OFFICE ON AGING
ORANGE COUNTY

PSA 22
Area Plan Update
FY 2026-2027

APPROVED

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AREA PLAN UPDATE (APU) CHECKLIST

Check one: ☐**FY25-26** ☒ **FY 26-27** ☐ **FY 27-28**

Use for APUs only due May 1, 2025, 2026, and 2027

AP Guidance Section	Required Annual Update Sections	Check Updated
n/a	**A) Transmittal Letter-** *(submit by email with electronic or scanned original signatures)*	X
n/a	**B) APU-** *(submit entire APU electronically only)*	X
2, 3, or 4	**C)** Estimate- of the number of lower income minority older individuals in the PSA for the coming year	X
6	**D)** Priority Services and Public Hearings	X
n/a	**E)** Annual Area Plan Budget (send to finance@aging.ca.gov)	X
8	**F)** Service Unit Plan (SUP) and LTC Ombudsman Program Outcomes	X
10	**G)** Title IIIE Family Caregiver Support Program	X
11	**H)** Legal Assistance (Revised 2026)	X
AP Guidance Section	**If there has been a change to another section, check the "Mark Changed" box AND include the "AAA Area Plan Summary of Changes" Attachment A:**	**Mark Changed**
1	Mission Statement	☐
5	Needs Assessment/Targeting	☐
7	AP Narrative Objectives:	X
7	• System-Building and Administration	X
7	• Title IIIB-Funded Programs	X
7	• Title IIIB-Program Development/Coordination (PD or C)	X
7	• Title IIIC-1 or Title IIIC-2	X
7	• Title IIID-Evidence Based	X
7	• HICAP Program	X
9	Senior Centers and Focal Points	X
10	Title IIIE-Family Caregiver Support Program	X
12	Disaster Preparedness	X
13	Notice of Intent to Provide Direct Services	X
14	Request for Approval to Provide Direct Services	☐
15	Governing Board	X
16	Advisory Council	X
17	Multipurpose Senior Center Acquisition or Construction	☐
18	Organizational Chart(s) (Must match Budget)	X
19	Assurances	☐
Atch. A	Summary of Changes	X
Atch. B	OCA Modernization Supplemental Summary	X
Atch. C	Local Master Plan for Aging Supplemental Summary	X
Atch. D	Glossary of Acronyms	X
Atch. E	References	X

TRANSMITTAL LETTER
2024-2028 Four Year Area Plan/ Annual Update

Check one: ☐ **FY 24-25** ☐ **FY 25-26** ☒ **FY 26-27** ☐ **FY 27-28**

AAA Name: County of Orange Office on Aging **PSA22**

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

*1. Donald P. Wagner
(Type Name)

Signature: Governing Board Chair[1] — Date: 4/23/2024

2. Rachel Owens
(Type Name)

Signature: Advisory Commission Chair — Date: 4/10/2026

3. Claudia Harris
(Type Name)
Signed by:

Signature: Area Agency Director — Date: 4/10/2026

***In a Minute Order dated 4/23/2024, the Orange County Board of Supervisors, as the governing body of the PSA 22, Area Agency on Aging, approved the 2024-2028 Area Plan and authorized the Director of the Office on Aging to execute and submit plan updates and amendments for the 2024-2028 planning period.**[1] Original signatures or electronic signatures are required.

SECTION 1. MISSION STATEMENT

The Office on Aging is a division of OC Community Services, which is a department of OC Community Resources. The mission of the Office on Aging complements those of OC Community Resources, OC Community Services and the core mission of all AAAs as articulated in the California Code of Regulations.

The Mission of OC Community Resources is: Connecting people and resources.

The Mission of OC Community Services is: As an opportunity catalyst, OC Community Services facilitates the provision of economic, housing and community services that enhance the quality of life for the people of Orange County.

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

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

Furthermore, the Office on Aging is committed to provide leadership in addressing issues that relate to older Californians; to develop community-based systems of care that provide services which support independence within California's interdependent society, and which protect the quality of life of older persons and persons with functional impairments; and to promote citizen involvement in the planning and delivery of services.

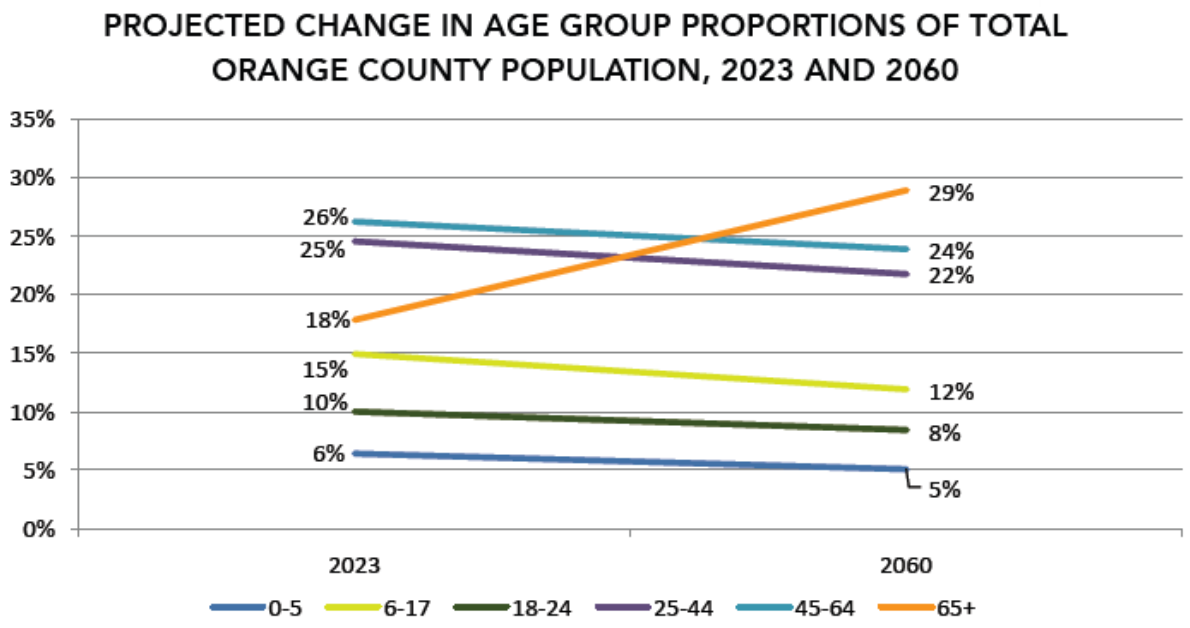
SECTION 2. DESCRIPTION OF THE PLANNING AND SERVICE AREA (PSA)

Orange County is one of the largest counties in the country. Located within the heart of Southern California, the County is nestled between Los Angeles to the north and San Diego to the south, with Riverside and San Bernardino counties to the east. The county covers 798 square miles with both urban and suburban qualities, and includes 34 cities, several large unincorporated areas, 9 beaches and 42 miles of coastline. While Orange County's population has experienced a slight decline, the County continues to be the third-most-populous county in California following Los Angeles and San Diego, with a population of 3,170,435 (U.S. Census Bureau, 2024). Orange County has 8% of California's population but only 0.5% of its land area. It is one of the most densely populated areas in the United States. As of the 2020 U.S. Census, the county had a population density of approximately 4,019.7 people per square mile which is significantly higher than the national average of about 93.4 people per square mile. According to the U.S. Census Bureau, as of the 2019-2023 American Community Survey, approximately 29.9% of Orange County's population was foreign-born this percentage translates to about 393,000 foreign-born residents.

According to the U.S. Census Bureau (2024), there are 756,362 older adults aged 60 and older and approximately 550,224 older adults 65 years or older reside in Orange County (U.S. Census Bureau, 2024). Although predominantly White (Non-Hispanic) (55.7%), the 65 and over population continues to be diverse with Asian making up approximately (24.5%) of the population, followed by Hispanic/Latino (17.7%), Black/African American (1.4%), American Indian/Alaskan Native (0.8%), Native Hawaiian/Pacific Islander (0.2%), and two or more races/other race (10%). Although precise data on lower-income minority older adults in Orange County is not easily accessible, recent information indicates that about 28% of older adults (65 and over) in the county lack sufficient income to meet their basic needs, given the local cost of living (Justice in Aging, 2023). About 22.4% of residents aged 65 and over live below 200% of the federal poverty level, indicating significant economic hardship (Orange County Aging Services Collaborative, 2022). This amounts to approximately 148,000 older adults experiencing economic insecurity.

Orange County's median age increased from 38.6 in 2019 to 39.2 years in 2021. Since 2010, the county's median age has increased by 4 years or by 11.4% (Census Bureau, 2023). Residents over the age of 65 are the only age group expected to increase in proportion over the next several decades, growing from 18% of the population in 2023 to 29% in 2060. The distribution of older adults across Orange County varies significantly by city. Laguna Woods has the highest proportion of residents aged 65 and over, with 81% of its population falling into this age group. Other cities with notable concentrations include Seal Beach at 38% and Villa Park at 27.4%. When looking at total numbers, Anaheim has the largest population of older adults, with approximately 36,758 residents aged 65 and over, followed by Huntington Beach with 31,995, and Santa Ana with 26,355 (Patch, 2023).

Population projections from the California Department of Finance indicate a significant demographic shift in Orange County by 2060, as illustrated in the graph on the following page.



The portion of residents aged 65 and older is expected to nearly double, increasing from 15.7% in 2020 to 26.1% in 2060. This trend is attributed to declining birth rates and an aging population, with 65+ age group being the only demographic projected to grow between 2021 and 2060.

UNIQUE RESOURCES

Health and Wellness

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

According to the California Department of Aging (2023), 79% of older adults in Orange County rated their physical health as excellent or good, and 85% rated their mental health the same. While 72% gave positive ratings to community health and wellness opportunities, fewer were satisfied with physical health care (48%), mental health care (40%), and long-term care options (42%). Health-related issues were among the most common challenges, with 36% reporting physical health concerns, 29% mental health challenges, and 36% identifying health care access as a barrier. Chronic conditions such as heart disease, cancer, and stroke account for 70% of deaths in the county, highlighting the need for prevention and management of illnesses like obesity, diabetes, and high blood pressure. These findings emphasize the importance of a strong public health response to support the independence and well-being of Orange County's aging population.

Housing and Economics

As California and Orange County age, they face emerging challenges: more people remain in

the workforce, a growing number of neighbors living alone, and a decrease in economic security for many individuals. While inflation has begun to slow, consumer finances remain tight. Orange County continues to be one of the most expensive areas in the U.S., with the cost of living 56% above the national average, largely driven by housing costs (Redfin, 2025).

Housing remains one of the most significant elements of the cost of living, and it is a primary challenge nationwide, particularly in Orange County. According to the Orange County Business Council (2023), housing supply continues to lag behind demand, leading to high home prices and a critical need for investment in all forms of housing, especially multi-unit housing. The median price of an existing single-family home in Orange County was $1.265 million in May 2023, compared to $836,110 across California (Orange County Business Council, 2023).

While the majority of older adults in Orange County own their homes (73.1%), and many "age in place," rising living costs over the span of retirement will negatively impact their purchasing power. In essence, older adults will require twice as much income later in life to purchase the same goods and services they bought earlier in retirement. According to the U.S. Census Bureau (2023), 31.7% of older adult homeowners and 64.4% of renters spend 30% or more of their income on household costs, leaving little income for essential needs like food, transportation, and medical insurance.

The 2020 California Health Interview Survey (CHIS) estimates that 26.7% of older adults in Orange County have a household income below the Elder Economic Security Standard Index, a significant increase from the 2015 estimates (9% of single older adults and 9.6% of older adult couples). In 2022, the California Department of Aging reported that 77,745 adults over age 60 in Orange County were considered "low income," an increase from 74,045 in 2021 (California Department of Aging, 2022).

Though there are programs to help meet basic needs, many use the Federal Poverty Guidelines (FPL) to determine eligibility, which are the same nationwide and fail to consider local living costs. As a result, the number of older adults living in poverty continues to rise. In 2022, over 8.6 million (11.2%) older adults nationwide were living below the poverty level (American Community Survey, 2022).

While Social Security and Supplemental Security Income (SSI) provide valuable assistance to retirees, they account for only about 40% of former earnings, leaving many older adults struggling to make ends meet. Although many manage to stay in stable housing despite financial challenges, a growing segment of older adults faces homelessness. The 2022 Point in Time Count (PIT) identified 718 homeless older adults (62+) in Orange County, an increase from the 677 identified in the 2019 PIT count (Orange County Homeless Continuum of Care, 2022).

The Older Adult Service Network in Orange County

The older adult services network is a tremendous resource within Orange County. Publicly funded programs and services form a foundation for the broader spectrum of older adult services in Orange County and assist older adults in maintaining their independence. In addition to public entities providing services to older adults, the network of non-profit organizations serving older adults in Orange County makes invaluable contributions to the well-being and quality of life of Orange County's most vulnerable older adult population. The efficiency and effectiveness of the older adult service delivery system is widely acknowledged in the county. The network of contracted service providers of programs administered by the

Office on Aging (OoA) constitutes a foundation of valuable resources to the OoA and, most importantly, to the community and the thousands of older adults, caregivers and their families' receiving services. The section below describes specific network organizations that contribute to the older adult network.

Orange County Office on Aging (OoA)

The OoA is a program in the OC Community Services (OCCS) division, which serves special population groups such as older adults, caregivers, persons with disabilities, veterans, and the under/unemployed in Orange County. OCCS is comprised of the following divisions: Office on Aging, Workforce & Economic Development Division (WEDD), and the Veterans Service Office (VSO). In addition to the OoA the following agencies are among the major public-sector providers of important services for Orange County's older adult population.

Orange Couty Veterans Service Office (VSO)

Veterans Service Office provides advocacy services and assistance to Orange County veterans, survivors' and dependents, focusing on U.S. Department of Veterans Affairs disability benefits and survivor benefits. Approximately 60% of the veterans served at the VSO are 60 and older. VSO also collaborates with the HCA program OC4Vets, which provides one-stop access for Veterans with behavioral health issues to services including housing and transportation assistance, mental health services, and employment training and development.

Orange County Workforce and Economic Development Division (WEDD)

The Workforce and Economic Development Division is primarily responsible for administering programs and activities of the Workforce Innovation and Opportunity Act (WIOA) in Orange County. The WIOA assists individuals who are employed, unemployed and underemployed, to increase their self-sufficiency and/or improve their ability to meet the demands of Orange County businesses and employers. OoA staff attends the WEDD regional and partner meetings.

Orange County Housing Authority (OCHA)

The Orange County Housing Authority administers federally funded programs to provide monthly rental assistance to qualified tenants. Such programs include the Housing Choice Voucher Program (HCV), a federally funded program through the U.S. Department of Housing and Urban Development (HUD) offering housing assistance to the elderly, low-income families and persons with disabilities. In addition to the HCV Program, OCHA also administers other voucher programs including Veterans Affairs Supportive Housing (VASH), Continuum of Care, Non-Elderly Disabled, Mainstream, Emergency Housing, Family Unification, and Family Self-Sufficiency Vouchers. These programs combined with the HCV Program provide rental assistance to over 25,000 people per month in Orange County. Of the 25,000 people assisted, approximately 70% are elderly and/or disabled.

Orange County Health Care Agency (HCA)

The Orange County Health Care Agency provides behavioral health services directly and through contracted agencies. There are HCA-staffed programs and contracted programs

providing direct services specifically to older adults with behavioral health problems. The HCA programs are the Senior Health Outreach Prevention Program (SHOPP), the Substance Abuse Resource Team (START), and Older Adult Mental Health Recovery Services. The Health Care Agency provides services to older adults in their own homes through the SHOPP, START and Older Adult Mental Health Recovery Services programs. In addition to behavioral health services, HCA now oversees Continuum of Care, a regional strategy to address homelessness in Orange County as well as coordinating the OC Health Improvement Plan.

County of Orange Social Services Agency (SSA)

The Social Services Agency administers the CalFresh Program, Medi-Cal, Adult Protective Services (APS), In-Home Supportive Services (IHSS), General Relief, and the Cash Assistance Program for Immigrants (for some legal non-citizens who are not eligible for federal food stamps). According to the Social Services Agency 2021-2022 Annual Report, an average of 1 in 5 older adults received Medi-Cal benefits, 1 in 34 older adults were enrolled in IHSS, and 1 in 12 older adults received CalFresh benefits. CalFresh Expansion was implemented June 1, 2019, in response to a new state policy and allows Supplemental Security Income (SSI) recipients to be eligible for CalFresh benefits. Since SSI is a program for those over 65 years of age, blind, or disabled who also have limited income and resources, this new CalFresh benefit is an additional resource for those who struggle to buy healthy foods.

