

PSA 19

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 ¹	% on Advisory Council (check percentages)
White	56.7%	45.5%
Hispanic (of any race)	32.1%	22.7%
Black	9.1%	18.2%
Asian/Pacific Islander	19.2%	9.1%
Native American/Alaskan Native	0.2%	0.0%
Other/Two or more races	13.9%	4.5%

¹Source: American Community Survey 2019: <https://api.census.gov/data/2019/acs/acs1/subject>

Name and Title of Officers:

Office Term Expires:

Helen Romero Shaw, President	06.30.2024
Kiera Pollock, Vice President	06.30.2024
Cathy McClure, Fiscal Officer/Secretary	06.30.2025
Kim M Bowman, Past President	06.30.2024

Name and Title of other members:

Office Term Expires:

Robert Boller	06.30.2024
Carlene Davis	06.30.2024
Louis Dominguez	06.30.2023
Jerry Gaines	06.30.2024
Paul Kyo Jhin	06.30.2024

John Kotick	06.30.2024
Barbara Meltzer	06.30.2023
Sheila Moore	06.30.2023
Michael Neely	06.30.2024
Teresa Palacios	06.30.2023
Ernie Powell	06.30.2023
Karen Reside	06.30.2023
Fran Sereseres	06.30.2023
Theodore Smith	06.30.2025
Lavada Theus	06.30.2023
Elvia Torres	06.30.2023
Sandra Tung	06.30.2023
Mary Winners	06.30.2023

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 checked="" type="checkbox"/>	<input type="checkbox"/>
Individuals with Leadership Experience in Private and Voluntary Sectors	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Explain any "No" answer(s):

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.

SECTION 18
LEGAL ASSISTANCE

APPROVED

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 2020 designates legal assistance as a priority service under Title III B [42 USC §3026(a)(2)]¹²

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

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

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

Legal assistance services are funded with multiple funding streams including Title IIIB. Baseline funding allocations remain relatively the same each fiscal year.

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

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. Therefore funding levels for legal services have increased given the need over the last four years with an increase of about \$31,000 in Title IIIB funding.

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

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.

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

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.

5. Specific to Legal Services, does the AAA collaborate with the Legal Services Provider(s) to jointly identify 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.

6. 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.

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

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

8. What methods of outreach are providers using? Discuss:

Several outreach strategies are utilized. During Covid-19 pandemic, some of these strategies were converted to a virtual format. Our provider, Bet Tzedek legal services include conducting one-on-one virtual or remote legal consultations during Covid-19 pandemic. 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.

9. 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. Bet Tzedek Legal Services b. c.	a. Los Angeles County b. c.
2022-2023	a. Bet Tzedek Legal Services b. c.	a. Los Angeles County b. c.
2023-2024	a. Bet Tzedek Legal Services b. c.	a. Los Angeles County b. c.

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

Older adults 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 WDACS Information and Referral hot line, 211, WDACS’ website, and through our community partners and providers who contract with the AAA to provide a wealth of services.

11. 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.

12. 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. Following the COVID-19 pandemic and the Guidance provided by CDA about OAA funded services under Titles IIIB and IIIE that are usually delivered in-person, Bet Tzedek had also to quickly transition to a remote work model, including switching from in-person client appointments to conducting meetings remotely by telephone or other virtual means. In addition, the legal services provider, Bet Tzedek was unable to rely on partners for referrals as senior centers were closed throughout Los Angeles County.

Overcoming these barriers is a challenge, but efforts are continuously made. Prior to Covid-19 Social Distancing order, Bet Tzedek conducted, home visits to older adults who cannot travel to service sites. However, during the onset of Covid-19 pandemic, Bet Tzedek switch momentum and successfully developed a model of connecting with clients through case managers at the centers by phone and email, as well as reaching out to the community through outreach materials and presentations, and continuing to directly connect with clients for services through remote access. During COVID-19, Bet Tzedek opened two different intake portals (phone/e-mail) and responded to new inquires daily. 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 solder adults and caregivers. Given the current pandemic, the website

posting of legal services to address caregiver issues, elder and fraud abuse, tax, guardianship, foreclosure matters, etc., became a vital connection to isolated older adults and caregivers. 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.

