

MINUTES - DRAFT

Members		Absent Members	Guests
Attendance:	David Milroy, Chair Sylvia Martinez Molly Nocon Smith Sirisakorn Kristine Stensberg		Dennis Leggett
	Staff		
	N/A		
Item	Outcome		
1. Call to Order	Smith Sirisakorn, called meeting to order at: 10:37 AM a. Welcome & Guest/Member Introductions b. Confirmation of Quorum = more than <u>3</u> Members Present		
2. Statement (just cause) and/or Consideration of a Request to Participate Remotely (emergency circumstances) by a Council Member	N/A		
3. Standard Business Names are noted when vote is not unanimous	a. Public Comments/Announcements: Minutes Approval – Unanimous		
4. New Business	<ul style="list-style-type: none"> • New focus of the committee since the name change. • We all want to know exactly what our charge is and what we can do as a committee. • Decided to invite The ASI president and the AIS Executive Director to our meeting in April. • March: Focus on what we think our committee should be doing, mainly focusing on Housing Affordability and closely related issues. 		
5. Actions Steps	a. Continue integrating and report backs.		
6. Next Meeting	Date: 3/10/25 Time: 10:30-11:30am Location: COC, JGR		
7. Adjournment	11:36 AM		

Respectfully submitted by David Milroy

Advisory Council for Aging & Independence Services
HEALTHY AGING SUBCOMMITTEE
 March 10, 2025, 2:00 p.m.
 5560 Overland Avenue, 3rd Floor, JG Conference Room
 Virtual Participation
 Call in: 1 (619) 343-2539
 Phone conference ID: 450 266 825#
 Meeting ID: 210 078 344 97
 Passcode: c68pX3ii

CLERK OF THE BOARD
 2025 APR 11 AM 11:00

MINUTES - DRAFT

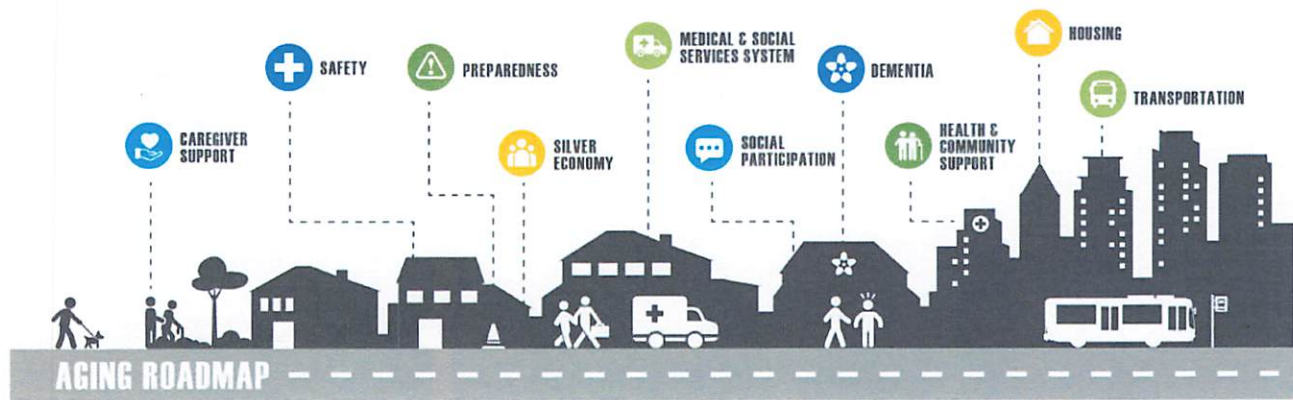
Members		Absent Members	Guests
Attendance:	Wanda Smith, Chair Paul Monarrez Bradlyn Mulvey Jacqueline Simon Richard Spiering	Susan Mallett David Milroy Maureen Phillips	
	Staff		
Item	Outcome		
1. Call to Order	Wanda Smith called the meeting at 2:12 p.m. a. Welcome & Guest/Member Introductions b. Confirmation of quorum (4) There was a quorum.		
2. Standard Business	a. Public Comments/Announcements: none b. Approval of February 10, 2025, Meeting Minutes (Action) c. [M/S Jackie Simon made the motion to approve the minutes from the last meeting and Wanda Smith seconded the motion. Minutes were approved.		
3. General Discussion	Discussion continued for the major themes to be included in the Aging Well Plan: Life, Preparedness, Wealth and Health. Wanda will develop a chart for our next meeting that shows what we have discussed to date.		
4. Next Meeting	April 14, 2025, at 2:00 p.m. at 5560 Overland Avenue, 3rd Floor, JG Conference Room		
5. Adjournment	Meeting adjourned at 2:45 p.m.		

Respectfully submitted by Bradlyn Mulvey, Secretary

APPENDIX: AGING & INDEPENDENCE SERVICES (AIS) ADVISORY COUNCIL | GOALS 2024 – 2027

COUNCIL FOCUS: Use or gain expertise to identify, project, and anticipate needs and trends, and advise on AIS operational actions to address the needs of older adults and persons with disabilities.







AGING ROADMAP: County of San Diego's [regional plan](#) that is implemented and organized by 10 focus areas that collectively represent the County's comprehensive system of care, including both person-centered and community-wide efforts. Roadmap focus areas are as follows and identified throughout the Council's Goals:








GOALS 2024 – 2027

#	Goal	Timeline	Lead	Measure	Outcome	Status
1	Advise on the 4-year Area Plan for FY 2024-2028. 	Feb – May 2024	Ad Hoc Area Plan Subcommittee	<ul style="list-style-type: none"> Meeting date(s) Discussion Vote and authorization of Council Chair to sign letter of transmittal 	<ul style="list-style-type: none"> Ad Hoc Area Plan Subcommittee met on 2/12/24 and 3/8/24. Area Plan public hearing comment and consideration of acceptance during Advisory Council meeting on 3/11/24. Discussion included: Area Plan 2024-2028 updates and process and content of the Area Plan. The Ad Hoc Subcommittee recommends continued consultation, input, and monitoring of progress from Advisory Council. Authorization passed with 18 votes on 3/11/24. 	Completed























APPENDIX: AGING & INDEPENDENCE SERVICES (AIS) ADVISORY COUNCIL | GOALS 2024 – 2027

1a	Advise on Area Plan updates for FY 2024-2025. 	Feb – May 2025	Ad Hoc Area Plan Subcommittee	<ul style="list-style-type: none"> • Meeting date(s) • Discussion • Vote and authorization of Council Chair to sign letter of transmittal 	<ul style="list-style-type: none"> • Discussion included: 	Not yet started
2	Monitor and plan for the expansion of services for older adults to meet the needs of the growing population. 	Ongoing	Ad Hoc Area Plan Subcommittee and Advisory Council	<ul style="list-style-type: none"> • Discussion 	<ul style="list-style-type: none"> • Discussion included: 	In progress
3	Find engaging speakers for the AIS Advisory Council general meetings. 	Ongoing	Advisory Council	<ul style="list-style-type: none"> • Speakers 	<ul style="list-style-type: none"> • Speakers' topics included: 	In progress
4	Expand participation in appropriate Auxiliary Subcommittees. 	Ongoing	Advisory Council	<ul style="list-style-type: none"> • Meeting date(s) • Discussion 	<ul style="list-style-type: none"> • Auxiliary Subcommittee met on: • Discussion included: • Authorization passed: 	In progress
5	Participate in appropriate Ancillary Subcommittees. 	Ongoing	Advisory Council	<ul style="list-style-type: none"> • Meeting date(s) • Discussion 	<ul style="list-style-type: none"> • Ancillary Subcommittee met on: • Discussion included: • Authorization passed: 	In progress
6	Research and make recommendations for priority areas to support economic security amongst older adults in San Diego. 	2024-25 Council Year	Affordability in Aging Subcommittee	<ul style="list-style-type: none"> • Finding(s) 	<ul style="list-style-type: none"> • Topics included: • Recommendations: 	Not yet started





APPENDIX: AGING & INDEPENDENCE SERVICES (AIS) ADVISORY COUNCIL | GOALS 2024 – 2027

7	Research and make recommendations for priority areas of healthcare programs and groups for older adults. 	Ongoing	Healthy Aging Subcommittee	• Finding(s)	• Topics may include, but are not limited to, where the older adult population meets, nutrition, socialization, geography/communities, disabilities, mental health, neurodegenerative diseases of AD, PD, FTD, Dementia, ways to increase awareness and education in hospitals re: geriatric issues.	In progress
7a	Research the impacts of isolation and explore the “Seniors Who Live Alone” topic. 	Ongoing	Healthy Aging Subcommittee	• Finding(s)	• Discussion included:	In progress
8	Review how older adults who have the greatest economic or social need are made aware of and utilize nutrition services including CalFresh benefits. 	Ongoing	Nutrition Subcommittee	• Finding(s)	• Topics may include review of nutrition resources and education through the AIS website, printed materials. • Examine the barriers to CalFresh benefit enrollment and how enrollment assistance is promoted.	In progress
9	Review the research and implementation efforts of local and national ‘food as medicine’ initiatives that focus on the integration of food for disease prevention and management. 	Ongoing	Nutrition Subcommittee	• Finding(s)	• Topics may include, but not limited to enhancing nutritional quality through increased fruit and vegetable consumption and the importance of good nutrition for older adults living with chronic health conditions.	In progress
10	Increase awareness about good oral health and dental treatment options through public insurance benefits. 	Ongoing	Nutrition Subcommittee	• Finding(s)	• Discussion included:	In progress
11	Identify disease risk reduction strategies and educational opportunities	Ongoing	Healthy Aging Subcommittee	• Finding(s)	• Topics may include cardiac health, diabetes, oral health care and nutrition, dementia and neuro-degenerative disorders and Parkinson’s disease.	In progress

APPENDIX: AGING & INDEPENDENCE SERVICES (AIS) ADVISORY COUNCIL | GOALS 2024 – 2027

	for diseases and disorders affecting older adults. 					
12	Monitor and advise on AIS programs through presentations and site visits.  	Ongoing	Nutrition Subcommittee Healthy Aging Subcommittee	• Meeting(s) and date(s) attended	• Discussion included:	In progress
12a	Congregate Meals (Title III C1) and Transportation to Dining Sites (Title III B). Review nutrition education and in-service requirements for congregate sites.   	Ongoing	Nutrition Subcommittee	• Meeting(s) and date(s) attended	• Discussion included:	In progress
12b	Home-Delivered Meals (Title III C2)  	Ongoing	Nutrition Subcommittee	• Meeting(s) and date(s) attended	• Discussion included:	In progress
12c	SNAP-Ed (Cal Fresh)  	Ongoing	Nutrition Subcommittee	• Meeting(s) and date(s) attended	• Discussion included:	In progress
12d	Older Adult Health Promotion (Feeling Fit, Fall Prevention, etc.) and Healthy Aging in life-long learning.  	Ongoing	Healthy Aging Subcommittee	• Meeting(s) and date(s) attended	• Awareness and Promotion of local programs in lifelong learning to support Healthy Aging.	In progress
13	Monitor pending legislation in all goal areas and participate with respective committees and AIS staff in analysis of legislation.          	Ongoing	Advisory Council and Ad Hoc Legislative Subcommittee	• Legislation monitored	• Discussion included: • Recommendations:	In progress
14	Monitor and make	Ongoing	Long Term Care	• Date(s) of Choose Well	• Recommendations for improvement, including assessment	In progress

APPENDIX: AGING & INDEPENDENCE SERVICES (AIS) ADVISORY COUNCIL | GOALS 2024 – 2027

	recommendations for enhancements to Choose Well. 		& Ombudsman Facilities	meeting(s) attended • Quarterly meetings.	of effectiveness or additional resources needed. • Discussion included:	
15	Advise AIS on legislation proposals and changes related to Skilled Nursing Facilities and Residential Care Facilities for the Elderly. 	Ongoing	Long Term Care & Ombudsman Facilities	• Legislation Monitored	• Raise and maintain awareness for the AIS Advisory council surrounding legislation related to skilled nursing facilities and residential care facilities for the elderly. • Discussion included:	In progress
16	Monitor and advise AIS on the Ombudsman program standard of operations, goals, performance, and increasing the number of volunteers as well as advise on areas of concern related to long term care. 	Ongoing	Long Term Care & Ombudsman Facilities	• Meeting(s) and date(s) attended	• Recommendations for improvement, including assessment of effectiveness or additional resources needed. • Discussion included:	In progress
17	Monitor and advise on success of existing technology programs and promote access to and utilization of technology. 	Ongoing	Advisory Council and All Subcommittees	• Finding(s) • Number and topic of media campaign	• Recommendations may include a media campaign to promote existing programs or identify opportunities for new programs.	Not yet started

Aging & Independence Services Advisory Council
Monday, March 10, 2025 | 12:00 p.m. – 2:00 p.m.
5560 Overland Avenue, 3rd Floor, Joaquin Anguera Room, San Diego, CA 92123

Call in: 1 (619) 343-2539
Meeting ID (access code): 224 849 240 117 | Passcode: eq7c5Wr2

COSA CLERK OF THE BOARD
2025 APR 11 AM 9:13

MINUTES - DRAFT

Members		Absent Members	Guests
Attendance:	Sabrina Bishop Kimberly Brown (joined at 12:10 p.m.) Faye Detsky-Weil Stephen Huber Ted Kagan Mina Kerr Dennis Leggett Elaine Lewis Silvia Martinez	Dan McNamara Paul Monarrez Bradlyn Mulvey Molly Nocon Wanda Smith Jacqueline Simon (joined at 12:14pm) Smith Sirisakorn Wanda Smith Richard Spiering	Shirley King Mikie Lochner Susan Mallett David Milroy Taryn Patterson Maureen Phillips Kristine Stensberg
	Staff		
	Allison Boyer Jennifer Bransford-Koons Kendall Bremner Wendy Garcia	Samantha Hasler Jana Jordan Kristen Smith Jennifer Sovay	Antoinette Alioto Paige Colburn-Hargis Matthew Delbruegge Connie German-Marquez (virtual) Thomas Johnson (virtual) Rhys Jones Angelique Richardson (virtual) Cristin Whittaker (virtual)
Outcome			
1. Call to Order	Wanda Smith, 2 nd Vice Chair, 12:07 p.m. a. Welcome & Pledge of Allegiance b. Guest/Member Introductions c. Confirmation of Quorum: <u>16 present at this time.</u>		
2. Statement (just cause) and/or Consideration of a Request to Participate Remotely (emergency circumstances) by a Council Member, if applicable.			
3. Standard Business	a. Public Comment/Announcements: Members or non-members b. Approval of February 10, 2025, Meeting Minutes (Action)* [M/S – T. Kagan / B. Mulvey (Passed with 17 votes, 1 abstained.)]		

<p>4. AIS Director's Items</p>	<p>Highlights included:</p> <ul style="list-style-type: none"> • Area Plan Public Hearing <ul style="list-style-type: none"> • At next month's meeting we will hold our Area Plan 'Public Hearing' for the FY 25/26 Update. • A 'Public Hearing' is required annually by the California Department of Aging to gather feedback, comments, and questions from you, the Council, and the public. • Issues discussed or raised during the 'Public Hearing' are documented in the Area Plan. • If input received warrants a change to the Area Plan, those revisions are documented in the Area Plan as well. • AIS Organizational Changes <ul style="list-style-type: none"> • Over the last few years, AIS has grown and, although maybe not for the next couple of years, will most likely continue to grow due to demographics of the population we serve. • We identified that we need to position ourselves to be ready for these changes as a department. • We spent a lot of time looking at different possibilities and engaged the Business Assurance and Compliance team to help us identify best practices. • With that, we modified parts of the structure for our department. Share some high-level changes. • As always, we will remain flexible and adapt if needed in the future. • AIS's new Assistant Director, Allision Boyer, introduced herself and share a little about her background and initial goals/role within the department.
<p>5. Guest Speakers</p>	<p>a. Jewish Family Service of San Diego (JFS) <i>Antoinette Alioto, Director of Aging Connections</i> Highlights included:</p> <ul style="list-style-type: none"> • Our Purpose • Project Care • Older Adult Case Management • Senior Nutrition Programs • Congregate Dining • The Corner Market at JFS • Corner Market Online Shopping • Balboa Avenue Older Adult Center • JFS Fit-It Services • JFS Friendly Match • On The Go Transportation & Senior Transportation Pilot Program • Coming Soon • Referral How To <p>b. CalAIM Update <i>Kristen Smith, Chief, Agency Operations</i> Highlights included:</p> <ul style="list-style-type: none"> • Older Adults with Medi-Cal in San Diego County • Medicare vs. Medicaid, aka Medi-Cal • Medi-Cal & Medicare Options for Older Adults in San Diego • What is CalAIM? • Enhanced Care Management (ECM) • Community Supports (CS) • BOS Directive: Publicize CalAIM Services • AIS Activities in Collaboration with SDAIM • Personal Care Services for Older Adult Medi-Cal Members with Dementia • Online Navigation Guide

6. Executive & Membership Subcommittee Report/Other Business	<div>a. Chair's Report: Wanda Smith, 2nd Vice Chair</div> <div>i. Subcommittee Appointments and Updates</div> <div>a) Convene the Budget Ad Hoc Subcommittee (Action)</div> <div><div>– Role: Review the AIS Fiscal Year (FY) 25/26 Budget Build and provide input into the AIS FY 25/26 Budget presentation.</div><div>– Term: March 10, 2025, through approval of the AIS FY 25/26 Budget.</div><div>– Membership: Shirley King, Dennis Leggett, Elaine Lewis, and Mikie Lochner.</div></div> <div>[M/S – T. Kagan / F. Detsky-Weil (Passed with 18 votes.)]</div> <div>b. Membership Report: Jacqueline Simon, Secretary</div> <div>c. Board of Supervisors Annual Visits (Dates posted as confirmed):</div> <div><div>i. District #1: Vacant</div><div>[Vacant/Vacant]</div></div> <div><div>ii. District #2: Anderson</div><div>[Phillips/Nocon]</div><div>2/26/2025</div></div> <div><div>iii. District #3: Lawson-Remer</div><div>[King/Vacant]</div><div>1/31/2025</div></div> <div><div>iv. District #4: Montgomery Steppe</div><div>[Bishop/Milroy]</div><div>10/11/2024</div></div> <div><div>v. District #5: Desmond</div><div>[Vacant/Vacant]</div></div>
7. Ancillary Subcommittee Oral Reports	<div>a. LTC Ombudsman/Facilities (met 2/24/25)</div> <div>b. Healthy Aging (met 2/10/25): Wanda Smith, Chair</div> <div>c. Nutrition (met 3/5/25): Shirley King, Chair</div> <div>d. Affordability in Aging (met 3/10/25): David Milroy, Chair</div>
8. Other Announcements	
9. Adjournment & Next Meeting	<div>Meeting adjourned: 1:57 p.m.</div> <div>Next Council Meeting: April 14, 2025, 12:00 p.m.</div> <div>5560 Overland Ave, 3rd Floor, Joaquin Anguera Room</div> <div>Future Subcommittee Meetings:</div> <div><div>➤ Healthy Aging:</div><div>3/10/2025</div><div>2:15 p.m.</div></div> <div><div>➤ LTC Ombudsman/Facilities:</div><div>3/17/2025</div><div>11:30 a.m.</div></div> <div><div>➤ Executive & Membership:</div><div>3/25/2025</div><div>9:00 a.m.</div></div> <div><div>➤ Nutrition:</div><div>4/2/2025</div><div>1:00 p.m.</div></div> <div><div>➤ Affordability in Aging:</div><div>4/14/2025</div><div>10:30 a.m.</div></div>

Minutes respectfully submitted by Kendall Bremner.



COUNTY OF SAN DIEGO

AGENDA ITEM

BOARD OF SUPERVISORS

VACANT
First District

JOEL ANDERSON
Second District

TERRA LAWSON-REMER
Third District

MONICA MONTGOMERY STEPPE
Fourth District

JIM DESMOND
Fifth District

DATE: May 6, 2025

XX

TO: Board of Supervisors

SUBJECT

AUTHORIZE ACCEPTANCE OF OLDER ADULT SERVICES REVENUE AGREEMENTS AND GRANTS FOR FISCAL YEARS 2025-26 THROUGH FISCAL YEARS 2028-29, AND AUTHORIZE APPLICATION FOR FUTURE FUNDING OPPORTUNITIES FOR PROGRAMS SERVING OLDER ADULTS AND PERSONS WITH DISABILITIES (DISTRICTS: ALL)

OVERVIEW

The County of San Diego (County) Health and Human Services Agency, Aging & Independence Services (AIS) serves as the region's federally designated Area Agency on Aging and administers programs focused on the safety and well-being of older adults and persons with disabilities. These services align with the Aging Roadmap, the County's plan to ensure the region has programs and communities that equitably support the needs and leverage the contributions of all older adults in the county. On April 30, 2024 (7), the San Diego County Board of Supervisors (Board) approved Fiscal Year (FY) 2024-25 revenue agreements, grants, and a memorandum of understanding to fund various programs that support older adults and persons with disabilities, allowing them to remain safely in their homes and access needed community resources. These programs and services support the goals and objectives established in the AIS 2024-2028 Area Plan, approved by the Board on April 9, 2024 (6). Required by the Older Americans Act (OAA), the AIS Area Plan 2024-2028 details how AIS will utilize funds received through the OAA to provide services that meet the identified needs of older adults, persons with disabilities, and their caregivers throughout the county.

