



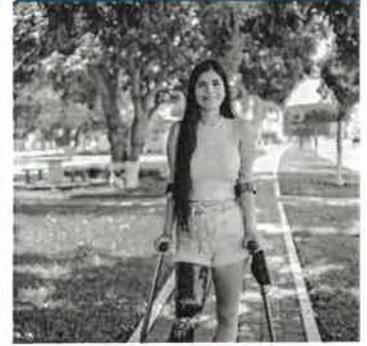
Aging and Adult Services  
Public Guardian

# SAN BERNARDINO COUNTY AREA PLAN YEAR ONE UPDATE

Department of Aging and Adult Services-Public Guardian  
Planning and Service Area 20

2024

2028





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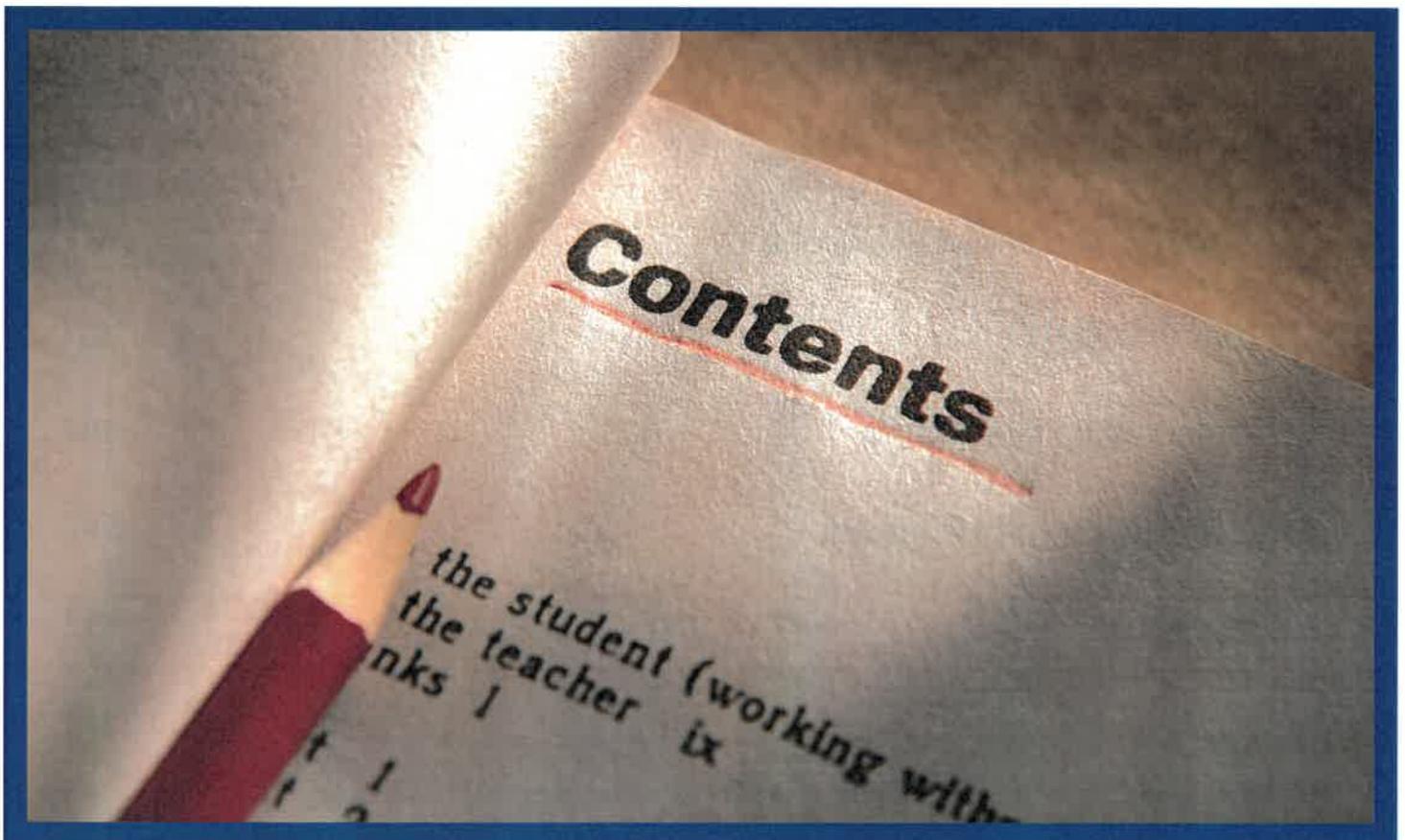




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# Required Components Checklist



# Required Components Checklist

Section	Description	Completed
TL	Transmittal Letter	X
1	Mission Statement	X
2	Description of the Planning and Service Area (PSA)	X
3	Description of the Area Agency on Aging (AAA)	X
4	Planning Process and Establishing Priorities and Identification of Priorities	X
5	Needs Assessment and Targeting	X
6	Priority Services and Public Hearings	X
7	Area Plan Narrative Goals and Objectives	X
7	Title IIIB Funded Program Development (PD) Objectives	X
7	Title IIIB Funded Coordination (C) Objectives	X
7	System-Building and Administrative Goals and Objectives	X
8	Service Unit Plan (SUP) and Long-Term Care Ombudsman Outcomes	X
9	Senior Centers and Focal Points	X
10	Title IIIE Family Caregiver Support Program	X
11	Legal Assistance	X
12	Disaster Preparedness	X
13	Notice of Intent to Provide Direct Services	X
14	Request for Approval to Provide Direct Services	X
15	Governing Board	X
16	Advisory Council	X
17	Multipurpose Senior Center Acquisition or Construction Compliance	X
18	Organization Chart	X
19	Assurances	X



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# Transmittal Letter



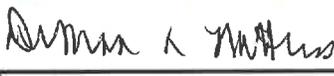
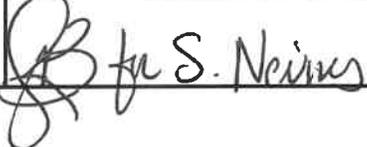
# Transmittal Letter

## 2024-2028 Four Year Area Plan/Annual Update

Check one:  FY 24-25  FY 25-26  FY 26-27  FY 27-28

### AAA Name: San Bernardino County Department of Aging and Adult Services- Public Guardian

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 on Aging 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.

Signer	Position	Signature	Date
Dawn Rowe	Governing Board		MAY 20 2025
Deborah Nattress	Advisory Council Chair		3-11-25
Sharon Nevins	Area Agency Director		3/19/2025



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# Mission Statements



# Mission Statements



## State of California Core Mission Statement

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

## Department of Aging and Adult Services - Public Guardian Mission Statement

Providing service to older adults and at-risk individuals to improve or maintain choice, independence, and quality of life. The department works to ensure older adults and individuals with disabilities have the right to age in place, in the least restrictive environment.



# Mission Statements



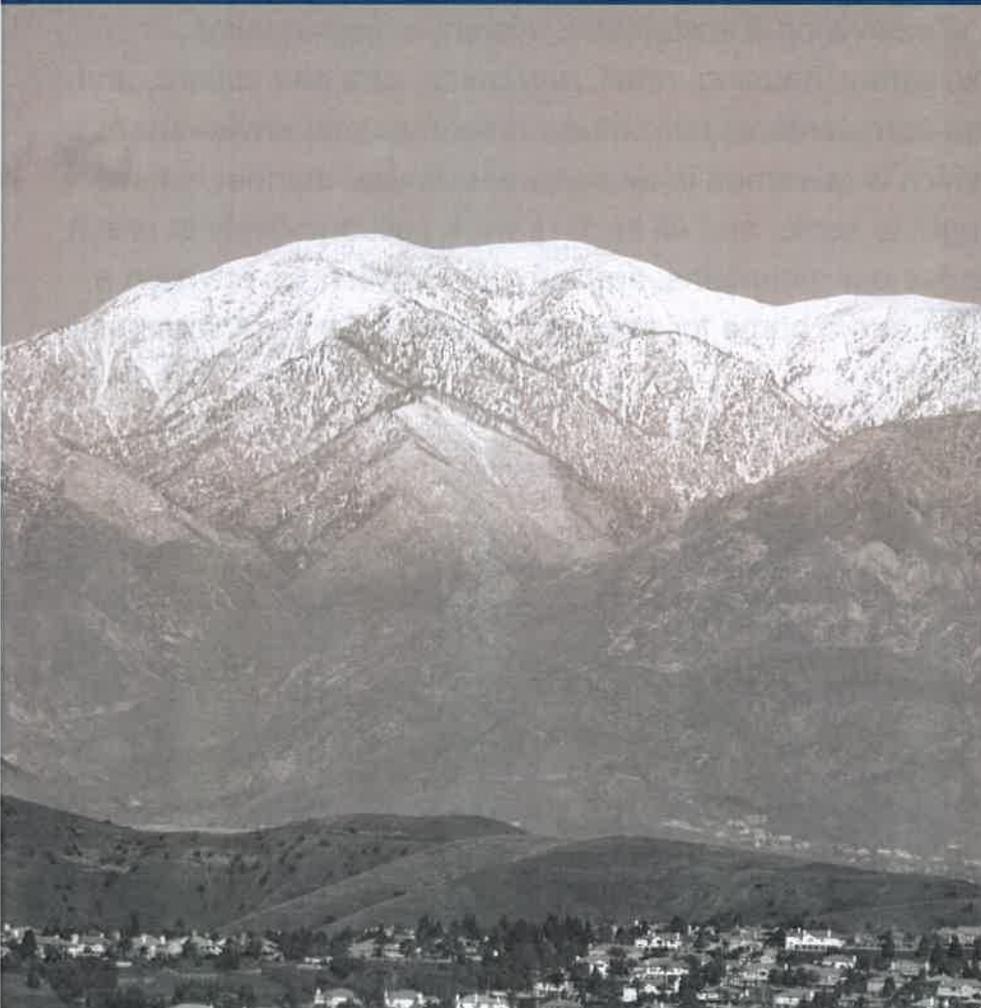
## Countywide Vision

We envision a complete county that capitalizes on the diversity of its people, its geography, and its economy to create a broad range of choices for its residents in how they live, work, and play. We envision a vibrant economy with a skilled workforce that attracts employers who seize the opportunities presented by the county's unique advantages and provide the jobs that create countywide prosperity. We envision a sustainable system of high-quality education, community health, public safety, housing, retail, recreation, arts and culture, and infrastructure, in which development complements our natural resources and environment. We envision a model community which is governed in an open and ethical manner, where great ideas are replicated and brought to scale, and all sectors work collaboratively to reach shared goals. From our valleys, across our mountains, and into our deserts, we envision a county that is a destination for visitors and a home for anyone seeking a sense of community and the best life has to offer.



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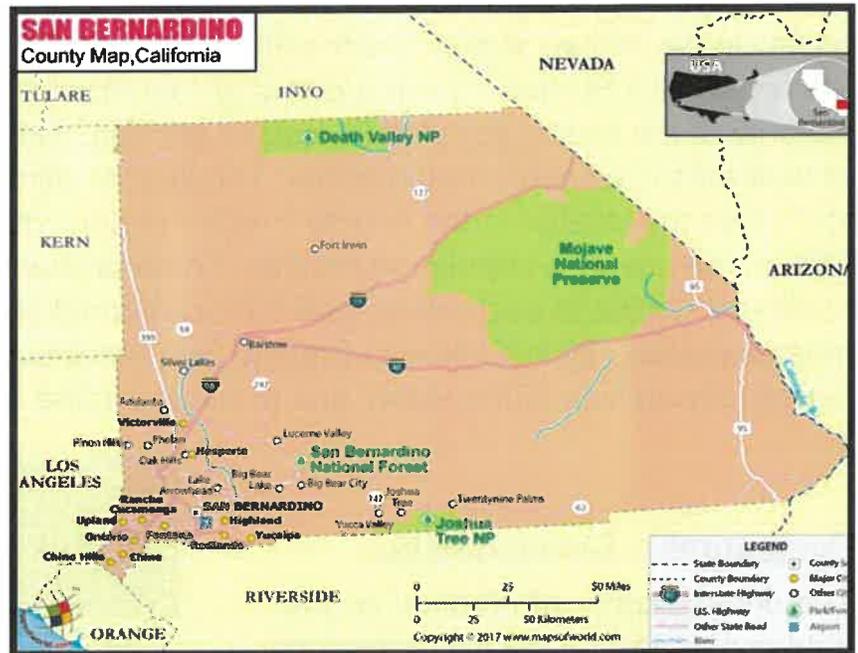
# Planning Service Area 20 (PSA 20)



# Planning and Service Area 20 (PSA 20)

## Purpose

This section will provide a description of the unique, physical characteristics of PSA 20, including a breakdown of demographics found in this area. For the purpose of clarity, San Bernardino County may be referred to as “County,” PSA 20, the Area Agency on Aging (AAA), or Department of Aging and Adult Services – Public Guardian (DAAS – PG).



Source: San Bernardino County Map, Map of San Bernardino County, California (mapsofworld.com)

## Geography

San Bernardino County covers 20,105 square miles and is the largest county in the contiguous United States by land mass. The county comprises 12% of California’s land area. To place into perspective, the states of Massachusetts, Delaware, Rhode Island, and New Jersey, combined fit within the boundaries of the county. The AAA is a microcosm of the entire state with urban, suburban, and rural areas. The county stretches on the west border from Pomona in Los Angeles County eastward to the Colorado River, sharing state lines with Arizona and Nevada. Surrounding counties include Inyo County to the north; Kern and Los Angeles counties to the west; and Orange and Riverside counties to the south. Over 90% of the county is Mojave Desert. The majority of this landscape is desert, with a small portion of the Colorado Desert represented at the southeastern end of the county. Almost three-quarters of the county is open and undeveloped, with 80% of the land owned by federal agencies, which is outside of the governing control of the county or local jurisdictions. The remainder of the county consists of the San Bernardino Valley, and a series of transverse mountain ranges that bisect the county in an east-west divide which include the San Gabriel Mountains, San Bernardino Mountains, and the Little San Bernardino Mountains.

# Planning and Service Area 20 (PSA 20)

## Population

With a population of 2,195,611, San Bernardino County is the fourteenth most populous county in the United States and the fifth most populous in California, according to the United States Census Bureau. There are twenty-four incorporated cities and towns in the county. The majority of the county population resides in cities, with 311,659 persons or approximately 14% of residents in unincorporated areas. The largest cities in the county are listed below. The top four cities are located in the county’s valley region, situated in the southwest portion, where 75% of the county’s population resides. Fontana, Rancho Cucamonga, and Ontario are contiguous cities to each other, and their combined population would make the area the fifth most populous city in California (behind San Francisco and ahead of Fresno). Victorville is the largest city outside of the valley and is located in the High Desert.

## Demographic Characteristics

The demographic information on the right comes from a variety of sources including the United States Census Bureau and the State of California Department of Finance. Detailed information on the Elder Economic Security Index is provided by the University of California, Los Angeles, Center for Health Policy Research.

The next table represents the California Department of Aging (CDA) Population Demographic Projections for San Bernardino County. The latest available data from CDA was prepared in 2024 as part of the Intrastate Funding Formula (IFF).

Year	State Pop. of Adults Age 60+	County Pop. of Adults Age 60+	County Pct. of Adults in State Age 60+
2020	8,822,132	403,844	4.57%
2021	8,620,949	392,687	4.55%
2022	9,259,582	423,290	4.57%
2023	9,146,021	417,606	4.56%
2024	9,198,950	420,344	4.56%
2025	Not applicable at this time		

City	Pop.	Rank	State Rank
San Bernardino	224,274	1	27
Fontana	217,561	2	29
Ontario	184,705	3	36
Rancho Cucamonga	174,312	4	43
Victorville	134,638	5	62

# Planning and Service Area 20 (PSA 20)

## Demographic Characteristics, Continued

From 2016 to 2019, the 60+ population for the IFF for the county has increased by 15.8%. Based on the projections of the United States Census Bureau, as of July 1, 2023, 12.9% of the population in San Bernardino County consisted of adults 65 and older. This increase in population does not include the growth in the 60 to 64 age group.

Year	Demographic	Population 60+	Non-Minority 60+	Minority 60+	Low Income 60+	Medi-Cal Eligible 60+
2020	Number of Persons	403,844	198,964	204,880	52,450	88,649
	% County Population		49.26%	50.73%	12.98%	21.95%
2021	Number of Persons	392,687	179,727	212,960	53,695	91,210
	% County Population		45.76%	54.23%	13.67%	23.22%
2022	Number of Persons	423,290	130,051	293,239	55,435	100,149
	% County Population		30.72%	69.27%	13.09%	23.65%
2023	Number of Persons	417,606	184,327	233,279	56,055	108,193
	% County Population		44.13%	55.86%	13.42%	25.90%
2024	Number of Persons	420,344	170,004	250,340	60,605	119,171
	% County Population		40.44%	59.55%	14.41%	28.35%

Year	Demographic	Geo. Isolation 60+	SSI/SSP 65+	Population 75+	Lives Alone 60+	Non-English Speaking 60+
2020	Number of Persons	21,182	25,395	107,928	58,260	18,790
	% County Population	5.24%	6.28%	26.72%	14.42%	4.65%
2021	Number of Persons	21,182	25,872	102,262	58,555	18,125
	% County Population	5.39%	6.57%	26.04%	14.91%	4.61%
2022	Number of Persons	21,182	25,800	116,943	59,620	17,535
	% County Population	5.00%	6.09%	27.62%	14.08%	4.14%
2023	Number of Persons	21,182	25,387	115,407	61,215	16,925
	% County Population	5.25%	6.29%	26.73%	14.65%	4.05%
2024	Number of Persons	31,226	25,867	115,374	62,710	17,080
	% County Population	7.43%	6.15%	27.44%	14.91%	4.06%

# Planning and Service Area 20 (PSA 20)

## Resources and Constraints

The Area Agency on Aging (AAA) operates under the Department of Aging and Adult Services - Public Guardian (DAAS - PG), a division of San Bernardino County Human Services. DAAS - PG plays a key role in gathering information, coordinating services, and consolidating resources across Human Services and throughout the county, supporting and advocating for the older adult population, those living with a disability, and their caregivers.

The size, diverse population, and varied landscapes of the county create logistical challenges in delivering services. Over 75% of residents live in the southwestern valley region, an urban and suburban area with access to a variety of services. The remaining population resides in small, often isolated communities across vast desert and mountain regions. The diversity of the county and those served highlights the need for DAAS – PG to work in close collaboration with other county departments, county vendors, and with community-based organizations in order to strengthen efforts and to provide the best supports possible to constituents.

For example, during emergency response events, DAAS – PG programs which includes, but is not limited to Adult Protective Services, Age Wise behavioral health program, and Senior Information and Assistance, deploy out into the communities to provide urgent and emergent assistance and resources. Additionally, the department works in close partnership with the County's Office of Emergency Services and Fire Department, for example, to assess needs and streamline services during a declared State of Emergency or for critical situations within the county. This is just one example of how DAAS – PG prioritized cross-collaboration to ensure the needs and safety of those served are best provided for. Another example of partnership and strengthened services is an initiative implemented during the period of the new Area Plan, in which DAAS - PG developed a new system to allow for year-round collection of data regarding the needs of older adults, adults with disabilities and their caregivers, who reside within PSA 20. This stems from the collaboration between the CDA and Polco, which is an organization dedicated to creating surveys to gauge local and national community needs. The research provided by Polco created the opportunity for DAAS - PG to continue the expansion of efforts, creating an expansive Needs Assessment used to monitor the evolving needs of the fastest growing population of older adults, adults living with a disability, and their caregivers.

# Planning and Service Area 20 (PSA 20)

## Resources and Constraints, Continued

Extreme weather conditions further complicate service planning. Winter temperatures can drop below freezing in mountain areas, while desert regions may exceed 120°F in the summer. These conditions pose significant challenges, particularly for older adults, individuals with disabilities, and those on fixed incomes who may require additional support or caregiving assistance. This includes two areas where proximity to shopping, healthcare, and business services are in an adjacent county or state. Trona, for example, located in the northwest corner of the county, is approximately 20 miles from the city of Ridgecrest in Kern County; whereas Barstow which is part of the county, is approximately 90+ miles away or a two-hour drive from Trona. Similarly, the communities along the Colorado River such as Needles and Big River are closer to Arizona and Nevada than to cities within the county. Needles to Barstow is 149 miles versus Needles to Bullhead City, AZ is approximately 21 miles.

## Service System

The AAA provides direct delivery of Senior Information and Assistance (SIA) and the Title V Senior Community Service Employment Program (SCSEP). Both programs operate throughout the county to best serve the older population.

DAAS – PG coordinates with San Bernardino County’s Human Services Contracts division for procurements and contracts. CDA policy limits contracts to a maximum of one-year with a potential to provide three, one-year extensions. To accommodate the workload, a dedicated staff analyst oversees all contract timelines and obtain support from staff analysts overseeing the programs to submit all contracts during an established contract season (December – February) each calendar year.

Title IIID Disease Prevention and Health Promotion is provided by the County’s Department of Public Health via a Memorandum of Understanding.

Program	Service
IIIB	Senior Supportive Services
IIIC	Senior Nutrition
IIID	Disease Prevention and Health Promotion
IIIE	Family Caregiver Supportive Services
HICAP	Health Insurance Counseling and Advocacy Program
Ombudsman	Long-Term Care Ombudsman
MOCA	Nutrition and Supportive Services

# Planning and Service Area 20 (PSA 20)

## Service System, Continued

The county provides services in the following service areas:

Regional Service Area (RSA)	Communities
North Desert	Adelanto, Apple Valley, Argus, Baker, Baldy Mesa, Cima, Edwards Air Force Base, El Mirage, Fort Irwin, Helendale, Hesperia, Hinkley, Ivanpah, Kelso, Kramer, Lucerne Valley, Oak Hills, Oro Grande, Phelan, Pinon Hills, Red Mountain, Silver Lakes, Spring Valley Lake, Summit Valley, Trona, Victorville, Wheaton Springs, Wrightwood, and surrounding areas.
East Desert	Amboy, Bagdad, Barstow, Big River, Cadiz, Calico, Copper Mountain Mesa, Desert Heights, Earp, Goffs, Johnson Valley, Joshua Tree, Landers, Lenwood, Ludlow, Morongo Valley, Needles, Nipton, Newberry Springs, Parker Dam, Pioneer Town, Saltus, Twenty-nine Palms, Vidal, Wonder Valley, Yermo, Yucca Valley, and surrounding areas.
Mountain	Angelus Oaks, Arrowbear, Mt. Baldy, Baldwin Lake, Barton Flats, Big Bear City, Big Bear Lake, Big Bear Valley, Blue Jay, Boulder Bay, Cedar Glen, Cedarpines Park, Crestline, Deer Lodge Park, Enchanted Forest, Erwin Lake, Fawnskin, Forest Falls, Fredalba, Green Valley, Green Valley Lake, Lake Arrowhead, Lytle Creek, Moonridge, Mountain Home Village, Oak Glen, Rim Forest, Running Springs, San Antonio Heights, Seven Oaks, Sky Forest, Sugar Loaf, Twin Peaks, Valley of Enchantment, and surrounding areas.
Valley	Arrowhead Farms, Bloomington, Bryn Mawr, Chino, Chino Hills, Colton, Crafton, Del Rosa, Devore, East Highland, Fontana, Glen Helen, Grand Terrace, Highland, Little 3rd, Loma Linda, Mentone, Muscoy, Montclair, Ontario, Patton, Rancho Cucamonga, Redlands, Reche Canyon, Rialto, Rosena Ranch, San Bernardino, Upland, West Cajon Valley, Yucaipa, and surrounding areas.

# Planning and Service Area 20 (PSA 20)

## Service System, Continued

Specific programs by funding are listed below.

Title IIIB		
Program	Location	Number of Providers
Legal Services	All Regional Service Areas	1
Adult Day Care	East and West Valleys, Victor Valley	1
Assisted Transportation	Morongo Basin, East and West Valleys, Victor Valley	4
Chore	Morongo Basin, East and West Valleys, Victor Valley, North-Western Desert, San Bernardino Mountains	3
Homemaker	Morongo Basin, East and West Valleys, Victor Valley, North-Western Desert, San Bernardino Mountains	3
Personal Care	East and West Valleys, Victor Valley, North-Western Desert, San Bernardino Mountains	1
Residential Repairs / Modifications	East Desert, East and West Valleys, Victor Valley, North-Western Desert, San Bernardino Mountains	3
Senior Center Activities	East Desert, Morongo Basin, Victor Valley, North-Western Desert	7



# Planning and Service Area 20 (PSA 20)



## Service System, Continued

Specific programs by funding are listed below.

Title III C		
Provider	Location	Number of Service Sites
Barstow Senior Citizens Center	North-Western Desert, Victor Valley	4 sites and home-delivered meals
Big Bear Valley Recreation and Park District	San Bernardino Mountains	1 site
Bonnie Baker Senior Citizens Club	East Desert	2 sites and home-delivered meals
City of Montclair	West Valley	1 site
City of San Bernardino	East Valley	4 sites
Crest Forest Senior Citizens' Club	San Bernardino Mountains	1 site
Family Service Association	East and West Valleys, Morongo Basin	18 sites and home-delivered meals
Lucerne Valley Senior Citizens' Club	Victor Valley	1 site



# Planning and Service Area 20 (PSA 20)

## Service System, Continued

Specific programs by funding are listed below.