13. 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.

APPROVED

SECTION 22
ASSURANCES

APPROVED

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

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

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

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

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

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

older individuals residing in rural areas within the planning and service area;

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

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

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

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

Use outreach efforts that —

(i) identify individuals eligible for assistance under this Act, with special emphasis on—

- (I) older individuals residing in rural areas;
- (II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
- (III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
- (IV) older individuals with severe disabilities;
- (V) older individuals with limited English proficiency;
- (VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
- (VII) older individuals at risk for institutional placement, specifically including survivors of the Holocaust; and

(ii) inform the older individuals referred to in sub-clauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance;

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

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

7. OAA 306(a)(5)

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

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

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

- carrying out such a program under this title;
- (B) funds made available to the Area Agency on Aging pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712;

9. OAA 306(a)(11)

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

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

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

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

11. 306(a)(14)

Provide assurances that preference in receiving services under this Title will not be given by the Area Agency on Aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title;

12. 306(a)(15)

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

- (A) to provide benefits and services to older individuals, giving priority to older individuals identified in Section 306(a)(4)(A)(i); and

(B) in compliance with the assurances specified in Section 306(a)(13) and the limitations specified in Section 212;

13: OAA 305(c)(5)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

20. OAA 307(a)(15)

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

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

21. OAA 307(a)(18)

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

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

22. OAA 307(a)(26)

Area Agencies on Aging will provide, to the extent feasible, for the furnishing of services

under this Act, consistent with self-directed care.

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

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

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

24. CFR [1321.53(c)]

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

25. CFR [1321.53(c)]

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

26. CFR [1321.53(c)]

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

27. CFR [1321.53(c)]

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

CFR [1321.53(c)]