This item requests the Board authorize acceptance of federal and State revenue agreements and grants for FY 2025-26 through FY 2028-29 to support these programs and services. If approved, today's action would authorize acceptance of \$8,899,859 of federal and State revenue agreements and grants for FY 2025-26, \$808,811 for FY 2026-27, \$808,811 for FY 2027-28, and \$80,000 for FY 2028-29, authorize Clerk of the Board to execute revenue agreements and grants upon receipt, and authorize the Deputy Chief Administrative Officer of the Health and Human Services Agency to pursue future funding opportunities.

SUBJECT: AUTHORIZE ACCEPTANCE OF OLDER ADULT SERVICES REVENUE AGREEMENTS AND GRANTS FOR FISCAL YEARS 2025-26 THROUGH FISCAL YEARS 2028-29, AND AUTHORIZE APPLICATION FOR FUTURE FUNDING OPPORTUNITIES FOR PROGRAMS SERVING OLDER ADULTS AND PERSONS WITH DISABILITIES (DISTRICTS: ALL)

Furthermore, the California Department of Aging has transitioned from revenue agreements to a multi-year memorandum of understanding (MOU) in effect until June 30, 2029, for the Area Plan, Medicare Improvements for Patients and Providers Act Program, and Health Insurance Counseling and Advocacy Program. The MOU brought before the Board on April 30, 2024 (7) authorized anticipated annual allocations through FY 2028-29. This MOU requires County matching funds of approximately \$644,044 annually. Today's action would account for the required County match for the remainder of the MOU through FY 2028-29.

These actions support the County's vision of a just, sustainable, and resilient future for all, specifically those communities and populations in San Diego County that have been historically left behind, as well as our ongoing commitment to the regional *Live Well San Diego* vision of healthy, safe and thriving communities. This will be accomplished by ensuring the County will continue to receive federal, State, and other funding to administer necessary programs and services for older adults, persons with disabilities, and their caregivers.

RECOMMENDATION(S)

CHIEF ADMINISTRATIVE OFFICER

1. Waive Board Policy B-29: Fees, Grants, Revenue Contracts - Department Responsibility for Full Cost Recovery, which requires full cost recovery of grants and revenue contracts.
2. Approve and authorize the Clerk of the Board to execute, upon receipt, the following revenue agreements and grants:
 - California Department of Aging Agreements
 - CalFresh Expansion and SNAP-Ed/CalFresh Healthy Living (CF-2526-23)
 - Multipurpose Senior Services Program (MS-2526-07)
 - Veterans Administration San Diego Healthcare System (Veteran Directed Home and Community Based Service Program)
 - University of California San Diego Research Foundation/Geriatric Workforce Enhancement Program
3. Authorize the Clerk of the Board, subject to the approval of the Deputy Chief Administrative Officer of the Health and Human Services Agency or designee, to execute all required documents related to the revenue agreements, and grants in Recommendation 2, including any extensions, amendments or revisions thereto that do not materially impact either the program or the funding level.
4. Authorize acceptance of the grant from the Corporation for National & Community Service for the Retired Senior and Volunteer Program.
5. Authorize the Deputy Chief Administrative Officer of the Health and Human Services Agency or designee, to apply for future funding opportunities that support programs serving older adults, persons with disabilities and their caregivers.

SUBJECT: AUTHORIZE ACCEPTANCE OF OLDER ADULT SERVICES REVENUE AGREEMENTS AND GRANTS FOR FISCAL YEARS 2025-26 THROUGH FISCAL YEARS 2028-29, AND AUTHORIZE APPLICATION FOR FUTURE FUNDING OPPORTUNITIES FOR PROGRAMS SERVING OLDER ADULTS AND PERSONS WITH DISABILITIES (DISTRICTS: ALL)

EQUITY IMPACT STATEMENT

There are over 759,000 San Diegans over the age of 60, and by 2029, that number is expected to increase to more than 824,500. Additionally, the population over the age of 85 in San Diego County is projected to grow faster than any other age group. The County of San Diego (County) Health and Human Services Agency, Aging & Independence Services (AIS) provides a wide array of services to meet the needs of this growing population and ensures the welfare of older adults, caregivers, and persons with disabilities. In addition to recurring input and feedback AIS receives regarding programs and services through its various committees, on April 14, 2025, AIS received additional community input and feedback through the Area Plan Public Hearing, held annually during the annual update of the Area Plan. The Area Plan is a planning document required by the Older Americans Act (OAA), detailing how AIS will utilize funds received through the OAA to provide services that meet the identified needs of older adults, persons with disabilities, and their caregivers throughout the county. Today's recommendations will allow the County to continue administering vital programs and services for older adults and persons with disabilities, improving the quality of life for groups of all ages.

SUSTAINABILITY IMPACT STATEMENT

Working with partners to improve and expand programs and services that contribute to the safety and welfare of older adults and persons with disabilities will advance the County of San Diego (County) Sustainability Goal #1 to engage the community in meaningful ways; Sustainability Goal #2 to provide just and equitable access to County services; and Sustainability Goal #4 to protect the health and well-being of everyone in the region. Specifically, programs and services provided with this funding allows older adults and persons with disabilities to remain safely in their homes and access necessary community resources. Additionally, the funded programs help meet the needs of caregivers, reduce isolation, and increase social connections.

FISCAL IMPACT

Funds for this request are included in the Fiscal Year (FY) 2025-26 CAO Recommended Operational Plan in the Health and Human Services Agency. If approved, this request will result in costs of \$8,910,767 and revenue of \$8,899,859 in FY 2025-26, costs and revenue of \$808,811 in FY 2026-27, costs and revenue of \$808,811 in FY 2027-28, and costs and revenue of \$80,000 in FY 2028-29. In addition, annual costs of \$644,044 associated with the required match of the previously approved MOU on April 30, 2024 (7) are anticipated for FY 2025-26, FY 2026-27, FY 2027-28, and FY 2028-29.

The funding sources are:

- State General Fund, Federal Medicaid Program;
- Federal SNAP-ED/CalFresh – Healthy Living, U.S. Department of Health and Human Services;

SUBJECT: AUTHORIZE ACCEPTANCE OF OLDER ADULT SERVICES REVENUE AGREEMENTS AND GRANTS FOR FISCAL YEARS 2025-26 THROUGH FISCAL YEARS 2028-29, AND AUTHORIZE APPLICATION FOR FUTURE FUNDING OPPORTUNITIES FOR PROGRAMS SERVING OLDER ADULTS AND PERSONS WITH DISABILITIES (DISTRICTS: ALL)

- Veterans Administration San Diego Healthcare System;
- Corporation for National & Community Service; and
- University of California San Diego.

A waiver of Board Policy B-29 is requested because the funding does not offset all costs. B-29 costs are \$654,952 for FY 2025-26, and \$644,044 each year for FY 2026-27, FY 2027-28, and FY 2028-29, and will be funded with existing General Purpose Revenue allocated for these programs. The public benefit for providing these services, which allow older adults and those with disabilities to remain safely in their homes and access resources, far outweighs these costs. There will be no change in net General Fund cost and no additional staff years.

BUSINESS IMPACT STATEMENT

N/A

ADVISORY BOARD STATEMENT

The Aging & Independence Services Advisory Council reviewed this item at their regular meeting on xx and recommended xx.

BACKGROUND

According to the California Department of Finance population projections, of the nearly 3.3 million people who currently reside in San Diego County, over 759,000 are adults aged 60 or older. By 2029, the number of adults 60 years and older in the county is expected to increase to more than 824,500. Additionally, the fastest growing age group in the county, those 85 years and older, is projected to increase from an estimated 71,154 in 2023 to nearly 75,740 in 2029. The San Diego County Board of Supervisors (Board) has maintained a commitment to programs that ensure the welfare of older adults and persons with disabilities throughout the county. The County of San Diego (County) Health and Human Services Agency, Aging & Independence Services (AIS) administers these programs. Today's actions request authorization to continue to receive annual funding from the following revenue agreements, and grants for various programs benefiting older adults and persons with disabilities throughout the county:

CALFRESH EXPANSION AGREEMENT AND SNAP-ED/CALFRESH HEALTHY LIVING (\$728,811)

In Fiscal Year (FY) 2022-23, CalFresh Expansion and SNAP-Ed/CalFresh Healthy Living funding were combined into one agreement and included funding for multiple federal FYs. CalFresh Expansion, as part of the FY 2018-19 State Budget Omnibus Trailer Bill, Assembly Bill 1811, expanded CalFresh benefit eligibility to include persons receiving or authorized to receive both Supplemental Security Income program and State Supplementary Payment program benefits, provided all other eligibility criteria are met. Starting in FY 2025-26, the CalFresh

SUBJECT: AUTHORIZE ACCEPTANCE OF OLDER ADULT SERVICES REVENUE AGREEMENTS AND GRANTS FOR FISCAL YEARS 2025-26 THROUGH FISCAL YEARS 2028-29, AND AUTHORIZE APPLICATION FOR FUTURE FUNDING OPPORTUNITIES FOR PROGRAMS SERVING OLDER ADULTS AND PERSONS WITH DISABILITIES (DISTRICTS: ALL)

Expansion and SNAP-Ed/CalFresh Healthy Living allocation, determined by the State, will include funding for three federal FYs estimated at \$2,186,433. The funds will be used to provide information regarding the expanded CalFresh eligibility, pre-screen, and provide application assistance to approximately 2,000 older adults in the county. The CalFresh Healthy Living (known federally as SNAP-Ed) federal funding provides nutrition education for CalFresh-eligible populations. The FY 2025-26 funding of \$728,811 will allow AIS to provide nutrition education and physical activity programs for CalFresh-eligible populations through various virtual and in-person offerings. AIS will also provide training and technical assistance to community partners on implementing policy, systems, and environmental changes to improve access to healthy food and physical activity for older adults. The FY 2025-26 funding will allow AIS to not only provide outreach and application assistance, but also voter registration information.

MULTIPURPOSE SENIOR SERVICES PROGRAM AGREEMENT (\$3,679,572)

The total funding of \$3,679,572 for the Multipurpose Senior Services Program provides State and federal funding for case management to eligible older adults, aged 65 and over, who receive Medi-Cal and are at-risk for institutional care. The program allows these older adults to safely remain in their homes at a lower cost than nursing homes. The program maintains a caseload of up to 687 older adults and serves these clients for as long as needed.

VETERANS ADMINISTRATION SAN DIEGO HEALTHCARE SYSTEM AGREEMENT (\$4,302,398)

The total funding of \$4,302,398 allows AIS to continue to provide a veteran-directed care program, serving veterans of any age who need assistance with activities of daily living, are isolated, or whose caregiver may need additional support. Through federal funding, the program provides the opportunity for veterans to receive home and community-based services to avoid institutionalization and to continue to live in their homes and communities. Currently, an average of 60 veterans are served by the program monthly. The funding for FY 2025-26 will allow the program to expand and serve up to 90 veterans per month.

UNIVERSITY OF CALIFORNIA SAN DIEGO/GERIATRIC WORKFORCE ENHANCEMENT PROGRAM (\$80,000)

A subgrant for AIS estimated at \$400,000 in total, covering fiscal years 2024-2029, allows County staff to support the Geriatric Workforce Enhancement Program and efforts facilitated by a federal grant received by University of California San Diego's San Diego Imperial Geriatric Education Center (SDIGEC). In FY 2025-26, the grant funding of \$80,000 is for County staff to participate in the SDIGEC Leadership Team meetings, to provide dementia-friendly and related training to local service providers, to develop a personal care resource guide for Medi-Cal members with dementia, and to identify training needs related to dementia within Skilled Nursing Facilities.

SUBJECT: AUTHORIZE ACCEPTANCE OF OLDER ADULT SERVICES REVENUE AGREEMENTS AND GRANTS FOR FISCAL YEARS 2025-26 THROUGH FISCAL YEARS 2028-29, AND AUTHORIZE APPLICATION FOR FUTURE FUNDING OPPORTUNITIES FOR PROGRAMS SERVING OLDER ADULTS AND PERSONS WITH DISABILITIES (DISTRICTS: ALL)

CORPORATION FOR NATIONAL & COMMUNITY SERVICE GRANT (\$109,078)

This federal grant totaling \$109,078, funds the Retired and Senior Volunteer Program, which encourages older adults, aged 55 and older, to participate in their communities through volunteer service opportunities. AIS administers the program, which currently has over 1,000 volunteers who record over 214,000 volunteer hours annually. This grant requires County matching funds of \$10,908.

CALIFORNIA DEPARTMENT OF AGING MEMORANDUM OF UNDERSTANDING

The California Department of Aging has transitioned from annual revenue agreements to a multi-year memorandum of understanding (MOU) for the Area Plan, Medicare Improvements for Patients and Providers Act Program, and Health Insurance Counseling and Advocacy Program in effect until June 30, 2029. The MOU brought before the Board on April 30, 2024 (7) authorized acceptance of anticipated annual allocations of \$19,902,838 through FY 2028-29. This MOU requires County matching funds of approximately \$644,044 annually. A waiver of Board Policy B-29 is requested to account for the required County match through FY 2028-29, to align with anticipated annual allocations.

Today's action requests the Board waive Board Policy B-29 and authorize acceptance of federal and State revenue agreements and grants for FY 2025-26 through FY 2028-29, authorize the Clerk of the Board to execute revenue agreements and grants upon receipt, and authorize the Deputy Chief Administrative Officer of the Health and Human Services Agency to apply for future funding opportunities that support programs serving older adults, persons with disabilities and their caregivers.

SUBJECT: AUTHORIZE ACCEPTANCE OF OLDER ADULT SERVICES REVENUE AGREEMENTS AND GRANTS FOR FISCAL YEARS 2025-26 THROUGH FISCAL YEARS 2028-29, AND AUTHORIZE APPLICATION FOR FUTURE FUNDING OPPORTUNITIES FOR PROGRAMS SERVING OLDER ADULTS AND PERSONS WITH DISABILITIES (DISTRICTS: ALL)

LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN

Today's proposed action supports the County of San Diego 2025-2030 Strategic Plan Initiatives of Sustainability (Resiliency), Equity (Health), and Community (Quality of Life), and the regional *Live Well San Diego* vision by continuing services that assist vulnerable older adults, disabled residents, their caregivers, and military veterans of San Diego County.

Respectfully submitted,

USE "INSERT PICTURE"
FUNCTION TO INSERT
SIGNATURE

EBONY N. SHELTON
Chief Administrative Officer

ATTACHMENT(S)

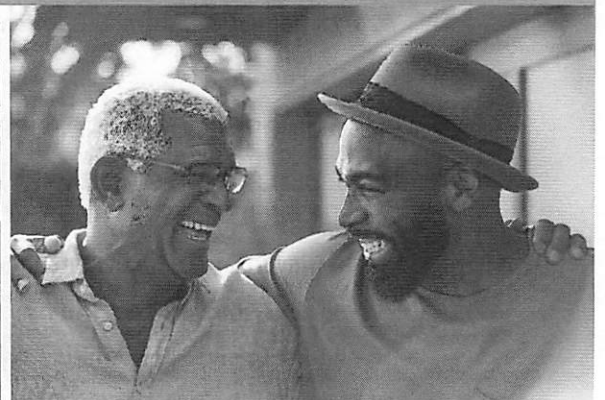
N/A

AGING & INDEPENDENCE SERVICES

AREA PLAN 2024-2028

2025-2026 Update

PSA 23



LIVE WELL
SAN DIEGO

AGING & INDEPENDENCE SERVICES

AREA PLAN UPDATE 2025-2026

PSA 23

Table of Contents

AREA PLAN UPDATE (APU) CHECKLIST	iii
TRANSMITTAL LETTER	v
AIS FY 24/25 Budget & Contracts Summary	vii
AIS FY 24/25 Funding.....	viii
SAN DIEGO UNION TRIBUNE PROOF OF PUBLICATION.....	ix
SECTION 3. DESCRIPTION OF THE AREA AGENCY ON AGING (AAA).....	1
Older Adults Living in Poverty within the Planning and Service Area (PSA)	1
San Diego County Board of Supervisors	2
Programs and Services Offered by Aging & Independence Services.....	3
Leadership and Community Collaboration.....	4
<i>Aging & Independence Services Advisory Council</i>	5
<i>Age Well Transportation</i>	5
<i>Caregiver Coalition of San Diego</i>	5
<i>Community Action Networks</i>	6
<i>Fall Prevention Task Force</i>	6
<i>Health Promotion Committee</i>	6
<i>In-Home Supportive Services/Public Authority Advisory Committee</i>	6
AAA Funding Sources	7
SECTION 6. PRIORITY SERVICES & PUBLIC HEARINGS	8
SECTION 7. AREA PLAN NARRATIVE GOALS & OBJECTIVES.....	11
Goal 1: Health & Community Support.....	11
Goal 2: Housing	13
Goal 3: Social Participation	13
Goal 4: Transportation	14
Goal 5: Dementia	14
Goal 6: Caregiver Support.....	15
Goal 7: Safety	18
Goal 8: Preparedness	18
Goal 9: Silver Economy.....	19

Goal 10: Medical & Social Services	20
SECTION 8. SERVICE UNIT PLAN (SUP)	22
Title III-B: Other Priority and Non-Priority Supportive Services	26
Title III-D: Health Promotion – Evidence-Based	28
TITLE III-B and TITLE VII: Long-Term Care (LTC) Ombudsman Program Outcomes.....	29
TITLE VII Elder Abuse Prevention	37
Title VII Elder Abuse Prevention Service Unit Plan	39
TITLE III-E Service Unit Plan	40
HEALTH INSURANCE COUNSELING AND ADVOCACY PROGRAM (HICAP) SERVICE UNIT PLAN	45
2025-26 Update Justifications for a Service Unit Greater than or Equal to 10%.....	48
SECTION 11. LEGAL ASSISTANCE.....	52
SECTION 12. DISASTER PREPAREDNESS.....	58
SECTION 15. GOVERNING BOARD	64
SECTION 16. ADVISORY COUNCIL	65
SECTION 18. ORGANIZATIONAL CHARTS.....	68
ORGANIZATIONAL CHARTS (ADMINISTRATION).....	69
ORGANIZATIONAL CHARTS (APS, CALL CENTER, HCET, OMBUDSMAN).....	70
SECTION 19. ASSURANCES.....	71
ATTACHMENT A. AAA Area Plan Summary of Change	80
ATTACHMENT B. LOCAL MASTER PLAN ON AGING (MPA) SUPPLEMENTAL SUMMARY	83
ATTACHMENT C. OLDER CALFORNIANS ACT (OCA) MODERNIZATION SUPPLEMENTAL SUMMARY.....	85
APPENDIX A. AGING ROADMAP ACTION PLAN 2024 – 2028	86

AREA PLAN UPDATE (APU) CHECKLIST

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

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

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

This page left intentionally blank.

TRANSMITTAL LETTER

2025-2026 Area Plan Update

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

AAA Name: Aging & Independence Services

PSA 23

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

1. _____
KIMBERLY GIARDINA, DSW, MSW¹
Deputy Chief Administrative Officer
Health and Human Services Agency

Date

2. _____
SUSAN MALLET, Advisory Council Chair¹
Aging & Independence Services

Date

3. _____
JENNIFER BRANSFORD-KOONS, Director¹
Aging & Independence Services
Public Administrator/Public Guardian

Date

¹Original signatures or electronic signatures are required.

This page left intentionally blank.