Title III E		
Program	Location	Number of Providers
Caregiver Information and Assistance	<b>East and West Valleys, Victor Valley, North-Western Desert, San Bernardino Mountains, Morongo Basin</b>	1
Caregiver Information Services		1
Caregiver Respite Out-Of-Home Overnight Care		1
Caregiver Supplemental Service Caregiver Registry		1
Caregiver Supplemental Service Caregiver Home Modifications		1
Caregiver Supplemental Service Caregiver Consumable Supplies		1
Caregiver Support Groups		2
Caregiver Training		2
Caregiver Supplemental Service Caregiver Assistive Technology		2
Caregiver Supplemental Service Caregiver Assessment		2
Caregiver Respite In-Home		2
Caregiver Respite Other		2
Caregiver Respite Out-Of-Home Day Care		2
Caregiver Case Management		2
Caregiver Counseling		2

# Planning and Service Area 20 (PSA 20)

## Service System, Continued

Specific programs by funding are listed below.

HICAP		
Program	Location	Number of Providers
Health Insurance Counseling and Advocacy Program	All RSAs	1
Medicaid, Medicare Improvements for Patients and Providers		1

## Additional Service Delivery Systems

### 2-1-1

The county's 2-1-1 information system provides detailed information via an 'Older Adults' link that can be accessed online by older adults. 2-1-1 also has the capacity to directly enroll older adults in CalFresh (Federal Supplemental Nutrition Assistance Program).

### Senior Information and Assistance (SIA) Partnerships

SIA staff partners with other government entities, non-profits, and for-profit organizations to provide services to older adults throughout the county. For example, SIA is often contacted to provide utility assistance to make sure an older adult has electricity or water if they fall behind on their bills. By partnering with the non-profit Senior and Disabled Fund, they are able to assist in limited bill paying to make sure that the older adult remains in a safe and healthy living environment. Another example is the San Bernardino County Age Wise program which provides in-home behavioral health and wellness services by means of a nontraditional, comprehensive full-service partnership model. The Age Wise interdisciplinary team serve those 59 and older throughout the entire county through a "no wrong door" approach to accessing services. This includes behavioral health treatment in the form of counseling services, a wraparound case management approach to assist with connecting to resources to help meet basic needs, and peer and family advocacy and support. Lastly, SIA partners with Adult Protective Services practitioners trained to work with those most at-risk and in need of housing, to find creative ways to find temporary housing assistance or help apply for housing services.



Aging and Adult Services  
Public Guardian

# Description of the Area Agency on Aging (AAA)



# Description of the Area Agency on Aging (AAA)

## Purpose

This section highlights the Area Agency on Aging (AAA)'s role as a leader in aging services within Planning and Service Area (PSA) 20, advocating for older adults, adults with disabilities, and their caregivers. In collaboration with San Bernardino County's Department of Aging and Adult Services - Public Guardian (DAAS - PG), the AAA works to empower individuals to maintain independence, make informed choices, and enhance their quality of life. Together, they strive to ensure that older adults and individuals with disabilities can age in place in the least restrictive, most supportive environment as possible.

## AAA Leadership and Development of Support Systems and Programs

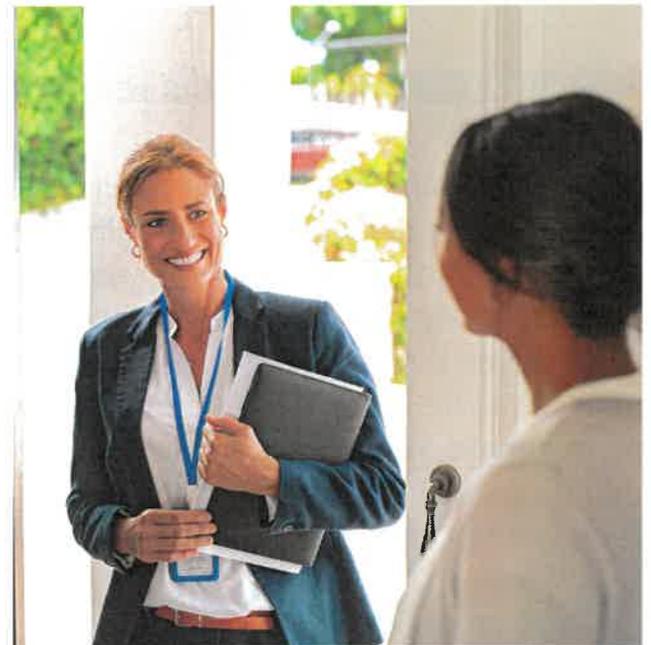
San Bernardino County's Department of Aging and Adult Services - Public Guardian (DAAS - PG) is a unit of local county government and operates as a department of San Bernardino County's Human Services division. The Director of DAAS - PG serves as the designated AAA Director and as the Public Guardian of the County. DAAS - PG provides services to older individuals (ages 60 and over) caregivers, individuals with disabilities, and adults aged 18 and over in need of protection. The department works to ensure options are easily accessible to all older individuals and to have a visible resource where they can go or call for information. DAAS - PG is also actively involved with community resources to strengthen the service delivery system. The AAA remains committed to expanding community education, sharing best practices, and exploring evidence-based programs to enhance services and support.

Pursuant to Welfare and Institutions Code section 5354.5 and Probate Code section 2920, the Office of the Public Guardian is appointed by the California Superior Court to be the conservator for individuals who are gravely disabled due to a mental disorder and incompetent older or gravely disabled adults. The goal is to ensure the safety, both financially and physically, of an incompetent and mentally disabled person who meet the criteria for conservatorship. This is accomplished through the process of appointing a legally responsible person termed conservator to manage these individuals' personal affairs, coordination of custodial services and management of their estate.

# Description of the Area Agency on Aging (AAA)

## AAA Leadership and Development of Support Systems and Programs, Continued

DAAS - PG responsibilities include supporting Adult Protective Services (APS), In-Home Supportive Services (IHSS), the Multipurpose Senior Services Program (MSSP), Older Americans Act (OAA) programs, and the Office of the Public Guardian. The annual budget for the AAA in the previous Area Plan was 11.7 million dollars; however, the budget for the 2024-2028 Area Plan is to be determined in the coming months and will be added as an update once it is received by the California Department of Aging. Federal, State and county dollars will be included in the updated budget. Aging programs are provided by DAAS - PG staff (direct) and in conjunction with community-based organizations via county contracts.



# Description of the Area Agency on Aging (AAA)

## DAAS - PG Direct Service Programs

Senior Information and Assistance (SIA)  
(Title IIIB and IIIE)

Senior Community Service Employment  
Program (SCSEP) (Title V)

## Title IIIB - Supportive Services

Legal assistance, personal care, homemaker services, chore assistance, adult day care, assisted transportation, residential repairs/modifications, and senior center activities. These services are delivered by ten contracted providers and DAAS - PG staff across different regions of the county. While all regions are encouraged to offer services, availability may vary depending on vendor participation in each area.

## Title IIIC - Older Californians Nutrition Program

The AAA contracts with eight providers to provide congregate and home-delivered meals throughout the county. There are currently thirty-four (34) congregate meal sites in San Bernardino County. In fiscal year (FY) 2023-2024, 10,325 individuals were served 364,587 meals at the congregate sites and 4,718 individuals received 604,179, home-delivered meals.

## Title IIID – Disease Prevention and Health Promotion Program

DAAS - PG contracts with the Department of Public Health to conduct the following classes at various sites throughout the county: Bingocize, Walk with Ease and Tai Chi.

## Title IIIE – Family Caregiver Support Program

The AAA contracts with two (2) vendors to provide family caregiver services countywide, with ongoing efforts to expand support in the northwest desert region.

## Health Insurance Counseling and Advocacy Program (HICAP)

One vendor provides HICAP services throughout the county. HICAP is funded by the state HICAP funds, Federal Centers for Medicare and Medicaid, Medicare Improvements for Patients and Providers Act (MIPPA), and Federal Financial Alignment grants.

## Title VII and VIIA – Long-Term Care Ombudsman, and Prevention of Elder Abuse, Neglect, and Exploitation

One vendor provides Title VII and VIIA services throughout the county.

# Description of the Area Agency on Aging (AAA)

The Senior Affairs Commission (SAC), established by the County's Board of Supervisors on July 2, 1973, consists of residents within the county. The SAC membership consists of 21 members composed of three categories: appointed, representative and professional. Currently there are six (6) standing SAC committees: Access, Healthy Aging, Intergenerational, Executive, Legislative, and Nutrition. Each committee established the following goals and objectives during the 2024-25 fiscal year. These goals will continue throughout 2024-28 fiscal years.

## Access Committee

**Goal:** To assist commissioners in their education and awareness of safety situations arising for older adults and persons with disabilities to be able to better serve and advocate for this population.

### **Objectives:**

- Plan a minimum of two relevant in person speakers or virtual presentations on housing, transportation, or access challenges during Access Committee meetings.
- Research and document stories from individuals who ride public transportation to identify correctable obstacles and challenges faced by older adults, especially those passengers with a physical disability.
  - Develop a standardized (consistent) questionnaire to document stories prior to December 31, 2024.
  - Document a minimum of three narratives based on the questionnaire prior to June 30, 2025.

## Intergenerational Committee

**Goal:** To establish and maintain a relationship with the three (3) County Kinship organizations and Inland Caregiver Resource Center (ICRC). SAC will continue to promote Intergenerational outreach publications through their programs, education, and service offerings for older adults, disabled individuals, and children.

### **Objectives:**

- Commissioners will attend two Kinship meetings or programs that promote intergenerational services for older adults, or an ICRC meeting or program bi-annually either in person or virtually and report the activity to the committee.
- Commissioners will promote and support Kinship and ICRC programs and services by disseminating the programs monthly calendars to schools, churches, and other interested organizations within their districts.

# Description of the Area Agency on Aging (AAA)

## Nutrition Committee

**Goal:** To assist the DAAS - PG Senior Nutrition Program by ensuring that nutrition sites are following the rules and guidelines within their contract's Scope of Work and disseminate pertinent information on nutrition and healthy eating habits.

**Objectives:**

- SAC Commissioners will be assigned a nutrition site in their district to review the activities and safety protocols at each site, documenting each visit following the Nutrition Site Checklist. A minimum of ten (10) sites are to be visited. Completed reports will be sent to the DAAS - PG Nutrition Analyst during the fiscal year.
- Invite four (4) nutrition specialists to attend SAC meetings to educate SAC Committee members and others on good eating and physical activity. Suggested topics include information on the foundational aspects of being a Blue Zone to support healthy aging (i.e., the city of Loma Linda as located in San Bernardino County).
- Nutrition sites promote socialization in addition to a nutritionally balanced meal. Conduct a participant survey at each of the sites on the value of consuming hot or cold beverages at no cost to the consumer, as a way to promote socialization through conversation prior to scheduled congregate meals.

## Executive Committee

**Goal:** To assist Commissioners in their education and awareness of the roles and responsibilities of the SAC, its legal documentation and the specific roles and responsibilities of DAAS - PG to better assist them and advocate for older adults, those living with a disability, and caregivers.

**Objectives:**

- Follow-up to ensure that the SAC Handbook is reviewed and approved by Commissioners, and published.
- Develop a first draft written list of Standing Rules for SAC. This document should include, but is not limited to, rules for committee meeting attendance, absences, agenda and minute secretarial expectations.
- Develop a suggested list of topics and contacts for general meeting presentations in 4-month groupings.
- Establish a workgroup researching the past, present and future of the seven (7) RCA groups in an effort to fill the five (5) vacancies on the Executive Board.

# Description of the Area Agency on Aging (AAA)

## Healthy Aging Committee

**Goal:** To disseminate health-related information regarding current news from health care providers and regularly publish documentation regarding items of interest to older adults and disabled individuals each calendar year.

**Objectives:**

- Publish ten (10) “Did You Knows” to a target audience of at least 500 constituents of the districts represented by SAC Commissioners each fiscal year.
- Engage at least one (1) health care provider at Healthy Aging Committee meetings ensuring their reports are documented and distributed within the minutes of each meeting. Inland Empire Health Plan (IEHP) representative and DAAS-PG Public Health Nurse attend committee meetings regularly.

## Legislative Committee

**Goal:** To establish, review, and support legislative priorities that affect older adults and disabled individuals each fiscal year.

**Objectives:**

- Actively pursue a minimum of three (3) findings of the California Senior Legislature and demonstrate support when asked to support bills affecting older adults and disabled individuals by the end of the fiscal year.
- Engage the Program Development Division (PDD) in selecting and reviewing a minimum of three (3) legislative bills monthly. Act whenever possible in support of those bills that affect older adults and disabled individuals by the end of the fiscal year.

## Regional Councils on Aging (RCA)

Regional Councils on Aging (RCA) were established in 1978 as an extension of the AAA for gathering the concerns of older adults in their local communities. There are seven RCAs in PSA 20. The seven RCAs are: East Valley, West Valley, Victor Valley, Morongo Basin, Colorado River, North Desert, and Mountain. The boundaries of each region were established along geographic, economic, and political subdivisions borrowing heavily upon the service boundaries established by the County Department of Public Social Services and the Regional Statistics Areas established by the United States Census Bureau. Within each area, older adults elect members to their local RCA. One member of each RCA serves on the SAC with the purpose of bringing forward information specific to each region’s concerns.



Aging and Adult Services  
Public Guardian

# Planning Process and Establishing Priorities



# Planning Process and Establishing Priorities

## Purpose

This section provides an overview of how the AAA conducts the planning process, establishes priorities, the factors influencing the AAA's priorities, the AAA's plans for managing varied resources, and how the AAA provides opportunities for public involvement in the planning process.

## Planning Process and Resource Management

Department of Aging and Adult Services - Public Guardian, as a department within Human Services, is positioned to receive information from a variety of sources to address the needs and unmet needs of the county's older adults, disabled populations, conserved adults, and caregivers. All meetings of the Senior Affairs Commission (SAC) and the SAC Committees are open to the public and comply with Brown Act regulations. Community input is welcomed and encouraged and provides valuable input to DAAS - PG and SAC. The Regional Councils on Aging also provide a forum for public input.

## Procurement of Services

The procurement process invokes a series of planning efforts. DAAS - PG procurements for OAA services are on one-year cycles to comply with state policies and procedures. To ensure timely procurement processing, a dedicated staff analyst specializing in contracts manages all contract timelines. They collaborate with program-focused staff analysts to ensure all contracts are submitted within the designated contract season (December – February). Each procurement service delivery will be evaluated to ensure the needs of the older adult community are met, and those with unmet needs are identified and offered appropriate support. Ultimately, the delivery of services is contingent not only upon the availability of funding but also upon the presence of suitable providers willing and able to execute the contracts.



# Planning Process and Establishing Priorities

## Senior Information and Assistance (SIA)

For the development of the 2024-2028 Area Plan, five public meetings, and one public hearing were held throughout the county. Notice of the public meetings were distributed to members of the Senior Affairs Commission during their five (5) subcommittee meetings and general session and were emailed to the Regional Council on Aging Chairs. Notice of the public hearings were also mailed to providers and interested parties located within the county. In addition, SIA staff posted and distributed flyers in senior centers. As required by the CDA area plan guideline and regulation, DAAS - PG advertised the notice of public hearing 30 days in advance of the date in the San Bernardino Sun newspaper.

## Public Meetings and Public Hearings

The presence of SIA staff in the community provides another conduit for valuable information about concerns and issues to be directed to AAA administration. In the last fiscal year, 12 SIA staff made over 500 presentations and/or outreach visits to senior centers, senior housing, health and resource fairs, and special events. The steady presence of SIA staff in the community cultivates a level of trust that enhances service delivery to the older adult population.



## Needs Assessment

DAAS - PG created a Community Needs Assessment for Older Adults and Family Caregivers. The Needs Assessment is a chance for community members to directly shape the future of services provided to their communities. DAAS - PG is utilizing the results of the Needs Assessment to add information to the Area Plan and share in Area Plan updates.

For the first yearly update of this four-year plan, Needs Assessment results were used (see Section 5 - Needs Assessment and Targeting). Constituents were able to submit a Needs Assessment using a QR Code (for an electronic submission), mail-in, drop off a hard copy at any of the DAAS - PG or SIA offices located throughout the county, or by emailing the Aging Division District Manager.

# Planning Process and Establishing Priorities

## Priorities

The Department of Aging and Adult Services - Public Guardian (DAAS - PG) is committed to serving older adults, disabled adults and caregivers in the community. DAAS - PG continues to seek out partnerships and collaborative efforts to leverage funding and identify new sources of support. A continual evaluation process is used to strengthen organizational capacity to meet changing needs and to improve the type and quality of the services being provided.

A key priority for the department is to enhance communication efforts, ensuring all constituents are informed about the diverse services available to older adults. DAAS - PG will expand upon a collaborative effort with our providers and community resources and focus on new outreach efforts. Senior Information and Assistance (SIA) staff will continue to visit senior centers throughout the county and distribute information and services available to older individuals and other targeted populations.

DAAS - PG aims to strengthen partnerships that support the development of services to address key community needs, including:

- Expanding access to information through modern technology.
- Assisting with home maintenance, such as yard work and repairs.
- Enhancing access to resources and services for caregivers.
- Collaborating with agencies that support caregivers.
- Developing solutions to combat chronic homelessness within the county.
- Improving access to behavioral and mental health wellness services.



# Planning Process and Establishing Priorities

## Priorities, Continued

The AAA works to ensure compliance with all Older Americans Act (OAA) mandates. A thorough discussion of targeting is outlined in Section 6 of the Area Plan.

## Adequate Proportion

Adequate proportion involves the AAA determining a minimum percentage of Title IIIB funds that will be spent on three categories of priority services: Access, In-Home Assistance and Legal Assistance. A variety of factors are involved in establishing Adequate Proportion. These include:

- Analysis and findings of the Needs Assessment.
- Input received from the public at the advertised public meetings and public hearings held throughout the county.
- The availability of the service. This includes not only consideration of how many non-OAA resources exist to meet the need but also vendor responses to providing the service.
- The cost and benefit of the service, including how many people are served and the cost per person.
- Historical trends of need for the service, use of the service, and effectiveness of the service.

Based on these considerations, the minimum percentages are:



### Minimum Percentages for Adequate Proportion

<b>Access Services</b>	<b>40%</b>
<b>In-Home Services</b>	<b>5%</b>
<b>Legal Assistance</b>	<b>10%</b>



Aging and Adult Services  
Public Guardian

# Needs Assessment and Targeting



# Needs Assessment and Targeting

## Purpose

This section describes the processes and methods employed by the AAA to assess the needs of San Bernardino County's older adults, adults with disabilities, and their caregivers. Detailed explanation of how these results are assessed, prioritized and utilized will be provided.

A Needs Assessment was created by the Department of Aging and Adult Services – Public Guardian (DAAS - PG). The following tables represent data collected from March through December of 2024 via the Needs Assessment where 1,220 individuals residing in San Bernardino County participated. DAAS - PG will continue to take comments and feedback throughout the year to update and modernize the Needs Assessment annually. This will enable DAAS - PG to capture the changing and expanding needs for older adults served by San Bernardino County.

The dissemination of the DAAS - PG Needs Assessment will continue to target diverse locations, including senior centers, senior housing complexes, community centers, grocery stores, and congregate meal sites across San Bernardino County. Data will be collected continuously and integrated into the Area Plan with annual updates.

## Data Collected

1,220 Needs Assessments were collected from 77 zip codes throughout San Bernardino County. The majority, 86%, were completed by older adults or adults living with a disability, while the remaining 14% were completed by caregivers.



# Needs Assessment and Targeting

## Zip Codes

This map displays the geographic distribution of older adult populations and service access points by zip code across San Bernardino County. Clusters of service usage and population density are concentrated in and around the western and central regions, particularly near San Bernardino, Fontana, Ontario, and Victorville. This data helps inform target outreach, resource allocation, and service expansion in underserved or geographically isolated communities.



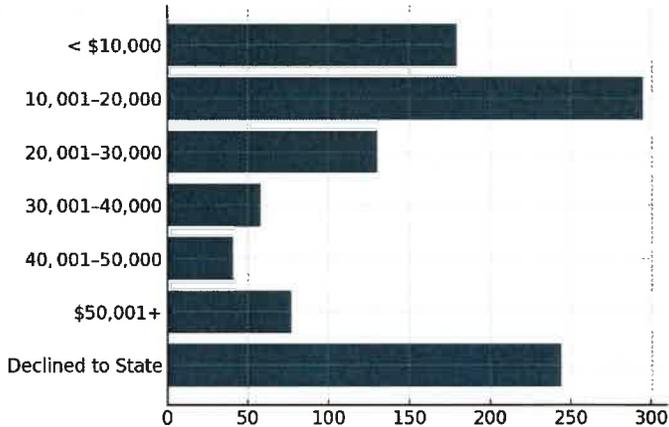
# Needs Assessment and Targeting

## Aging Demographics

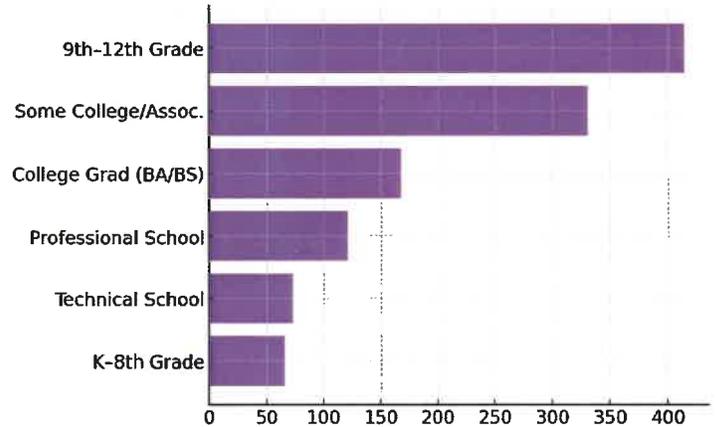
This section outlines the demographic characteristics of survey respondents, which includes income, education, employment and ethnicity. These insights provide context for interpreting community needs and service priorities.

The majority of respondents are fully retired and over the age of 65, with most reporting annual incomes under \$20,000. Education levels vary, but a large portion completed some high school or college coursework without a degree. The sample is moderately diverse, with White (48%) and Latino/Latinx (26%) respondents making up the largest ethnic groups. These findings highlight key considerations for developing programs that are financially accessible, culturally inclusive, and tailored to varying educational backgrounds.

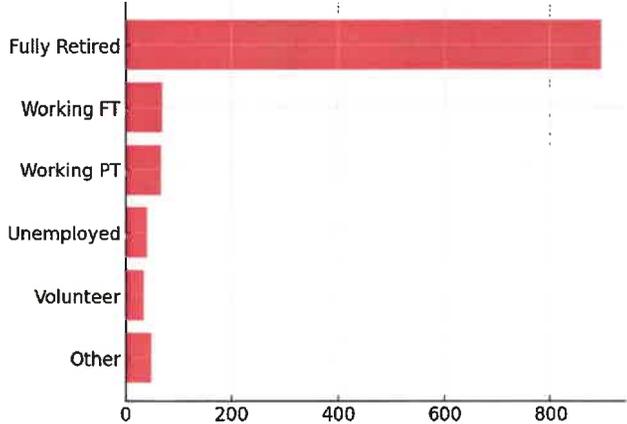
Income Distribution



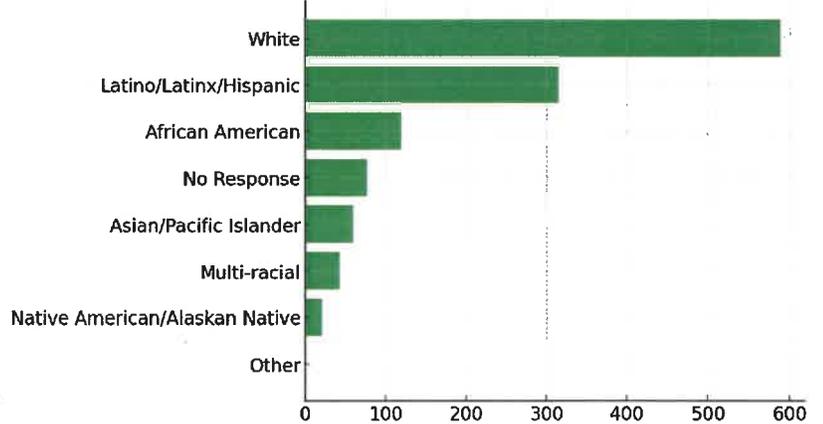
Education Level



Employment Status



Ethnicity

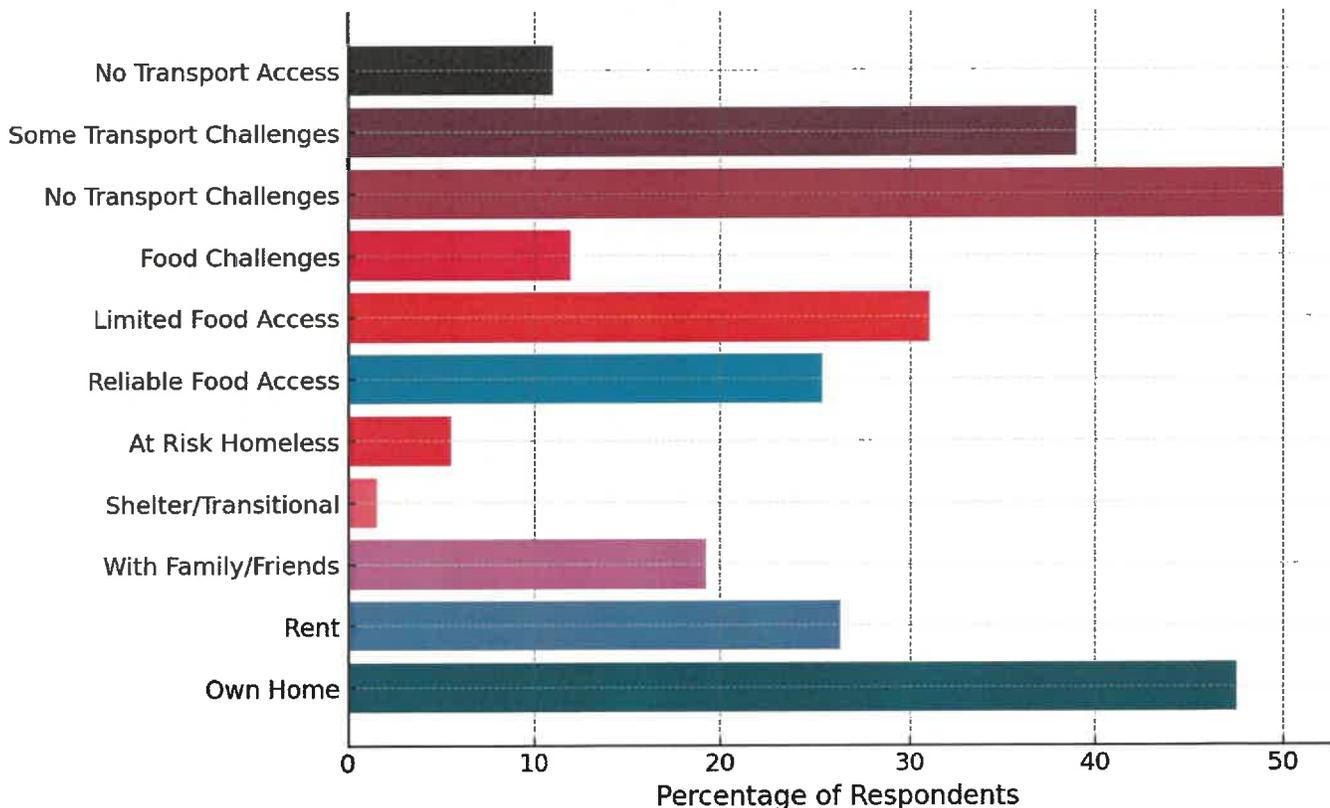


# Needs Assessment and Targeting

## Screening

The screening section aims to assess key factors affecting the well-being and accessibility for respondents. This includes, transportation challenges, food security, housing stability, and chronic health conditions. Understanding these areas helps identify barriers to essential services.

