

**IMPERIAL COUNTY  
AREA AGENCY ON AGING  
PSA 24**

**Four-Year Area Plan on Aging  
2024-2028**

**2<sup>nd</sup> Year Update  
FY 2025-2026**

**SARAH M. ENZ**  
IMPERIAL COUNTY PUBLIC ADMINISTRATOR  
AREA AGENCY ON AGING DIRECTOR

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**AREA PLAN UPDATE (APU) CHECKLIST**  
**Check one:**  **FY 25-26**  **FY 26-27**  **FY 27-28**

AP Guidance Section	Required Annual Update Sections	Check Updated
n/a	<b>A) Transmittal Letter-</b> <i>(submit by email with electronic or scanned original signatures)</i>	
n/a	<b>B) APU-</b> <i>(submit entire APU electronically only)</i>	X
2, 3, or 4	<b>C) Estimate-</b> of the number of lower income minority older individuals in the PSA for the coming year	X
6	<b>D) Priority Services and Public Hearings</b>	X
n/a	<b>E) Annual Area Plan Budget</b> (send to <a href="mailto:finance@aging.ca.gov">finance@aging.ca.gov</a> )	
8	<b>F) Service Unit Plan (SUP) and LTC Ombudsman Program Outcomes</b>	X
11	<b>G) Legal Assistance</b>	
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:	
7	• System-Building and Administration	
7	• Title IIIB-Funded Programs	
7	• Title IIIB-Program Development/Coordination (PD or C)	
7	• Title IIIC-1 or Title IIIC-2	
7	• Title IIID-Evidence Based	
7	• HICAP Program	
9	Senior Centers and Focal Points	
10	Title IIIE-Family Caregiver Support Program	
12	Disaster Preparedness	
13	Notice of Intent to Provide Direct Services	
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	X
<b>Atch. A</b>	AAA Area Plan Summary of Changes	
<b>Atch. B</b>	OCA Modernization Supplemental Summary	
<b>Atch. C</b>	Local Master Plan for Aging Supplemental Summary	

# 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: Imperial County Area Agency on Aging PSA 24

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

1. Supervisor Chair John Hawk

(Type Name)

\_\_\_\_\_  
Signature: Governing Board Chair <sup>1</sup>

\_\_\_\_\_  
Date

2. AJ Gaddis

(Type Name)

\_\_\_\_\_  
Signature: Advisory Council Chair

\_\_\_\_\_  
Date

3. Sarah M. Enz

(Type Name)

\_\_\_\_\_  
Signature: Area Agency Director

\_\_\_\_\_  
Date

<sup>1</sup> Original signatures or electronic signatures are required.

# SECTION 1

## MISSION STATEMENT

The Imperial County Area Agency on Aging (AAA) uses this section of the Plan to present a mission statement partnered with a statement of vision. The mission statement, in our view, captures the more theoretical side of the reason behind our efforts. It is the foundation upon which the vision was created.

### The Vision

*Avoid or reduce premature institutionalization of the frail elderly by the development and provision of a community-based system of long-term care.*

### The Mission

*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 protects the quality of life of older persons and persons with functional impairments; and to promote citizen involvement in the planning and delivery of services. Protecting, assisting and advocating for individuals by coordinating community-based services to maintain their independence at home; and protecting the assets and managing the estates of those who have passed away.*

This mission effort is carried out through the activities of an AAA Director/Public Administrator, AAA Manager, AAA Advisory Council, and through policy direction confirmed by the Imperial County Board of Supervisors. AAA providers are retained under contract to deliver services in accordance with our goals. Developing this system referred to above involves planning and advocacy by these same parties including participation by private citizens and other human service organizations. The AAAs are charged with the mission in the official California Department of Aging directive above. This is the core work of the AAA system statewide.

### The Role of the Agency is to:

1. Continue to develop and coordinate an integral comprehensive community based system of care for seniors in PSA 24;
2. Provide services that are culturally sensitive to low-income, minority, rural, and functionally impaired individuals, as well as to Lesbian, Gay, Bisexual and Transgender (LGBTQ) seniors;
3. Coordinate nutrition and supportive services to assure maximum independence and dignity at home for the elderly in order to prevent premature institutionalization; and
4. Prevent elder abuse through community awareness and education, and create opportunities for seniors to improve their communities.

## SECTION 2

### DESCRIPTION OF PLANNING AND SERVICE AREA



Picture of Imperial County Sand Dunes, First Plank Road circa 1915 (BLM webpage)

The desert waited  
Silent, hot, and fierce,  
In its desolation,  
Holding its treasures  
Under the seal of death;  
Against the coming of the strong ones.

*Harold Bell Wright*

Imperial County is a definite part of California's presence in the American Desert Southwest. Fernando de Alarcon, discoverer of the Colorado River, visited the area as early as 1540. It was charted further by Spanish explorers and Catholic friars, as was much of California. White settlements existed along the Butterfield State Route in the frontier of that time as early as 1858; no real development took place until water was brought into the area in 1901. It was the All-American Canal, constructed in the 1930's with the significant use of mule teams, which became the primary channel of water. The spirit of fortitude, self-reliance, and survival that has made the Imperial Valley what it is today is an asset that remains. Planners and providers, when marketing the products of the AAA to the senior community and their families, must consider this.

The development of dams and canals gave new people the courage to arrive and settle in the Imperial Valley and overcome the hot, dry, harsh and barren elements. Native to this area is the Quechan Indian Tribe that used primitive means to cope with these same climatic factors.

Turn-of-the-century water projects, bolstered by an act of Congress, helped propel westward expansion into the 20<sup>th</sup> century. This migration brought Portuguese, Swiss, and East Indians who were herders, dairymen, and farmers. Modern expansion saw “dust bowlers” from Oklahoma and the Great Plains seeking a new life out West. Mid-Western and Southern African Americans came in this direction as well during this time with farming and business intentions. It is distinctive to note that the first African American mayor of El Centro, California, was also the first African American mayor to be elected anywhere in the United States. Immigration of Mexican farm workers became heavy in the 1950’s, a fact that reverberates with the death of Cesar Chavez, a man familiar to many people in the area. Legal and illegal immigration of unskilled manual labor from Mexico is a phenomenon that has continued to the present day.

Though Agriculture is the economic cornerstone, other economic components flourish, and some are in the developmental stage. Conservation and land development fueled the kind of population growth that, consequently, created an agricultural base, which still fundamentally defines the area economically. This is marked by the expression of both the commercial and cultural content of several annual produce festivals and main-street oriented farmers markets held throughout the valley.

<sup>1</sup>Imperial County consistently ranks among the top ten counties in the State in agricultural production. In 2022, Imperial County agriculture gross production was valued at \$2,612,578,000. This is an increase of \$331,142,000 (14.51%) compared to 2021.

- Cattle ranked as Imperial County’s number one commodity with a gross value of \$477,421,000, which is an increase of 2.8% from 2021. Alfalfa ranked second with a gross value of \$269,735,000.

Imperial County Agriculture continues to provide a significant amount of employment, both in direct employees and jobs attributable to expenditures by agriculture companies and their employees.

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<sup>1</sup> 2022 Imperial County Agricultural Crop & Livestock Report.

However, due to the seasonal nature of farm labor,<sup>2</sup> Imperial County typically runs one of the highest unemployment levels in the State, currently 15.7%, per the California Employment Development Department, Imperial County Profile (April 2024). This has a bearing on the kind of collective family resources available to older people. Geothermal electric energy, renewable energy (solar and wind) and gold mining are other important industries as well. The early nineties saw the completion of two maximum security State prisons, an industry that was welcomed by civic leaders, planners, and those needing full-time jobs that now find work as correctional staff. The United States Mexico Canada Agreement (USMCA) holds promise for this area's future economic development as this area becomes more influential as a transportation gateway for goods and materials internationally from Mexico, as our County is in the center of several commercial markets (San Diego County to the West, Los Angeles, San Bernardino and Riverside Counties to the North, and Arizona to the East).

The boundaries that describe this area are defined both politically and geographically with respect to service to senior citizens, a single-county Planning and Service Area (PSA), referred to as PSA 24 by the California Department of Aging (CDA).

The Colorado River east of us forms the boundary between California and Arizona. We form half of California's portion of the international border between the United States and Mexico. The county line west of us, perpendicular to the border, begins at its southern point along the high altitude of the Pacific Coastal Mountain Range.

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<sup>2</sup> California Employment Development Department, Imperial County (April 2024)

Yet the northern county line dips to nearly the lowest point in the State at 235 feet below sea level, where the New and Alamo rivers empty to form the Salton Sea. One local city -- Calipatria -- at 184 ft. below sea level has the following claim to fame: The tallest unsupported flagpole in the world whose flag flies above sea level. Natural hot springs and spas can be found throughout the area serving as an attraction to mostly older guests from out of the area.

The permanent year-round senior residents are very proud of their home here in the Imperial Valley and are generally not new arrivals. Many winter visitors, usually retirees, known as “snowbirds”, find the Valley a favored alternative to their Northern and colder home climates. Similarly, but in fewer numbers, some older seniors leave for weeks during the summer to escape the torment of the heat. The heat does have adverse effects on service access and/or delivery when seniors resist getting out because of the heat. Many cannot afford to run air conditioner units resulting in health hazards. Census numbers are derived from residents who reside here year-round or who are in residence at the time of the census. Therefore, we do not target our services to the snowbird population, although from a surface view it might seem a responsibility that should be ours. Seasonal visitors have the means and resources to travel and maintain essentially two homes, one being on wheels. On the other hand, many of our local people cannot afford or are unable to drive a car.

The demographic numbers that define PSA #24 create an interesting profile when compared to the rest of the thirty-three (33) PSAs found throughout the State. <sup>3</sup>Our overall county population was estimated to be at 180,051 according to the United States Census Bureau Quick Data 2021 the population aged 60 and over is estimated to be at 37,634 according to the 2024 California Department of Aging Population Demographic Projections by County and PSA Demographics.

The 37,643 projected residents aged 60 and over in 2024 is the level used to derive a figure of about 21% in relation to the total population of the same year. Table 1 below depicts how this is represented in terms of demographic projections.

**Table 1**  
**Population Demographic Projections**

PSA #24 2024	60+ Total Projecti on	60+ Non- Minority	60+ Total Minority	60+ Low Incom e	60+ Medi Cal Eligible	65+ SSI/ SSA	60+ Geo. Isolation	60+ Non- English	60+ Lives Alone	75+ Populati on
Imperial County	37,634	6,505	31,129	8,455	19,061	5,513	5,926	8,040	5,335	12,764
Percent Increase and (-) Decrease	0.56%	-4.7%	1.7%	-0.9%	9.4%	1.7%	23.7%	2.7%	-0.6%	4.8%

We make a point here to say that Imperial County has traditionally been ranked with a peculiar set of “highest” in the State. Imperial County ranks highest in the percent of minority, highest in low-

<sup>3</sup> United States Quick Data 2021 and the 2024 California Department of Aging (CDA) Population Demographic Projections by County

income, and highest in limited or non-English speaking population groups. This is significant in a planning sense because of their presence in the State's Older Americans Act (OAA) funding formula. We are also a part of a small subset of PSA's defined by California Department of Aging (CDA) as rural. These distinctions carry with them certain implications for targeting, which are dealt with in other parts of the Plan.

According to 2022 American Community Survey 1-Year Estimates, 11,229 individuals have one or more types of physical disability 65 years of age and older. This is a 1.3% increase since 2016 and is expected to continue to increase as more Baby Boomers become older adults. Unfortunately, ages 60-64 are not defined and racial/ethnicity composition or economic status are not very accurate due mainly to the geographic isolation of some of the communities. The County is sparsely populated for its geographic size and has a limited transportation system that makes it difficult for seniors to travel from the remote areas to the main cities. The high unemployment rate influences the tax revenue generated in the County. This in turn affects the County budget, leaving little surplus for use on senior services. The County is very dependent on the AAA for services that would not be otherwise available to seniors.

If one were to remove entirely the presence of the AAA from the service system that exists now for seniors, a much more limited or non-existent set of resources would be found. Some of those services are with the County, such as the Social Services Department, host to the Adult Protective Services and In-Home Supportive Services programs. In addition, County services are also provided through the Behavioral Health Department and the Health Department. Many kinds of medical problems are referred to San Diego for diagnosis and treatment. This can be a complicated situation for older individuals. Our efforts at the AAA have led to the development of a transit service devoted solely to reaching medical destinations in San Diego County. IVT MedTrans now operates for people of all ages in the Valley, needing to deal with their health problems in San Diego. Other helping services are notable and visible such as the housing authorities, Social Security, Department of Rehabilitation, Veterans' Services and Employment Training Services. The Imperial County was once home to an Alzheimer's Association office, but that has since been closed and only referrals are made to Alzheimer's San Diego. A representative from Alzheimer's Association holds monthly office hours at the El Centro Day Out Center to connect the community to their resources.

Without the predominant federal funding of AAAs, there would be some crucial pieces missing from the range of senior services that we offer. Nutrition, Long Term Care Ombudsman, and senior legal services are not funded by any other local source. The emphasis that we place in some of our other programs accentuates a focus on the elderly that would be missing otherwise. We continue to work with PSA 23 San Diego Aging and Independence Services (AIS) for a partial administrative role in the Health Insurance Counseling and Advocacy Program (HICAP).

The older people of Imperial County, who have decided to live out their years in this valley until their time comes to go, have been the strong ones all along. This is the land where they have toiled; it is they who have built the Valley. It is we who are now driven by the pursuit of lifting those who are now weaker and are facing difficulty. We do not want them to experience the desolation of old age. We do not want old age to bring about new complexities competing with the forces they have already fought to subdue.

# SECTION 3

## DESCRIPTION OF THE AREA AGENCY ON AGING

By definition under the Older Americans Act (OAA), the Area Agency on Aging (AAA) is a single organizational unit. That is, we are the local emissaries for Federal and State branches of departmental government, which fund and regulate the OAA and the Older Californians Act (OCA) respectfully. The agency's local Governing Board of Directors is the Imperial County Board of Supervisors. The Board is responsible for approving all policies, service contracts, budgets, and plans impacting the agency.

District 1  
Jesus Eduardo Escobar

District 2  
Martha Cardenas-Singh

District 3  
Peggy Price

District 4  
Ryan E. Kelley

District 5  
John Hawk

The AAA is in the building that houses the Public Administrator Department, which is headed by the appointed official for the office of Public Administrator.



The AAA itself has a small staff of five that can perform the core duties expected of the office. The AAA Manager is the responsible agent for planning, contract management, provider orientation, program monitoring, budget control, and is the liaison between the California Department of Aging (CDA) and the County. Presently, the fiscal duties are shared amongst the AAA staff, with the Administrative Analyst and the Account Clerk III assisting with functions such as maintaining internal fiscal records, and processing and reporting to CDA. The Long-Term Care Ombudsman Coordinator monitors the services of the volunteer Ombudsmen for the program, including Elder Abuse Program services. Our Information & Assistance Coordinator serves as the primary receptionist, providing Information and Assistance, Outreach, and administrative and clerical support. The Administrative Analyst I provides administrative and clerical support to the Fiscal Department and manages AAA provider contracts. The administrative staff is supported by a network of volunteers that provide

invaluable service and assistance. Without their assistance, the AAA would not be able to maintain its current level of service.

The AAA can conduct its business effectively because of the support of the Imperial County Area Agency on Aging Advisory Council (AAA Advisory Council). The OAA requires the presence of an AAA Advisory Council. Most of its members are in fact senior citizens that perform the process of planning and policy discussion from a peer group perspective. See Section 17 for the technical composition (60+ disabled representation, senior and caregiver advocates/providers/organizations, law enforcement, government, etc.). The AAA Advisory Council is the leader in relation to all aging issues, advocacy and planning community responses. Their active participation in the Needs Assessment, Program Planning, Budgeting, Contracting, Monitoring, and Area Plan Hearings makes them invaluable in the decision-making process of the level and quality of services provided in PSA 24. The Council operates with several standing committees. Ad-hoc committees are formed as needed to study special issues.

The AAA Manager, the Public Administrator/AAA Director, Information & Assistance Coordinator, and members of the AAA Advisory Council inform the elderly, frail, disabled and the public regarding the type of services that are available at the AAA, through various presentations and community events throughout the County. On several occasions, the AAA Manager, members of the AAA Advisory Council and Public Administrator/AAA Director have advocated before the Board of Supervisors for additional funding to expand services for seniors and the disabled in Imperial County. It is through this leadership effort that Imperial County Board of Supervisors has authorized the Information and Assistance/Outreach Program and the Ombudsman Program to be performed as a direct service of the AAA.

While AAA has made considerable strides in the provision of comprehensive consumer friendly service, our provider network, and ultimately our consumers will be faced with many challenges in offering and accessing a cohesive seamless network of services. The AAA requires provider representation at monthly meetings of the AAA Advisory Council. The Providers also meet quarterly at the Provider Integrated Case Management Meetings to ensure a cooperative and coordinated network of services between service providers. Limited resources will continue to be one of the greatest challenges for AAA PSA 24 in years to come. In a continuous effort to maximize our outreach to reach seniors in our community, the AAA has implemented the use of a web page and County's social media, bringing our services into the electronic age. Use of a web page and Facebook allows seniors access to information on the Internet, as well as providing information for seniors in Imperial County to relatives, family, friends, and caregivers, whether physically in our area or not. The electronic AAA Senior Directory is another means of sharing our services as well as other community services available to seniors in Imperial County. The web page and the Senior Directory identify services available to seniors, contact information, linkages to other services, health and safety articles, upcoming events, and remind seniors/caregivers that AAA services are available free of charge, with only suggested donations accepted.

The County of Imperial provides a generous in-kind "soft" match as an under-pining for the AAA. This is first seen by the planning and management contributions made by the Public Administrator (PA) Department. The PA also provides the AAA with walk-in reception, mail sorting duties, and some telephone reception service. In-kind contributions to the AAA come from other county departments as well, such as with the Auditors, Facilities Management, County Counsel, Human Resources & Risk Management and Procurement Services.

The small number of staff works extremely hard to administer approximately \$1,780,192 of funding to uphold mandates directed by the OAA & OCA which are monitored through the California Department of Aging. The needs in the mandated Title III Senior Nutrition program continue to rise year after year. As we know, the United States experienced the largest birth cohort ever born in the years of 1946 through 1964. Those born within these years have been identified as the “Baby Boomers”. In the year 2006, the Boomers began their retirement years. According to the California Older Americans Act (OAA) State Plan on Aging 2021-2025, the projected 60+ population in AAA PSA 24 is expected to more than double between the years 2010 and 2060, a 168% increase, with a large emergence between 2010-2030.

While it is anticipated that the Boomers will not become a heavy demand on the overall service system until around the year 2030 (which is when the average age will be 75+), the time is ripe to begin the redesign of delivery systems, legislative efforts, housing planning, community program developments, and community education. Overall, education will prove to be an important component in the Boomer planning, particularly since the Boomers have recognized the County of Imperial to be ideal to remain for retirement because of the low cost of living.

