

Orange County Office on Aging PSA 22

2023-2024 Area Plan Update

(Rev 03/2023)



AREA PLAN UPDATE (APU) CHECKLIST

PSA 22

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

Use for APUs only

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

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

AAA Name: Orange County Office on Aging

PSA 22

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

1. Supervisor Don Wagner

** See below

Signature: Governing Board Chair ¹

Date

2. Eugene Hernandez

Signature: Advisory Council Chair

Date

3. Claudia Harris

Signature: Area Agency Director

Date

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

¹ Original signatures or official signature stamps are required.

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

According to the California Department of Finance, Demographic Research Unit, the total older adult population (60+) in Orange County will steadily increase from 709,928 in 2020 to 1,098,100 million residents in 2060, a change of 35 percent over 40 years. A projected 3 percent increase is expected over 1 year where the population will increase from 758,232 older adults in 2022 to 780,929 residents in 2023. In addition, Orange County's annual lower income older adult minorities is projected to increase as well. The total poverty level within the older adult community will increase by 9,190 residents in 2023, a 12 percent change. The chart below exhibits the older adults by race/ethnicity who are considered lower income in Orange County.

Year	Projected			
	2020	2021	2022	2023
Total 60+ Population ¹	649,402	688,359	758,232 ²	780,929 ²
60+ Below Poverty Level ¹	57,559	66,749	75,939 ³	85,129 ³
American Indian & Alaska Native ⁴	236	690	1,144 ³	1,598 ³
Asian ⁵	18,088	20,758	23,428 ³	26,098 ³
Black or African American ⁶	968	1,044	1,120 ³	1,196 ³
Native Hawaiian & Other Pacific Islander ⁷	173	149	125 ³	101 ³
White ⁸	31,285	32,002	32,719 ³	33,436 ³
Other Race ⁹	6,809	11,797	16,785 ³	21,773 ³
Hispanic ¹⁰	11,764	13,124	14,484 ³	15,844 ³

Please note, the "Total 60+ Population" projections were published before the Coronavirus Disease 2019 (COVID 19) pandemic and do not reflect any possible effects on future economic and demographic trends

¹ Census, American Community Survey 1-Year Estimates Detailed Table. Table ID: S1701

² California Department of Finance. Demographic Research Unit. Report P2B

³ Projected Population. This method calculates the population in the target year by adding the % increase or decrease of the past two years to the previous year.

⁴ Census, American Community Survey 1-Year Estimates Detailed Table, Table ID: B17020C

⁵ Census, American Community Survey 1-Year Estimates Detailed Table, Table ID: B17020D

⁶ Census, American Community Survey 1-Year Estimates Detailed Table, Table ID: B17020B

⁷ Census, American Community Survey 1-Year Estimates Detailed Table, Table ID: B17020E

⁸ Census, American Community Survey 1-Year Estimates Detailed Table, Table ID: B17020A

⁹ Census, American Community Survey 1-Year Estimates Detailed Table, Table ID: B17020F, B17020G

¹⁰ Census, American Community Survey 1-Year Estimates Detailed Table, Table ID: B17020I

SECTION 7. PUBLIC HEARINGS

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At least one public hearing must be held each year of the four-year planning cycle. CCR Title 22, Article 3, Section 7302(a)(10) and Section 7308, OAA 2006 306(a), Older Americans Act Reauthorization Act of 2016, Section 314(c)(1).

Fiscal Year	Date	Location	Number of Attendees	Presented in languages other than English? ¹ Yes or No	Was hearing held at a Long-Term Care Facility? ² Yes or No
2020-21	4/14/2020	Office on Aging in Santa Ana, CA	27	No	No
2021-22	4/9/2021	Via Zoom	45	No	No
2022-23	3/23/2022	Via Zoom	20	No	No
2023-24	4/14/2023	Easter Seals Office, Irvine, CA		No	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.

To be completed.

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

N/A

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

¹ A translator is not required unless the AAA determines a significant number of attendees require translation services.

² AAAs are encouraged to include individuals in LTC facilities in the planning process, but hearings are not required to be held in LTC facilities.

Yes. Go to question #5

No, Explain:

5. Summarize the comments received concerning minimum percentages of Title IIIB funds to meet the adequate proportion of funding for priority services.
6. List any other issues discussed or raised at the public hearing.
7. Note any changes to the Area Plan which were a result of input by attendees.

DRAFT

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

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

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

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

Personal Care (In-Home)

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	3,500	2	
2021-2022	3,500	2	
2022-2023	2,330	2	
2023-2024	2,330	2	

Homemaker (In-Home)

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	6,000	2	
2021-2022	6,000	2	
2022-2023	4,550	2	
2023-2024	4,550	2	

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	600	2	
2021-2022	600	2	
2022-2023	1,000	2	
2023-2024	900	2	

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	1,000,000	2	
2021-2022	1,000,000	2	
2022-2023	1,000,000	2	
2023-2024	1,000,000	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	45,500	2	
2021-2022	45,500	2	
2022-2023	45,500	2	
2023-2024	42,750	2	

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	12,000	2	
2021-2022	12,000	2	
2022-2023	11,850	2	
2023-2024	11,850	2	

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	360,000	2	
2021-2022	360,000	2	
2022-2023	360,000	2	
2023-2024	360,000	2	

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	33,000	2	
2021-2022	33,000	2	
2022-2023	14,000	2	
2023-2024	14,000	2	

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	8,300	2	
2021-2022	8,300	2	
2022-2023	8,300	2	
2023-2024	9,000	2	

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	14,000	1,2	
2021-2022	14,000	1,2	
2022-2023	14,000	1,2	
2023-2024	16	1,2	

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	20,000	1	
2021-2022	20,000	1	
2022-2023	20,000	1	
2023-2024	20,000	1	