- **Housing Instability:** While 47.5% of respondents own their home, over 30% rely on renting or living with others, and 7% face housing instability (shelter/homelessness risk).
- **Food Insecurity:** Over 43% of respondents experience food insecurity, with limited or inadequate access to meals.
- **Transportation Barriers:** Half (50%) of respondents have transportation difficulties, affecting their ability to access work, healthcare, and food.
- **Chronic Health Conditions:** A significant portion of respondents (564 individuals) reported having a chronic health condition or identifying as a person with a disability.

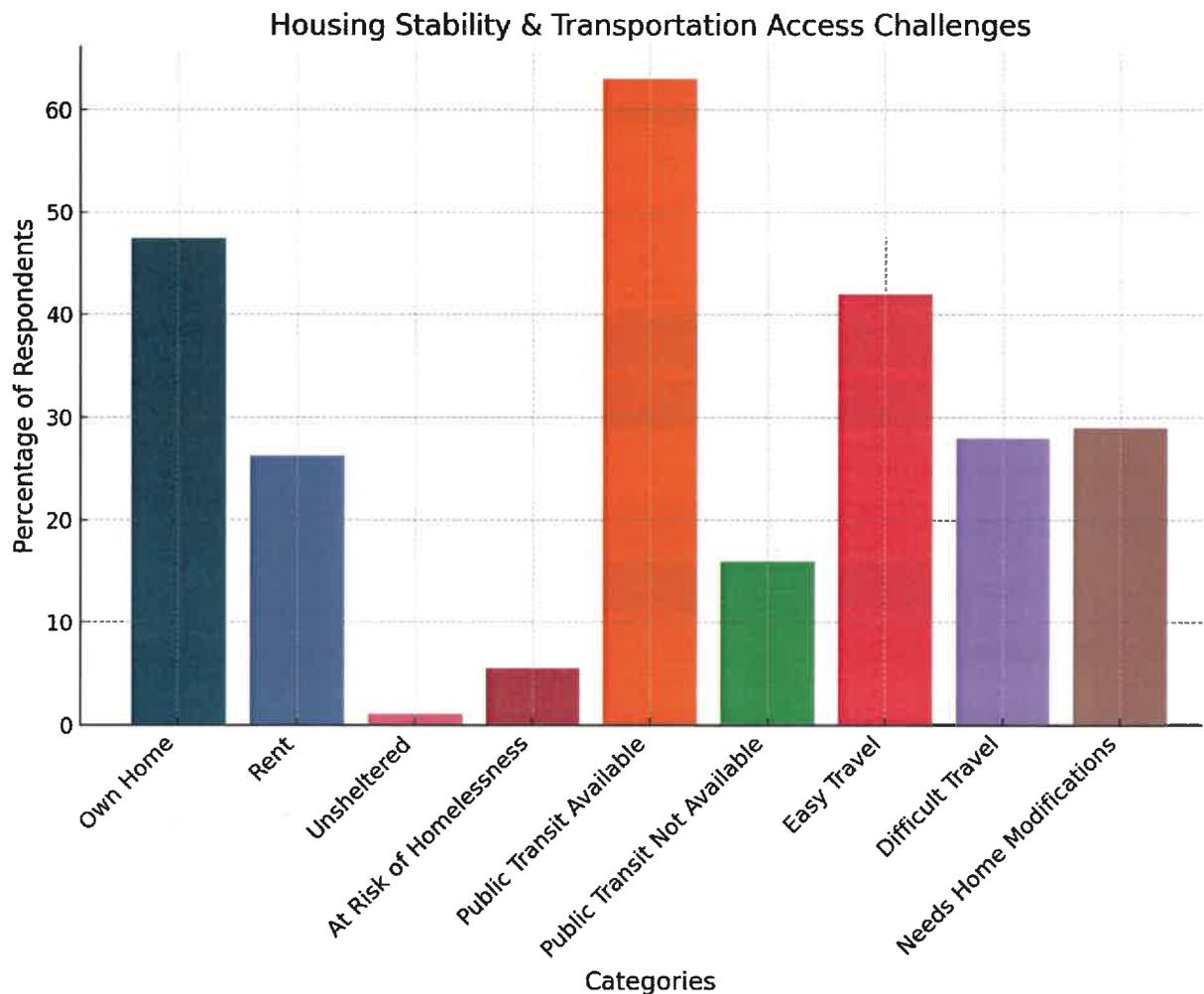


# Needs Assessment and Targeting

## Housing and Transportation

This section evaluates transportation accessibility and housing stability, two critical factors affecting daily life, mobility, and financial well-being.

- **Housing Stability:** Nearly 50% of respondents own homes, but 5.5% are at risk of homelessness, and 1.1% are unsheltered.
- **Transportation Access:** 63% report available public transit, but 16% lack access.
- **Mobility Ease:** 42% find travel easy, while 28% experience difficulties.
- **Accessibility Needs:** 29% require home modifications to remain in their homes.

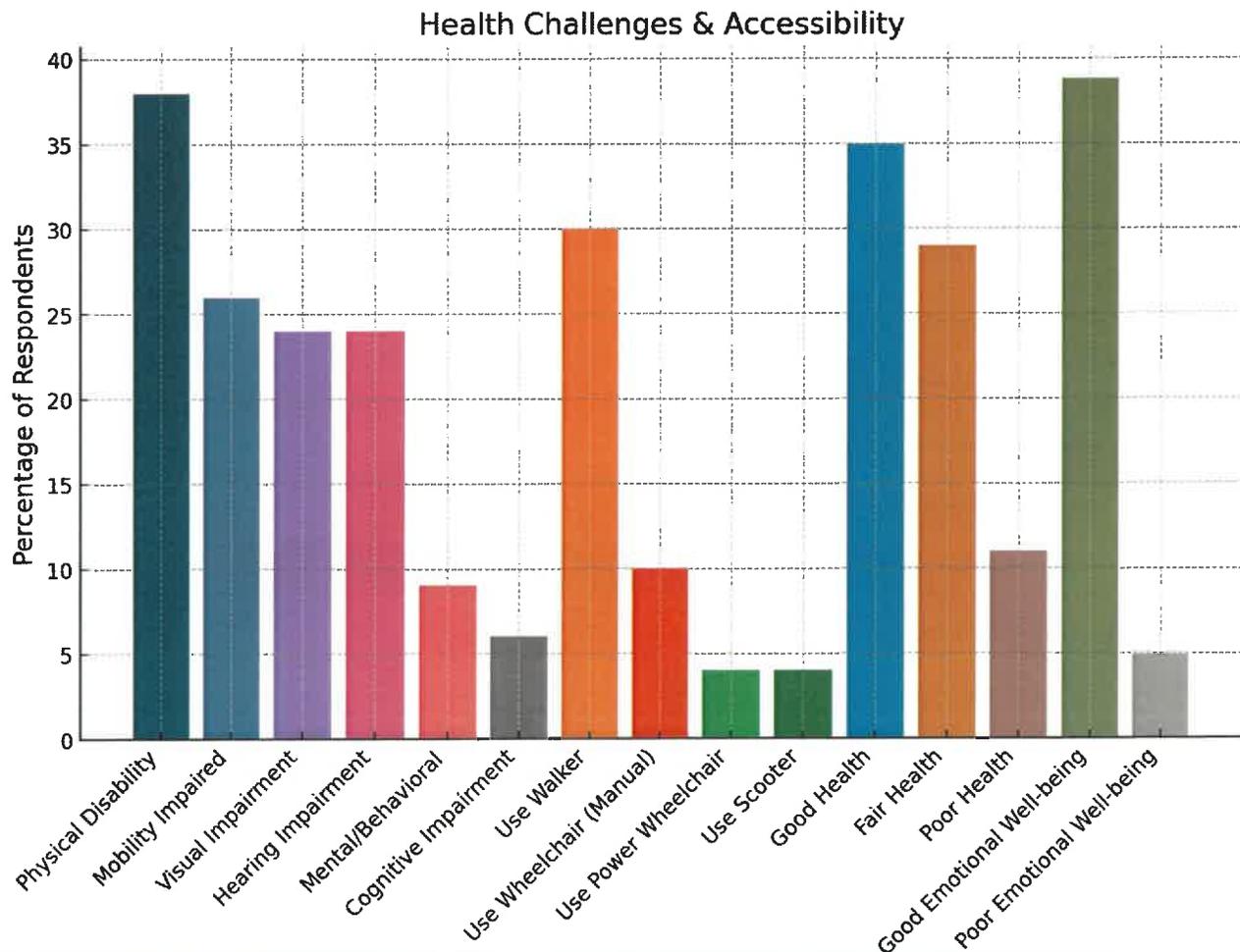


# Needs Assessment and Targeting

## Health

This section examines physical and cognitive disabilities, mobility aid usage, self-rated health, and emotional well-being among respondents. With 96% of respondents having health insurance, yet 4% remain uninsured, this may present barriers to accessing medical care.

- Thirty-eight percent report physical disabilities and 26% have mobility impairments, requiring better accessibility services.
- Thirty percent use walkers, and 14% use wheelchairs or scooters, indicating a need for mobility assistance.
- Thirty-five percent rate their health as good, but 11% say it is poor.
- Thirty-nine percent feel emotionally well, but nearly 5% rate their mental health as poor.



# Needs Assessment and Targeting

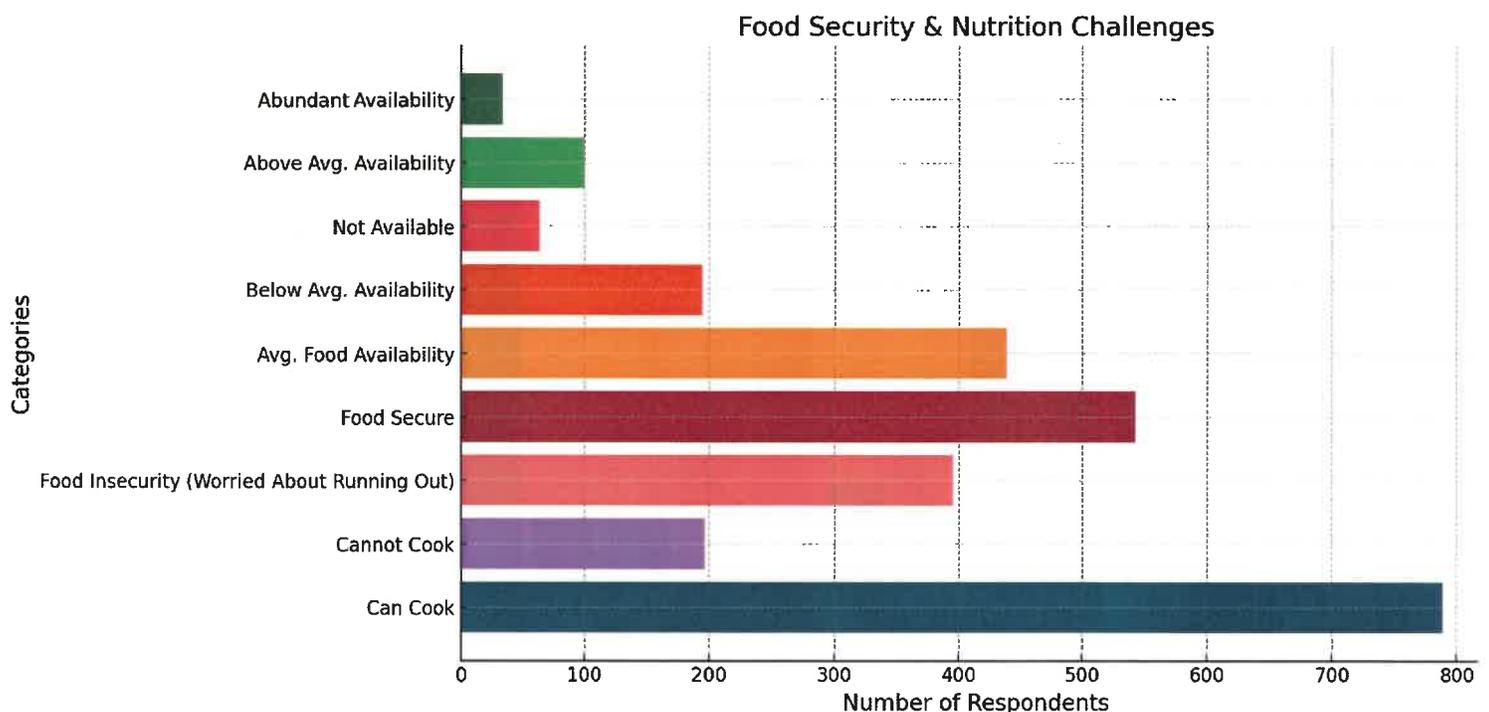
## Food Security & Nutrition

This section focused on food security, cooking ability, and access to affordable, quality food in San Bernardino County.

While 80% of respondents can cook for themselves, 20% cannot, indicating a potential need for meal assistance programs or food delivery services for those with limited cooking ability. Additionally, 42% of respondents worry about running out of food due to financial constraints, and ongoing food insecurity issues.

When asked about available, affordable and quality food, nearly 46% rated it as average, while 20% found it below average. Alarming, 6.6% reported that quality food is not available at all, and only had 3.5% believe food is abundantly available.

These findings underscore the need for expanded food assistance programs, affordable grocery options, and community food resources to ensure all residents have consistent access to nutritious meals.



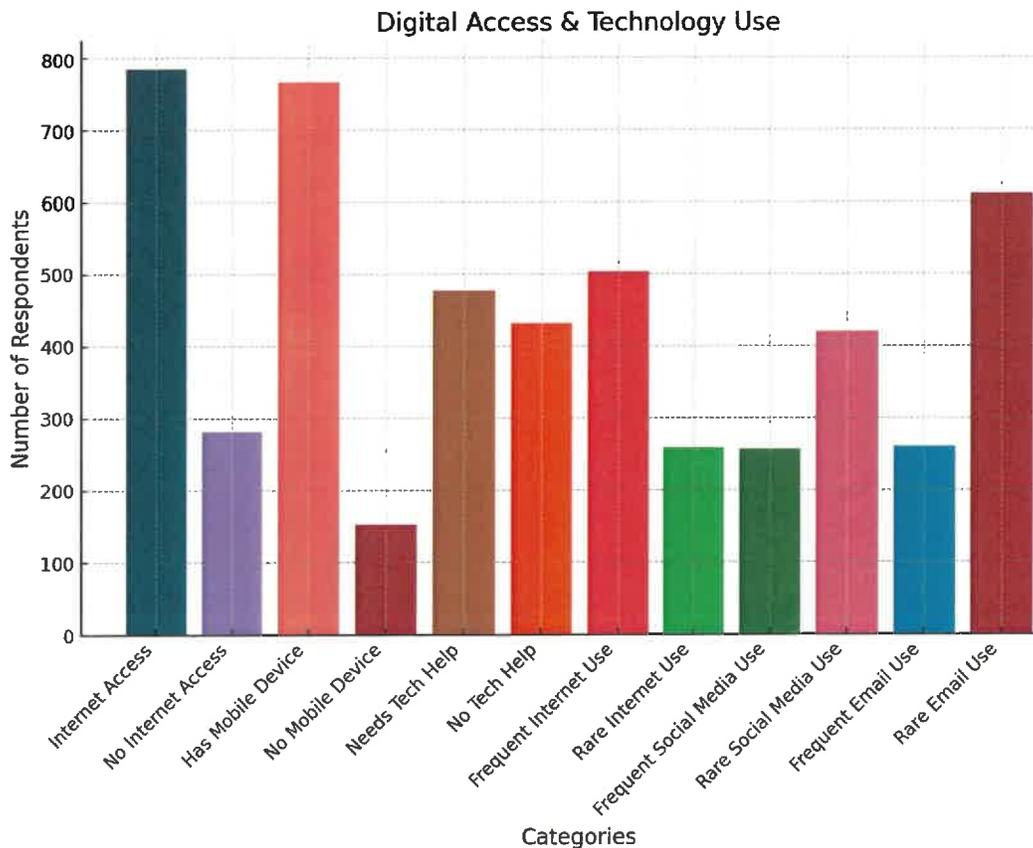
# Needs Assessment and Targeting

## Technology Access

This section evaluates access to technology, device availability, technology literacy, and digital communication habits among respondents. While 74% of respondents have internet access at home, 26% lack access, which may limit their ability to participate in online services. Similarly, 83% have mobile or communication devices, but 17% do not, highlighting a digital divide that could impact access to essential resources.

Notably, 53% of respondents require assistance with using technology devices, indicating a significant need for digital literacy programs, technical support services, and accessibility tools to bridge skill gaps.

- Forty-eight percent access the internet several times a day, while 25% rarely or never do.
- Forty-one percent rarely or never use social media, whereas 25% access it several times a day.
- Email usage varies, with 26% checking several times a day and 61% rarely or never check email in some cases, potentially affecting communication reliability.



# Needs Assessment and Targeting

## Emergency Preparedness & Caregiving Support

This section covers areas of the Needs Assessment pertaining to emergency preparedness and caregiving support. Results highlighted the need for increased disaster preparedness education and planning and the need for improved access to caregiver assistance.

### Emergency Preparedness

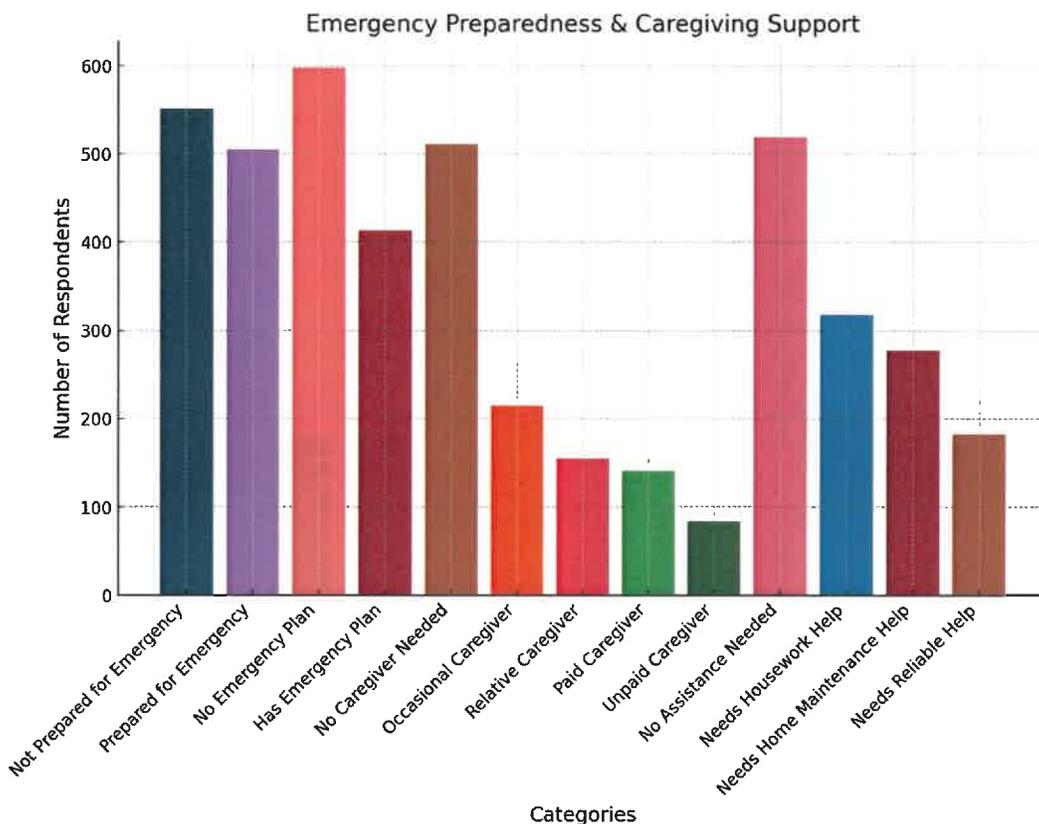
- Fifty-two percent of respondents answered that they are not prepared for an emergency or natural disaster, 59% of respondents do not have an emergency plan.

### Caregiver Status

- Fifty-one percent report not needing a caregiver: 21% rely on someone occasionally for assistance.
- Twenty-nine percent have a caregiver (relative, paid, or unpaid).

### Assistance Needs

- While 52% do not require assistance, a significant number need help with housework (32%) and home maintenance (28%).
- Eighteen percent need help finding a reliable person for assistance.

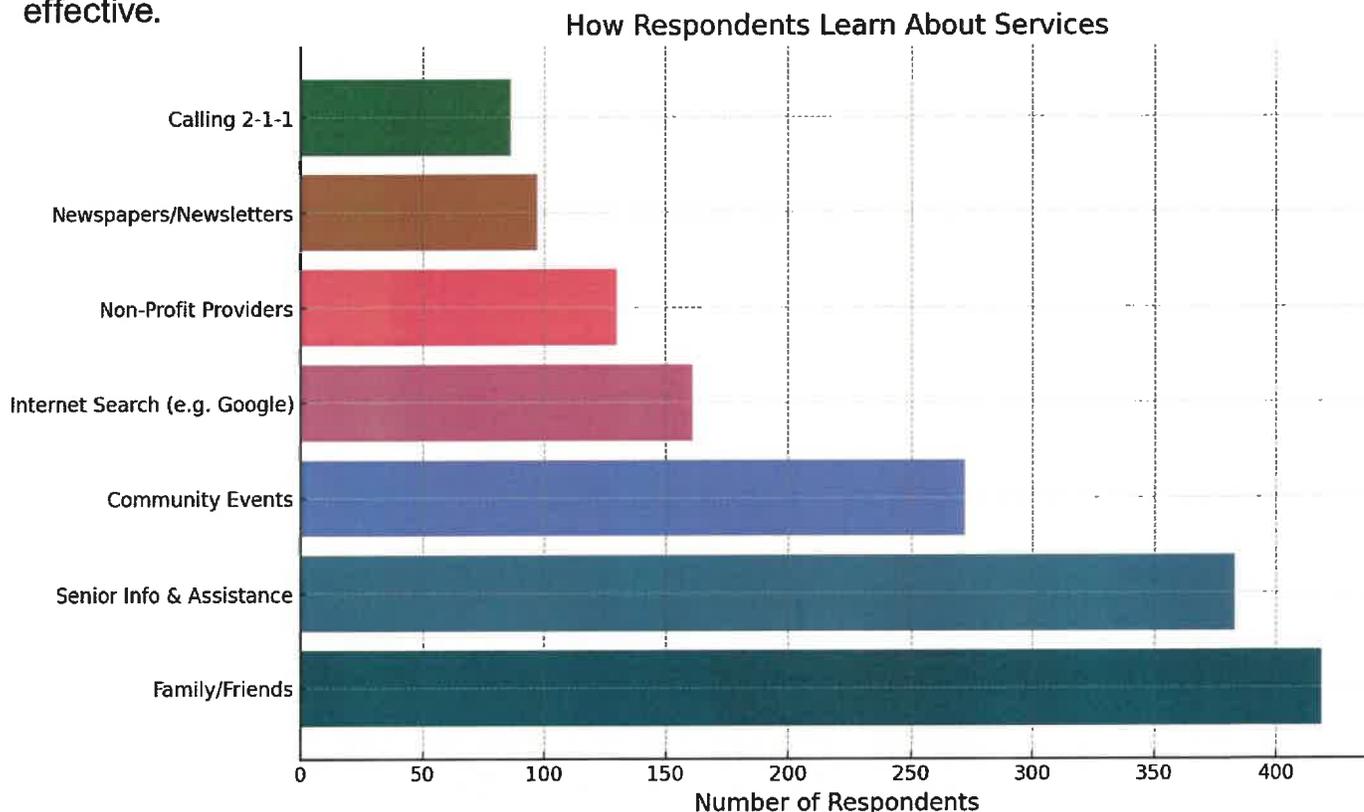


# Needs Assessment and Targeting

## Accessing Services

Survey participants shared how they most commonly access information about services for older adults and those with disabilities. The data shows a strong reliance on personal and community-based sources, with:

- Forty-one percent hearing from family or friends, the most common source of information.
- Thirty-eight percent relying on Senior Information and Assistance, a critical resource in the community.
- Twenty-seven percent attending community events, showing in-person outreach remains effective.