The Imperial County also has the largest number of what researchers call, the “hidden poor.” What they are referring to is that many seniors live in a gap between the federal poverty level and the Elder Index’s poverty measure (a measurement considered to be a more accurate cost estimate of what it takes to have a decent standard of living). Researchers found that the Imperial County is the only county in California with more than 40% of the older population to be among the “hidden poor.” Essentially, almost half of the seniors in our county do not make enough income to live a decent quality of life, yet if we were to abide by the federal poverty guidelines, only 11.9% would be considered “poor.”

According to the latest Community Assessment Survey for Older Adults (CASOA) conducted in 2023, the top three items listed as their main concerns are: Housing, Information on Available Older Adult Services, and Physical Healthcare. These three can be tied to the issues facing the nutrition program and the “hidden poor.” Affordable housing is hard to find and has an impact on the overall well-being of the seniors. This becomes much harder for someone with a fixed income but may not always be able to qualify for low-income housing.

In the Community Assessment Survey for Older Adults (CASOA) conducted in 2023, 149 seniors ranked their concerns as follows: #1 Housing, #2 Information on available older adult services, #3 Physical Health, #4 Health Care, #5 Finances, #6 Social Engagement, #7 Employment, #8 Mental Health, #9 Civic Engagement, and #10 Mobility. Approved Percentage Rates are being revised in response to the priorities stated by the senior community: Legal - 10% (priority #2), Access - 30% (priorities #3, #4, and #10), and In-Home - 8% (priority #6). Medi-Cal beneficiaries may apply for In-Home Supportive Services to help in these areas. Seniors today face problems at home and are often unable to meet some of these needs independently.

Also, regarding the problem with not having enough money to live on, this ties back to the “hidden poor.” Seniors may not be considered “poor” by the federal guidelines, but they may truly not have enough money for housing, food, and medication. If they do not have enough money for their basic needs, then their quality of life will be diminished. What we are seeing is a cycle that will not end anytime soon unless it is addressed.

## **Location**

The AAA is located at 778 W. State Street in downtown El Centro. We are at a centralized location just a few blocks away from the courthouse and Imperial County Administration building. The building is also next to a bus stop and bus station, which has increased our traffic and thus we are able to provide more information to interested individuals. This more centralized location has made the AAA more accessible to the public.

In accordance with California Department of Aging Program Memo (PM) 13-01 (P), "...each AAA will have developed a transportation plan...develop at least one goal or objective for inclusion in the AAA's FY 2013-14 APU that will focus on what the AAA plans to do to address transportation coordination/mobility management..."

As a member of the Social Services Transportation Advisory Council (SSTAC) and with the AAA Director currently serving as the Chair, the AAA has been advocating for an increase in inter-city transportation services that link to the outlying cities. The AAA office has a bus stop located immediately in front of the building and a bus transfer center is located within walking distance, only two blocks away. SSTAC continues to work with ICTC for potential additions and/or changes to any transportation service as needed. Transportation services include IV Transit fixed-route bus system for Imperial Valley, inner-city circulators such as IVT Blue Line for southern El Centro, IVT Green Line for northern El Centro, and IVT Gold Line for Brawley. In addition, other transportation services include IVT Access-paratransit, IVT Ride-Dial-a-Ride, and IVT MedTrans-medical transportation services for the San Diego area. ICTC built a partnership with the YCAT-Turquoise route service that resulted in the additional service to the eastern part of the Imperial County, therefore providing transportation to senior citizens from the Winterhaven area to El Centro, where they can transfer and travel to other cities in the Imperial County. There are bus transfer centers located in the City of Brawley, City of Imperial, and City of El Centro. The City of Calexico will have a bus transfer center soon. The bus transfer centers are centrally located in each city to allow the public the opportunity to link up with either other intra-city buses or inner-city buses

Currently, seniors receive discounted fares on the IV Transit bus system and free transportation using the IVTRide, IVT MedTrans, and/or IVT Access to go grocery shopping, pickup medication, doctor's appointment and much more. This is made possible with funding provided by the AAA for senior transportation.

On May 1, 2019, the Public Administrator/Area Agency on Aging office started selling transit fare tickets to the community as a public service. Fare tickets for IVT Ride, IVT Green and Blue lines are sold under a pilot program for seniors, disabled and the public.

## **Aging & Disability Resource Connection (ADRC)**

The Imperial County Area Agency on Aging partnered with Access to Independence to pursue the designation of Emerging ADRC in 2019. In Fiscal Year 2022-2023, the designation was granted, and funding was provided to set up an ADRC in Imperial County. On April 22, 2024, the California Department of Aging notified us that the ADRC Designation Review Panel granted full designation status for Imperial County ADRC, effective that date with all conditions removed.

The Aging and Disability Resource Center (ADRC) serves as a single point of entry into long-term support and services for older adults and people with disabilities. ADRC's provide unbiased, reliable information and counseling to individuals of all income levels. Through integration or coordination of existing aging and disability service systems, ADRCs help people easily access public and private long-term support and services programs. Imperial County's ADRC is under the leadership of Letty Zuno, Executive Director of Access to Independence, and Sarah M. Enz, Public Administrator/Area Agency on Aging Director of Imperial County.

Through this partnership, ICADRC hopes to help families of all income levels access services and support throughout the Imperial Valley. In June of 2022, Access to Independence held a community workshop to inform the community of this emerging ADRC and build community partnerships. Imperial County's ADRC is unique and is the first of its kind in the Imperial County to offer a "No Wrong Door" approach to long-term-services and supports available.

The Aging & Disability Resource Center of Imperial County promotes choice and independence through personalized education, advocacy, and access to services that prevent, delay, and lessen the impacts of aging and disabilities in the lives of adults.

Following are the services provided by the ADRC:

1. Transition & Diversion
2. Option Counseling
3. Short-term Coordination
4. Information & Assistance

To learn more about the Imperial County ADRC visit: [icadrc.org](http://icadrc.org) or call: (760)332-3213. The hours of operation are Monday – Friday from 8:00 am to 4:30 pm.

### **CalzConnect: Building CA's Dementia Capable No Wrong Door System**

This pilot project is being funded by the Administration for Community Living (ACL) Alzheimer's Disease Program Initiative. Early last fall, the California Department of Aging (CDA) reached out to the AAA Director to see if PSA 24 would be willing to partner with them to apply for this grant. The grant seeks to pilot a dementia capable consumer navigation contact center. Only three counties in CA were asked to partner, Ventura County, Marin County, and Imperial County. The ACL selected CDA's grant application and PSA 24 is developing a work plan to put this initiative into place. Our AAA has been awarded \$148,186 to be expended by August 31, 2026. A Community Health Worker (Extra Help) will be hired and trained as a Care Team Navigator utilizing the evidence-based Care Ecosystem developed by University of California San Francisco (UCSF). The Board of Supervisors approved the contract on May 21, 2024, and the recruitment process for this position once it is fully executed.

### **Dementia Aware Training**

Senate Bill 48 passed in the fall of 2021, which allows Medi-Cal providers who complete the Dementia Aware Training to be reimbursed. The Dementia Aware initiative is being led by the Department of Healthcare Services. The AAA Director is part of the San Diego/Imperial County Geriatrics Workforce Enhancement Program Council, and University of California San Diego

(UCSD) contacted PSA 24 to participate in this initiative. The program leadership for the initiative is University of California San Francisco (UCSF), who has developed a Dementia Screening Tool. This tool will be utilized by physicians to screen their patients for dementia and in return, the physicians will now be able to bill Medi-Care. AAA has been awarded \$36,000 for this project. Over the summer, the AAA Director will be conducting training at local provider offices on how to utilize this tool. On August 28, 2024, USC and UCSF will be visiting Imperial County to conduct an all-day training.

### **Dementia Training**

In an effort to bring awareness, the AAA Director has been providing training to local Skilled Nursing Facilities, Certified Nurse Assistant students, and Medical Assistant students on the following topics: the 10 Warning Signs of Dementia, How to Care for someone with Dementia, and the signs of Elder Abuse.

### **Local Health Plans**

The AAA has a strong network, that includes representatives from the local health plans serving the Imperial County. The health plans include the Imperial Valley Community Health Plan that now serves all MediCal clients. However, we also keep our relationships with Molina Healthcare, Brand New Day, and California Health & Wellness. The AAA strengthens the relationships by keeping our partners informed, inviting them to our meetings, and providing with a platform to share their information and upcoming changes to the community through our Healthy Aging Virtual Education training, that is part of our Information & Assistance Program.

## SECTION 4

### PLANNING PROCESS & ESTABLISHING PRIORITIES

The AAA uses a multiple outreach approach to obtain public input for the planning process. The process includes formal public hearings, public service announcements to all media, a needs assessment survey, AAA Website, as well as, informal opportunities for input. The formal hearings are scheduled in all the cities that we serve, and are directed to Senior Organizations and Senior Congregate Sites. The informal outreach opportunities include the Senior Congregate Sites, Home Delivered Meal Clients, Senior Centers, Senior Apartment complexes, senior gatherings and health fairs, and the general public. The tools used in each of these cases included a presentation and/or survey suggestion forms. In all cases, the presentations and printed materials are bilingual in Spanish and English, as are the survey forms.

The formal public outreach/input opportunities were scheduled as follows:

<b>Site</b>	<b>Address</b>	<b>Dates</b>
El Centro Adult Center	385 S. First Street El Centro, CA 92243	Monday, March 17 11:00 am
Holtville Gardens	950 Holt Avenue Holtville, CA 92250	Tuesday, March 18 11:00 am
El Centro Desert Villas	1755 W. Main Street El Centro, CA 92243	Tuesday, March 18 11:00 am
Calipatria Community Center	150 North Park Avenue Calipatria, CA	Wednesday, March 19 11:00 am
Ocotillo Senior Nutrition	1165 SW Imperial Highway Ocotillo, CA 92259	Friday, March 21 11:00 am
Calexico Senior Center	707 Dool Avenue Calexico, CA 92231	Monday, March 24 11:00 am
Pioneers Memorial Hospital Skilled Nursing	320 W. Cattle Call Drive Brawley, CA 92227	Tuesday, March 25 10:00 am
Brawley Senior Center	575 J Street Brawley, CA 92227	Tuesday, March 25 11:00 am
Heber Community Center	1132 Heber Avenue Heber, CA 92250	Wednesday, March 26 11:00 am
Westmorland Senior Center	298 W. 3rd Street Westmorland, CA 92281	Wednesday, March 26 11:00 am
West Shores Senior Citizens Club	13755 Borrego Salton Sea Way Salton City, CA 92274	Thursday, March 27 11:00 am

The informal presentations include outreach to home-bound clients, the local LGBTQ Resource Center, various senior clubs, several fairs, parades, community events, and additional general presentations to seniors, their family and caregivers, and the public throughout the County, including the rural outlying areas.

At each of the above-mentioned activities/events, the AAA Advisory Council, AAA staff and/or area providers take the opportunity to promote the AAA services and Area Plan, and to request input on current services and/or unmet needs. The AAA Council Members, representing the standing committees of the Council, are present at the formal or the informal presentations. As representative of the Senior Population of the County, the AAA Advisory Council members utilized these opportunities for interaction with the community to obtain input regarding senior services and needs assessment. The AAA Advisory Council provides their input to the AAA staff. All the input is incorporated into the Area Plan, which is available for review to the public before and during the public hearings.

The AAA looks at the needs of the community (obtained from the community survey), the historical use of funds, and the input from community stakeholders (gathered during the public hearings), to determine that Title III-B funds are adequately proportioned. The AAA also makes sure that the funds meet the minimum thresholds required by the California Department of Aging with a minimum of 30% going to Access, a minimum of 8% going to in-home care, and a minimum of 10% going into Legal Assistance.

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# SECTION 5

## NEEDS ASSESSMENT & TARGETING

### NEEDS ASSESSMENT

Our formal needs assessment project involved a convergent approach utilizing two methods of inquiry, primary source and secondary source. This pre-Plan function is a gateway to the planning process alerting us to the fact that the eventual Plan must address defined needs. A convergent approach implies the use of multiple assessment tools. The AAA Advisory Council became acquainted with this kind of process through the Needs Assessment Guidelines and Core Questions publication (California Department of Aging Program Memo 00-21) of the California Department of Aging (CDA) that promoted the advantages of such a strategy. Given our limitation of resources, we confined our initial options to a survey technique and to the interview of professionals familiar with our population and senior representatives in the community.

A questionnaire was circulated by the California Department of Aging (CDA) among current and potential consumers that represents a primary source orientation of direct information gathering. Locations of distribution are identified in Section 4, The Planning Process & Establishing Priorities.

The results of the Community Assessment Survey for Older Adults (CASOA) conducted in 2023 showed that the 149 seniors surveyed ranked their concerns as follows: #1 Housing, #2 Information on available older adult services, #3 Physical Health, #4 Health Care, #5 Finances, #6 Social Engagement, #7 Employment, #8 Mental Health, #9 Civic Engagement, and #10 Mobility. Approved Percentage Rates are being revised in response to the priorities stated by the senior community: Legal - 10% (priority #2), Access - 30% (priorities #3, #4, and #10), and In-Home - 8% (priority #6). Medi-Cal beneficiaries may apply for In-Home Supportive Services to help in these areas. Seniors today face problems at home and are often unable to meet some of these needs independently.

The AAA utilizes the World Wide Web/Internet to reach a wider spectrum of the senior population, caregivers, family and friends, including adults with disabilities and the LGBTQ senior population. The AAA has a web page linked on the county's website. The web page has a link to contact our office, making us available to receive input from anyone on the Internet. Over time, we have noticed that our senior populations have become more comfortable with using the Internet. The web page address is [www.aaa24.org](http://www.aaa24.org). In addition to this, the AAA staff and its contract providers will continue to collect survey data throughout the year, therefore enabling us to capture a better perspective of our senior population as it relates to needs.

We also addressed the Area Plan with our current group of AAA providers, requesting their input in the Plan process utilizing Exhibit F of our Provider Contracts. Providers are required to complete Exhibit F to provide input at mid-year to assist the AAA in the next Area Plan (AP) or AP Update. This serves as an opportunity to alert other important institutions in the community of our efforts to plan and what we intend to provide. Woven throughout several of the Plan's goals is a similarly written objective that calls for the development, maintenance, and submittal of Provider Participant Profiles. With the system wide implementation of the Service Accounting and Management System (SAMS) Software from WellSky, this allows us to establish a reliable technique of collecting and reporting the nature of a person's distress, hardship, or burden that has brought them to the AAA

program for support and/or assistance, establishing the realm of possible pre-conditions that might pertain to each program. It would create the kind of mirror that could readily reflect the present set of participant needs that exist at any given point in time. We would be able to chart trends and the degree of change in those needs. This could be visually expressed in the form of graphs, charts and reports, helping planners and providers keep an outcome-based focus on what we are doing as a network.

In accordance with California Department of Aging Program Memo 08-07, AAA's need "to include the needs of lesbian, gay, bisexual, and transgender (LGBT) seniors in their needs assessment and area plans." The legislative intent language in W&I Code, Section 9103, states in part: ". . . LGBT seniors often lack social and family support networks available to non-LGBT seniors. . . . LGBT seniors are denied many vital financial benefits provided to heterosexual married couples. . . . The number of people 65 years of age and older in California is estimated to double to 6.5 million by the year 2020, thereby increasing the number of LGBT seniors who are receiving inadequate services. . . . Ensuring that the needs of LGBT seniors as well as other underrepresented groups are adequately assessed during the planning and development of programs and services will increase access to the programs administered by the California Department of Aging and the area agencies on aging."

In an attempt to do so, PSA 24 specifically included questions in our needs assessment surveys to obtain input from the LGBTQ senior population. The needs assessment survey was forwarded to the Imperial Valley LGBT Resource Center for distribution to their senior population. The AAA has received minimal input from the LGBTQ population. The hesitancy of the LGBTQ in providing information is due to the perception that this is a socially conservative community. Many of the seniors are still quite vocal and unaccepting of LGBTQ populations, and as such, the LGBTQ population is hesitant to express their philosophies, lifestyles, or to request assistance in organizing communities. PSA 24 will continue to be open and responsive to ANY senior requesting assistance, including LGBTQ seniors. Additionally, in attempting to anticipate and assess the needs and interests of local senior community, including the LGBTQ, the AAA has promoted use of the World Wide Web. The AAA's web page is linked to County Services, Providers, and CDA's web page. Web access will make us available not only to seniors, family and friends in Imperial County, it will also provide worldwide access on the Internet. The LGBTQ population will be able to comfortably access information on local services available to them, until they are ready to publicly express their lifestyles.

When considering disabled seniors, this population will be more inclined to take advantage of technology by the use of telemedicine, internet technology and computer-accessed communications. Our web page will be able to provide that link. Disabled seniors will be able to contact the AAA on the Internet email or link to providers' services. As with our senior population, we would stress our commitment to help the disabled senior population remain as independent and engaged for as long as possible.

Considering the stakeholders in preparing for the increased senior population in the years to come, we would have to include a long list. In addition to the County, this list would include the senior community, the senior service providers, health care agencies, hospitals, clinics, physicians, pharmacies and medical supply vendors and retailers, families and caregivers, social services, other County Departments and municipalities, the community in general. The younger senior population (baby-boomers) is growing faster than almost any other group, and they are not typical of the

previous senior populations. Most are not even aware of services, as they do not want to think of themselves as old enough for the typical senior services. Marketing these services will need to be targeted to a more active population, who are traveling more, retiring later, and working longer. We are trying to address it electronically on the web by publishing our web page on all our flyers, announcing it on-air/PSA's, at every senior or local event in which we can participate, including any events we organize such as the Healthy Aging Virtual Education trainings via the ZOOM platform.

## **TARGETING**

The Older Americans Act has defined the basic set of targeted populations that must be identified or kept in focus in the mind of the planner as well as the provider of services. The target populations are listed, but not limited to the list as follows:

1. Older individuals with the greatest economic need. The term "greatest economic need" means the need resulting from an income level at or below the official federal poverty line.
2. Older individuals with greatest social need. The term "greatest social need" means the need caused by non-economic factors that include:
  - a. Physical and mental barriers
  - b. Language barriers
  - c. Cultural, social, or geographical isolation, including isolation caused by racial or ethnic status that; (1) restricts the ability of an individual to perform normal daily tasks; or (2) threatens the capacity of the individual to live independently.
3. Older Native Americans.
4. Isolated, abused, neglected, and/or exploited older individuals.
5. Frail older individual and their caretakers.
6. Older individuals residing in rural areas.
7. Older individuals with limited English-speaking ability.
8. Older individuals with Alzheimer's disease or related disorders with neurological and organic brain dysfunction and their caretakers.
9. Older individuals with disabilities, with particular attention paid to individuals with severe disabilities.
10. Unemployed low-income individuals who are 55 years of age or older (Title V).
11. Caregivers as defined in Title III E, which includes older caregivers providing care and support to persons with developmental disabilities [OAA Section 373(c)(1) and (2)].