AIS FY 24/25 Budget & Contracts Summary

Operating Budget

Number of Budget Unit Orgs:	21	
Salaries & Benefits:		\$ 96,152,395
Operating Expenses (Ser & Sup + Other):		\$ 157,730,803
IHSS Public Authority Budget:		\$ 50,923,327
Total Operating Budget:		\$ 304,806,525

Funding Sources

Number of Funding Sources:	40	
Federal \$:		30.34%
State \$ (Includes Realignment):		60.43%
County \$:		7.30%
Other Grant \$:		1.92%

Community Contracted Services

Number of Contracts:	56	
IHSS MOE		\$ 109,346,125
Other Contracted Services		\$ 36,667,281
Total:		\$ 146,013,406
Contracted Services as Percentage of Budget		47.90%
Number of AIS Staff:	654	

AIS FY 24/25 Funding

By Type:		
Federal	92,491,845	30.34%
State (Includes Realignment)	184,198,131	60.43%
Non-Federal/State	5,866,659	1.92%
County General Purpose Revenue	22,249,890	7.30%
Total Funding:	304,806,525	100.00%

Total Expenditures	304,806,525
---------------------------	--------------------

By Program		
IHSS (Fed + State + Realignment)		157,225,516
APS (Includes Realignment)		28,314,318
T-III-C Nutrition	OAA	12,388,049
OAA ARPA	OAA	4,851,505
Home Safe Program	CDSS	3,433,726
MSSP	Title XIX	3,679,572
OARR	CDA	954,195
Access to Technology	CDA	1,131,051
Modernizing Older CA Act	CDA	4,850,815
T-III-B Support	OAA	2,436,652
SD-VISA	VA	4,302,398
County ARPA Nutrition Program	ARPA	-
County ARPA No Cost Transportation	ARPA	-
Ombudsman	OAA	1,596,652
T-III-E Caregiver	OAA	1,584,695
Area Plan Admin	OAA	1,373,550
HICAP	SHIP	714,308
Public Administrator/Guardian	Various	921,772
SNAP Ed	CDA	886,403
Health Brain Initiative	CDPH	371,906
MH Senior Team	Realignment	-
T-III-D Disease Prevention	OAA	247,463
MIPPA	DHHS	281,195
Mental Health Services Act	MHSA	109,004
RSVP	CNCS	105,578
Misc Small Programs		579,141
Public Authority (State + Fed)		50,217,171
Total Non-County Revenue		282,556,635
County General Purpose Revenue		22,249,890
Total Revenue:		304,806,525

SAN DIEGO UNION TRIBUNE PROOF OF PUBLICATION

~~The San Diego Union-Tribune~~

San Diego Union-Tribune (Daily)
7676 Hazard Center Drive # 1025
San Diego, California 92108
(866) 411-4140

Sarah Jackson

FILE NO. 0011723039

PROOF OF PUBLICATION

STATE OF CALIFORNIA

County of San Diego

The Undersigned, declares under penalty of perjury under the laws of the State of California: That he/she is the resident of the County of San Diego. That he/she is and at all times herein mentioned was a citizen of the United States, over the age of twenty-one years, and that he/she is not a party to, nor interested in the above-entitled matter; that he/she is chief clerk for the publisher of

San Diego Union-Tribune (Daily)

a newspaper of general circulation, printed and published Daily in the City of San Diego, County of San Diego, and which newspaper is published for the dissemination of local news and intelligence of a general character, and which newspaper at all the times herein mentioned had and still has a bona fide subscription list of paying subscribers, and which newspaper has been established, printed and published at regular intervals in the said City of San Diego, County of San Diego, for a period exceeding one year next preceding the date of publication of the notice hereinafter referred to, and which newspaper is not devoted to nor published for the interests, entertainment or instruction of a particular class, profession, trade, calling, race, or denomination, or any number of same; that the notice of which the annexed is a printed copy, has been published in said newspaper in accordance with the instruction of the person(s) requesting publication, and not in any supplement thereof on the following dates, to-wit:

03/09/2025

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed at San Diego, California,
this 9th day of March, 2025.



Signature

NOTICE OF PUBLIC HEARING

Aging & Independence Services (AIS), of the Health and Human Services Agency, of the County of San Diego (County), and designated by the California Department of Aging as the Area Agency on Aging for Planning and Service Area (PSA) #23 (San Diego County), will hold a Public Hearing, Monday, April 14, 2025, at the County Operations Center, located at 5560 Overland Avenue, 3rd floor, San Diego, CA 92123, during the regularly scheduled Advisory Council meeting held at 12:00 p.m. (noon) as a part of the process for 2025-26 Area Plan Update. The Area Plan incorporates annual objectives of the PSA's goals and a projection of services offered to San Diego County's older adults and persons with disabilities. There will be remote options for the hearing by phone at (619) 343-2539, (Meeting password: 402 109 836#), or visit <https://www.sandiesocounty.gov/AISAdvisoryCouncil> to join by TEAMS video conference, (Meeting ID: 224 849 240 117; Meeting passcode: ea7c5wr2). For information, please call (858) 495-5885.
San Diego Union-Tribune
Published: 3/9/25

This page left intentionally blank.

2025 Population Demographic Projections by County and PSA for Intrastate Funding Formula (IFF)

Prepared by the California Department of Aging, Budget Operations Bureau 03/22/2024

County Name	PSA	Population 60 Plus	Non-Minority 60 Plus	Minority 60 Plus	Low Income 60 Plus	Medi-Cal Eligible 60 Plus	Geographic Isolation 60 Plus	SSI/SSP 65 Plus	Population 75 Plus	Square Miles	Lives Alone 60 Plus	Non-English 60 Plus
PSA 1												
Del Norte	1	7,040	5,299	1,741	1,330	2,146	3,266	490	2,190	1,006	1,715	35
Humboldt	1	33,307	26,979	6,328	6,230	8,536	13,010	1,580	10,874	3,568	9,050	265
Total PSA	1	40,347	32,278	8,069	7,560	10,682	16,276	2,070	13,064	4,574	10,765	300
PSA 2												
Lassen	2	5,814	4,313	1,501	880	1,424	4,771	276	2,231	4,541	1,555	4
Modoc	2	2,829	2,291	538	550	767	3,081	134	1,076	3,948	690	55
Shasta	2	50,354	41,822	8,532	8,195	11,289	21,584	2,410	16,913	3,776	12,105	130
Siskiyou	2	15,182	12,298	2,884	2,505	3,662	11,343	870	5,572	6,279	4,155	65
Trinity	2	5,790	4,428	1,362	1,895	1,094	5,466	197	2,049	3,179	1,380	0
Total PSA	2	79,969	65,152	14,817	14,025	18,236	46,245	3,887	27,841	21,723	19,885	254
PSA 3												
Butte	3	43,953	33,393	10,560	8,085	12,839	15,031	2,659	13,803	1,636	12,635	490
Colusa	3	4,693	2,315	2,378	760	1,545	2,170	238	1,459	1,151	1,495	310
Glenn	3	6,593	4,286	2,307	1,205	1,928	3,026	380	1,986	1,314	1,285	305
Plumas	3	7,885	6,685	1,200	815	1,198	7,877	179	3,043	2,553	1,570	10
Tehama	3	17,967	13,551	4,416	3,240	4,596	11,367	807	6,185	2,949	3,975	390
Total PSA	3	81,091	60,230	20,861	14,105	22,106	39,471	4,263	26,476	9,603	20,960	1,505
PSA 4												
Nevada	4	38,928	34,256	4,672	5,180	4,668	18,724	616	14,897	958	8,315	110
Placer	4	116,429	89,880	26,549	9,875	12,005	20,110	2,467	42,028	1,407	23,050	780
Sacramento	4	346,336	190,097	156,239	47,060	90,057	11,100	27,632	104,309	965	74,550	10,825
Sierra	4	1,366	1,185	181	205	211	1,286	0	556	953	220	0
Sutter	4	21,647	11,057	10,590	3,375	6,873	3,940	1,637	7,245	603	4,370	1,760
Yolo	4	41,574	24,673	16,901	5,550	9,134	4,547	2,027	12,836	1,015	8,515	1,780
Yuba	4	15,483	9,590	5,893	2,500	5,066	6,476	1,096	4,398	632	3,640	615
Total PSA	4	581,763	360,738	221,025	73,745	128,014	66,183	35,475	186,269	6,533	122,660	15,870
PSA 5												
Marin	5	86,626	71,716	14,910	7,230	8,537	6,267	1,405	33,002	520	20,385	870
PSA 6												
San Francisco	6	205,590	83,280	122,310	36,720	68,848	0	26,408	72,383	47	51,630	20,100
PSA 7												

Area Plan Update 2025-2026, CDA 2025 Population Demographic Projections (IFF)

County Name	PSA	Population 60 Plus	Non-Minority 60 Plus	Minority 60 Plus	Low Income 60 Plus	Medi-Cal Eligible 60 Plus	Geographic Isolation 60 Plus	SSI/SSP 65 Plus	Population 75 Plus	Square Miles	Lives Alone 60 Plus	Non-English 60 Plus
Contra Costa	7	297,574	166,024	131,550	25,305	52,135	3,015	10,916	102,926	717	52,990	6,795
PSA 8												
San Mateo	8	199,329	100,997	98,332	16,920	30,332	4,101	5,486	72,338	449	32,145	5,240
PSA 9												
Alameda	9	378,196	149,260	228,936	44,895	94,569	2,518	25,368	120,027	737	69,210	16,775
PSA 10												
Santa Clara	10	435,174	189,388	245,786	42,600	98,799	7,191	26,424	142,125	1,291	62,105	18,235
PSA 11												
San Joaquin	11	154,466	66,422	88,044	20,885	43,044	15,167	10,773	46,524	1,392	26,605	6,180
PSA 12												
Alpine	12	481	372	109	29	58	418	0	155	738	75	0
Amador	12	14,992	12,658	2,334	1,600	1,733	10,802	198	5,695	595	3,245	70
Calaveras	12	17,657	14,230	3,427	2,340	2,384	14,788	291	6,497	1,020	2,965	35
Mariposa	12	6,947	5,661	1,286	695	1,124	6,540	176	2,605	1,449	1,490	15
Tuolumne	12	19,491	16,185	3,306	2,225	3,035	9,328	486	7,227	2,221	5,120	50
Total PSA	12	59,568	49,106	10,462	6,889	8,334	41,876	1,151	22,179	6,023	12,895	170
PSA 13												
San Benito	13	13,629	6,051	7,578	1,030	2,574	3,945	393	3,817	1,389	1,835	630
Santa Cruz	13	66,897	49,050	17,847	7,865	12,684	11,578	2,131	21,888	445	14,285	1,745
Total PSA	13	80,526	55,101	25,425	8,895	15,258	15,523	2,524	25,705	1,834	16,120	2,375
PSA 14												
Fresno	14	181,419	78,266	103,153	33,075	63,462	26,082	17,778	53,619	5,958	37,530	12,080
Madera	14	32,488	16,460	16,028	5,020	8,885	17,356	1,736	10,182	2,137	4,970	2,645
Total PSA	14	213,907	94,726	119,181	38,095	72,347	43,438	19,514	63,801	8,095	42,500	14,725
PSA 15												
Kings	15	22,552	7,346	15,206	3,655	7,635	3,343	1,716	6,287	1,391	4,105	1,655
Tulare	15	81,177	33,392	47,785	13,925	32,265	18,910	7,059	23,298	4,824	13,085	8,130
Total PSA	15	103,729	40,738	62,991	17,580	39,900	22,253	8,775	29,585	6,215	17,190	9,785
PSA 16												
Inyo	16	6,420	4,699	1,721	1,200	1,051	2,630	157	2,338	10,197	1,790	35
Mono	16	3,895	3,226	669	405	380	1,917	0	1,139	3,049	570	25
Total PSA	16	10,315	7,925	2,390	1,605	1,431	4,547	157	3,477	13,246	2,360	60
PSA 17												

Area Plan Update 2025-2026, CDA 2025 Population Demographic Projections (IFF)

County Name	PSA	Population 60 Plus	Non-Minority 60 Plus	Minority 60 Plus	Low Income 60 Plus	Medi-Cal Eligible 60 Plus	Geographic Isolation 60 Plus	SSI/SSP 65 Plus	Population 75 Plus	Square Miles	Lives Alone 60 Plus	Non-English 60 Plus
San Luis Obispo	17	79,475	63,968	15,507	8,295	9,755	16,912	1,402	28,290	3,301	18,260	630
Santa Barbara	17	99,047	62,020	37,027	10,970	20,341	7,321	3,382	34,114	2,734	21,150	3,665
Total PSA	17	178,522	125,988	52,534	19,265	30,096	24,233	4,784	62,404	6,035	39,410	4,295
PSA 18												
Ventura	18	206,385	128,383	78,002	20,845	36,699	7,017	6,671	66,071	1,841	36,560	7,485
PSA 19												
Los Angeles Co.	19	1,434,789	558,837	840,539	203,490	468,174	21,114	130,449	460,618	3,590	217,020	100,370
PSA 20												
San Bernardino	20	416,375	171,270	245,105	62,770	123,757	31,226	26,509	112,890	20,068	64,000	18,405
PSA 21												
Riverside	21	547,043	297,875	249,168	72,610	128,521	32,223	26,146	180,195	7,209	90,260	25,625
PSA 22												
Orange	22	768,074	415,918	352,156	87,735	177,679	1,811	45,054	244,189	793	123,120	27,510
PSA 23												
San Diego	23	725,390	422,140	303,250	87,435	165,821	37,043	38,981	227,536	4,210	133,355	21,760
PSA 24												
Imperial	24	37,358	6,887	30,471	8,405	19,226	5,926	5,556	12,191	4,176	5,465	8,130
PSA 25												
Los Angeles City	25	820,814	341,932	514,295	159,315	267,833	743	74,660	263,511	469	164,275	62,955
PSA 26												
Lake	26	20,740	15,820	4,920	3,835	6,433	8,625	1,052	7,356	1,257	5,720	195
Mendocino	26	27,887	22,085	5,802	4,805	6,609	15,391	1,204	10,681	3,507	8,005	520
Total PSA	26	48,627	37,905	10,722	8,640	13,042	24,016	2,256	18,037	4,764	13,725	715
PSA 27												
Sonoma	27	140,567	108,841	31,726	14,520	21,172	26,165	3,031	47,835	1,576	32,600	2,310
PSA 28												
Napa	28	40,949	29,522	11,427	3,560	5,921	8,545	805	15,244	748	7,895	1,065
Solano	28	112,310	52,250	60,060	11,130	20,548	6,132	4,103	34,972	822	20,150	1,710
Total PSA	28	153,259	81,772	71,487	14,690	26,469	14,677	4,908	50,216	1,570	28,045	2,775
PSA 29												
El Dorado	29	64,609	53,479	11,130	6,105	6,827	25,475	932	21,203	1,708	11,425	105

Area Plan Update 2025-2026, CDA 2025 Population Demographic Projections (IFF)

County Name	PSA	Population 60 Plus	Non-Minority 60 Plus	Minority 60 Plus	Low Income 60 Plus	Medi-Cal Eligible 60 Plus	Geographic Isolation 60 Plus	SSI/SSP 65 Plus	Population 75 Plus	Square Miles	Lives Alone 60 Plus	Non-English 60 Plus
PSA 30												
Stanislaus	30	106,562	57,939	48,623	17,835	32,393	10,750	7,374	31,812	1,496	20,115	4,885
PSA 31												
Merced	31	48,106	17,691	30,415	8,885	17,043	9,459	4,106	13,331	1,938	8,750	5,115
PSA 32												
Monterey	32	92,303	47,195	45,108	10,430	21,165	17,126	2,983	30,398	3,282	15,815	7,020
PSA 33												
Kern	33	151,668	70,028	81,640	30,055	54,492	28,304	11,794	41,513	8,135	30,280	9,845
CALIFORNIA	ALL	8,948,621	4,537,161	4,411,460	1,210,084	2,322,981	651,379	580,790	2,871,672	155,859	1,614,625	428,544

DATA SOURCES

Population 60 Plus and Population 75 Plus

State of California, Department of Finance, Demographic Research Unit, Source File: "P-2 2025 State and County Population Projections by Race/Ethnicity and Age (5-year groups)", received 02/14/2025 by Special Run Request

United States Census Bureau, Source File: Census 2020, DEC Demographic Profile, Table DP1, "Profile of General Population and Housing Characteristics", retrieved on 02/22/2024 from <https://data.census.gov>; no change from 2024. Utilized to calculate the specific population split between Los Angeles County (PSA 19) and Los Angeles City (PSA 25).

Non-Minority 60 Plus and Minority 60 Plus

State of California, Department of Finance, Demographic Research Unit, Source File: "P-2 2025 State and County Population Projections by Race/Ethnicity and Age (5-year groups)", received 02/14/2025 by Special Run Request

United States Census Bureau, Source File: Census 2020, DEC Demographic and Housing Characteristics, Table P12A, "Sex By Age for Selected Age Categories (White Alone)", retrieved on 02/22/2024 from <https://data.census.gov>; no change from 2024. Utilized to calculate the specific population split between Los Angeles County (PSA 19) and Los Angeles City (PSA 25).

Low-Income 60 Plus

Administration for Community Living, AGing Independence, and Disability (AGID) Program Data Portal, Source File: American Community Survey (ACS) Special Tabulation on Aging, 2018-2022, Table S21043B "Ratio of Income to Poverty Level in the Past 12 Months for the Population 60 Years and Over for Whom Poverty Status is Determined", retrieved on 12/19/2024 from <https://agid.acl.gov/>

Medi-Cal Eligible 60 Plus

State of California, Department of Health Care Services, Data Analytics Division, Source File: "Medi-Cal Certified Eligibles Ages 60 and Older by County, January 2024", received on 01/23/2025 by Special Run Request

United States Census Bureau, Source File: Census 2020, DEC Demographic Profile, Table DP1, "Profile of General Population and Housing Characteristics", retrieved on 02/22/2024 from <https://data.census.gov>; no change from 2024. Utilized to calculate the specific population split between Los Angeles County (PSA 19) and Los Angeles City (PSA 25).

Geographic Isolation 60 Plus

United States Census Bureau, Source File: Census 2020, DEC Demographic and Housing Characteristics, Table P12, "Sex By Age for Selected Age Categories", retrieved on 03/01/2024 from <https://data.census.gov>; no change from 2024

SSI/SSP 65 Plus

Social Security Administration, Research, Statistics & Policy Analysis, Source File: Table 3, "Number of Recipients in State (by Eligibility Category, Age, and Receipt of OASDI Benefits) and Amount of Payments by County, December 2023", retrieved on 12/16/2024 from https://www.ssa.gov/policy/docs/statcomps/ssi_sc/2023/ca.pdf

United States Census Bureau, Source File: Census 2020, DEC Demographic Profile, Table DP1, "Profile of General Population and Housing Characteristics", retrieved on 02/22/2024 from <https://data.census.gov>; no change from 2024. Utilized to calculate the specific population split between Los Angeles County (PSA 19) and Los Angeles City (PSA 25).

Square Miles

United States Census Bureau, Source File: Census 2020, QuickFacts, "Land Area in Square Miles", retrieved on 02/21/2024 from <https://www.census.gov/quickfacts/>; no change from 2024

Lives Alone 60 Plus

Administration for Community Living, AGing Independence, and Disability (AGID) Program Data Portal, Source File: American Community Survey (ACS) Special Tabulation on Aging, 2018-2022, Table S21010B "Sex by Household Type (Including Living Alone) by Relationship for the Population 60 Years and Over", retrieved on 12/20/2024 from <https://agid.acl.gov>

Non-English 60 Plus

Administration for Community Living, AGing Independence, and Disability (AGID) Program Data Portal, Source File: American Community Survey (ACS) Special Tabulation on Aging, 2018-2022, Table S21014B "Ability to Speak English for the Population 60 Years and Older", retrieved on 12/20/2024 from <https://agid.acl.gov>

This page left intentionally blank.

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

The federal Older Americans Act (OAA), enacted in 1965, provided direction for community involvement in addressing the needs of older persons. States and Area Agencies on Aging (AAA) constitute the administrative structure for programs under the OAA. In 1973, the San Diego County AAA was one of the first PSAs to be designated by the California Department of Aging. Today, as a public agency within the County of San Diego (County) Health and Human Services Agency (HHSA), Aging & Independence Services (AIS) is the federally designated AAA serving the entire area of San Diego County. AIS is governed by the San Diego County Board of Supervisors (Board) and is supported by the structure of HHSA. AIS staff participate in collaborative groups and conduct outreach and coordinate community groups. In the healthcare field, Healthy San Diego (HSD) is the legislatively-designated consortium of four Medi-Cal health plans, County departments with Medi-Cal programs, and Medi-Cal providers and consumers. AIS has a staff liaison on HSD and participates in the Healthy San Diego Consumer and Professional Advisory Committee to bring the perspective of providers of Long-Term Services and Supports.

Older Adults Living in Poverty within the Planning and Service Area (PSA)

In San Diego County, 9.8% of all older adults aged 60 years and older lived below the federal poverty level (FPL), and 6.6% lived between 100% and 149% of the poverty level in 2023 (U.S. Census Bureau, American Community Survey 5-Year 2019-2023 Population Estimates, Table S0102). Since women generally live longer than men, a higher percentage of women may live on a single income. This, in addition to historical wage inequality and the lower lifetime earnings, may result in a greater number of older adult women living in poverty.

The University of California Los Angeles Elder Index tool analyzing cost of living and income among older adults was unavailable at the time of this report. Data in this section reflects only those living below or just above the federal poverty level (FPL). As the FPL is significantly lower than the cost of living, data in this section does not reflect all older adults living with financial insecurity.

Although there are older adults aged 65+ of all races/ethnicities that may be struggling to make ends meet in San Diego County, Native Hawaiian/Pacific Islander, Black, and other non-white older adults are disproportionately affected (U.S. Census Bureau, American Community Survey 5-Year 2019-2023 Population Estimates, Tables B17001A-B17001I). Since 2019, the percentage of older adults living below the FPL has increased among Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Pacific Islander, and multiracial groups. If this trend continues, older adult minorities will face further financial inequity in 2026. In San Diego County in 2023:

- 17.3% of Native Hawaiian/Pacific Islander older adults reported having incomes below the federal poverty level.

- 16.7% of Black older adults reported having incomes below the federal poverty level.
- 13.5% of other non-white older adults reported having incomes below the federal poverty level.