Digital Channels, while growing in relevance, were used less frequently:

- Only 16% reported using internet searches, and
- Just 8% used 2-1-1, suggesting these tools may still face awareness or accessibility challenges.

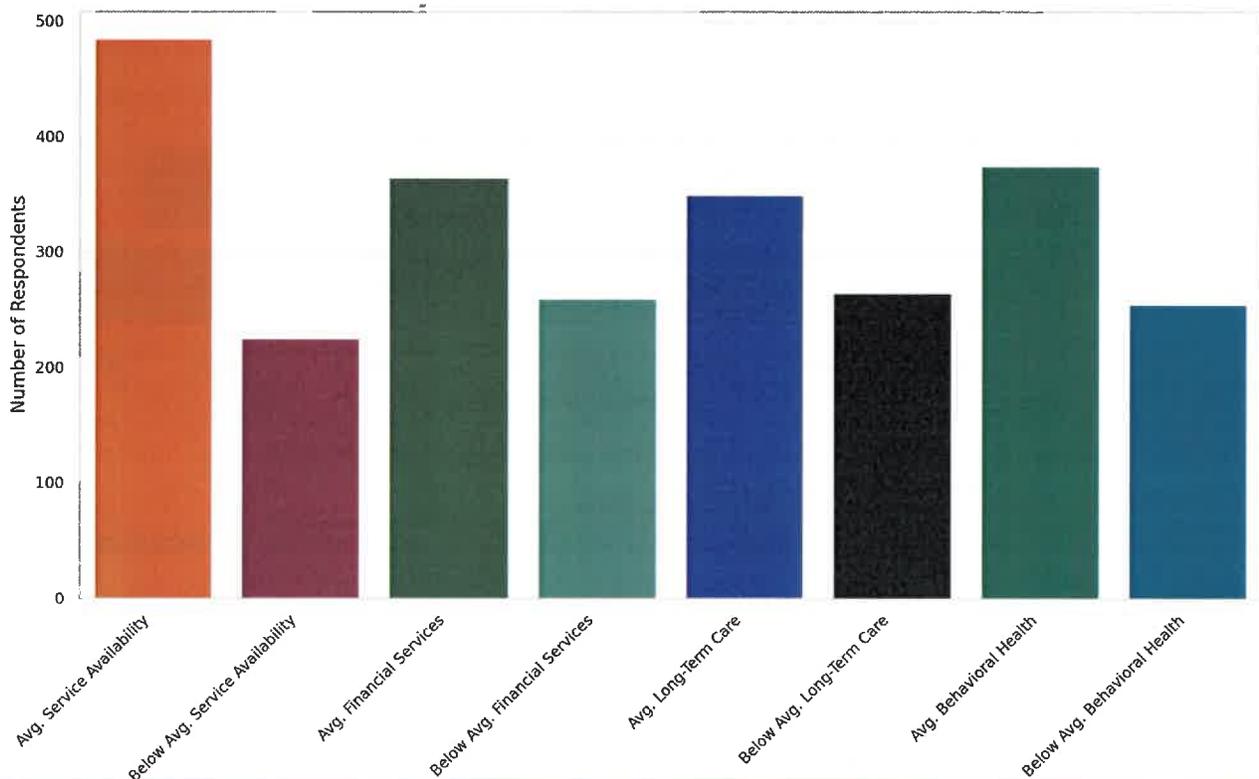
This insight highlights the importance of maintaining trusted personal networks and traditional outreach channels, while also investing in efforts to expand digital access and awareness of public service navigation tools.

# Needs Assessment and Targeting

## Accessing Services, Continued

Survey responses from older adults in San Bernardino County reveal that most services are perceived as having average availability while very few are seen as “abundantly available.” Across categories, there is a consistent pattern of unmet expectations and potential gaps in accessibility, particularly for long-term care and financial/legal support.

- General Services for Older Adults: 50% rated overall service availability as average, while 5% said abundantly available.
- Education, Culture, and the Arts: 46% felt these were average, with 28% rating below average
- Financial/Legal Services: 31% rated below average, 17% said not at all available.
- Long-Term Care Options: 32% rated below average, 16% not at all available.
- Behavioral Health: 45% rated average, 30% rated below average.
- Volunteer & Recreation: Higher marks - 48-51% rated average.
- Skills Building & Social Activities: 45%-48% rated average while 30% below average.
- Awareness: Only 10% feel very informed while over half reported being somewhat informed.

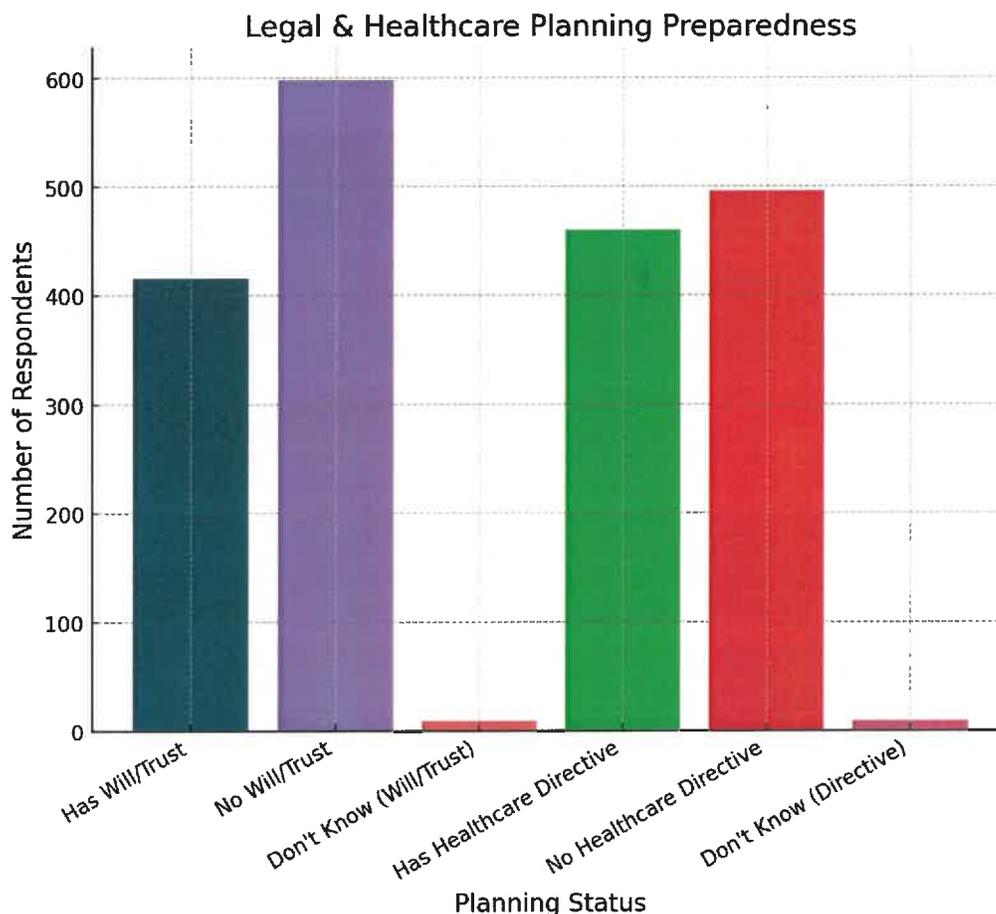


# Needs Assessment and Targeting

## Legal and Healthcare Planning

This section discusses the outcomes from asking community members whether they have a will or trust, or if they have an advance healthcare directive. Results showed that there is a strong need for education and access to estate planning resources.

- Only 41% of respondents have a will or trust, while 59% do not.
- Less than 1% are unsure.
- Just under 48% have an advanced healthcare directive, while 51% do not.
- Only 0.9% were uncertain.
- The small difference between 'Yes' and 'No' responses show room for increased outreach and guidance in completing this important healthcare document.

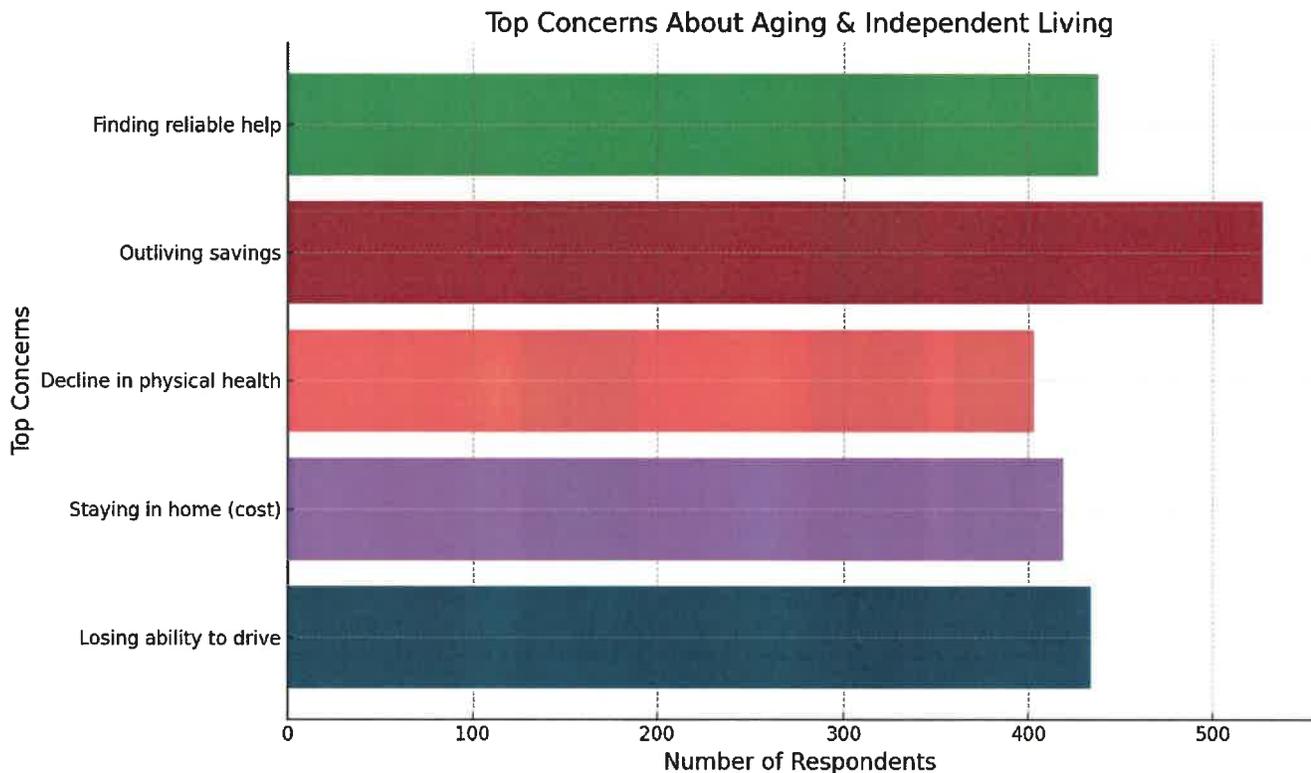


# Needs Assessment and Targeting

## Top Concerns

This section highlights respondents most pressing concerns across five critical areas: transportation, housing, health, finances, and receiving care. These insights provide a comprehensive look at the barriers older adults with disabilities face as they strive to maintain independence and quality of life.

- Outliving savings was the most reported concern, reflecting widespread financial anxiety in later life.
- Finding reliable help and losing the ability to drive point to a growing need for trusted caregiving and accessible transportation.
- Concerns about staying in one's home and declining physical health underscore the importance of affordable housing and proactive healthcare.



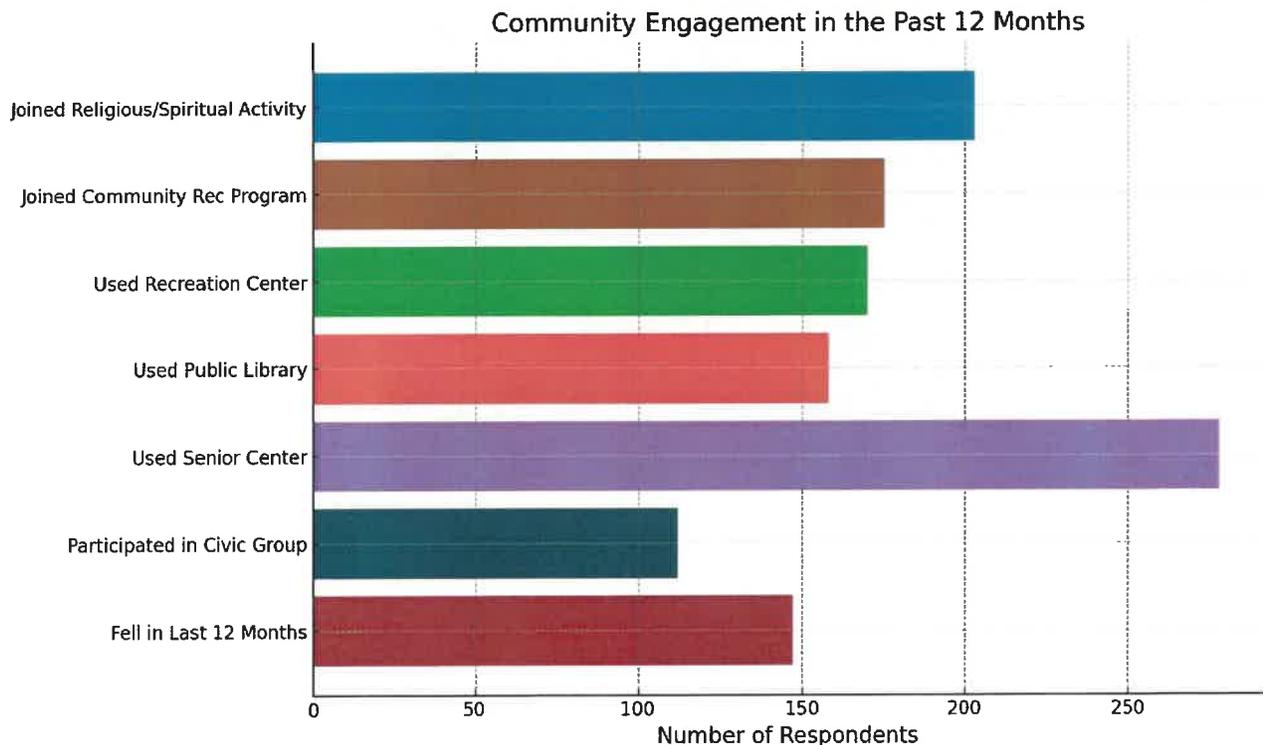
# Needs Assessment and Targeting

## In the Past 12 Months Have You....

This section evaluates respondents participation in community spaces, activities, and social groups over the span of the previous 12 months.

Senior Centers had the highest engagement, reinforcing their value as central community hubs.

- Two-hundred and three **Individuals** participated in religious or spiritual gatherings, indicating strong social or emotional reliance on faith-based communities.
- Participation in recreation centers and community programs was moderate, suggesting room for outreach or expansion.
- Public libraries were used by 158 respondents, highlighting continued value in free, accessible public resources.
- Only 112 respondents engaged in civic groups, reflecting low levels of formal civic participation.
- One-hundred and forty-seven respondents experienced a fall, indicating a need for fall prevention education and safer environments.



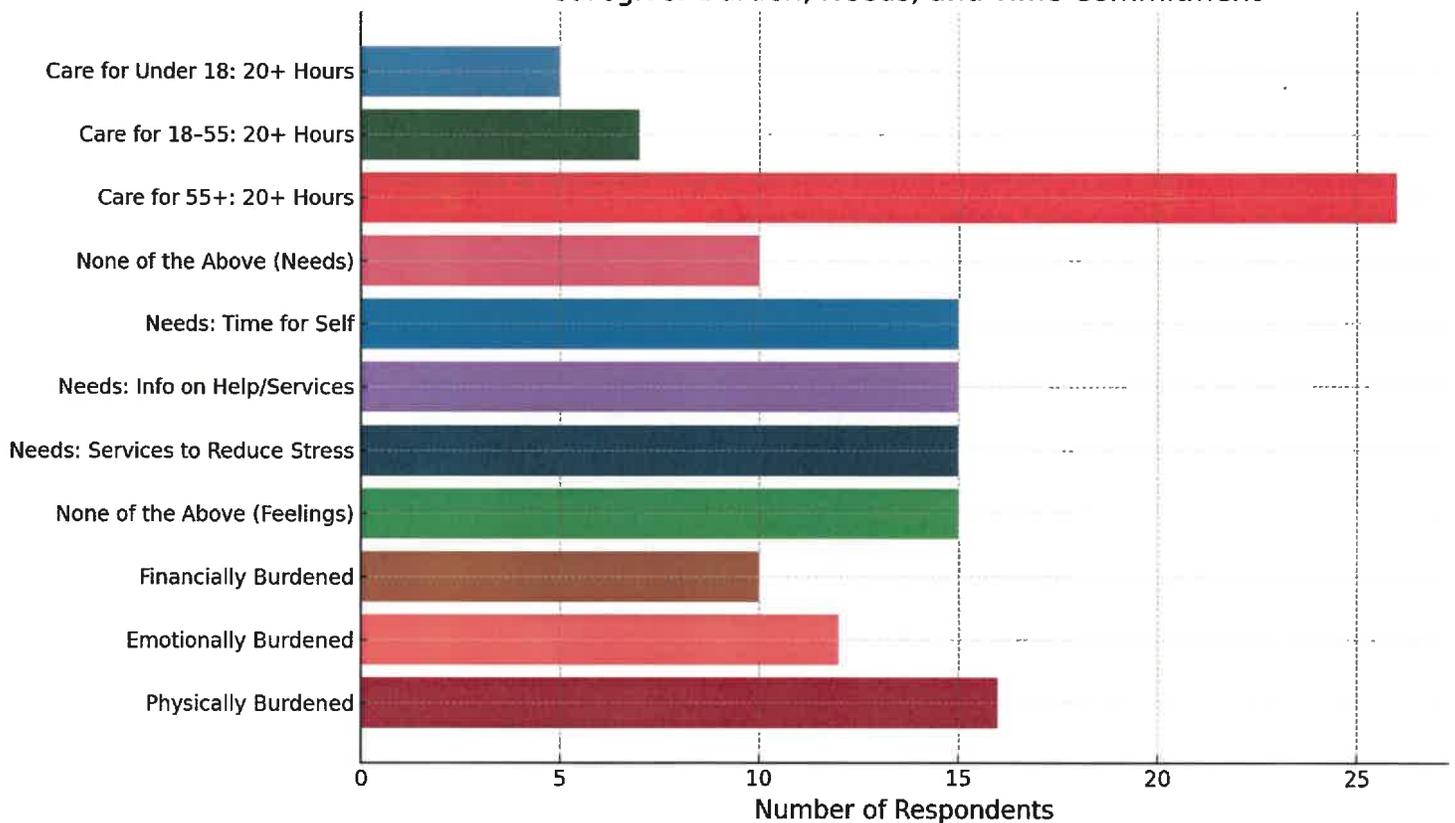
# Needs Assessment and Targeting

## Caregivers

This section explores the burdens, support, and caregiving responsibilities of respondents who have provided care over the past 12 months.

The data reveals that while many respondents are providing substantial care - especially to adults ages 55 and older - a significant number are also experiencing physical, emotional and financial burdens. These findings underscore the importance of accessible caregiver support programs, respite services, and improved outreach to reduce stress and prevent burnout.

Caregiver Burden, Needs, and Time Commitment



# Needs Assessment and Targeting

## Resources

A wide range of services and resources are available throughout the county to support older adults, adults with disabilities, and their caregivers. Residents can access assistance through the Senior Information and Assistance program (SIA) by calling 1-800-510-2020. Additionally, services are available through San Bernardino County's Aging and Disability Resource Connected (ADRC), which follows a No Wrong Door approach. This initiative is a collaboration with Rolling Start Inc., a non profit organization, and 2-1-1, a free and confidential service that connects individuals to community, health, and human services. SIA, Rolling Start Inc. and 2-1-1 provide guidance on services covered under the Older Americans Act (OAA) as well as additional resources that are not funded by OAA.

## Title III E Services – Family Caregiver Support Program (FCSP)

The Family Caregiver Support Program (FCSP) provides essential services for unpaid caregivers, including respite care, supportive services, supplemental services, access assistance, and information resources. With two vendors currently offering these services, a Needs Assessment will help determine gaps and guide future expansion. The California Department of Aging (CDA) prioritizes strengthening caregiver support, ensuring resources continue to grow to meet the needs of older adults and individuals with disabilities.

## Adequate Proportion

One of the many considerations for determining adequate proportion of Title IIIB funds for supportive services are the needs identified in the assessment. Factors determining adequate proportion include the following: 1) the availability of services in the county, 2) historical use of services, and 3) requests for services. Title IIIB provides a variety of services to address functional limitations, maintain health and independence, and promote access to services. Available services include but are not limited to: personal care, homemaker, chore, adult day care, case management, assisted transportation, transportation, legal assistance, information and assistance, and outreach.

## Legal Services

Legal services can be costly for older adults and are often a service of immediate need. DAAS - PG will allocate a minimum of 10% of Title IIIB funds to Legal Assistance. The responses of the assessment will also be shared with current Title IIIB contracted providers to assist outreach efforts in the communities served.

# Needs Assessment and Targeting

## In-Home Services

Historically, the county has found that providing Title IIIB chore services is financially costly and requires a high level of staff involvement. In addition, requests for these services in geographically isolated areas of the county can be difficult to provide because of the availability of vendors. As a result, DAAS - PG has ensured that a minimum of a five percent of Title IIIB funds will be allocated to continue to promote and provide services to those in need.

## Access Services

The Title IIIB Senior Information and Assistance (SIA) program is the entry point to services for DAAS - PG. SIA staff assess individual needs, make referrals to local services or programs, and links individuals to the available opportunities. To the extent possible, staff will offer a follow-up call to all individuals who were linked to services to determine if service needs were fully met. As such, a minimum percentage level of 40% for Title IIIB funds is allocated to access.

## Targeting Defined

Targeting as defined by the California Code of Regulations (22 CCR Section 7310) requires that the AAA target services with the following characteristics:

- Older individuals with the greatest economic need, with particular attention to low-income minority individuals.
- Older individuals with the greatest social need, with particular attention to low-income minority individuals.
- Older Native Americans.

In addition, Section 7310 directs the AAA to use outreach efforts to identify individuals eligible for assistance under federal law with special emphasis to the following groups:

- Who reside in rural areas.
- Who have greatest economic need, with particular attention to low-income minority individuals.
- Who have greatest social need, with particular attention to low-income minority individuals.
- Who have severe disabilities.
- Who have limited English-speaking ability.
- Who have Alzheimer's disease or related disorders with neurological and organic brain dysfunction and the caretakers of these individuals.

# Needs Assessment and Targeting

## Targeted Populations

DAAS - PG continually strives to meet the targeting requirements of the Older Americans Act and the California Code of Regulations. Target populations with the greatest economic need are dispersed throughout 20,000+ square miles of county. Older individuals living in rural and isolated areas of the county present unique challenges as these locations can be more difficult to reach during weather events. Financially, many older adults have needs at the federal poverty level but also at the levels identified by the Elder Index. Minority, older individuals tend to be concentrated in the valley area of the county where the majority of the population is located. This urban valley area has access to the greatest resources, not only by number but also by variety of providers, including local government operations, non-profit and for-profit service providers.

Generally, older adults located in the rural and isolated areas of the county have the greatest need for socialization. These rural populations are located in the mountains and desert areas. This is the primary reason DAAS - PG provides Title IIIB assistance for senior center activities in the remote and isolated communities of Trona, Lucerne Valley, Needles, Big River, Phelan, and the Morongo Basin. An active and open senior center provides a gathering point for older adults as well as an opportunity for the dissemination of accurate information. Senior Information and Assistance staff visit these centers and provide outreach a minimum of once per month.

The latest results from previous needs assessments, completed by 1,200 participants have identified populations with limited access to services or a lack of programs to address their unique concerns. Understanding the county needs of all individuals is essential to ensuring equitable access to services. To better serve the community, DAAS - PG will continue to refine the survey, incorporating questions that reflect evolving community needs and priorities.