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	5,000	1	1.1
2021-2022	5,000	1	1.1
2022-2023	5,000	1	1.1
2023-2024	5,000	1	

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

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

Title IIIB, Other Priority and Non-Priority Supportive Services

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

- Other **Priority Supportive Services include:** Alzheimer’s Day Care, Comprehensive Assessment Health, Mental Health, Public Information, Residential Repairs/Modifications, Respite Care, Telephone Reassurance, and Visiting

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

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

Service Category: Senior Center Activities

Unit of Service = 1 Hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2020-2021	10,000	2	
2021-2022	10,000	2	
2022-2023	10,000	2	
2023-2024	11,000	2	

Service Category: Cash/Material Aid

Unit of Service = 1 Assistance

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2020-2021	6,600	2	
2021-2022	6,600	2	
2022-2023	6,600	2	
2023-2024	7,260	2	

Service Category: Community Education

Unit of Service = 1 Activity

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2020-2021	40	1	1.3
2021-2022	40	1	1.3
2022-2023	40	1	1.3
2023-2024	40	1	1.3

Service Category: Disaster Preparedness Materials**Unit of Service = 1 Product**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2020-2021	1,000	1	1.2
2021-2022	1,000	1	1.2
2022-2023	1,000	1	1.2
2023-2024	1,000	1	1.2

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

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

Service Category: Public Information**Unit of Service = 1 Activity**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2020-2021	24	1	1.4
2021-2022	24	1	1.4
2022-2023	24	1	1.4
2023-2024	24	1	1.4

3. Title IIID/ Health Promotion – Evidence Based

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

Evidence-Based Program Name(s):

1. Chronic Disease Self-Management Program (CDSMP)
2. Tomando Control de su Salud
3. Diabetes Self-Management Program (DSMP)
4. Programa de Manejo Personal de la Diabetes
5. A Matter of Balance (AMOB)

Each of these programs has been deemed evidence-based by the Administration on Aging.

Unit of Service = 1 Contact

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

**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 <u>471</u> + number of partially resolved complaints <u>112</u> divided by the total number of complaints received <u>803</u> = Baseline Resolution Rate <u>72.6</u> % FY 2020-2021 Target Resolution Rate <u>70</u> %
2. FY 2019-2020 Baseline Resolution Rate: Number of complaints partially or fully resolved <u>626</u> divided by the total number of complaints received <u>794</u> = Baseline Resolution Rate <u>79</u> % FY 2021-2022 Target Resolution Rate <u>70</u> %

<p>3. FY 2020 - 2021 Baseline Resolution Rate: Number of complaints partially or fully resolved <u>450</u> divided by the total number of complaints received <u>599</u> = Baseline Resolution Rate <u>75</u> % FY 2022-2023 Target Resolution Rate <u>70</u> %</p>
<p>4. FY 2021-2022 Baseline Resolution Rate: Number of complaints partially or fully resolved <u>558</u> divided by the total number of complaints received <u>773</u> = Baseline Resolution Rate <u>72</u> % FY 2023-2024 Target Resolution Rate <u>70</u> %</p>
<p>Program Goals and Objective Numbers: <u>2</u></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>932</u> FY 2020-2021 Target: <u>950</u></p>
<p>2. FY 2019-2020 Baseline: Number of Resident Council meetings attended <u>500</u> FY 2021-2022 Target: <u>921</u></p>
<p>3. FY 2020-2021 Baseline: Number of Resident Council meetings attended <u>454</u> FY 2022-2023 Target: <u>921</u></p>
<p>4. FY 2021-2022 Baseline: Number of Resident Council meetings attended <u>708</u> FY 2023-2024 Target: <u>850</u></p>
<p>Program Goals and Objective Numbers: <u>2</u></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>21</u> FY 2020-2021 Target: <u>25</u></p>
<p>2. FY 2019-2020 Baseline: Number of Family Council meetings attended <u>14</u> FY 2021-2022 Target: <u>23</u></p>
<p>3. FY 2020-2021 Baseline: Number of Family Council meetings attended <u>14</u> FY 2022-2023 Target: <u>15</u></p>
<p>4. FY 2021-2022 Baseline: Number of Family Council meetings attended <u>17</u> FY 2023-2024 Target: <u>15</u></p>
<p>Program Goals and Objective Numbers: <u>2</u></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>2,062</u> FY 2020-2021 Target: <u>2,000</u></p>
<p>2. FY 2019-2020 Baseline: Number of Instances <u>1,024</u> FY 2021-2022 Target: <u>2,000</u></p>

3. FY 2020-2021 Baseline: Number of Instances <u>10,450</u> FY 2022-2023 Target: <u>2000</u>
4. FY 2021-2022 Baseline: Number of Instances <u>3572</u> FY 2023-2024 Target: <u>2000</u>
Program Goals and Objective Numbers: <u>2</u>

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

1. FY 2018-2019 Baseline: Number of Instances 5,480 _____ FY 2020-2021 Target: <u>5,000</u>
2. FY 2019-2020 Baseline: Number of Instances <u>4994</u> FY 2021-2022 Target: <u>5,000</u>
3. FY 2020-2021 Baseline: Number of Instances <u>4567</u> FY 2022-2023 Target: <u>5,000</u>
4. FY 2021-2022 Baseline: Number of Instances <u>6106</u> FY 2023-2024 Target: <u>5000</u>
Program Goals and Objective Numbers: <u>2</u>

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

1. FY 2018-2019 Baseline: Number of Sessions 21 _____ FY 2020-2021 Target: <u>20</u>
2. FY 2019-2020 Baseline: Number of Sessions <u>13</u> FY 2021-2022 Target: <u>20</u>
3. FY 2020-2021 Baseline: Number of Sessions <u>8</u> FY 2022-2023 Target: <u>20</u>
4. FY 2021-2022 Baseline: Number of Sessions <u>6</u> FY 2023-2024 Target: <u>17</u>
Program Goals and Objective Numbers: <u>2</u>

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

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

will engage in during the fiscal year. The systems advocacy effort may be a multi-year initiative, but for each year, describe the results of the efforts made during the previous year and what specific new steps the local LTC Ombudsman program will be taking during the upcoming year. Progress and goals must be separately entered each year of the four-year cycle in the appropriate box below.