San Diego County Board of Supervisors

The San Diego County Board of Supervisors (Board) has a tradition of support for aging issues and addressing the needs of older adults in this PSA. Setting policy for the County, major functions of the Board include approving the annual operational plan and budget, as well as authorizing and approving operational activities (such as contract procurements) as required.

San Diego County Board of Supervisors



Vacant
Supervisor
District One



Joel Anderson
Supervisor
District Two



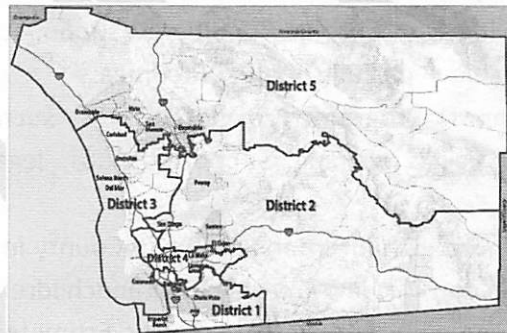
Terra Lawson-Remer
Supervisor
District Three



Monica Montgomery Steppe
Supervisor
District Four



Jim Desmond
Supervisor
District Five



In September 1997, the Board created HHSA and included the AAA as one of its components. As an integrated department in HHSA, the AAA was joined with other services for older adults including Adult Protective Services and In-Home Supportive Services. In February 1999, the AAA's current name, AIS, was introduced. The name now reflects the mission and purpose of the department, which includes serving older adults, persons with disabilities, and their caregivers. On September 24, 2019 (4), after extensive community involvement, the Aging Roadmap was launched at the direction of the Board to ensure the region has policies, programs, and initiatives that equitably support the needs and leverages the contributions of the growing population of older adults in communities throughout the county. Led by AIS, in collaboration with other departments across the County, the Aging Roadmap serves as the County's framework for aging and identifies ten priority areas: Health & Community Support; Housing; Social Participation; Transportation; Dementia; Caregiver Support; Safety; Preparedness; Silver Economy; and Medical & Social Services System.

Programs and Services Offered by Aging & Independence Services

AIS provides a variety of OAA funded programs, many of which are delivered through contracted providers:

- **Information & Assistance:** The AIS Call Center is the gateway to information and assistance about AIS programs, as well as other community services for older adults, those living with disabilities, caregivers, and family members. AIS Call Center Specialists also take reports of suspected elder and dependent adult abuse.
- **Case Management:** The Senior Options, Advocacy and Referral Program provides homemaker and personal care services to older adults.
- **Congregate Meals Program:** Provides hot, fresh, nutritious meals to older adults at approximately 30 community and senior center sites throughout the county.
- **Home-Delivered Meals Program:** Provides meals to older adults who are frail, homebound due to illness or disability, or otherwise isolated.
- **Health Promotion:** Evidence-based programs, such as Tai Chi, help older adults to increase functional balance and physical performance to reduce their risk of falls, while workshop series such as “Healthier Living with Chronic Conditions” support older adults to self-manage their health conditions to achieve positive health outcomes.
- **Family Caregiver Support Program:** Provides services such as care management, respite, counseling, education, skills training, support groups, legal assistance, and minor home modification.
- **Grandparents Raising Grandchildren:** In San Diego County in 2018, over 16,000 grandparents were living with and responsible in some way for grandchildren under the age of 18 (U.S. Census Bureau, American Community Survey 2018 1-Year Estimates, Table B10051). Grandparents, along with other kinship caregivers, face unique challenges as they take on the task of being a parental figure later in life. The County of San Diego Grandparents Raising Grandchildren Initiative seeks to educate and inform grandparents about available services as well as obtain input about the unmet needs of this population. The Initiative began with an educational event in April 2012 and has grown to include regional activities to support these families throughout the years. In addition, a handbook for grandparents and other kinship caregivers has been developed, available in English and Spanish, filled with information to assist them as they navigate various systems and issues.
- **Long-Term Care Ombudsman Program:** Advocates for residents in long-term care (LTC) Facilities, such as nursing homes and Residential Care Facilities for the Elderly.

As an integrated agency, AIS provides a variety of other services in addition to OAA funded programs, including:

- **Adult Protective Services (APS):** Serves adults 60 and older and dependent adults 18 and older who are harmed or threatened with harm. APS investigates cases of abuse, including self-neglect, neglect, and abandonment, as well as physical, sexual, and financial abuse.
- **In-Home Supportive Services (IHSS):** IHSS provides services to low-income older adults and persons with disabilities to remain safely in their own homes and prevents premature placement in nursing homes or board and care facilities for older adults.
- **Care Coordination:** Helps older adults and those with disabilities live safely at home. Social workers assess nutrition, transportation, and other needs and implement a care plan. The Multipurpose Senior Services Program is the largest of the care coordination programs offered by AIS.
- **Health and Community Engagement:** Offers programs, education, and resources related to fitness, brain health, caregiving, volunteering, elder abuse education, mental health, and intergenerational work.
- **Public Administrator/Public Guardian:** The Public Administrator manages the estates of decedents and serves as Indigent Officers for San Diego County. The Public Guardian serves as the legally appointed guardian for at-risk individuals who have been determined by the courts to be incapable of caring for themselves.

Leadership and Community Collaboration

AIS uses several approaches to stay in contact with the community and to promote meaningful interaction. To share information and community resources, AIS utilizes an email distribution list that reaches approximately 10,000 recipients, including older adults, caregivers, County staff, senior centers, service providers, and professionals in the field of aging. Emails are typically sent out weekly and include information on County and AIS programming, as well as that of community partners. In addition, the quarterly Aging & Independence newsletter is sent via the email distribution network, plus an additional 5,000 older adults and providers access the newsletter through community partners and at public locations, such as libraries. Paper copies are also mailed to an additional 2,500 individuals who have requested to receive information via mail. The newsletter reports on activities and events concerning older adults and serves as a vehicle for informing the community about opportunities to be involved in planning and needs assessment processes.

A variety of councils and committees assist AIS in our efforts to serve older adults and persons with disabilities, including to develop service system goals. One of the councils that has been most instrumental to the development of the Area Plan, is the AIS Advisory Council.

Aging & Independence Services Advisory Council

The AIS Advisory Council is required by the OAA, instituted by the San Diego County Code of Administrative Ordinances Article IIIa – AIS Advisory Council, subject to Board Policy A-74 “Citizen Participation in County Boards, Commissions and Committees,” and authorized for thirty (30) members. The Advisory Council is comprised of individuals who represent older adults and persons with disabilities, as well as professionals working within the aging support network. One third of the membership is appointed by the Board (reference Section 15) with the remainder seated at-large by the Council. The Advisory Council has review and comment purview for all aspects of AIS and works to accomplish defined goals. As defined in its bylaws, it operates through the Executive & Membership Standing Subcommittee (comprised of Advisory Council Officers and the previous past Chair). It establishes Ancillary Subcommittees to address program and policy issues in AIS or the community.

At present, the Ancillary Subcommittees are Healthy Aging, Housing, LTC Ombudsman & Facilities, and Nutrition. The Advisory Council also convenes Ad Hoc Subcommittees as needed to address recurring, short-term roles, including the Area Plan, Budget, By-laws, Legislative, and Nominating subcommittees. The Advisory Council receives overviews, progress reports, and updates on initiatives from representatives of all AIS programs and services, and in return offers comments in relation to community perspective. The Advisory Council also maintains a dual role as the LTC Ombudsman Advisory Council for AIS, a requirement of any such program rendered as a direct service.

In addition to the AIS Advisory Committee, AIS coordinates ten committees on a range of topics: caregiver support, dementia & brain health, health promotion, housing, IHSS, fall prevention, regional outreach (three committees), social participation & inclusion, and transportation. A more detailed description of some of the community collaborations in PSA 23 are included below.

Age Well Transportation

The Age Well Transportation team consists of organizations, community members, and County staff who are working together to improve the transportation options for older adults in the county. The vision of the team is to support a region where residents have access to safe and affordable transportation options that are accessible for all ages and abilities. Various strategies are utilized by the team to achieve their vision, including transportation education and awareness, as well as supporting equitable transportation initiatives that improve access to quality-of-life activities and services.

Caregiver Coalition of San Diego

The Caregiver Coalition of San Diego is a provider collaborative supported by AIS. The mission of the Caregiver Coalition of San Diego (Coalition) is to identify and address the needs of caregivers through advocacy efforts and collaboration of a broad coalition membership in order to improve the overall quality of life for caregivers, their families, and the community. Through educational conferences, webinars, distribution of the Caregiver Handbook, and a website, Coalition members provide support

to family caregivers. The purpose of the Coalition is to make the job of caring for others less stressful by helping caregivers become more knowledgeable. The Coalition keeps a pulse on community needs and the effectiveness of the National Family Caregiver Support Program.

Community Action Networks

The AIS Outreach and Education team coordinates three regional outreach groups called Community Action Networks (CANs). These consist of older adults and service providers dedicated to improving the quality of life for older adults and adults living with disabilities. The CANs host educational conferences and community resources fairs.

Fall Prevention Task Force

The Fall Prevention Task Force represents professionals involved in fields related to fall prevention, including physical therapy, home care, home modification, fitness, and health education. The Fall Prevention Task Force convenes virtually on a monthly basis to collaborate on initiatives, resources, awareness campaigns, and programs that advance its mission of reducing falls and their devastating consequences in San Diego County. Members share best practices for preventing falls and receive education on evidence-based interventions and strategies that can be applied to their work with clients and patients. Each year, the Fall Prevention Task Force conducts educational events for Fall Prevention Awareness Week in September and hosts special trainings from the Speakers Bureau and Balance Screeners Bureau to expand the County capacity to offer free fall prevention presentations and balance screenings in the community.

Health Promotion Committee

The Health Promotion Committee represents professionals and older adults involved in the provision of health and social service programs for older adults, including fitness programs, health education, retirement communities, senior centers, and associations representing specific illnesses or conditions. The Health Promotion Committee provides informal advice to the AIS Health Promotion unit and assists in the distribution of AIS health promotion programs.

In-Home Supportive Services/Public Authority Advisory Committee

The In-Home Supportive Services/Public Authority (IHSS/PA) Advisory Committee has nine members in which not less than 51% of the individuals are current or past users of personal assistance services, paid for through public or private funds, or as recipients of IHSS. The Advisory Committee provides advice and recommendations to the Board, AIS, IHSS, the IHSS/PA, and other persons or entities related to the delivery of the County IHSS program and IHSS/PA. The Advisory Committee is a non-partisan, non-sectarian, non-profit organization. Although it provides recommendations, it does not take part officially in, nor does it lend its influence on political issues. The IHSS Public Authority is the lead agency in assisting the Advisory Committee and works collaboratively with AIS staff.

AAA Funding Sources

AIS provides services through the various federal, State, County, and other grant sources that have been allocated and awarded. Currently AIS has a total of 40 funding sources that are comprised of federal (30.34%), state (60.43%), county (7.3%) and other grant (2%) funds.

SECTION 6. PRIORITY SERVICES & PUBLIC HEARINGS

2025-2026 Annual Area Plan Update Funding for Access, In-Home Services, and Legal Assistance

The CCR, Article 3, Section 7312, requires the AAA to allocate an “adequate proportion” of federal funds to provide Access, In-Home Services, and Legal Assistance in the PSA. The annual minimum allocation is determined by the AAA through the planning process. The minimum percentages of applicable Title III-B funds² listed below have been identified for annual expenditure throughout the four-year planning period. These percentages are based on needs assessment findings, resources available within the PSA, and discussions at public hearings on the Area Plan.

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

Access:

Transportation, Assisted Transportation, Case Management, Information and Assistance, Outreach, Comprehensive Assessment, Health, Public Information, and Project C.A.R.E.

2024-25 40 % 25-26 40 % 26-27 40 % 27-28 40 %

In-Home Services:

Personal Care, Homemaker, Chore, Alzheimer’s, and Residential

2024-25 17 % 25-26 17 % 26-27 17 % 27-28 17 %

Legal Assistance Required Activities³:

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

2024-25 3 % 25-26 3 % 26-27 3 % 27-28 3 %

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

Minimum percentages of Title III-B funds in the categories of Access, In-Home Services, and Legal Assistance have been determined to meet the need for these services within PSA 23. AIS continually assesses the allocation of funds to services and will adjust if needed.

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

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

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

Fiscal Year	Date	Location	Number of Attendees	Presented in languages other than English?⁴ Yes or No	Was hearing held at a Long-Term Care Facility?⁵ Yes or No
2024-2025	March 11, 2024	In person at 5560 Overland Avenue, Suite 310 San Diego, CA 92123 Virtually via phone at (669) 900-9128, or via Zoom (https://zoom.us/j/j/82486507295?pwd=OFd3RjG1sOC9ZNzlmMDVyTIFWajgwZ09) Meeting ID: 824 8650 7295 Meeting password: 162815	66	No	No
2025-2026	April 14, 2025	In person at 5560 Overland Avenue, Suite 310 San Diego, CA 92123 Virtually via phone at (619) 343-2539, or via Teams (https://teams.microsoft.com/l/meetup-join/19%3ameeting_NzBmZjcxZDUtYzE4ZS00MjIwLWExMjYtYzYxYjRiNzhmZGJl%40thread.v2/0?context=%7b%22Tid%22%3a%224563af13-c029-41b3-b74c-965e8eec8f96%22%2c%22Oid%22%3a%2269679cec-25ef-496e-8fd7-cd6491e9916d%22%7d) Meeting ID: 224 849 240 117 Meeting password: eq7c5wR2	TBD	No	No

2026-2027					
2027-2028					

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

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

Information regarding the community feedback sessions, including the virtual feedback session, was disseminated via email to distribution lists that reach over 10,000 residents and service providers, including those who are homebound, disabled, or work with vulnerable populations. The Spring 2025 print edition of the AIS newsletter also included details on the virtual feedback session, as well as opportunities for people to provide feedback by phone. The print edition is mailed to 2,500 individuals and reaches homebound and disabled older adults, as well as service providers who serve institutionalized older and disabled adults. The County also made social media posts encouraging the public to give feedback via telephone or virtual feedback session. Finally, notification (Legal Notice) of the Public Hearing appeared in the region's largest newspaper, the San Diego Union Tribune. Attendees could join virtually via Zoom or via phone.

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

☐ Yes. Go to question #3

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

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

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

☐ Yes. Go to question #5

☐ No, Explain:

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

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

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

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

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

SECTION 7. AREA PLAN NARRATIVE GOALS & OBJECTIVES

Goals and Objectives are required per California Code of Regulations Title 22 Section 7300 (c)

Goals are statements of ideal conditions that the AAA wishes to achieve through its planned efforts.

Objectives are measurable statements of action to meet the goals. Objectives indicate all of the following:

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

Goal 1: Health & Community Support

Goal: When changes and challenges in health occur, older adults and their families are able to find and access relevant resources, support, and care in their community. The community promotes mental health and physical health for people of all ages and abilities.

Rationale: San Diego County is home to a variety of social service organizations and programs focused on the needs of older adults, including senior and community centers and safety net programs that support older adults to age in place. However, older adults and their families are not always aware of the available resources that would support them to improve or maintain their health. Strategies to achieve this goal include increasing awareness of existing resources, hosting health promotion classes, and increasing access to technology to support aging in place. Please refer to Appendix A, Aging Roadmap Action Plan 2024 - 2028 for additional activities not funded under the OAA that pertain to Health & Community Support.

#	OBJECTIVES	Projected Start and End Dates	Type of Activity and Funding Source ⁶	Update Status ⁷
1.01	Provide Information and Assistance through the AIS Call Center 800 number to an average of 800 callers per month (9,600 per year). The outcome will be measured by the AIS Call Center call management system.	July 1, 2025 to June 30, 2026	Title III-B	

1.02	Health Promotion staff will educate 110 older adults through evidence-based programs such as Chronic Disease Self-Management Education Program, Chronic Pain Self-Management Program, Diabetes Self-Management Program, Programa de Manejo Personal de la Diabetes, Tomando Control de Su Salud, Home Hazard Removal Program, Tai Chi for Arthritis, and Tai Chi: Moving for Better Balance. These programs are noted as evidence-based in the National Council on Aging evidence-based programs list. Published research has shown that participants have improved self-efficacy and improved health outcomes. AIS Health Promotion staff will track attendance and the number of participants.	July 1, 2025 to June 30, 2026	Title III-D	Revised
1.03	Through the Project Community Action Reaching the Elderly (C.A.R.E.) Program, contractor will provide Title III-B Supportive Services including 2,600 information and assistance contacts. Assistance may be conducted over the phone with an individual to provide information or referrals to services and opportunities that are available within the community, with the possibility of follow-up contact.	July 1, 2025 to June 30, 2026	Title III-B	New
1.04	Through the Project C.A.R.E. Program, contractor will provide Title III-B Supportive Services including 270 comprehensive assessments. A comprehensive assessment involves a home visit, assessment of needs/strengths, goal documentation, and reassessment.	July 1, 2025 to June 30, 2026	Title III-B	New
1.05	Through the Project C.A.R.E. Program, contractor will provide Title III-B Supportive Services including 1,100 telephone reassurance contacts. Contractor staff and volunteers will provide weekly phone calls to reassure and support older adults.	July 1, 2025 to June 30, 2026	Title III-B	New

⁹Indicate if the objective is Administration (Admin), Program Development (PD), or Coordination (C). If a PD objective is not completed in the timeline required and is continuing in the following year, provide an update with additional tasks. For program specific goals and objectives please identify service category where applicable.

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

Goal 2: Housing

Goal: Older adults live in safe and affordable housing that is located near goods, services, and activities, all of which allow them to age in their community.

Rationale: Housing is a concern for people of all ages in our region, including older adults. AIS envisions communities where older adults have affordable housing options that are within walking distance of shops and services. Strategies to achieve this goal include increasing mixed-use zoning, initiating programs to prevent homelessness, increasing the affordable housing stock, and educating the community on the opportunities to construct accessory dwelling units (also called granny flats). As Housing-related activities are not currently funded under the OAA, no objectives are listed below. Please refer to Appendix A, Aging Roadmap Action Plan 2024 – 2028 for AIS and other County activities that pertain to Housing.

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

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

Goal 3: Social Participation

Goal: Older adults have access to a range of social and community engagement opportunities that promote active living, reduce isolation, and provide enriching experiences with others across age groups and generations.

Rationale: Feeling a sense of connection and belonging can positively impact health, especially for older adults. Conversely, research has demonstrated that social isolation and loneliness are associated with an increased risk of dementia, heart disease, depression, and even premature death. Strategies include increasing intergenerational activities, providing programs that are inclusive of people with dementia, making a special effort to engage with people who are socially isolated, and promoting opportunities for meaningful civic engagement. Many OAA funded programs, such as congregate meals and health promotion, provide opportunities for social interaction. Please see Goal 1 (Health & Community Support) for health promotion objectives and Goal 10 (Medical & Social Services) for congregate meals. Please refer to Appendix A, Aging Roadmap Action Plan 2024 – 2028 which includes AIS and other County programs to promote social participation for older adults, such as initiatives to support intergenerational connection.

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

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

Goal 4: Transportation

Goal: Older adults have access to safe and affordable transportation options that are accessible for all ages and abilities.

Rationale: Transportation is a crucial component of maintaining independence, accessing needed services, staying socially engaged, and sustaining connections to community life. Alternative transportation access is especially crucial for older adults who no longer drive. Strategies to achieve this goal include providing rides, promoting smart growth, and increasing awareness of transportation options. In addition to the OAA funded transportation activities below, please refer to Appendix A, Aging Roadmap Action Plan 2024 – 2028 for additional transportation activities not funded under the OAA. These include promoting the development of complete streets that address the needs of all users (pedestrians, cyclists, and public transit riders), distributing a transportation resource guide, and more.

#	OBJECTIVES	Projected Start and End Dates	Type of Activity and Funding Source ⁶	Update Status ⁷
4.01	Continue to provide 180 roundtrips for non-emergency medical and other essential transportation. The outcome will be measured by client records maintained by AIS staff through Senior Options, Advocacy and Referral (SOAR) program.	July 1, 2025 to June 30, 2026	Title III-B	
4.02	Address food insecurity by working with Older Californians Nutrition Program contractors to reduce barriers to participation by providing transportation to and from congregate meal sites for eligible participants that lack transportation.	July 1, 2025 to June 30, 2026	Title III-B	

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

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

Goal 5: Dementia

Goal: San Diegans have the information they need to reduce their risk of Alzheimer's disease and related dementias (ADRD); residents with ADRD receive the highest standard of clinical care; individuals with ADRD are well cared for and supported by "Dementia-Friendly" communities to be as independent as possible; and family members have the support they need to care for their loved ones.

Rationale: Alzheimer's disease and related dementias continue to impact more individuals and families in our region every year, leading to a growing need for services and programs to support those living with ADRD and their caregivers. While the research and medical community continues to work on advancing treatments, there are many County and community services that support people living with ADRD. AIS is working to promote awareness of dementia and the resources that exist to help those affected by the disease. While dementia-friendly concepts and activities are infused throughout all ten

focus areas, none of our OAA funded activities focus specifically on dementia. Please refer to Appendix A, Aging Roadmap Action Plan 2024 – 2028 for AIS and other County activities that pertain to Dementia.