Orange County Transportation Authority (OCTA)

OCTA provides public transportation services to older adults through two major programs, Senior Mobility Program (SMP) and OC ACCESS (ADA paratransit). OC ACCESS is a shared-ride service that is available to qualified applicants whose physical or cognitive limitations prevent them from utilizing the regular OC Bus fixed-route service. Through the OC Go Fare Stabilization Program, OCTA provides fare discounts for older adults and persons with disabilities. OCTA also introduced a new ride-share pilot program – OC Flex - in certain Orange County cities, which may be more appealable to older adults than Uber or Lyft.

CalOptima

Medi-Cal recipients in Orange County are served by CalOptima, a County Organized Health System (COHS), providing coverage through four major programs: Medi-Cal, OneCare, PACE (Program of All-Inclusive Care for the Elderly), Cal-AIM, and OneCare Connect. As of June 30, 2023, 988,716 Orange County residents are CalOptima members, including 17,687 in OneCare (HMO D-SNP), and 439 in PACE, a program that provides needed preventive, primary, acute and long-term care services in a variety of settings. Office on Aging is an appointed advisory member of CalOptima's OneCare Connect Member Advisory Committee.

Orange County Aging Services Collaborative (OCASC)

OCASC is an initiative that brings together nonprofit and governmental older adult service providers who are committed to effectively meeting the needs of our aging community through ongoing coordination. In 2023, OCASC merged with the Orange County Strategic Plan on Aging (OCSPA), a coalition of public and private stakeholders to leverage its ability to develop Orange County as a community that facilitates successful aging. The

collaborative, and its established committees, meet regularly to develop public policy through education within the community and with elected officials, create marketing strategies, maintain knowledge on older adult issues in Orange County, and improved access and awareness of available services by connecting member agencies. The Office on Aging is an advisory member on the collaborative and participates on several of the committees.

Orange County Elder Abuse Forensic Center

Orange County is home to the nation's first Elder Abuse Forensic Center. Launched in May 2003, the Elder Abuse Forensic Center changes the way elder abuse cases are prosecuted through an unprecedented collaborative process. Orange County's Elder Abuse Forensic Center is staffed by team of professionals from legal, medical, social services, and law enforcement agencies. It is a partnership between UCI Geriatric Medicine, Adult Protective Services, Ombudsman, Health Care Agency, Orange County Sheriff's Department, the District Attorney's Office, Public Guardian, Orange County Superior Court, and leading non-profit experts. Together they conduct case reviews; in-home medical and mental status, and evidentiary investigation; taped victim interviews; education; consultation; and research. The collaboration brings these experts together to better understand, identify and treat elder abuse, determine more efficient ways to successfully prosecute elder abuse cases and support the prevention of elder abuse through greater awareness and education among those professionals who work with older and disabled adults.

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

County Nutrition Action Partnership (CNAP)

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

OC CARES

Orange County initiative that Integrates five critical systems of care; Behavioral Health, Healthcare, Community Corrections, Housing, and Benefits and Support Services to provide comprehensive, coordinated services. By addressing both immediate needs and underlying challenges, OC CARES empowers individuals to work toward self-sufficiency. As the county expands this model with the integration of an Aging Cohort and the Orange County Master Plan for Aging, offering a complementary vision focused specifically on aging, while reinforcing the same principles of collaboration, efficiency, and equity across systems.

CONSTRAINTS

Cost of Housing/Living

For older adults on a fixed income, Orange County is one of the most expensive areas of the United States in which to live. The growing cost of housing, medical and other basic necessities present a significant challenge, often impacting their physical and mental health. Orange County's median housing burden is 44%, which exceeds affordability standard of paying no more than 30% of income toward housing costs. High housing prices relative to other markets, income that would be considered sufficient in other areas insufficient in Orange County (Orange County Business Council, 2023).

The Elder Economic Security Index (EESI) measures the income needed by older adults to meet their basic needs, adjusting for household size and location. This index considers costs for housing, healthcare, transportation, food, and daily living essentials. According to the 2023 Elder Index, an older adult in "good" health renting in Orange County would need approximately $38,772 per year—130% of the national average of $29,748 (Justice in Aging, 2023).

For older adults who rent, housing costs are one of the largest expenses. Both single older adults and older adult couples who rent in Orange County face some of the highest rates of economic insecurity. The cost of even the lowest-priced apartments exceeds what many older adults can afford. Fair market rent for a one-bedroom apartment in Orange County increased from $1,905 in 2022 to $2,113 in 2023, a 10.9% increase. Additionally, the fair market rents for two-bedroom and three-bedroom units rose by 9.3% and 8.5%, respectively (U.S. Department of Housing and Urban Development, 2023). However, rental prices can vary significantly based on location. Approximately 36.1% of those aged 65+ who live alone bear the brunt of these high rent prices, leaving little income for food, healthcare, transportation, or other basic needs (Orange County Business Council, 2023).

Furthermore, the "2023 Report on Aging in Orange County" notes that the most significant barriers to independent living for older adults and people with disabilities in the region continue to be the availability of in-home care and affordable, accessible housing (Orange County Office on Aging, 2023).

Limited Funding and a Growing Population

Although federal and state funding for services to older adults has increased in past years, the rate of increase is not always proportional to the growing number of older adults. Rising operational costs, the aging and frailty of clients, and the increased demand for services have strained the resources of contracted service providers, the Office on Aging, and other organizations supporting older adults in the county. Orange County residents aged 65 and older are the only age group projected to grow proportionately to other age groups in the next 25 years. In 2023, individuals aged 65 and older made up 18% of the county's population, and by 2060, they are expected to comprise 29% of the total population (California Department of Finance, 2023). While this growth mirrors both national and statewide trends, the increase in the older adult population is more pronounced in Orange County compared to the nation (U.S. Census Bureau, 2023). This demographic shift is further exacerbated by rising costs for contractors, such as increased food prices and fluctuating gasoline costs for nutrition and transportation providers. As the demand for services continues to outpace available resources, there will inevitably be limits to the services that can be provided.

Fragmentation in Service Delivery

Within Orange County there are several different agencies providing services to older adults. As lead advocate, systems planner, and facilitator of services for older adults, their families and caregivers, the Office on Aging is challenged with the task of tracking and coordinating with the programs offered by other agencies. With multiple funding and regulatory silos, older adults may find it hard to enter or navigate the system of care, making the role of the Office on Aging more critical. As core partners in the Aging and Disability Resource Connection (ADRC), the Office on Aging and the Dayle McIntosh Center (DMC) continue to work on addressing coordination among service providers through the ADRC. The ADRC initiative focuses on coordination and providing long-term support services (LTSS) to older adults and persons with disabilities through specific service deliveries. The ADRC and the many collaborative efforts within the provider network are focused on providing ready access into the service network for older adults, caregivers and persons with disabilities.

Finding ways to develop and finance additional service capacity that meets needs, allows choice, and ensures quality care will be a challenge for the Office on Aging and local governments in years to come; demanding strategic planning, collaboration and partnership with the broad spectrum of service providers as we strive to make Orange County the best place in America to age with dignity.

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

The Office on Aging is the designated Area Agency on Aging (AAA) for Orange County since 1974. As the local AAA, the Office on Aging is mandated by Federal law to be the lead advocate, system planner, and facilitator of services and programs for older adults, persons with disabilities, and family caregivers. This mandate includes accomplishing the goals of the older adult programs funded by Federal, State, and county general funds.

Orange County's Board of Supervisors and the older adult community have preferred those services be privatized to local non-profit or municipal contractors to the maximum extent possible. Rather than provide services directly, Office on Aging administers a majority of contracts for the provision of services to older adults through community-based organizations or public agencies. These programs are funded with federal and State funds; County General Funds; Tobacco Settlement Revenue and local Measure M2. Contracts for provision of services are awarded every four years through a competitive Request for Proposals process.

The Office on Aging administers and monitors support service programs for older adults (60+) and family caregivers funded by the CA Department on Aging. The following contracted programs along with the direct services provided are some indicators of the leadership role of the Office on Aging within the aging network in Orange County. It should be noted that fallout from the COVID pandemic continues to have a dramatic effect on some of the programs and services administered by the Office on Aging. Many consumers remain reluctant to resume in-home supportive service programs (Personal Care, Homemaker, Chore) out of fear for the health and wellbeing, resulting in decreased participation.

CONTRACTED PROGRAMS (CDA FUNDED)

Elderly Nutrition Program

The Elderly Nutrition Program (ENP) is the largest program funded by the Office on Aging and fills a critical nutrition need countywide. Two contractors serve on average 100,000 congregate and home-delivered meals per month.

Transportation

The Office on Aging also administers federal Older Americans Act Title III funds for transportation for older adults to travel to locations such as financial institutions, grocery stores, social/recreational activities, senior centers (including congregate meal sites), community education programs, or places of worship. The scope of this service activity was expanded for the awarded contracts that started in FY 2020-2021.

Legal Services

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

Family Caregiver Support Program

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

Case Management

The Office on Aging contracts with community-based service providers for case management services funded by Title III B of the Older Americans Act. Case Management includes assessing needs, developing care plans, authorizing, and coordinating services among providers, and providing follow-up and reassessment, as required.

In-Home Services

The Office on Aging contracts with community-based service providers for in-home services funded by Title III B of the Older Americans Act including personal care, homemaker, and chore services to homebound older adults, to maintain independent living or provide respite for the primary caregiver.

Ombudsman

The Ombudsman program investigates complaints of elder and dependent abuse made by, or on behalf of, individual residents of long-term-care (LTC) facilities. Staff and volunteers work with licensing agencies and law enforcement in the investigation of abuse in facilities. Staff and volunteers visit all licensed LTC facilities, providing a regular presence to ensure that the rights of residents are protected.

Elder Abuse Prevention

The Elder Abuse Prevention program includes activities to develop, strengthen, and administer programs for the prevention and treatment of elder abuse, neglect, and exploitation. Education and training sessions are provided in the community to the public, professionals, and family caregivers.

Health Insurance Counseling and Advocacy Program

This program provides both community education sessions open to the public and individualized one-to-one counseling on Medicare, managed care, and other private health insurance issues.

Adult Day Care

Adult day care is personal care for dependent older adults in a supervised, protective, and congregate setting during some portion of the day.

Senior Community Service Employment Program (SCSEP)

SCSEP provides part-time, work-based training opportunities at local non-profit or government agencies for unemployed low-income adults age 55+. While training in community service

positions, participants provide non-profit or government "host agencies" with support to provide community services. The Program provides participants with a variety of supportive services, such as personal and job-related counseling and job-related training as preparation unsubsidized employment opportunities for, job search assistance, and job referrals. Participants work an average of 20 hours a week, and are paid the highest of federal, state or local minimum wages.

DIRECT SERVICES (CDA FUNDED)

Information & Assistance

The Office on Aging Information & Assistance (I&A) call center provides information and referral services via a state-of-the-art call center system. The I&A call center acts as a single point of entry for referrals to services and programs for older adults, caregivers, and persons with disabilities. In addition to having bi-lingual/bi-cultural staff to serve Spanish and Vietnamese speaking callers, the call center also uses a Language Line to provide access to translation services in over 150 languages as needed. Consumers contacting the call center can be directly connected with public and private community-based programs to meet their needs. I&A staff utilize a resource database to track client contact information and offer several resource options, as well as perform follow-up on all assistance calls to ensure that consumers were connected with referred services. The resource database is also accessible to the public via the Office on Aging or through the OC Senior Services mobile application.

Health Promotion

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

Community Education (Speaker’s Bureau Program)

The speaker’s bureau is a network of professionals and knowledgeable volunteers who are trained and available to speak at no charge to local community group. The mission of the Speakers Bureau Network is to educate and empower individuals to enhance the quality of life for older adults. The Office on Aging staff acts as an intermediary connecting expert speakers and community groups.

Aging & Disability Resource Connection (ADRC)

Redesignated in 2019, the Orange County ADRC operates as a collaborative between the Office on Aging and the local Independent Living Center – The Dayle McIntosh Center. The

Orange County ADRC has developed a successful program that connects older adults, caregivers, veterans and those with disabilities to long term services and supports. The OC ADRC has collaborated with numerous community business organizations in Orange County and has developed a successful referral process that utilizes a No Wrong Door service model to connect individuals to services. Funding for this program continues to decrease as more ADRC's emerge throughout the state, but Orange County will continue to connect with more community business organizations and connect clients to the services they need.

LOCALLY FUNDED PROGRAMS

The Senior Non-Emergency Medical Transportation Program (SNEMT)

The SNEMT program offers non-emergency transportation to doctor, dentist, pharmacy and other medical-related destinations for older adults and is funded through a collaboration between the Orange County Transportation Authority (OCTA), the Health Care Agency (HCA), and Office on Aging. HCA administers Tobacco Settlement Revenue (TSR) funds, which are implemented by the Office on Aging for SNEMT, and Measure M2 funds are allocated by OCTA. The Office on Aging contracts with the two providers of SNEMT services. The purpose of the SNEMT program is to provide a coordinated community-based system of non-emergency medical transportation for older adults (60+) who lack other reasonable means of medical-related transportation. The program utilizes cars, vans, mini-buses or other appropriate vehicles on a cost-per-mile basis.

OTHER INITIATIVES

Leadership in Community-Based System Development

From its beginning 50 years ago, the primary mission of the Office on Aging has been to advocate for the development of a comprehensive and coordinated system of services that responds to the social, economic and health-related needs of Orange County's older adults. The Office on Aging has served as the primary advocate for older adults by developing area plans for services, administering service contracts, providing staff support to the Older Adults Advisory Commission, supporting a continuum of community based long term care services, publicizing and disseminating information on available resources, identifying service gaps and barriers, and providing selective direct services.

The Office on Aging works closely with community-based organizations and other government agencies on a variety of projects throughout the year. As previously mentioned, the ADRC is a collaboration between the Office on Aging and Dayle McIntosh Center for connecting consumers with home and community-based resources. Other collaborations that make it possible for the Office on Aging to positively influence the community on behalf of older adults include the Orange County Aging Services Collaborative, Financial Abuse Services Team (FAST), OC Roundtable, Community Alliance Forum Committee, Older Adult Veteran Task Force, OC Older Adult Mental Health Advisory Council, North Orange County Senior Collaborative, CalOptima OneCare Connect Member Advisory Committee, among others.

The outcome of these partnerships includes better communication between the Office on

Aging and other key informants, more efficient and effective use of resources, the opportunity to influence policy and planning within the County, and opportunity for the Office on Aging to hear and consider the needs of those in the greatest social and economic need.

Local Master Plan on Aging

In 2019, Governor Gavin Newsom issued an executive order calling for the creation of a statewide Master Plan for Aging. The plan recognizes that California is undergoing a major demographic shift—soon, one in four residents will be an older adult. This transformation is expected to significantly impact family structures, community dynamics, and the state's economy.

In alignment with the state's vision, Orange County released its own local OC Cares: Master Plan for Aging on August 26, 2025. Led by the Orange County's Executive Office, this local plan addresses the specific needs of the county's diverse and growing older adult population. For additional details, see Attachment C: Local Master Plan for Aging Supplement Summary.

OLDER ADULT ADVISORY COMMISSION

The Orange County Older Adults Advisory Commission (OAAC) advises the Orange County Board of Supervisors and the Office on Aging on matters affecting older adults in Orange County.

The Commission meets monthly and consists of forty volunteer citizens, including local elected officials, representatives of health care and supportive services provider organizations, persons with leadership experience, caregiver representatives and the public. At least half of the membership are older adults (60+). The Board of Supervisors appoints ten members, the City Selection Committee appoints ten members, and the Commission's Executive Committee appoints the remaining twenty at-large members. The Executive Committee consists of the Chair, Vice-Chair, Past-Chair, Secretary and three at-large members.

SECTION 4. PLANNING PROCESS & ESTABLISHING PRIORITIES

The OC Office on Aging conducts a comprehensive and ongoing planning process to assess and respond to the needs of Orange County's older adult (60+) population. This process includes continuous collaboration with service providers, community partners, and stakeholders to ensure that programs and services are aligned with current trends and community needs.

For the 2024–2028 Area Plan, the Community Assessment Survey for Older Adults (CASOA) commissioned by the California Department of Aging (CDA) was utilized along with other existing data sources such as the 2020 U.S. Census and feedback from community partners. The CASOA served as the foundation for the development of the initial goals while we awaited the results of the Orange County Older Adults Needs Assessment Survey, which were being analyzed at that time.

In March 2025, the Orange County Older Adults Needs Assessment Report was finalized. The results from the OC Older Adults Needs Assessment Survey provided deeper insight into specific regional priorities and service gaps. These findings were used to reevaluate and refine our current goals, ensuring that program priorities remained relevant and responsive to the community's most pressing needs.