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

Enter information in the relevant box below.

System Advocacy Efforts

FY 2020-2021

FY 2020-2021 Systems Advocacy Effort(s): (Provide one or more new systems advocacy efforts)

The Program will continue its focus on closely collaborating with the Elder Abuse Prevention Program's Financial Abuse Specialist Team (FAST) to help increase awareness and prevention of elder financial abuse within LTC facilities. The ombudsman representatives will use the information learned from FAST meetings to educate the families and caregivers of LTC residents on the latest trends in elder adult scams and recognize its warning signs.

The Program will also continue participating in the Elder Abuse Forensic Center of Orange County, which is a collaboration of legal, medical, social service and law enforcement agencies. The Forensic Center strives to better identify, understand, and treat victims of elder abuse, with an eye towards prevention. The Ombudsman Program participates in the EAFC meetings on a weekly basis.

FY 2021-2022

Outcome of FY 2020-2021 Efforts:

The Ombudsman Program continued to be a steady collaborative partner within the Financial Abuse Specialist Team. LTC Ombudsman Program Director, Libby Anderson, served as co-chair of FAST. The FAST sessions were educational in nature, dealing with issues involving conservatorships, financial abuse, scams and community resources. Ombudsmen made referrals to the Senior Protection Program when residents of LTC facilities were in need of legal advocacy.

The Ombudsman Program continued to participate within the weekly Elder Abuse Forensic

Center of Orange County. At least twice per month, members of the EAFC consulted with the Ombudsman Program regarding issues in long-term care settings, as well as issues involving hospital discharge procedures. The Program regularly followed up on referrals made to the Public Guardian that involved residents of long-term care facilities.

FY 2021-2022 Systems Advocacy Effort(s): (Provide one or more new systems advocacy efforts)

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

Objectives of the Task Force include:

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

FY 2022-2023

Outcome of FY 2021-2022 Efforts:

The Program participated in and continues to participate in the Residential Care for the Elderly (RCFE) Task Force. During 2021-2022:

- The Ombudsman Program assisted in identifying outbreaks of COVID-19 in RCFEs and provided translation services during outbreaks, particularly with Korean-speaking residents.
- The Ombudsman Program obtained resources such as additional PPE and COVID-19 testing kits from OC Health Care Agency, at no cost.
- Due to staffing shortages in facilities, the Ombudsman Program referred facility administrators to additional resources, such as staffing registries. The Program also directed facility staff on how and where to report COVID-19 cases.
- The Program provided copies of Provider Information Notices (PINs), when appropriate, to facility staff, particularly in the areas of infection control.

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

The Program will continue to advocate for the visitation rights of residents in long-term care

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

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

FY 2023-2024

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

The Ombudsman program helped open the doors of long-term care facilities to visitors during the Public Health Emergency. The shutdown of many facilities during the COVID-19 pandemic had drastic effects on the physical and mental health of residents.

Despite the easing of restrictions, many residents still battle depression and isolation, particularly those without family. Orange County Ombudsmen in conjunction with its home agency, the Council on Aging Southern California (COASC), will work collaboratively with the long-term care facilities to provide several programs aimed at improving the quality of life of long-term care residents. These include:

1. **SmileMakers**—Ombudsmen work in conjunction with facilities to identify residents who will not be receiving gifts at the holidays. Ombudsmen then deliver holiday gifts collected and wrapped by COASC staff and volunteers to long term care residents.
2. **Valentine's Day Cards**—Ombudsmen share handmade Valentine's Day cards with residents. Facility staff assist by informing Ombudsmen when Valentine's Day parties will be held so that the resident experience can be enhanced by the addition of handmade cards.
3. **Activity Books**—Since most small residential care for the elderly facilities (RCFEs) lack activities, Ombudsmen are sharing a comprehensive book of activities with the staff of these RCFEs to help enrich resident lives.
4. **Centennial Smiles**—Residents attaining 100 years of age or older receive recognition by the COASC and Ombudsmen. Each resident achieving these milestones are presented with a certificate and a handmade knit throw blanket. Long-term care facility staff are instrumental in advising the Ombudsmen which of their residents will be celebrating these birthdays.

5. Unannounced facility visits—While Ombudsman use these visits to ensure the health and safety of residents, they also take time to get to know residents and to show concern and interest in resident lives. For many without family or friends, it is the highlight of those residents’ day.

The OC Ombudsman program will continue this important collaboration with long-term care facilities in order to advocate for quality of life and to find new ways to alleviate depression and isolation in the long-term care setting.

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

Measures and Targets:

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

1. FY 2018-2019 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint 71
 FY 2020-2021 Target: 72

1. FY 2019-2020 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint 0
 FY 2021-2022 Target: 72

2. FY 2020-2021 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint 5
 FY 2022-2023 Target: 74

3. FY 2021-2022 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint 68
 FY 2023-2024 Target: 70

Program Goals and Objective Numbers: 2

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

1. FY 2018-2019 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint <u>599</u> FY 2020-2021 Target: 873
2. FY 2019-2020 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint <u>0</u> FY 2021-2022 Target: 818
3. FY 2020-2021 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint <u>5</u> FY 2022-2023 Target: 999
4. FY 2021-2022 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint <u>672</u> FY 2023-2024 Target: 850
Program Goals and Objective Numbers: <u>2</u>

C. Number of Full-Time Equivalent (FTE) Staff (NORS Element S-23) This number may only include staff time legitimately charged to the LTC Ombudsman Program. For example, in a local LTC Ombudsman Program that considers full-time employment to be 40 hour per week, the FTE for a staff member who works in the Ombudsman Program 20 hours a week should be 0.5, even if the staff member works an additional 20 hours in another program.