# Needs Assessment and Targeting

## Targeted Populations, Continued

The California Department of Aging (CDA) has encouraged Area Agencies on Aging (AAA) to actively identify underrepresented populations to ensure equitable access to resources. This includes a current statewide survey being conducted by the CDA in collaboration with the University of San Francisco. This survey is focused on gathering data from California residents in the LGBTQIA+ community who are in mid-life or older adulthood. The survey results, along with the results of the departments Needs Assessments, will continue to be used to develop programs to address historically underserved communities.

Pursuant to the CDA's recommendation of providing focus to underrepresented populations, similar efforts are being made for other communities who have had limited access to services. For example, Native American Indian and Alaska Native residents make up 2.2% of San Bernardino County's population (U.S. Census Bureau, July 1, 2023). Another population included in this extended focus are those individuals living with HIV/AIDS. While Title III services are available to all eligible residents, Senior Information and Assistance (SIA) staff will enhance outreach efforts to ensure greater inclusion of underserved populations in available programs and services.

Due to the county's vast and remote areas, there is a limited number of contracted service providers in isolated communities. To address this, an open contract procurement process prioritizes funding for the most needed services in underserved regions where organizations are unable to independently offer programs. DAAS-PG staff also provides guidance and technical assistance to volunteer and nonprofit organizations working to expand service availability in rural areas.

To further support aging in place, SIA staff, stationed at six strategic locations across the county, actively conduct outreach to older adults throughout the region. They have reported an increasing demand for transportation assistance as well as for additional funding for home modifications, both of which align with the Countywide Vision of promoting independence and accessibility for older adults.



Aging and Adult Services  
Public Guardian

# Priority Service and Public Hearings



# Priority Service and Public Hearings

## Purpose

This section documents the AAA’s public hearings, which provide older adults, adults with disabilities, and their caregivers the opportunity to comment on the development and content of the Area Plan. This section also provides information on how the AAA allocates federal funds for Access, In-Home, and Legal Assistance services.

## 2024-2028 Four-Year Planning Cycle

### **Funding for Access, In-Home Services, and Legal Assistance**

The minimum percentages of applicable Title IIIB funds 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 AAA, and discussions at public hearings on the Area Plan.

### **Category of Service and the Percentage of Title IIIB funds expended in/or to be expended in FY 2024-25 through FY 2027-28.**

#### **Access**

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

Fiscal Year	2024-25	2025-26	2026-27	2027-28
Percentage	40%	40%		

#### **In-Home Services**

Personal Care, Homemaker, Chore, Adult Day/Health Care, Alzheimer’s, Residential.

Fiscal Year	2024-25	2025-26	2026-27	2027-28
Percentage	5%	5%		



# Priority Service and Public Hearings

## 2024-2028 Four-Year Planning Cycle, Continued

### **PUBLIC HEARING:**

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

Fiscal Year	Date	Location	Number of Attendees	Presented in Languages Other Than English?	Located at a Long-Term Care Facility?
2024-2025	3/20/2024	784 E. Hospitality Ln. San Bernardino, CA 92415	36	Yes	No
2025-2026	3/19/2025	784 E. Hospitality Ln. San Bernardino, CA 92415	30	Yes	No
2026-2027					
2027-2028					



# Priority Service and Public Hearings

## 2024-2028 Four-Year Planning Cycle, Continued

**The following will be discussed at each public hearing conducted during the planning cycle:**

Summarization of outreach efforts used in seeking input for the Area Plan from institutionalized, homebound, and/or disabled older individuals.

**Public meetings are scheduled at six different locations and coordinated with the Regional Councils on Aging on the following dates:**

**Morongo Basin – March 10, 2025 (Yucca Valley Senior Center)**

**East Valley – March 11, 2025 (Montclair Senior Center)**

**Victor Valley – March 11, 2025 (Department of Aging and Adult Services - Public Guardian)**

**Northern Desert – March 12, 2025 (Trona Senior Center)**

**Mountain Region – March 20, 2025 (Crestline Senior Center)**

**West Valley – March 19, 2025 (Department of Aging and Adult Services - Public Guardian)**

Public meeting notices are posted and distributed in advance of every meeting. Area Plan surveys are distributed to Title III C Home-Delivered clients by delivery drivers. Additionally, Senior Information and Assistance (SIA) staff distributed community comment documents at senior centers, as well as posting them for public viewing. Postings are shared to all contracted partners and program participants.

The public hearing was advertised in the San Bernardino Daily Journal in accordance with California Code of Regulations (CCR), Title 22 CA Section 7308. All contracted providers, incorporated cities, and American Indian tribal governments in San Bernardino County received written notice. The public hearing notice was also posted at senior centers and congregate meal sites.

In the weeks leading up to the public hearing, representatives of the Department of Aging and Adult Services - Public Guardian (DAAS - PG) attended Regional Council on Aging (RCA) meetings and Senior Affairs Commission (SAC) committees and provided a summarized presentation of the Area Plan Update. A flyer with the public hearing information was shared with all contracted vendors including the Ombudsman contractor to distribute to program participants, partners, and long-term care facilities.

# Priority Service and Public Hearings

## 2024-2028 Four-Year Planning Cycle, Continued

1. **Were proposed expenditures for Program Development (PD) or Coordination (C) discussed?**
  - a.  **Yes. Go to question #3.**
  - b.  **Not applicable, PD and/or C funds are not used. Go to question #2.**
2. **Were attendees provided the opportunity to testify regarding setting minimum percentages of Title IIIB program funds to meet the adequate proportion of funding for priority services?**
  - a.  **Yes. Go to question #3.**
  - b.  **No. Explain:**
3. **Summarize the comments received concerning minimum percentages of Title IIIB funds to meet the adequate proportion of funding for priority services.**
  - Area Agency on Aging staff described priority services, services included in each category, and the minimum percentage of funds proposed. No public comment received regarding the **services** and updates presented.
4. **List any other issues discussed or raised at the public hearing.**
  - Inquiries regarding changes in funding or loss of funding due to administration changes:
    - Area Agency on Aging staff informed that at this time there has been no changes to Area Plan funding and the department will continue to provide all services listed and presented in the Area Plan.
  - Inquiring regarding clarification on definitions of units of service:
    - Area Agency on Aging staff provided clarification on several services on what is an allowable service and if the units of service is acknowledged as person served, item received, or hours of service.
5. **Note any changes to the Area Plan that were a result of input by attendees.**
  - Input from the public will be considered for the second year update and future Area Plan presentations. These changes include:
    - Print size of all forms being released such as the Comment Forms and Needs Assessments.



Aging and Adult Services  
Public Guardian

# Area Plan Narrative Goals and Objectives



# Area Plan Narrative Goals and Objectives

## Purpose

This section provides information regarding AAA services and activities developed from the Needs Assessment findings and identification of priorities. The goals of the AAA will focus on providing and/or creating services and activities to address those needs.

## Goal #1

**Focused outreach to disseminate information and educate older adults, adults with disabilities, and caregivers of available resources within PSA 20. Increased focus on targeting marginalized populations and those most at risk and in need.**

**Rationale:** There is a need for information and outreach particularly in rural and geographically isolated areas. This marginalized population and those most at risk and need lack knowledge or awareness of available services and resources. Expanding and strengthening collaborations with other public entities and service providers will increase awareness of resources available to improve the quality of life for older adults, adults with disabilities, and caregivers.

- **Objective #1:** Participate and present information in quarterly meetings with the Senior Affairs Commission, Regional Councils on Aging, and service providers to increase awareness of Older Americans Act resources and Area Plan units on services provided to older adults, adults living with disabilities, and caregivers throughout San Bernardino County.
- **Objective #2:** In alignment with the California Department of Aging's (CDA) priority to promote equitable access to services, Senior Information and Assistance (SIA) staff will conduct targeted outreach to ensure that historically underserved populations receive the support they need. These efforts will focus on older adults (60+) who are minority, low-income, geographically isolated, or part of the LGBTQIA+ community, addressing barriers to access and connecting individuals with essential services.
- **Objective #3:** Senior Information and Assistance staff will strengthen the awareness of PSA 20 programs and services by distributing comprehensive outreach materials at senior centers, senior housing complexes, health fairs, senior expos, and various senior related community events. Staff efforts will continue to be modified to stay aligned with the Master Plan on Aging.

# Area Plan Narrative Goals and Objectives

## Goal #1, Continued

**Focused outreach to disseminate information and educate older adults, individuals with disabilities and caregivers on available resources within PSA 20. Increased focus on targeting marginalized populations and those more at risk and need.**

- **Objective #4:** Program analysts will strengthen partnerships with providers to expand education and information about the totality of Older Americans Act programs and services to clients. Create collaborative community engagements that will help communicate, promote, and distribute information throughout the county, with an emphasis on the Black, Indigenous and People of Color (BIPOC) communities.
- **Objective #5:** Program analysts will establish new partnerships with community entities for the expansion of outreach and distribution of services and resources to older adults, adults living with disabilities, their families and caregivers throughout San Bernardino County.

Objective	Projected Start and End Dates	Title IIIB Funded PD or C2	Update Status
Objective #1	07/01/24-06/30/28		Continued
Objective #2	07/01/24-06/30/28		Continued
Objective #3	07/01/24-06/30/28		Continued
Objective #4	07/01/24-06/30/28		Continued
Objective #5	07/01/24-06/30/28		Continued



# Area Plan Narrative Goals and Objectives

## Goal #2

**DAAS - PG will evaluate and strengthen current services under the Family Caregiver Support Program (FCSP) for caregivers and older relative caregivers in order to ensure older adults, adults living with disabilities, their families and caregivers receive information that will assist with their care and conditions.**

**Rationale:** A need for information regarding caregiving services was identified in alignment with the California Master Plan on Aging. In order to improve the quality and quantity of caregiver and recipient care, it is essential for caregivers to be made aware of available support services and programs available throughout the county.

- **Objective #1:** Work closely with the Senior Affairs Commission to create a partnership and collaborate with Inland Caregiver Resource Center, kinship and other caregiving providers and community entities in the distribution of information and resources.
- **Objective #2:** Increase awareness of programs and services to caregivers through focused outreach efforts by Senior Information and Assistance staff by providing community education on caregiving, caregiving information, assistance at senior centers, senior housing complexes, health fairs, senior expos, and various senior related community events.
- **Objective #3:** Collaborate with providers of services to evaluate and monitor the effectiveness of caregiver outreach, public information, community education, caregiver training, and caregiver information and assistance.
- **Objective #4:** Work with providers to ensure outreach efforts are conveying current and pertinent information on topics needed as well as Title III E services available to all caregivers.

Objective	Projected Start and End Dates	Title IIIB Funded PD or C2	Update Status
Objective #1	07/01/24-06/30/28		Continued
Objective #2	07/01/24-06/30/28		Continued
Objective #3	07/01/24-06/30/28		Continued
Objective #4	07/01/24-06/30/28		Continued

# Area Plan Narrative Goals and Objectives

## Goal #3

**Certifying quality of services of contractors and the continuous modernization of service efforts to address the identified needs of older adults, adults living with disabilities, their families and caregivers.**

**Rationale:** The quality of services and delivery of services by contractors will be improved through the modernization and consistent performance monitoring to address the needs of program clients.

- **Objective #1:** Participate and present information in quarterly meetings with the Senior Affairs Commission, Regional Councils on Aging, and service providers to increase awareness of Older Americans Act resources and Area Plan units on services provided to older adults, adults living with disabilities, their families and caregivers throughout San Bernardino County.
- **Objective #2:** Needs Assessment results and collected data will be analyzed and discussed in quarterly provider meetings to expand feedback and ideas on improving and modernizing services to meet trending needs.
- **Objective #3:** Provider service unit targets will be monitored monthly by the assigned program and fiscal analysts and discussed in the monthly Provider Service Unit Report. Program and fiscal analysts will measure performance on established contract service units and funding targets as well as all elements of the required provider work plan.
- **Objective #4:** Establish data dashboard and modernize Wellsky software program so that data can be accessed efficiently to monitor Title III programs. All analysts will be working directly with Area Plan programs to conduct trainings on how to continue the expansion and collection of data that can help to better collect and identify data trends.
- **Objective #5:** To better understand unmet needs within the community, DAAS - PG will enhance service providers' customer satisfaction surveys by incorporating targeted questions that assess service availability and accessibility. The survey results will help pinpoint specific service gaps experienced by older adults across the county. By analyzing these findings, DAAS - PG can refine and modernize service strategies within the Area Plan, ensuring that programs evolve to better support the needs of those they serve.

# Area Plan Narrative Goals and Objectives

## Goal #3, Continued

**Certifying quality of services of contractors and the continuous modernization of service efforts to address the identified needs of older adults, adults living with disabilities, their families and caregivers.**

Objective	Projected Start and End Dates	Title IIIB Funded PD or C2	Update Status
Objective #1	07/01/24-06/30/28		Continued
Objective #2	07/01/24-06/30/28		Continued
Objective #3	07/01/24-06/30/28		Continued
Objective #4	07/01/24-06/30/28		Continued
Objective #5	07/01/24-06/30/28		Continued





Aging and Adult Services  
Public Guardian

# Service Unit Plan (SUP)



# Service Unit Plan (SUP)

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

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

Below you will find the units of services to be provided with all regular Area Plan funding sources. Related funding is reported in the annual Area Plan Budget (CDA 122) for Titles IIIB, IIIC-1, IIIC-2, IIID, and VII.

Fiscal Year 2024-2025			
Service	Proposed Units Of Service	Goal Numbers	Objective Numbers
Personal Care	150	1 and 3	1 (2-3) and 3
Homemaker	1,200	1 and 3	1 (2-3) and 3
Chore	1,000	1 and 3	1 (2-3) and 3
Adult Day Care	150	1 and 3	1 (2-3) and 3
Assisted Transportation	11,000	1 and 3	1 (2-3) and 3
Transportation	90,000	1 and 3	1 (2-3) and 3
Information and Assistance	30,000	1 and 3	1 (2-3) and 3 (5)
Outreach	14,000	1 and 3	1 (2-3) and 3 (5)
Legal Assistance	5,000	1 and 3	1 (2-3) and 3 (5)
Congregate Meals	312,600	1 and 3	1 (2-3) and 3 (5)
Home-Delivered Meals	375,000	1 and 3	1 (2-3) and 3 (5)
Nutrition Education	40	1 and 3	1 (2-3) and 3 (5)

# Service Unit Plan (SUP)

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

**Fiscal Year 2025-2026**

Service	Proposed Units Of Service	Goal Numbers	Objective Numbers
Personal Care	150	1 and 3	1 (2-3) and 3
Homemaker	1,200	1 and 3	1 (2-3) and 3
Chore	1,000	1 and 3	1 (2-3) and 3
Adult Day Care	150	1 and 3	1 (2-3) and 3
Assisted Transportation	11,000	1 and 3	1 (2-3) and 3
Transportation	90,000	1 and 3	1 (2-3) and 3
Information and Assistance	30,000	1 and 3	1 (2-3) and 3 (5)
Outreach	14,000	1 and 3	1 (2-3) and 3 (5)
Legal Assistance	5,000	1 and 3	1 (2-3) and 3 (5)
Congregate Meals	312,600	1 and 3	1 (2-3) and 3 (5)
Home-Delivered Meals	375,000	1 and 3	1 (2-3) and 3 (5)
Nutrition Education	40	1 and 3	1 (2-3) and 3 (5)

# Service Unit Plan (SUP)

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

Fiscal Year 2026-2027

Service	Proposed Units Of Service	Goal Numbers	Objective Numbers
Personal Care			
Homemaker			
Chore			
Adult Day Care			
Assisted Transportation			
Transportation			
Information and Assistance			
Outreach			
Legal Assistance			
Congregate Meals			
Home-Delivered Meals			
Nutrition Education			



# Service Unit Plan (SUP)

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

Fiscal Year 2027-2028

Service	Proposed Units Of Service	Goal Numbers	Objective Numbers
Personal Care			
Homemaker			
Chore			
Adult Day Care			
Assisted Transportation			
Transportation			
Information and Assistance			
Outreach			
Legal Assistance			
Congregate Meals			
Home-Delivered Meals			
Nutrition Education			

# Service Unit Plan (SUP)

## TITLE III/VII SERVICE UNIT PLAN, CONTINUED

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

#### Older Americans Act Performance System (OAAPS) Service Category – “Other” Title III Services -Title IIIB, “Other” Priority and Non-Priority Supportive Services.

- Other Priority Supportive Services include: Alzheimer’s Day Care, Comprehensive Assessment, Health, Behavioral 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.

#### Fiscal Year 2024-2025

Service	Proposed Units Of Service	Goal Numbers	Objective Numbers
Residential Repairs/Modifications	100	1 and 3	1 (2-3) and 3 (5)
Senior Center Activities	6,750	1 and 3	1 (2-3) and 3 (5)
Cash/Material Aid	350	1 and 3	1 (2-3) and 3 (5)
Community Education	400	1 and 3	1 (2-3) and 3 (5)
Housing	250	1 and 3	1 (2-3) and 3 (5)
Interpretation/Translation	3,000	1 and 3	1 (2-3) and 3 (5)
Mobility Management Activities	600	1 and 3	1 (2-3) and 3 (5)
Personal Affairs Assistance	1,550	1 and 3	1 (2-3) and 3 (5)

# Service Unit Plan (SUP)

## TITLE III/VII SERVICE UNIT PLAN, CONTINUED

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

**Older Americans Act Performance System (OAAPS) Service Category – “Other” Title III Services -Title IIIB, “Other” Priority and Non-Priority Supportive Services.**

#### Fiscal Year 2025-2026

Service	Proposed Units Of Service	Goal Numbers	Objective Numbers
Residential Repairs/Modifications	100	1 and 3	1 (2-3) and 3 (5)
Senior Center Activities	6,750	1 and 3	1 (2-3) and 3 (5)
Cash/Material Aid	280	1 and 3	1 (2-3) and 3 (5)
Community Education	480	1 and 3	1 (2-3) and 3 (5)
Housing	250	1 and 3	1 (2-3) and 3 (5)
Interpretation/Translation	3,000	1 and 3	1 (2-3) and 3 (5)
Mobility Management Activities	600	1 and 3	1 (2-3) and 3 (5)
Personal Affairs Assistance	1,550	1 and 3	1 (2-3) and 3 (5)

# Service Unit Plan (SUP)

## TITLE III/VII SERVICE UNIT PLAN, CONTINUED

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

**Older Americans Act Performance System (OAAPS) Service Category – “Other” Title III Services -Title IIIB, “Other” Priority and Non-Priority Supportive Services.**

#### Fiscal Year 2026-2027

Service	Proposed Units Of Service	Goal Numbers	Objective Numbers
Residential Repairs/Modifications			
Senior Center Activities			
Cash/Material Aid			
Community Education			
Housing			
Interpretation/Translation			
Mobility Management Activities			
Personal Affairs Assistance			

# Service Unit Plan (SUP)

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

**Older Americans Act Performance System (OAAPS) Service Category – “Other” Title III Services -Title IIIB, “Other” Priority and Non-Priority Supportive Services.**

**Fiscal Year 2027-2028**

Service	Proposed Units Of Service	Goal Numbers	Objective Numbers
Residential Repairs/Modifications			
Senior Center Activities			
Cash/Material Aid			
Community Education			
Housing			
Interpretation/Translation			
Mobility Management Activities			
Personal Affairs Assistance			



# Service Unit Plan (SUP)

## Title IIIID Health Promotion Evidence-Based Programs

### **Evidence-Based Program Name(s):**

**“Walk with Ease:”** Evidence-based program will be offered at a minimum of two sites throughout the county. Each class is six (6) weeks in duration and held three (3) times per week.

The “Walk with Ease” program is recognized by the National Council on Aging as a Title IIIID Highest Tier Evidence-Based Health Promotion/Disease Prevention Program, as outlined in Program Memo 15-10. According to the Arthritis Foundation, participants have reported reduced disability, along with improvements in pain, fatigue, stiffness and self-confidence. The program has also been shown to enhance balance, strength, walking pace, and overall management of arthritis symptoms.

**“Bingocize:”** The evidence-based program will be at a minimum of two sites throughout the county. Each class is ten (10) weeks in duration and held twice per week.

The “Bingocize” program is listed on the National Council on Aging website as a Title IIIID Highest Tier Evidence-Based Health Promotion/Disease Prevention Program as referenced in Program Memo 15-10. Bingocize provides a health education program that incorporates exercise, nutrition and fall prevention within the game of bingo.

**“Chronic Disease Self-Management Education and Tai Chi for Arthritis:”** This evidence-based program will be offered at a minimum of two (2) sites throughout the county and may be offered remotely via Zoom as an alternative to in-person. Each class is eight (8) to ten (10) sessions and held once per week.

Both courses are listed on the National Council on Aging website as a Title IIIID Highest Tier Evidence-Based Health Promotion/Disease Prevention Program as referenced in Program Memo 15-10.

# Service Unit Plan (SUP)

## Title IIID Health Promotion Evidence-Based Programs

### Fiscal Year 2024-2025

Service	Proposed Units Of Service	Goal Numbers	Objective Numbers
Walk with Ease, Bingocize, Tai Chi	700	1 and 3	1 (2-3) and 3 (5)

### Fiscal Year 2025-2026

Service	Proposed Units Of Service	Goal Numbers	Objective Numbers
Walk with Ease, Bingocize, Tai Chi	700	1 and 3	1 (2-3) and 3 (5)

### Fiscal Year 2026-2027

Service	Proposed Units Of Service	Goal Numbers	Objective Numbers
Walk with Ease, Bingocize, Tai Chi			

### Fiscal Year 2027-2028

Service	Proposed Units Of Service	Goal Numbers	Objective Numbers
Walk with Ease, Bingocize, Tai Chi			

# Service Unit Plan (SUP)

## 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):**

The California Department of Aging (CDA) contracts with 33 AAAs to locally manage and provide HICAP services in all 58 counties. Four (4) 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.

The HICAP program measures are calculated from county-level data for all 33 PSAs. HICAP service-level data are reported in CDA’s Statewide HICAP Automated Reporting Program (SHARP) system per reporting requirements.

Information presented in the following pages is based on FY 2024-25 target numbers as the state has not provided released target information for FY 2025-26.

insurance



# Service Unit Plan (SUP)

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

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

### State Performance Measures - Fiscal Year 2024-2025

Measure	Target Number	Goal Number
PM 1.1 Estimated Clients Counseled	1,068	1
PM 1.2 Public and Media Events (PAM) (Estimated)	109	1

### Federal Performance Measures - Fiscal Year 2024-2025

PM 2.1 Client Contacts (Interactive)	2,548	1
PM 2.2 PAM Outreach (Interactive)	1,018	1
PM 2.3 Medicare Beneficiaries Under 65	941	1
PM 2.4 Hard to Reach	766	1
PM 2.4a LIS	1,184	1
PM 2.4b Rural	0	1
PM 2.4c ESL	354	1
PM 2.5 Enrollment Contacts (Qualifying)	2,547	1

### HICAP Legal Services Units of Service - Fiscal Year (FY) 2024-2025

PM 3.1 Estimated Number of Clients Represented Per FY (Unit of Service)	2,348	1
PM 3.2 Estimated Number of Legal Representation Hours Per FY (Unit of Service)	N/A	
PM 3.3 Estimated Number of Program Consultation Hours Per FY (Unit of Service)	N/A	

# Service Unit Plan (SUP)

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

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

### State Performance Measures - Fiscal Year 2025-2026

Measure	Target Number	Goal Number
PM 1.1 Estimated Clients Counseled	1,068	1
PM 1.2 Public and Media Events (PAM) (Estimated)	109	1

### Federal Performance Measures - Fiscal Year 2025-2026

PM 2.1 Client Contacts (Interactive)	2,548	1
PM 2.2 PAM Outreach (Interactive)	1,018	1
PM 2.3 Medicare Beneficiaries Under 65	941	1
PM 2.4 Hard to Reach	766	1
PM 2.4a LIS	1,184	1
PM 2.4b Rural	0	1
PM 2.4c ESL	354	1
PM 2.5 Enrollment Contacts (Qualifying)	2,547	1

### HICAP Legal Services Units of Service - Fiscal Year (FY) 2025-2026

PM 3.1 Estimated Number of Clients Represented Per FY (Unit of Service)	2,348	1
PM 3.2 Estimated Number of Legal Representation Hours Per FY (Unit of Service)	N/A	
PM 3.3 Estimated Number of Program Consultation Hours Per FY (Unit of Service)	N/A	

# Service Unit Plan (SUP)

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

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

### State Performance Measures - Fiscal Year 2026-2027

Measure	Target Number	Goal Number
PM 1.1 Estimated Clients Counseled		
PM 1.2 Public and Media Events (PAM) (Estimated)		

### Federal Performance Measures - Fiscal Year 2026-2027

PM 2.1 Client Contacts (Interactive)		
PM 2.2 PAM Outreach (Interactive)		
PM 2.3 Medicare Beneficiaries Under 65		
PM 2.4 Hard to Reach		
PM 2.4a LIS		
PM 2.4b Rural		
PM 2.4c ESL		
PM 2.5 Enrollment Contacts (Qualifying)		

### HICAP Legal Services Units of Service - Fiscal Year (FY) 2026-2027

PM 3.1 Estimated Number of Clients Represented Per FY (Unit of Service)		
PM 3.2 Estimated Number of Legal Representation Hours Per FY (Unit of Service)		
PM 3.3 Estimated Number of Program Consultation Hours Per FY (Unit of Service)		

# Service Unit Plan (SUP)

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

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

### State Performance Measures - Fiscal Year 2027-2028

Measure	Target Number	Goal Number
PM 1.1 Estimated Clients Counseled		
PM 1.2 Public and Media Events (PAM) (Estimated)		

### Federal Performance Measures - Fiscal Year 2027-2028

PM 2.1 Client Contacts (Interactive)		
PM 2.2 PAM Outreach (Interactive)		
PM 2.3 Medicare Beneficiaries Under 65		
PM 2.4 Hard to Reach		
PM 2.4a LIS		
PM 2.4b Rural		
PM 2.4c ESL		
PM 2.5 Enrollment Contacts (Qualifying)		

### HICAP Legal Services Units of Service - Fiscal Year 2027-2028

PM 3.1 Estimated Number of Clients Represented Per FY (Unit of Service)		
PM 3.2 Estimated Number of Legal Representation Hours Per FY (Unit of Service)		
PM 3.3 Estimated Number of Program Consultation Hours Per FY (Unit of Service)		

# Service Unit Plan (SUP)

## TITLE III E SERVICE UNIT PLAN

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

This Service Unit Plan (SUP) uses the 16 federally-mandated service categories and 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.