The overall objectives of the needs assessments included:

- Identifying strengths within the community that support successful aging
- Highlighting specific unmet needs among older adults
- Estimating older adults' contributions to their communities
- Projecting future needs to inform long-term planning

These assessments are essential for determining service priorities and funding allocations. Per CCR Title 22, Article 3, Section 7312, the OC Office on Aging must allocate an "adequate proportion" of federal funds to three priority service areas. For the 2024–2028 planning cycle, the AAA determined the following minimum percentages:

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

These funding priorities are continually reviewed against evolving data and fiscal conditions. The Office on Aging has strategies in place to manage both increases and decreases in available resources, with a focus on maintaining essential services and expanding support in areas of growing need when feasible.

Public involvement is central to the planning process. The Office on Aging offers multiple avenues for community engagement, including public hearings, surveys, stakeholder input, and ongoing collaboration with community-based organizations. This inclusive approach ensures that the Area Plan reflects the lived experiences and voices of older adults throughout Orange County.

SECTION 5. NEEDS ASSESSMENT & TARGETING

The California Department of Aging conducted the California Assessment Survey of Older Adults (CASOA) from August 14 to August 28, 2023. This statewide survey was administered to 5,000 randomly selected households with an adult member aged 55 or older, using both online and mailed formats, and was available in multiple languages. It gathered data on key areas of livability including Community Design, Employment and Finances, Equity and Inclusion, Health and Wellness, Information and Assistance, and Productive Activities.

A total of 411 surveys were completed, with results statistically weighted to reflect the demographic makeup of California's older adult population. Key findings indicated that housing, access to information, and health care were major challenges. While 79% of respondents rated their quality of life as excellent or good, many identified affordability, employment, and service access as areas needing attention.

Data from CASOA was used to guide priorities and planning while the results of our own local survey, the OC Older Adults Needs Assessment survey, were being analyzed. CASOA provided a valuable, data-driven foundation for addressing regional needs, guiding outreach efforts, service improvements, and strategies to support vulnerable populations including low-income, minority, and limited English-speaking older adults.

CASOA Highlighted Results – Information and Assistance:

- 61% rated regional older adult services as excellent or good.
- 62% felt somewhat or very informed about available services.
- Only 41% positively rated the availability of resource information.
- 37% reported difficulty accessing or navigating services like Medicare or Social Security.

The Orange County Older Adults Needs Assessment was conducted from September 2023 to January 2024 and informed the Older Adults Needs Assessment Report released in March 2025. The study included a total of 7,522 responses through three targeted surveys: the Aging Adult Community Survey, Caregiver Survey, and Paid Provider Survey. Outreach efforts included multilingual formats and engagement with hard-to-reach populations.

Key Findings – Aging Adult Community Survey:

- **Health Concerns:** Top issues include Alzheimer's, arthritis, cancer, heart disease, and emotional well-being.
- **Desired Services:** High demand for transportation, in-home care, and navigating services.
- **Social Isolation:** 1 in 3 reported age-based discrimination; isolation contributed to physical and mental health challenges.
- **Technology & Financial Concerns:** 1 in 4 were uncomfortable with technology; financial insecurity and homelessness fears were common among those aged 55–64.

Caregiving Insights:

- 77% of caregivers were female; 60% also held jobs.
- Caregiving often caused emotional and social strain; 90% expressed interest in free respite services.

Paid Provider Insights:

- Most worked in in-home care or as caregiving resource providers.
- Identified Alzheimer's, mental health, and disabilities as top concerns.
- Felt services were moderately accessible but insufficient.

These findings underscore the ongoing need for improved outreach, education, and communication strategies to ensure older adults are aware of and can access the services they need, which aligns with and reflects our current goals and objectives.

TARGETING

The targeting priorities established in the Older Americans Act (Sections 102 and 306(a)), California Code of Regulations (CCR Article 3, Section 7310), and LGBT Disparities Reduction Act of 2016 require that AAAs use outreach efforts to identify individuals eligible for assistance under federal law. Special emphasis is to be given to older adults:

- residing in rural areas
- having the greatest economic need and social need, with particular attention to low-income minority individuals
- having severe disabilities
- having limited English-speaking proficiency
- having Alzheimer's disease or related disorders, and their caregivers
- at risk of institutional placement
- LGBTQ community

There are often barriers to serving the abovementioned communities.

- Language barriers and transportation problems can impede access.
- Low-income older adults are especially vulnerable living in Orange County, with its high cost of living.
- LGBTQ older adults are largely a hidden population in Orange County, often due to their past experiences of discrimination.

It must also be noted that resource limitations caused by increased population and demand result in further barriers to service, as individuals are either delayed in receiving, or unable to access, needed services.

The Office on Aging remains committed to ensuring that services are accessible to individuals with the characteristics identified in the Older Americans Act and California Code of Regulations. This is done in part by allocation of Title III funds according to a funding formula, which gives additional weight to minority and low-income older adults. In addition, the Office on Aging has developed a number of strategies to meet the needs of target populations.

- The Office on Aging contracts with service providers serving ethnic minorities and maintains collaborative partnerships with others through coalitions and other relationships.
- Evaluation criteria in the Request for Proposals process address the need for providers to appropriately target those groups emphasized in the federal regulations.

Requests for Proposals contain language requirements to ensure the use of printed materials in languages appropriate to the demographic composition of the service area; contractors must also make use of bilingual paid or volunteer staff or have access to interpreters.

- The Office on Aging call center assures access to services through bilingual staff and the use of the language line provided for callers with limited English proficiency.
- All Office on Aging contracted service providers are required to have materials available to clients in the five threshold languages – English, Spanish, Korean, Chinese and Vietnamese.
- All Office on Aging contracted service providers are required to meet the requirements under Title VI of the Civil Rights Act that address the obligation to provide meaningful access to services to those having limited English proficiency.
- All Office on Aging contracts address the issue of compliance with non-discrimination laws – specifically Title VI of the Civil Rights Act.
- There is low-income ethnic minority representation on the Older Adults Advisory Commission.
- The Office on Aging to continue working with community organizations, such as the LGBTQ Center of Orange County and City of Laguna Beach, to increase services and programming, and address the barriers to service faced by LGBTQ elders. The LGBTQ Center of Orange County offers a 55+ support group and a safe space to express and share feelings, explore thoughts and experiences, and enhance awareness of community resources.

SECTION 6. PRIORITY SERVICES & PUBLIC HEARINGS

2024-2028 Four-Year Planning Cycle
Funding for Access, In-Home Services, and Legal Assistance

The CCR, Article 3, Section 7312, requires the AAA to allocate an "adequate proportion" of federal funds to provide Access, In-Home Services, and Legal Assistance in the PSA. The annual minimum allocation is determined by the AAA through the planning process. The minimum percentages of applicable Title III B fund[2] listed below have been identified for annual expenditure throughout the four-year planning period. These percentages are based on needs assessment findings, resources available within the PSA, and discussions at public hearings on the Area Plan.

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

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

2024-25__42__% 25-26__42__% 26-27__42__% 27-28_____%

In-Home Services:
Personal Care, Homemaker, Chore, Adult Day / Health Care, Alzheimer's Day Care Services, Residential Repairs/Modifications

2024-25__20__% 25-26__20__% 26-27__20__% 27-28_____%

Legal Assistance Required Activities:[3]
Legal Advice, Representation, Assistance to the Ombudsman Program and Involvement in the Private Bar

2024-25__12__% 25-26__12__% 26-27__12__% 27-28_____%

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

The allocations are justified through a comprehensive analysis of various factors, including historical funding levels, service level trends, needs assessments, and anticipated future demands. To determine if the allocations are sufficient to meet the need, we conduct thorough assessments of the resources available against anticipated demand. This involves evaluating the effectiveness of past allocations, identifying any gaps in services, and forecasting future needs based on factors such as population growth, and changing service demands. Furthermore, the Office on Aging engages in ongoing monitoring and evaluation to assess the adequacy of allocations. By regularly reviewing performance metrics, feedback mechanisms, and emerging trends, we can make informed adjustments to allocations as necessary to ensure that they remain sufficient to effectively address the identified needs.

PUBLIC HEARING:

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

Fiscal Year	Date	Location	Number of Attendees	Presented in languages other than English?[4] Yes or No	Was hearing held at a Long- Term Care Facility?[5] Yes or No
2024-2025	03/08/24	Easterseals 1063 McGaw Ave. #100, Irvine, CA 92614	23	No	No
2025-2026	4/24/2025	Easterseals 1063 McGaw Ave. #100, Irvine, CA 92614	7	No	No
2026-2027	4/10/2026	County Data Center 1400 S. Grand Ave. Santa Ana, CA 92705	8	No	No
2027-2028					

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

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

   The Area Plan draft was made available on the Office on Aging's website. Individuals who were unable to attend the public hearing were invited to submit comments via email at areaagencyonaging@occr.ocgov.com. To broaden outreach, the Office on Aging leveraged its network of community organizations, service providers, senior centers, and disability advocacy groups to connect with homebound and/or disabled older adults and facilitate their participation and feedback. In addition, the Office on Aging promoted the Area Plan Update draft through its newsletter and social media platforms and issued a Public Notice in a local newspaper to enhance awareness and encourage public engagement. These combined efforts ensured the community had multiple accessible opportunities to review the draft and provide input.

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

   ☐ Yes. Go to question #3

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

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

   Not Applicable.

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

   ☒ Yes. Go to question #5

   ☐ No, Explain:

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

   A comment received during the public hearing noted that, while it did not specifically address minimum percentage allocations of Title IIIB funds for priority services, the Area Plan Update lacks a detailed budget breakdown. The commenter indicated that the absence of this information limits the ability to make comparisons across the Area Plan cycle and creates challenges for constituents in understanding how funds have been expended.

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

   Comments raised during the public hearing indicated that participants experienced difficulty understanding and following the presentation with the Area Plan draft document. Specifically, it was suggested that the format used to display population updates could be improved, such as through alternative visualizations or graphs, to more clearly illustrate growth trends and their potential impact on identified needs. An additional suggestion was made on adding references to Key Accomplishments related to the Area Plan goals such as FY term dates.

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

   No changes to the Area Plan.

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

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

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

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

SECTION 7. AREA PLAN NARRATIVE GOALS & OBJECTIVES

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

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

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

Goal #1: Inform and Educate

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

Objectives		Projected Start and End Dates	Type of Activity and Funding Source[6]	Update Status[7]
1.1	The Office on Aging (OoA) will expand the scope of traditional community outreach efforts to include increased education and awareness of resources and services available to older adults, caregivers, and persons with disabilities by: ▪ Continued collaborative efforts with community partners and County agencies to incorporate an OoA component into new staff trainings, new counselor trainings, county programs, and volunteer trainings. ▪ Continued collaboration with other county agencies and	July 1, 2024 – June 30, 2027	Admin. IIIB Supportive Services	Continued.

	programs to expand outreach efforts. ▪ Continued partnerships with the Orange County Board of Supervisors to co-host older adult-focused events in the respective districts. ▪ Continue to analyze social media usage trends to determine effective outreach methods. ▪ Continue to expand outreach efforts in ethnic communities by investigating and utilizing various modes of communication to determine effective methods.			
1.2	The Older Adults Advisory Commission (OAAC) will promote community services for older adults and caregivers to boost awareness and access.	July 1, 2024 – June 30, 2027	N/A	Revised.
1.3	The OoA will continue to coordinate disaster preparedness plans and activities with local agencies to expand community education and awareness of emergency preparedness for older adults and persons with disabilities using the following methods: ▪ Disseminate emergency/disaster preparedness packets. ▪ Continue to distribute "File of Life" magnets.	July 1, 2024 – June 30, 2027	Admin. IIIB Supportive Services	Continued.
1.4	The OoA will plan, arrange and/or provide a minimum of forty (40) educational presentations to groups of older adults, caregivers, and service providers to include but not limited to: ▪ Evidence based-health promotion programs. ▪ Older adult program overviews ▪ Nutrition and Exercise	July 1, 2024 – June 30, 2027	Admin. IIID Health Promotion	Continued.

	▪ Scams/frauds			
1.5	The OoA will increase awareness of the OoA and available resources by preparing and distributing publications such as: ▪ Monthly newsletters ▪ Update website content ▪ Social media posts ▪ Highlight services and accomplishments in the OCCR Annual Report	July 1, 2024 – June 30, 2027	Admin.	Continued.

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

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

Objectives		Projected Start and End Dates	Type of Activity and Funding Source[6]	Update Status[7]
2.1	The OoA will continue as an advisory member of local community collaboratives that support countywide initiatives and address emergent issues on aging.	July 1, 2024 – June 30, 2027	Admin.	Revised.

2.2	The OoA will coordinate the provision of services to unpaid family caregivers through its service providers to support them in their caregiving role, and allow the care receiver to maintain a healthy, safe lifestyle in the home setting as follows: ▪ Contract for the delivery of virtual self-paced caregiver training modules and strategize how to increase caregiver engagement. ▪ Facilitate a monthly in person support group for caregivers where they can share success stories, challenges and share information. ▪ Conduct caregiver assessments every 6 months to stay connected to the caregiver and learn about their needs and challenges. ▪ Conduct outreach to inform caregivers about available respite services and how to access them.	July 1, 2024 – June 30, 2027	Admin.	Continued.

2.3	The OoA will maintain the designated status for the Aging and Disability Resource Connection (ADRC) by continuing partnership with the Dayle McIntosh Center by: ▪ Hosting and maintaining the ADRC website ▪ Participating on the advisory committee ▪ Implementing the core ADRC services	July 1, 2024 – June 30, 2026	Admin.	Completed.
2.4	The OoA will continue to participate with other older adult-based organizations, on community collaborative groups that address emergent issues.	July 1, 2024 – June 30, 2026	Admin.	Deleted

2.5	Establish and maintain partnerships with other county agencies to share knowledge, information, address common challenges and create open lines of communication to better serve the target population.	July 1, 2024 – June 30, 2027	Admin. IIIB Supportive Services	Continued.
2.6	The OoA will collaborate, and support county agencies involved in creating the county's Master Plan for Aging by providing access to pertinent aging information.	July 1, 2024 – June 30, 2025	Admin.	Completed.
2.7	The OoA will continue to partner with the Orange County Transportation Authority and the Orange County Health Care Agency to provide the Senior Non-Emergency Medical Transportation services and potentially expand the program should other funding sources become available.	July 1, 2024 – June 30, 2027	Admin.	Continued.

2.8	The OoA Health Educator will collaborate with community partners to offer the following evidence-based health promotion programs: ▪ Chronic Disease Self-Management Program ▪ Tomando Control de su Salud ▪ Diabetes Self-Management Program ▪ Programa de Manejo Personal de la Diabetes ▪ A Matter of Balance	July 1, 2024 – June 30, 2027	Admin. IIID Health Promotion	Continued.
2.9	The OOAC will develop priority recommendations to present to the Orange County Board of Supervisors.	July 1, 2024 – June 30, 2025	Admin.	Completed.
2.10	OoA will provide ongoing technical assistance to contracted service providers to ensure effective program management and performance metrics are met.	July 1, 2024 – June 30, 2027	Admin.	Continued.

Goal #3: Enhance Quality of Services

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

Objectives		Projected Start and End Dates	Type of Activity and Funding Source[6]	Update Status[7]
3.1	The OoA will ensure that participants receive excellent customer service and are satisfied by using these quality assurance protocols: ▪ Review evidence-based health promotion post surveys and assist with any performance or program implementation issues.	July 1, 2024 – June 30, 2027	Admin.	Revised.
3.2	Improve data collection and integrity to better measure activity, performance, and quality by: ▪ Facilitating a development process to reach consensus on key data elements, definitions, collection submission of essential data and information and measures for programs. ▪ Utilizing and researching current database capabilities to identify data and information required to measure the quality of programs and services. ▪ Maintain and update a data policy and procedure manual with supporting desk guides.	July 1, 2024 – June 30, 2027	Admin.	Continued.
3.3	Provide training to align with quality improvement efforts for data and program management by creating guidelines and operational guides to streamline processes as needed.	July 1, 2024 – June 30, 2027	Admin.	Continued.
3.4	Identify gaps in services by incorporating applicable questions to customer satisfaction surveys.	July 1, 2024 – June 30, 2027	Admin.	Continued.

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

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

Objectives:		Projected Start and End Dates	Type of Activity and Funding Source[6]	Update Status[7]
4.1	The OoA in collaboration with participating County agencies, will release the OC Older Adults Needs Assessment Report and review its findings to assess the needs of the County's multicultural and diverse older adult communities, as well as to identify gaps in care and services.	July 1, 2024 – June 30 2025	Admin.	Completed.
4.2	The OoA assume a leadership role in drafting and remain on track to release the OC MPA by June 30, 2025.	July 1, 2024 – June 30 2026	Admin.	Completed.
4.3	OoA will participate in the implementation of the OC Cares: Master Plan for Aging's three priority initiatives: ▪ Housing Security ▪ Public Information & Resource Campaign ▪ Enhanced Care Coordination	September 1, 2025 – June 30, 2026	Admin.	New

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

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

SECTION 8. SERVICE UNIT PLAN (SUP)

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

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

For services not defined in OAAPS, refer to the Service Categories and Data Dictionary.