These populations are not easily identified within certain regions and locations in the PSA Area due mainly to the geographic isolation of some of our communities. It is difficult to describe certain neighborhoods and communities as having higher numbers of certain target groups than others. State guidelines ask us to identify in the Area Plan, where possible, the locations of target groups for outreach purposes. The outreach efforts of the Area Plan to ensure the participation of the target populations outlined above are based considering the geographic isolation of some of our communities where members of the target population have been identified, their ethnic representation, economic status and their limited English capacity in a general sense.

### **Older individuals residing in rural areas**

We consider the areas listed below to be geographically isolated even though there are other rural areas apart and away from these towns that would make it difficult in some cases, to access services.

These areas tend to have households of fixed and low-income levels. With the exception of Winterhaven, these areas consist of predominantly older white retirees, though Bombay Beach has an emerging number of Black households relative to the overall community.

Salton City Ocotillo	Desert Shores Niland	Salton Sea Beach Bombay Beach	Winterhaven/Bard West Shores Area Spas
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AAA is committed to ensuring that services are accessible to individuals with characteristics identified in the Older Americans Act. Monitoring the expenditure of funds in serving targeted populations does this. AAA service provider contracts include specific targeting requirements. The AAA also achieves targeting through program development and coordination activities, AAA Advisory Council committees, and advocacy activities.

### Ethnic Representation

- 1) The predominance of the Hispanic count as an ethnic minority in the County, seen in the 2019 census data (Table 2) and recent projections, makes it obvious that this population is not readily associated with any one area. However, Calexico and Heber do rank in the ninety percentile (98.2%) of Hispanic persons<sup>4</sup>. Associated with the Hispanic count is the prevalence of limited English ability, which may hamper the individual’s confidence needed to access services. But visibility and accessibility of AAA programs and program information is not hampered by the drive to find unique locations of these people.
- 2) Persons of African American origin live in all locations and towns of Imperial County. The presence of several Black church congregations on the east side of El Centro serves as a focal point for the greater Black community in El Centro as well as those living in this same El Centro neighborhood. Surprisingly, the small community of the City of Calipatria has the highest percentage population of Black / African American (16.8%)<sup>5</sup>. Other cities and towns have Black communities, which are not as easily definable from census tract data alone.
- 3) The greatest single location of Native American population is the Quechan Indian Tribe located next to the unincorporated town of Winterhaven. The census tract data indicates for the Winterhaven/Bard area; location of the tribal reservation shows nine+ percent (9.4%) of that locale’s population is in the American Indian / Alaskan Native category. We know that Native American is one of the major ethnic components grouped in the census that way.

#### 4) Table 2 – Ethnic Representation

<sup>6</sup> PSA #24 2021 US Census Bureau Quick Facts	Total Population	White (Hispanic Included)	Black	Am. Indian / Alaskan Native	Asian	Native Hawaiian / Other Pacific Islander	Hispanic Latino	White (non- Hispanic)

<sup>4</sup> United States Census Quick Data 2021

<sup>5</sup> United States Census Quick Data 2021

<sup>6</sup> [United States Census Quick Data 2021](#)

Imperial County	180,051	111,773	6,778	4,108	3,473	782	153,218	17,510
Percent	100%	62%	3.8%	2.3%	1.9%	0.43%	85.1%	9.7%

### Limited English

Throughout the valley there is a heavy prevalence of people with limited English skills. Almost every city and rural community has significant numbers of people whose first language is Spanish and whose ability to communicate in English is limited. This may not be so true of the extreme Northern end of the County near the shorelines and on the Western edge at Ocotillo. This may naturally be more obvious in the border town of Calexico and perhaps Heber.

In PSA 24 bilingual service capability is readily available at the Area Agency on Aging and service providers with several persons, who in fact do have those skills. We have translated most of our Information and Assistance, Outreach, Community Education materials into the Spanish language. We anticipate the translation of all materials disseminated throughout Imperial County by AAA and its service provider network soon.

### Hispanic

We would like to provide a local definition on the word and label "Hispanic". Because this population group is greater than the white population count, it is important to draw down some distinctions as compared to the rest of the State of California.

Hispanic refers to an ethnolinguistic group in the United States whose bloodline or cultural origins can stem from South & Central America, the Iberian Peninsula, the Caribbean, as well as the most influential, Mexico. But for the predominant number of American families in the valley whose household members are counted in this way, and particularly in this border region, the reference point is, with a great deal of pride, Mexico and no other Latin location. For many of these, there is an alignment and identity with the many cultural aspects of our Southern neighbors. For yet another very large number of people, any association with Mexico is merely historical, in the same way that Europe has had an influence on immigration patterns of the past. For both groups there is a large degree of assimilation in the way of life in the United States. We have ventured therefore to say that in the Imperial Valley, where many people want to be referred to as having a Mexican background or Mexican roots, this generic population may be thinking in this way and with these distinctions:

- American (Mexican ancestral roots) -- having a generational presence in the U.S., less likely to initially identify with Mexican culture.
- Mexican/American -- recently naturalized U.S. citizens, originally from Mexico, or, born in the U.S. with Mexican or Mexican immigrant parentage.
- Mexican (green card) -- Mexican nationals legally present, but subject to some severance in benefits
- Mexican (illegal) -- Mexican nationals not having legal status and subject to deportation.

Certainly, other Latin identities could be described without an association with Mexico. But for all intents and purposes, this would not have a bearing on our planning activities, except as it relates to limited English skills. This discussion may need to be refined, but we feel it is relevant to the federal changes in benefit status of certain social welfare programs because of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, or “Welfare Reform”.

### **Low Income**

Describing locations of low-income populations requires considerable analysis of census data. We view this area of the Plan to be underdeveloped. We would like to work hand in hand with the Imperial County Community and Economic Development, a county office, and San Diego State University, Imperial Valley Campus, in getting a more articulate picture of this area. We know that Imperial County traditionally has the State’s highest level of unemployment. We know that we have a high percentage of 60+ on SSI, but if we are to describe locations for the purpose of outreach and service planning and delivery, we need better tools.

Recognizing the growing need to reach out to minority and low-income seniors, the Area Agency will continue its efforts to ensure the participation of minority and low-income seniors in Older Americans Act programs. Development and monitoring of all contracts will include requirements for outreach to and service of minority seniors, and analyses of minority participation levels.

Additionally, AAA through its nutrition contract provider, will continue to sub-contract for Nutrition Services that are specifically designed to serve older members of minority communities, and are geographically isolated. These Nutrition Services contracts provide for targeting of services to Hispanic, Afro Americans, and Native American older adults.

Also, some congregate nutrition sites provide services in areas with a high concentration of low income and minority older adults. AAA will continue to work closely with the contracted nutrition provider to recognize and accommodate ethnic preferences in the planning and preparation of meals.

### **Mental Health and Aging**

AAA will participate in the Interagency Committee on Aging, in coordination with the Imperial County Behavioral Health Department, the Public Administrator/Public Guardians Office and the Department of Social Services, including participation with the Imperial County Multidisciplinary Team called by Adult Protective Services (MDT).

The Interagency Committee will proactively seek solutions to problems and plan for the future needs of long-term care clients. The committee will focus on education of staff, identifying potential changes needed in legislation, review federal Regulations and guidelines for barriers that need to be eliminated, and improving communications between agencies providing services to seniors and their families. The MDT develops interagency treatment strategies, ensures maximum coordination with community resources, and ensures maximum access on behalf of elders and dependent adults, while avoiding duplication of efforts.

## Older Individuals with Alzheimer's Disease or Other Brain Dysfunction and Their Caregivers

<sup>7</sup>According to the Alzheimer's Association, there are an estimated 5.8 million persons nationwide (United States) with dementia, with someone developing the disease every 65 seconds. Up to 670,000 Alzheimer's victims may reside in California. We have found in looking at the coming age wave that the older seniors eighty-five (85+) is the fastest growing segment in the U.S. population. Sadly, almost fifty percent (50%) of those individuals over the age of eighty-five experience Alzheimer's disease disorders. The rigor of care for those afflicted by this will be carried out by mostly older family relatives. There is an ever-growing number of caregivers that are over the age of sixty-five (65+) and caring for a spouse or parent.

The Alzheimer's Association reports that there were already about 3,444 older adults with Alzheimer's disease in the County in 2015. According to the Association, in the 2008–2030-time frame, the disease will increase 132% in Imperial County. Since the fastest growing age group is the 85+, the need to manage care for these patients and their caregivers will increase significantly.

AAA will continue to work closely with Alz-Care, Inc., the Adult Day Care Resource Center, and Catholic Charities Nutrition Programs to collaborate in planning and providing services to meet the long-term needs of victims and their families. Despite no longer having an office in the Imperial County, the AAA communicates and provides referrals to the Alzheimer's San Diego to individuals seeking more information on resources.

In 2018, the AAA completed the Dementia Care in Imperial County: An Assessment of Needs and Resources. The purpose of the assessment was to determine how the AAA could better serve older adults suffering from Alzheimer's /Dementia and their caregivers with resources with a focus on training and education.

In 2017, the Imperial County Public Health Department used the recently completed Community Health Assessment (CHA), it identified priorities and developed a Community Health Improvement Plan (CHIP) to address them. The CHIP identifies dementia care in one of the three priority areas, targeting increased training and education for health care providers and formal and informal caregivers, as well as coordination of services across agencies and disciplines. Outcome measures include reduction in "social admission" in local emergency departments. This assessment, which builds on the work of CHA/CHIP, was conducted to:(1) explore the needs and available resources related to dementia care in Imperial County, and (2) identify strategies to enhance available resources to better meet current and future needs.

In consultation with representatives of the Local Health Authority Commission, Department of Public Health, and the Director of the Area Agency on Aging, representatives of stakeholder groups were identified and invited to participate. Snowball sampling was used to identify additional participants. Semi-structured one-on-one interviews were conducted with 30 representatives of primary care; emergency medicine; home health; hospice; residential care; long term care; law enforcement; first responders; elder law; local community groups such as seniors clubs; adult day providers; public agencies such as Adult Protective Services, Department of Public Health, and the Housing Authority;

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<sup>7</sup> Alzheimer's Association, Alzheimer's Association of California, Alzheimer's Disease Facts & Figures in California: Current States and Future Projections. [www.alz.org/facts](http://www.alz.org/facts)

service organizations such as Alzheimer's Association San Diego and Imperial Counties, Alzheimer's San Diego, and Southern Caregiver Resource Center (SCRC). Perspectives of formal caregivers including nurses, social workers, therapists, and paraprofessionals were elicited using structured surveys distributed to a convenience sample of staff employed in primary care, home care, hospice, hospital, and residential care setting. A total of 105 surveys were returned, representing a 64% response rate. Information (family) caregivers participated in focus groups, as did the Advisory Council of the Area Agency on Aging. To supplement the data from individual interviews with physicians in primary care settings, members of the Imperial County Medical Society were asked to complete an electronic survey. Data was collected between November 15, 2017, and January 31, 2018.

This response to this assessment was overwhelmingly positive. Participants expressed interest in the process and gratitude that the topic of dementia was getting the attention they felt it deserved. Many participants, not surprisingly, had both professional and personal interest in the topic, as dementia had touched their family. They freely gave of their time for individual interviews and, when asked, engaged their staff in contributing input through electronic or paper and pencil surveys. Imperial County may not have a wealth of resources-participants frequently began their response with "we have no resources here in the Valley"- yet it is rich in human capital and expertise about the topic of dementia and dementia care. Results suggest two broad areas of need:

- *Skills and Knowledge*  
Stakeholders, regardless of their area of expertise, consistently suggested a need for more skills, and knowledge. Area frequently identified included: the most up-to-date best practices in the diagnosis and care of people with dementia; responding to a challenging behavior, such as aggression or wandering; and resources/skills to better help family caregivers.
- *Infrastructure and Access*  
While appreciative of existing resources, such as caring and compassionate providers, participants consistently identified limitations in the available resources and difficulty with access. Problem areas included: no central location for information about dementia and caregiving; uncertainty about what resources were available and how to access them; financial constraints; and lack of caregiver support, particularly respite from 24 hour/day caregiving responsibilities.

As a result, a countywide initiative, "Together We Can," was adopted to address the needs and enhance the resources for dementia care in the Imperial County.

### **Caretakers of Frail Older Individuals**

Nationally, groups such as the American Association of Retired Persons (AARP) and the Washington Business Group on Health have conducted studies of caretakers and found them to be overwhelmed with their responsibilities with little knowledge of resources available for aid and respite.

AAA is funding (under the Older Californians Act) and collaborating with Alz-Care, Inc., the Imperial County Work Training Center (which operates the Multipurpose Senior Services Program [MSSP]) and Elder Law and Advocacy to focus on the needs of caregivers.

## **Older individuals with Caretaker Responsibilities for Developmentally Disabled Children**

Several local organizations provide services to developmentally disabled persons and their families, such as the Imperial Valley Blind Center, Imperial Valley Access to Independence (A2I), Imperial County Behavioral Health, Southern Caregiver Resource Center for Brain Injured Adults, Rehabilitation Institute of Southern California, San Diego Regional Center and many others provide services for adult children with disabilities and their families. AAA Information and Assistance (I&A) Program coordinates in-service training and information to these entities as needed to ensure targeted access to services and resources.

## **Older Individuals with Disabilities**

As part of a coordinated effort, the AAA works closely with AAA providers, County Behavioral Health, County Health Department, County Social Services, service organizations, local medical facilities, and others, to identify and refer individuals with disabilities to appropriate agencies for assistance. Imperial County Work Training Center's Multipurpose Senior Services Program has a close working relationship with County Social Services for referral and assistance. In addition, the Nutrition Program (Catholic Charities Home Delivered Meals), Catholic Charities Friendly Visitor Program, and Senior Clinics, make frequent and regular visits to the senior homebound individuals, who, because of their health/disability conditions and isolation, are at high risk of injury/ illness and not being discovered or assisted. Whenever situations such as these occur, these contacts will report the situation and refer the seniors for assistance. Furthermore, PSA 24 has partnered with Access to Independence to establish an Aging & Disability Resource Center (ADRC) in the County of Imperial. Additional information on the ADRC is located on page 14.

## **Unemployed Low-Income Persons Aged 55 or Older**

Due to age discrimination laws, the state Employment Development Department does not collect statistics for the unemployment rates specific to older workers. Therefore, local data is not available. Considering national data, it may be assumed that many local older workers are having trouble in finding and retaining employment in today's job market.

SER, Jobs for Progress is the current recipient of Title V funds in Imperial County. SER provides employment services to low-income adults aged 55 years and older. AAA, in collaboration with SER, makes referrals of eligible individuals to said agency. Referrals are also made to the Workforce Innovation and Opportunity Act (WIOA) for employment assistance.

## **Barriers to existing services**

AAA is confronted with the inexhaustible need for additional funding to keep up with demand for senior services. As noted in the chart provided by California Department of Aging, Data Interpretation Team, we expect a 150.0-199.9 % increase in the elderly population age 60 and over and an over 400.0 % increase of the oldest older population age 85 and over for the period 1990-2020 in PSA 24.

Transportation continues to be one of the barriers to seniors and the disabled. Individuals are encountering a lack of transportation to access services in the rural areas of Imperial County where transportation is minimal. The Imperial County Social Services Transportation Advisory Council (SSTAC), of which AAA is an agency member and the AAA Director is the Chair, and the Imperial County Transportation Commission (ICTC) have been working diligently to expand transportation services within Imperial County. The AAA Director participated in the Unmet Transit Needs Hearing and advocated for additional routes in the northern area of Imperial County, accessibility to purchase tickets online, or by a third party for older adults and disabled adults, as well as continued cleanliness of the bus terminals.

As of 2021, the AAA is providing funding to provide transportation to older adults, 60 years of age or older, to the Senior Nutrition Program congregate sites, as well as anywhere IVT Ride, Access/MedTrans operates.

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# 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 funds<sup>2</sup> 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 30 %      25-26 30 %      26-27 30 %      27-28 30 %

#### In-Home Services:

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

2024-25 8 %      25-26 8 %      26-27 8 %      27-28 8 %

#### Legal Assistance Required Activities:<sup>3</sup>

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

2024-25 10 %      25-26 10 %      26-27 10 %      27-28 10 %

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

## IDENTIFICATION OF PRIORITIES

Certain program areas take precedence because they are defined as national service priorities under the Older Americans Act (OAA) and have their funding clearly allotted by the State of California. Most of the prioritization that occurs in Imperial County is accomplished mainly by a refinement of these foundational elements to which we are legislatively predisposed. The law and regulation ask the AAA to create a community-based system of care. Therefore, programs which do not fall into the category of national mandates should work toward the system mission while, in as many ways as possible, we seek to correlate them with identified needs.

The 149 seniors that responded to Community Assessment Survey for Older Adults (CASOA™), ranked the following areas as areas of concern, in the order of matters of highest concern. Frequency of responses determined the order of importance, as shown below:

# 1	Housing
# 2	Information on available older adult services
# 3	Physical Health
# 4	Health Care
# 5	Finances
# 6	Social Engagement
# 7	Employment
# 8	Mental Health
# 9	Civic Engagement
#10	Mobility

Approved Percentage Rates are being revised in response to the Needs Assessment Priorities as stated by the communities' seniors:

Legal- 10%. Seniors listed "information on available older adult services" as priority #2.

Access – 30%. Seniors listed "Physical health" and "healthcare" as priorities #3 and #4. "Mobility" was listed as #10.

In-Home - 8%. Seniors listed "Social Engagement" as priority #6

The Goals that have been written pertain to either mandated (Title IIIB and IIIC) or non-mandated program areas. They are listed by Goal Letter, with the priority services noted:

### MANDATED (IIIB,C) / PRIORITY

- Goal "A" Information & Assistance (Access)
- Goal "B" Congregate Meals (Nutrition)
- Goal "C" Home-Delivered Meals (Nutrition)
- Goal "D" Transportation (Nutrition)
- Goal "E" Respite Care (In Home)
- Goal "F" Ombudsman
- Goal "G" Legal Assistance (Legal)
- Goal "H" Health (Access)

### TITLE IIIIE SERVICES

- Goal "J" Caregiver Legal

## Goal “K” Caregiver Respite

### NON-MANDATED / NON-PRIORITY

#### Goal “I” HICAP

## THE MANDATES

Several goals have been created for our area that is part of the required core of program essentials. Additional attention is given to some areas over others because of either the exceptionally large level of funding, as with Nutrition, because of Adequate Proportions, or because of specific logistical considerations, to name three influential factors.

Because nutrition services represent the marquee of the AAA and because its presence in any one location signifies the availability of a system, the goals for the Congregate (C-1) and the Home-Delivered (C-2) meals program hope to move our services toward greater uniformity throughout the County. This program is most prone to evaluation on the part of the public and on the part of political leaders as being either equitably distributed or unfairly concentrated in certain areas. Areas left to receive the results of expansion of both C-1 and C-2 would also be those areas of low-income or fixed-income populations. Our community-based system of long-term care depends on the readiness of C-2. C-2 is most ideally coupled with the presence of C-1 in a particular community.