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

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

Goal 6: Caregiver Support

Goal: Caregivers have access to the supports and resources necessary to provide responsive and quality care to older adults, while also tending to their own well-being.

Rationale: Family caregivers play a crucial role in providing care for those who are elderly, facing serious illness, or living with dementia. Some of these caregivers may be in the “sandwich generation,” or raising children while also caring for older relatives. These unsung heroes help loved ones to live at home for as long as possible, improving their quality of life. Another important group of caregivers includes kinship caregivers, such as grandparents raising grandchildren. AIS strategies include expanding supports and resources across the spectrum of caregivers and providing community education and training. Please refer to Appendix A, Aging Roadmap Action Plan 2024 – 2028 for additional AIS and County activities funded by the OAA that pertain to Caregiver Support.

#	OBJECTIVES	Projected Start and End Dates	Type of Activity and Funding Source ⁶	Update Status ⁷
6.01	Participate/present in four community outreach events targeting facilities, caregivers, family, and the community for the purpose of increasing public understanding of issues that are related to ombudsman practices and the needs of long-term care residents. The outcome is measured through the reporting functions within the Ombudsman computer application, Ombudsman Data Integration Network (ODIN).	July 1, 2025 to June 30, 2026	Title III-B	

6.02a	<p>Through the Family Caregiver Support Program (FCSP), contractor will provide a minimum of 14,000 units of respite service (one hour equals one service unit).</p> <p>Contractor will provide a minimum of 1,700 units (1 hour) of caregiver supplemental services caregiver assessment.</p> <p>In addition, the following support services will also be provided for to family caregivers: counseling, support groups, and training, reaching 3,500 hours annually.</p>	July 1, 2025 to June 30, 2026	Title III-E	Revised
6.02b	Contractor will provide a minimum of 1,220 occurrences of supplemental services to family caregivers, including 150 occurrences of assistive technology and 1,070 occurrences of home modifications, to facilitate and fulfill caregiving responsibilities.	July 1, 2025 to June 30, 2026	Title III-E	New
6.02c	<p>Through FCSP, AIS staff will educate groups of caregivers and provide information about available FCSPs and other caregiver support resources by disseminating publications, posting on social media and websites, and organizing and attending community events, reaching a minimum of 10,000 family caregivers through 100 activities.</p> <p>Through FCSP, AIS staff, in collaboration with community partners, will conduct family caregiver workshops/events. A minimum of 200 caregivers will attend these events annually. AIS staff will track both the number of caregivers attending and support events held.</p>	July 1, 2025 to June 30, 2026	Title III-E	New
6.02d	Contractor will provide 300 units (contacts) of supplemental services legal consultation of one-to-one guidance provided by an attorney (or the person under the supervision of an attorney) in the use of legal resources and services when assisting a caregiver with	July 1, 2025 to June 30, 2026	Title III-E	New

	caregiving related legal issues.			
6.02e	Through FCSP, access assistance contractor will provide a minimum of 5,000 hours of caregiver case management at the direction of the caregiver by an individual who is trained and experienced in the case management skills that are required to deliver services and coordination; and to assess the needs, and to arrange, coordinate, and monitor an optimum package of services to meet the needs of the caregiver.	July 1, 2025 to June 30, 2026	Title III-E	New
6.02f	<p>Through FCSP, contractor will provide a minimum of 12,000 hours of respite care for Kinship Caregivers including both in- home and out-of-home care.</p> <p>A minimum of 300 kinship caregivers will be educated about FCSP resources and services through at least 10 events.</p> <p>FCSP contractor will reach 300 kinship caregivers (service unit contact) through access assistance service that provides the individuals with current information on opportunities and services available to the individuals within their communities; assesses the problems and capacities of the individual; links the individual to services; and ensures that the individual receives services they need.</p>	July 1, 2025 to June 30, 2026	Title III-E	New

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

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

Goal 7: Safety

Goal: Older adults and persons with disabilities are safe in their homes and community.

Rationale: Older adults and persons with disabilities should be safe in their homes and communities. Unfortunately, reports of elder and dependent adult abuse are increasing. AIS strategies to address this include expanding public awareness of elder abuse, strengthening legal approaches to address it, supporting older adults who are victims, and increasing prevention efforts. Working with the Sheriff's Department, District Attorney, and other regional law enforcement entities, we shape policies and practices to keep older adults safe. Please refer to Appendix A, Aging Roadmap Action Plan 2024 – 2028 for additional activities not funded under the OAA that pertain to Safety.

#	OBJECTIVES	Projected Start and End Dates	Type of Activity and Funding Source ⁶	Update Status ⁷
7.01	Ombudsman staff will reach a minimum of 150 mandated reporters annually with in-person or virtual trainings regarding their responsibility to make Elder and Dependent Adult abuse reports.	July 1, 2025 to June 30, 2026	Title-VII	
7.02	Receive and investigate allegations of abuse, neglect, or exploitation of residents of long-term care facilities. The outcome is measured through the reporting functions within the Ombudsman computer application, ODIN.	July 1, 2025 to June 30, 2026	Title-VII	
7.03	Provide case management services to 215 unduplicated frail older adults that are at risk of out-of-home placement. The outcome will be measured by tracking the unduplicated client count served by SOAR Program in the automated database system.	July 1, 2025 to June 30, 2026	Title III-B	

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

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

Goal 8: Preparedness

Goal: Older adults and their caregivers are prepared to be safe during disasters.

Rationale: It is important for all residents, but especially those with unique needs, to be prepared for a disaster and aware of how to stay safe during a time of emergency. We live in a region that is impacted by wildfires, and other disasters such as earthquakes are also a threat. In addition to disasters, there are everyday emergencies in individual households where first responders are called to assist an older adult in need. Many of the persons served by AIS programs and services will require special assistance during an

emergency or large-scale disaster because of their access or functional limitations. AIS partners with the County Office of Emergency Services (OES) to address these needs. Please refer to Appendix A, Aging Roadmap Action Plan 2024 - 2028 for additional AIS and County activities not funded by the OAA that pertain to Preparedness.

#	OBJECTIVES	Projected Start and End Dates	Type of Activity and Funding Source ⁶	Update Status ⁷
8.01	AIS will purchase and distribute Vials of Life to assist older adults in the event of an emergency.	July 1, 2025 to June 30, 2026	Title III-B	

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

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

Goal 9: Silver Economy

Goal: There is a skilled and diverse workforce of caregivers to support the older adult population. Also, older adults have opportunities to stay engaged in the community through volunteering or paid work.

Rationale: The growing older adult population will increase the demand for skilled healthcare and social service workers. Increased capacity and training for those in fields such as home care, with a focus on diversity and the cultural dynamics of different groups within our communities is needed. In addition, older adults continue to want to be engaged members of the community, and many wish to be involved through employment or volunteer work. AIS promotes work and volunteer opportunities for older adults and supports efforts to increase the professional caregiver workforce in our community. Please refer to Appendix A, Aging Roadmap Action Plan 2024 - 2028 for additional AIS activities not funded by the OAA that pertain to Silver Economy.

#	OBJECTIVES	Projected Start and End Dates	Type of Activity and Funding Source ⁶	Update Status ⁷
9.01a	Provide at least 18 hours of in-service training to volunteers regarding long-term care issues, eldercare, and ombudsman practice issues. The outcome is measured by sign-in sheets and the ombudsman computer application, ODIN.	July 1, 2025 to June 30, 2026	Title III-B	
9.01b	Conduct at least two 36-hour Ombudsman volunteer certification trainings. Outcome is measured by sign-in sheets and reported at the end of the year by the Ombudsman Program Coordinator.	July 1, 2025 to June 30, 2026	Title III-B	

9.01c	Focus on the retention of the number of certified Long- Term Care (LTC) Ombudsman volunteers at 35. The outcome will be measured through the reporting functions within the VAND computer software application.	July 1, 2025 to June 30, 2026	Title III-B	
9.01d	<p>The LTC Ombudsman & Facilities Subcommittee is an ancillary subcommittee established by the AIS Advisory Council to perform some of its functions as the LTC Ombudsman Advisory Council. This Subcommittee will support the Ombudsman program by:</p> <ul style="list-style-type: none"> • Maintaining awareness of general regulations governing Skilled Nursing Facilities and Residential Care Facilities for the Elderly. • Monitoring legislation proposals and changes related to Skilled Nursing Facilities and Residential Care Facilities for the Elderly. 	July 1, 2025 to June 30, 2026	Title III-B	

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

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

Goal 10: Medical & Social Services

Goal: Care coordination among medical and social services provides proactive, seamless, prevention-focused, and person-centered support for older adults.

Rationale: Because the medical and social services system is rather large, fragmented, and supported by multiple funding streams, it can be very hard for older adults and caregivers to navigate and even to know what is available. AIS strategies include providing essential services to older adults, such as care management programs and the Long-Term Care Ombudsman Program. Please refer to Appendix A, Aging Roadmap Action Plan 2024 - 2028 for additional AIS activities not funded by the OAA that pertain to Medical & Social Services.

#	OBJECTIVES	Projected Start and End Dates	Type of Activity and Funding Source ⁶	Update Status ⁷
10.01	Provide 15,500 hours annually of homemaker and personal care services through SOAR program. Outcome will be measured by tracking the total number of hours logged in the automated database system.	July 1, 2025 to June 30, 2026	Title III-B	
10.02	Conduct a general visit at least once per quarter in 75% of skilled nursing facilities and 70% of residential care facilities for the elderly. The	July 1, 2025 to June 30, 2026	Title III-B	

	outcome is measured through the reporting functions within the ombudsman computer application, ODIN.			
10.03	Support older adults to live independently by promoting better health and reducing isolation through the provision of approximately 1.5 million congregate, home delivered, and to-go meals annually.	July 1, 2025 to June 30, 2026	Title III-C1 and Title III-C2	
10.04	Maintenance of software designed to meet the requirements of the California Aging Reporting System and support the timely and accurate reporting of required data.	July 1, 2025 to June 30, 2026	Admin	New

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

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

SECTION 8. SERVICE UNIT PLAN (SUP)

TITLE III/VII SERVICE UNIT PLAN

CCR Article 3, Section 7300(d)

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

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

1. Report the units of service to be provided with **ALL regular AP funding sources**. Related funding is reported in the annual Area Plan Budget (CDA 122) for Titles III-B, III-C-1, III-C-2, III-D, and VII. Only report services provided; others may be deleted.

Personal Care (In-Home)

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	2,800	10	
2025-2026	2,800	10	
2026-2027			
2027-2028			

Homemaker (In-Home)

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	11,600	10	
2025-2026	11,600	10	
2026-2027			
2027-2028			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	6,000	7	
2025-2026	6,000	7	
2026-2027			
2027-2028			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	360	10	10.01
2025-2026	360	10	10.01
2026-2027			
2027-2028			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	40,000	4	
2025-2026	40,000	4	
2026-2027			
2027-2028			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	9,000	1	
2025-2026	9,000	1	
2026-2027			
2027-2028			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	2,500	7	
2025-2026	2,500	7	
2026-2027			
2027-2028			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	550,000	10	10.03
2025-2026	550,000	10	10.03
2026-2027			
2027-2028			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	900,000	10	10.03
2025-2026	900,000	10	10.03

2026-2027			
2027-2028			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	48	10	
2025-2026	48	10	
2026-2027			
2027-2028			

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

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

Title III-B: Other Priority and Non-Priority Supportive Services

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

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

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

Other Supportive Service Category: Visiting

Unit of Service: 1 Hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	135	9	9.02
2025-2026	0		
2026-2027			
2027-2028			

Other Supportive Service Category: Disaster Preparedness Materials

Unit of Service: 1 Product

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	3,000	8	8.01
2025-2026	2,000	8	8.01
2026-2027			
2027-2028			

Other Priority Supportive Service Category: Information and Assistance Unit of Service: 1 Contacts

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	0		
2025-2026	2,600	1	1.03
2026-2027			
2027-2028			

Other Priority Supportive Service Category: Comprehensive Assessment Unit of Service: 1 Assessment

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	0		
2025-2026	270	1	1.04
2026-2027			
2027-2028			

Other Priority Supportive Service Category: Telephone Reassurance Unit of Service: 1 Contacts

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	0		
2025-2026	1,100	1	1.05
2026-2027			
2027-2028			

Title III-D: Health Promotion – Evidence-Based

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

Evidence-Based Program Name(s): Chronic Disease Self-Management Education, Tai Chi for Arthritis, Tai Chi Moving for Better Balance.

Unit of Service = 1 contact

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	4,000	1	1.02
2025-2026	4,000	1	1.02
2026-2027			
2027-2028			

TITLE III-B and TITLE VII: Long-Term Care (LTC) Ombudsman Program Outcomes

2025-2026 Update

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

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

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

Complete all Measures and Targets for Outcomes 1-3.

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

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

Fiscal Year Baseline Resolution Rate	# of partially resolved complaints or fully resolved complaints	Divided by the total number of Complaints	= Baseline Resolution Rate	Fiscal Year Target Resolution Rate
2022-2023	716	1,456	49%	75 % 2024-2025
2023-2024	830	1,540	54%	60 % 2025-2026
2024-2025				% 2026-2027
2026-2027				% 2027-2028

Program Goals and Objective Numbers:

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

1. FY 2022-2023 Baseline: Number of Resident Council meetings attended <u>71</u> FY 2024-2025 Target: <u>25</u>
2. FY 2023-2024 Baseline: Number of Resident Council meetings attended <u>55</u> FY 2025-2026 Target: <u>35</u>
3. FY 2024-2025 Baseline: Number of Resident Council meetings attended _____ FY 2026-2027 Target: _____
4. FY 2025-2026 Baseline: Number of Resident Council meetings attended _____ FY 2027-2028 Target: _____
Program Goals and Objective Numbers: _____

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

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

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

1. FY 2022-2023 Baseline: Number of Instances <u>1,628</u> FY 2024-2025 Target: <u>1,000</u>
2. FY 2023-2024 Baseline: Number of Instances <u>2,789</u> FY 2025-2026 Target: <u>1,500</u>
3. FY 2024-2025 Baseline: Number of Instances _____ FY 2026-2027 Target: _____
4. FY 2025-2026 Baseline: Number of Instances _____ FY 2027-2028 Target: _____

Program Goals and Objective Numbers: _____
--

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

1. FY 2022-2023 Baseline: Number of Instances <u>8,753</u> FY 2024-2025 Target: <u>9,000</u>
2. FY 2023-2024 Baseline: Number of Instances <u>7,350</u> FY 2025-2026 Target: <u>7,500</u>
3. FY 2024-2025 Baseline: Number of Instances _____ FY 2026-2027 Target: _____
4. FY 2025-2026 Baseline: Number of Instances _____ FY 2027-2028 Target: _____
Program Goals and Objective Numbers _____

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

1. FY 2022-2023 Baseline: Number of Sessions <u>17</u> FY 2024-2025 Target: <u>20</u>
2. FY 2023-2024 Baseline: Number of Sessions <u>10</u> FY 2025-2026 Target: <u>15</u>
3. FY 2024-2025 Baseline: Number of Sessions _____ FY 2026-2027 Target: _____
4. FY 2025-2026 Baseline: Number of Sessions _____ FY 2027-2028 Target: _____
Program Goals and Objective Numbers _____

G. Systems Advocacy (NORS Elements S-07, S-07.1) One or more new systems advocacy efforts must be provided for each fiscal year Area Plan Update. In the relevant box below for the current Area

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

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

Enter information in the relevant box below.

FY 2024-2025

FY 2024-2025 Systems Advocacy Effort(s): (Provide one or more new systems advocacy efforts)

Regarding new systems advocacy efforts, AB 1417 changes the requirements for mandated reporting, with the exception of abuse caused by an elder or dependent adult with a physician's diagnosis of dementia and there is no serious bodily injury. Mandated reporters only need to submit a written SOC-341 to law enforcement and Ombudsman.

All other abuse must be reported by mandated reporters as soon as possible no later than 2 hours and submit a written abuse report no later than 24 hours to ombudsman, law enforcement, and licensing.

AB 1417 is a significant change effective January 1, 2024. For the new system advocacy efforts, training and educating mandated reporters on the changes in reporting due to the passage of this assembly bill would be a beneficial multi-year effort.

FY 2025-2026
<p align="center">Outcome of FY 2024-2025 Efforts:</p> <p>During the previous year, efforts were made to educate staff, volunteers and mandated reporters of the changes surrounding AB 1417. In-person and virtual trainings were held reviewing the mandated reporter charts and handouts reviewing AB 1417. Efforts will continue to educate facilities, and mandated reporters of changes as this is a multi-year effort.</p> <p>FY 2025-2026 Systems Advocacy Effort(s): (Provide one or more new systems advocacy efforts.)</p> <p>The passage of AB 1417, effective January 2024, simplified the reporting process in order to increase mandated reporters' accuracy when reporting abuse or neglect. Educating community organizations is an ongoing effort as there is a constant influx of turnover and growth. This is a challenge but has a positive impact as we are able to increase the reach to more individuals in our community and advocate for more individuals.</p>
FY 2026-2027
<p>Outcome of FY 2025-2026 Efforts:</p> <p>FY 2026-2027 Systems Advocacy Effort(s): (Provide one or more new systems advocacy efforts)</p>
FY 2027-2028
<p>Outcome of 2026-2027 Efforts:</p> <p>FY 2027-2028 Systems Advocacy Effort(s): (Provide one or more new systems advocacy efforts)</p>

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

Measures and Targets:

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

1. FY 2022-2023 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint <u>81</u> divided by the total number of Nursing Facilities <u>84</u> = Baseline <u>96%</u> FY 2024-2025 Target: <u>80%</u>
2. FY 2023-2024 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint <u>73</u> divided by the total number of Nursing Facilities <u>83</u> = Baseline <u>88%</u> FY 2025-2026 Target: <u>90%</u>
3. FY 2024-2025 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint _____ divided by the total number of Nursing Facilities _____ = Baseline _____ % FY 2026-2027 Target: _____ %
4. FY 2025-2026 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint _____ divided by the total number of Nursing Facilities _____ = Baseline _____ % FY 2027-2028 Target: _____ %
Program Goals and Objective Numbers: _____

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

1. FY 2022-2023 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint <u>231</u> divided by the total number of RCFEs <u>556</u> = Baseline <u>42%</u> FY 2024-2025 Target: <u>70%</u>
2. FY 2023-2024 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint <u>130</u> divided by the total number of RCFEs <u>573</u> = Baseline <u>22%</u> FY 2025-2026 Target: <u>40%</u>
3. FY 2024-2025 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint _____ divided by the total number of RCFEs _____ = Baseline _____ % FY 2026-2027 Target: _____
4. FY 2025-2026 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint _____ divided by the total number of RCFEs _____ = Baseline _____ % FY 2027-2028 Target: _____
Program Goals and Objective Numbers: _____

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

1. FY 2022-2023 Baseline: <u>13</u> FTEs FY 2024-2025 Target: <u>12</u> FTEs
2. FY 2023-2024 Baseline: <u>12</u> FTEs FY 2025-2026 Target: <u>13</u> FTEs
3. FY 2024-2025 Baseline: _____ FTEs FY 2026-2027 Target: _____ FTEs
4. FY 2025-2026 Baseline: _____ FTEs FY 2027-2028 Target: _____ FTEs
Program Goals and Objective Numbers: _____

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

1. FY 2022-2023 Baseline: Number of certified LTC Ombudsman volunteers <u>48</u> FY 2024-2025 Projected Number of certified LTC Ombudsman volunteers <u>48</u>
2. FY 2023-2024 Baseline: Number of certified LTC Ombudsman volunteers <u>30</u> FY 2025-2026 Projected Number of certified LTC Ombudsman volunteers <u>35</u>
3. FY 2024-2025 Baseline: Number of certified LTC Ombudsman volunteers _____ FY 2026-2027 Projected Number of certified LTC Ombudsman volunteers _____
4. FY 2025-2026 Baseline: Number of certified LTC Ombudsman volunteers _____ FY 2027-2028 Projected Number of certified LTC Ombudsman volunteers _____
Program Goals and Objective Numbers: _____

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

Measures and Targets:

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

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

On a quarterly basis our program will incorporate ODIN consistency, and coding to improve accuracy in the NORS data reporting. Trainings and educational examples are sent to the staff members quarterly to increase consistency and reduce errors. Training materials are delivered in various modalities to engage staff interest and increase knowledge retention.

TITLE VII Elder Abuse Prevention

SERVICE UNIT PLAN

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

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

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

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

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

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

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

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

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

Title VII Elder Abuse Prevention Service Unit Plan

The agency receiving Title VII Elder Abuse Prevention funding is: County of San Diego Health and Human Services Agency, Aging and Independence Services.