**The following tables are for family 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.**

#### Direct and/or Contracted Title III E Services - 2024-2025

Measure	Units	Total Units	Goal Numbers	Objective Numbers
Caregiver Access Assistance Case Management	Hours	3,400	2	1,2,4
Caregiver Access Assistance Information and Assistance	Contacts	430	2	1,2,4
Caregiver Information Services	Number of Activities and Audience	2	2	1,2,4
Caregiver Respite In-Home	Hours	3,485	2	1,2,4
Caregiver Respite Other	Hours	2,650	2	1,2,4
Caregiver Respite Out-of-Home/Day Care	Hours	1,200	2	1,2,4
Caregiver Supplemental Services Assistive Technologies	Occurrences	108	2	1,2,4
Caregiver Supplemental Services Caregiver Assessment	Hours	615	2	1,2,4
Caregiver Supplemental Services Consumable Supplies	Occurrences	18	2	1,2,4
Caregiver Supplemental Services Caregiver Registry	Occurrences	0	0	0
Caregiver Supplemental Services Home Modifications	Occurrences	10	2	1,2,4
Caregiver Supplemental Services Legal Consultation	Contacts	0	0	0
Caregiver Support Services Support Groups	Sessions	367	2	1,2,4
Caregiver Support Services Training	Hours	1,315	2	1,2,4
Caregiver Support Counseling Services	Hours	600	2	1,2,4

# Service Unit Plan (SUP)

## TITLE III E SERVICE UNIT PLAN, CONTINUED

### Direct and/or Contracted Title III E Services - 2025-2026

Measure	Units	Total Units	Goal Numbers	Objective Numbers
Caregiver Access Assistance Case Management	Hours	3,400	2	1,2,4
Caregiver Access Assistance Information and Assistance	Contacts	430	2	1,2,4
Caregiver Information Services	Number of Activities and Audience	200	2	1,2,4
Caregiver Respite In-Home	Hours	3,310	2	1,2,4
Caregiver Respite Other	Hours	2,650	2	1,2,4
Caregiver Respite Out-of-Home/Day Care	Hours	1,200	2	1,2,4
Caregiver Supplemental Services Assistive Technologies	Occurrences	108	2	1,2,4
Caregiver Supplemental Services Caregiver Assessment	Hours	615	2	1,2,4
Caregiver Supplemental Services Consumable Supplies	Occurrences	18	2	1,2,4
Caregiver Supplemental Services Caregiver Registry	Occurrences	0	0	0
Caregiver Supplemental Services Home Modifications	Occurrences	10	2	1,2,4
Caregiver Supplemental Services Legal Consultation	Contacts	0	0	0
Caregiver Support Services Support Groups	Sessions	367	2	1,2,4
Caregiver Support Services Training	Hours	1,315	2	1,2,4
Caregiver Support Counseling Services	Hours	600	2	1,2,4

# Service Unit Plan (SUP)

**TITLE III E**  
**SERVICE UNIT PLAN, CONTINUED**  
**CCR Article 3, Section 7300(d)**

**Direct and/or Contracted Title III E Services - 2026-2027**

Measure	Units	Total Units	Goal Numbers	Objective Numbers
Caregiver Access Case Management	Hours			
Caregiver Access Information and Assistance	Contacts			
Caregiver Information Services	Number of Activities and Audience			
Caregiver Respite In-Home	Hours			
Caregiver Respite Other	Hours			
Caregiver Respite Out-of-Home/Day Care	Hours			
Caregiver Supplemental Services Assistive Technologies	Occurrences			
Caregiver Supplemental Services Caregiver Assessment	Hours			
Caregiver Supplemental Services Caregiver Registry	Occurrences			
Caregiver Supplemental Services Consumable Supplies	Occurrences			
Caregiver Supplemental Services Home Modifications	Occurrences			
Caregiver Supplemental Services Legal Consultation	Contacts			
Caregiver Support Groups	Sessions			
Caregiver Support Training	Hours			
Caregiver Support Counseling	Hours			
Caregiver Counseling	Hours			

# Service Unit Plan (SUP)

**TITLE III E**  
**SERVICE UNIT PLAN, CONTINUED**  
**CCR Article 3, Section 7300(d)**

**Direct and/or Contracted Title III E Services - 2027-2028**

Measure	Units	Total Units	Goal Numbers	Objective Numbers
Caregiver Access Case Management	Hours			
Caregiver Access Information and Assistance	Contacts			
Caregiver Information Services	Number of Activities and Audience			
Caregiver Respite In-Home	Hours			
Caregiver Respite Other	Hours			
Caregiver Respite Out-of-Home/Day Care	Hours			
Caregiver Supplemental Services Assistive Technologies	Occurrences			
Caregiver Supplemental Services Caregiver Assessment	Hours			
Caregiver Supplemental Services Caregiver Registry	Occurrences			
Caregiver Supplemental Services Consumable Supplies	Occurrences			
Caregiver Supplemental Services Home Modifications	Occurrences			
Caregiver Supplemental Services Legal Consultation	Contacts			
Caregiver Support Groups	Sessions			
Caregiver Support Training	Hours			
Caregiver Support Counseling	Hours			
Caregiver Counseling	Hours			

# Service Unit Plan (SUP)

**TITLE III E**  
**SERVICE UNIT PLAN, CONTINUED**  
**CCR Article 3, Section 7300(d)**  
**Older Relative Caregivers**

**Direct and/or Contracted Title III E Services - 2024-2025**

Measure	Units	Total Units	Goal Numbers	Objective Numbers
Caregiver Access Case Management	Hours			
Caregiver Access Information and Assistance	Contacts	1,050	2	1,2,4
Caregiver Information Services	Number of Activities and Audience	60	2	1,2,4
Caregiver Respite In-Home	Hours			
Caregiver Respite Other	Hours			
Caregiver Respite Out-of-Home/Day Care	Hours			
Caregiver Supplemental Services Assistive Technologies	Occurrences			
Caregiver Supplemental Services Caregiver Assessment	Hours			
Caregiver Supplemental Services Caregiver Registry	Occurrences			
Caregiver Supplemental Services Consumable Supplies	Occurrences			
Caregiver Supplemental Services Home Modifications	Occurrences			
Caregiver Supplemental Services Legal Consultation	Contacts			
Caregiver Support Groups	Sessions			
Caregiver Support Training	Hours			
Caregiver Support Counseling	Hours			
Caregiver Counseling	Hours			

# Service Unit Plan (SUP)

**TITLE III E**  
**SERVICE UNIT PLAN, CONTINUED**  
**CCR Article 3, Section 7300(d)**  
**Older Relative Caregivers**

**Direct and/or Contracted Title III E Services - 2025-2026**

Measure	Units	Total Units	Goal Numbers	Objective Numbers
Caregiver Access Case Management	Hours			
Caregiver Access Information and Assistance	Contacts	1,050	2	1,2,4
Caregiver Information Services	Number of Activities and Audience	60	2	1,2,4
Caregiver Respite In-Home	Hours			
Caregiver Respite Other	Hours			
Caregiver Respite Out-of-Home/Day Care	Hours			
Caregiver Supplemental Services Assistive Technologies	Occurrences			
Caregiver Supplemental Services Caregiver Assessment	Hours			
Caregiver Supplemental Services Caregiver Registry	Occurrences			
Caregiver Supplemental Services Consumable Supplies	Occurrences			
Caregiver Supplemental Services Home Modifications	Occurrences			
Caregiver Supplemental Services Legal Consultation	Contacts			
Caregiver Support Groups	Sessions			
Caregiver Support Training	Hours			
Caregiver Support Counseling	Hours			
Caregiver Counseling	Hours			

# Service Unit Plan (SUP)

**TITLE III E**  
**SERVICE UNIT PLAN, CONTINUED**  
**CCR Article 3, Section 7300(d)**  
**Older Relative Caregivers**

**Direct and/or Contracted Title III E Services - 2026-2027**

Measure	Units	Total Units	Goal Numbers	Objective Numbers
Caregiver Access Case Management	Hours			
Caregiver Access Information and Assistance	Contacts			
Caregiver Information Services	Number of Activities and Audience			
Caregiver Respite In-Home	Hours			
Caregiver Respite Other	Hours			
Caregiver Respite Out-of-Home/Day Care	Hours			
Caregiver Supplemental Services Assistive Technologies	Occurrences			
Caregiver Supplemental Services Caregiver Assessment	Hours			
Caregiver Supplemental Services Caregiver Registry	Occurrences			
Caregiver Supplemental Services Consumable Supplies	Occurrences			
Caregiver Supplemental Services Home Modifications	Occurrences			
Caregiver Supplemental Services Legal Consultation	Contacts			
Caregiver Support Groups	Sessions			
Caregiver Support Training	Hours			
Caregiver Support Counseling	Hours			
Caregiver Counseling	Hours			

# Service Unit Plan (SUP)

**TITLE III E**  
**SERVICE UNIT PLAN, CONTINUED**  
**CCR Article 3, Section 7300(d)**  
**Older Relative Caregivers**

**Direct and/or Contracted Title III E Services - 2027-2028**

Measure	Units	Total Units	Goal Numbers	Objective Numbers
Caregiver Access Case Management	Hours			
Caregiver Access Information and Assistance	Contacts			
Caregiver Information Services	Number of Activities and Audience			
Caregiver Respite In-Home	Hours			
Caregiver Respite Other	Hours			
Caregiver Respite Out-of-Home/Day Care	Hours			
Caregiver Supplemental Services Assistive Technologies	Occurrences			
Caregiver Supplemental Services Caregiver Assessment	Hours			
Caregiver Supplemental Services Caregiver Registry	Occurrences			
Caregiver Supplemental Services Consumable Supplies	Occurrences			
Caregiver Supplemental Services Home Modifications	Occurrences			
Caregiver Supplemental Services Legal Consultation	Contacts			
Caregiver Support Groups	Sessions			
Caregiver Support Training	Hours			
Caregiver Support Counseling	Hours			
Caregiver Counseling	Hours			

# Service Unit Plan (SUP)

## TITLE VII ELDER ABUSE PREVENTION

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

X	Ombudsman Program
	Legal Services Provider
	Adult Protective Services
	Other (explain/list)

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

The agency receiving Title VII Elder Abuse Prevention funding is: **Wise & Healthy Aging Elder Abuse Prevention Program.**

Title VII Elder Abuse Prevention Goals				
Total # of	2024-2025	2025-2026	2026-2027	2027-2028
Individuals Served	900	900		
Public Education Sessions	8	8		
Training Sessions for Professionals	8	8		
Training Sessions for Title IIIIE Caregivers	0	0		
Hours Spent Developing a Coordinated System	40	40		
Total Copies of Education Materials Distributed	1,500	1,500		
Description of Educational Materials	Elder Justice Resource Guides, Mandated Reporter Flow Charts			

# Service Unit Plan (SUP)

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

As mandated by the reauthorization of the Older Americans Act (OAA) 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) forward baseline numbers to the AAA using the prior fiscal year National Ombudsman Reporting System (NORS) data as reported by OSLTCO 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 using the baseline data as the benchmark for determining yearly targets. Targets should be reasonable and attainable based on current program resources. Refer to your local LTC Ombudsman program's last three years of AoA data for historical trends.

### **Outcome 1.**

Problems and concerns of long-term care residents are solved through complaint resolution and other services of the Ombudsman program. [2020 OAA reauthorization, Section 712(a)(3), (5)].

### **Measures and Targets:**

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

# Service Unit Plan (SUP)

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

### Measures and Targets, Continued:

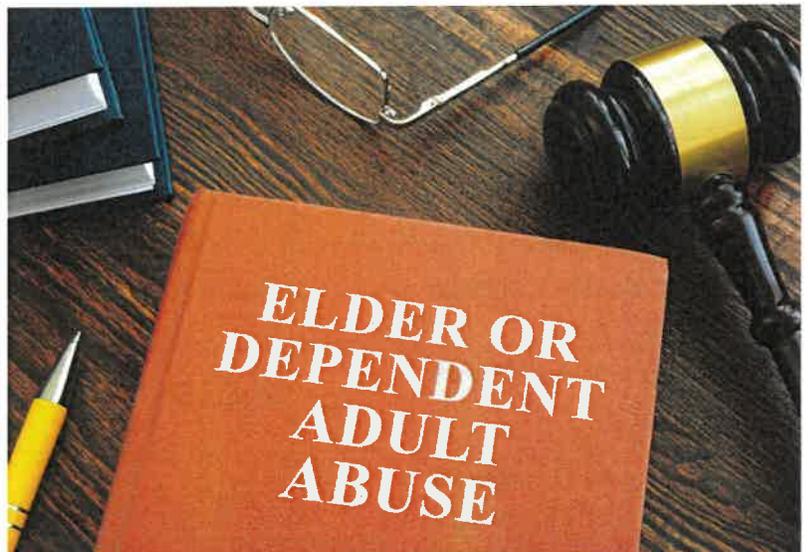
**B. Work with Resident Councils** (NORS Elements S-64 and S-65)

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

**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.

**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.

**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.



# Service Unit Plan (SUP)

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

### Outcome 1 - Measure and Target Charts

#### LTC Ombudsman Outcome 1 - Measure A (Complaint Resolution)

Fiscal Year	Complaints Partially/Fully Resolved	Total Number of Complaints	Baseline Resolution Rate	Two Yr. Target Resolution Rate	Fiscal Yr. Target	Goal	Objective
2022-2023	1,206	2,962	41%	50%	2024-2025	1	1,2,3
2023-2024	1,346	2,922	46%	50%	2025-2026	1	1,2,3
2024-2025					2026-2027		
2025-2026					2027-2028		

#### LTC Ombudsman Outcome 1 - Measures B-F FY 2022-2023 Baseline/2024-2025 Targets

Measure Name	Units	Baseline	2024-2025 Target	Goal	Objective
Work With Resident Councils	Council Meetings Attended	16	21	1	1,2,3
Work With Family Councils	Council Meetings Attended	5	1	1	1,2,3
Information and Assistance to Faculty Staff	Instances	1,139	500	1	1,2,3
Information and Assistance to Individuals	Instances	1,428	600	3	3.2
Community Education	Sessions	21	8	3	3.2

# Service Unit Plan (SUP)

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

### Outcome 1 - Measure and Target Charts

#### LTC Ombudsman Outcome 1 - Measures B-F FY 2023-2024 Baseline/2025-2026 Targets

Measure Name	Units	Baseline	2025-2026 Target	Goal	Objective
Work With Resident Councils	Council Meetings Attended	51	6	1	1,2,3
Work With Family Councils	Council Meetings Attended	0	1	1	1,2,3
Information and Assistance to Faculty Staff	Instances	1,604	450	1	1,2,3
Information and Assistance to Individuals	Instances	1,428	600	3	2
Community Education	Sessions	4	21	3	2

#### LTC Ombudsman Outcome 1 - Measures B-F FY 2024-2025 Baseline/2026-2027 Targets

Measure Name	Units	Baseline	2026-2027 Target	Goal	Objective
Work With Resident Councils	Council Meetings Attended				
Work With Family Councils	Council Meetings Attended				
Information and Assistance to Faculty Staff	Instances				
Information and Assistance to Individuals	Instances				
Community Education	Sessions				

# Service Unit Plan (SUP)

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

**Outcome 1 - Measure and Target Charts**

**LTC Ombudsman Outcome 1 - Measures B-F  
FY 2025-2026 Baseline/2027-2028 Targets**

Measure Name	Units	Baseline	2027-2028 Target	Goal	Objective
Work With Resident Councils	Council Meetings Attended				
Work With Family Councils	Council Meetings Attended				
Information and Assistance to Faculty Staff	Instances				
Information and Assistance to Individuals	Instances				
Community Education	Sessions				

# Service Unit Plan (SUP)

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

### Outcome 1 - Measures and Targets Continued:

#### 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.

#### FY 2024-2025

**FY 2024-2025 Systems Advocacy Effort(s):** The Wise & Healthy Aging Ombudsman program will provide consultation, training, and resource materials to hospital discharge planners and social workers on a resident's rights to return to the nursing home or assisted living after acute hospitalization. The goal is to prevent unlawful evictions from long-term care facilities and minimize transfer trauma, ensuring residents receive proper continuity of care.

# Service Unit Plan (SUP)

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

### Outcome 1 - Measures and Targets, Continued:

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

##### FY 2025-2026

FY 2025-2026 Systems Advocacy Effort(s): The Wise & Healthy Aging Ombudsman program will provide consultation, training, and resource materials to hospital discharge planners and social workers on a resident's rights to return to the nursing home or assisted living after acute hospitalization. The goal is to prevent unlawful evictions from long-term care facilities and minimize transfer trauma, ensuring residents receive proper continuity of care.

##### FY 2026-2027

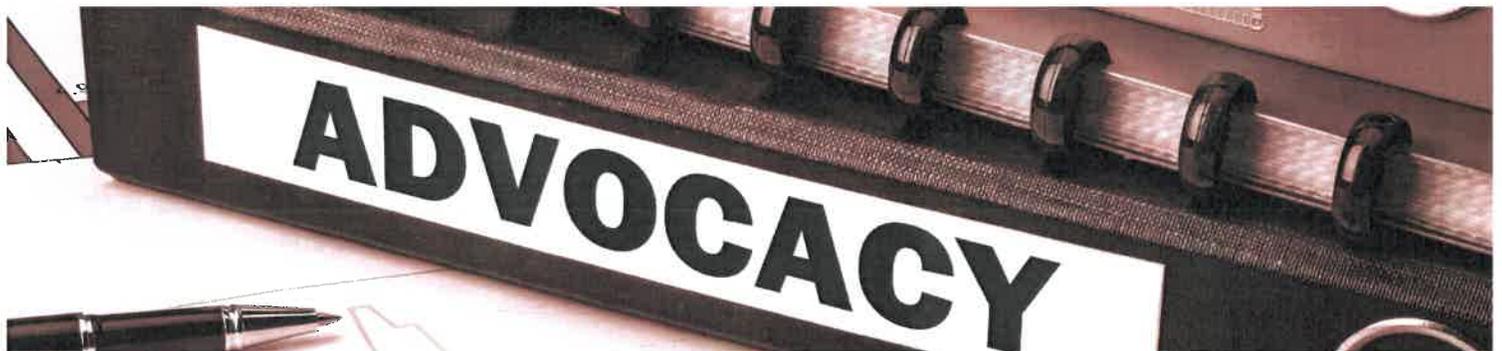
Outcome of FY 2025-2026 Efforts:

FY 2026-2027 Systems Advocacy Effort(s): (Provide one or more new systems advocacy efforts).

##### FY 2027-2028

Outcome of 2026-2027 Efforts:

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



# Service Unit Plan (SUP)

## TITLE IIIB & TITLE VII: LONG-TERM CARE (LTC) OMBUDSMAN PROGRAM OUTCOMES CONTINUED

**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 Planning Service Area (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.

**B. Routine Access: Residential Care Communities** (NORS Element S-61) Percentage of Residential Care Facilities for the Elderly (RCFE) 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.

**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.

**D. Number of Certified LTC Ombudsman Volunteers** (NORS Element S-24) There is 2 2 certified volunteers.

# Service Unit Plan (SUP)

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

### Outcome 2 - Measure and Target Charts

#### LTC Ombudsman Outcome 2 - Measures A-D FY 2022-2023 Baseline/2024-2025 Targets

Measure Name	Measure	Units	Total Units	Baseline	2024-2025 Target
Routine Access: Nursing Facilities	Number of Facilities Visited Quarterly Not in Response to a Complaint	54	57	95%	75%
Routine Access: Residential Care Communities	Number of Residential Care Facilities for the Elderly Visited Quarterly Not in Response to a Complaint	222	267	83%	65%
Number of Full-Time Equivalent (FTE) Staff	FTEs per FY	5.53	N/A	5.53	6
Number of Certified LTC Ombudsman Volunteers	Number of Certified Ombudsman Volunteers	2	N/A	2	2

#### LTC Ombudsman Outcome 2 - Measures A-D FY 2023-2024 Baseline/2025-2026 Targets

Measure Name	Measure	Units	Total Units	Baseline	2025-2026 Target
Routine Access: Nursing Facilities	Number of Facilities Visited Quarterly Not in Response to a Complaint	54	57	95%	75%
Routine Access: Residential Care Communities	Number of Residential Care Facilities for the Elderly Visited Quarterly Not in Response to a Complaint	222	267	83%	65%
Number of Full-Time Equivalent (FTE) Staff	FTEs per FY	5.53	N/A	5.53	6
Number of Certified LTC Ombudsman Volunteers	Number of Certified Ombudsman Volunteers	2	N/A	2	2

# Service Unit Plan (SUP)

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

**Outcome 2 - Measure and Target Charts**

**LTC Ombudsman Outcome 2 - Measures A-D  
FY 2024-2025 Baseline/2026-2027 Targets**

Measure Name	Measure	Units	Total Units	Baseline	2026-2027 Target
Routine Access: Nursing Facilities	Number of Facilities Visited Quarterly Not in Response to a Complaint				
Routine Access: Residential Care Communities	Number of Residential Care Facilities for the Elderly Visited Quarterly Not in Response to a Complaint				
Number of Full-Time Equivalent (FTE) Staff	FTEs per FY				
Number of Certified LTC Ombudsman Volunteers	Number of Certified Ombudsman Volunteers				

**LTC Ombudsman Outcome 2 - Measures A-D  
FY 2025-2026 Baseline/2027-2028 Targets**

Measure Name	Measure	Units	Total Units	Baseline	2027-2028 Target
Routine Access: Nursing Facilities	Number of Facilities Visited Quarterly Not in Response to a Complaint				
Routine Access: Residential Care Communities	Number of Residential Care Facilities for the Elderly Visited Quarterly Not in Response to a Complaint				
Number of Full-Time Equivalent (FTE) Staff	FTEs per FY				
Number of Certified LTC Ombudsman Volunteers	Number of Certified Ombudsman Volunteers				

# Service Unit Plan (SUP)

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

**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:**

The following efforts Ombudsman program will undertake in the upcoming year to increase the accuracy, consistency, and timeliness of your National Ombudsman Reporting System (NORS) data reporting.

The Wise & Healthy Aging Ombudsman program will do the following to improve accuracy and consistency in NORS data reporting:

1. All staff will be trained to enter data in real time into the Ombudsman Data Integration System (ODIN).
2. All staff will be trained on NORS coding, and documentation principles. All new Ombudsman staff and volunteers will be required to train on ODIN and NORS as part of the Ombudsman Certification training process.
3. Program coordinator will conduct case reviews throughout each month to ensure accuracy and completeness of records and data collected.
4. Error trends will be identified and addressed through additional training, improvements in procedures, etc.