The Federal Title III and VII funds provide our area with a combination of non-discretionary funding and funding which is discretionary, subject to transfer requests. Thus, the federal mandates are fulfilled through a budgetary approval process with the California Department of Aging (CDA). Part of the statutory requirements is the establishing of Adequate Proportions for certain program areas under the Federal Title III B Supportive Services fund. Imperial County also used our seniors Needs Assessment Survey to establish the percentages. That is, more than half of the IIIB fund is used toward the support and delivery of Access Services (Information & Assistance, Outreach, Health and Transportation), In-Home Services and Legal services. The specific percentage proposed for minimum Federal funding is 30% for Access, 8% for In-Home, and 10% for Legal. Though Caregiving ranks low on the basic list of needs, a Respite goal is written because it is a current AAA program with a caseload thus substantiating a need that would suddenly be created if we were to quit. Perhaps more importantly, as explained in the goal rationale, is the building block element that it provides in the pursuit of our mission toward a community-based system of long-term care.

Ombudsman (OMB) program has been given special attention in the last couple of years and will continue to be viewed as a service priority and a direct-service program of AAA. We will also use the Elder Abuse Prevention money, Title VIIIb, for the Ombudsman, which can strengthen the program, and resolve to reduce incidents within the institutions. The Ombudsman will coordinate an effort with law enforcement to put on a bi-annual elder abuse prevention workshop, which will also provide certified credits for professionals in the field. The workshop will target the professional community, as well as the family and caregivers of our senior population. The AAA believes that with a growing aging population, elder abuse is a crime that needs to come out of the shadows, and into the consciousness of society, in order to create a coordinated effort to protect our vulnerable senior population.

## EXPLANATION OF NON-MANDATED

Health Insurance Counseling and Advocacy Program (HICAP), although not directly funded by the California Department of Aging for this PSA, is provided in our PSA by HICAP funds allocated to Aging and Independence Service (AIS), PSA 23. Under their contract with California Department of Aging (CDA), AIS provides HICAP services to the seniors in Imperial County. HICAP provides Medicare beneficiaries and those imminent of becoming eligible for Medicare with counseling and advocacy as to Medicare, private health insurance, and related health coverage plans, on a countywide basis and preserving service integrity. The primary activity of HICAP is to provide community education on health care related issues, and provide counseling and advocacy on a one-on-one, confidential, direct assistance and intervention basis regarding billing and claims, access to care, and health care delivery systems, as well as health and long-term care insurance policy and certificate analysis. HICAP provides legal representation or referral for Medicare-related appeals and grievances when issues cannot be resolved at a less formal level.

## CONCLUSION

To address priority area #10, the AAA will continue to collaborate with the San Diego State University nursing internship program to expand the Matter of Balance fall prevention program to senior citizen complexes. The program focuses on reducing the fear of falling by increasing participants' confidence that they can manage falls risk better and actual falls if they occur and that they can take action to help reduce the risk of falling.

Utilities costs also have an impact on seniors, which is listed as one of the top needs. Utilities most directly relate to the use of air conditioners in this area, and as such, the AAA has coordinated efforts with Campesinos Unidos, a community service provider, for assistance with emergency utility assistance with utility companies such as the Imperial Irrigation District (power), the Gas Company, and the City Water Departments. In addition to this, the gas and phone companies have senior/low-income discounts. Another resource for the hot summer months would include over one dozen *cool zones* to provide an outlet for seniors to socialize in a cool setting, allowing them to save on air conditioning costs. Many of these programs also provide transportation to and from the cool zone site. Finally, looking at the finished product, there is an interrelationship between goals and needs, needs defined through a survey, needs deduced through professional discussion with the existing service network, and needs surfacing through statistical discovery.

Health-care continues to be a top priority to our seniors and ranks as priority #4 in the seniors list of needs. The senior rural health clinics' services are a major benefit to seniors. The concerns being made by respondents about health care is not surprising given the huge national debate over health care/ Medicare, an issue far exceeding the federal and state funding approach to an Area Agency on Aging charged with developing a system made of varying components. Another health care related priority of local seniors is dental care which ranked #1 in this year's assessment.

<sup>2</sup> 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.

<sup>3</sup> Legal Assistance must include all the following activities: Legal Advice, Representation, Assistance to the Ombudsman Program and Involvement in the Private Bar.

**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).

<b>Fiscal Year</b>	<b>Date</b>	<b>Location</b>	<b>Number of Attendees</b>	<b>Presented in languages other than English?<sup>4</sup> Yes or No</b>	<b>Was hearing held at a Long-Term Care Facility?<sup>5</sup> Yes or No</b>
<b>2024-2025</b>	03/19/2024	Holtville Gardens	23	Yes	No
	03/20/2024	Niland Fire Station	13	Yes	No
	03/20/2024	El Centro Desert Villas	23	Yes	No
	03/22/2024	Ocotillo Senior Nutrition	9	Yes	No
	03/25/2024	Calexico Senior Center	28	Yes	No
	03/26/2024	El Centro Post Acute	19	Yes	Yes
	03/26/2024	Brawley Senior Center	18	Yes	No
	03/27/2024	Heber Comm. Center	15	Yes	No
	03/27/2024	Westmorland Sr. Center	4	Yes	No
	03/28/2024	West Shores Sr. Cit.Club	10	Yes	No
	03/28/2024	El Centro Adult Center	18	Yes	No
	<b>2025-2026</b>	03/17/2025	El Centro Adult Center	12	Yes
03/18/2025		Holtville Gardens	5	Yes	No
03/18/2025		El Centro Desert Villas	41	Yes	No
03/19/2025		Calipatria Community Center	27	Yes	No
03/21/2025		Ocotillo Senior Nutrition	6	Yes	No
03/24/2025		Calexico Senior Center	38	Yes	Yes
03/25/2025		Long-Term Care Facility	24	Yes	No
03/25/2025		Brawley Senior Center	35	Yes	No
03/26/2025		Heber Comm. Center	13	Yes	No
03/26/2025		Westmorland Sr. Center	18	Yes	No
03/27/2025		West Shores Sr. Cit.Club	6	Yes	No
<b>2026-2027 (Tentative)</b>		03/16/2026	El Centro Adult Center		
	03/17/2026	Holtville Gardens			
	03/18/2026	Northend of County			
	03/18/2026	El Centro Desert Villas			
	03/20/2026	Ocotillo Senior Nutrition			
	03/23/2026	Calexico Senior Center			
	03/24/2026	Long-Term Care Facility			
	03/24/2026	Brawley Senior Center			
	03/25/2026	Heber Comm. Center			
	03/25/2026	Westmorland Sr. Center			
03/26/2026	West Shores Sr. Cit.Club				

<b>2027-2028 (Tentative)</b>	03/08/2027	El Centro Adult Center			
	03/09/2027	Holtville Gardens			
	03/10/2027	Northend of County			
	03/11/2027	West Shores Sr. Cit.Club			
	03/12/2027	El Centro Desert Villas			
	03/15/2027	Calexico Senior Center			
	03/16/2027	Long-Term Care Facility			
	03/16/2027	Brawley Senior Center			
	03/17/2027	Heber Comm. Center			
	03/17/2027	Westmorland Sr. Center			
03/19/2024	Ocotillo Senior Nutrition				

**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.

Public hearings were publicized in the newspaper with the largest circulation (i.e., Imperial Valley Press) through a legal advertisement. The announcement was sent to local media as a press release. Flyers were distributed at senior apartment complexes, healthcare clinics, and at Imperial County Department Offices. The Public Hearings were also posted on the County’s website and social media accounts. Public Hearings were held at nine (9) congregate sites, (one) government building, and one (1) skilled nursing facility, which included a central location. General public hearing presentations were made both in English and Spanish, with PowerPoint handouts available for distribution.

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

Yes. Go to question #3

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

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

N/A – PSA 24 does not receive PD and/or C funding

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

Yes. Go to question #5

No, Explain:

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

There were no comments made regarding the adequate proportion of funding for priority services.

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

- The public at Niland requested a congregate site in Niland where seniors can get together for food and activities.
- In Calexico, the following comments were received:
  - The public stated that some of the food on the menu is not very good.
  - Transportation needs to be more accessible. Currently they need to schedule a pickup 1-2 weeks in advance.
  - Requested more presentations at Congregate Sites.
  - Residency status concerns, write on flyer that there are no residency questions.
- The Brawley participants requested more provider presentations.
- In Heber, the following comments were received:
  - They stated that the food isn't good. They mention that there are very few things they like. They also stated that if the food improved a lot more people would be in attendance.
  - The public also stated that it was hard to book a ride to the site. They either would be picked up at their home super early or very late. They also would be picked up at the site at noon or even at 11:45 am. This didn't give them enough time to eat. They usually are done with the Congregate Site activities until 12:30 pm.
- They want more health clinics at the Westmorland Senior Center.
- West Shores Senior Center participants asked for more days of congregate food delivery and more presentations from providers.

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

No major changes currently. The Senior Nutrition Program Manager is looking into opening a site at the Northend of the County to serve the Calipatria and Niland communities.

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 AND OBJECTIVES

### GOALS AND OBJECTIVES

**Goal: Information & Assistance**

**Goal Reference: A**

#### GOAL STATEMENT

Through the AAA Information & Assistance program, older persons and their families in need of assistance will have quick and reliable referral links to appropriate services, information on opportunities within the community, and, where appropriate, follow-up activity to assure and strengthen the effectiveness of referrals.

#### RATIONALE

Information & Assistance (I&A) is central to the concept of the AAA being the leader in the field of aging and the issues affecting the elderly. I&A is a core program mandated by the federal Older Americans Act (OAA). I&A is a direct service of the AAA. The I&A program serves as the fulcrum for AAA funded programs in the community, and is the center of program development and coordination, data collection and service integration.

#### GOAL YEAR: 2025-2026

Objective #: A.01.1

Objective: OAAPS Units of Service – Public Information	Start & End Dates	Type of Activity & Funding Source	Status
Through 30 public information activities, AAA will distribute 6000 senior services information flyers and/or brochures. These informational flyers or brochures will include information on a variety of subjects such as respite, legal, nutritional, medical, elder abuse prevention, and more, and the contact information for service resources. <b>Public information unit = 1 activity</b>	07/01/2025 - 06/30/2026	Title IIIB	Cont'd

Objective #: A.02.1

Objective: OAAPS Units of Service – Outreach	Start & End Dates	Type of Activity & Funding Source	Status
The I&A Coordinator will provide 150 outreach contacts to seniors countywide, utilizing the Info Van and other strategies. <b>Outreach unit = 1 contact</b>	07/01/2025 - 06/30/2026	Title IIIB	Cont'd

Objective #: A.03.1

Objective: OAAPS Units of Service – Community Education	Start & End Dates	Type of Activity & Funding Source	Status
The I&A Coordinator will provide 30 units of community education activities to seniors countywide, utilizing the Info Van and other strategies. <b>Community Education unit = 1 activity</b>	07/01/2025 - 06/30/2026	Title IIIB	Cont'd

Objective #: A.04.1

Objective: OAAPS Units of Service – Information & Assistance	Start & End Dates	Type of Activity & Funding Source	Status
Provide 1,000 contacts of I&A to seniors countywide. Utilizing the InfoVan, the internet, or the telephone. <b>Information &amp; Assistance unit = 1 contact</b>	07/01/2025 - 06/30/2026	Title IIIB	Cont'd

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## GOALS AND OBJECTIVES

**Goal: CONGREGATE MEALS**

**Goal Reference: B**

### GOAL STATEMENT

Basic minimum nutritional needs and opportunities for social contact will be met in part by the AAA Congregate Meals program.

### RATIONALE

Title IIIC funding represents over half of our Older Americans Act (OAA) generated program funding. Congregate (C-1) is an OAA program. The Congregate Nutrition program is administered in conjunction with the Home-Delivered Nutrition program to address the overall most basic nutritional needs of the highest aggregate number of unduplicated seniors served. While the number of seniors in need continues to increase, the dollars available for nutrition programs is decreasing. The AAA has determined that, as overall nutrition dollars are available, the need for Congregate meals will be addressed as the highest priority.

The combined senior Nutrition programs are expected to implement any/all reasonable cost containment strategies.

### GOAL YEAR: 2025-2026

Objective #: B.01.1

Objective: OAAPS Units of Service – Meals	Start & End Dates	Type of Activity & Funding Source	Status
AAA contract provider to prepare a total of 34,900 congregare meals to approximately 500 unduplicated seniors countywide. <b>Unit = 1 meal</b>	07/01/2025 - 06/30/2026	Title IIIC1	Cont'd

Objective #: B.02.1

Objective: OAAPS Units of Service – Nutrition Education	Start & End Dates	Type of Activity & Funding Source	Status
AAA contract Nutritionist Consultant will deliver quarterly Nutrition Education Sessions at various Senior Congregate Nutrition Sites. The sessions will serve approximately 800 seniors per quarter for C1 and C2 combined. <b>Unit = 1 session. 4 units planned.</b>	07/01/2025- 06/30/2026	Title III C1 & C2	Cont'd

Objective #: B.03.1

Objective: OAAPS Units of Service – Nutrition Education – Educational Inserts	Start & End Dates	Type of Activity & Funding Source	Status
Nutrition Education – ICAAA contract Nutritionist Consultant will, a minimum of four (4) times during the program year, develop and provide informational inserts in English and Spanish, to be delivered with meals, and addressing nutrition education issues for seniors. The nutrition education will serve up to 800 seniors countywide quarterly for C1 and C2 combined. <b>Unit = 1 Session. 4 units planned.</b>	07/01/2025 - 06/30/2026	Title III C1 & C2	Cont'd

Objective #: B.04.1

Objective: OAAPS Units of Service – Nutrition Education	Start & End Dates	Type of Activity & Funding Source	Status
Provider will participate in a minimum of two (2) Nutrition Education sessions, in conjunction with the ICAAA Information and Assistance InfoVan for both C1 and C2 programs combined. <b>Unit = 1 session. 2 sessions planned.</b>	07/01/2025 - 06/30/2026	Title III C1 & C2	Cont'd

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## GOALS AND OBJECTIVES

**Goal: HOME DELIVERED MEALS**

**Goal Reference: C**

### GOAL STATEMENT

Basic minimum nutritional needs and opportunities for social contact for home bound seniors will be met in part by the AAA Home Delivered Meals Program.

### RATIONALE

Title IIIC funding represents over half of our Older Americans Act (OAA) generated program funding. Home Delivered (C-2) is an OAA mandated program. The Home Delivered Nutrition program is administered in conjunction with the Congregate Nutrition program to address the overall, most basic nutritional needs of the highest aggregate number of unduplicated seniors served. While the number of seniors in need continues to increase, the dollars available for nutrition programs are decreasing. The AAA has determined that, as overall nutrition dollars are available, the need for Congregate meals will be addressed as the highest priority.

The combined senior Nutrition programs are expected to implement any/all reasonable cost containment strategies.

### GOAL YEAR: 2025-2026

Objective #: C.01.1

Objective: OAAPS Units of Service – Meals	Start & End Dates	Type of Activity & Funding Source	Status
AAA contract provider to prepare a total of 70,900 home delivered meals to approximately 450 unduplicated seniors countywide. <b>Unit = 1 meal</b>	07/01/2025 - 06/30/2026	Title III C2	Cont'd

Objective #: C.02.1

Objective: OAAPS Units of Service – Nutrition Education	Start & End Dates	Type of Activity & Funding Source	Status
AAA contract Nutritionist Consultant will deliver quarterly Nutrition Education Sessions at various Senior Congregate Nutrition Sites. The sessions will serve approximately 800 seniors per quarter for C1 and C2 combined. <b>Unit = 1 session. 4 units planned for the year.</b>	07/01/2025 - 06/30/2026	Title III C1 & C2	Cont'd

Objective #: C.03.1

Objective: OAAPS Units of Service – Nutrition Education – Educational Inserts	Start & End Dates	Type of Activity & Funding Source	Status
Nutrition Education – ICAAA contract Nutritionist Consultant will, a minimum of four (4) times during the program year, develop and provide informational inserts in English and Spanish, to be delivered with meals, and addressing nutrition education issues for seniors. The nutrition education will serve up to 800 seniors countywide quarterly for C1 and C2 combined. <b>Unit=1 session. 4 units planned.</b>	07/01/2025-06/30/2026	Title III C1 & C2	Cont'd

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## GOALS AND OBJECTIVES

**Goal: TRANSPORTATION**

**Goal Reference: D**

### GOAL STATEMENT

Senior citizens will have accessible public transportation to meet various needs, in particular, access to Congregate Meal sites will be offered through the AAA Transportation Program utilizing the existing public transportation, where available.

### RATIONALE

Transportation is an OAA mandated program, however limited resources presently necessitate a funding focus strictly on nutrition site access. Objectives will promote the continued development of public transportation options.

**GOAL YEAR: 2025-2026**

Objective #: D.01.1

Objective: OAAPS Units of Service – Transportation	Start & End Dates	Type of Activity & Funding Source	Status
AAA will arrange and purchase 20,000 one-way trips for 200 older adults in need of transportation to Senior Nutrition sites, pharmacy, grocery shopping or other essential needs. Costs per trip vary by city and route. <b>Unit = 1 Way Trip</b>	07/01/2025-06/30/2026	Title IIIB	Cont'd

## GOALS AND OBJECTIVES

**Goal: IN-HOME SUPPORT: RESPITE CARE**

**Goal Reference: E**

### GOAL STATEMENT

Families, and other unpaid caregivers, will have support and relief, through the availability of the local AAA Respite Care program, from the constant rigors of supervision and tending to the needs of the frail elderly and functionally impaired who are being managed at home.

### RATIONALE

Respite hours serve to empower the individual caring for a significantly frail or elderly person through allowing for restorative time off. Rejuvenating the self to regain or protect physical and inner strength is important for the caregiver, who is essentially the pivotal point in the community-based system of care. The ICAAA has provided respite services through the IIB Supportive Services of Title III funding for several years. Newer models of In-home respite, including volunteer respite services are in practice and significantly increase the number of respite hours available to the community, Adult Day Care, both ADCRC and ADHS provide "out-of-home" respite options.

### GOAL YEAR: 2025-2026

Objective #: E.01.1

Objective: OAAPS Units of Service – Respite Care	Start & End Dates	Type of Activity & Funding Source	Status
AAA contract provider will make provisions for provision of 600 hours of volunteer respite service to eligible recipients countywide. <b>Unit = 1 hour of respite care</b>	07/01/2025 - 06/30/2026	Title IIB	Cont'd

Objective #: E.02.1

Objective: OAAPS Units of Services – Community Education	Start & End Dates	Type of Activity & Funding Source	Status
Provider will provide four (4) units of community education activities to seniors countywide. <b>Community Education unit = 1 activity</b>	07/01/2025 - 06/30/2026	Title IIB	Cont'd

## GOALS AND OBJECTIVES

**Goal: OMBUDSMAN**

**Goal Reference: F**

### GOAL STATEMENT

Residents of long-term care facilities will have protection for their civil and human rights and will gain resolution of their complaints, through the investigative and advocacy activities of the AAA Ombudsman program.