Total # of	2024-2025	2025-2026	2026-2027	2027-2028
Individuals Served	50	50		
Public Education Sessions	1	1		
Training Sessions for Professionals	4	4		
Training Sessions for Caregivers served by Title III-E	0	0		
Hours Spent Developing a Coordinated System	15	15		

Fiscal Year	Total # of Copies of Educational Materials to be Distributed	Description of Educational Materials
2024-2025	200	AIS one-pager, with the role of the Ombudsman & Elder Abuse, Mandated Reporter & SOC 341 information; Mandated report flowchart.
2025-2026	200	AIS one-pager, with the role of the Ombudsman & Elder Abuse, Mandated Reporter & SOC 341 information; Mandated report flowchart.
2026-2027		
2027-2028		

TITLE III-E Service Unit Plan

CCR Article 3, Section 7300(d) 2025-2026 Update

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

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

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

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

Direct and/or Contracted III-E Services

SUB-CATEGORIES (16 total)	1	2	3
Caregivers of Older Adults (COA)	Proposed Units of Service	Required Goal #(s)	Required Objective #(s)
COA Caregiver Access Case Management	Total hours	Required Goal #(s)	Required Objective #(s)
2024-2025	6,000	6	6.02a
2025-2026	5,000	6	6.02e
2026-2027			
2027-2028			
COA Caregiver Information Services	# Of activities and Total est. audience (contacts) for above	Required Goal #(s)	Required Objective #(s)
2024-2025	# Of activities: 2,000 Total est. audience for above: 10,000	6	6.02e
2025-2026	# Of activities: 100 Total est. audience for above: 10,000	6	6.02c
2026-2027	# Of activities: Total est. audience for above:		
2027-2028	# Of activities: Total est. audience for above:		
COA Caregiver Support Training	Total hours	Required Goal #(s)	Required Objective #(s)
2024-2025	700	6	6.02a
2025-2026	700	6	6.02a
2026-2027			
2027-2028			
COA Caregiver Support Groups	Total sessions	Required Goal #(s)	Required Objective #(s)
2024-2025	1,900	6	6.02a
2025-2026	2,500	6	6.02a
2026-2027			
2027-2028			
COA Caregiver Support Counseling	Total hours	Required Goal #(s)	Required Objective #(s)
2024-2025	100	6	6.02a
2025-2026	300	6	6.02a

2026-2027			
2027-2028			
COA Caregiver Respite In-Home	Total hours	Required Goal #(s)	Required Objective#(s)
2024-2025	14,000	6	6.02a
2025-2026	14,000	6	6.02a
2026-2027			
2027-2028			
COA Caregiver Supplemental Services Legal Consultation	Total contacts	Required Goal #(s)	Required Objective #(s)
2024-2025	500	6	6.02a
2025-2026	300	6	6.02d
2026-2027			
2027-2028			
COA Caregiver Supplemental Services Home Modifications	Total occurrences	Required Goal #(s)	Required Objective #(s)
2024-2025	1,500	6	6.02a
2025-2026	1,071	6	6.02b
2026-2027			
2027-2028			
COA Caregiver Supplemental Services Assistive Technologies	Total Occurrences	Required Goal #(s)	Required Objective #(s)
2024-2025	100	6	6.02a
2025-2026	150	6	6.02b
2026-2027			
2027-2028			
COA Caregiver Supplemental Services Caregiver Assessment	Total Hours	Required Goal #(s)	Required Objective #(s)
2024-2025	2,200	6	6.02a
2025-2026	1,700	6	6.02a

2026-2027			
2027-2028			

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

SUB- CATEGORIES (16 total)	1	2	3
Older Relative Caregivers (ORC)	Proposed Units of Service	Required Goal #(s)	Required Objective #(s)
ORC Caregiver Information and Assistance	Total Contacts	Required Goal #(s)	Required Objective #(s)
2024-2025	250	6	6.02b
2025-2026	300	6	6.02f
2026-2027			
2027-2028			
ORC Caregiver Information Services	# Of activities and Total est. audience (contacts) for above	Required Goal #(s)	Required Objective #(s)
2024-2025	# Of activities: 10 Total est. audience for above: 250	6	6.02b
2025-2026	# Of activities: 10 Total est. audience for above: 300	6	6.02f
2026-2027	# Of activities: Total est. audience for above:		
2027-2028	# Of activities: Total est. audience for above:		
ORC Caregiver Respite In-Home	Total hours	Required Goal #(s)	Required Objective #(s)
2024-2025	1,500	6	6.02b
2025-2026	1,000	6	6.02f
2026-2027			
2027-2028			
ORC Caregiver Respite Out-of-Home Day Care	Total hours	Required Goal #(s)	Required Objective #(s)
2024-2025	9,000	6	6.02b
2025-2026	7,500	6	6.02f
2026-2027			
2027-2028			
ORC Caregiver Respite Out-of-Home Overnight	Total hours	Required Goal #(s)	Required Objective #(s)

Care			
2024-2025	4,500	6	6.02b
2025-2026	3,500	6	6.02f
2026-2027			
2027-2028			

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

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

MULTIPLE PLANNING AND SERVICE AREA HICAPs (multi-PSA HICAP): Area Agencies on Aging (AAA) that are represented by a multi-PSA, HICAPs must coordinate with their “Managing” AAA to complete their respective PSA’s HICAP Service Unit Plan. CDA contracts with 26 AAAs to locally manage and provide HICAP services in all 58 counties. Four AAAs are contracted to provide HICAP services in multiple Planning and Service Areas (PSAs). The “Managing” AAA is responsible for providing HICAP services in a way that is equitable among the covered service areas.

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

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

<https://www.aging.ca.gov/Providers and Partners/Area Agencies on Aging/Planning/>

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

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

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

SECTION 1: STATE PERFORMANCE MEASURES

HICAP Fiscal Year (FY)	PM 1.1 Clients Counseled (Estimated)	Goal Numbers
2024-2025	2,700	
2025-2026	2,700	
2026-2027		
2027-2028		
HICAP Fiscal Year (FY)	PM 1.2 Public and Media Events (PAM) (Estimated)	Goal Numbers
2024-2025	112	
2025-2026	102	
2026-2027		
2027-2028		

SECTION 2: FEDERAL PERFORMANCE MEASURES

HICAP Fiscal Year (FY)	PM 2.1 Client Contacts (Interactive)	Goal Numbers
2024-2025	5,764	
2025-2026	5,210	
2026-2027		
2027-2028		
HICAP Fiscal Year (FY)	PM 2.2 PAM Outreach (Interactive)	Goal Numbers
2024-2025	3,291	
2025-2026	2,900	
2026-2027		
2027-2028		
HICAP Fiscal Year (FY)	PM 2.3 Medicare Beneficiaries Under 65	Goal Numbers
2024-2025	1,100	
2025-2026	1,100	
2026-2027		
2027-2028		

HICAP Fiscal Year (FY)	PM 2.4 Hard to Reach (Total)	PM 2.4a LIS	PM 2.4b Rural	PM 2.4c ESL	Goal Numbers
2024-2025	2,000 (Contacts)	1,600 (Contacts)	0 (Contacts)	350 (Contacts)	
2025-2026	2,000 (Contacts)	1,600 (Contacts)	0 (Contacts)	350 (Contacts)	
2026-2027					
2027-2028					

HICAP Fiscal Year (FY)	PM 2.5 Enrollment Contacts (Qualifying)	Goal Numbers
2024-2025	4,900	
2025-2026	4,900	
2026-2027		
2027-2028		

SECTION 3: HICAP LEGAL SERVICES UNITS OF SERVICE (IF APPLICABLE)¹

HICAP Fiscal Year (FY)	PM 3.1 Estimated Number of Clients Represented Per FY (Unit of Service)	Goal Numbers
2024-2025	110 (Legal Clients Served)	
2025-2026	110 (Legal Clients Served)	
2026-2027		
2027-2028		
HICAP Fiscal Year (FY)	PM 3.2 Estimated Number of Legal Representation Hours Per FY (Unit of Service)	Goal Numbers
2024-2025	1,700	
2025-2026	1,700	
2026-2027		
2027-2028		
HICAP Fiscal Year (FY)	PM 3.1 Estimated Number of Clients Represented Per FY (Unit of Service)	Goal Numbers
HICAP Fiscal Year (FY)	PM 3.3 Estimated Number of Program Consultation Hours Per FY (Unit of Service)	Goal Numbers
2024-2025	100	
2025-2026	100	
2026-2027		
2027-2028		

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

2025-26 Update Justifications for a Service Unit Greater than or Equal to 10%

Title III-B: Other Priority and Non-Priority Supportive Services

Other Supportive Service Category: Visiting

This program will not be continued in FY 25/26.

Other Supportive Service Category: Disaster Preparedness Materials Unit of Service: 1 Product

The proposed units of service for FY 25/26 decreased from 3,000 to 2,000 (33%) due to an increase in the number of individuals obtaining their disaster preparedness materials online.

Other Priority Supportive Service Category: Information and Assistance

This is a new Title III-B objective that will be incorporated to align with funding allocation changes in FY 25/26.

Other Priority Supportive Service Category: Comprehensive Assessment

This is a new Title III-B objective that will be incorporated to align with funding allocation changes in FY 25/26.

Other Priority Supportive Service Category: Telephone Reassurance

This is a new Title III-B objective that will be incorporated to align with funding allocation changes in FY 25/26.

TITLE III-B and TITLE VII: Long-Term Care (LTC) Ombudsman Program Outcomes

Complaint Resolution Rate

The number of partially resolved complaints received increased from 716 to 830 (16%) in FY 23/24. The program continues to enhance professional development and training of new staff, which increased the partial and overall resolution rates.

Work with Resident Councils

The number of resident council meetings attended decreased from 71 to 55 (22%) in FY 23/24. Fewer resident council meetings were attended, due to a greater focus on maximizing rapport and relationship building with resident council meeting attendees. The target for FY 25/26 increased from 25 to 35 (40%) in anticipation of increasing the number of resident council meetings attended.

Work with Family Councils

The number of family council meetings attended increased from 1 to 4 (300%) in FY 23/24. Ombudsman staff have been working with families to re-start family council meetings that had previously discontinued due to the pandemic, along with educating families about council requirements.

Information and Assistance to Facility Staff

The number of Information and Assistance instances to facility staff increased from 1,628 to 2,790 (71%) in FY 23/24. The variance reflects the increased presence of Ombudsman staff in facilities to address topics regarding care, discharge plans, facility staff, and corrections to ODIN coding. Due to the increased Ombudsman staff presence, the target for FY 25/26 was updated from 1,000 to 1,500 (50%).

Information and Assistance to Individuals

The number of Information and Assistance instances to individuals decreased from 8,750 to 7,350 (16%) in FY 23/24. The decrease reflects a priority shift from information and assistance to training.

Community Education

The number of Community Education sessions decreased from 17 to 10 (41%) in FY 23/24 and the target decreased from 20 to 15 (25%) in FY 25/26, due to a broader focus on educating a larger number of participants at fewer Community Education sessions to maximize resources and participation.

TITLE III-E Service Unit Plan***Direct and/or Contracted III-E Services******Caregiver Access Case Management***

Total hours decreased from 6,000 to 5,000 (17%) in FY 25/26 due to more care options and resources being readily available to caregivers.

Caregiver Information Services

Number of activities decreased from 2,000 to 100 (95%) in FY 25/26, primarily due to a change in the nature and approach of outreach activity (large scale media campaigns, events that reach a large number of people, etc.).

Caregiver Supplemental Services Assistive Technologies

Increased the number of assistive technologies from 100 to 150 (50%) in FY 25/26 to align with clients' needs.

Caregiver Supplemental Services Caregiver Assessment

Number of assessment hours decreased from 2,200 to 1,700 hours (23%) in FY 25/26, due to fewer caregiver assessments taking place.

Caregiver Supplemental Services Home Modifications

Decreased the number of home modifications from 1,500 to 1,070 (27%) in FY 25/26 to align with clients' needs.

Caregiver Supplemental Services Legal Consultation

Decreased number of contacts from 500 to 300 (41%) of supplemental services legal consultation in FY 25/26 to align with clients' needs.

Caregiver Support Groups

Number of sessions increased from 1,900 to 2,500 sessions (31%) in FY 25/26, which can be attributed to contractor adding virtual support groups to increase the reach and attendance of the caregiver support groups

Caregiver Support Counseling

Number of hours increased from 100 to 300 hours (200%) in FY 25/26, which can be attributed to contractor adding virtual and telehealth counseling, increasing caregiver attendance and session options.

Direct and/or Contracted III-E Services - Older Relative Caregivers***Caregiver Information and Assistance total Contacts***

Number of contacts increased from 250 to 300 contacts (20%) in FY 25/26. Contractor is employing additional outreach methods to increase Information and Assistance contacts.

Caregiver Information Services Total Estimated Audience (Contacts)

Number of contacts was adjusted to mirror the above metric of 300 contacts estimated to attend the information services in FY 25/26. Contractor is employing additional outreach methods to increase Information and Assistance contacts.

Caregiver Respite In-Home

Number of total hours decreased from 1,500 to 1,000 total hours (33%) in FY 25/26, older adults and their families are utilizing alternative care options to address their respite needs.

Caregiver Respite Out-of-Home Day Care

Number of total hours decreased from 9,000 to 7,500 total hours (17%) in FY 25/26, older adults and their families are utilizing alternative care options to address their respite needs.

Caregiver Respite Out-of-Home Overnight Care

Number of total hours decreased from 4,500 to 3,500 total hours (22%) in FY 25/26, older adults and their families are utilizing alternative care options to address their respite needs.

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

SECTION 2: FEDERAL PERFORMANCE MEASURES

PM 2.2 Public and Media Events Outreach (Interactive) units decreased from 3,291 to 2,900 (12%) in FY 25/26. The decrease may be attributed to increased contractor costs of doing business, resulting in fewer client contacts and units of service.

SECTION 11. LEGAL ASSISTANCE

2025-2026 Annual Area Plan Update

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

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

6.8% is allocated to Legal Services.

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). Discuss:**

The provider has experienced an increase in the type and frequency of mortgage defaults and loan modification issues, financial elder abuse perpetrated by persons in a position of trust such as paid conservators, trustees, fiduciaries, financial planners and adult children, scam victimization and student loan defaults-collection issues. The level of funding has not changed.

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

The contract's Statement of Work states that the contractor shall provide legal services countywide, and priority shall be given to legal issues that affect target populations in California that conform to the requirements of the OAA, as stated in the California Statewide Guidelines for Legal Assistance.

4. **How does the AAA collaborate with the Legal Services Provider(s) to jointly establish specific priority issues for legal services? What are the top four (4) priority legal issues in your PSA? Discuss:**

During the process of procuring a contract with a Legal Services Provider, we include the top four priority legal issues for the contractor to address and provide solutions for. AAA staff have regular meetings with the legal services provider to collaborate and assess any changes in priorities. When

our solicitation is posted, we offer the community and potential providers an opportunity to give feedback, ask questions, and seek clarification. After receiving the feedback, and if warranted, we revise our solicitation to ensure the contract meets the specific needs of our residents. The contract's Statement of Work includes the priority issues for legal services. These priority issues are detailed in the Statement of Work as specific requirements for service delivery. They were established during the contract/ agreement orientation. The top four priority legal issues are public benefits, housing issues, elder abuse, and health care problems.

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

The contract's Statement of Work includes the target population. The target population is older adult older adults aged 60 years and older, with priority given to minority clients, and to cases involving public benefits, landlord/tenant disputes, elder abuse, health care problems, consumer fraud and legal protective services. Special priority is provided to homebound and isolated older adults and those with the greatest economic and social needs. Family Caregivers providing care for older adults aged 60 years and older, and those providing care for individuals with Alzheimer's disease, are also targeted populations. Please see #10 below for discussion of the mechanism for reaching the Legal Services' target population.

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

Fiscal Year	# of Legal Assistance Services Providers	Did the number of service providers change? If so, please explain
2024-2025	<p>1 contracted provider in the PSA.</p> <p>Unknown # of service providers overall in this area. Assessing this query is untenable. This is partially due to the illusive nature in defining "legal assistance provider" as it might be related to firms already in service to our population, or more generally, for firms that in theory that might be recruited into our service network; furthermore, given the full field of law firms and non-profit service organizations in our particular urban, suburban, rural PSA, that might be providing pro-bono, or core legal services to their population, and thus the raw number thereof, we are not aware of a mechanism to so ascertain.</p>	
2025-2026	<p>1 contracted provider in the PSA.</p> <p>Unknown # of service providers overall in this area. Assessing this query is untenable. This is partially due to the illusive nature in defining "legal assistance provider" as it might be related to firms already in service to our population, or more generally, for firms that in theory that might be recruited into our service network; furthermore, given the full field of law firms and non-profit service organizations in our particular urban, suburban, rural PSA, that might be providing pro-bono, or core legal services to their population, and thus the raw number thereof, we are not aware of a mechanism to so ascertain.</p>	No.
2026-2027		
2027-2028		

¹² For Information related to Legal Services, contact Jeremy A. Avila at 916 419-7500 or Jeremy.Avila@aging.ca.gov.

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

The provider uses printed materials describing its range of services and delivery model. Printed materials are distributed in mailings and are also hand-delivered to places frequented by older adults. The provider offers services over the phone or through video conferencing as well as face-to-face services at its main office and established community sites. It is able to collaborate with the sites to distribute outreach materials on an ongoing basis in order to target priority populations such as those in greatest economic need and minorities.

Provider's staff attorneys participate in community education presentations throughout the geographic region, discussing substantive legal topics and describing services. Provider participates in community events such as health fairs in order to reach potential priority populations. Attendees can ask questions about provider's range of services, make appointments and receive substantive educational materials.

Provider also maintains a website which is in the process of being updated. The website describes services and contains content designed to inform target populations of services and to educate internet users in substantive legal areas. Provider utilizes no- or low-cost radio and television advertising and is featured in newspaper and newsletter articles whenever these opportunities are available.

The provider participates in in-person outreach opportunities as they become available. Additionally, the provider continues to provide virtual community education opportunities individually and in partnership with other organizations.

8. What geographic regions are covered by each provider?

Fiscal Year	Name of Provider	Geographic Region covered
2024-2025	a. Elder Law & Advocacy b. c.	a. All applicable within the PSA b. c.
2025-2026	a. Elder Law & Advocacy b. c.	a. All applicable within the PSA b. c.
2026-2027	a. b. c.	a. b. c.
2027-2028	a. b. c.	a. b. c.

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

Please refer to the discussion in #7 above. Provider offers services over the phone, through video conferencing, and in-person.

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

Major types of legal issues handled by the provider include public benefits issues such as: Social Security denial and overpayment; landlord/tenant disputes including subsidized housing evictions; elder abuse and fraud against elders; healthcare problems including denials of coverage, quality of care, and billing issues; consumer fraud; legal protective services which include collaboration with the State Ombudsman and Adult Protective Services programs; personal rights protection; powers of attorney-financial and healthcare; age discrimination.

Provider experienced an increase in financial elder abuse perpetrated by persons in a position of trust such as paid conservators, trustees, fiduciaries, financial planners and adult children, and scam victimization issues.

Provider continues to see a significant increase in reported scams that capitalize on older adults being forced to use technology to communicate with financial institutions and other entities.

There continues to be an increase in landlord-tenant issues as the pandemic resulted in many tenants not paying rent, a significantly more complicated legal landscape for landlords and tenants, and an influx of filed Unlawful Detainers.

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

Possible barriers are getting knowledge to those in need of services. The array of outreach utilized by the provider addresses overcoming those barriers by being visible within the community and collaborating with community partners. The updated website is expected to increase visibility of services within the region.

A significant barrier is inflation and a changing job market. Provider has had to increase salaries of staff in order to retain employees. Program staff have developed expertise in relevant legal subject areas but have also developed skills to address often complex or multiple issues with clients including those who may be frail, emotionally distraught, hard of hearing or cognitively impaired.

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

Provider and other legal programs in the geographic area regularly cross-refer and cooperate on cases. Provider also provides legal consultations and education regarding laws and regulations, as it applies to residents in long-term care settings, to staff and volunteers. The provider coordinates services with their legal representative for the Long-Term Care Ombudsman Program, law school supported legal clinics, the local legal aid program, the district attorney's and city attorney's elder abuse divisions, state consumer licensing and enforcement agencies such as those overseeing automotive repairs and contractors, law enforcement, and with other specialty nonprofit legal services providers in the community.

The provider collaborates with community-based service providers which are part of the "SafetyNet" for older individuals residing within the geographic location such as nutrition programs, caregiver resource centers and senior housing groups. For example, in the discussion of their legal issues with a staff attorney, clients who indicate that they have little or no funds to purchase food are referred to a meal/nutrition provider for services.

SECTION 12. DISASTER PREPAREDNESS

Disaster Preparation Planning Conducted for the 2025-2026 Annual Area Plan Update
Older Americans Act Reauthorization Act of 2020, Section 306(a)(17); 310, CCR Title 22, Sections 7529 (a)(4) and 7547, W&I Code Division 8.5, Sections 9625 and 9716, CDA Standard Agreement, Exhibit E, Article 1, 22-25, Program Memo 10-29(P)

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

The AAA (AIS) coordinates its disaster preparedness plans and activities with local emergency response agencies, relief organizations, state and local governments, and other organizations responsible for emergency preparedness through the Office of Emergency Services (OES) of the County of San Diego which orchestrates periodic regional meetings for both internal and external responsible parties, as outlined in the AIS Disaster Plan Continuity of Operations Planning (COOP) Annex. AIS plans to share our disaster preparation guide with the local tribal organizations and increase outreach about our services.