1. FY 2018-2019 Baseline: 11.07_FTEs FY 2020-2021 Target: <u>15.53</u> FTEs
2. FY 2019-2020 Baseline: <u>13.11</u> FTEs FY 2021-2022 Target: <u>14.13</u> FTEs
3. FY 2020-2021 Baseline: <u>11.93</u> FTEs FY 2022-2023 Target: <u>14.13</u> FTEs
4. FY 2021-2022 Baseline: <u>12.31</u> FTEs FY 2023-2024 Target: <u>14.13</u> FTEs
Program Goals and Objective Numbers: <u>2</u>

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

1. FY 2018-2019 Baseline: Number of certified LTC Ombudsman volunteers <u>61</u> FY 2020-2021 Projected Number of certified LTC Ombudsman volunteers <u>65</u>

2. FY 2019-2020 Baseline: Number of certified LTC Ombudsman volunteers	<u>39</u>
FY 2021-2022 Projected Number of certified LTC Ombudsman volunteers	<u>59</u>
3. FY 2020-2021 Baseline: Number of certified LTC Ombudsman volunteers	<u>35</u>
FY 2022-2023 Projected Number of certified LTC Ombudsman volunteers	<u>59</u>
4. FY 2021-2022 Baseline: Number of certified LTC Ombudsman volunteers	<u>28</u>
FY 2023-2024 Projected Number of certified LTC Ombudsman volunteers	<u>36</u>
Program Goals and Objective Numbers: <u>2</u>	

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

Measures and Targets:

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

Some examples could include:

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

The Program will provide the Ombudsmen with regular reports that set forth open complaints so that these issues can be closed out in a timely manner and no later than the end of the quarter.

The Data Entry Coordinator will produce a monthly report to be distributed to the Program's Management Team that sets forth whether paperwork has been submitted by each Ombudsman on a weekly basis, as required.

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

PSA 22

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

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

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

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

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

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

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

- **Public Education Sessions** –Indicate the total number of projected education sessions for the general public on the identification, prevention, and treatment of elder abuse, neglect, and exploitation.
- **Training Sessions for Professionals** –Indicate the total number of projected training sessions for professionals (service providers, nurses, social workers) on the identification, prevention, and treatment of elder abuse, neglect, and exploitation.
- **Training Sessions for Caregivers Served by Title III E** –Indicate the total number of projected training sessions for unpaid family caregivers who are receiving services under Title III E of the Older Americans Act (OAA) on the identification, prevention, and treatment of

elder abuse, neglect, and exploitation. Older Americans Act Reauthorization Act of 2016, Section 302(3) 'Family caregiver' means an adult family member, or another individual, who is an informal provider of in-home and community care to an older individual or to an individual with Alzheimer's disease or a related disorder with neurological and organic brain dysfunction.

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

TITLE VIIA ELDER ABUSE PREVENTION SERVICE UNIT PLAN OBJECTIVES

The agency receiving Title VIIA Elder Abuse Prevention funding is: Council on Aging – Southern California

Fiscal Year	Total # of Public Education Sessions
2020-2021	25
2021-2022	25
2022-2023	25
2023-2024	34

Fiscal Year	Total # of Training Sessions for Professionals
2020-2021	18
2021-2022	18
2022-2023	18
2023-2024	21

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

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

Fiscal Year	Total # of Copies of Educational Materials to be Distributed	Description of Educational Materials
2020-2021	6,000	FAST brochure and bookmarks
		Healthcare Fraud brochure from SMP
		Materials relevant to specific subject matter
2021-2022	6,000	FAST brochure and bookmarks
		Healthcare Fraud brochure from SMP
		Materials relevant to specific subject matter

2022-2023	6,000	FAST brochure and bookmarks
		Healthcare Fraud brochure from SMP
		Materials relevant to specific subject matter
2023-2024	8,000	FAST brochure and bookmarks
		Healthcare Fraud brochure from SMP
		Materials relevant to specific subject matter

Fiscal Year	Total Number of Individuals Served
2020-2021	3,500
2021-2022	3,500
2022-2023	3,500
2023-2024	4,500

TITLE IIIE SERVICE UNIT PLAN OBJECTIVES
CCR Article 3, Section 7300 (d)

2020-2024 Four-Year Planning Period

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

Direct and/or Contracted IIIE Services

Family Caregiver Services Caregivers of Older Adults			
Category	Proposed Units of Service	Required Goal #(s)	Optional Objective #(s)
Information Services	# of activities and Total est. audience for above	2	
2020-2021	# of activities: 250 Total est. audience for above: 130,000		
2021-2022	# of activities: 250 Total est. audience for above: 130,000		
2022-2023	# of activities: 250 Total est. audience for above: 130,000		
2023-2024	# of activities: 250 Total est. audience for above: 130,000		
Access Assistance	Total contacts	2	
2020-2021	20,000		
2021-2022	20,000		
2022-2023	20,000		
2023-2024	20,000		
Support Services	Total hours	2	

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

Older Relative Caregivers			
Category	Proposed Units of Service	Required Goal #(s)	Optional Objective #(s)
Information Services	# of activities and Total est. audience for above	N/A	
2020-2021	# of activities: Total est. audience for above:		
2021-2022	# of activities: Total est. audience for above:		
2022-2023	# of activities: Total est. audience for above:		
2023-2024	# of activities: Total est. audience for above:		