1. Report the units of service to be provided with **ALL regular AP funding sources**. Related funding is reported in the annual Area Plan Budget (CDA 122) for Titles IIIB, IIIC-1, IIIC-2, IIID, and VII. Only report services provided; others may be deleted.
2. A written justification is required for service unit decrease greater than 10%: Citation: CDA Program Guide, Section 4.4.(1) Scope of Work

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	2,200	2	
2025-2026	2,418	2	
2026-2027	2,179	2	
2027-2028			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	4,400	2	
2025-2026	4,836	2	
2026-2027	4,357	2	
2027-2028			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	600	2	
2025-2026	541	2	

2026-2027	487	2	
2027-2028			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	32,000	2	
2025-2026	28,832	2	
2026-2027	25,978	2	
2027-2028			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	10,000	2	
2025-2026	9,010	2	
2026-2027	9,010	2	
2027-2028			

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

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

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	20,000	1	
2025-2026	18,020	1	
2026-2027	16,236	1	
2027-2028			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	5,000	1	1.1
2025-2026	4,505	1	1.1
2026-2027	4,059	1	1.1
2027-2028			

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

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

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	350,000	2	
2025-2026	315,350	2	
2026-2027	315,350	2	
2027-2028			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	1,000,000	2	
2025-2026	950,000	2	
2026-2027	897,381	2	
2027-2028			

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

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

3. OAAPS Service Category – "Other" Title III Services

- Each **Title IIIB** "Other" service must be an approved OAAPS Program service listed on the "Schedule of Supportive Services (III B)" page of the Area Plan Budget (CDA 122) and the CDA Service Categories and Data Dictionary.

- Identify **Title IIIB** services to be funded that were not reported in OAAPS categories. (Identify the specific activity under the Other Supportive Service Category on the "Units of Service" line when applicable.)

Title IIIB, Other Priority and Non-Priority Supportive Services

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

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

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

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

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (If applicable)
2024-2025	20,000	2	
2025-2026	21,980	2	
2026-2027	24,156	2	

2027-2028			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (If applicable)
2024-2025	14,500	2	
2025-2026	15,936	2	
2026-2027	17,514	2	
2027-2028			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (If applicable)
2024-2025	40	1	
2025-2026	40	1	
2026-2027	36	1	
2027-2028			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (If applicable)
2024-2025	1,000	1	1.2
2025-2026	901	1	1.2
2026-2027	901	1	
2027-2028			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (If applicable)
2024-2025	15	2	
2025-2026	32	2	
2026-2027	35	2	
2027-2028			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (If applicable)
2024-2025	24	1	1.4
2025-2026	22	1	1.4
2026-2027	24	1	1.4
2027-2028			

4. Title IIID/Health Promotion—Evidence-Based

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

Evidence-Based Program Name(s):

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

Unit of Service = 1 session

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (If applicable)
2024-2025	2,000	2	2.8
2025-2026	1,802	2	2.8
2026-2027	86	2	2.8
2027-2028			

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

2024-2028 Four-Year Planning Cycle

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

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

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

Complete all Measures and Targets for Outcomes 1-3.

Outcome 1.
The problems and concerns of long-term care residents are solved through complaint resolution and other services of the Ombudsman Program. Older Americans Act Reauthorization Act of 2020, Section 712(a)(3), (5)]

Measures and Targets:

A. Complaint Resolution Rate (NORS Element CD-08) (Complaint Disposition). The average California complaint resolution rate for FY 2021-2022 was 52%.

Fiscal Year Baseline Resolution Rate	# Of complaints Resolved	# of partially resolved complaints	Divided by the total number of Complaints	= Baseline Resolution Rate	Fiscal Year Target Resolution Rate
2022-2023	806	0	1,111	73%	70 % 2024-2025
2023-2024	984	0	1,262	78%	78 % 2025-2026
2024-2025	903	0	1,129	80%	80 % 2026-2027
2026-2027					_____ % 2027-2028

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

1. FY 2022-2023 Baseline: Number of Resident Council meetings attended **920** FY 2024-2025 Target: 850
2. FY 2023-2024 Baseline: Number of Resident Council meetings attended 1,042 FY 2025-2026 Target: 1,042
3. FY 2024-2025 Baseline: Number of Resident Council meetings attended 1,511 FY 2026-2027 Target: 1,511
4. FY 2025-2026 Baseline: Number of Resident Council meetings attended _____ FY 2027-2028 Target: _____

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

1. FY 2022-2023 Baseline: Number of Family Council meetings attended **21** FY 2024-2025 Target: 15
2. FY 2023-2024 Baseline: Number of Family Council meetings attended 21 FY 2025-2026 Target: 21
3. FY 2024-2025 Baseline: Number of Family Council meetings attended 28 FY 2026-2027 Target: 28
4. FY 2025-2026 Baseline: Number of Family Council meetings attended _____ FY 2027-2028 Target: _____

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

1. FY 2022-2023 Baseline: Number of Instances **4,376** FY 2024-2025 Target: 2,200
2. FY 2023-2024 Baseline: Number of Instances 4,479 FY 2025-2026 Target: 4,479
3. FY 2024-2025 Baseline: Number of Instances 5,007 FY 2026-2027 Target: 5,007
5. FY 2025-2026 Baseline: Number of Instances_____ FY 2027-2028 Target: _____

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

6. FY 2022-2023 Baseline: Number of Instances **9,662** FY 2024-2025 Target: 5,000
7. FY 2023-2024 Baseline: Number of Instances 9,837 FY 2025-2026 Target: 9,837
8. FY 2024-2025 Baseline: Number of Instances 9,730 FY 2026-2027 Target: 9,730
9. FY 2025-2026 Baseline: Number of Instances_____ FY 2027-2028 Target: _____

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

1. FY 2022-2023 Baseline: Number of Sessions **15** FY 2024-2025 Target: 17
2. FY 2023-2024 Baseline: Number of Sessions 14 FY 2025-2026 Target: 16
3. FY 2024-2025 Baseline: Number of Sessions 22 FY 2026-2027 Target: 15
4. FY 2025-2026 Baseline: Number of Sessions _____ FY 2027-2028 Target: _____

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.

Please provide information for the Table below:

FY 2024-2025
FY 2024-2025 Systems Advocacy Effort(s): There is an increasing need to protect the state's growing population of vulnerable elderly and disabled residents in licensed facilities from abuse and neglect and to counter an unfortunate statewide decline in Program volunteers. Ombudsman advocacy in FY 24-25 must focus on improving the education about and the awareness of the Program. Ombudsmen, along with the California Long-Term Care Ombudsman Association (CLTCOA), will advocate by educating legislators about Program accomplishments and the important role Ombudsmen have in securing the safety and well-being of the state's most vulnerable citizens.
FY 2025-2026
Outcome of FY 2024-2025 Efforts: The Systems Advocacy for FY 2024-2025 to educate state legislators about Program accomplishments was successful as demonstrated by acceptance of an increase in program funding through One-Time Only funds. This was due to a CLTCOA/Ombudsman Program designed proposal that was not dependent on General Funds. **FY 2025-2026 Systems Advocacy Effort(s):** This need continues into FY 2025-2026; however, the advocacy will expand to efforts at the federal level to promote awareness of vital programs our vulnerable facility residents depend on. Joining national advocacy groups such as Consumer Voice, Center for Medicare Advocacy and Justice in Aging, Ombudsmen will educate their representatives in Washington on Medicaid, which is a key element of long-term skilled nursing facility payments and essential healthcare services. Similarly, Ombudsmen will educate representatives on Medicare as both programs are key to the health and safety of our core older adult constituency.
FY 2026-2027
Outcome of FY 2025-2026 Efforts: Orange County Long-Term Care Ombudsmen actively participated in national and statewide initiatives to reach out to the federal government and members of Congress, alerting them to risks in eliminating funding for the Long-Term Care Ombudsman program and sharply decreasing healthcare spending on Medi-Cal, the principal insurer of many long-term care residents. Ombudsmen wrote letters and contacted legislators on these issues. Fortunately, federal funding for the Ombudsman program was saved from elimination while Medi-Cal

funding decreased, with its effects yet to be known on one of Orange County's most vulnerable populations.

FY 2026-2027 Systems Advocacy Effort(s):

The Orange County Ombudsman program's new systems advocacy initiative is to ensure low-income, long-term residents at risk of permanent skilled nursing home institutionalization receive supplementary income to live in an assisted living setting. The California Department of Health Care Services, which administers Cal Optima's Assisted Living Waiver (ALW) program, has enlisted the program to screen and prioritize the worthiest candidates currently in skilled nursing homes for the limited slots on a waitlist. Facility Ombudsmen assess a resident's imminent needs, which the Orange County Ombudsman Program Director prioritizes, generating a letter accelerating the resident into expedited placement. These efforts ensure that the county's most vulnerable residents can live in the least restrictive environment, which enhances their quality of life, reduces healthcare costs, and protects residents at risk of potential homelessness if facing nursing home discharge.

FY 2027-2028

Outcome of 2026-2027 Efforts:

FY 2027-2028 Systems Advocacy Effort(s):

Outcome 2.
Residents have regular access to an Ombudsman. [(Older Americans Act Reauthorization Act of 2020), Section 712(a)(3)(D), (5)(B)(ii)]

Measures and Targets:

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

1. FY 2022-2023 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint 67 divided by the total number of Nursing Facilities 72 = Baseline 93 %
FY 2024-2025 Target: 95%

2. FY 2023-2024 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint 68 divided by the total number of Nursing Facilities 73 = Baseline 93 %

FY 2025-2026 Target: 95%

3. FY 2024-2025 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint_72__ divided by the total number of Nursing Facilities 72__ = Baseline __100% FY 2026-2027 Target: _95%__
4. FY 2025-2026 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint_____ divided by the total number of Nursing Facilities ____ = Baseline _____% FY 2027-2028 Target: _____

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 2022-2023 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint_734_divided by the total number of RCFEs__1,002__= Baseline ___73_____% FY 2024-2025 Target:__80%
2. FY 2023-2024 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint _837 divided by the total number of RCFEs 1,068 = Baseline ___78___% FY 2025-2026 Target: 80%
3. FY 2024-2025 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint 887 divided by the total number of RCFEs 1,066 = Baseline ___83__% FY 2026-2027 Target:___80%_____
4. FY 2025-2026 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint_____ divided by the total number of RCFEs____ = Baseline _____% FY 2027-2028 Target:_____

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

1. FY 2022-2023 Baseline: 13.46 FTEs FY 2024-2025 Target: 14.94 FTEs
2. FY 2023-2024 Baseline: 13.69 FTEs FY 2025-2026 Target: 13.69 FTEs
3. FY 2024-2025 Baseline: 14.96 FTEs FY 2026-2027 Target: 14.50 FTEs
4. FY 2025-2026 Baseline: _____FTEs FY 2027-2028 Target: _____ FTEs

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

1. FY 2022-2023 Baseline: Number of certified LTC Ombudsman volunteers 27 FY 2024-2025 Projected Number of certified LTC Ombudsman volunteers 30
2. FY 2023-2024 Baseline: Number of certified LTC Ombudsman volunteers 24 FY 2025-2026 Projected Number of certified LTC Ombudsman volunteers 28
3. FY 2024-2025 Baseline: Number of certified LTC Ombudsman volunteers 27 FY 2026-2027 Projected Number of certified LTC Ombudsman volunteers 27
4. FY 2025-2026 Baseline: Number of certified LTC Ombudsman volunteers _____ FY 2027-2028 Projected Number of certified LTC Ombudsman volunteers _____

Outcome 3.
Ombudsman representatives accurately and consistently report data about their complaints and other program activities in a timely manner. [Older Americans Act Reauthorization Act of 2020, Section 712(c)]

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

Some examples could include:

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

Fiscal Year 2024-25
The LTC Ombudsman program has several systems in place to ensure Ombudsmen are consistently submitting activities and complaint reports in a timely manner. All reports are tracked on a spreadsheet and the Ombudsmen report how and when the issue was resolved. Each month, Ombudsmen are provided with a list of their outstanding issues, which managers review. The LTC Ombudsman program will also begin auditing Ombudsmen in ODIN to ensure none are falling behind and to address any concerns.
Fiscal Year 2025-2026
The Program will provide two (2) trainings annually for new and veteran Ombudsmen that will be focused on documentation, both for Activities and for Cases. A particular focus will be on the distinction between a Case and an I&A (Information & Assistance), which has been an issue of concern and training on a statewide level.

Fiscal Year 2026-2027
The Program has initiated a new process whereby, upon certification, new Ombudsmen train on a one-on-one basis with the Data Coordinator regarding all aspects of required documentation. The training includes discussing the purpose of each form, how to accurately complete the forms, where to locate the forms in the Ombudsman Library and the pertinent deadlines. The Data Coordinator provides each new Ombudsman with a packet of all pertinent forms that must be completed, as well as resources to explain the forms. Any Ombudsman who needs a refresher regarding documentation may also request this one-on-one training.
Fiscal Year 2027-2028

TITLE VII ELDER ABUSE PREVENTION SERVICE UNIT PLAN

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

☐	Ombudsman Program
☐	Legal Services Provider
☐	Adult Protective Services
☒	Other (explain/list) • Council on Aging- Southern California

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

Units of Service categories include public education sessions, training sessions for professionals, training sessions for caregivers served by a Title IIIE 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 prevention, and treatment of elder abuse, neglect, and exploitation.

- **Training Sessions for Caregivers Served by Title IIIE** –Indicate the total number of projected training sessions for unpaid family caregivers who are receiving services under Title IIIE of the Older Americans Act (OAA) on the identification, prevention, and treatment of elder abuse, neglect, and exploitation. Older Americans Act Reauthorization Act of 2020, Section 302(3) 'Family caregiver' means an adult family member, or another individual, who is an informal provider of in-home and community care to an older individual or to an individual with Alzheimer's disease or a related disorder with neurological and organic brain dysfunction.

- **Hours Spent Developing a Coordinated System to Respond to Elder Abuse** –Indicate the number of hours to be spent developing a coordinated system to respond to elder abuse.

This category includes time spent coordinating services provided by the AAA or its contracted service provider with services provided by Adult Protective Services, local law enforcement agencies, legal services providers, and other agencies involved in the protection of elder and dependent adults from abuse, neglect, and exploitation.

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

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

TITLE VII ELDER ABUSE PREVENTION SERVICE UNIT PLAN

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

Total # of:	2024-2025	2025-2026	2026-2027	2027-2028
Individuals Served	4,500	4,500	39,058	
Public Education Sessions	34	31	34	
Training Sessions for Professionals	21	19	19	
Training Sessions for Caregivers served by Title IIIE	6	6	6	
Hours Spent Developing a Coordinated System	300	300	300	

Fiscal Year	Total # of Copies of Educational Materials to be Distributed	Description of Educational Materials
2024-2025	8,000	FAST brochure and bookmarks, Healthcare Fraud brochure from Senior Medicare Patrol Materials.
2025-2026	8,000	FAST brochure and bookmarks, Healthcare Fraud brochure from Senior Medicare Patrol Materials; SPP Fraud Booklet, Recovery Guide, and Bookmark; and Answers Guide.
2026-2027	8,000	FAST brochure and bookmarks, Healthcare Fraud brochure from Senior Medicare Patrol Materials; SPP Fraud Booklet, Recovery Guide, and Bookmark; and Answers Guide.
2027-2028		

TITLE IIIE SERVICE UNIT PLAN

CCR Article 3, Section 7300(d)

2024-2028 Four-Year Planning Period

This Service Unit Plan (SUP) uses the five federally mandated service categories that encompass 16 subcategories. Refer to the CDA Service Categories and Data Dictionary for eligible activities and service unit measures.

1. Access Services
2. Information Services
3. Respite Services
4. Supplemental Services
5. Support Services

At least one sub-service category should be provided for each of the five federally mandated service categories. The availability of services for Older Relative Caregivers (ORC) are dependent upon the AAAs individual needs assessment and public hearings.

Use the tables for each service provided and must include the following:

- Specify proposed audience size or units of service for all budgeted area plan funds.
- Providing an associated goal and objective from **Section 7 Area Plan Narrative Goals and Objectives.**

Direct and/or Contracted IIIE Services – Caregivers of Older Adults (COA)

Provided to family caregivers of adults aged 60 and older or of individuals of any age with Alzheimer's diseases or a related disorder. All service unit reductions of greater than ten percent (10%) from prior Fiscal Year require written justification and approval from CDA.