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

Name	Title	Telephone	Email
Nicholas Thomlison	Senior Emergency Services Coordinator	(619) 507-3738	Nicholas.Thomlison@sdcounty.ca.gov

3. Identify the Disaster Response Coordinator within the AAA:

Name	Title	Telephone	Email
Jana Jordan	Chief, Agency Operations	(619) 507-2099	Jana.Jordan@sdcounty.ca.gov

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?	Critical Time
A. AIS Emergency Response	<ul style="list-style-type: none"> • DOC Responders • EOC Responders • AIS COOP Coordinator • California Department of Aging (CDA) Special Populations Coordinator 	< 1 hour
B. AIS Administrative Support	<ul style="list-style-type: none"> • Executive Secretary to Director • Check on status of contractors. • Manage facility issues. 	< 1 hour
C. AIS Call Center	<ul style="list-style-type: none"> • Take mandated abuse reports. • Provide information and assistance. • Assist program staff to call to check on AIS clients in impacted areas as directed by HHSA DOC. • Contact vulnerable IHSS and MSSP clients impacted by event (i.e., power outage, potential evacuees, etc.). 	< 1 hour
D. Adult Protective Services (APS)	<ul style="list-style-type: none"> • Investigate abuse reports. • Provide emergency purchase of services. • Continue cross reporting. • Contact vulnerable clients to check on status. 	< 4 hours
E. AIS Emergency Response	<ul style="list-style-type: none"> • Deploy to shelters as part of VASAT team. 	< 4 hours
F. Public Administrator Estate Management	<ul style="list-style-type: none"> • Secure vault and Formula Place to ensure warehouse is secured. • Secure and safeguard decedent personal and real property. • Assess and secure all other properties/ residencies. • Deputies will give priority to assisting the Medical Examiner as needed. Handle indigent dispositions as a priority. 	< 4 hour < 4 hour < 12 hour < 12 hour

G. Ombudsman	<ul style="list-style-type: none"> • Investigate complaints in care facilities. • Conduct site visits. • Conduct cross reporting. • Accept community calls and abuse reports. 	< 24 hours
H. Public Guardian Conservatee Management	<ul style="list-style-type: none"> • Deputies shall identify and contact all conservatees to assess their health and welfare in the following order of priority: <ul style="list-style-type: none"> ○ Conservatees in their own home in affected area. ○ Conservatees in licensed facilities in affected areas. ○ All other conservatees. 	Living in own home < 48 hours for conservatees in facilities
I. In-Home Supportive Services (IHSS)	<ul style="list-style-type: none"> • Conduct initial eligibility assessments. • Mail Notice of Actions. • Provide urgent purchased services. • Provide resource referrals. <ul style="list-style-type: none"> ○ Process disputes/violations. 	< 24 hours
J. Multipurpose Senior Service Program (MSSP)	<ul style="list-style-type: none"> • Contact clients to assess for safety. • Provide purchased services/complete service authorizations. • Care conference cases prior to approving purchased services. • Complete intakes and Level of Care certifications. 	< 24 hours (contact clients)
K. Linkages	<ul style="list-style-type: none"> • Contact clients to assess for safety. • Provide purchased services. 	< 24 hours (contact clients)
L. SOAR	<ul style="list-style-type: none"> • Contact clients to assess for safety. • Provide purchased services. 	< 24 hours (contact clients)

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

Please see the table above for the critical services the AAA will provide and prioritize after a disaster. Emergency operations are geared toward participants. There is no differentiation between services provided 'operationally' and for 'participants'.

6. List critical resources the AAA need to continue operations.

System Name	Current Location	Other Locations
County Vehicles	Available at the following locations: 5560 Overland Ave., San Diego 92123 401 Mile of Cars, National City 91910 389 N. Magnolia Ave., El Cajon 92020 649 W. Mission Ave., Escondido 92025 8530 La Mesa Blvd., La Mesa 91941 3708 Ocean Ranch Blvd, Oceanside 92056, 1050 Los Vallecitos Blvd, San Marcos, 92069 (One Safe Place) 5101 Market St., San Diego 92114 7666 Formula Place, San Diego 92121.	County Operations Center maintains a fleet of vehicles
Panoramic	Public Administrator/Public Guardian (PAPG)Web based application	Can access from any County/Non- County computer
LEAPS	Web based application	Can access from any County/Non- County computer with Akamai/EAA.
Q Continuum System	Web based application	Can access from any County/Non-County computer
Case Management Information and Payrolling System (CMIPS) II	Mainframe App; User specific for levels of access	Can access from any County/Non- County computer
Volunteer and Newsletter Database	Non-Governmental Supported Desktop Application- asset-based	Can access only on assets that have the application installed
Ombudsman Data Integration Network	Web based application	Can access from any County computer
Electronic Records Management System	Web based application	Can access from any County computer
Managed Care Organization/ MSSP Care	Web based application	Can access from any County computer

Vulnerable Adults Shelter Assessment Team Tools	Stored on S-Drive	Accessible by key essential function staff
County Laptops	Assigned to various essential functions staff	N/A
Enterprise Application Access/Akamai Accounts	Assigned to various essential functions staff	N/A
HotSpot (Mobile Internet Access)	Assigned to various essential functions staff	N/A
Scanners for Imaging	APS, IHSS, and PAPG	N/A
Automatic Call Distribution/ Integrated Voice Response	Call Center; PAPG	N/A
AIS Disaster Line (888) 804-5504	Accessible for all AIS staff	N/A
Mobile Devices	Assigned to various essential functions staff	N/A
AIS Safety and Disaster Response Documents	Stored on S-Drive and AIS Disaster SharePoint	N/A

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)

AIS has roles in the Operational Area Emergency Plan, Annex G, Care and Shelter Operations, Annex Q, Evacuation. All service and supply contracts deemed essential in an emergency include disaster preparedness and response language.

8. Describe how the AAA will: Identify vulnerable populations.

AIS, with Office of Emergency Services (OES), will create a geographic information system (GIS) map of vulnerable clients during disasters. AIS works with the Office of Business Intelligence to identify participants in affected areas or pulls queries from other case management systems.

Identify possible needs of the participants before a disaster event (PSPS, Flood, Earthquake, etc.).

Multipurpose Senior Services Program (MSSP) case managers check in on their clients to ensure that they have access to resources, have an emergency plan in place, and are ready and able to report any emergencies. Adult Protective Services (APS) call clients in affected areas to check in on them, determine if further assistance is needed and how it might be provided.

Case Management programs, SOAR, Linkages program, and San Diego Veterans Independence Services at any Age (SD-VISA) call clients in affected areas to check in on them, determine if further assistance is needed and how it might be provided.

In-Home Supportive Services (IHSS) contacts vulnerable IHSS recipients and/or their Authorized representatives residing in affected areas to conduct safety checks and provide resources.

The AIS Call Center is available from 8:00 AM – 5:00 PM Monday through Friday and provides information and assistance about programs and services for older adults, persons with disabilities, and caregivers. AIS collaborates with our partner, 2-1-1 San Diego. 2-1-1 San Diego connects people with community, health, and disaster services and can be reached 24/7.

In the event that contracted services are unable to be provided (ex. home delivered meals), providers conduct wellness checks with impacted participants to offer alternative resources and ensure their wellness. AIS partners with the County's OES and Public Health Services to address the needs of vulnerable populations in the event of a disaster.

Follow up with vulnerable populations after a disaster event.

The AIS Call Center calls vulnerable populations potentially impacted by disasters.

9. How is disaster preparedness training provided?

AAA to participants and caregivers.

AIS's Title III-E contractor Southern Caregiver Resource Center (SCRC) provides an emergency preparedness skills presentation for family caregivers. The presentation is available in English and Spanish. SCRC provides County resources, and access to local, state, and federal emergency preparedness support. Additionally, SCRC family consultants make regular wellness check calls.

To staff and subcontractors.

Staff is trained through the County's Learning Management System online through the AIS Continuity of Operations Plan (COOP) Training Part I. The AIS COOP Training Part II is a tabletop exercise conducted within the staff's unit. The objectives are for staff to understand which activities will continue, how soon they need to function after a disaster, who will perform them, who will be in charge, and the logistics related to working at another site.

Training for subcontractors is not provided through AIS. However, we require all contractors providing OAA services to have their own continuity plan to maintain services to their population in the event of emergencies and/or disasters.

SECTION 15. GOVERNING BOARD

GOVERNING BOARD MEMBERSHIP 2025-2026 Annual Area Plan Update CCR Article 3, Section 7302(a)(11)

Total Number of Board Members: 5

Name and Title of Officers:

Office Term Expires:

Terra Lawson-Remer, Vice Chair – District 3	January 2025*
Joel Anderson, Chair Pro Tempore – District 2	January 2025*

Names and Titles of All Members:

Board Term Expires:

Vacant, Supervisor – District 1	01/08/2029**
Joel Anderson, Supervisor – District 2	01/08/2029
Terra Lawson-Remer, Supervisor – District 3	01/08/2029
Monica Montgomery Steppe, Supervisor – District 4	01/04/2027
Jim Desmond, Supervisor – District 5	01/04/2027

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

The San Diego County Board of Supervisors (Board) for District 2 and District 3 were re-elected for new four-year terms, which began on January 6, 2025.

*The Board will re-visit a vote for a permanent Chair, Vice Chair, and Chair Pro Tempore after the special election in April 2025, when the District 1 seat is expected to be filled.

**A special election will be held on April 8, 2025 to fill District 1's vacant seat for the current term ending in January 2029.

SECTION 16. ADVISORY COUNCIL

ADVISORY COUNCIL MEMBERSHIP 2025-2026 Annual Area Plan Update

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

Total Council Membership (include vacancies): 30 (24 filled seats)

Number and Percent of Council Members over age 60: 16 **% Council 60+: 65%**

Race/Ethnic Composition	% Of PSA's 60+Population	% on Advisory Council
White	58.1%	79.1%
Hispanic	21.9%	8.3%
Black	4.0%	8.3%
Asian/Pacific Islander	13.4%	4.2%
Native American/Alaskan Native	0.4%	0%
Other	2.1%	0%

Name and Title of Officers	Office Term Expires:
Susan Mallett, Chair	05/12/2027
Shirley King, 1 st Vice Chair	01/08/2029
Wanda Smith, 2 nd Vice Chair	09/09/2027
Jacqueline Simon, Secretary	10/13/2026

Name and Title of other members:	Office Term Expires:
Sabrina Bishop	01/04/2027
Kimberly Brown	02/09/2029
Faye Detsky-Weil	07/08/2027
Stephen Huber	05/12/2027
Ted Kagan	10/08/2028
Mina Kerr	12/08/2026
Dennis Leggett	02/13/2027
Elaine Lewis	05/13/2025
Michael Lochner	01/12/2029
Silvia Martinez	09/09/2027

Dan McNamara	03/11/2027
David Milroy	01/04/2027
Paul Monarrez	09/28/2028
Bradlyn Mulvey	07/08/2027
Molly Nocon	01/08/2029
Taryn Patterson	09/11/2028
Maureen Phillips	01/08/2029
Smith Sirisakorn	09/09/2027
Richard Spiering	04/07/2028
Kristine Stensberg	10/13/2026

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

Yes No

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

Yes No **Additional Other (Optional)**

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

Explain any "No" answer(s): No current applicants.

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?

Currently, there are six vacancies, with potential candidates. Five out of the six vacancies are San Diego County Board of Supervisor-appointed AIS Advisory Council seats. The AIS Advisory Council Executive & Membership Subcommittee meets monthly to review vacancies and upcoming term expirations; to identify, recruit, and interview possible candidates; and to make recommendations to the Council and/or appointing Supervisor as appropriate. Recruitment is ongoing for all expiring terms and vacancies.

For those eligible for a second term, the offer is made to remain on the Council when deemed advisable by the Executive & Membership Subcommittee.

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

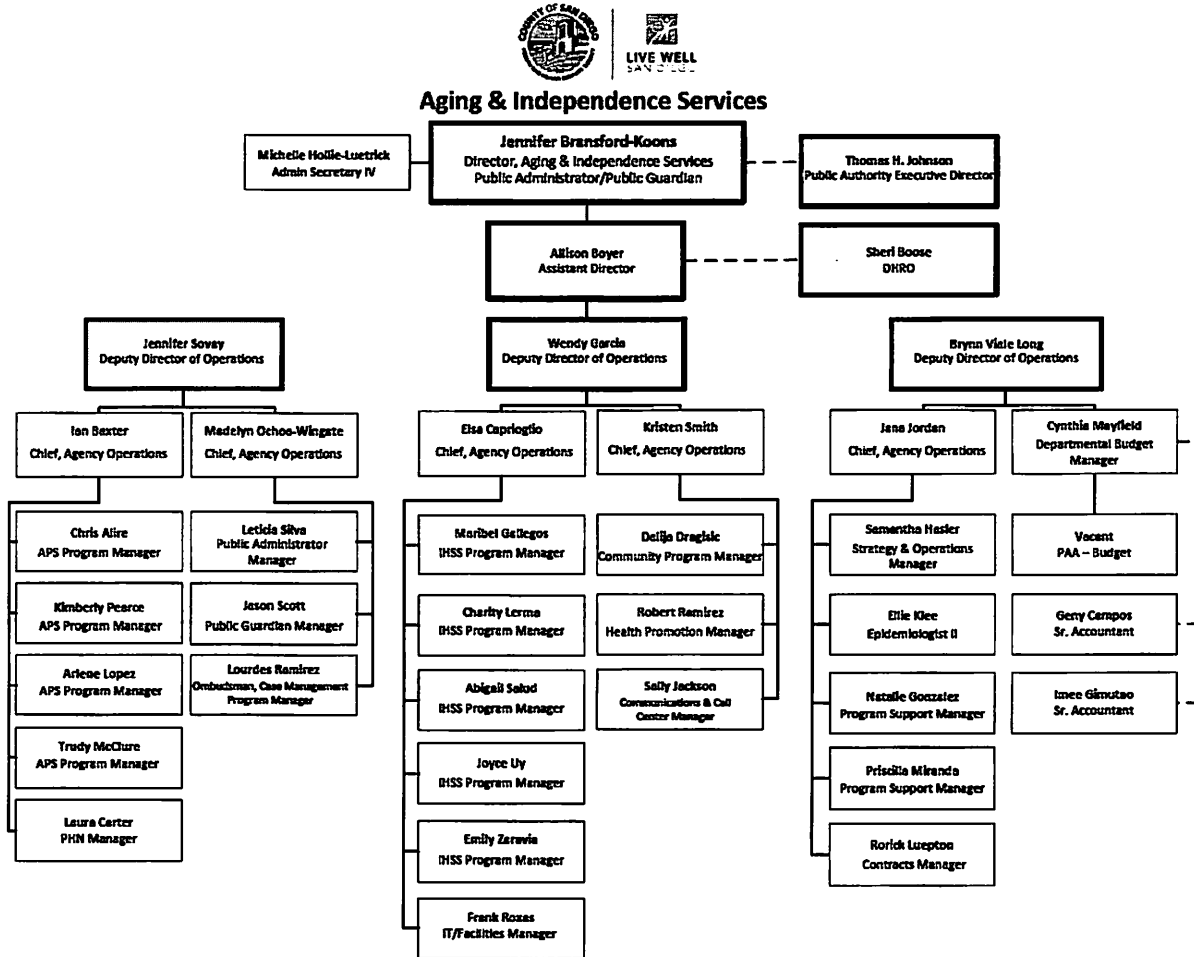
Each member of the San Diego County Board of Supervisors (Board) nominates and recommends to the Board two (2) individuals for appointment to the Advisory Council. Appointments of the ten (10) Council members appointed by the Board are made by majority vote at an open public meeting. Often, individuals who demonstrate interest by participating in the activities of the Council are recommended as qualified persons for appointment by the Board when there are openings.

Members appointed by the Board serve a term coinciding with the Supervisor they represent. No member of the Advisory Council may serve for more than two (2) consecutive terms, regardless of appointing authority.

For the other positions on the Council, interested persons submit applications obtained on the Clerk of the Board of Supervisors website or at the Area Agency on Aging website or office. The Council's Executive & Membership Subcommittee reviews applications and makes recommendations to the Council regarding seating applicants.

Officers are seated annually at the September Council meeting.

SECTION 18. ORGANIZATIONAL CHARTS



ORGANIZATIONAL CHARTS (ADMINISTRATION)

Administration Team

Jana Jordan	Chief of Agency Operations	1	50%
-------------	----------------------------	---	-----

Budget

Cynthia Mayfield	Departemental Budget Manager	1	28%
Jennifer Staples	Analyst III	1	24%
Hiyab Tesfu	Analyst III	1	4%
Marlene Harper	Analyst III	1	4%

Fiscal

Geny Campos	Senior Accountant	1	63%
	Associate Accountant (Staff Acct)	1	
Romed Papa	Associate Accountant (Staff Acct)	1	41%
Josephine Reynolds	Associate Accountant (Staff Acct)	1	48%
Brian Wong	Associate Accountant (Staff Acct)	1	53%
Rida Latif	Accountant Clerk Specialist	1	56%
Kavita Rani	Accountant Clerk Specialist	1	55%
Kathryn Vargas	Accounting Technician	1	60%
Imelda De Guzman	Staff Accountant	1	76%
Caroline Eshaghi	Staff Accountant	1	33%
Tim Hasman	Retiree Non-Exmpt Classfd-Gnrl	1	70%
Maryam Hessamian	Account Clerk	1	44%

IT/ Facilities

Frank Roxas	Principal Admin Analyst	1	0%
Kelly Bateson	Analyst II	1	0%
Rick Dominguez	Analyst II	1	0%

Epidemiologist II

Ellie Klee	Epidemiologist II	1	0%
------------	-------------------	---	----

Strategy & Operations

Samantha Hasler	Principal Admin Analyst	1	0%
Skyler Moore	Analyst III	1	0%
Kendall Bremner	Analyst II	1	41%
Dayna Zarate	Analyst II	1	80%

Contracts

Rorick Luepton	Principal Admin Analyst	1	75%
Andrea Lara	Analyst III	1	50%
Lauren McCasland	Analyst III	1	83%
Hannah Koppers	Analyst II	1	81%
Toni-Anne Simpelo	Analyst II	1	39%
Ronald Bautista	Analyst II	1	83%
Gail Straub	Analyst II	1	81%
Alexander Hensley	Analyst II	1	88%
Ana Ruiz Carrillo	Analyst II	1	85%
Rizaldy Marasigan	Analyst II	1	61%
Raymond Flores	Analyst II	1	41%
Delilah Bisase	Public Health Nutrition Manager	1	90%
Danielle Walker	Office Assistant	1	87%

ORGANIZATIONAL CHARTS (APS, CALL CENTER, HCET, OMBUDSMAN)

Health & Community Engagement and Ombudsman Team

Community Unit			
Dalia Dragisic	Aging Program Specialist IV	1	15%
Matthew Parcasio	Aging Program Specialist III	1	100%

Health Promotion			
Roberto Ramirez	Health Planning & Program Specialist	1	0%
Freida Acido	Community Health Program Specialist	1	87%
Toni-Anne Simpelo	Community Health Program Specialist II	1	88%

Kristen Smith	Chief of Agency Operations	1	50%
---------------	----------------------------	---	-----

Long-Term Care Ombudsman & Call Center Programs			
Lourdes	Protective Services Program	1	100%

Call Center Program			
Mary Pretto	Aging Program Specialist III	1	100%
Susan Distor Hee	Aging Program Specialist II	1	100%
Angelica Gudino	Aging Program Specialist II	1	100%
Melissa Young	Aging Program Specialist II	1	100%
Tiffany Sanchez	Aging Program Specialist II	1	100%

Long-Term Care Ombudsman Program			
Sunita Upchurch	Ombudsman Coordinator	1	100%
Brittney Willis	Ombudsman Supervisor	1	100%
Vacant	Aging Program Specialist II	1	100%
Vacant	Office Assistant	1	100%
Deanna Lopez	Intake	1	100%
Nanette Hallas	Intake	1	100%
Kristin Rigsby	Regional Coordinator	1	100%
Irene Escobedo	Regional Coordinator	1	100%
Joshua Ishikawa	Regional Coordinator	1	100%
James Gore	Regional Coordinator	1	100%
Lissette Melendez	Regional Coordinator	1	100%
Petra Heim-Rollan	Regional Coordinator	1	100%
Vacant	Regional Coordinator	1	100%

Adult Protective Services Program

Ian Baxter	Chief of Agency Operations	1	0%
------------	----------------------------	---	----

Specialized Case Management			
Kimberly Pearce	Protective Services Program Manager	1	0%
MaryAnne Briggs	Aging Program Specialist III	1	100%
Erin Barnett	Aging Program Specialist II	1	100%
Rene Garcia	Aging Program Specialist II	1	100%
Removed	Aging Program Specialist II	1	0%

SECTION 19. ASSURANCES

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

Sec. 306, AREA PLANS

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

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

(2) provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services—

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

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

(C) legal assistance;

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

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

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

(4)(A)(i) (I) provide assurances that the area agency on aging will—

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

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

(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of sub- clause (I);

(ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—

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

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

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

(iii) with respect to the fiscal year preceding the fiscal year for which such plan is prepared —

(I) identify the number of low-income minority older individuals in the planning and service area;

(II) describe the methods used to satisfy the service needs of such minority older individuals; and

(III) provide information on the extent to which the area agency on aging met the objectives described in clause (i).