Access Assistance	Total contacts	N/A	
2020-2021			
2021-2022			
2022-2023			
2023-2024			
Support Services	Total hours	N/A	
2020-2021			
2021-2022			
2022-2023			
2023-2024			
Respite Care	Total hours	N/A	
2020-2021			
2021-2022			
2022-2023			
2023-2024			
Supplemental Services	Total occurrences	N/A	
2020-2021			
2021-2022			
2022-2023			
2023-2024			

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

CCR Article 3, Section 7300(d)

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

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

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

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

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

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

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

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

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

SECTION 14 - NOTICE OF INTENT TO PROVIDE DIRECT SERVICES

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

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

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

Check applicable direct services Check **each applicable Fiscal Year**

Title IIIB	2020-2021	2021-2022	2022-2023	2023-2024
<input checked="" type="checkbox"/> Information and Assistance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Case Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Outreach	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Program Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Long Term Care Ombudsman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Title IIID	2020-2021	2021-2022	2022-2023	2023-2024
<input checked="" type="checkbox"/> Health Promotion: Evidence-Based	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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

Title VIIA	2020-2021	2021-2022	2022-2023	2023-2024
<input type="checkbox"/> Long Term Care Ombudsman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Title VII	2020-2021	2021-2022	2022-2023	2023-2024
<input type="checkbox"/> Prevention of Elder Abuse, Neglect, and Exploitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

The Office on Aging operates a state-of-the-art call center with the capacity to directly connect callers with referral agencies. The Office on Aging toll-free number as well as the local phone number have been widely marketed in Orange County, and the Office on Aging is increasingly recognized by service agencies and the general public as the single point of entry for information on programs and services for older adults, their families, and caregivers. The Office on Aging will continue to target services to those having the greatest social and economic need, including ethnic minorities, caregivers, frail elderly and/or disabled, and low-income older adults through cooperative efforts with others in the aging network.

Due to the COVID 19 pandemic, the Office on Aging's Health Educator has had to re-develop a network of contacts with a broad spectrum of direct service providers in Orange County, including those addressing the needs of individuals having the greatest social and economic need, caregivers, ethnic minorities, and frail elderly and/or disabled. The health educator manages the Chronic Disease Self-Management Program, including Tomando Control de su Salud, Diabetes Self-Management Program, including Programa de Manejo Personal de la Diabetes, and A Matter of Balance. These workshops are offered in a variety of settings such as senior community centers, senior apartment complexes, and churches. As of January 2020, these classes are now also offered virtually via Zoom which allows those who cannot attend a class in person to attend virtually. An ongoing goal is to recruit and train lay leaders including lay leaders who are bilingual; currently lay leaders and coaches offer these classes in English, Spanish, and Chinese.

SECTION 16 - GOVERNING BOARD

PSA 22

**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:
Andrew Do 1 st District	2024
Vicente Sarmiento 2 nd District	2026
Don Wagner 3 rd District – Vice Chair	2024
Doug Chaffee 4 th District - Chair	2026
Katrina Foley 5 th District	2026

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

There are no expiring terms in 2023.

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

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

Total Council Membership (include vacancies) 40

Number of Council Members over age 60 18

Race/Ethnic Composition	% Of PSA's 60+ Population	% on Advisory Council
American Indian and Alaska Native	0.7%	0
Asian/Pacific Islander	24.3%	3.45%
Black or African American	1.2%	3.45%
Hispanic	21.2%	20.68%
White	39.0%	44.83%
Other Race	34.8%	27.59%
TOTAL	121.2% ¹	100%

Name and Title of Officers:

Office Term Expires:

Eugene Hernandez – Chair	12/31/23
Meredith Chillemi - Vice Chair & Standing Committee Liaison to Executive Board	12/31/23
Secretary - Vacant	--
Elaine Gennawey – Past Chair	12/31/23
Evelyn Velez – Member-At-Large & Senior Center Liaison Coordinator	12/31/22
Barbara Sloate – Member-At-Large	12/31/23
Sandy Stang – Member-At-Large	12/31/23

¹ The Hispanic count is captured in all of the above race categories because the Hispanic origin question is asked in a binary way (yes or no) when respondents are asked.

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

Charlene Ashendorf	12/31/22
Linda Barcelona	12/31/17
Denise Barnes	12/31/23
LaVal Brewer	12/31/23
Elizabeth Busick	12/31/23
Amelia Castro	12/31/23
Jerry Chang	12/31/23
Colette Chencinski	12/31/24
Meredith Chillemi	12/31/23
Elaine Gennawey	12/31/23
Eugene Hernandez	12/31/23
Ken Higman	12/31/24
Jim Levy	12/31/22
Crystal Miles	12/31/22
Patty Mouton	12/31/20
Joan Nichols	12/31/21
Janelle Odishoo	12/31/24
Rachel Owens	12/31/22
John W Pointer	12/31/23
Tony Rodella	12/31/23
Jeffrey Rodriguez	Indefinite
Amina Sen-Matthews	12/31/22
Barbara Sloate – Past Chair Wellbeing Reimagined	12/31/23
Dave Sullivan	12/31/22
Sandy Stang – Past Chair Housing & Transportation	12/31/23
Dave Tetzlaff	12/31/22
Evelyn Velez – Past Chair Senior Citizens Engagement	12/31/22
Dave Wheeler	12/31/24

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

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

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

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

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

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

The Board of Supervisors appoints ten members, the City Selection Committee appoints ten members, and the council itself appoints the remaining twenty members. All members appointed by the Board of Supervisors and by the City Selection Committee shall serve at the pleasure of the appointing body except that the Board of Supervisors, by majority vote, may reject appointment by any authority. Service beyond a two-year term shall be considered by the appointing authority at the end of each two-year term. A member who has not been reappointed or replaced at the termination date of appointment shall serve as a member until reappointed or replaced unless the appointing authority rules otherwise.