### RATIONALE

People who are experiencing institutionalization, in either skilled nursing homes or residential care facilities, are among the most vulnerable in our society. This program is an OAA mandated program funded by restricted Title III and Title VII funds identified for this purpose only. Unfortunately, the facility setting is prone to abuse given the large number of elderly residing there, particularly those with diminished capacity and/or dementia. Although placement in a facility can sometimes mean rescue from an abusive home environment, it generally means continued risk due to high turnover in staff- training and background may not be of the caliber necessary to protect the resident from potential misdoing, intentional or unintentional. Coverage of facilities depends on volunteers and a committed visible Ombudsman coordinator.

### GOAL YEAR 2025-2026

Objective: F.01.1

The agency will help achieve and promote the efficiency of the program by contributing to maintenance and expansion of services. This will be accomplished through the Service Unit Plan (SUP) Objectives under Title IIIB and Title VIIA of the Long-Term Care Ombudsman Program, Outcomes 1-3 in Section 8 of the Area Plan for PSA 24. As well as include the coordination of efforts to promote, investigate and respond to Elder Abuse reporting in Long Term Care Facilities.

## GOALS AND OBJECTIVES

**Objective: Legal Assistance**

**Goal Reference: G**

### GOAL STATEMENT

Seniors will have legal information, advice, counseling, administrative and judicial representation from a member of the California State Bar through the ICAAA Legal Assistance program in order to ensure that their rights and entitlements are secure.

### RATIONALE

Older people who are on fixed incomes can frequently be at-risk of considerable loss due to any number of legal problems that might spring up. Our program will address a range of concerns. Seniors who depend upon government assistance checks can experience great disruption should a processing office or review board render a decision in error that adversely affects their subsistence. Recent legislative changes in the Welfare Reform and Personal Responsibility Act have brought to the forefront new considerations in legal advocacy.

Provision for a senior citizen's legal program constitutes one of OAA mandated services. We support this through the Title IIIB Supportive Services funding category. Under present contracting arrangements the legal program provider is also the Health Insurance Counseling and Advocacy Program (HICAP) provider. This coordinated arrangement seems ideal because of the obligations that the HICAP program has in referring certain insurance cases to a legal representative. This program gives the community the assurance that if there is any legal leg to stand on it will be heard; if there is any claim for justice, an older person will have the right of recourse.

### GOAL YEAR: 2025-2026

Objective #:G.01.1

Objective: OAAPS Units of Service – Senior Legal Assistance Services Program	Start & End Dates	Type of Activity & Funding Source	Status
The AAA Senior Legal Assistance Services Program will provide legal advice, counseling and representation by an attorney or other person acting under supervision by an attorney, providing a total of <b>465</b> hours of legal assistance to approximately <b>257</b> seniors. <b>Unit = 1 hour</b>	07/01/2025 - 06/30/2026	Title IIIB	Cont'd

Objective #: G.02.1

Objective: OAAPS Units of Service – Community Education	Start & End Dates	Type of Activity & Funding Source	Status
Provider will participate in a minimum of four (4) Community Education activities to seniors countywide, two (2) in conjunction with the AAA Information and Assistance InfoVan. <b>Unit = 1 activity</b>	07/01/2025 - 06/30/2026	Title IIIB	Cont'd

## GOALS AND OBJECTIVES

**Goal: SENIOR HEALTH CLINICS**

**Goal Reference: H**

### GOAL STATEMENT

Older residents throughout the county will have assistance in identifying and understanding their health needs by way of the ICAAA Senior Health Clinics offering preventive health, health maintenance, and medical referral services.

### RATIONALE

The health clinics have traditionally been a part of the AAA collection of services. One of the most important aspects of the program is the motivation and confidence building that takes place in the minds of the participants during the health counseling session. Health assessments and screenings are performed. Recipients are strengthened in their resolve to see a doctor when necessary and essentially take control of other health related issues. More serious health conditions, and most assuredly shortened life spans, are prevented through early detection and intervention at the precursor symptomatic stages.

### GOAL YEAR: 2025-2026

Objective #: H.01.1

Objective: OAAPS Units of Service – Health	Start & End Dates	Type of Activity & Funding Source	Status
IIIB Health – Health Screening – General health screenings to assist older individuals to improve or maintain physical health and secure necessary medical, preventive health, or health maintenance services. <b>100 hours</b> equates to approximately 100 seniors. <b>Unit = 1 hour</b>	07/01/2025 - 06/30/2026	Title IIIB	Cont'd

Objective #: H.02.1

Objective: OAAPS Units of Service – Health Promotion Activities	Start & End Dates	Type of Activity & Funding Source	Status
Provider has selected Clemson University’s “Health Coaches for Hypertension Control” program from the approved list of approved Health Promotion Evidence-Based programs and will provide a minimum of <b>16 sessions. Unit= 1 Session</b>	07/01/2025 - 06/30/2026	Title IIID	Cont'd

Objective #: H.03.1

Objective: OAAPS Units of Service – Health Outreach	Start & End Dates	Type of Activity & Funding Source	Status
Provider intervention (one on one contact) for the purpose of identifying potential clients and encouraging their use of existing services and benefits. Outreach to <b>500 contacts. Unit = 1 contact</b>	07/01/2025 - 06/30/2026	Title IIIB	Cont'd

Objective #: H.04.1

Objective: OAAPS Units of Service – Community Education	Start & End Dates	Type of Activity & Funding Source	Status
Provider will participate in a minimum of one (1) Community Education Activities, one (1) in conjunction with the AAA Information and Assistance InfoVan. <b>Unit=1 Activity</b>	07/01/2025 - 06/30/2026	Title IIIB	Cont'd

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## GOALS AND OBJECTIVES

**Goal: HICAP**

**Goal Reference: I**

### GOAL STATEMENT

Provide Medicare beneficiaries and those imminent of becoming eligible for Medicare with counseling and advocacy as to Medicare, private health insurance, and related health coverage plans, on a countywide basis and preserving service integrity.

### RATIONALE

The primary activity of HICAP is to provide community education on health care related issues, and provide counseling and advocacy on a one-on-one, confidential, direct assistance and intervention basis regarding billing and claims, access to care, and health care delivery systems, as well as health and long-term care insurance policy and certificate analysis. HICAP provides legal representation or referral for Medicare-related appeals and grievances when issues cannot be resolved at a less formal level.

\*The HICAP Program is offered in Imperial County as a subcontract with PSA 23. The funding dates have been adjusted to start on April 1, 2024, and end on March 31, 2025.

### Goal Year: 2025-2026

Primary HICAP Units of Service

Objective: I.01.1

Objective: Unduplicated Clients Counseled	Start & End Dates	Type of Activity & Funding Source	Status
The provider will provide <b>75</b> estimated number of unduplicated Clients Counseled. (Note: clients counseled equals the number of Intakes closed and finalized by the Program Manager.) <b>Unit = 1 individual</b>	04/01/2025 - 03/31/2026	HICAP	Cont'd

Objective: I.01.2

Objective: Public and Media Events	Start & End Dates	Type of Activity & Funding Source	Status
The provider will provide 7 estimated number of public and media events. (Note: public and media events include education/outreach presentations, booths / exhibits at health/senior fairs, and enrollment events, excluding public service announcements and printed outreach.) <b>Unit = 1 events</b>	04/01/2025 - 03/31/2026	HICAP	Cont'd

Federal Performance Benchmark Measures

Objective: I.02.1

Objective: Client Contacts (Interactions)	Start & End Dates	Type of Activity & Funding Source	Status
The provider will provide 150 estimated number of Client Contacts. (Note: client contacts equal the number of Counseling Services provided across all intakes.) <b>Unit = 1 counseling service</b>	04/01/2025 - 03/31/2026	HICAP	Cont'd

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## GOALS AND OBJECTIVES

**Goal: CAREGIVER LEGAL CONSULTATION**

**Goal Reference: J**

### GOAL STATEMENT

To provide eligible Caregivers with legal information, advice, counseling, administrative and judicial representation either directly by or under direct supervision of a member of the California State Bar, to ensure that their rights and entitlements are secure.

A Family Caregiver Services Program service domain of supplemental services (other) involving one-to-one guidance provided by an attorney (or person under the supervision of an attorney in the use of legal resources and services when assisting a caregiver with caregiving-related legal issues. (Previously NAPIS Caregiver Legal Resources).

### RATIONALE

Provision of legal services for caregivers, although not mandated, is a necessary service. AAA supports this through the Family Caregiver Support Programs Services funding category. Caregivers have a need to legal advice to assure that their rights and legal needs are met, but quite often caregivers do not have the time or resources to consult with a private attorney. Caregivers will have access to legal information, advice, counseling and judicial representation through the AAA Caregiver Supplemental Services Legal Consultation Program, to ensure that their rights and legal needs are met. The legal program does not handle fee-generating cases that would result in a large cash settlement.

### Goal Year 2025-2026

Objective #: J.01.1

Objective: OAAPS Units of Service – Family Caregiver Legal Consultation (Supplemental Services)	Start & End Dates	Type of Activity & Funding Source	Status
The provider will provide a total of <b>92 hours</b> of legal advice, counseling and representation by an attorney or other person acting under the supervision of an attorney to approximately <b>51</b> eligible caregivers. <b>Unit = 1 Contact</b>	07/01/2025 - 06/30/2026	Title III E	Cont'd

Objective #: J.02.1

Objective: OAAPS Units of Services – Caregiver Information Services (Community Education)	Start & End Dates	Type of Activity & Funding Source	Status
The provider will participate in a minimum of six (6) Community Education activities, two (2) in conjunction with the AAA Information and Assistance InfoVan. <b>Unit = 1 activity</b>	07/01/2025 - 06/30/2026	Title III E	Cont'd

## GOALS AND OBJECTIVES

**Goal: CAREGIVER RESPITE IN-HOME**

**Goal Reference: K**

### GOAL STATEMENT

To give respite and support to families' caregivers burdened with responsibility for supervision and care of the frail elderly, functionally impaired, and / or children who are being managed at home.

### RATIONALE

Family members are the primary providers of long-term care. These caregivers are very diverse in the way they provide care and the consequences that they experience. Caregivers are often isolated, stressed and/or depressed. There are not enough support programs in the community, and access to existing services can be difficult. In Imperial Valley, there is a shortage of respite care, and the cost of respite makes it prohibitive for many caregivers and families. Sometimes caregivers are overwhelmed with the responsibility of taking care of a loved one. Caregivers often have no time to look for assistance outside their home environment. Transportation continues to be a problem. Lack of respite care makes it exceedingly difficult for caregivers to update and upgrade their care giving skills. In Imperial County, caregivers are not getting enough information to make informed decisions or know what is expected of them. Men in particular have difficulty asking for help or information about caring for a spouse. Some families and caregivers fear asking for help outside of the home.

The Caregiver Respite program is aimed primarily at providing respite and support of eligible family caregivers who have assumed the role of maintaining a family member experiencing a long-term care health problem or is the primary caregiver of a child, at home. Respite serves to empower the caregiver through providing temporary short-term care for the family member with long term illness, so that the primary caregiver may have restorative "time off". This model recognizes the importance of time for "rejuvenation" to regain or protect physical and inner strength for the caregiver who is essentially the pivotal point in a community-based system of care.

### Goal Year 2025-2026

Objective #: K.01.1

Objective: OAAPS Units of Service – Caregiver Respite In-Home	Start & End Dates	Type of Activity & Funding Source	Status
AAA contract provider will provide <b>4,000</b> hours of caregiver respite services, for eligible families countywide. <b>Unit = 1 hour</b>	07/01/2025 - 06/30/2026	Title III E	Cont'd

Objective #: K.02.1

Objective: OAAPS Units of Services – Caregiver Information Services (Community Education)	Start & End Dates	Type of Activity & Funding Source	Status
Provider will provide <b>four (4) units</b> of community education activities to caregivers countywide. <b>Unit = 1 activity</b>	07/01/2025 - 06/30/2026	Title III E	Cont'd

Objective #: K.03.1

Objective: OAAPS Units of Service – Caregiver Support Groups	Start & End Dates	Type of Activity & Funding Source	Status
To provide <b>six (6) units</b> of information and support to groups of caregivers in a monthly support group meeting scenario. <b>Unit = 1 session</b>	07/01/2025 - 06/30/2026	Title III E	Cont'd

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# SECTION 8.

## SERVICE UNIT PLAN (SUP)

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

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

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

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.

Transportation (Access)

Unit of Service = 1 one-way trip

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	20,000	D	D.01.1
2025-2026	20,000	D	D.01.1
2026-2027			
2027-2028			

Information and Assistance (Access)

Unit of Service = 1 contact

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	1,000	A	A.04.1
2025-2026	1,000	A	A.04.1
2026-2027			
2027-2028			

Outreach (Access)

Unit of Service = 1 contact

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	650	A, H	A.02.1, H.03.1
2025-2026	650	A, H	A.02.1, H.03.1
2026-2027			
2027-2028			

Legal Assistance

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	465	G	G.01.1
2025-2026	465	G	G.01.1
2026-2027			
2027-2028			

Congregate Meals

Unit of Service = 1 meal

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	34,900	B	B.01.1
2025-2026	34,900	B	B.01.1

Home-Delivered Meals

Unit of Service = 1 meal

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	70,900	C	C.01.1
2025-2026	70,900	C	C.01.1
2026-2027			
2027-2028			

Nutrition Education

Unit of Service = 1 session

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	10	B, C	B.02.1, B.03.1, B.04.1, C.03.1, C.04.1
2025-2026	10	B, C	B.02.1, B.03.1, B.04.1, C.03.1, C.04.1
2026-2027			
2027-2028			

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

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

### Title IIIB, Other Priority and Non-Priority Supportive Services

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

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

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

**Other Supportive Service Category**

**Unit of Service**

Public Information

Unit of Service = 1 activity

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (If applicable)
2024-2025	30	A	A.01.1
2025-2026	30	A	A.01.1
2026-2027			
2027-2028			

Community Education – Information Services

Unit of Service = 1 activity

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (If applicable)
2024-2025	39	A	A.03.1, E.02.1, G.02.1, H.04.1,
2025-2026	39	A	A.03.1, E.02.1, G.02.1, H.04.1,
2026-2027			
2027-2028			

Health

Unit of Service = 1 activity

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (If applicable)
2024-2025	100	H	H.01.1
2025-2026	100	H	H.01.1
2026-2027			
2027-2028			

Respite Care

Unit of Service = 1 hour of respite care

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (If applicable)
2024-2025	600	E	E.01.1

2025-2026	600	E	E.01.1
2026-2027			
2027-2028			

**3. Title IIID/Health Promotion—Evidence-Based**

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

**Evidence-Based Program Name(s):** **“Health Coaches for Hypertension”**

*Add additional lines if needed.*

**Unit of Service = 1 Session**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (If applicable)
2024-2025	30	H	H.02.1
2025-2026	16	H	H.02.1
2026-2027			
2027-2028			

**TITLE IIIB and TITLE VII: LONG-TERM CARE (LTC) OMBUDSMAN PROGRAM OUTCOMES****2024-2028 Four-Year Planning Cycle**

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

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

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

Complete all Measures and Targets for Outcomes 1-3.

**Outcome 1.**

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

**Measures and Targets:**

**A. Complaint Resolution Rate (NORS Element CD-08) (Complaint Disposition).** The average California complaint resolution rate for FY 2021-2022 was 57%.

Fiscal Year Baseline Resolution Rate	# of partially resolved or fully resolved complaints	Divided by the total number of Complaints	= Baseline Resolution Rate	Fiscal Year Target Resolution Rate
2022-2023	82	159		<u>52</u> % 2024-2025
2023-2024	54	91		<u>59</u> % 2025-2026

2024-2025				<u>        </u> % 2026-2027
2026-2027				<u>        </u> % 2027-2028

Program Goals and Objective Numbers:

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

1. FY 2022-2023 Baseline: Number of Resident Council meetings attended <u>0</u> FY 2024-2025 Target: <u>10</u>
2. FY 2023-2024 Baseline: Number of Resident Council meetings attended <u>11</u> FY 2025-2026 Target: <u>10</u>
3. FY 2024-2025 Baseline: Number of Resident Council meetings attended <u>        </u> FY 2026-2027 Target: <u>        </u>
4. FY 2025-2026 Baseline: Number of Resident Council meetings attended <u>        </u> FY 2027-2028 Target: <u>        </u>
Program Goals and Objective Numbers: <u>        </u>

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

1. FY 2022-2023 Baseline: Number of Family Council meetings attended <u>0</u> FY 2024-2025 Target: <u>0</u>
2. FY 2023-2024 Baseline: Number of Family Council meetings attended <u>0</u> FY 2025-2026 Target: <u>0</u>
3. FY 2024-2025 Baseline: Number of Family Council meetings attended <u>        </u> FY 2026-2027 Target: <u>        </u>
4. FY 2025-2026 Baseline: Number of Family Council meetings attended <u>        </u> FY 2027-2028 Target: <u>        </u>
Program Goals and Objective Numbers: <u>        </u>

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

1. FY 2022-2023 Baseline: Number of Instances <u>41</u> FY 2024-2025 Target: <u>45</u>
2. FY 2023-2024 Baseline: Number of Instances <u>90</u> FY 2025-2026 Target: <u>50</u>
3. FY 2024-2025 Baseline: Number of Instances <u>        </u> FY 2026-2027 Target: <u>        </u>
4. FY 2025-2026 Baseline: Number of Instances <u>        </u> FY 2027-2028 Target: <u>        </u>

Program Goals and Objective Numbers: \_\_\_\_\_

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

1. FY 2022-2023 Baseline: Number of Instances <u>93</u> FY 2024-2025 Target: <u>95</u>
2. FY 2023-2024 Baseline: Number of Instances <u>96</u> FY 2025-2026 Target: <u>100</u>
3. FY 2024-2025 Baseline: Number of Instances _____ FY 2026-2027 Target: _____
4. FY 2025-2026 Baseline: Number of Instances _____ FY 2027-2028 Target: _____
Program Goals and Objective Numbers: _____

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

1. FY 2022-2023 Baseline: Number of Sessions <u>24</u> FY 2024-2025 Target: <u>25</u>
2. FY 2023-2024 Baseline: Number of Sessions <u>31</u> FY 2025-2026 Target: <u>25</u>
3. FY 2024-2025 Baseline: Number of Sessions _____ FY 2026-2027 Target: _____
4. FY 2025-2026 Baseline: Number of Sessions _____ FY 2027-2028 Target: _____
Program Goals and Objective Numbers: _____

**G. Systems Advocacy** (NORS Elements S-07, S-07.1)  
One or more new systems advocacy efforts must be provided for each fiscal year Area Plan Update. In the relevant box below for the current Area Plan year, in narrative format, please provide at least one new priority systems advocacy effort the local LTC Ombudsman Program will engage in during the fiscal year. The systems advocacy effort may be a multi-year initiative, but for each year, describe the results of the efforts made during the previous year and what specific new steps the local LTC Ombudsman program will be taking during the upcoming year. Progress and goals must be separately entered each year of the four-year cycle in the appropriate box below.