SUB-CATEGORIES (16 total)	**1**	**2**	**3**
Caregivers of Older Adults (COA)	**Proposed Units of Service**	**Required Goal #(s)**	**Required Objective #(s)**

COA Caregiver Access Case Management	**Total Hours**	**Required Goal #(s)**	**Required Objective #(s)**
2024-2025	4,000	2	2.2
2025-2026	4,000	2	2.2
2026-2027	4,396	2	2.2
2027-2028			
COA Caregiver Access Information & Assistance	**Total Contacts**	***Required* Goal #(s)**	***Required* Objective #(s)**

2024-2025	16,000	2	2.5
2025-2026	16,000	2	2.5
2026-2027	16,000	2	2.5
2027-2028			
COA Caregiver Information Services	**# Of activities:** **Total est. audience for above:**	***Required*** **Goal #(s)**	***Required*** **Objective #(s)**
2024-2025	# Of activities: **226** Total est. audience for above: **177, 650**	2	2.1
2025-2026	# Of activities: **226** Total est. audience for above: **177,650**	2	2.1
2026-2027	# Of activities: **248** Total est. audience for above: **195,237**	2	2.1
2027-2028	# Of activities: Total est. audience for above:		
COA Caregiver Support Training	**Total hours**	***Required*** **Goal #(s)**	***Required*** **Objective #(s)**
2024-2025	500	2	2.2
2025-2026	500	2	2.2
2026-2027	550	2	2.2
2027-2028			

COA Caregiver Support Groups	Total sessions	*Required* Goal #(s)	*Required* Objective #(s)
2024-2025	120	2	2.2
2025-2026	120	2	2.2
2026-2027	132	2	2.2
2027-2028			
COA Caregiver Support Counseling	**Total hours**	***Required* Goal #(s)**	***Required* Objective #(s)**
2024-2025	600	2	2.2
2025-2026	600	2	2.2
2026-2027	659	2	2.2
2027-2028			
COA Caregiver Respite In-Home	**Total hours**	***Required* Goal #(s)**	***Required* Objective #(s)**
2024-2025	1,385	2	2.2
2025-2026	1,248	2	2.2
2026-2027	1,372	2	2.2
2027-2028			
COA Caregiver Respite Out-of-Home Day Care	**Total hours**	***Required* Goal #(s)**	***Required* Objective #(s)**
2024-2025	4,700	2	2.2
2025-2026	4,235	2	2.2
2026-2027	4,500	2	2.2
2027-2028			
COA Caregiver Respite Out-of-Home Overnight Care	**Total hours**	***Required* Goal #(s)**	***Required* Objective#(s)**
2024-2025	N/A		
2025-2026	N/A		

2026-2027	N/A		
2027-2028			
COA Caregiver Respite Other	**Total hours**	***Required* Goal #(s)**	***Required* Objective #(s)**
2024-2025	250	2	2.2
2025-2026	225	2	2.2
2026-2027	247	2	2.2
2027-2028			
COA Caregiver Supplemental Services Legal Consultation	**Total hours**	***Required* Goal #(s)**	***Required* Objective #(s)**
2024-2025	23	2	2.2
2025-2026	23	2	2.2
2026-2027	23	2	2.2
2027-2028			
COA Caregiver Supplemental Services Consumable Supplies	**Total occurrences**	***Required* Goal #(s)**	***Required* Objective #(s)**
2024-2025	60	2	2.2
2025-2026	60	2	2.2
2026-2027	66	2	2.2
2027-2028			
COA Caregiver Supplemental Services Home Modifications	**Total occurrences**	***Required* Goal #(s)**	***Required* Objective #(s)**
2024-2025	N/A		
2025-2026	N/A		
2026-2027	N/A		
2027-2028			
COA Caregiver Supplemental Services Assistive Technologies	**Total Occurrences**	***Required* Goal #(s)**	***Required* Objective #(s)**
2024-2025	15	2	2.2

2025-2026	15	2	2.2
2026-2027	16	2	2.2
2027-2028			
COA Caregiver Supplemental Services Caregiver Assessment	**Total hours**	***Required* Goal #(s)**	***Required* Objective #(s)**
2024-2025	825	2	2.2
2025-2026	825	2	2.2
2026-2027	907	2	2.2
2027-2028			
COA Caregiver Supplemental Services Caregiver Registry	**Total Occurrences**	***Required* Goal #(s)**	***Required* Objective #(s)**
2024-2025	N/A		
2025-2026	N/A		
2026-2027			
2027-2028			

Direct and/or Contracted IIIE Services- Older Relative Caregivers (ORC)

SUB-CATEGORIES (16 total)	1	2	3
Older Relative Caregivers (ORC)	***Proposed* Units of Service**	***Required* Goal #(s)**	***Required* Objective #(s)**
ORC Caregiver Access Case Management	**Total Hours**	***Required* Goal #(s)**	***Required* Objective #(s)**
2024-2025	N/A		
2025-2026	N/A		
2026-2027	N/A		
2027-2028			
ORC Caregiver Access Information & Assistance	**Total Hours**	***Required* Goal #(s)**	***Required* Objective #(s)**
2024-2025	N/A		
2025-2026	N/A		
2026-2027	N/A		
2027-2028			

ORC Caregiver Information Services	**# Of activities: Total est. audience for above:**	***Required* Goal #(s)**	***Required* Objective #(s)**
2024-2025	# Of activities: N/A Total est. audience for above: N/A		
2025-2026	# Of activities: N/A Total est. audience for above: N/A		
2026-2027	# Of activities: N/A Total est. audience for above: N/A		
2027-2028	# Of activities: Total est. audience for above: N/A		
ORC Caregiver Support Training	**Total Hours**	***Required* Goal #(s)**	***Required* Objective #(s)**
2024-2025	N/A		
2025-2026	N/A		
2026-2027	N/A		

2027-2028			
ORC Caregiver Support Groups	**Total Sessions**	***Required*** **Goal #(s)**	***Required*** **Objective #(s)**
2024-2025	N/A		
2025-2026	N/A		
2026-2027	N/A		
2027-2028			
ORC Caregiver Support Counseling	**Total Hours**	***Required*** **Goal #(s)**	***Required*** **Objective #(s)**
2024-2025	N/A		
2025-2026	N/A		
2026-2027	N/A		
2027-2028			
ORC Caregiver Respite In-Home	**Total Hours**	***Required*** **Goal #(s)**	***Required*** **Objective #(s)**
2024-2025	N/A		
2025-2026	N/A		
2026-2027	N/A		
2027-2028			
ORC Caregiver Respite Out-of-Home Day Care	**Total Hours**	***Required*** **Goal #(s)**	***Required*** **Objective #(s)**
2024-2025	N/A		
2025-2026	N/A		
2026-2027	N/A		
2027-2028			
ORC Caregiver Respite Out-of-Home Overnight Care	**Total Hours**	***Required*** **Goal #(s)**	***Required*** **Objective #(s)**
2024-2025	N/A		
2025-2026	N/A		
2026-2027	N/A		
2027-2028			
ORC Caregiver Respite Other	**Total Hours**	**Required Goal #(s)**	**Required Objective #(s)**

2024-2025	N/A		
2025-2026	N/A		
2026-2027	N/A		
2027-2028			
ORC Caregiver Supplemental Services Legal Consultation	**Total Contacts**	**Required Goal #(s)**	**Required Objective #(s)**
2024-2025	N/A		
2025-2026	N/A		
2026-2027	N/A		
2027-2028			
ORC Caregiver Supplemental Services Consumable Supplies	**Total Occurrences**	**Required Goal #(s)**	**Required Objective #(s)**
2024-2025	N/A		
2025-2026	N/A		
2026-2027	N/A		
2027-2028			

ORC Caregiver Supplemental Services Home Modifications	**Total Occurrences**	**Required Goal #(s)**	**Required Objective #(s)**
2024-2025	N/A		
2025-2026	N/A		
2026-2027	N/A		
2027-2028			
ORC Caregiver Supplemental Services Assistive Technologies	**Total Occurrences**	**Required Goal #(s)**	**Required Objective #(s)**
2024-2025	N/A		
2025-2026	N/A		
2026-2027	N/A		
2027-2028			
ORC Caregiver Supplemental Services Caregiver Assessment	**Total Hours**	**Required Goal #(s)**	**Required Objective #(s)**
2024-2025	N/A		

2025-2026	N/A		
2026-2027	N/A		
2027-2028			
ORC Caregiver Supplemental Services Caregiver Registry	**Total Occurrences**	**Required Goal #(s)**	**Required Objective #(s)**
2024-2025	N/A		
2025-2026	N/A		
2026-2027	N/A		
2027-2028			

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

CCR Article 3, Section 7300(d)
WIC § 9535(b)

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

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

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

STATE & FEDERAL PERFORMANCE TARGETS: The HICAP is assessed based on State and Federal Performance Measures. AAAs should complete the service unit plan with targets that meet or improve on each PM.

Contact CDA.HICAP@aging.ca.gov for guidance on annual HICAP performance measure targets and definitions.

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

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

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

SECTION 1: STATE PERFORMANCE MEASURES

HICAP Fiscal Year (FY)	PM 1.1 Clients Counseled (Estimated)	Goal Numbers
2024-2025	6,473	1
2025-2026	4,769	1
2026-2027	5,280	
2027-2028		
HICAP Fiscal Year (FY)	**PM 1.2 Public and Media Events (PAM) (Estimated)**	**Goal Numbers**
2024-2025	300	1
2025-2026	254	1
2026-2027	254	
2027-2028		

SECTION 2: FEDERAL PERFORMANCE MEASURES

HICAP Fiscal Year (FY)	PM 2.1 Client Contacts (Interactive)	Goal Numbers
2024-2025	11,666	1
2025-2026	10,649	1
2026-2027	11,703	1
2027-2028		
HICAP Fiscal Year (FY)	**PM 2.2 PAM Outreach (Interactive)**	**Goal Numbers**
2024-2025	5,629	1
2025-2026	5,629	1
2026-2027	8,694	1
2027-2028		

HICAP Fiscal Year (FY)	PM 2.3 Medicare Beneficiaries Under 65	Goal Numbers
2024-2025	818	1, 2
2025-2026	818	1, 2
2026-2027	737	1, 2
2027-2028		

HICAP Fiscal Year (FY)	PM 2.4 Hard to Reach (Total)	PM 2.4a LIS	PM 2.4b Rural	PM 2.4c ESL	Goal Numbers
2024-2025	3,327	1,125	0	2,202	1, 2
2025-2026	5,996	3,705	0	2,817	1, 2
2026-2027	6,522	3,705	0	2,839	1, 2
2027-2028					

HICAP Fiscal Year (FY)	PM 2.5 Enrollment Contacts (Qualifying)	Goal Numbers
2024-2025	11,513	1
2025-2026	10,602	1
2026-2027	11,460	1
2027-2028		

SECTION 3: HICAP LEGAL SERVICES UNITS OF SERVICES (IF APPLICABLE)[8]

HICAP Fiscal Year (FY)	PM 3.1 Estimated Number of Clients Represented Per FY (Unit of Service)	Goal Numbers
2024-2025	N/A	
2025-2026	N/A	
2026-2027	N/A	
2027-2028		
HICAP Fiscal Year (FY)	**PM 3.2 Estimated Number of Legal Representation Hours Per FY (Unit of Service)**	**Goal Numbers**
2024-2025	N/A	
2025-2026	N/A	
2026-2027	N/A	
2027-2028		
HICAP Fiscal Year (FY)	**PM 3.3 Estimated Number of Program Consultation Hours Per FY (Unit of Service)**	**Goal Numbers**
2024-2025	N/A	
2025-2026	N/A	
2026-2027	N/A	
2027-2028		

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

SECTION 9. SENIOR CENTERS & FOCAL POINTS

COMMUNITY SENIOR CENTERS AND FOCAL POINTS LIST

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

In the form below, provide the current list of designated community senior centers and focal points with addresses.

Designated Community Senior Centers and Focal Points	Address
Abrazar	7101 Wyoming St. Westminster, CA 92683
Abrazar at Midway City Community Center	14900 Park Lane Midway City, CA 92655
Anaheim Independencia Family Resource Center	10841 Garza Ave. Anaheim, CA 92804
Aliso Viejo Recreation and Community Center	100 Park Ave. Aliso Viejo, CA 92656
Anaheim-East Community Center	8201 E. Santa Ana Canyon Rd. Anaheim, CA 92808
Asian American Senior Citizens Service Center	850 N. Birch St. Santa Ana, CA 92701
The Bell Tower Regional Community Center	22232 El Paseo Rancho Santa Margarita, CA 92688
Brea Senior Center	500 South Sievers Ave. Brea, CA 92821
Brookhurst Community Center	2271 W. Crescent Ave. Anaheim, CA 92801
Buena Park Senior Activity Center	8150 Knott Ave. Buena Park, CA 90620
The Center at Founders Village Senior and Community Center	17967 Bushard St. Fountain Valley, CA 92708
Community Action Partnership of Orange County	11870 Monarch St. Garden Grove, CA 92841
Costa Mesa Senior Center	695 W. 19th St. Costa Mesa, CA 92627

Cypress Senior Center	9031 Grindlay St. Cypress, CA 90603
Dana Point Senior Center	34052 Del Obispo St. Dana Point, CA 92629
Dorothy Visser Senior Center	117 Avenida Victoria San Clemente, CA 92672
Downtown Anaheim Senior Center	250 E. Center St. Anaheim, CA 92805
El Modena Community Center	18672 E. Center Street, Orange, CA 92869
Florence Sylvester Senior Center	23721 Moulton Pkwy. Laguna Hills, CA 92653
Fullerton Community Center	340 W. Commonwealth Ave. Fullerton, CA 92832
H. Louis Lake Senior Center	11300 Stanford Ave. Garden Grove, CA 92840
Jewish Federation of Orange County	1 Federation Way, #210 Irvine, CA 92603
Korean American Seniors Association of OC	9884 Garden Grove Blvd. Garden Grove, CA 92844
La Habra Community Center	101 W. La Habra Blvd. La Habra, CA 90631
La Palma Community Center and Central Park	7821 Walker St. La Palma, CA 90623
Laguna Beach Community and Susi Q Center	380 3rd St Laguna Beach, CA 92651
Laguna Woods Village Community Center	24351 El Toro Rd. Laguna Woods, CA 92637
Lake Forest Senior Clubhouse	100 Civic Center Dr. Lake Forest, CA 92630
Lakeview Senior Center	20 Lake Rd. Irvine, CA 92604
Los Alamitos Recreation and Community Services	10911 Oak St. Los Alamitos, CA 90720

Norman P. Murray Community and Senior Center	24932 Veterans Way Mission Viejo, CA 92692
North Seal Beach Community Center	3333 St. Cloud Dr. Seal Beach, CA 90740

Oasis Senior Center	801 Narcissus Ave. Newport Beach, CA 92625
Orange Senior Center	170 S. Olive St. Orange, CA 92866
Placentia Senior Center	143 S. Bradford Ave. Placentia, CA 92870
Rancho Senior Center	3 Ethel Coplen Way Irvine, CA 92612
San Juan Capistrano Community Services	25925 Camino Del Avion San Juan Capistrano, CA 92675
Santa Ana Senior Center	424 W. 3rd St. Santa Ana, CA 92701
Sea Country Senior and Community Center	24602 Aliso Creek Rd. Laguna Niguel, CA 92677
Seal Beach Senior Center	707 Electric Ave. Seal Beach, CA 90740
Senior Center in Central Park	18041 Goldenwest St. Huntington Beach, CA 92648
Southern California Indian Center, Inc.	10175 Slater Ave. #150 Fountain Valley, CA 92708
Southland Integrated Services	9862 Chapman Ave. Garden Grove, CA 92841
Southwest Senior Center	2201 W. McFadden Ave. Santa Ana, CA 92704
Stanton Community Center	7800 Katella Ave. Stanton, CA 90680
Trabuco Center	5701 Trabuco Road Irvine, CA 92620
Tustin Area Senior Center	200 S. “C” St. Tustin, CA 92780

Westminster Senior Center	8200 Westminster Blvd. Westminster, CA 92683
Yorba Linda Senior Center	4501 Casa Loma Yorba Linda, CA 92886

SECTION 10. FAMILY CAREGIVER SUPPORT PROGRAM

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

Based on the AAA's needs assessment and subsequent review of current support needs and services for **family caregivers**, indicate what services the AAA **intends** to provide using Title IIIE and/or matching FCSP funds for both. This must be completed and updated annually.

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

Caregiver of Older Adult (COA) Services

Provided to family caregivers of adults aged 60 and older or of individuals of any age with Alzheimer's disease or a related disorder.