2020-2024 Four-Year Area Planning Cycle

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

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

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

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

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

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

In the past 4 years, evolving changes to landlord-tenant laws have impacted our local needs for legal services significantly. The enactment of the California Tenant Protection Act of 2019 (AB 1482) and the COVID-19 pandemic resulted in constant changes to federal, state, and local laws pertaining to landlord/tenant issues; as a result, the needs of legal services have increased leading new and existing older adult clients to repeatedly contact the LSP to seek counseling, advice, and interpretations to remain informed. These changes require the LSP to undergo multiple trainings to remain abreast with AB1482 and landlord-tenant laws and issues to continue to provide efficient services to Orange County older adults.

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

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

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

Yes. The AAA and LSP collaborated to establish the following legal service priority issues:

- a. Housing (landlord and tenant issues and subsidized housing)
- b. Income Maintenance (including government benefits like Social Security and SSI)
- c. Elder Abuse (including financial elder abuse and consumer scams)

d. Consumer Issues (probate, debt collection, and bankruptcy)

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

Yes. The AAA and LSP collaborate on identifying a target population by analyzing the data reported and using it to establish priority legal needs. To keep in line with the Older Americans Act requirements, the AAA and LSP seek to target services to older adults, specifically those who show the greatest economic and social needs. These targeted older adults are reached through the LSP hotline and in-person (by means of a walk-in consultation) at the LSP's main location. The LSP also visits multiple senior centers and bilingual community services centers for one-on-one consultations with clients. Visits to other county sites for legal presentations and clinics are also part of the LSP's monthly schedule. The LSP has reinstated one-on-one consultations with clients at senior centers which reopened as of June 2021. The LSP has expanded one-on-one consultations to include two additional senior centers and one additional community center as of 2022. The LSP has become an active member in community stakeholder groups such as Financial Elder Abuse Specialist Team (FAST) and Elder Abuse Forensic Center (E AFC) to determine trending legal issues faced by older adults.

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

The LSP targets low-income, minority, frail, and disabled older adults aged 60 and older within Orange County. The older adults generally request direct assistance by calling the LSP's hotline, applying through the LSP's on-line intake, walk-in, attending senior center appointments, or attending local community fairs. The LSP also provides offsite visits to homebound or hospitalized older adults. A higher level of assistance is provided by the LSP in cases primarily affecting older adults with limited resources. Additionally, the LSP's network refers clients with legal needs for consultations. Currently, client contacts are made in-person or virtually via telephone, the on-line intake process, zoom, or other virtual platforms. The LSP coordinates with the Orange County Superior Court, 2-1-1 information services, Orange County Social Services, and other community stakeholders and government agencies to provide the LSP's contact information for those seeking to receive further legal assistance.

The LSP has increased its outreach in local publications and media such as Council on Aging Answers, El Clasificado, Laguna Woods Globe, Leisure World Weekly, Nguoi Viet, Radio ChieuThuBay, Facebook, and Twitter (Twitter is not paid for through funding by the Office on Aging). The LSP also conducts community outreach and education at various events including senior centers and community-based organizations. At these outreach and education events, older adults can ask questions, speak to a LSP staff individually, and given the opportunity to provide their contact information to be called back by a member of the LSP for consultation on their specific legal needs.

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 Legal Services providers using? Discuss:

The LSP provides various outreach methods throughout Orange County to connect legal services to older adults. Aside from disseminating informational flyers throughout the community, the LSP visits senior centers, senior apartment complexes, and community service centers countywide monthly to provide community education, outreach, and one-on-one consultations with clients. For broader reach, presentations and clinics are offered in-person and virtually to benefit and meet the needs of our community partners and older adults. Community partners such as Boat People SOS, the Vietnamese Cancer Society, the County Community Service Center, and Leisure World in Seal Beach host events and provide a platform for the LSP to provide legal service resources to older adults. The LSP is currently in negotiations with the Orange County Law Library to conduct outreach presentations and workshops on subjects to include senior scams, elder abuse, advanced health care directives, and powers of attorney. The LSP continues to provide virtual and in-person outreach at community events and resource fairs. The LSP has also increased its outreach efforts through local publications and media such as Council on Aging Answers, El Clasificado, Laguna Woods Globe, Leisure World Weekly, Nguoi Viet, Radio ChieuThuBay, Facebook, and Twitter (not CDA funded). Additionally, the LSP coordinates with the Orange County Superior Court, 2-1-1 information services, Orange County Social Services and other community stakeholders and government agencies to provide the LSP's contact information for those seeking to receive further legal assistance.

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

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

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:

The most widely used and preferred method to accessing Legal Services by Orange County older adults is calling the LSP's legal hotline and walking in for an in-person consultation at the LSP office. Older adults can also access services by visiting one of the multiple senior centers the LSP visits on a scheduled rotation. The LSP recently instituted an on-line intake application whereby clients can input their legal needs. An LSP staff member will review the submitted online application and contact the client regarding their legal needs. The LSP also disseminates pertinent legal information on subjects like creating advanced health care directives or setting up a will (including applicable forms) on their website for accessibility.

A variety of legal clinics conducted by attorneys in areas such as Supplemental Security, divorce, family law, bankruptcy, landlord-tenant disputes, limited conservatorships, consumer rights, worker rights, and small-claims matters can be accessed in-person and through virtual platforms. Specifically, most clinics and workshops are conducted virtually via Zoom. Special accommodations will be made to allow persons with disabilities or lack of access to technology to access the clinic or workshops in person. The Social Security and consumer rights workshops are only in person, but accommodations can be made to allow clients to attend via the Zoom platform if necessary. The small-claims workshop offers both in person and zoom workshops. The only workshops which allow hybrid attendance of both in person and Zoom presentations simultaneously are the bankruptcy, worker rights, and the limited conservatorship workshops. The LSP will continue to explore user- friendly remote platforms to broaden accessibility to older adults.