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

**FY 2024-2025**

**FY 2024-2025 Systems Advocacy Effort(s):** (Provide one or more new systems advocacy efforts) Public Awareness in collaboration with the Area Agency on Aging Information & Assistance Coordinator. Coordinating Educational Presentations throughout the Imperial County at all Nutrition Sites - Congregate Sites in both English and Spanish educating our older adults with our services. These presentations will allow seniors, families and caregivers to understand the services we provide once they are admitted to a facility. Also, we are collaborating with the Imperial County Registrar of Voters by educating our residents regarding the right to vote, how to register, how to cast a vote, voting guide, voters with cognitive impairment and accessibility for persons with disabilities. This will allow residents who have a harder time voting due to mobility, health, and other issues that inhibit their ability to vote as voting rights are a fundamental right for residents in long-term care settings.

**FY 2025-2026**

**Outcome of FY 2024-2025 Efforts:**

**FY 2025-2026 Systems Advocacy Effort(s):** The LTC Ombudsman Program was able to collaborate with the Imperial County Area Agency on Aging Information and Assistance Coordinator in putting together several outreach and education presentations throughout Imperial County reaching out to our senior population and educating them in our services. We also collaborated with the Imperial County Registrar of Voters in putting together several outreach and education presentations in Facilities and throughout Imperial County. We provided information regarding The Right to Vote while in a facility and Residents Rights.

**FY 2026-2027**

**Outcome of FY 2025-2026 Efforts:**

**FY 2026-2027 Systems Advocacy Effort(s):** (Provide one or more new systems advocacy efforts) We understand that all facilities are required to have emergency preparedness plans and demonstrate their effectiveness through drills and documentation. Being prepared for emergencies is crucial because it can save lives, minimize damage, and provide crucial resources during a crisis. The Imperial County Long-Term Care Ombudsman Program will be working in educating Skilled Nursing Facilities and Residential Care Facilities for the Elderly that will involve several key steps to a better emergency plan. This includes identifying potential risks, knowing residents' medical needs, establishing evacuation procedures, developing a communication plan and preparing emergency equipment. We have ordered Emergency Preparedness Guide books from the California Department of Aging Emergency Service Department in both English and Spanish to provide to our residents.

**FY 2027-2028**

**Outcome of 2026-2027 Efforts:**

**FY 2027-2028 Systems Advocacy Effort(s):** (Provide one or more new systems advocacy efforts)

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**Outcome 2.**

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

**Measures and Targets:**

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

<p>1. FY 2022-2023 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint <u>2</u> divided by the total number of Nursing Facilities <u>3</u> = Baseline <u>67</u> % FY 2024-2025 Target: <u>3</u></p>
<p>2. FY 2023-2024 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint <u>3</u> divided by the total number of Nursing Facilities <u>3</u> = Baseline <u>100</u> % FY 2025-2026 Target: <u>3</u></p>
<p>3. FY 2024-2025 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint _____ divided by the total number of Nursing Facilities _____ = Baseline _____ % FY 2026-2027 Target: _____</p>
<p>4. FY 2025-2026 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint _____ divided by the total number of Nursing Facilities _____ = Baseline _____ % FY 2027-2028 Target: _____</p>
<p>Program Goals and Objective Numbers: _____</p>

**B. Routine access: Residential Care Communities** (NORS Element S-61) Percentage of RCFEs within the PSA that were visited by an Ombudsman representative at least once each quarter during the fiscal year not in response to a complaint. The percentage is determined by dividing the number of RCFEs in the PSA that were visited at least once each quarter not in

response to a complaint by the total number of RCFEs in the PSA. NOTE: This is not a count of visits but a count of facilities. In determining the number of facilities visited for this measure, no RCFE can be counted more than once.

<p>1. FY 2022-2023 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint <u>6</u> divided by the total number of RCFEs <u>6</u> = Baseline <u>100</u> %</p> <p>FY 2024-2025 Target: <u>7</u> %</p>
<p>2. FY 2023-2024 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint <u>5</u> divided by the total number of RCFEs <u>7</u> = Baseline <u>71</u> %</p> <p>FY 2025-2026 Target: <u>7</u></p>

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

<p>1. FY 2022-2023 Baseline: <u>1</u> FTEs FY 2024-2025 Target: <u>1</u> FTEs</p>
<p>2. FY 2023-2024 Baseline: <u>1</u> FTEs FY 2025-2026 Target: <u>1</u> FTEs</p>
<p>3. FY 2024-2025 Baseline: _____ FTEs FY 2026-2027 Target: _____ FTEs</p>

4. FY 2025-2026 Baseline: _____ FTEs FY 2027-2028 Target: _____ FTEs
Program Goals and Objective Numbers: _____

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

1. FY 2022-2023 Baseline: Number of certified LTC Ombudsman volunteers <u>2</u> FY 2024-2025 Projected Number of certified LTC Ombudsman volunteers <u>2</u>
2. FY 2023-2024 Baseline: Number of certified LTC Ombudsman volunteers <u>2</u> FY 2025-2026 Projected Number of certified LTC Ombudsman volunteers <u>2</u>
3. FY 2024-2025 Baseline: Number of certified LTC Ombudsman volunteers _____ FY 2026-2027 Projected Number of certified LTC Ombudsman volunteers _____
4. FY 2025-2026 Baseline: Number of certified LTC Ombudsman volunteers _____ FY 2027-2028 Projected Number of certified LTC Ombudsman volunteers _____
Program Goals and Objective Numbers: _____

**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: PSA24 received a Quality Review in August 2023 and one of the recommendations was to hire additional staff to assist with the data entry. This year we have budgeted for an Extra Help position to assist with Data Entry. This will allow PSA24 to comply with data entry timelines and requirements.*

Fiscal Year 2025-2026

*PSA24 is in the process of hiring an Extra Help position. With that we moved to a bigger office space, purchased new office equipment, and a desktop to further the data entry process and comply with our data entry timeline and requirements.*

Fiscal Year 2026-2027

Fiscal Year 2027-2028

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**TITLE VII ELDER ABUSE PREVENTION SERVICE UNIT PLAN**

The agency receiving Title VII Elder Abuse Prevention funding is: PSA 24- Direct Service Ombudsman

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

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

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

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

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

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

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

- **Public Education Sessions** –Indicate the total number of projected education sessions for the general public on the identification, prevention, and treatment of elder abuse, neglect, and exploitation.
- **Training Sessions for Professionals** –Indicate the total number of projected training sessions for professionals (service providers, nurses, social workers) on the identification,

prevention, and treatment of elder abuse, neglect, and exploitation.

- **Training Sessions for Caregivers Served by Title III E** –Indicate the total number of projected training sessions for unpaid family caregivers who are receiving services under Title III E of the Older Americans Act (OAA) on the identification, prevention, and treatment of elder abuse, neglect, and exploitation. Older Americans Act Reauthorization Act of 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.

Total # of	2024-2025	2025-2026	2026-2027	2027-2028
<b>Individuals Served</b>	200	200	200	200
<b>Public Education Sessions</b>	2	2	2	2
<b>Training Sessions for Professionals</b>	1	1	1	1
<b>Training Sessions for Caregivers served by Title III E</b>	1	1	1	1
<b>Hours Spent Developing a Coordinated System</b>	30	30	30	30

<b>Fiscal Year</b>	<b>Total # of Copies of Educational Materials to be Distributed</b>	<b>Description of Educational Materials</b>
<b>2024-2025</b>	200	<p>The LTC Ombudsman Program will use EAP resources to deliver materials and conduct educational presentations during the year to the following:</p> <ul style="list-style-type: none"> <li>• Virtual Education Training conducted by the Area Agency on Aging under their Healthy Aging Virtual Education in collaboration with Imperial County Human Resource Department. This training was conducted in both English and Spanish.</li> <li>• Skilled Nursing Facilities (Residents, Family and Staff)</li> <li>• Residential Care Facilities for the Elderly (Residents, Family and Staff)</li> <li>• Senior Meal Program (Congregate Site, Home Delivered Meals, Staff and Volunteers)</li> <li>• Adult Day Health Care Centers (Participants, Family and Staff)</li> </ul> <p>All materials distributed were in both English and Spanish.</p>
<b>2025-2026</b>	200	<p>The LTC Ombudsman Program will use EAP resources to deliver materials and conduct educational presentations during the year to the following:</p> <ul style="list-style-type: none"> <li>• Virtual Education Training conducted by the Area Agency on Aging under their Healthy Aging Virtual Education in collaboration with Imperial County Human Resource Department. This training was conducted in both English and Spanish.</li> <li>• Skilled Nursing Facilities (Residents, Family and Staff)</li> <li>• Residential Care Facilities for the Elderly (Residents, Family and Staff)</li> <li>• Senior Meal Program (Congregate Site, Home Delivered Meals, Staff and Volunteers)</li> <li>• Adult Day Health Care Centers (Participants, Family and Staff)</li> </ul> <p>All materials distributed were in both English and Spanish.</p>

<b>2026-2027</b>	200	Same as previous year
<b>2027-2028</b>	200	Same as previous year

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**TITLE III E SERVICE UNIT PLAN**

**CCR Article 3, Section 7300(d)**

**2024-2028 Four-Year Planning Period**

This Service Unit Plan (SUP) uses the five federally mandated service categories that encompass 16 subcategories. Refer to the [CDA Service Categories and Data Dictionary](#) for eligible activities and service unit measures. Specify proposed audience size or units of **service for ALL** budgeted funds.

Providing a goal with associated objectives is mandatory for services provided. The goal states the big picture and the objectives are the road map (specific and measurable activities) for achieving the big picture goal.

For example: **Goal 3:** Provide services to family caregivers that will support them in their caregiving role, thereby allowing the care receiver to maintain a healthy, safe lifestyle in the home setting.

- Objective 3.1: Contract for the delivery of virtual self-paced caregiver training modules. Review data monthly to strategize how to increase caregiver engagement in these modules.
- Objective 3.2: Facilitate a monthly in person support group for caregivers where they can share success stories and challenges, share information regarding experiences with HCBS. Respite day care will be available for their loved one if needed.
- Objective 3.3: Do caregiver assessments every 6 months to stay connected to the caregiver and knowledgeable about their needs.

**Direct and/or Contracted III E Services**

CATEGORIES (16 total)	1	2	3
Family Caregivers - Caregivers of Older Adults and Adults who are caring for an individual of any age with Alzheimer’s disease or a related disorder with neurological and organic brain dysfunction.	<i>Proposed</i> Units of Service	<i>Required</i> Goal #(s)	<i>Required</i> Objective #(s)
Caregiver Access Case Management	Total hours	<i>Required</i> Goal #(s)	<i>Required</i> Objective #(s)
2024-2025			
2025-2026			
2026-2027			

2027-2028			
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Caregiver Access Information & Assistance	Total Contacts	Required Goal #(s)	Required Objective #(s)
2024-2025			
2025-2026			
2026-2027			
2027-2028			
Caregiver Information Services	# Of activities and Total est. audience (contacts) for above:	Required Goal #(s)	Required Objective #(s)
2024-2025	10 activities, 300 estimate audience	J, K	J.02.1, K.02.1
2025-2026	10 activities, 300 estimate audience	J, K	J.02.1, K.02.1
2026-2027			
2027-2028			
Caregiver Respite In-Home	Total hours	Required Goal #(s)	Required Objective #(s)
2024-2025	4,000	K	K.01.1
2025-2026	4,000	K	K.01.1
2026-2027			
2027-2028			
Caregiver Respite Other	Total hours	Required Goal #(s)	Required Objective #(s)
2024-2025			
2025-2026			
2026-2027			
2027-2028			
Caregiver Respite Out-of-Home Day Care	Total hours	Required Goal #(s)	Required Objective #(s)

2024-2025			
2025-2026			
2026-2027			
2027-2028			
<b>Caregiver Respite Out-of-Home Overnight Care</b>	<b>Total hours</b>	<b>Required Goal #(s)</b>	<b>Required Objective #(s)</b>
2024-2025			
2025-2026			
2026-2027			
2027-2028			
<b>Caregiver Supplemental Services Assistive Technologies</b>	<b>Total Occurrences</b>	<b>Required Goal #(s)</b>	<b>Required Objective #(s)</b>
2024-2025			
2025-2026			
2026-2027			
2027-2028			
<b>Caregiver Supplemental Services Caregiver Assessment</b>	<b>Total hours</b>	<b>Required Goal #(s)</b>	<b>Required Objective #(s)</b>
2024-2025			
2025-2026			
2026-2027			
2027-2028			
<b>Caregiver Supplemental Services Caregiver Registry</b>	<b>Total Occurrences</b>	<b>Required Goal #(s)</b>	<b>Required Objective #(s)</b>
2024-2025			
2025-2026			
2026-2027			
2027-2028			

<b>Caregiver Supplemental Services Consumable Supplies</b>	<b>Total occurrences</b>	<b>Required Goal #(s)</b>	<b>Required Objective #(s)</b>
2024-2025			
2025-2026			
2026-2027			
2027-2028			
<b>Caregiver Supplemental Services Home Modifications</b>	<b>Total occurrences</b>	<b>Required Goal #(s)</b>	<b>Required Objective #(s)</b>
2024-2025			
2025-2026			
2026-2027			
2027-2028			
<b>Caregiver Supplemental Services Legal Consultation</b>	<b>Total contacts</b>	<b>Required Goal #(s)</b>	<b>Required Objective #(s)</b>
2024-2025	51	J	J.01.1
2025-2026	51	J	J.01.1
2026-2027			
2027-2028			
<b>Caregiver Support Groups</b>	<b>Total sessions</b>	<b>Required Goal #(s)</b>	<b>Required Objective #(s)</b>
2024-2025	6	K	K.03.1
2025-2026	6	K	K.03.1
2026-2027			
2027-2028			
<b>Caregiver Support Training</b>	<b>Total hours</b>	<b>Required Goal #(s)</b>	<b>Required Objective #(s)</b>
2024-2025			
2025-2026			
2026-2027			
2027-2028			
<b>Caregiver Support Counseling</b>	<b>Total hours</b>	<b>Required Goal #(s)</b>	<b>Required Objective #(s)</b>

<b>2024-2025</b>			
<b>2025-2026</b>			
<b>2026-2027</b>			
<b>2027-2028</b>			

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**Direct and/or Contracted III E Services- Older Relative Caregivers**

<b>CATEGORIES (16 total)</b>	<b>1</b>	<b>2</b>	<b>3</b>
<b>Older Relative Caregivers</b>	<i>Proposed Units of Service</i>	<i>Required Goal #(s)</i>	<i>Required Objective #(s)</i>
<b>Caregiver Access Case Management</b>	<b>Total hours</b>	<i>Required Goal #(s)</i>	<i>Required Objective #(s)</i>
2024-2025			
2025-2026			
2026-2027			
2027-2028			
<b>Caregiver Access Information &amp;</b>	<b>Total hours</b>	<i>Required Goal #(s)</i>	<i>Required Objective #(s)</i>
2024-2025			
2025-2026			
2026-2027			
2027-2028			
<b>Caregiver Information Services</b>	<b># Of activities and Total est. audience (contacts) for above</b>	<i>Required Goal #(s)</i>	<i>Required Objective #(s)</i>
2024-2025	<b># Of activities: Total est. audience for above:</b>		
2025-2026	<b># Of activities: Total est. audience for above:</b>		
2026-2027	<b># Of activities: Total est. audience for above:</b>		
2027-2028	<b># Of activities: Total est. audience for above:</b>		
<b>Caregiver Respite In-Home</b>	<b>Total hours</b>	<i>Required Goal #(s)</i>	<i>Required Objective #(s)</i>
2024-2025			
2025-2026			
2026-2027			

<b>2027-2028</b>			
<b>Caregiver Respite Other</b>	<b>Total hours</b>	<b>Required Goal #(s)</b>	<b>Required Objective #(s)</b>
<b>2024-2025</b>			
<b>2025-2026</b>			
<b>2026-2027</b>			
<b>2027-2028</b>			
<b>Caregiver Respite Out-of-Home Day Care</b>	<b>Total hours</b>	<b>Required Goal #(s)</b>	<b>Required Objective #(s)</b>
<b>2024-2025</b>			
<b>2025-2026</b>			
<b>2026-2027</b>			
<b>2027-2028</b>			
<b>Caregiver Respite Out-of-Home Overnight Care</b>	<b>Total hours</b>	<b>Required Goal #(s)</b>	<b>Required Objective #(s)</b>
<b>2024-2025</b>			
<b>2025-2026</b>			
<b>2026-2027</b>			
<b>2027-2028</b>			
<b>Caregiver Supplemental Services Assistive Technologies</b>	<b>Total Occurrences</b>	<b>Required Goal #(s)</b>	<b>Required Objective #(s)</b>
<b>2024-2025</b>			
<b>2025-2026</b>			
<b>2026-2027</b>			
<b>2027-2028</b>			
<b>Caregiver Supplemental Services Caregiver Assessment</b>	<b>Total hours</b>	<b>Required Goal #(s)</b>	<b>Required Objective #(s)</b>
<b>2024-2025</b>			
<b>2025-2026</b>			
<b>2026-2027</b>			

<b>2027-2028</b>			
<b>Caregiver Supplemental Services Caregiver Registry</b>	<b>Total Occurrences</b>	<b>Required Goal #(s)</b>	<b>Required Objective #(s)</b>
<b>2024-2025</b>			
<b>2025-2026</b>			
<b>2026-2027</b>			
<b>2027-2028</b>			
<b>Caregiver Supplemental Services Consumable Supplies</b>	<b>Total occurrences</b>	<b>Required Goal #(s)</b>	<b>Required Objective #(s)</b>
<b>2024-2025</b>			
<b>2025-2026</b>			
<b>2026-2027</b>			
<b>2027-2028</b>			
<b>Caregiver Supplemental Services Home Modifications</b>	<b>Total occurrences</b>	<b>Required Goal #(s)</b>	<b>Required Objective #(s)</b>
<b>2024-2025</b>			
<b>2025-2026</b>			
<b>2026-2027</b>			
<b>2027-2028</b>			
<b>Caregiver Supplemental Services Legal Consultation</b>	<b>Total contacts</b>	<b>Required Goal #(s)</b>	<b>Required Objective #(s)</b>
<b>2024-2025</b>			
<b>2025-2026</b>			
<b>2026-2027</b>			
<b>2027-2028</b>			
<b>Caregiver Support Groups</b>	<b>Total sessions</b>	<b>Required Goal #(s)</b>	<b>Required Objective #(s)</b>
<b>2024-2025</b>			
<b>2025-2026</b>			

<b>2026-2027</b>			
<b>2027-2028</b>			
<b>Caregiver Support Training</b>	<b>Total hours</b>	<b>Required Goal #(s)</b>	<b>Required Objective #(s)</b>
<b>2024-2025</b>			
<b>2025-2026</b>			
<b>2026-2027</b>			
<b>2027-2028</b>			
<b>Caregiver Support Counseling</b>	<b>Total hours</b>	<b>Required Goal #(s)</b>	<b>Required Objective #(s)</b>
<b>2024-2025</b>			
<b>2025-2026</b>			
<b>2026-2027</b>			
<b>2027-2028</b>			