Aging and Adult Services  
Public Guardian

# Senior Centers and Focal Points



# Senior Centers and Focal Points

## COMMUNITY SENIOR CENTERS AND FOCAL POINTS LIST

Designated Community Focal Point	Address
Apple Valley Senior Club	13188 Central Rd., Apple Valley, CA 92308
Ayala Park Community Center	17909 Marygold Ave., Bloomington, CA 92316
Chemehuevi Indian Tribal Center	1990 Palo Verde Dr., Havasu Lake, CA 92363
Crest Forest Senior Citizens Club	24658 San Moritz Dr., Crestline, CA 92325
El Mirage Senior Club	1488 Milton St., El Mirage, CA 92301
Fort Mohave Tribal Senior Nutrition Program	700 Harrison St., Needles, CA 92363
Hesperia Leisure League	9122 Third Ave., Hesperia, CA 92345
Helendale Community Services District	26540 Vista Rd., Ste. C, Helendale, CA 92342
Joshua Tree Community Center	6171 Sunburst St., Joshua Tree, CA 92252
Larry Hutton Community Center	660 Colton Ave., Colton, CA 92324
Lytle Creek Community Center	14082 Center Rd., Lytle Creek, CA 92358 P.O. Box 182
Lytle Creek Community Center	380 South K St., San Bernardino, CA 92410
Morongo Basin Senior Support Center	57121 Sunnyslope Dr., Yucca Valley, CA 92284
Newberry Springs Family Center	33383 Newberry Rd., Newberry Springs, CA 92365
New Hope Family Center	1505 W. Highland Ave., San Bernardino, CA 92411
Percy Baker Community Center	9333 E Ave., Hesperia, CA 92340 P.O. Box 104055
Phelan Senior Club	4128 Warbler Rd., #A, Phelan, CA 92371
Pinon Hills Senior Club	10433 Mountain Rd., Pinon Hills, CA 92372
Rudy Hernandez Community Center	222 N. Lugo Ave., San Bernardino, CA 92410
Wrightwood Community Center	1543 Barbara St., Wrightwood, CA 92397

# Senior Centers and Focal Points

## COMMUNITY SENIOR CENTERS AND FOCAL POINTS LIST, CONTINUED

Senior Center	Address
Barstow Senior Citizens Center	555 Melissa Ave., Barstow, CA 92311
Big Bear Valley Senior Center	42651 Big Bear Blvd., Big Bear Lake, CA 92315
Bonnie Baker Senior Citizens Center	149350 Ukiah Trl, Big River, CA 92242
Chino Senior Center	13170 Central Ave., Chino, CA 91710
Delmann Heights Senior Center	2969 N. Flores St., San Bernardino, CA 92407
Dino Papavero Senior Center	16707 Marygold Ave., Fontana, CA 92335
Fontana Community Senior Center	16710 Ceres Ave., Fontana, CA 92335
George M. Gibson Senior Center	250 N. Third Ave., Upland, CA 91786
George White Senior Center	8565 Nuevo Ave., Fontana, CA 92335
Grace Vargas Senior Center	1411 S. Riverside Ave., Rialto, CA 92376
Grand Terrace Senior Center	22627 Grand Terrace Rd., Grand Terrace, CA 92313
Helendale Senior Center	15350 Riverview Rd., Bldg. 2, Helendale, CA 92342
Highland Senior Center	3102 E. Highland Ave., Highland, CA 92369
Hinkley Community and Senior Center	35997 Mountain View Rd., Hinkley, CA 92347
James L. Brulte Senior Center	11200 Baseline Rd., Rancho Cucamonga, CA 91701
Joslyn Senior Center	21 Grant St., Redlands, CA 92373
Loma Linda Senior Center	25571 Barton Rd., Loma Linda, CA 92354
Lucerne Valley Senior Center	10431 Allen Wy., Lucerne Valley, CA 92356
Luque Senior Center	292 E. O St., Colton, CA 92324

# Senior Centers and Focal Points

## COMMUNITY SENIOR CENTERS AND FOCAL POINTS LIST, CONTINUED

Senior Center	Address
Mentone Senior Center and Library	1331 Opal Ave., Mentone, CA 92359
Montclair Senior Center	5111 Benito St., Montclair, CA 91763
Mountain Communities Senior Center	675 Grandview Rd., Twin Peaks, CA 92391
Needles Senior Center	1699 Bailey Ave., Needles, CA 92363
Ontario Senior Center	225 E. B St., Ontario, CA 91764
Perris Hill Senior Center	780 E. 21st St., San Bernardino, CA 92404
Redlands Community Senior Center	111 W. Lugonia Ave., Redlands, CA 92374
San Bernardino 5th St. Senior Center	600 W. 5th St., San Bernardino, CA 92410
Trona Community Senior Center	13187 Market St., Trona, CA 93562
Twentynine Palms Senior Center	6539 Adobe Rd., Twentynine Palms, CA 92277
Victorville Senior Center	14874 Mojave Rd., Victorville, CA 92392
Yucaipa Senior Center	12202 First St., Yucaipa, CA 92399
Yucca Valley Senior Center	57088 Twentynine Palms Highway, Yucca Valley, CA 92284



Aging and Adult Services  
Public Guardian

# Family Caregiver Support Program



# Family Caregiver Support Program

## FAMILY CAREGIVER SUPPORT PROGRAM (FCSP)

### **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).**

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

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

# Family Caregiver Support Program

## FAMILY CAREGIVER SUPPORT PROGRAM (FCSP), CONTINUED

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

# Family Caregiver Support Program

## FAMILY CAREGIVER SUPPORT PROGRAM (FCSP), CONTINUED

**Justification: For any of the five main categories that are NOT being provided,**

**1. Provider name and address:**

San Bernardino County's Kinship Support Services Program (16519 Victor St., #404, Victorville, CA 92395)

**2. Description of the service(s) they provide (services should match those in the California Department of Aging Service Category and Data Dictionary):**

Kinship Support Services Program is a collaborative between Children and Family Services (CFS) and not-for-profit organizations serving the Central, West End and High Desert regions of the county. The Kinship Support Services Program is funded by a combination of state, federal and foundation grants. The Kinship Support Services Program helps strengthen families and individuals who are raising children of their extended family. The program provides a variety of support services to kinship families, ranging from great-grandmothers raising their great-grandchildren, to older siblings raising their brothers and sisters. Services are designed to combat the isolation, stress, and needs kinship families encounter in their day-to-day lives, and include support groups, parenting classes, informational workshops, caregiver respite, children's activities, and family recreation.

# Family Caregiver Support Program

## FAMILY CAREGIVER SUPPORT PROGRAM (FCSP), CONTINUED

**Justification:** For any of the five main categories that are NOT being provided,

### **3. Where is the service provided (entire Planning Service Area (PSA), certain counties)?**

There are three contracted services provided throughout PSA 20:

<b>Westside Kinship Support Services</b> (on the grounds of Westside Christian Center) 224 E. 16th Street San Bernardino, CA 92404 (909) 889-5757	<b>Helping Hands Kinship Support Services</b> 316 East E St. Ontario, CA 91764 (909) 986-9710	<b>Helping Hands Kinship Support Services</b> 16519 Victor St, Ste. 404 Victorville, CA 92395 (760) 843-1177
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### **4. How does the AAA ensure that the service continues to be provided in the PSA without the use of Title III E funds?**

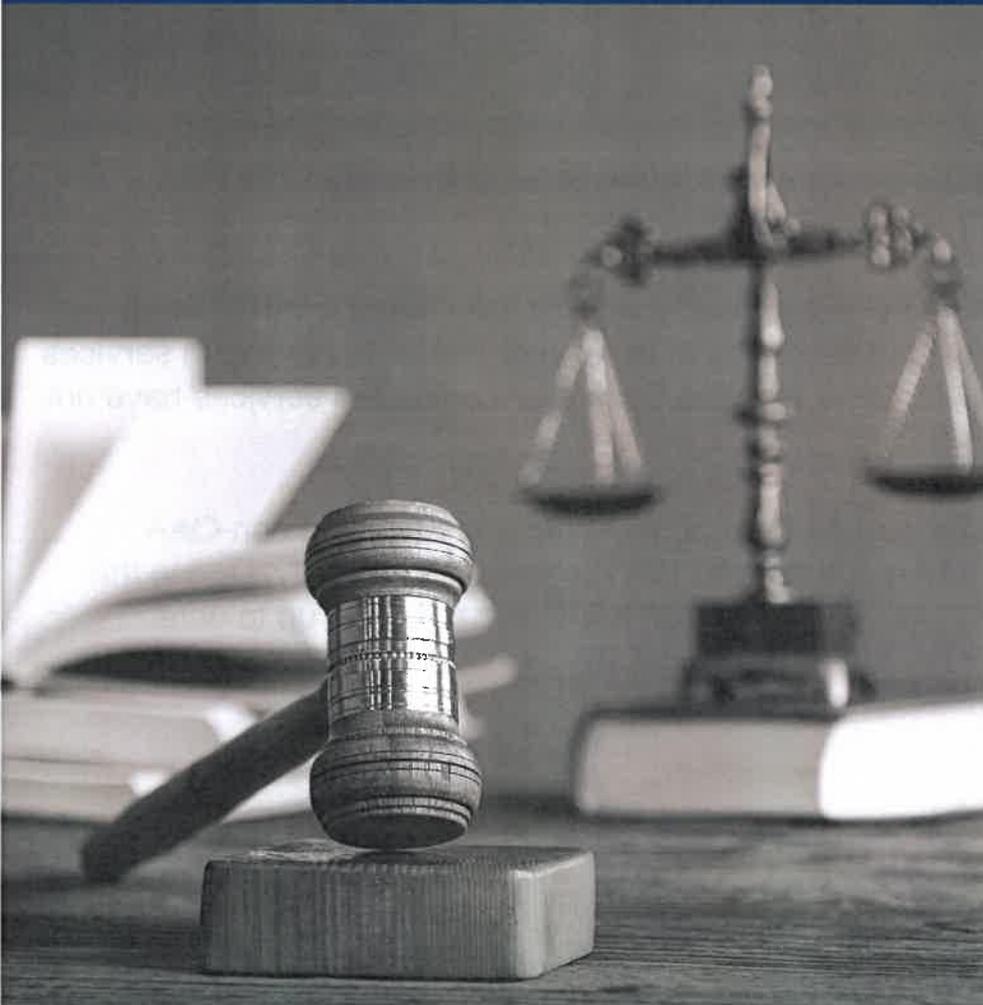
In order to prevent duplication, DAAS - PG determined that Title III E Older Relative Caregiver contracted services would not be provided beginning in fiscal year 2014-15. No gap in services has been reported in the years Title III E Older Relative Caregiver contracted services have not been funded.

This agency is listed in our Information and Assistance (I&A) resource file as a non-OAA community-based organization. The AAA updates the I&A resource file annually. During this process, the AAA calls the agency to confirm information is still accurate and up to date.



Aging and Adult Services  
Public Guardian

# Legal Assistance



# Legal Assistance

## LEGAL ASSISTANCE

The Older Americans Act Reauthorization of 2020 designates Legal Assistance as a priority service under Title IIIB [42 USC §3026(a)(2)]. California Department of Aging (CDA) developed California Statewide Guidelines for Legal Assistance, which are to be used as best practices by CDA, AAAs and Legal Services Providers (LSPs) in the contracting and monitoring processes for legal services, and located at:

[https://aging.ca.gov/Providers\\_and\\_Partners/Legal\\_Services/#pp-gg](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 Assistance?**

- Thirty-five percent of current budget has been allocated to Legal Assistance through approved Title IIIB funding.

**2. How have your local needs changed in the past year(s)? Please identify any changes (include whether the change affected the level of funding and the difference in funding levels in the past four years).**

- Inland Counties Legal Services (ICLS), the local contracted legal services provider, continues to see a significant increase in older adults seeking assistance with housing, consumer, public benefits, and health law cases, in particular. Significant funding increases during the pandemic allowed ICLS to keep up with the demand for services for this population. However, with funding levels being reduced, and in order to meet the increasing need for legal services to seniors, ICLS anticipates again being in a position of needing to subsidize funding designated specifically for this population.

**3. How does the AAA's contract/agreement with LSPs specify and ensure that the LSPs are expected to use the California Statewide Guidelines in the provision of OAA legal services?**

- The LSP California Statewide Guidelines in the provision of OAA legal assistance is used at Inland Counties Legal Services and staff training. Additionally, all staff take OAA Security Training. Security Training is completed through the California Department of Aging approved online course.

# Legal Assistance

## LEGAL ASSISTANCE, CONTINUED

### **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 Planning Service Area?**

In 2024, the AAA and Inland Counties Legal Services (ICLS) program reaffirmed that the top priority legal issues focused on preserving the following:

- Housing and related housing needs.
- Protecting the safety, stability, and well-being of individuals and families by ensuring they are free from abuse and have access to both adequate healthcare and meaningful educational opportunities.
- Maintaining, enhancing, and protecting income and economic stability by providing meaningful access to public benefits, litigation support in consumer debt, and general financial literacy through appropriate community education.

Across all ICLS practice areas, clinics, and funding sources, ICLS provided free legal services to approximately 1,559 older adults in San Bernardino County throughout 2024. The four (4) areas in which the greatest needs closely align with current priorities and will help shape future additions and revisions of ICLS program initiative:

- As in the prior year, housing cases remained the largest area of need and comprised approximately 51% of cases closed in which older adults were assisted. Housing assistance includes legal assistance in the areas of eviction defense, home ownership/real property, and mobile homes.



# Legal Assistance

## LEGAL ASSISTANCE, CONTINUED

- Assistance provided by the Elder Law team, which predominately consists of estate planning like simple wills, advanced directives, powers of attorney, and protecting against elder abuse through assistance with restraining orders.
- Assistance provided by Consumer Law Team, which includes legal services in collections, repossessions, deficiencies, garnishments, contracts/warranties, and low-income taxpayer and bankruptcy assistance.
- Assistance provided by the Health Law Team, which includes cases centered on accessing healthcare, such as Medicaid, Medicare and home-and community-based care.

ICLS conducts local needs assessments communicating with, in part, actual and potential clients, public and private agencies, the courts, other LSPs and various partner organizations. Annually, the ICLS Board of Directors reviews and approves a list of priorities that have been derived from these assessments as well as feedback throughout the year.

### **5. How does the AAA collaborate with the Legal Services Providers (LSPs) to jointly identify the target population? What is the targeted senior population and mechanism for reaching targeted groups in your Planning and Service Area (PSA)?**

The AAA and LSP's jointly identify the target population based on information from collected needs assessment data, CDA recommendation, and trending needs through PSA 20. Priorities include targeted services to rural residents; frail older adults; persons with disabilities; tenants in eviction proceedings; persons seeking or at risk of losing public benefits; persons with cultural and/or language barriers; persons identifying with the LGBTQIA+ community; Black, Indigenous and people of color (BIPOC); victims of domestic violence or trafficking seeking U non-immigrant Status Visa or Violence Against Women Act (VAWA) status; and unhoused persons.

Older adults are specifically targeted with an emphasis on those in the greatest economic and social need with particular attention to low-income minority individuals, older individuals with Limited English Proficiency (LEP) and older individuals residing in rural and isolated areas.

# Legal Assistance

## LEGAL ASSISTANCE, CONTINUED

### 6. How many LSPs are in your PSA?

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

### 7. What methods of outreach are Legal Services Providers (LSPs) using?

- ICLS staff regularly participate in community outreach to target older adults and general population. Outreach opportunities with an emphasis on reaching older adults often consist of an introduction to ICLS services, community legal education presentations, and “Know Your Rights” presentations at various senior centers and law libraries, hosting tables at community fairs, and partnering with local community-based organizations who serve similar populations throughout San Bernardino County.
- Staff are available and seek opportunities to schedule specific presentations as requested with partner organizations who provide services to older adults or senior organizations on multiple legal topics that include, but are not limited to, estate planning, mobile home law, health law (Covered California, etc.), public benefits (Social Security-related benefits) and a multitude of other civil legal areas of law. These can be scheduled in-person or virtually as Zoom meetings or presentations. All events include targeted legal information as well as general information about ICLS services that are available.

### 8. How many LSPs are in your Planning and Service Area?

Fiscal Year	Name of Provider	Geographic Region Covered
2024-2025	a. Inland Counties Legal Services	a. San Bernardino County
2025-2026	a. Inland Counties Legal Services	a. San Bernardino County

# Legal Assistance

## LEGAL ASSISTANCE, CONTINUED

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

- **Inland Counties Legal Services (ICLS) has seven distinct methods for conducting intakes:**
  - In-person, video, or telephone interviews or appointments for eligibility and issue screening, and referral to the appropriate practice group;
  - Telephone calls to the Intake Practice Group for eligibility and issue screening and then referral to the appropriate practice group;
  - Referrals from the housing hotline;
  - Health Consumer Alliance (HCA) Hotline for healthcare cases;
  - Applications submitted online available 24/7 on the ICLS website at [www.inlandlegal.org](http://www.inlandlegal.org). These applications are linked to the Legal Server case management system and reviewed daily; or
  - Using the “Bookings” application on Microsoft 365. The Bookings application is used by various teams to accommodate referrals from outside partners seeking assistance for applicants who may be especially difficult to reach due to experience homelessness or a lack of other resources, or for particular grants and partnerships.
- **Intake Screening:**
  - Inland Counties Legal Services screens all applicants for eligibility to ensure that cases are charged to appropriate fund sources for the qualified applicant. Income is screened to ensure that applicants under 60 years of age are at or below 200% of the Federal Poverty Level (FPL) guidelines annually adopted by the ICLS Board of Directors. Applicants are also screened for age to ensure that qualified individuals aged 60 or older can receive free legal services.

# Legal Assistance

## LEGAL ASSISTANCE, CONTINUED

- **Intake Screening, Continued:**

- While Title IIIB Legal Assistance funding has no income or asset limit requirements, this information is gathered to ensure that when no Title IIIB funding is available, services may continue being funded through other funding sources that do have income and asset limit requirements. Inland Counties Legal Services' Legal Services Corporation (LSC) funding requires grantees to screen applicants seeking assistance to determine U.S. citizenship or LSC approved non-U.S. citizen status. ICLS provides this screening to all applicants for services and only those with requisite status or qualification under Violence Against Women Act (VAWA) exceptions are eligible to receive legal services regardless of the funding source.

**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).**

- In 2024, Inland Counties Legal Services provided free legal services to approximately 1,559 older adults in San Bernardino County through multiple funding sources. Of the clients served, fifty-one percent (51%) of cases were in Housing Law (including eviction defense, private landlord/tenant; home ownership/real property; and mobile homes); followed by sixteen percent (16%) of Elder Law cases (predominately estate planning, including simple wills, advanced directives, powers of attorneys, and restraining orders); eleven percent (11%) of consumer cases (including collections, repossessions, deficiencies, garnishments, contracts/warranties, and low-income taxpayer and bankruptcy assistance); ten percent (10%) of Health Law cases (including Medicaid, Medicare and home and community-based care); and eight percent (8%) of Public Benefits cases, including assistance with accessing and preserving Social Security Retirement, Social Security Disability Insurance (SSDI), and Supplemental Security Income (SSI) benefits for seniors.

# Legal Assistance

## LEGAL ASSISTANCE, CONTINUED

### **11. What are the barriers to accessing Legal Assistance in your PSA? Include proposed strategies for overcoming such barriers.**

- The barriers to accessing Legal Assistance continue to include (1) the lack of public transportation in the more rural and remote parts of San Bernardino County; (2) the sheer geographical size of the county; and (3) the limited availability to Legal Assistance. ICLS continues to seek additional funding sources that can be used for older adults and the use of technology to reach individuals in rural areas who are unable to access a local office for services. Additionally, ICLS will continue to partner with various senior and community centers in rural areas to offer in-person appointments and create initiatives with other local community-based organizations serving the older adult population that allow ICLS to provide on-site and virtual services to continue to try and meet the needs of these individuals throughout the county.

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

- Inland Counties Legal Services coordinates services with the following organizations: San Bernardino County Department of Aging and Adult Services – Public Guardian (DAAS - PG), Riverside County Office on Aging (OOA), Ombudsman, Adult Protective Services, California Advocates for Nursing Home Reform, and San Bernardino County Coordinated Intake System “2-1-1.”
  - Inland Counties Legal Services also coordinates services with:
    - Legal Aid Society of San Diego (with California Department of Managed Health Care and federal funds for healthcare reform education and advocacy)
    - Internal Revenue Service Low Income Taxpayer Clinic (LITC) Grant
    - San Bernardino County Community Development and Housing Agency, Housing and Disability Advocacy Program (HDAP) funds
    - Knowledge, Education for Your Success, Inc. (KEYS) Supportive Services for Veterans Families funds
    - California Department of Social Services Immigration Services Bureau Removal Defense Grant

# Legal Assistance

## LEGAL ASSISTANCE, CONTINUED

- California Department of Housing and Community Development Nonprofit Legal Services – Region 2 Mobile Home Residency Law Protection funds
- REACH of the Valley, California Governor’s Office of Emergency Services - Victim Services Branch Grant
- Kaiser California Community Foundation Capacity Building Program for Housing Related Services
- Riverside Area Rape Crisis Center
- Desert Sanctuary/Haley House
- SAFE Family Justice Centers
- Council on Aging - Southern California (Health Insurance Counseling and Advocacy Program)

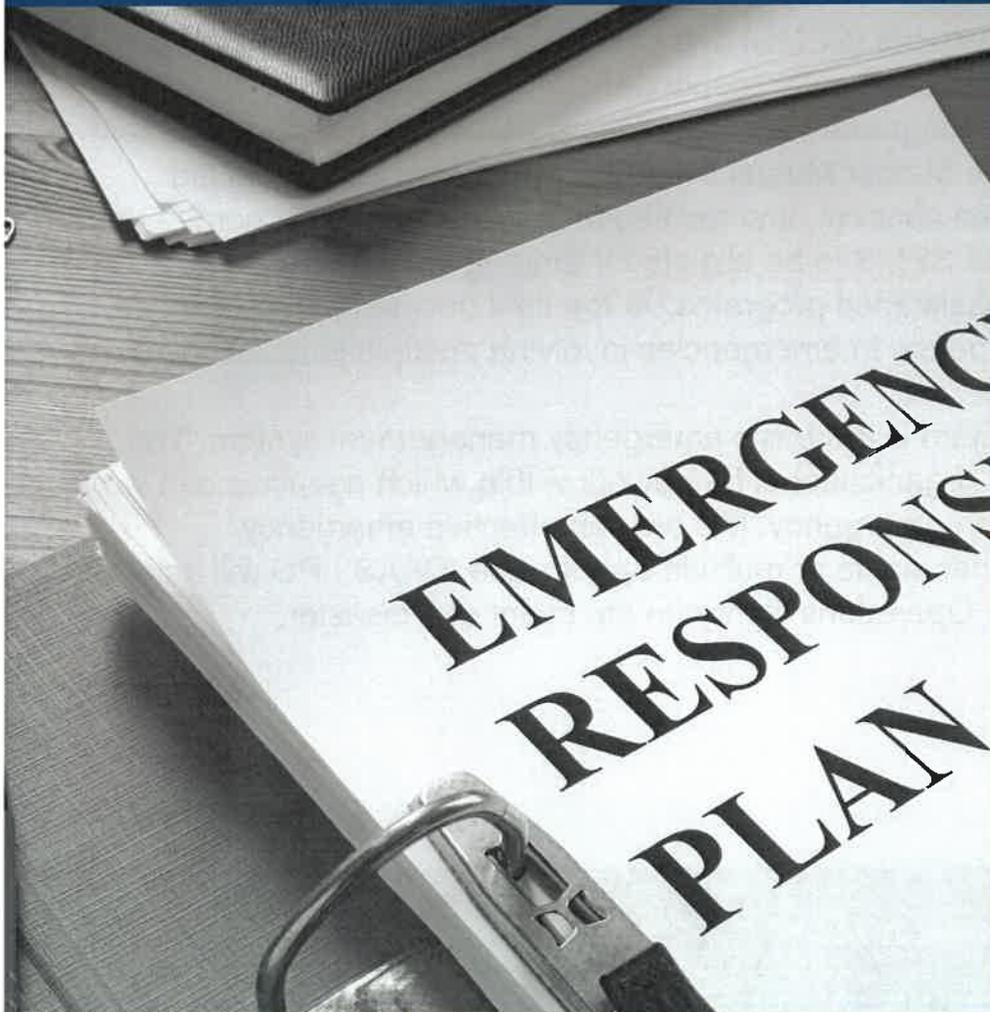
Legal services for older adults are targeted for persons aged 60 and older who are in the “greatest social and economic need.”





Aging and Adult Services  
Public Guardian

# Disaster Preparedness



# Disaster Preparedness

## DISASTER PREPARATION PLANNING

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

**1. Describe how the AAA coordinates its disaster preparedness plans, policies, and procedures for emergency preparedness and response as required in OAA, Title III, Section 310.**

- DAAS - PG is the AAA for San Bernardino County. The department is part of Human Services and included in the County's comprehensive disaster preparation planning. San Bernardino County Fire Department's Office of Emergency Services, as the operational area for the county, coordinates the development and implementation of the disaster plan. DAAS - PG Emergency Operations Plan describes the roles, responsibilities, and relationships of the department consistent with the Standardized Emergency Management Systems (SEMS) and the National Incident Management System (NIMS), as they relate to disaster response.
- Standardized Emergency Management Systems incorporates the use of the Incident Command System (ICS), the Master Mutual Aid Agreement, existing mutual aid systems, the operational area concept, and multiagency or inter-agency coordination. Local governments must use SEMS to be eligible for funding of their personnel related costs under state disaster assistance programs. At the field (incident) level, the use of SEMS standardizes the response to emergencies involving multiple jurisdictions or multiple agencies.
- The Incident Command System is the basic emergency management system. The system provides a common organizational framework within which agencies can work collectively at the scene of an emergency. It is also an effective emergency management system for either single or multiple agency use. DAAS - PG will activate the Department Emergency Operations Center in the event of a disaster.

# Disaster Preparedness

## DISASTER PREPARATION PLANNING, CONTINUED

- The Emergency Operations Center (EOC) will establish a system to receive and process task assignments, establish an outline of steps to secure the safety of department personnel, establish a system to provide the necessary resources as needed, ensure the continuing performance of the department's essential operations/functions, and establish a plan of action for restoring normal day-to-day operations. Emergency response sections will be established in the EOC as described in the Emergency Operations Plan. In alignment with Standardized Emergency Management Systems and National Incident Management System, EOC staff have been designated to one of the following sections: Management, Operations, Planning, Logistics, and Finance. Critical functions have been identified below. Essential Disaster Response functions include:
  - Ensure all records, documents, critical supplies, and other items needed to perform critical functions are available offsite and/or can be readily obtained if the facility is lost.
  - Check on the most vulnerable clients from all programs.
  - Coordinate assistance to vulnerable clients with Office of Emergency Services and first responders.
  - Provide disaster information in alternative languages as necessary.
  - Investigate Adult Protective Services (APS) reports.
- A decision-making process in disaster settings has been put in place to ensure that there is continuity of operations.
  - If the disaster is regional, the disaster plan will be implemented at the regional level. Communication may be from the bottom up. For a countywide disaster, the disaster plan is implemented by the director, assistant director or successor, based on the lines of succession established in the plan. The director oversees the relief efforts conducted by the department. The deputy directors and district managers provide information to the director about each region and financial concerns. The deputy directors supervise and coordinate relief efforts in their respective regions as well as specific activities based on respective assignments. The district managers coordinate the establishment of emergency sites for provision of food/nutrition along with the assignment of Senior Information and Assistance staff to senior centers and nutrition sites.