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

The primary legal issues handled by the LSP include, but are not limited to, the following: government benefits, landlord-tenant disputes, elder abuse (including financial abuse and consumer scams), probate, estate planning, immigration, consumer issues, and health access issues. The LSP has also seen an increase in fielded requests from the following areas: conservatorships for family members, and landlord-tenant issues specifically for non-payment of rent.

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

Transportation is a prominent barrier to accessing legal assistance. The County of Orange has a vast area that is not easily covered by the local transportation authority. Offsite visits by the LSP to homebound older adults are conducted on a limited basis since they require a minimum of two staff members for security purposes. Partnerships and cross-referrals between the LSP and local transportation service providers may help mitigate this barrier to accessing legal assistance. The LSP will make an effort to connect with local programs and services such as the Orange County Transportation Authority and its Senior Mobility Program to overcome this barrier.

The LSP continues to explore user-friendly remote platforms as a means of overcoming transportation barriers; however, the older adults served by the LSP require significant assistance to successfully utilize technology creating an additional barrier. The LSP assists clients with technology issues through phone

consultations and phone trainings. The trainings are informally conducted during phone consultations regarding clients' legal needs, and the extent of the trainings vary based on the older adult's legal needs and the technological requirements associated with their legal issues.

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

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

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

SECTION 21 - ORGANIZATION CHART: OFFICE ON AGING

See attached chart.

SECTION 22 - ASSURANCES

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

A. Assurances

1. OAA 306(a)(2)

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

(A) services associated with access to services [transportation, health services (including mental and behavioral health services) outreach, information and assistance, (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible) and case management services];

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Use outreach efforts that:

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

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

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

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

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

7. OAA 306(a)(5)

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

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

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

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

9. OAA 306(a)(11)

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

(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;

(B) An assurance that the Area Agency on Aging will to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and

(C) An assurance that the Area Agency on Aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.

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

(A) maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships;

(B) disclose to the Assistant Secretary and the State agency:

(i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and

(ii) the nature of such contract or such relationship;

(C) demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such contract or such relationship;

(D) demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such contract or such relationship; and

(E) on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals.

11. 306(a)(14)

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

12. 306(a)(15)

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

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

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

13. OAA 305(c)(5)

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

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

(B)

(i) no individual (appointed or otherwise) involved in the designation of the State agency or an Area Agency on Aging, or in the designation of the head of any subdivision of the State agency or of an Area Agency on Aging, is subject to a conflict of interest prohibited under this Act;

(ii) no officer, employee, or other representative of the State agency or an Area Agency on Aging is subject to a conflict of interest prohibited under this Act; and

(iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

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

(i) enter into contracts with providers of legal assistance, which can demonstrate the experience or capacity to deliver legal assistance;

(ii) include in any such contract provisions to assure that any recipient of funds under division (i) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and

(iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis.

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

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

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

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

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

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

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

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

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

20. OAA 307(a)(15)

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

(A) To utilize in the delivery of outreach services under Section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability.

(B) To designate an individual employed by the Area Agency on Aging, or available to such Area Agency on Aging on a full-time basis, whose responsibilities will include:

(i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and

(ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effective linguistic and cultural differences.

21. OAA 307(a)(18)

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

(A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;

(B) are patients in hospitals and are at risk of prolonged institutionalization; or

(C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

22. OAA 307(a)(26)

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

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

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

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

enhancement of comprehensive and coordinated community-based systems in, or serving, each community in the Planning and Service Area. These systems shall be designed to assist older persons in leading independent, meaningful and dignified lives in their own homes and communities as long as possible.

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

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

24. CFR [1321.53(c)]

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

25. CFR [1321.53(c)]

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

26. CFR [1321.53(c)]

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

27. CFR [1321.53(c)]

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

CFR [1321.53(c)]