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

Older Relative Caregiver Services

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

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

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

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

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

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

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

- Services provided include Case Management, Information & Assistance, Training, Support Groups, In-Home Respite Care, Out of Home (Day and Overnight) Respite

Care, Home Modifications, and Assistive Technology.

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

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

Services listed above for all three organizations are offered throughout Orange County. The Office on Aging ensures that services continue to be provided without the use of Title IIIE funds by creating partnerships and collaborations with organizations such as those listed above. The agencies are listed in our Information & Assistance resource database as a non-OAA community-based organization. OoA updates the Information & Assistance resource database on an ongoing basis. During this process, OoA calls the agencies to confirm information is accurate and up to date.

SECTION 11. LEGAL ASSISTANCE

2024-2028 Four-Year Area Planning Cycle

This section must be completed and submitted annually. The Older Americans Act designates legal assistance as a priority service under Title IIIB. In this section, the AAA must provide information about how the AAA provides legal services within the PSA. This section must be completed and submitted annually by completing the required form.

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

California Statewide Guidelines for Legal Assistance.

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

   A minimum of 12 percent.

2. **Does the LSP(s) in your area solicit voluntary contributions or donations from recipients? If yes, considering 42 U.S.C. § 3030c-2(b), please describe the manner in which the funds are solicited, and describe how the funds support the expansion of legal services in your PSA.**

   The LSP solicits voluntary contributions from recipients. Voluntary contributions are solicited on the LSP's website and participants are informed about the opportunity for voluntary contributions at the time service is provided. Voluntary contributions are used to support program costs, expand legal service staffing hours, and/or outreach activities.

3. **Please indicate whether the AAA provides the LSP(s) a copy or link to the California Statewide Guidelines for Legal Assistance. How does the AAA monitor and/or support the LSP's implementation of the statewide guidelines?**

   The requirement to use the California Statewide Guidelines in the provision of Older Americans Act (OAA) legal services is included in the provider contract scope of services. The AAA conducts annual program monitoring to ensure the LSP remains in compliance with the contract requirements and scope of work. Monitoring observations or findings are addressed to resolve compliance matters. The LSP administers satisfaction surveys with self-addressed stamped envelopes that are provided to clients at legal clinics and mailed to clients; surveys are also emailed to clients upon request. Survey responses are compiled to provide an annual aggregate report to the AAA.

4. **Please describe the partnership work between the AAA and the LSP(s) (e.g., quarterly meetings, coordinated outreach efforts, etc.)? Please identify any topics, priorities, and/or trainings addressed in your discussions.**

The Office on Aging (OoA) Program Manager and LSP staff meet approximately once per month to discuss work progress, administrative issues and deadlines, program successes and challenges, and upcoming events. Additionally, the OoA Program Manager attends some community education events held by LSP staff to observe and engage with the class participants.

5. **What are the top four (4) legal areas the LSP(s) prioritizes in your PSA? Do the AAA and LSP(s) jointly work to identify the priority areas?**

The OoA and LSP use client data, needs assessments, and the California Statewide Guidelines to review legal services priorities on an annual basis. In a collaborative effort, the following legal services were established as priority issues:

- **Elder Abuse** including isolation and control, and financial and consumer scams
- **Housing** related to landlord and tenant issues and subsidized housing
- **Income Maintenance** including government benefits such as Social Security and Supplemental Security Income
- **Consumer Issues** related to probate, debt collection, and bankruptcy

6. **Please describe any trends or changes in your local needs over the past year(s). What resources (e.g., funding, education, training, etc.) have been allocated to accommodate any changes in the local needs or trends?**

In the past four years, landlord-tenant issues remain significantly high and the LSP continues to see a high volume of clients seeking elder abuse restraining orders. There have also been changes in the law regarding conservatorships and preserving individual rights. These changes have required the LSP to undergo multiple trainings to remain abreast of the new laws. As a result, the needs of legal services have increased leading new and existing older adult clients to repeatedly contact the Legal Services Provider (LSP) to seek counseling, advice, and interpretations to remain informed. These shifts have affected funding levels, with an increased need for resources to address the growing demand for legal assistance.

7. **What are the target groups in your PSA? Do the AAA and LSP(s) jointly work to identify the target groups?**

In a collaborative effort with the LSP, data from various internal, local and state sources is used to assist with identifying the targeted population. In addition, the LSP is an active member in community stakeholder groups such as Financial Elder Abuse Specialist Team (FAST), APS & Community Partners MDT (previously Elder Abuse Forensic Center), and Radiant Futures, a local domestic violence shelter, to gather information and determine trending legal issues within the older adult population. Additionally, the LSP has an active MOU with the Long-Term Care Ombudsman Program and HICAP service provider.

These collaborative efforts have assisted us with identifying the targeted population which are

older adults aged 60 and older, specifically those who show the greatest economic and social needs, and limited access to resources.

8. What methods of outreach is the LSP(s) using to reach the target groups?

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

- Scheduling multiple monthly legal clinics at Orange County senior centers.
- Utilizing digital outreach and traditional media to advertise services which include, but not limited to social media, local publications, and websites. Such publications include:
  - Southern California Council on Aging's ANSWERS resource guide
  - Leisure World Weekly
  - Nguoi Viet
  - Radio Chiều Thứ Bảy
  - Facebook
  - Orange County Transportation Authority bus cards (interior)
- Conduct community outreach and education at senior centers, community-based organizations, and local community fairs where older adults can ask questions, speak to LSP staff, and share contact information for further legal consultation.
- In addition to those with household incomes at 200% of the federal poverty level and below, there is a high demand by monolingual clients for services in Spanish and Vietnamese.

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

The most widely used and preferred methods for accessing legal services are traditional: calling the LSP's legal hotline, in-person appointments, and walk-ins.

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

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

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

The LSP continues to explore other user-friendly platforms, including hard copy mail, to broaden accessibility and encourage participation.

Interpretation is available for non-English speaking clients; presentations are made in Spanish and Vietnamese.

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

During the COVID-19 pandemic, governmental agencies either suspended or limited access to in-person contacts. That continues today, as agencies continue to require participants to use

technology to make virtual appearances, which creates a significant barrier for many seniors.

To mitigate access to technology barriers the LSP created several workspaces within its physical offices to allow participants access to computers and make virtual appearances at court hearings, trials, and/or administrative law hearings. LSP staff is available to assist with setting up virtual appearances. Furthermore, the LSP continues to assist participants with technology issues through phone consultations.

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

Proposed strategies to assist with mitigating transportation barriers include:
- Continue to offer limited offsite visits to homebound older adults.
- Augment current cross-referral system with local transportation service providers.
- Offer user-friendly remote platforms.

11. How many LSPs are in your PSA? Complete the table below.

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

12. What geographic regions are covered by each LSP? Complete table below.

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

13. What other organizations or groups does your LSP(s) coordinate services with? Please also address the AAA's coordination efforts with the Ombudsman program, the local Legal Services Corporation program, and the local Health Insurance Counseling and Advocacy program (HICAP)

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

- Senior and community centers
- Financial Abuse Specialist Team
- Adult Protective Services (APS)
- APS & Community Partners MDT (previously Elder Abuse Forensics Center Team)
- Orange County Social Services Agency
- Public Guardian
- Law Enforcement
- Legal Advocates
- Long-Term Care Ombudsman Program
- HICAP service provider
- Orange County Superior Court
- OC 2-1-1

The LSP has an active MOU with the Ombudsman and HICAP service provider and continues to augment their network by actively seeking partnerships with community stakeholders and government agencies to assist. The LSP is a current grantee of the Legal Services Corporation.

SECTION 12. DISASTER PREPAREDNESS

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

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

The Orange County Office on Aging is a county government office which falls under the County's Emergency Management Bureau (EMB) plan for disaster preparedness. The EMB for Orange County has an Emergency Operations Center (EOC) that functions as the communication and coordination center for both the County and Operational Area emergency response organization and disaster preparedness, providing a central point for coordinating operational, administrative, and support needs of the County and Operational Area Members. It also assists in coordination and communication between Mutual Aid Coordinators and the State Office of Emergency Services during County-wide and State-wide emergency response and recovery operations. The Orange County EOC can be used to gather and process information to and from the County, cities, school and special districts, business and industry, volunteer organizations, individuals, and State and federal government agencies. It has the ability to function as a virtual EOC so that Operational Area Members may communicate between EOCs without co-location. In addition, the EOC may become responsible for managing the tactical operations of regional resources designed to more efficiently use the pooled resources of Operational Area Members or external resources to benefit the Operational Area as a whole.

The Orange County Office on Aging is a member of the Orange County Disabilities and Functional Needs (OC DAFN) is a working group whose mission is to plan, facilitate, and support Operational Area efforts to more effectively integrate people with disabilities and access and functional needs into the emergency planning system in Orange County. As a member of this working group, the Orange County Office on Aging ensures that the needs of older adults are accounted for in the County of Orange's emergency planning. In addition, Office on Aging home-delivered meal service provider contracts include an option for meal service providers to annually supply each (HDM) client with 3 shelf-stable meals. New clients are required to receive the 3 meals within 30 days of intake.

The Orange County Office on Aging plans to enhance its existing website by providing tailored resources, checklists, and local emergency contacts to assist older adults and caregivers in disaster preparedness. While coordination with local tribal organizations has

not yet been established, it will be explored as part of future efforts.

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

Name	Title	Telephone	Email
Don Barnes **550 N Flower St** **Santa Ana, CA 92703**	Orange County Sheriff	**Office**:714-647-7000 **Alt:** 949-770-6011	OAAdmin@ocsd.org
Michelle Anderson **2644 Santiago Canyon Rd.** **Silverado, CA 92676**	Director, Office of Emergency Management		manderson@ocsheriff.gov
Public Information Hotline		**714-628-7085**	OAAdmin@ocsd.org

3. **Identify the Disaster Response Coordinator within the AAA:**

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

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

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

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

Critical Services	How Delivered?
Fire Evacuation Plan	Following the facility building Emergency Evacuation and Fire Prevention Plan.
Maintaining Call Center	Critical Services provided to ensure the call center is operational 24/7 include coordinating with the County Information Technology Call Center support help desk.
Alternative Work Locations	Ensuring a plan is in place to establish an alternative work location in the event of a disaster to maintain operations.

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

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

   The Orange County Office on Aging does not have formal agreements with agencies for emergency preparation or response. However, as previously stated in this section, the Orange County Emergency Management Bureau maintains formal agreements between the County and various agencies via MOU for emergency preparation and disaster response. These agencies include County departments, all cities, special districts, school districts and community college/college districts, volunteer organizations, and programs such as the American Red Cross and United Way/2-1-1 Orange County.

8. **Describe how the AAA will:**
   - **Identify vulnerable populations:** Older adults, caregivers, and persons with disabilities are all considered to be vulnerable populations, particularly in the event of a disaster. However, individuals who are most at risk are those living in a care facility, living alone, isolated or homebound, or requiring assistance due to a physical or

mental disability. Coordination with service providers whose clients are in these vulnerable categories will help to identify and reach out to them during a disaster. Such service providers include; Adult Day Care Centers, IHSS, Home Delivered Meals, Senior Non-Emergency Medical Transportation, Regional Centers, Independent Living Centers, and the Ombudsman program.

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

  Possible needs for vulnerable populations in the event of a disaster should include.
  - Vital community resources available in a natural disaster, including access to Office on Aging Information & Assistance information phone line.
  - Planning for emergency and evacuation routes to include nearby shelters.
  - Awareness and notification of potential natural disaster events should be communicated to all vulnerable populations.
  - Establish a communication plan and ensure there is a procedure in place to maintain the call center in the event of an emergency.

- **Follow up with vulnerable populations after a disaster event.** Client files for each of the programs serving vulnerable populations include contact information as well as emergency contact information. Collaborating with Office on Aging services providers, I&A staff can assist with follow-up calls to ensure the safety of individuals registered with those programs. If contact is not made with a particular client, staff and volunteers can notify local first responders such as police, fire, or disaster workers.

9. How is disaster preparedness training provided?

- **AAA to participants and caregivers:** Orange County's Office on Aging provides disaster preparedness packets including resources to County advisory alerts and other community-based resources to participants and their caregivers.
- **To staff and subcontractors:** Disaster preparedness training is provided to all employees, including Information and Assistance personnel, during the new hiring process where all employees at Orange County Community Services are required to review Emergency Action & Fire Prevention Plan within 10 days of employment to include annually. The overviews include evacuation procedures, evacuation assignments, medical emergency response, fire emergency, extended power loss, hazardous materials / chemical spills, telephone bomb threats, severe weather & natural disasters, criminal activity, employee injury & vehicle accident reporting. Additionally, staff members have access to online training platform Eureka that covers Emergency Preparedness. Eureka Emergency Preparedness. The training comprises of six emergency responses principles from general guidelines for emergency preparedness to steps for addressing specific emergencies. With regard to subcontractors, service providers maintain protocols for continuing service to their clients.

SECTION 13. NOTICE OF INTENT TO PROVIDE DIRECT SERVICES

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

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

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

Check applicable direct services	Check **each applicable Fiscal Year**			
Title IIIB	**24-25**	**25-26**	**26-27**	**27-28**
☒ Information and Assistance	☒	☒	X	☐
☐ Case Management	☐	☐	☐	☐
☒ Outreach	☒`	☒	X	☐
☐ Program Development	☐	☐	☐	☐
☐ Coordination	☐	☐	☐	☐
☐ Long Term Care Ombudsman	☐	☐	☐	☐
Title IIID	**24-25**	**25-26**	**26-27**	**27-28**
☒ Health Promotion – Evidence-Based	☒	☒	X	☐
Title IIIE	**24-25**	**25-26**	**26-27**	**27-28**
☒ Access Assistance	☒	☒	X	☐
☐ Information Services	☐	☐	☐	☐
☐ Support Services	☐	☐	☐	☐
☐ Respite Services	☐	☐	☐	☐
☐ Supplemental Services	☐	☐	☐	☐
Title VII	**24-25**	**25-26**	**26-27**	**27-28**
☐ Long Term Care Ombudsman	☐	☐	☐	☐
Title VII	**24-25**	**25-26**	**26-27**	**27-28**
☐ Prevention of Elder Abuse, Neglect, and Exploitation.	☐	☐	☐	☐

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

The Office on Aging (OoA) operates the Information & Assistance (I&A) call center which provides older adults, their families and caregivers with information, referrals and access to agencies and programs that can help them with older-related services. Call center representatives are not only trained to provide personalized information and referrals, but they are also trained to effectively identify and address underlying needs of callers by actively listening and asking open-ended questions to gather information and clarify the caller's needs and make them aware of services available to them. Other methods used by the OoA to ensure those having the greatest social and economic need, including ethnic minorities, caregivers,

frail elderly and/or disabled, and low-income older adults are served throughout Orange County include but are not limited to:

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

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

SECTION 14. REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES

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

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

Identify Service Category: Public Information, Community Education

Check applicable funding source[9]:

☒ IIIB

☐ IIIC-1

☐ IIIC-2

☐ IIIE

☐ VII

☐ HICAP

Request for Approval Justification:

☒ Necessary to Assure an Adequate Supply of Service OR
☐ More cost effective if provided by the AAA than if purchased from a comparable service provider.

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

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

Provide: documentation below that substantiates this request for direct delivery of the above stated service[10]**:**

The Office on Aging (OoA) is uniquely positioned to deliver Public Information and Community Education directly because of its established infrastructure and ongoing engagement with older adults. Through the Information & Assistance (I&A) call center, trained staff provide personalized guidance, identify underlying needs, and connect callers to appropriate services. To ensure equitable access for older adults with the greatest social and economic need, the OoA expands its reach through social media, the Orange County Senior Resources App, peer educators, and strong partnerships with community organizations, service providers, and aging networks. With this comprehensive approach, the OoA ensures older adults have reliable, culturally accessible, and easily understandable information. Providing Public Information and Community Education as a direct service strengthens community awareness and supports informed decision-making across Orange County.

SECTION 15. GOVERNING BOARD

ORNAGE COUNTY BOARD OF SUPERVISORS MEMBERSHIP
2024-2028 Four-Year Area Plan Cycle

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

Total Number of Board Members: **5**

Name and Title of Officers	Office Term Expires:
Janet Nguyen 1st District	01/01/2029
Vincent Sarmiento 2nd District	01/04/2027
Don Wagner 3rd District	01/09/2029
Doug Chaffee 4th District	01/04/2027
Katrina Foley 5th District	01/04/2027

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

Andrew Do resigned from his position on October 22, 2024, and was succeeded by Janet Nguyen, who assumed the role after being elected on December 5, 2024 and will run until January 1, 2029.

Don Wagner's previous term was set to end on 01/04/2025. He was re-elected for a new term during the 2024 election, which will run until January 1, 2029.