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**HEALTH INSURANCE COUNSELING AND ADVOCACY PROGRAM (HICAP)  
SERVICE UNIT PLAN  
CCR Article 3, Section 7300(d)  
WIC § 9535(b)**

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

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

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

**STATE & FEDERAL PERFORMANCE TARGETS:** The HICAP is assessed based on State and Federal Performance Measures. AAAs should set targets in the service unit plan that meet or improve on each PM displayed on the *HICAP State and Federal Performance Measures* tool located online at:

[https://www.aging.ca.gov/Providers\\_and\\_Partners/Area\\_Agencies\\_on\\_Aging/Planning/](https://www.aging.ca.gov/Providers_and_Partners/Area_Agencies_on_Aging/Planning/)

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

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

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

**SECTION 1: STATE PERFORMANCE MEASURES**

<b>HICAP Fiscal Year (FY)</b>	<b>PM 1.1 Clients Counseled (Estimated)</b>	<b>Goal Numbers</b>
2024-2025	0	N/A
2025-2026		113
2026-2027		
2027-2028		
<b>HICAP Fiscal Year (FY)</b>	<b>PM 1.2 Public and Media Events (PAM) (Estimated)</b>	<b>Goal Numbers</b>
2024-2025	0	N/A
2025-2026	0	5
2026-2027		
2027-2028		

**SECTION 2: FEDERAL PERFORMANCE MEASURES**

<b>HICAP Fiscal Year (FY)</b>	<b>PM 2.1 Client Contacts (Interactive)</b>	<b>Goal Numbers</b>
2024-2025	0	N/A
2025-2026	0	230
2026-2027		
2027-2028		
<b>HICAP Fiscal Year (FY)</b>	<b>PM 2.2 PAM Outreach (Interactive)</b>	<b>Goal Numbers</b>
2024-2025	0	N/A
2025-2026	0	170
2026-2027		
2027-2028		

<b>HICAP Fiscal Year (FY)</b>	<b>PM 2.3 Medicare Beneficiaries Under 65</b>	<b>Goal Numbers</b>
2024-2025	0	N/A
2025-2026	0	27
2026-2027		
2027-2028		

<b>HICAP Fiscal Year (FY)</b>	<b>PM 2.4 Hard to Reach (Total)</b>	<b>PM 2.4a LIS</b>	<b>PM 2.4b Rural</b>	<b>PM 2.4c ESL</b>	<b>Goal Numbers</b>
2024-2025	0	0	0	0	N/A
2025-2026					249
2026-2027					N/A
2027-2028					N/A

<b>HICAP Fiscal Year (FY)</b>	<b>PM 2.5 Enrollment Contacts (Qualifying)</b>	<b>Goal Numbers</b>
2024-2025	0	N/A
2025-2026	0	230
2026-2027		
2027-2028		

**SECTION 3: HICAP LEGAL SERVICES UNITS OF SERVICE (IF APPLICABLE)<sup>15</sup>**

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

<sup>8</sup> 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. This information must match the total number of senior centers and focal points reported in the Older Americans Act Performance System (OAAPS) State Performance Report (SPR) module of the California Aging Reporting System.

<b>Designated Community Focal Point</b>	<b>Address</b>
Imperial County Area Agency on Aging	778 W. State Street, El Centro, CA 92243
El Centro Desert Villa Apartments	1755 W. Main Street, El Centro, CA 92243
Holtville Gardens Apartments	950 Holt Avenue, Holtville, CA 92249

<b>Senior Center</b>	<b>Address</b>
El Centro Adult Center	385 S. 1 <sup>st</sup> Street, El Centro, CA 92243
Brawley Senior Center	575 J Street, Brawley, CA 92227
Calexico Community Center	707 Dool Avenue, Calexico, CA 92231
Westmorland Senior Center	298 W. 3 <sup>rd</sup> Street, Westmorland, CA 92281
Ocotillo Senior Community Center	1160 SW Imperial HWY, Ocotillo, CA 92259
West Shores Senior Citizens Club	1375 Borrego Salton Sea Way, Salton City, CA 92274
Heber Community Center	1132 Heber Avenue, Heber, CA 92249

# SECTION 10

## FAMILY CAREGIVER SUPPORT PROGRAM

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

Based on the AAA's needs assessment and subsequent review of current support needs and services for **family caregivers**, indicate what services the AAA **intends** to provide using Title III-E and/or matching FCSP funds for both.

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

#### Family Caregiver Services

Category	2024-2025	2025-2026	2026-2027	2027-2028
<b>Caregiver Access</b> <input type="checkbox"/> Case Management <input type="checkbox"/> Information and Assistance	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input checked="" type="checkbox"/> No
<b>Caregiver Information Services</b> <input checked="" type="checkbox"/> Information Services	<input type="checkbox"/> Yes Direct <input checked="" type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input checked="" type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input checked="" type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input checked="" type="checkbox"/> Yes Contract <input type="checkbox"/> No
<b>Caregiver Support</b> <input type="checkbox"/> Training <input checked="" type="checkbox"/> Support Groups <input type="checkbox"/> Counseling	<input type="checkbox"/> Yes Direct <input checked="" type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input checked="" type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input checked="" type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input checked="" type="checkbox"/> Yes Contract <input type="checkbox"/> No
<b>Caregiver Respite</b> <input checked="" type="checkbox"/> In Home <input type="checkbox"/> Out of Home (Day) <input type="checkbox"/> Out of Home (Overnight) <input type="checkbox"/> Other:	<input type="checkbox"/> Yes Direct <input checked="" type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input checked="" type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input checked="" type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input checked="" type="checkbox"/> Yes Contract <input type="checkbox"/> No

Category	2024-2025	2025-2026	2026-2027	2027-2028
<b>Caregiver Supplemental</b> <input checked="" type="checkbox"/> Legal Consultation <input type="checkbox"/> Consumable Supplies <input type="checkbox"/> Home Modifications <input type="checkbox"/> Assistive Technology <input type="checkbox"/> Other (Assessment) <input type="checkbox"/> Other (Registry)	<input type="checkbox"/> Yes Direct <input checked="" type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input checked="" type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input checked="" type="checkbox"/> Yes Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input checked="" type="checkbox"/> Yes Contract <input type="checkbox"/> No

**Older Relative Caregiver Services**

Category	2024-2025	2025-2026	2026-2027	2027-2028
<b>Caregiver Access</b> <input type="checkbox"/> Case Management <input type="checkbox"/> Information and Assistance	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input checked="" type="checkbox"/> No
<b>Caregiver Information Services</b> <input type="checkbox"/> Information Services	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input checked="" type="checkbox"/> No
<b>Caregiver Support</b> <input type="checkbox"/> Training <input type="checkbox"/> Support Groups <input type="checkbox"/> Counseling	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input checked="" type="checkbox"/> No
<b>Caregiver Respite</b> <input type="checkbox"/> In Home <input type="checkbox"/> Out of Home (Day) <input type="checkbox"/> Out of Home (Overnight) <input type="checkbox"/> Other:	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input checked="" type="checkbox"/> No
<b>Caregiver Supplemental</b> <input type="checkbox"/> Legal Consultation <input type="checkbox"/> Consumable Supplies <input type="checkbox"/> Home Modifications <input type="checkbox"/> Assistive Technology <input type="checkbox"/> Other (Assessment) <input type="checkbox"/> Other (Registry)	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input checked="" type="checkbox"/> No

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

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

**Note:** The AAA is responsible for ensuring that the information listed for these organizations is up to date. Please include any updates in the Area Plan Update process.

## **Family Caregiver Support Program**

With respect to services not provided under Title III E, this PSA does not provide Information and Assistance under the Family Caregiver Services due to insufficient funding, and Grandparent Services were not a priority as shown in our needs assessment. However, PSA 24 is using Title III E funds to provide Family Caregiver services through our service provider Alz-Care, Inc. by way of the Catholic Charities Senior Companion Program. Based on the needs assessment survey of the senior population in PSA 24, staying independent at home ranked in the top ten areas of concern. As a result, family caregiver services were given priority to address the need. As such, there were insufficient funds to provide all the Family Caregiver and Grandparents services.

Nevertheless, the remaining Title III E services under Family Caregiver Services and Grandparent Services (i.e., support services, respite care, access assistance, and information services) are provided within the County by the following community service agencies: Catholic Charities (250 W. Orange Ave., El Centro, CA 92243), Campesino Unidos (1005 C. St., Brawley, CA 92227), Access to Independence (321 Wake Avenue, El Centro, CA 92243), 211 San Diego (PO Box 420039, San Diego, CA 92142), Imperial County Department of Social Services In-Home Support Services (2995 S. 4<sup>th</sup> St., Suite 105, El Centro, CA 92243), Imperial County Department of Social Services (2995 S. 4<sup>th</sup> St., Suite 105, El Centro, CA 92243), Imperial County Work Training Center (210 Wake Ave., El Centro, CA 92243), Imperial Valley Food Bank (486 W. Aten Road, Imperial, CA 92251), Imperial County Department of Behavioral Health (202 N. 8<sup>th</sup> St., El Centro, CA 92243), and Neighborhood House Calexico (506 E. 4<sup>th</sup> St., Calexico, CA 92231).

## **SUPPLEMENTAL SERVICES**

### **Campesinos Unidos**

This organization is funded by the State of California Department of Community Services and Development (CSD) through the Low Income Home Energy Assistance Program (LIHEAP) funds. It is also funded by the Gas Company and San Diego Gas & Electric through the Energy Savings Assistance Program (ESAP) funds. Their programs include:

#### **Utility Assistance and Weatherization Programs**

The Low-Income Home Energy Assistance Program (LIHEAP) is a federally funded program that assists low-income households with utility assistance programs and weatherization services designed to reduce heating and cooling costs and improve the energy efficiency of a home, while safeguarding the health and safety of the household. These services are available throughout Imperial and San Diego Counties. There are two separate utility assistance programs available. The determination as to which program an applicant will utilize will be determined based on the applicant's circumstances. The dollar amount awarded is the same for either program.

#### **HEAP (Home Energy Assistance Program)**

HEAP assists clients who need help in paying their electric or gas bill. Clients determine which bill they will be assisted with. The amount of assistance is based on household income and size. Clients supply information that will be used to determine an established benefit amount which will appear as a credit on the clients' bill. If the bill is included in the client's rent, the client receives a check in the benefit amount. HEAP may pay for a portion of the energy bill in the form of a dual- or single-party warrant or a direct payment to a utility company.

#### ECIP or F/T (Energy Crisis Intervention Program or Fast Track)

ECIP F/T assists clients who are in crisis of having their electric or gas service disconnected or that their electric or gas has been disconnected. Clients whose utilities are included in their rent DO NOT qualify for ECIP/FT. ECIP/FT pledges are called into the appropriate utility company indicating an application has been processed with the pledge amount to postpone or stop the pending loss of service. If the service is already disconnected, the utility company will be notified of clients' pledge amount in order to have their services re-connected.

#### **Access to Independence**

Access to Independence is a federally funded Center for Independent Living (CIL). CILs are non-residential, non-profit organizations run by people with disabilities for all people with disabilities, in any age group. They currently provide free services throughout San Diego and Imperial Counties in California. One program that assists the elderly is the Older Individuals who are Blind Program. Access to Independence is also our partner in the Aging & Disability Resource Connections. The ADRC offers Information & Assistance services to seniors and/or caregivers needing support.

This program provides services to individuals who are 55 years of age or older, blind or have low vision through the provision of low vision training, adaptive equipment/assistive technology, communication skills, daily living skills, self-advocacy and transportation assistance.

#### **Imperial County Department of Social Services**

##### CalFresh

California's Supplemental Nutrition Assistance Program (SNAP). This is a federal program of supplemental food and nutrition assistance for low-income families and individuals.

##### General Relief Assistance

Provides relief to indigent adults with no other means of support, other public funds, or assistance programs.

#### **Imperial County Work Training Center**

The Imperial County Work Training Center's Multipurpose Senior Services Program (MSSP) provides social and health case management for frail elderly clients who are certifiable for placement in a nursing facility but who wish to remain in the community. The goal of the program is to arrange for and monitor the use of community services to prevent or delay premature institutional placement of these frail clients. The services must be provided at a cost lower than that for nursing facility care.

Clients eligible for the program must be 65 years of age or older, currently eligible for Medi-Cal, and certified or certifiable for placement in a nursing facility. MSSP site staff make this certification determination based upon Medi-Cal criteria for placement.

Under a federal Medicaid Home and Community-Based, Long Term Care Services Waiver, the Multipurpose Senior Services Program (MSSP) provides comprehensive case management to assist frail elderly persons to remain at home.

### **Neighborhood House Calexico**

Neighborhood House of Calexico, Inc. serves the Imperial Valley region, with specific focus on the needs of low-income women, children, and seniors.

Thanks to the generous support of the community, Calexico Neighborhood House is able to provide direct services to much of the community. Emergency Assistance provides immediate, short-term aid to low-income families and individuals in the Imperial County.

Assistance includes: Emergency Food Pantry, clothing vouchers, utility assistance – gas, water and electricity (when funds are available), rental assistance (when funds are available), and Summer Food Service Program

The AAA works with these local agencies and organizations to ensure that they are providing these Title IIIIE services and to offer any support that is needed.

### **Imperial Valley Food Bank**

The Imperial Valley Food Bank serves over 23,000 people a month, representing 5,000 households or 12% of Imperial County residents. While the Imperial Valley Food Bank offers many food assistance programs, the primary function is to resource, store, and allocate food to partner agencies throughout Imperial Valley who directly serve residents in their local community. Programs include:

#### CalFresh

Participation in the CalFresh program has the potential to end hunger in the Imperial Valley. The Imperial Valley Food Bank's CalFresh Specialists are available to answer questions and assist applicants in applying to the CalFresh program.

#### Mobile Food Pantry

In rural areas where agency capacity is limited, the Imperial Valley Food Bank's Mobile Food Pantry fills the gap by bringing food to the community. Clients are recommended to call the IV Food Bank at 760-370-0966 to find out the day and time of the distribution in their area.

#### Box of Basics

Any Imperial County resident can order and receive a food box for \$25 containing at least \$40 worth of food. Contents vary based on availability, but the following is an example 1 gallon of milk, 1 dozen eggs, 5 pounds of chicken, 5 lb. bag of potatoes, 1 lb. bag of rice, 1 lb. bag of beans, pasta, canned vegetables, cereal and fresh produce. Clients must order by the second Tuesday of the month and the boxes are available for pick-up on the third Tuesday of the month. Cash, credit, debit and EBT are all accepted forms of payment.

### **SUPPORTIVE SERVICES AND RESPITE CARE**

PSA 24 does not fund Supportive Services and Respite Care categories for Grandparents/Older Relative Caregivers. However, PSA 24 uses Title III E funds to provide four (4) service categories under the Family Caregiver Support program through our service provider Alz-Care (i.e., access assistance, information services, supportive services and respite care). Our provider has agreed to extend supportive services, such as Caregiver Support Group category to grandparents, and will not duplicate reporting these grandparents' caregivers' services under the Family Caregiver Support Program/Caregiver Caring for Elderly Support Group. Likewise, Respite Care/In-Home Personal Care is provided pursuant to eligibility requirements (i.e., low income, disability) by the In-Home Supportive Service Program, Adult Services, located at 2995 S. 4<sup>th</sup> Street, Suite #105, El Centro, CA. PSA 24 is committed to continue looking for ways to provide Respite Care/In Home Personal Care to the grandparents' population.

### **ACCESS ASSISTANCE AND INFORMATION SERVICES**

#### **Imperial County Department of Social Services**

Staff from Public Authority and Adult Protective Services regularly conduct outreach to provide information about their services to caregivers and seniors.

#### **Imperial County Behavioral Health**

The outreach team regularly conducts presentations at various sites and participates in health fairs, resource fairs, and any other event to inform the community of their services for older adults.

#### **211 San Diego**

211 San Diego serves both the San Diego and Imperial Counties. 211 is a nonprofit organization that provides free, 24 hours, confidential phone service in over 200 languages and a searchable online database. The Imperial County AAA has a working relationship with 211 to ensure all Imperial County senior services are listed in the 211 database. On its website, 211 has a page devoted to services, resources, and general information for grandparents and caregivers.

# **SECTION 11**

## **LEGAL ASSISTANCE**

### **2024-2028 Four-Year Area Planning Cycle**

This section must be completed and submitted annually. The Older Americans Act Reauthorization Act of 2020 designates legal assistance as a priority service under Title III B [42 USC §3026(a)(2)]<sup>12</sup>. CDA developed *California Statewide Guidelines for Legal Assistance* (Guidelines), which are to be used as best practices by CDA, AAAs and LSPs in the contracting and monitoring processes for legal services, and located at: <https://aging.ca.gov/Providers and Partners/Legal Services/#pp-gg>

1. Based on your local needs assessment, what percentage of Title IIIB funding is allocated to Legal Services? **Discuss:** Twenty-four-point forty-six percent (24.46 %)
2. How have your local needs changed in the past year(s)? Please identify any changes (including whether the change affected the level of funding and the difference in funding levels in the past four years). **Discuss:** Yes, after the COVID-19 pandemic it's been hard to recruit and keep talent. Our provider has been having a hard time recruiting and keeping local attorneys. This has impacted on the way services are provided as most services are still provided via email, zoom, and/or telephone. Face-to-face appointments are provided only once a week. Additionally, the cost of doing business has increased tremendously, reducing the number of clients that can be serviced with the same funding amount. This change has not impacted on the funding levels. PSA 24 has not been able to provide additional funding for this program because no additional funding is available, and the Service Provider is limited in the amount of Federal funding it can receive. The funding level has been consistently the same for the last four years. However, last Fiscal Year, was the first time the provider did not accept any allocations for the one-time-only funds, reducing the funding amount they usually receive for the year. This Fiscal Year 2024-2025, again the provider did not accept their full allocation of the one-time-only funding available. We are working with the provider to ensure that this does not impact on the services being provided in our community.
3. How does the AAA's contract/agreement with the Legal Services Provider(s) (LSPs) specify and ensure that the LSPs are expected to use the California Statewide Guidelines in the provision of OAA legal services? **Discuss:** The contract includes a section called assurances that requires the provider to follow a California Statewide Guidelines on all services provided including legal services.
4. How does the AAA collaborate with the Legal Services Provider(s) to jointly establish

specific priority issues for legal services? What are the top four (4) priority legal issues in your PSA? **Discuss:** The AAA and the LSP collaborate on identifying priority legal issues at the time of contracting for services, using the OAA and California Guidelines for Legal Assistance (Rev. 4/15), and the most recent legal issue information for program clients. The top four priority legal issues are landlord/tenant and other housing matters, income maintenance including public benefits such as social security and pensions, healthcare issues such as Medicare, Medi-Cal and access to healthcare, and elder abuse and other protective services including advance planning and powers of attorney. Further, as issues are identified by AAA and its community partners, for example elder scam and fraud prevention, the LSP prioritizes this issue as well and incorporates it into its services plan.