# Disaster Preparedness

## DISASTER PREPARATION PLANNING, CONTINUED

- The deputy directors also coordinate efforts in their regions and maintain contact with regional supervisors. Authority for DAAS - PG operations is the responsibility of the highest-level employee.

**2. Identify each of the local Office of Emergency Services (OES) contact person(s) within the Planning and Service Area (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
Daniel Munoz	Deputy Executive Officer	Office: 909-388-5807
Sherri Misener	HS Emergency Services Supervisor	Office: 909-387-8853

**3. Identify the disaster response coordinator within the AAA:**

Name	Title	Telephone
Jakob MacCarthy	Deputy Director	Office: 909-891-3808 / Cell: 909-693-1561

**4. List critical services the AAA will continue to provide to the participants after a disaster and describe how these services will be delivered (i.e., wellness checks, information, nutrition programs)**

Critical Services	How Delivered?
Check on Most Vulnerable Clients	Program staff has disaster contact sheets used to document if the client has a live-in care provider or not, is on oxygen, is bed-bound, etc. The most dependent clients are prioritized first in being contacted during a disaster. Older adults, adults with disabilities and their caregivers receiving any service through DAAS – PG will be contacted by phone to ensure their safety and needs are met.
Coordinate with First Responders	Department disaster coordinators assigned to each facility conduct a self-assessment of the staff, visitors, and facility and report back to the EOC.
Investigate Adult Protective Services Reports	Deputy directors supervise and coordinate relief efforts in their respective regions as well as specific activities based on their assignments.

# Disaster Preparedness

## DISASTER PREPARATION PLANNING, CONTINUED

**5. List critical services the AAA will provide to its operations after a disaster and describe how these services will be delivered (i.e., cyber attack, fire at your building, evacuation of site, employee needs)**

Critical Services	How Delivered?
In-Home Supportive Services	Providers will continue to be paid, social work staff will continue to make contact and ensure service eligibility, and critical and urgent clients will be contacted directly and serviced as a priority.
Adult Protective Services	Received referrals will continue to be investigated/served. Existing cases will continue to be managed by social work staff. Critical and urgent cases will be serviced as a priority.
Senior Nutrition	Providers and DAAS - PG will work together to ensure that healthy meals can continue to be provided to all in need and create an option to have food delivered to ensure safety amongst the most at-risk population.
Public Guardian	Deputy staff continue to make contact, provide welfare checks, and fully service those on conservatorship, as a matter of legal obligation.
Age Wise	Behavioral Health clinicians and paraprofessionals ensure contact with program clients, providing welfare checks and the ongoing assessing of basic needs as well as mental well-being. The Age Wise 24/7 Senior Hotline is available via a toll-free hotline to address urgent and critical community needs.

**6. List critical resources the AAA needs to continue operations.**

- Supplemental funding to allow the expansion of services through contracted providers and community entities to help support initiatives taking place during natural disasters.
- Collaboration with community entities to quickly disburse initiatives to help those greatly affected by the disasters at hand. Partnerships may include, but are not limited to Sheriff's Departments, Fire Departments, medical staff, meal and nutrition sites, Public Health, additional county departments, community partners and local businesses.

# Disaster Preparedness

## DISASTER PREPARATION PLANNING, CONTINUED

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

- California Fire Service and Rescue Emergency Mutual Aid System/Plan 4/2019
- Operations Bulletin #1 Closest Resource Concept-Requesting Mutual Aid from Adjoining Operational Areas and Regions
- California Disaster and Civil Defense Master Mutual Aid Agreement; Immediate Need Procedures AH-330 3-3 STL\_TFL Response 2018
- Multi-Agency Coordination System Publication Procedures Guide MACS 410-1 7/2018
- Multi-Agency Coordination System Resource Designation System MACS 410-2 5/2013
- California Fire Service and Rescue Emergency Mutual Aid System Orientation for the new Operational Area Coordinator 4/2019; ST-TF AH-330 3-3-3 Code of Conduct 7/2017

8. Describe how the AAA will:

- **Identify vulnerable populations**
  - Each program identifies vulnerable service populations by keeping disaster contact sheets numbered according to the needs assessment and whether there is a live-in care provider available to assist. The highest priority clients are those who do not have live-in help and who are dependent on oxygen or other durable medical equipment.
- **Identify possible needs of the participants before a disaster event (public safety, power outage, flood, earthquake, etc.)**
  - The population in need is already identified by the services that are accessed. This allows for DAAS - PG staff to quickly contact and initiate a response in the case of a disaster.
- **Follow up with vulnerable populations after a disaster event**
  - DAAS - PG staff remain in touch with high priority clients during any disaster until the situation ends and client needs are stabilized.

# Disaster Preparedness

## DISASTER PREPARATION PLANNING, CONTINUED

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

- AAA provides to participants and caregivers.
  - Social workers and Senior Information and Assistance staff provide comprehensive information, resources and in-person training to caregivers to help ensure the older adults they assist are prepared.
- To staff and subcontractors.
  - Subcontractors are encouraged and informed of all state and county disaster preparedness initiatives and exercises to help provide insight on how to best prepare for a disaster in their own location. Providers are given resources and information for internal staff on best practices in case of a disaster. This includes providing guides on how internal staff are assigned and trained with specific duties to ensure safety within the location and how to continue to provide assistance to the older adults serviced, who may be impacted by the disaster.

### 10. How has your AAA been coordinating emergency and disaster preparedness efforts with local tribal organizations?

- San Bernardino County Office of Emergency Services (OES) representatives attend the Southern California Tribal Emergency Managers meeting. This meeting occurs quarterly and is hosted by local tribal entities.
- San Bernardino County OES hosts an Operational Area Coordinating Council (OACC) meeting, in which local tribal entities are invited to attend and participate. These meetings include in-service trainings, guest speakers, exercises, and information on best practices and grants.



Aging and Adult Services  
Public Guardian

# Notice of Intent to Provide Direct Services



# Notice of Intent to Provide Direct Services

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

If an 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 Planning and Service Area will be served.

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

### Direct Services Offered

OAA Title	Service	FY 2024-2025	FY 2025-2026	FY 2026-2027	FY 2027-2028
Title IIIB	Information and Assistance	X	X	X	X
	Case Management				
	Outreach	X	X	X	X
	Program Development				
	Coordination				
	Long-Term Care Ombudsman				
Title IIID	Health Promotion - Evidence Based				
Title IIIE	Caregiver Case Management				
	Caregiver Counseling				
	Caregiver Information and Assistance	X	X	X	X
	Caregiver Information Services	X	X	X	X
	Caregiver Respite In-Home				
	Caregiver Respite Other				
	Caregiver Respite Out-Of-Home Day Care				
	Caregiver Respite Out-Of-Home Overnight Care				
	Caregiver Supplemental Service Assistive Technology				
	Caregiver Supplemental Service Caregiver Assessment				
	Caregiver Supplemental Service Consumable Supplies				

# Notice of Intent to Provide Direct Services

## NOTICE OF INTENT TO PROVIDE SERVICES, CONTINUED

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

Direct Services Offered					
OAA Title	Service	FY 2024-2025	FY 2025-2026	FY 2026-2027	FY 2027-2028
Title III E	Caregiver Supplemental Service Home Modifications				
	Caregiver Supplemental Service Legal Consultation				
	Caregiver Supplemental Service Caregiver Registry				
	Caregiver Support Groups				
	Caregiver Training				
Title VII A	Long-Term Care Ombudsman				
Title VII	Prevention of Elder Abuse, Neglect, and Exploitation				

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

The AAA maintains six (6) Senior Information and Assistance (SIA) offices strategically located to serve the entire county where they distribute information about resources and provide direct services in both Titles IIIB and IIIE. SIA staff are committed to identifying service gaps, assisting older adults in accessing resources, and following up on the provision of services in a timely manner. They perform outreach at locations which include, but are not limited to, senior centers, nutrition sites, mobile home parks, older adult apartment complexes, food distribution sites, and health and resource fairs. SIA staff also attend community meetings and events where they make available information about services throughout the AAA. SIA outreach methods are particularly effective reaching remote and/or minority populations.

The AAA will continue to expand outreach efforts to create additional partnerships and collaborations to reach older adults, adults with disabilities, and their caregivers. Current objectives include enhancing transportation services, working with local farmers markets to make sure low-income older adults can use the Farmers Market check booklets throughout the county, and ensuring the success and effectiveness of the Scam Alert program.



Aging and Adult Services  
Public Guardian

# Request for Approval to Provide Direct Services



# Request for Approval to Provide Direct Services

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

## Identify Service Category: Cash/Material Aid

OAA Title	Approval Requested
IIIB - Supportive Services	X
IIIC-1 - Congregate Meals	
IIIC-2 - Home-Delivered Meals	
IIIE - Family Caregiver Support Program	X
VII - Elder Abuse Prevention Program	
HICAP - Health Insurance Counseling & Advocacy Program	

## Request for Approval Justification

	Necessary to Assure an Adequate Supply of Service <u>OR</u>
X	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 2024-2025	FY 2025-2026	FY 2026-2027	FY 2027-2028
X	X	X	X



# Request for Approval to Provide Direct Services

**Provide: Documentation below that substantiates this request for direct delivery of the above stated service.**

The AAA maintains six (6) Senior Information and Assistance (SIA) offices strategically located to serve the entire county, to distribute information about resources, and provide direct services in both Titles IIIB and IIIE. SIA staff are committed to identifying service gaps, assisting older adults in accessing resources, and following up on the provision of services in a timely manner. SIA performs outreach efforts at senior centers, older adult nutrition sites, mobile home parks, senior apartment complexes, food distribution sites, and health and resource fairs. SIA staff also attend community meetings and events where they make available information about services throughout the AAA.

SIA staff provides cash/material aid services in the distribution of gas and grocery cards on a limited basis. A gas card cannot be counted as a one-way trip (transportation unit of measure) but is more quantifiable as one assistance unit of measure. The county has existing staff, policies, procedures, and practices in place to administer this service in the most efficient and cost-effective manner. Similar programs that successfully offer assistance include Farmers Market coupons, Family Caregiver Supportive Services [food/merchandise gift cards], and Adult Protective Services [tangibles]. Additionally, based on funding availability, SIA staff provide utility assistance for older adults when there is a shut-off notice or where a disconnect has already occurred. This service is not on-going and occurs where extraordinary circumstances exist that are not likely to reoccur. In appropriate cases, SIA partners with other agencies to bundle services. SIA staff always encourages the client to pay part of a bill, and partners include, but are not limited to, the Salvation Army, Community Action Partnership Home Energy Assistance Program, the Senior and Disabled Fund's SAVE program, and other agencies to assist clients.



Aging and Adult Services  
Public Guardian

# Governing Board Membership



# Governing Board Membership

## GOVERNING BOARD MEMBERSHIP CCR Article 3, Section 7302(a)(11).

Total Number of Board Members: 5

Name and Title of Officers	Office Term Expires
Col. Paul Cook (Ret.) – First District Supervisor	December 2028
Jesse Armendarez – Second District Supervisor	January 2027
Dawn Rowe – Chair/Third District Supervisor	December 2028
Curt Hagman – Fourth District Supervisor	January 2027
Joe Baca, Jr. – Vice Chair/Fifth District Supervisor	December 2028

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

Officers in Districts one, three and five had an office term expirations of December 2, 2024. Officers in all three Districts were re-elected during the first year of the Area Plan.

As Board members approach the end of their term, they have the opportunity to be re-elected for their position at regularly scheduled elections.



Aging and Adult Services  
Public Guardian

# Advisory Council



# Advisory Council

## ADVISORY COUNCIL MEMBERSHIP

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 (including vacancies): 21

Number and Percent of Council Members Over Age 60: 16 (69%).

Race/Ethnic Composition	% of PSA Population	% on Advisory Council
White	24.5%	62%
Hispanic	55.9%	20%
Black	9.4%	10%
Asian/Pacific Islander	4.2%	0%
Native American/Alaskan Native	2.2%	0%
Other	3.8%	10%

Names and Titles of Officers	Office Term Expires
Deborah Nattress PhD., Chair	January 8, 2029
Craig Swanson, Vice Chair	N/A
Anniebell Perry, SAC Secretary	December 30, 2025

Names and Titles of Other Members (Appointed members)	Office Term Expires
Billy Rosenberg, First District Appointee	January 8, 2029
First District Appointee	VACANT
Louisa Ollague, Second District Appointee	January 4, 2027
Second District Appointee	VACANT
Deborah Nattress, PhD, Third District Appointee	January 8, 2029
Judith K. Walsh, Third District Appointee	January 8, 2027
Suzanne Yoakum, Fourth District Appointee	January 4, 2027
Keith G. Stroup, Fourth District Appointee	January 4, 2027
Isabel Bryan, Fifth District Appointee	January 8, 2029
Anniebell Perry, Fifth District Appointee	January 6, 2027

# Advisory Council

## ADVISORY COUNCIL MEMBERSHIP, CONTINUED

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

<b>Names and Titles of Other Members (Appointed Members)</b>	<b>Office Term Expires</b>
Janice Hauser - Member At-Large Appointee	January 12, 2027
Fred Keville - At-Large Appointee	January 12, 2027
Dr. Ben Jauregui - Professional Appointee	January 4, 2027
Professional Appointee	VACANT

<b>Names and Titles of Other Members (Committee Chairs)</b>	<b>Office Term Expires</b>
Gwen Alber, Nutrition Committee Chair	N/A
Craig Swanson, Legislative Committee Chair	N/A
Keith G. Stroup, Intergenerational Committee Chair	January 4, 2027
Dr. Ben Jauregui, Healthy Aging Committee Chair	December 6, 2027
Craig Swanson, Access Committee Chair	N/A
Deborah Nattress PhD, Executive Committee Chair	January 08, 2029
Suzanne Yoakum, Area Plan Sub-Committee Chair	January 4, 2027
Craig Swanson, RCA Subcommittee Chair	N/A

<b>Names and Titles of Other Members (RCA)</b>	<b>Office Term Expires</b>
Craig Swanson, Mountain RCA	N/A
Ahmed A Elhawary, North Desert RCA	N/A
Victor Valley RCA	VACANT
Calra Jarvi, Morongo Basin RCA	N/A
Maricela S. Ferguson, East Valley RCA	N/A
Colorado River RCA	VACANT
Gwen Alber, West Valley RCA	N/A

# Advisory Council

## ADVISORY COUNCIL MEMBERSHIP, CONTINUED

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

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

Category	Yes	No
Representative with a low-income	X	
Representative with a disability	X	
Supportive services provider	X	
Health care provider	X	
Local elected official(s)	X	
Persons with leadership experience in private and voluntary sectors	X	
Optional Category	Yes	No
Family caregiver, including older relative caregiver	X	
Tribal representative		X
LGBTQ+ representation		X
Veteran status	X	
Other		X

### Explain any “No” answer(s):

Only those who selected "no" in the optional section of the requested information; not members who opted-in.

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

Once a term expires, individuals must re-apply to the position. All requests to be considered will be submitted to the Board of Supervisors for consideration and be appointed the position. The position can potentially be renewed based on the decision of the Board of Supervisors on who to appoint to each available vacancy.

# Advisory Council

## ADVISORY COUNCIL MEMBERSHIP, CONTINUED

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

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

### **APPOINTED MEMBERS**

Twelve members are appointed by the Board of Supervisors: Two (2) members from each supervisorial district and two (2) members appointed at-large. The term of office of the appointed members shall be coterminous with the appointing supervisor; these shall be four-year terms, expiring the first Monday of December in the appropriate year. The term of office of the at-large members shall be coterminous with the appointing chairman of the board; these shall be two-year terms, expiring at the first Board of Supervisors meeting in January of the appropriate year.

### **PROFESSIONAL MEMBERS**

At the recommendation of the director, of the DAAS - PG, the Board of Supervisors may appoint up to two commissioners having relevant professional experience in fields including, but not limited to, gerontology, social work, education, and banking or financial management. The term of office of the professional members shall be for four years.

### **REPRESENTATIVE MEMBERS**

The chairs of the Regional Council on Aging (RCA) or a designated member shall serve on the commission. In the event one or more of the chairs of the RCA is already a member of the commission, he/she may continue to serve in the position of his/her choice. The RCA shall designate a representative in the event the chair elects to serve on the commission in another position. The term of the office of the chair elects to serve on the commission in another position. The representative members term of office shall be coterminous with the term of office for the chairs of the RCA.



Aging and Adult Services  
Public Guardian

# Multipurpose Senior Center Acquisition or Construction Compliance Review



# Multipurpose Senior Center Acquisition or Construction Compliance Review



**MULTIPURPOSE SENIOR CENTER ACQUISITION  
OR CONSTRUCTION COMPLIANCE REVIEW**  
**CCR Title 22, Article 3, Section 7302(a)(15)**  
**20-year tracking requirement**

Tracked Item	Yes	No
Title IIIB funds not used for acquisition or construction		X

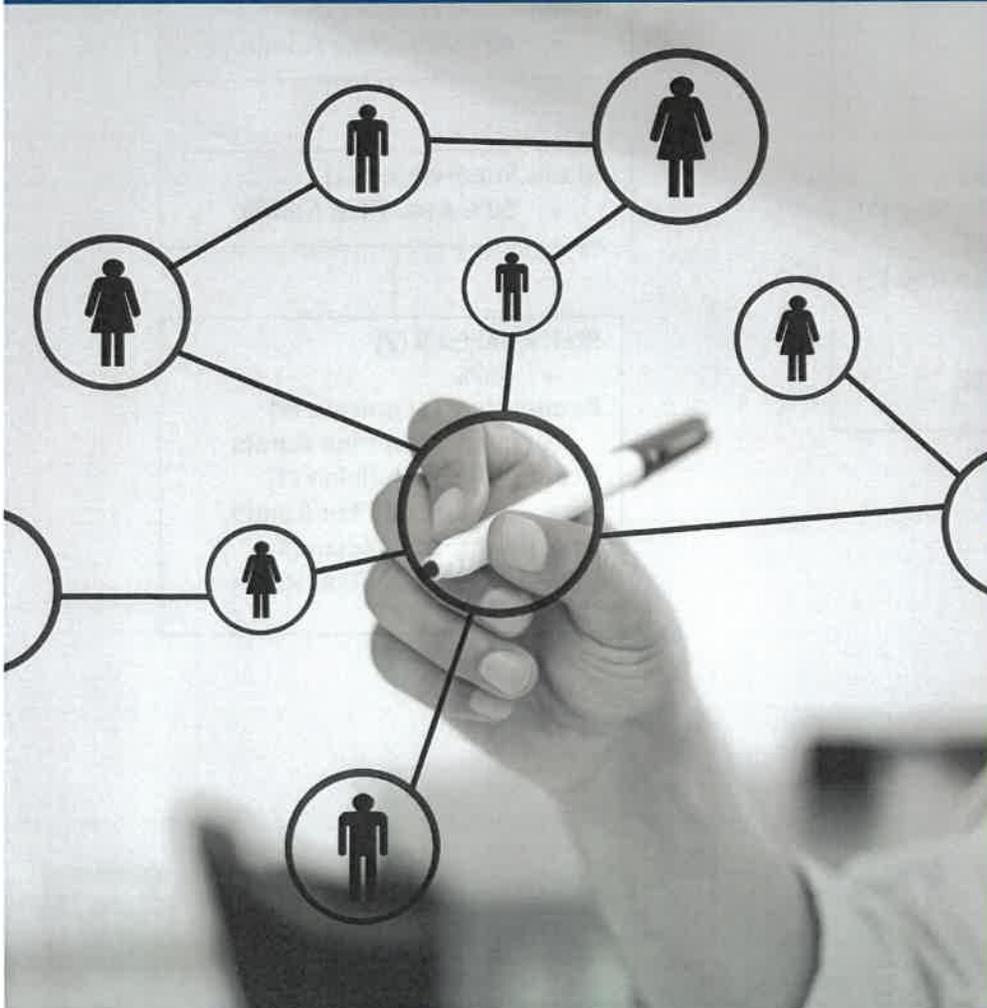
Title III Grantee and/or Senior Center (complete the chart below):						
Title III Grantee and/or Senior Center	Type Acq/Const	IIIB Funds Awarded	% Total Cost	Recapture Period Begins	Recapture Period Ends	Compliance Verification - State Use Only
Name: Address:						





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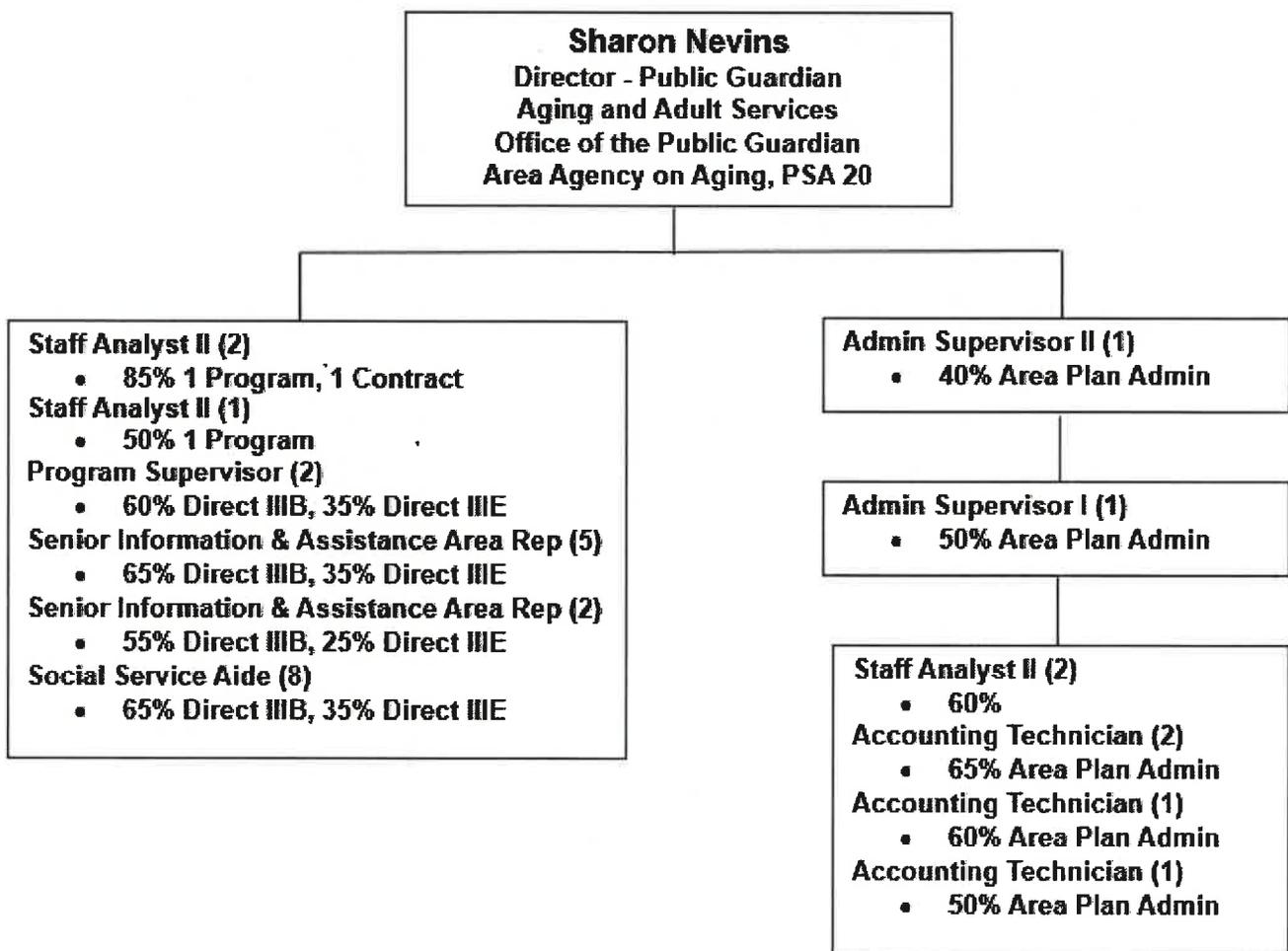
# Organization Chart



# Organization Chart

## SECTION 18. ORGANIZATION CHART

### Planning and Service Area (PSA) 20





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# Assurances



# Assurances

Pursuant to the Older Americans Act Reauthorization 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—

# Assurances

## ASSURANCES, CONTINUED

- (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;

# Assurances

## ASSURANCES, CONTINUED

- (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

# Assurances

## ASSURANCES, CONTINUED

- (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

# Assurances

## ASSURANCES, CONTINUED

- (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

# Assurances

## ASSURANCES, CONTINUED

- (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;

# Assurances

## ASSURANCES, CONTINUED

- (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;

# Assurances

## ASSURANCES, CONTINUED

(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

# Assurances

## ASSURANCES, CONTINUED

- (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

# Assurances

## ASSURANCES, CONTINUED

- (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 plan 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

# Assurances

## ASSURANCES, CONTINUED

- 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

# Assurances

## ASSURANCES, CONTINUED

- 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.