SECTION 16. ADVISORY COUNCIL

ORANGE COUNTY OLDER ADULTS ADVISORY COMMISSION
2024-2028 Four-Year Planning Cycle

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

Total Council Membership (include vacancies) 40

Number and Percent of Council Members over age 60: 22 69% **Council 60+**

Race/Ethnic Composition	% Of PSA's 60+Population	% on Advisory
White	54%	47%
Hispanic	19.5%	6%
Black	1%	0%
Asian/Pacific Islander	24%	19%
Native American/Alaskan Native	1%	0%
Other	8%	3%

Name and Title of Officers:	Office Term Expires:
1. Rachel Owens – Chair	01/06/25
2. Howard Hart – Vice Chair	01/06/27
3. Crystal Miles – Past Chair	12/31/26
4. Ken Higman – Secretary	12/31/26

Name and Title of other members:	Office Term Expires:
5. Kristen Maahs	12/31/26
6. Anne Calvo	01/01/29
7. Cash Benton	12/31/27
8. Elizabeth Busick	12/31/27
9. Jerry Chang	12/31/27
10. Lynette Fujitani	12/31/26
11. Jackie Kim	12/31/26
12. Eugene Hernandez	12/31/27
13. Marina Leontiev	12/31/26

14. Mariann Klinger	12/31/26
15. Catherine Louie	12/31/25
16. Felix Lopez	01/04/27
17. Bilquis Manjra	12/31/26
18. Joan Nichols	01/04/27
19. John W. Pointer	12/31/23
20. Amina Sen-Matthews	12/31/27
21. Marty Simonoff	12/31/27
22. Preeti Singh	12/31/26
23. Barbara Sloate	12/31/23
24. Sandy Stang	12/31/27
25. Nathan Steele	12/31/26
26. Jennifer Wang	01/04/27
27. Dave Tetzlaff	12/31/26
28. Dave Wheeler	12/31/26
29. Mario Ortega	01/04/27
30. Christina Shea	01/01/29
31. Meredith Chillemi	01/01/27
32. William Wong	12/31/27

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

Yes No

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

Yes No Additional Other (Optional)

☒ ☐ Family Caregiver, including older relative caregiver
☐ ☒ Tribal Representative
☐ ☒ LGBTQ Identification
☒ ☐ Veteran Status
☐ ☐ Other_____

Explain any "No" answer(s):

The Orange County Older Adults Advisory Commission (OCOAAC) members have the opportunity to indicate in their membership application if they represent any or all of the categories listed above. None of the current commission members have indicated that they are Tribal Representatives, and/or identify themselves as LGBTQ.

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

According to the OCOAAC bylaws and pursuant to Government Code section 1302, a member whose term has expired may continue serving as a member until reappointed, resigns, or replaced.

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

The OCOAAC consists of forty (40) members with the Board of Supervisors (Board) appointing ten (10) of those members. Commission members are appointed by the Board with each Supervisor nominating two (2) commission members from inside or outside of their respective district. No person living outside of the Supervisor's district shall be nominated for appointment to the Commission without the written consent of the Supervisor representing the district where the nominee resides.

The remaining twenty (20) members are appointed by the City Selection Committee (10 appointees) and the Advisory Commission's Executive Committee (10 appointees).

SECTION 17. MULTIPURPOSE SENIOR CENTER ACQUISTION OR CONSTRUCTION COMPLIANCE REVIEW [13]

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

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

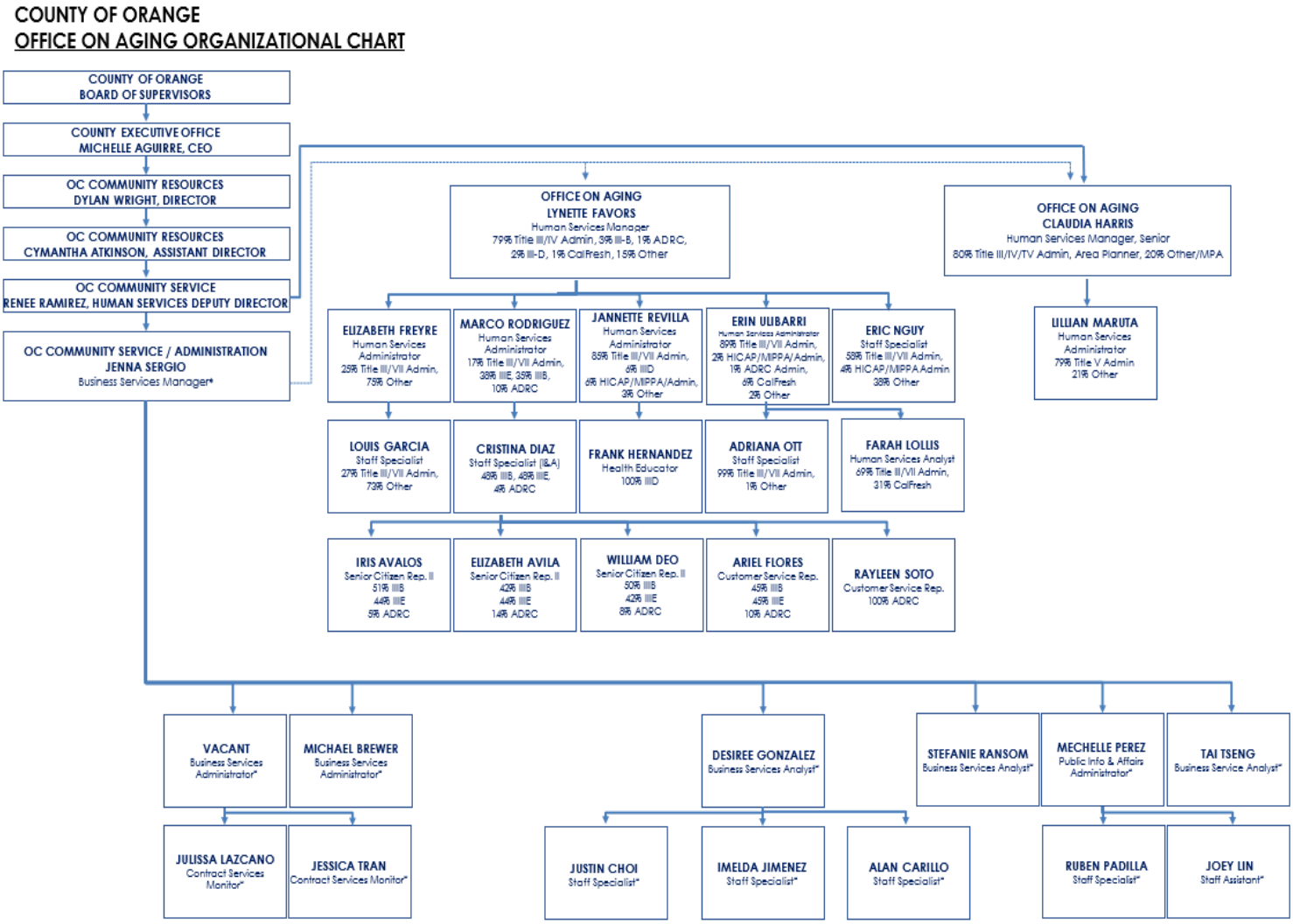
☐ Yes. Title IIIB funds used for Acquisition or Construction.

Title III Grantee and/or Senior Center (complete the chart below):

Title III Grantee and/or Senior Center	Type Acq/Const	IIIB Funds Awarded	% Total Cost	Recapture Period **Begin**	Recapture Period **End**	Compliance Verification State Use Only
Name: Address:						
Name: Address:						
Name: Address:						
Name: Address:						

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

SECTION 18. ORGANIZATION CHART



*Administrative staff charges are calculated based on the actual time worked, percentage of time worked, or percentage of FTE of program general admin via a cost pool job number.

SECTION 19. ASSURANCES

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

Sec. 306, AREA PLANS

(a) Each area agency on aging designated under section 305(a)(2)(A) shall, in order to be approved by the State agency, prepare and develop an area plan for a planning and service area for a two-, three-, or four-year period determined by the State agency, with such annual adjustments as may be necessary. Each such plan shall be based upon a uniform format for area plans within the State prepared in accordance with section 307(a)(1). Each such plan shall

(1) provide, through a comprehensive and coordinated system, for supportive services, nutrition services, and, where appropriate, for the establishment, maintenance, modernization, or construction of multipurpose senior centers (including a plan to use the skills and services of older individuals in paid and unpaid work, including multigenerational and older individual to older individual work), within the planning and service area covered by the plan, including determining the extent of need for supportive services, nutrition services, and multipurpose senior centers in such area (taking into consideration, among other things, the number of older individuals with low incomes residing in such area, the number of older individuals who have greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals who have greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals at risk for institutional placement residing in such area, and the number of older individuals who are Indians residing in such area, and the efforts of voluntary organizations in the community), evaluating the effectiveness of the use of resources in meeting such need, and entering into agreements with providers of supportive services, nutrition services, or multipurpose senior centers in such area, for the provision of such services or centers to meet such need;

(2) provide assurances that an adequate proportion, as required under 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;

(3)(A) designate, where feasible, a focal point for comprehensive service delivery in each community, giving special consideration to designating multipurpose senior centers (including multipurpose senior centers operated by organizations referred to in paragraph (6)(C)) as such focal point; and

(B) specify, in grants, contracts, and agreements implementing the plan, the identity of each focal point so designated;

(4)(A)(i) (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 items (aa) and (bb) of sub-clause (I);

(ii) provide assurances that the area agency on aging will 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; and

(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 clause (i).

(B) provide assurances that the area agency on aging will use outreach efforts that will—

(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; and

(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.

(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;

(6) provide that the area agency on aging will—

(A) take into account in connection with matters of general policy arising in the development and administration of the area plan, the views of recipients of services under such plan;

(B) serve as the advocate and focal point for older individuals within the community by (in cooperation with agencies, organizations, and individuals participating in activities under the plan) monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions which will affect older individuals;

(C)(i) where possible, enter into arrangements with organizations providing day care services for children, assistance to older individuals caring for relatives who are children, and respite for families, so as to provide opportunities for older individuals to aid or assist on a voluntary basis

in the delivery of such services to children, adults, and families;

(ii) if possible regarding the provision of services under this title, enter into arrangements and coordinate with organizations that have a proven record of providing services to older individuals, that—

(I) were officially designated as community action agencies or community action programs under section 210 of the Economic Opportunity Act of 1964 (42U.S.C. 2790) for fiscal year 1981, and did not lose the designation as a result of failure to comply with such Act; or

(II) came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs; and that meet the requirements under section 676B of the Community Services Block Grant Act; and

(iii) make use of trained volunteers in providing direct services delivered to older individuals and individuals with disabilities needing such services and, if possible, work in coordination with organizations that have experience in providing training, placement, and stipends for volunteers or participants (such as organizations carrying out Federal service programs administered by the Corporation for National and Community Service), in community service settings;

(D) establish an advisory council consisting of older individuals (including minority individuals and older individuals residing in rural areas) who are participants or who are eligible to participate in programs assisted under this Act, family caregivers of such individuals, representatives of older individuals, service providers, representatives of the business community, local elected officials, providers of veterans' health care (if appropriate), and the general public, to advise continuously the area agency on aging on all matters relating to the development of the area plan, the administration of the plan and operations conducted under the plan;

(E) establish effective and efficient procedures for coordination of—

(i) entities conducting programs that receive assistance under this Act within the planning and service area served by the agency; and

(ii) entities conducting other Federal programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b), within the area;

(F) in coordination with the State agency and with the State agency responsible for mental and behavioral health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental and behavioral health services (including mental health screenings) provided with funds expended by the area agency on aging with mental and behavioral health services provided by community health centers and by other public agencies and nonprofit private organizations;

(G) if there is a significant population of older individuals who are Indians in the planning and service area of the area agency on aging, the area agency on aging shall conduct outreach activities to identify such individuals in such area and shall inform such individuals of the availability of assistance under this Act;

(H) in coordination with the State agency and with the State agency responsible for elder abuse prevention services, increase public awareness of elder abuse, neglect, and exploitation, and remove barriers to education, prevention, investigation, and treatment of elder abuse, neglect, and exploitation, as appropriate; and

(I) to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals;

(7) provide that the area agency on aging shall, consistent with this section, facilitate the areawide development and implementation of a comprehensive, coordinated system for providing long-term care in home and community-based settings, in a manner responsive to the needs and preferences of older individuals and their family caregivers, by—

(A) collaborating, coordinating activities, and consulting with other local public and private agencies and organizations responsible for administering programs, benefits, and services related to providing long-term care;

(B) conducting analyses and making recommendations with respect to strategies for modifying the local system of long-term care to better—

(i) respond to the needs and preferences of older individuals and family caregivers;

(ii) facilitate the provision, by service providers, of long-term care in home and community-based settings; and

(iii) target services to older individuals at risk for institutional placement, to permit such individuals to remain in home and community-based settings;

(C) implementing, through the agency or service providers, evidence-based programs to assist older individuals and their family caregivers in learning about and making behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals; and

(D) providing for the availability and distribution (through public education campaigns, Aging and Disability Resource Centers, the area agency on aging itself, and other appropriate means) of information relating to—

(i) the need to plan in advance for long-term care; and

(ii) the full range of available public and private long-term care (including integrated long-term care) programs, options, service providers, and resources;

(8) provide that case management services provided under this title through the area agency on aging will—

(A) not duplicate case management services provided through other Federal and State programs;

(B) be coordinated with services described in subparagraph (A); and

(C) be provided by a public agency or a nonprofit private agency that—

(i) gives each older individual seeking services under this title a list of agencies that provide similar services within the jurisdiction of the area agency on aging;

(ii) gives each individual described in clause (i) a statement specifying that the individual has a right to make an independent choice of service providers and documents receipt by such individual of such statement;

(iii) has case managers acting as agents for the individuals receiving the services and not as promoters for the agency providing such services; or

(iv) is located in a rural area and obtains a waiver of the requirements described in clauses (i) through (iii);

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

(B) funds made available to the area agency on aging pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712;

(10) provide a grievance procedure for older individuals who are dissatisfied with or denied services under this title;

(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;

(12) provide that the area agency on aging will establish procedures for coordination of services with entities conducting other Federal or federally assisted programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b)

within the planning and service area.

(13) provide assurances that the area agency on aging will—

(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;

(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;

(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 paragraph (4)(A)(i); and

(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

(16) provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care;

(17) include information detailing how the area agency on aging will coordinate activities, and develop long-range emergency preparedness plans, with local and State emergency response agencies, relief organizations, local and State governments, and any other institutions that have responsibility for disaster relief service delivery;

(18) provide assurances that the area agency on aging will collect data to determine—

(A) the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019; and

(B) the effectiveness of the programs, policies, and services provided by such area agency on aging in assisting such individuals; and

(19) provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on those individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019.

(b)(1) An area agency on aging may include in the area plan an assessment of how prepared the area agency on aging and service providers in the planning and service area are for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.

(2) Such assessment may include—

(A) the projected change in the number of older individuals in the planning and service area;

(B) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;

(C) an analysis of how the programs, policies, and services provided by such area agency can be improved, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the planning and service area; and

(D) an analysis of how the change in the number of individuals age 85 and older in the planning and service area is expected to affect the need for supportive services.

(3) An area agency on aging, in cooperation with government officials, State agencies, tribal organizations, or local entities, may make recommendations to government officials in the planning and service area and the State, on actions determined by the area agency to build the capacity in the planning and service area to meet the needs of older individuals for—

(A) health and human services;

(B) land use;

(C) housing;

(D) transportation;

(E) public safety;

(F) workforce and economic development;

(G) recreation;

(H) education;

(I) civic engagement;

(J) emergency preparedness;

(K) protection from elder abuse, neglect, and exploitation;

(L) assistive technology devices and services; and

(M) any other service as determined by such agency.

(c) Each State, in approving area agency on aging plans under this section, shall waive the requirement described in paragraph (2) of subsection (a) for any category of services described in such paragraph if the area agency on aging demonstrates to the State agency that services being furnished for such category in the area are sufficient to meet the need for such services in such area and had conducted a timely public hearing upon request.

(d)(1) Subject to regulations prescribed by the Assistant Secretary, an area agency on aging designated under section 305(a)(2)(A) or, in areas of a State where no such agency has been designated, the State agency, may enter into agreement with agencies administering programs under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act for the purpose of developing and implementing plans for meeting the common need for transportation services of individuals receiving benefits under such Acts and older individuals participating in programs authorized by this title.

(2) In accordance with an agreement entered into under paragraph (1), funds appropriated under this title may be used to purchase transportation services for older individuals and may be pooled with funds made available for the provision of transportation services under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act.