5. How does the AAA collaborate with the Legal Services Provider(s) to jointly identify the target population? What is the targeted senior population and mechanism for reaching targeted groups in your PSA?

**Discuss:** Yes. The AAA and the Legal Services Provider collaborate to identify specific populations within the broader OAA target category of older individuals in greatest social or economic need. The AAA and the Legal Service Provider meet at least four times a year to discuss target population and how to improve outreach to this group. The LSP will collaborate with the Information & Assistance Program to provide presentations to the community about the program and the services offered to improve participation. Quarterly, the LSP will provide data to the AAA that includes demographic information of the seniors and caregivers utilizing the legal services provided.

The PSA has many low-income, limited English proficiency or non-English speaking seniors. This population is targeted for services by offering and providing services in both English and Spanish. Direct legal services, materials provided to clients and the public, and community education and outreach are all provided to the target population in their preferred language in order that they can understand their legal issues and achieve their desired legal outcomes.

- Seniors with language barriers – services are provided in English and Spanish, with interpreters available, if necessary.
- Seniors residing in rural areas or homebound – provider sets on-site visit to a congregate site, or will schedule home visits, if the senior is homebound.
- Low income-according to the census information almost 22% of our seniors are below the 125% poverty level. Even though the provider has no income criteria, and will serve all seniors equally, the provider will schedule home visits to the individual cities to accommodate those seniors with limited transportation or resources to travel.
- Isolated, abused, neglected, and/or exploited older individuals – the provider works to protect seniors against financial or physical abuse, with working relationships with local law enforcement procedures.

- Caregivers – the provider targets assistance to caregivers and the frail elderly that they care for, using outreach, coordination, and collaboration, and collaboration with other community service organizations.

6. How many legal assistance service providers 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 change
2025-2026	1	No change
2026-2027		
2027-2028		

7. What methods of outreach are Legal Services Providers using?

**Discuss:** Presentations, fairs, brochures, new articles, announcements, agency coordination and referrals, word of mouth, and public service announcements. All are available in English and in Spanish.

8. What geographic regions are covered by each provider? **Complete the table below:**

Fiscal Year	Name of Provider	Geographic Region covered
2024-2025	a. Elder Law & Advocacy	a. County of Imperial
2025-2026	a. Elder Law & Advocacy	a. County of Imperial
2026-2027		
2027-2028		

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.).

**Discuss:** Services are available to seniors, 60+ years old, in person, on the phone, by mail or email, on-site with the provider, schedule availability at the program office, which is centrally located, or by scheduled home visit if the senior is homebound and unable to access by any other means.

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

**Discuss:** With the changes in Social Security and Medicare, there has been an

increase in problems involving these issues, as well as increased cases of fraud. Other issues range from wills and document assistance to legal issues related to fraud, financial abuse, rent or deposit recovery, legal advice family situations, etc.

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

**Discuss:** The biggest barrier in our area is the lack of or limited transportation. To overcome this barrier, the provider will provide services at their centrally located program site or by a home visit, if necessary. The next largest barrier for our PSA is due to limited English/monolingual Spanish clients. The provider has translated all their brochures into Spanish to accommodate the Spanish-speaking client. In addition, the provider has bilingual staff available to interpret.

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

**Discuss:** The provider coordinates services with the AAA, the Ombudsman (a direct service by the AAA) and the other providers. Monthly provider and integrated case management meetings are required of all providers. Round table discussions and case management team discussions/referrals are part of these meetings, to work on cases with a team effort. The provider also coordinates services with other community service organizations, and law enforcement agencies including the local Legal Services Corporation program. The provider also offers the Health Insurance Counseling & Advocacy program in Imperial County. This effort is done through a contract that we hold with PSA 23 – San Diego Aging & Independence Services. The AAA helps San Diego Aging & Independence monitor the provider, attend quarterly meetings with the provider, and step in when needed to obtain updates from the provider.

# **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 and activities with local emergency response agencies, relief organizations, state and local governments, and other organizations responsible for emergency preparedness and response as required in OAA, Title III, Section 310.

With respect to Disaster Preparedness, Imperial County AAA is a member of the County of Imperial's Disaster /Emergency Team. During the COVID-19 Pandemic, the AAA continued to provide services to the senior population of Imperial County. The AAA Home Delivered Meal Program continued to deliver meals to home-bound seniors while the Congregate Meal Program transitioned to home delivery. The AAA meal program doubled in size. Reaching 965 seniors, due to the State of California stay at home order. The AAA distributed 2,325 bags with relief items, conducted 3,701 wellness calls, and delivered 946 food boxes to seniors in great need. The AAA took great pride in ensuring there was no halt in services for the seniors in great need in Imperial County.

Additionally, in November 17, 2017, the AAA participated in the largest Statewide Emergency Disaster Preparedness Drill, the Golden Guardian. As a member of the team, we were able to share our resources with those of other County, Cities, State and Federal agencies, including law enforcement, emergency and medical facilities, and even the two local correctional facilities. The AAA participated on the Logistics Team, which included resource, procurement and finance units. Several of the scenarios included seniors injured or stranded by the quake, in need of medical assistance, supplies or transportation. The outcome of the local exercise is included in the statewide report. In addition, the Public Administrator AAA Administration and the AAA providers participated in a State earthquake drill on October 19, 2017. Reports from our providers declared that the seniors who participated in the drill did so very calmly, with many of the seniors explaining "they survived many earthquakes in the past and have already lived long and productive lives". One of the concerns of our nutrition provider is that the Villa Apartment congregate site in El Centro has an entire wall made of glass windows. Seniors in the drill covered their heads and turned away from the windows to practice safety as best as possible, considering the building construction.

The AAA has several resources at its disposal, which include but are not limited to the State of California's Disaster Assistance Handbooks on the State's web page, the County's Disaster and Mass Casualty Plan, and Imperial County's Office of Emergency Services. The AAA is the liaison between the State and County services and the

communities' seniors and the AAA senior programs. The AAA monitors and requires regular updates on each of the providers' emergency disaster plans. Some of our providers, such as our Nutrition Provider, regularly practice emergency and fire drills with the senior clients, to ensure more efficient evacuation of our seniors, including the frail and disabled. The AAA also requires that our providers include the AAA in their lists of emergency contact personnel.

Also, the PA/AAA staff has worked with the American Red Cross on several programs, including installing free smoke alarms in the homes or apartments of seniors.

The PA/AAA staff are part of the Office of Emergency Services team. The local tribal organizations are also part of this team and assist in the efforts on disaster preparedness as well as disaster recovery efforts.

- 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
Salvador Flores	Deputy Chief	Office: (442) 265-6011	salvadorflores@co.imperial.ca.us

- Identify the Disaster Response Coordinator within the AAA.

Name	Title	Telephone	Email
Karla Flores	Ombudsman Coordinator	Office: (442) 265-7032 Fax: (442) 265-7036	karlaflores@co.imperial.ca.us

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

Critical Services	How Delivered?
<b>A Senior Nutrition Meals</b>	<b>A Home Delivered Shelf Stable or Frozen Meals – Alternate provider</b>
<b>B Information &amp; Assistance</b>	<b>B Via Phone or Blast Message</b>
<b>C Ombudsman Services</b>	<b>C Via Phone or Virtual Visits, in person if possible</b>
<b>D Respite</b>	<b>D Via Phone or Virtual Visits, in person if possible</b>

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)

<b>Critical Services</b>	<b>How Delivered?</b>
<b>A Distribution of Information</b>	<b>Via phone calls, blast messages, newspaper PSAs, or via email</b>
<b>B Volunteers</b>	<b>B Coordinate volunteers to deliver critical services as needed</b>
<b>C Staff to continue operations</b>	<b>C Staff are required to report to work in a disaster to help bring operations back up or help during the disaster to provide information on the most vulnerable populations</b>
<b>D Provide expertise on the aging community to ensure their protection</b>	<b>D Being part of the County's Office of Emergency Services</b>

6. List critical resources the AAA needs to continue operations.  
Critical resources are needed, staff, office space to work, and telephone lines. Access to guidance from Emergency Office Personnel.
7. List any agencies with whom the AAA has formal emergency preparation or response agreements.  
As County employees, AAA staff are also designated as County Disaster Workers. In the event of a real emergency, County employees are required to report to their individual departments once they have secured their own homes and families. County employees are required to participate in emergency training by the Office of Emergency Services, and upon completion, are provided with a certificate of training.
8. Describe how the AAA will:
  - a. Identify vulnerable populations.  
PSA 24 coordinates with the regional Office of Emergency Services (OES) Disaster Council in collaboration efforts to provide adequate and timely response to citizens in emergency or disaster conditions. This benefits residents and staff in Skilled Nursing Facilities (SNF) and Residential Care Facilities (RCFE). These facilities are licensed under the Department of Health Services and Community Care Licensing. The Ombudsman attends quarterly meetings, as the goal of the Imperial County Disaster Council is to lessen the impact of disasters on the region's vulnerable elder and disabled population. This will allow facilities to be ready and organized for response to a broad range of potential safety challenges and to design and coordinate a plan that uses regional resources, including first responder time and efforts, in a prudent way. The OES will then incorporate all

facilities in their OES Emergency Disaster Plan to better identify each facility in Imperial County.

- b. Identify possible needs of the participants before a disaster event (PSPS, Flood, Earthquake, ETC)  
Participants need to be kept informed of the situation including information on the disaster event, what to do to prepare, what to do during the disaster, and when and where they can get supplies or shelter. Once the event is over, participants will need support in repairing or cleaning their home. With so many seniors with very low and fixed incomes it is important that resources are available to help them get back their normalcy after a disaster event.
- c. Follow-up with these vulnerable populations after a disaster event.  
PSA 24 will utilize our network of Disaster/ Emergency Agencies, through coordinated efforts of the IC Office of Emergency Services Disaster Team, and our own network of PSA service providers and other community resource providers. Resources of the Disaster Team include medical facilities, members of law enforcement organizations and community volunteers, to follow up after a disaster event, such as happened with the last major earthquake. Our contract providers are required to report to the AAA in case of emergencies or disasters. In addition, the AAA is part of other community organizations, such as the Multi-Disciplinary Team and the Transportation Council, which have community contacts and resources available to assist in such disasters.

**9. How is disaster preparedness training provided?**

- AAA to participants and caregivers
- To staff and subcontractors

The AAA has several resources at its disposal, which include but are not limited to the State of California's Disaster Assistance Handbooks on the State's web page, the County's Disaster and Mass Casualty Plan, the Imperial County's Office of Emergency Services, and the Imperial County AAA Emergency Action Plan booklet. The AAA is the liaison between the State and County services and the communities' seniors and the AAA senior programs. The AAA monitors and requires regular updates on each of the providers' emergency disaster plans. Some of our providers, such as our Nutrition Provider, regularly practice emergency and fire drills with the senior clients, to ensure more efficient evacuation of our seniors, including the frail and disabled. The AAA also requires that our providers include the AAA in their lists of emergency contact personnel.

The AAA has also worked with other providers such as L.I.S.T.O.S. and the American Red Cross to share emergency preparedness plans with our clients that will help them start thinking and prepare themselves and family members for any disasters that may affect our area.

The AAA staff also participate in county-required training to recognize possible disaster scenarios. Staff have received training in disaster preparedness, office safety, CPR, Fire Extinguisher Safety, Active Shooter and other acts of Targeted Violence, Heat Illness prevention, and much more.

CDA APPROVED

# SECTION 13

## NOTICE OF INTENT TO PROVIDE DIRECT SERVICES

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

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

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

Check applicable direct services

Check each applicable Fiscal Year

**Title IIIB**

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

<b>24-25</b>	<b>25-26</b>	<b>26-27</b>	<b>27-28</b>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**Title IIID**

- Health Promotion – Evidence-Based

<b>24-25</b>	<b>25-26</b>	<b>26-27</b>	<b>27-28</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Title IIIE<sup>9</sup>**

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

<b>24-25</b>	<b>25-26</b>	<b>26-27</b>	<b>27-28</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Title VII**

- Long Term Care Ombudsman

<b>24-25</b>	<b>25-26</b>	<b>26-27</b>	<b>27-28</b>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**Title VII**

- Prevention of Elder Abuse, Neglect, and Exploitation.

<b>24-25</b>	<b>25-26</b>	<b>26-27</b>	<b>27-28</b>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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

PSA 24 provides Information & Assistance to seniors throughout the County via a variety of methods (i.e., telephone, internet, publication, public service announcements and in-person contacts). The outreach efforts of PSA 24 to ensure the participation of the target populations outlined in this Area Plan are based considering the geographic isolation of some of our communities where members of the target population have been identified, their ethnic representation, economic status, LGBT, and their limited English capacity.

The AAA requires countywide services for all provider services and regularly monitors provider program performance through the WellSky (SAMS) database, as well as the annual program monitoring.

<sup>6</sup> Refer to CDA Service Categories and Data Dictionary.

CDA APPROVED

## **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: Community Education**

Check applicable funding source:<sup>9</sup>

- IIIIB
- 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<sup>10</sup>: Comparable quality is more economical if provided by the AAA. I&A/Outreach & Community Education services have been directly provided by the AAA since 2002 (the reporting requirements have been revised by California Department of Aging).

<sup>7</sup> Section 15 does not apply to Title V (SCSEP).

<sup>8</sup> For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs agree.

## **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**

Check applicable funding source:<sup>9</sup>

- IIIIB
- 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<sup>10</sup>: Comparable quality is more economical if provided by the AAA. I & A/ Outreach/ Community Education & Public Information services have been directly provided by the AAA since 2002. (the reporting requirements have been revised by California Department of Aging)

<sup>9</sup> Section 15 does not apply to Title V (SCSEP).

<sup>10</sup> For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs agree.

**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: Ombudsman & Elder Abuse Prevention**

Check applicable funding source:<sup>9</sup>

IIIIB

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<sup>10</sup>: Comparable quality is more economical if provided by the AAA. Ombudsman services have been directly provided by the AAA since 2003.

<sup>11</sup> Section 15 does not apply to Title V (SCSEP).

<sup>12</sup> For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs agree.

**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: Transportation**

Check applicable funding source:<sup>9</sup>

- IIIIB
- 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<sup>10</sup>: Transportation Services are offered through the AAA Transportation program via a verbal agreement with the Imperial County Transportation Commission. PSA 24 was faced with receiving no bids for transportation the 2016-2020-four-year cycle. PSA 24 went out to bid twice prior to the four-year cycle, with the last deadline being May 2, 2016. PSA 24 was unsuccessful receiving a bid both times. The AAA successfully worked with IVTRide and ARC for transportation to the nutrition sites from 2016-2020 and again from 2020-2024. Consequently, the upcoming four-year cycle, PSA 24 will work with IVT Ride via First Transit, which contracts with the Imperial County Transportation Commission to provide senior transportation services in El Centro, Calexico, Imperial, Brawley, Heber, and West Shores.

<sup>13</sup> Section 15 does not apply to Title V (SCSEP).

<sup>14</sup> For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs agree.

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**SECTION 15****GOVERNING BOARD****GOVERNING BOARD 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:**

John W. Hawk, District 5, Board of Supervisor, Chair	December 2026
Jesus Eduardo Escobar, District 1, Board of Supervisor	December 2026
Martha Cardenas-Singh, District 2, Board of Supervisor	December 2028
Peggy Price, District 3, Board of Supervisor	December 2028
Ryan E. Kelley, District 4, Board of Supervisor	December 2028

**Names and Titles of All Members:****Board Term Expires:**

Same as above	

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

The following seats are up for election:

District 3 – New Board of Supervisor has been elected and will start her term in January 2025.

The name of the newly elected Supervisor is Peggy Price.

District 2 &amp; District 4 – New Board of Supervisors have been elected and started their term in January 2025. Supervisor Martha Cardenas – Singh is a new member and Supervisor Ryan E. Kelley, kept his seat on the board.

## SECTION 16

### ADVISORY COUNCIL

#### ADVISORY COUNCIL MEMBERSHIP 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)     21

Number and Percent of Council Members over age 60     18     85.7% Council 60+

Race/Ethnic Composition	% of PSA's 60+Population	% on Advisory
White	18.8%	19%
Hispanic	76.1%	52.4%
Black	1.8%	14.3%
Asian/Pacific Islander	2.2%	0%
Native American/Alaskan Native	1.6%	0%
Other	31.4%	14.3%

#### **Title and Name of Officers:**

#### **Office Term Expires:**

District 3 Appointment, AJ Gaddis, Chair	June 2026
Disabled Interest Member, Paul R. Monarrez, Vice Chair	June 2026
District 5, Patricia Burnworth, Secretary	June 2026
Past Chair – VACANT	

#### **Title and Name of other members:**

#### **Term Expires:**

County of Imperial, Supervisor John Hawk	N/A
District 1 Appointment, Cynthia Alba	N/A
District 2 Appointment, Cheryl Viegas Walker	N/A
District 4 Appointment, John Hernandez	N/A
League of Cities, Sylvia Chavez	N/A
At-Large Member, Lucy M. Hendry	N/A
At-Large Member, Ana Rodriguez	N/A

HICAP, Benjamin Horton	N/A
Law Enforcement Member, Javier Moreno	N/A
Senior Advocate Member, Ember Haller	N/A
Senior Advocate Member, Manuel Sanchez	N/A
Senior Legislature Senate Member, Helen Lopez	N/A
Senior Legislature Assembly Member, Daniel Romero	N/A
Senior Organization Member, Anna M. Garcia	N/A
Service Provider, Patricia A. Thompson	N/A
Alternate At-Large Member, Ismael Lopez	N/A
Alternate At-Large Member, Mary Walla	N/A
Alternate At-Large Member, Supervisor Peggy Price	N/A

**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):**

Even though we would like representation from all groups, it’s been hard to find seniors in the other optional groups.

**Explain what happens when the term expires, for example, are the members permitted to remain in their positions until reappointments are secured? Have they been replaced, renewed or other?** The Executive Committee of the Advisory Council will review members’

performance to provide a recommendation to the full Advisory Council on action to take for any members not complying with their responsibilities as Advisory Council members.

See the Vacancies section in the excerpt below from the Advisory Council By-Laws.

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(1) Vacancies

A vacancy shall occur when a member resigns, is removed, or is otherwise unable to fulfill or renew their term. The applicant process for filling a vacancy shall begin within thirty (30) days of a vacancy being declared.

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

The process is described in the By-Laws of the Advisory Council. Vacancy is confirmed. Announcements are made regarding the vacancy and the availability of applications. Nominations and applications are considered by the council. Acknowledge nominations. The Executive Committee reviews applications and makes recommendations to the full council. The Advisory Council selects from recommendations. New members will be seated immediately upon the accomplishment of the above. In addition, the Board of Supervisors appoints representatives from their individual districts.

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## SECTION 17

### MULTIPURPOSE SENIOR CENTER ACQUISITION OR CONSTRUCTION COMPLIANCE REVIEW <sup>11</sup>

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:						

<sup>6</sup> 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

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**SECTION 18**

**ORGANIZATIONAL CHART**

**Area Agency on Aging – PSA 24**

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# **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.

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