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

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

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

29. CFR [1321.61(d)]

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

30. CFR [1321.69(a)]

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

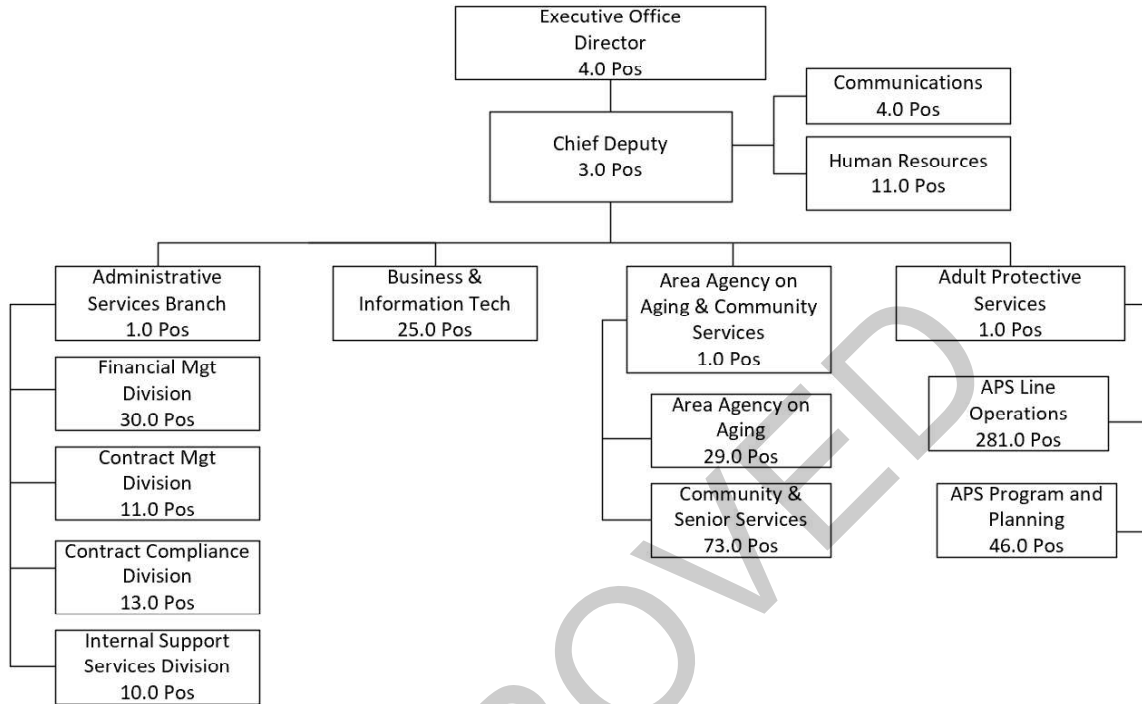
APPROVED



LOS ANGELES COUNTY
AGING & DISABILITIES DEPARTMENT
Dr. Laura Trejo, Director



ORGANIZATIONAL CHART
(Budget Positions =543.0)



APPROVED

Financial Management Division

<u>Position</u>	<u>No. of Positions</u>	<u>Funding Streams</u>
Accountant II	2	35% - AP Admin
Accountatant III	3	40% - AP Admin
Accounting Officer II	1	8% - AP Admin
Fiscal Officer I	1	5% - AP Admin
Fiscal Officer II	1	10% - AP Admin
Admin Svc Mgr III	1	15% - AP Admin
Admin Svc Mgr II	2	14% - AP Admin
Admin Svc Mgr I	1	16% -AP Admin

Contract Management & Compliance

<u>Position</u>	<u>No. of Positions</u>	<u>Funding Streams</u>
Contract Pgrm Monitor	7	100% - AP Admin
Admin Svc Mgr II	1	7% - AP Admin
Admin Svc Mgr I	5	84% - AP Admin

IT & Data Mgmt Analytics

<u>Position</u>	<u>No. of Positions</u>	<u>Funding Streams</u>
Sr. IT Tech Support	2	14% - AP Admin
Info System Analyst II	1	15% - AP Admin
Infoe Technology Sup	1	10% - Ap Admin
Princp Info Analyst	1	7% - Ap Admin

Community & Sr. Centers

<u>Position</u>	<u>No. of Positions</u>	<u>Funding Streams</u>
Comm Center Director I	8	160% - IIIB
Comm Center Director II	5	100% - IIIB
Comm Center Specialist II	9	170% - IIIB
Comm Svc Analyst I	1	10% - AP Admin
Comm Svc Analyst II	7	77% - AP Admin, 100% - IIIB, 100% - IIIE
Comm Svc Analyst III	3	100% - AP Admin, 50% - IIIB, 100% - IIIE
Comm Health Worker	4	80% - IIIB
Neighborhood Worker	15	300% - IIIB
Program Manager	1	15% - AP Admin, 5%-IIIB, 3.75%-IIIE
Assistant Director	1	8% - AP Admin

Area Agency on Aging

<u>Position</u>	<u>No. of Positions</u>	<u>Funding Streams</u>
Human Srvc Admin I	8	100% - AP Admin, 57% - IIIB, 100% - IIIE
Human Srvc Admin II	4	80% - AP Admin, 24% - IIIB,
Assistant Director	1	8% - AP Admin
Program Manager	3	20% - AP Admin, 7%-IIIB, 5%- III E

Clerical & Support Staff

<u>Position</u>	<u>No. of Positions</u>	<u>Funding Streams</u>
Secretary II	1	50% - AP Admin, 15% - IIIB, 15% - IIIE
Senior Clerk	2	60% - AP Admin, 30% - IIIB, 30% - IIIE
Senior Secretary III	4	64% - AP Admin, 15% - IIIB, 15% - IIIE
Senior Typist Clerk	1	50% - AP Admin, 15% - IIIB, 15% - IIIE
Staff Assistant I	1	20% - AP Admin
Staff Assistant II	1	45% - AP Admin, 15% - IIIB, 15% - IIIE
Intermediate Typist Clerk	8	32% - AP Admin, 210% - IIIB, 80% - IIIE
Mgmt Secretary III	1	10% - AP Admin

Executive

<u>Position</u>	<u>No. of Positions</u>	<u>Funding Streams</u>
Executive Director	1	10% - AP Admin