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

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

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

29. CFR [1321.61(d)]

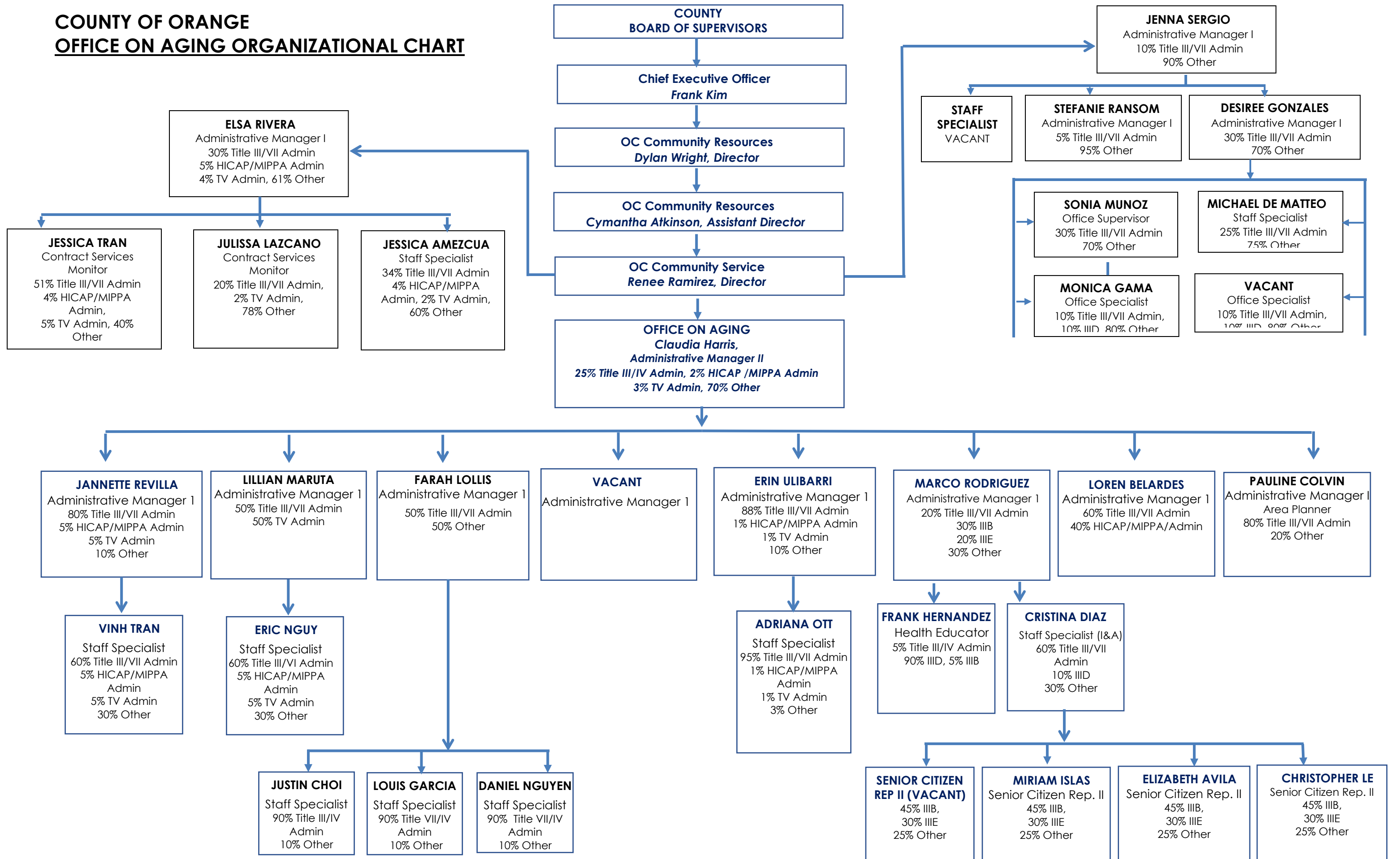
No requirement in this section shall be deemed to supersede a prohibition contained in the Federal appropriation on the use of Federal funds to lobby the Congress; or the lobbying provision applicable to private nonprofit agencies and organizations contained in OMB Circular A-122.

30. CFR [1321.69(a)]

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

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COUNTY OF ORANGE
OFFICE ON AGING ORGANIZATIONAL CHART



COMMON ACRONYMS

This list provides the acronyms and meaning about words and terms that may be found throughout the Area Plan and/or Area Plan Update.

AAA	AREA AGENCY ON AGING
AARP	AMERICAN ASSOCIATION OF RETIRED PERSONS
ADHC	ADULT DAY HEALTH CARE
AoA	ADMINISTRATION ON AGING (Federal)
AP	AREA PLAN (every 4 years)
APS	ADULT PROTECTIVE SERVICES (Social Services Agency)
APU	AREA PLAN UPDATE (annual updates to the Area Plan)
ASR	AGENDA STAFF REPORT (for submitting an item to the Board of Supervisors)
CANHR	CALIFORNIA ADVOCATES for NURSING HOME REFORM
CCR	CALIFORNIA CODE OF REGULATIONS
CDA	CALIFORNIA DEPARTMENT OF AGING
CDPH	CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
CDSS-CCL	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES-COMMUNITY CARE LICENSING
CSL	CALIFORNIA SENIOR LEGISLATURE
C4A	CALIFORNIA ASSOCIATION OF AREA AGENCIES ON AGING
ENP	ELDERLY NUTRITION PROGRAM
FY	FISCAL YEAR
HCA	HEALTH CARE AGENCY
HICAP	HEALTH INSURANCE COUNSELING & ADVOCACY PROGRAM
I&A	INFORMATION AND ASSISTANCE
LSP	LEGAL SERVICE PROVIDER
LTC	LONG-TERM CARE
LTCOP	LONG-TERM CARE OMBUDSMAN PROGRAM
MOU	MEMORANDUM OF UNDERSTANDING
MSSP	MULTIPURPOSE SENIOR SERVICES PROGRAM
N4A	NATIONAL ASSOCIATION OF AREA AGENCIES ON AGING

OAAPS	OLDER AMERICANS ACT PERFORMANCE SYSTEM
OAA	OLDER AMERICANS ACT (Federal)
OCA	OLDER CALIFORNIANS ACT (State)
OoA	OFFICE ON AGING (The AAA for Orange County)
OSLTCO	OFFICE of the STATE LONG-TERM CARE OMBUDSMAN
PD/C	PROGRAM DEVELOPMENT/COORDINATION
PSA	PLANNING AND SERVICE AREA (Orange County is PSA 22)
RCFE	RESIDENTIAL CARE FACILITIES for the ELDERLY
SCAC	SENIOR CITIZENS ADVISORY COUNCIL
SUP	SERVICE UNIT PLAN
TITLE IIIB	SUPPORTIVE SERVICES PROGRAM
TITLE IIIC-1	CONGREGATE NUTRITION
TITLE IIIC-2	HOME-DELIVERED MEALS
TITLE IIID	HEALTH PROMOTION- EVIDENCE BASED
TITLE IIIE	FAMILY CAREGIVER SUPPORT PROGRAM
TITLE VII	ALLOTMENTS FOR VULNERABLE ELDER RIGHTS PROTECTION ACTIVITIES (Ombudsman and Elder Abuse Prevention Programs)
TITLE VIIA	PROGRAMS FOR PREVENTION OF ELDER ABUSE, NEGLECT, AND EXPLOITATION (Elder Abuse Prevention including Ombudsman Program)