(e) An area agency on aging may not require any provider of legal assistance under this title to reveal any information that is protected by the attorney-client privilege.

(f)(1) If the head of a State agency finds that an area agency on aging has failed to comply with Federal or State laws, including the area plan requirements of this section, regulations, or policies, the State may withhold a portion of the funds to the area agency on aging available under this title.

(2)(A) The head of a State agency shall not make a final determination withholding funds under paragraph (1) without first affording the area agency on aging due process in accordance with procedures established by the State agency.

(B) At a minimum, such procedures shall include procedures for—

(i) providing notice of an action to withhold funds;

(ii) providing documentation of the need for such action; and

(iii) at the request of the area agency on aging, conducting a public hearing concerning the action.

(3)(A) If a State agency withholds the funds, the State agency may use the funds withheld to directly administer programs under this title in the planning and service area served by the area agency on aging for a period not to exceed 180 days, except as provided in subparagraph (B).

(B) If the State agency determines that the area agency on aging has not taken corrective action, or if the State agency does not approve the corrective action, during the 180-day period described in subparagraph (A), the State agency may extend the period for not more than 90 days.

(g) Nothing in this Act shall restrict an area agency on aging from providing services not provided or authorized by this Act, including through—

(1) contracts with health care payers;

(2) consumer private pay programs; or

(3) other arrangements with entities or individuals that increase the availability of home and community-based services and supports.

ATTACHMENT A. SUMMARY OF CHANGES

SECTION	PAGE(S)	EXCERPT PRIOR VERSION	EXCERPT CURRENT VERSION	REASON FOR CHANGE
Cover Page	1	[Cover Page]	[None]	Removed to avoid confusion.
Title Page	1	Area Plan FY 2024-2028…	Area Plan Update…July 1, 2026…	Updated Title and Date and branding design.
[Document Footer]	All	Page 2 of...	Area Plan Update FY 2025-2026… Page 2 of…	Improved formatting.
[Document superscripts and footnotes]	All	Superscripts were applied to reference sources.	Superscripts and footnotes referencing sources and in-text citations were updated in the summaries. Footnotes were moved to the bottom of the section.	Improved formatting and readability.
Area Plan Update Checklist	3	New APU Checklist template.	Update to the APU Checklist for indicating changes and submitting a complete area plan.	Updated.
Transmittal Letter	4	Signatures Required.	Signatures were collected and added Minute Order note.	Updated.
Section 2: Description of the Planning & Service Area	6-13	Outdated data and county agency names and initiatives.	The data was updated, and county agency names and OC Cares initiative updated.	Updated information.
Section 3: Description of the Area Agency on	14-18	Content required updates to align with	Updated Local Master Plan on Aging summary and updated correct acronym for	Updated information.

Aging (AAA)		latest local initiatives and advisory commission updates.	the advisory commission.	
Section 6: Priority Services & Public Hearings	24-25	Previous version only included FY2024-2025 & FY 25-26 information.	Updated priority services for the upcoming FY26-27. Updated questions to reflect efforts in outreach and updated public hearing section.	Updated information.
Section 7: Area Plan Narrative Goals & Objectives	26-32	Unclear language and previous version included goals with an end date of June 30, 2026. Outdated footnote per state guidance.	Goals refined for clarity, and goal dates and statuses were updated to reflect progress into the FY26-27. Updated footnote per state guidance.	Updated information and improved readability.
Section 8: Service Unit Plan (SUP)	33-61	Previous version included FY24-25 and FY25-26 service units. Updated state guidance.	Updated proposed FY26-27 service units and narratives. Updated new state guidance Item #2 to LTC Ombudsman program outcomes, Tittle IIIE Service Plan, and HICAP State & Federal Performance Targets.	Updated information.
Section 9: Senior Centers & Focal Points	62-65	Previous version required updates to include missing centers.	Updated senior/community centers.	Updated information.
Section 10: Family Caregiver Support Program	66-68	Previous version included FY24-25 and FY25-26 information only.	Updated FY26-27 sections.	Updated information.
Section 11: Legal Assistance	69-73	Previous version required update per new state guidance.	Revised answers to new template structure and FY26-27 LSP required information.	Updated information per new guidance.
Section 12: Disaster Preparedness	74-77	Answers to questions required	Revised grammar to answers in question #4, and 6. Updated	Updated information.

		grammar revisions and updates.	information to answer in question #5.	
Section 13: Notice of Intent to Provide Direct Services	78	Previous version included FY24-25 and FY25-26 information only.	Updated FY26-27 sections.	Updated information.
Section 14: Request for Approval to Provide Direct Services	80	Previous version did not include Public Information or Community Education as a Direct Service	Updated to reflect Public Information and Community Education as a Direct Services for all FYs during this Area Plan cycle.	Updated information.
Section 15: Governing Board	81	Previous version required updates to Office Terms.	Updated Office Terms and response to expiring terms.	Updated information.
Section 16: Advisory Council	82-84	Previous version required updates to council membership, names, titles, and terms.	Updated council membership data, names, titles, and terms.	Updated information.
Section 18: Organizational Chart	86	Outdated organizational chart.	Updated organizational chart.	Updated information.
Attachment A. Summary of Changes	97-100	Outdated summary.	Updated summary.	Updated information.
Attachment B. OCA Modernization Supplemental Summary	101	Previous version required updates to reflect service updates.	Updated summary to reflect service updates into FY26-27.	Updated information.
Attachment C. Local Master Plan for Aging Supplemental Summary	102-104	Previous version required updates to reflect status and align with the local initiative.	Updates summary to reflect status through every stage, update webpages and links, and include current initiatives.	Updated information.
Attachment D. Glossary of Acronyms	105-106	Identified duplicate acronyms and required	Included new acronyms and removed duplicates.	Updated information.

		updates to include new acronyms.		
Attachment E. References	107	Previous version required updates to reflect current data references.	Updated reference to U.S. Census Bureau for updated data.	Updated information.

ATTACHMENT B. OCA MODERNIZATION SUPPLEMENTAL SUMMARY

In response to one-time funding from the State of California under the Mello-Granlund Older Californians Act (OCA), the Office on Aging (OoA) implemented a series of targeted programmatic actions to modernize and strengthen the delivery of community-based services for older adults and their caregivers. These actions focused on enhancing service models, increasing access, and supporting aging in place through expanded and supplemental programming aligned with existing services such as Adult Day Care, Case Management, and Caregiver Respite.

Through a competitive Request for Proposal (RFP) process, the OoA implemented a wide range of services, including Alzheimer's Day Care Resource Centers, Linkages, respite care, caregiver assessment and counseling, assistive technology, consumable supplies, caregiver support and training, grocery delivery, and social and intergenerational engagement activities. The initiative also included Nutrition Modernization programs, specifically the distribution of to-go meals under Title III C1 (Congregate) and C2 (Home-Delivered) services, helping to address food insecurity and improve health outcomes for older adults.

As of March 2025, these efforts have resulted but not limited in the delivery of 226 caregiver support groups, 1,859 hours of caregiver assessments and counseling, 3,398 meals and 73 grocery deliveries, and 75 social activities, including cooking, gardening, and activities with children. These outcomes highlight the significant impact of the program in reducing caregiver burden, promoting social connectedness, and supporting healthy aging.

Given the success of this initiative, the OoA has continued these services throughout the FY2025–2026 and into FY2026-2027 program years, with the exception of Linkages.

ATTACHMENT C. LOCAL MASTER PLAN FOR AGING SUPPLEMENTAL SUMMARY

The Office on Aging (OoA) has actively supported the development the OC Cares: Master Plan for Aging (OC MPA). The County Executive Office (CEO), has taken a leading role guiding this initiative as a commitment to ensuring that Orange County remains a vibrant, healthy, and fulfilling place for all residents to live, work, and thrive especially as they age. The OC MPA will serve older adults, individuals with disabilities, caregivers, and families across the entire Orange County geographic area.

Stage 1: Raising Awareness & Community Education
To build early awareness an extensive outreach and education campaign was launched to promote the MPA and the Orange County Older Adults Needs Assessment. Activities included:

- Developing and distributing educational materials across multiple platforms
- Hosting public town halls throughout Orange County
- Launching a dedicated MPA webpage on OoA's website featuring needs assessment findings: www.officeonaging.ocgov.com/master-plan-aging
- Engaging community-based organizations (CBOs), ethnic and faith-based groups, service providers, and local government partners
- Posting informational flyers at key public locations, including senior centers, libraries, congregate meal sites, and public assistance offices

Stage 2: Planning
To address the needs of Orange County, in early planning phases, the local plan was aligned with the County's strategic priorities and its Strategic Financial Plan (SFP) for fiscal years 2021 and 2022 and planned to continue to align with current and ongoing SFP fiscal years and initiatives. An MPA Steering Committee and Advisory Committee was established, comprising representatives from key County departments including the CEO, OoA, Orange Couty Social Service Agency, and Orange County Health Care Agency's Mental Health Recovery Services, and Public Health Services programs. On January 11, 2023, the OC Board of Supervisors (BOS) approved a contract with AdvanceOC to conduct a comprehensive countywide healthy aging assessment designed to identify and prioritize the specific needs and factors impacting the health of OC residents aged 60 and older. The launch and administration of the OC Older Adult Needs Assessment Surveys was issued September 5, 2023 through January 2024 in which included three surveys exploring the experiences and perspectives of older adults, family and friend caregivers, and paid service providers.

Stage 3: Development
The CEO's Data Analytics Team and the Orange County Health Care Agency's Behavioral Health Services Data Analytics and Evaluation Team led the data validation and analysis of the needs assessment surveys from February 2024 to January 2025 leading to the creation of the OC Older Adults Needs Assessment Report (OANA) and website development. The OANA report was released on March 11, 2025, followed by in-person and virtual presentations. The full report, presentation materials including the online presentation recording can be found on the Master Plan for Aging webpage. The OANA report and additional data sources were utilized to determine areas of need and helped to guide the

development of the OC MPA.

The OCMPA was released on August 26, 2025. It outlines three priority initiatives, designed to drive meaningful, sustainable change at the local level:

Priority Initiative 1
Housing Security

"To provide housing security with a focus on support for older adults to age in place."

- Housing for All Ages & Stages
- Affordable Aging

Priority Scope

The long-term intent of this initiative is to address housing and financial instability challenges for OC older adults. The County aims to do this by supporting housing resources which include:

Affordable Housing

Housing when housing cost is no more than 30% of an individual's income.

Supportive Housing

Combines housing with essential support services to help individuals achieve stability and improve overall well-being.

Accessible Housing

Housing that is designed and constructed to be readily accessible and usable.

Priority Initiative 2
Public Information & Resource Campaign

"To create an older adult and caregiver public information and resource campaign with a focus on expanding awareness and connection to available programs, services and resources in OC in an accessible way."

- Health Reimagined
- Inclusion & Equity, Not Isolation
- Caregiving that Works

Priority Scope

The long-term intent of this public information and resource campaign will be to address older adults and their caregiver's concerns around not knowing what type of programs and services related to health (i.e., mental, behavioral, and physical health prevention and treatment efforts), public safety (e.g., fraud and scam prevention, legal planning, abuse and neglect reporting, etc.), and inclusion (e.g., transportation accessibility, work and volunteer opportunities, fire safety and evacuation routes, etc.) are available to them. This priority will also enhance coordination and collaboration efforts amongst the County, OC's older adult service providers, community-based organizations, and outside stakeholders by promoting a more accessible way to access information in multiple languages, including print and digital media, for OC's older adults.

Priority Initiative 3
Enhanced Care Coordination

"To connect vulnerable older adults to resources with a whole person care approach."

Health Reimagined

Inclusion & Equity, Not Isolation

Priority Scope

Through this initiave, the County will leverage partnerships, both existing and new, to better connect older adults to resources with a whole person care approach which may include:

- Resource Opportunities (e.g., housing, transportation, food assistance)
- Health Care Resources
- Public/Personal Safety Information (e.g., elder abuse and fraud prevention)
- Job Placement Opportunities
- Inclusion Opportunities (e.g., volunteer opportunities, older adult activities)
- Legal Planning Resources

The long-term vision for enhanced care coordination uses data to ensure the effective and efficient connection of resources and opportunities to individuals. As a result of coordinating services such as scheduling multiple service appointments back-to-back, barriers related to transportation can be minimized or eliminated.

Stage 4: Implementation

The CEO will lead implementation of the OC MPA, ensuring coordination, progress monitoring, and sustained funding throughout the SFP. The CEO has designed project leaders including the OoA, to serve as the primary liaisons to the members that comprise the OC MPA Priority Initiative Action Teams and the community. The Action Teams are comprised of dedicated stakeholders including members of the Older Adults Advisory Commission, serve as key implementors, with subject matter expertise related to each of the priority initiatives.

Stage 5: Evaluation

The County's plan leaders will ensure progress of the priority initiatives and planned action items within the OC MPA. The first quarterly update has been developed documenting the progression and expected completion dates for each of the action items. The first quarterly update is available on the OC MPA webpage. In addition to progress towards the action items, each of the priority initiatives will develop key metrics to monitor success of the initiatives. These will be determined by the priority initiative action teams within the development process.

ATTACHMENT D: GLOSSARY OF ACRONYMS

AAA	Area Agency on Aging
AB	Assembly Bill
ACS	American Community Survey
ADA	Americans with Disabilities Act
ADRC	Aging and Disability Resource Connection
AoA	Administration on Aging
AP	Area Plan
APS	Adult Protective Services
APU	Area Plan Update
ATT	Access to Technology
CASOA	Community Assessment Survey for Older Adults
CCR	California Code of Regulations
CFR	Code of Federal Regulations
CHAT	Communications, Health, Aging, Technology
CHIS	California Health Interview Survey
CNAP	County Nutrition Action Partnership
COHS	County Organized Health System
DC	Digital Connections
DMC	Dale MacIntosh Center
EAFC	Elder Abuse Forensic Center
EMB	Emergency Management Bureau
ENP	Elderly Nutrition Program
EOC	Emergency Operations Center
ESL	English Second Language
FAST	Financial Elder Abuse Specialist Team
FCSP	Family Caregiver Support Program
FPL	Federal Poverty Guidelines
FTE	Full-Time Equivalent
FY	Fiscal Year
HCA	Health Care Agency
HCV	Housing Voucher Program
HDM	Home Delivered Meals
HICAP	Health Insurance Counseling and Advocacy Program
HUD	Housing and Urban Development
I&A	Information & Assistance
IHSS	In-Home Supportive Services
IHSS	In-Home Supportive Services
LGBT	Lesbian, Gay, Bisexual & Transgender
LGBTQ	Lesbian, Gay, Bisexual & Transgender, and Queer
LSP	Legal Services Provider
LTC	Long Term Care
LTSS	Long Term Supportive Services

MOU	Memorandum of Understanding
MPA	Master Plan for Aging
NORS	National Ombudsman Reporting System
OAA	Older Americans Act
OACC	Older Adults Advisory Commission
OANA	Older Adults Needs Assessment Report
OC ACCESS	ADA Paratransit
OC DAFN	Orange County Disabilities and Functional Needs
OCA	Older Californians Act
OCASC	Orange County Aging Services Collaborative
OCCR	Orange County Community Resources
OCCS	Orange County Community Services
OCDAFN	Orange County Disabilities and Functional Needs Working Group
OCEMB	Orange County Emergency Management Bureau
OCHA	Orange County Housing Authority
OC MPA	OC Cares: Master Plan for Aging
OCOAAC	Orange County Older Adults Advisory Commission
OCSPA	Orange County Strategic Planning on Aging
OCTA	Orange County Transportation Authority
ODIN	Ombudsman Data Integration Network
OES	Office of Emergency Services
OoA	Office on Aging
OSLTCO	Office of the State Long-Term Care Ombudsman
PACE	Program of All-Inclusive Care for the Elderly
PAM	Public and Media Events
PD or C	Program Development/Coordination
PIT	Point in Time Count
PSA	Planning and Service Area
PSPS	Public Safety Power Shutoffs
RCFE	Residential Care Facility for the Elderly
RFP	Request for Proposal
SCSEP	Senior Community Service Employment Program
SHARP	Statewide HICAP Automated Reporting Program
SHOPP	Senior Health Outreach Prevention Program
SMP	Senior Mobility Program
SNEMT	Senior Non-Emergency Medical Transportation
SS	Social Security Benefits
SSA	Orange County Social Services Agency
SSI	Supplemental Security Income
START	Substance Abuse Resource Team
SUP	Service Unit Plan
TSR	Tobacco Settlement Revenue
VASH	Veterans Affairs Supportive Housing
VSO	Veterans Service Office
WEDD	Workforce & Economic Development Division
WIOA	Workforce Innovation and Opportunity Act

ATTACHEMENT E: REFERENCES

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