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

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

(I) older individuals residing in rural areas;

(II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

(VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(VII) older individuals at risk for institutional placement, specifically including survivors of the Holocaust; and

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

(C) contain an assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.

(5) provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities;

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

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

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

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

(ii) if possible regarding the provision of services under this title, enter into arrangements and coordinate with

organizations that have a proven record of providing services to older individuals, that—

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(11) provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including—

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

(B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and

(C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans;

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

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

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

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

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

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

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

(D) demonstrate that the quantity or quality of the services to be provided under this title by such agency will

be enhanced as a result of such contract or such relationship; and

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

(14) provide assurances that preference in receiving services under this title will not be given by the area agency on aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title;

(15) provide assurances that funds received under this title will be used—

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

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

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

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

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

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

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

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

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

(2) Such assessment may include—

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

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

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

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

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

- (A) health and human services;
- (B) land use;
- (C) housing;
- (D) transportation;
- (E) public safety;
- (F) workforce and economic development;
- (G) recreation;
- (H) education;
- (I) civic engagement;
- (J) emergency preparedness;
- (K) protection from elder abuse, neglect, and exploitation;
- (L) assistive technology devices and services; and
- (M) any other service as determined by such agency.

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

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

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

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

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

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

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

- (i) providing notice of an action to withhold funds;
- (ii) providing documentation of the need for such action; and
- (iii) at the request of the area agency on aging, conducting a public hearing concerning the action.

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

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

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

(1) contracts with health care payers;

(2) consumer private pay programs; or

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

ATTACHMENT A. AAA Area Plan Summary of Change

PSA Number: 23

AAA Name: Aging & Independence Services

Area Plan Current Year: ☒ FY 25-26 ☐ FY 26-27 ☐ FY 27-28

Section	Page(s)	Excerpt Prior Year Content in Area Plan	Excerpt Current Year Content in Area Plan
EXAMPLE: Section 12: Disaster Preparedness	EXAMPLE: Page 45	EXAMPLE: Describe how the AAA coordinates its disaster plans with... The AAA coordinates with XYZ relief organization for emergency preparedness.	EXAMPLE: Describe how the AAA coordinates its disaster plans with... In the last year the XYZ relief organization has closed.... New community ABC organization coordinates with the AAA for emergency response.
Section 3: Description of the Area Agency on Aging	Page 16	San Diego County Board of Supervisors photo included in the description of the Area Agency on Aging.	Updated the San Diego County Board of Supervisors photo to reflect District 1 vacancy. Added an estimate of the number of lower income minority older individuals in the Planning and Service Area for the coming year.
Section 6: Priority Services & Public Hearings	Pages 23-25	Previous public hearing information from the March 11, 2024, Public Hearing.	New public hearing information added after the April 14, 2025, hearing.
Section: 7 Area Plan Goals and Objectives	Pages 26-36	Previous version of the Aging Roadmap Action Plan 2024-2028 was included in the appendix. Previous version of objective for goal numbers 1.02, 6.02a, 6.02b, 6.02c, 6.02d, and 6.02e.	All goals reference "Appendix A, Aging Roadmap Action Plan 2024-2028" in the rationale, which replaced the prior Appendix. New Appendix A has been submitted with update. Revised objective for goal numbers 1.02, 6.02a, and 6.02c. Added new objectives 1.03, 1.04, 1.05, 6.02b, 6.02d, 6.02e, 6.02f, and 10.04.

Section 8: Service Unit Plan	Pages 37-51	Fiscal Year (FY) 2024-25 proposed units of service for Visiting, Disaster Preparedness Materials, Information and Assistance, Comprehensive Assessment, Telephone Reassurance, Complaint Resolution Rate, Work with Resident Councils, Work with Family Councils, Information and Assistance to Facility Staff, Information and Assistance to Individuals, Community Education, Systems Advocacy, and Measures and Targets.	Updated proposed units of service for FY 2025-26, provided variance justifications for actuals, and/or revisions for Visiting, Disaster Preparedness Materials, Information and Assistance, Comprehensive Assessment, Telephone Reassurance, Complaint Resolution Rate, Work with Resident Councils, Work with Family Councils, Information and Assistance to Facility Staff, Information and Assistance to Individuals, Community Education, Systems Advocacy, and
Section 8: Service Unit Plan	Pages 55-65	FY 2024-25 proposed units of service for Caregiver Access Case Management, Caregiver Information Services, Caregiver Supplemental Services Assistive Technologies, Caregiver Supplemental Services Caregiver Assessment, Caregiver Supplemental Services Home Modifications, Caregiver Supplemental Services Legal Consultation, Caregiver Support Groups, Caregiver Support Counseling, Caregiver Information and Assistance, Caregiver Information Services, Caregiver Respite In-Home, Caregiver Respite Out-of-Home Day Care, Caregiver Respite Out-of-Home Overnight Care, and Health Insurance Counseling and Advocacy Program	Updated proposed units of service for FY 2025-26, provided variance justifications for actuals, and/or revisions for Caregiver Access Case Management, Caregiver Information Services, Caregiver Supplemental Services Assistive Technologies, Caregiver Supplemental Services Caregiver Assessment, Caregiver Supplemental Services Home Modifications, Caregiver Supplemental Services Legal Consultation, Caregiver Support Groups, Caregiver Support Counseling, Caregiver Information and Assistance, Caregiver Information Services, Caregiver Respite In-Home, Caregiver Respite Out-of-Home Day Care, Caregiver Respite Out-of-Home Overnight Care, and HICAP Service Unit Plan.

Section 11: Legal Assistance	Pages 66-71	Legal services for FY 2024-25.	Updated section with the legal services for FY 2025-26. No significant changes from 4-year plan.
Section 12: Disaster Preparedness	Pages 72-77	FY 2024-25 Local Office of Emergency Services contacts and location of County vehicle fleets.	Local Office of Emergency Services contact name and title updated. Additional location added to current locations that maintain fleet of County vehicles. CARA system no longer utilized as an electronic records management system in AIS.
Section 15: Governing Board	Page 78	Previous San Diego County Board of Supervisors (Board) districts seats, titles, and terms.	Updated the Board term expiration dates for Supervisors Terra Lawson-Remer and Joel Anderson who were both re-elected until 2029. Removed Nora Vargas from document as District 1 Supervisor.
Section 16: Advisory Council	Pages 79-81	FY 2024-25 Council membership.	Advisory Council membership updated with current members. Overall race/ethnic and age composition of the Council updated based on current Council membership.
Section 18: Organizational Charts	Pages 82-84	Organizational Charts reflecting the structure of the organization during FY 2024-25.	Updated with most current organizational structure.

ATTACHMENT B. LOCAL MASTER PLAN ON AGING (MPA) SUPPLEMENTAL SUMMARY

San Diego County Aging Roadmap

As described in the Area Plan Planning Process, the Aging Roadmap is San Diego County's regional vision and framework for supporting healthy aging for people of all ages. It is the product of ongoing community input and collaboration that began in 2016 when the County joined the AARP Network of Age-Friendly Communities. Building upon these age-friendly efforts and with additional community input, in 2019, it was approved by the Board as a broad framework to encompass aging services and age-friendly work across County departments. As the lead for the Aging Roadmap, AIS continuously collaborates with the community. The Aging Roadmap serves as the local "Master Plan for Aging" for our region.

Community, Planning, and Development: The priorities voiced by the community informed the development of programs and initiatives in the Aging Roadmap. The ten priority areas are: Health & Community Support, Housing, Social Participation, Transportation, Dementia, Caregiver Support, Safety, Preparedness, Silver Economy, and Medical & Social Services System. For more information on the vision of each of these priority areas as well as programs within each area, refer to Appendix A, Aging Roadmap 2024-2028 Action Plan. The results of the needs assessment for this Area Plan are described using the Aging Roadmap priority area framework. Similarly, the Area Plan Narrative Goals and Objectives are organized according to the same framework. The Aging Roadmap Action Plan encompasses the Area Plan goals as well as other programs and initiatives.

For the 2024-28 cycle of the Area Plan and Aging Roadmap, our planning process included several avenues of collecting input from older adults, public agencies, government entities, and other organizations that serve focus populations. The avenues included: a feedback session focused on aging network professionals including public agencies and government entities; nine feedback sessions focused on specific communities such as Spanish speakers, individuals with disabilities, LGBTQ+, and low-income older adults; a website to submit comments; an AIS staff survey; and the Community Assessment Survey for Older Adults.

Implementation: See Appendix A, Aging Roadmap Action Plan 2024-28 for the table describing the programs and initiatives of the Aging Roadmap. It includes and goes beyond Older Americans Act programs and AIS programs. It also includes programs and initiatives of County contractors, committees coordinated by AIS staff, and aging-related work of departments across the

County. For example, there are several County departments that work on older adult housing issues including the following departments within HHSA: AIS, Behavioral Health Services, and Housing and Community Development Services. In the Land Use and Environment Group, the Department of Planning Services oversees long-range planning for zoning and incentives for age-friendly housing development. Nine community committees on topics ranging from housing to fall prevention to general outreach contribute to the progress of the Aging Roadmap. These committees include professionals in the respective topic areas as well as older adults.

Evaluation: Each year in September, AIS submits an Annual Update to the Board, describing the major accomplishments of the previous fiscal year. In addition, many of the specific programs and initiatives within the Aging Roadmap have their own focused evaluations. The original Aging Roadmap and the subsequent Aging Roadmap Annual Update reports can be found on the County website at: www.Aging.SanDiegoCounty.gov.

OLDER CALIFORNIANS ACT (OCA) MODERNIZATION

SUPPLEMENTAL SUMMARY

Program Memo 23-13 outlines the funding intent, allowable activities, and distribution of general funds for modernizing the Mello-Granlund Older Californians Act. Funding for these efforts include State General Funds granted in response to the AAAs network's legislative proposal. If the AAA is using the modernization funding to expand the scope of the existing OCA programs and/or fund community-based service programs, the supplemental summary document of the actions being taken at the AAA should be completed. The narrative summary should include programmatic actions being funded and the services provided including Nutrition Modernization programs.

☐ Not Participating in OCA Modernization

Description of program(s) being funded:

PSA 23 intends to provide Linkages, Aging in Place, and Caregiver Respite services with OCA Modernization funding.

PSA 23 intends to provide C1 and C2 meals through Nutrition Modernization funding.

Services being provided:

Using OCA Modernization funding, PSA 23 intends to (1) support and further expand the Linkages program, providing case management to frail older adults age 60+ to prevent or delay placement in institutional settings; (2) provide caregiver respite services for family caregivers of older adults, with prioritization for those caring for individuals with Alzheimer's Disease and Related Dementias; and (3) Aging in Place supportive services including free on-demand transportation services for older adults to promote sustained independence and reduced isolation.

Using Nutrition Modernization funding, PSA 23 intends to expand the Older Californians Nutrition Program and appeal to new clients through expanded options including to-go meals. If needed, funding will also be used to support traditional C1 and C2 meals.

APPENDIX A. AGING ROADMAP ACTION PLAN 2024 – 2028

As the older adult population continues to grow and becomes more culturally, linguistically, and ethnically diverse, our systems of care need to be flexible to meet a wider range of needs. Much has changed since the original Aging Roadmap goals were developed in 2019. COVID-19 exacerbated many challenges for older adults and brought to the forefront new issues and concerns.

A community needs assessment was conducted in Fall 2023 to inform the development of Aging & Independence Services (AIS) programs and the Aging Roadmap Action Plan. The Aging Roadmap Action Plan 2024-2028 below includes programs and initiatives of County contractors, committees coordinated by AIS staff, and aging-related work of departments across the County. The ten priority areas are: Health & Community Support, Housing, Social Participation, Transportation, Dementia, Caregiver Support, Safety, Preparedness, Silver Economy, and Medical & Social Services System.

HEALTH & COMMUNITY SUPPORT

Vision:

When changes and challenges in health occur, older adults and their families are able to find and access relevant resources, support, and care in their community. The community promotes mental health and physical health, for people of all ages and abilities.

TOPIC	WHO	PROGRAMS & INITIATIVES
Equity Focused Outreach and Engagement	Aging & Independence Services	Increase awareness of aging resources and services through culturally relevant and equity-focused outreach and engagement strategies such as conducting presentations and hosting resource tables in a variety of communities, providing translation, and soliciting diverse community input.
		Publicize information about County programs, community resources, and events via Gov Delivery e-network of stakeholders, AIS Quarterly Newsletter, presentations, and other community outreach.
Promote Physical and Mental Health	Aging & Independence Services and contracted community partners	Empower older adults and caregivers to be safe, resilient, healthy, and informed by providing fitness classes, events and workshops on topics including on fall prevention and chronic disease self- management.
	Behavioral Health Services and contracted community partners	Promote mental wellbeing with education, community depression screenings, and focused programs to engage older adults.
Leverage Partnerships	Aging & Independence Services	Leverage existing partnerships with regional community partners, community centers, and senior centers to ensure residents are aware of and have access to programs which they may be eligible for.
Reducing Digital Divide	Aging & Independence Services and contracted community partners	Bring technology programs to older adults to reduce the impacts of the digital divide.

HOUSING

Vision:

Older adults live in safe and affordable housing that is located near goods, services, and activities, all of which allow them to age in their community.

TOPIC	WHO	PROGRAMS & INITIATIVES
New housing	Planning and Development Services	Finalize development and present program options to the Board of Supervisors for incentivizing the development of new senior housing.
	Housing & Community Development Services	Continue construction on affordable senior housing apartment complexes.
Homelessness Prevention and Intervention	Homeless Solutions and Equitable Communities and contracted community partners	Provide rental support to low-income older adults through continued implementation of the Pilot Shallow Rental Subsidy Program.
		Provide housing navigation and case management to support older adults experiencing chronic homelessness through the Home Safe program.
		Conduct pilot Home Share Program for Older Adults.
	Aging & Independence Services	Support housing insecure Adult Protective Services clients to find and secure safe housing through the Home Safe program.
Supportive Housing	Behavioral Health Services	Provide older adult residents living with Serious Mental Illness in affordable housing with Full Service Partnership programs to support their housing security and other needs.
Housing Alternatives	AIS Age Well Housing Team Planning and Development Services	Increase awareness of affordable housing opportunities by providing community education on options such as Accessory Dwelling Units and shared housing programs and ensure that older adults know how and where to access housing information.
Aging in Place	Aging & Independence Services Housing and Community Development Services	Provide resources for Age-Friendly home modifications.

Collaborative Efforts and Education	AIS Age Well Housing Team	Enhance efforts of local housing partners by providing a forum for organizations to share information regarding projects for older adults. These partners approach housing from multiple angles, including land use and building codes, affordable housing development, home modifications, and supporting housing insecure residents.
		Educate the community on current older adult housing issues and resources.

SOCIAL PARTICIPATION

Vision:

Older adults have access to a range of social and community engagement opportunities that promote active living, reduce isolation, and provide enriching experiences with others across age groups and generations.

TOPIC	WHO	PROGRAMS & INITIATIVES
Bridging the Digital Divide	Aging & Independence Services and contracted community partners Homeless Solutions and Equitable Communities	Through the AIS Digital Connections program, increase access to technology and improve digital literacy for older adults throughout San Diego County by providing no-cost tablets, resources for no- or low-cost broadband, and information on local digital literacy training options.
Intergenerational Connection	Aging & Independence Services Department of Parks & Recreation	Encourage intergenerational connection by providing interactive programs that bring different age groups together for activities such as pickleball, cooking, and gardening at County community centers and other community sites.
	Aging & Independence Services	Provide technical assistance to community organizations on how to develop and successfully implement intergenerational programs.
Access to Social Engagement	AIS Age Well Transportation & Community Connections Team	Offer education and resources about local transportation options that enhance mobility independence, regional awareness, and access to social activities.
	AIS Age Well Social Participation & Inclusion Team	Publicize and distribute guides for social engagement: Ways to Engage and Get Connected!
	Aging & Independence Services	Publicize information about community events, programs, and opportunities to engage via Gov Delivery e-network of stakeholders, AIS Quarterly Newsletter, presentations, and other community outreach.

TRANSPORTATION

Vision:

Older adults have access to safe and affordable transportation options that are accessible for all ages and abilities.

TOPIC	WHO	PROGRAMS & INITIATIVES
Transportation Education	AIS Age Well Transportation & Community Connections Team	Encourage event coordinators to increase older adult access to their events by: <ul style="list-style-type: none"> • Hosting events and activities at accessible locations near public transportation • Including transportation options on event publicity
		Offer education and resources about local and alternative transportation options that enhance mobility independence, regional awareness, and access to daily life activities.
Equitable Access	Aging & Independence Services and contracted community partners	With American Rescue Plan Act funding, continue the two-year No-Cost Transportation Program for Older Adults in 2025. Receive feedback from residents about transportation needs and challenges to inform development of future programs.

DEMENTIA

Vision:

San Diegans have the information they need to reduce their risk of Alzheimer's disease and related dementias (ADRD); residents with ADRD receive the highest standard of clinical care; individuals with ADRD are well cared for and supported by "Dementia-Friendly" communities to be as independent as possible; and family members have the support they need to care for their loved ones.

TOPIC	WHO	PROGRAMS & INITIATIVES
Prevention and Equity	AIS Age Well Dementia & Brain Health Team	Work with community partners to develop and share brain health information that is regionally relevant, engaging to all ages, and culturally tailored to connect with diverse populations throughout the county.
Improving ADRD Care for patients and their caregivers	Aging & Independence Services and contracted community partners Medical Care Services	Work closely with The Alzheimer's Project Clinical Roundtable as well as other dementia and brain health professionals and institutions to share information that is supportive of the effective screening, diagnosis, and care management of those living with dementia. Work with healthcare organizations on improving their Electronic Health Record systems to support best practices in ADRD care, and supporting physicians' offices to connect patients and families to community resources.
	Aging & Independence Services	The Alzheimer's Response Team (ART) will continue to make home visits to people living with ADRD and their families. ART social workers educate residents on addressing challenges associated with dementia and provide care coordination and linkages to other community resources.
Building Dementia-Friendly Communities	AIS Age Well Dementia & Brain Health Team	Provide workshops and resources to individuals and diverse community sectors (e.g., libraries, restaurants, churches, etc.) to educate them on what it means to be "dementia-friendly" and how to create environments that are welcoming to those living with dementia and their caregivers.

CAREGIVER SUPPORT

Vision:

Caregivers have access to the supports and resources necessary to provide responsive and quality care to older adults, while also tending to their own well-being.

TOPIC	WHO	PROGRAMS & INITIATIVES
Caregiver Education	Aging & Independence Services Caregiver Coalition of San Diego	Educate older adults and family caregivers about existing local resources for family caregivers through in-person events and online webinars in a variety of languages.
		Educate staff and volunteers of local organizations (e.g., businesses, non- profits) about existing local resources for family caregivers and how they can educate their teams.
		Continue to support caregivers by updating, publishing, and distributing the Caregiver Handbook to the community.
Caregiver Resources	Aging & Independence Services and contracted community partners	Support eligible family caregivers through Older Americans Act services including care management, legal services, minor home modifications, outreach and education, counseling, and respite.
	Behavioral Health Services and contracted community partners	Provide mental health prevention and early intervention services and resource navigation for family caregivers.

SAFETY

Vision:

Older adults and persons with disabilities are safe in their homes and community.

TOPIC	WHO	PROGRAMS & INITIATIVES
Elder Abuse Prevention and Awareness	District Attorney Aging & Independence Services	Conduct community awareness and education on elder abuse and scam prevention including training and media campaign with print and social media ads.
		Develop training for first responders to recognize and report signs of abuse and deficiencies in care and wellbeing.
		Support Elder Justice Task Force efforts to bring scammers to justice and focus on creative ways to return the stolen funds to older adult victims.
	District Attorney	Coordinate the Elder Protection Council and provide regular outreach and education to community partners, organizations, and directly to older adults and their caregivers.
Elder Abuse Response	District Attorney	Prosecute cases of elder abuse and support victims.
Protection for Vulnerable Adults	Aging & Independence Services	Seek resolution of complaints and advocate for the rights of residents in long-term care facilities to ensure their dignity, quality of life, and care, through the Long-Term Care Ombudsman Program.
		Investigate and respond to reports of elder and dependent adult abuse, and connect victims to resources.
		Provide Public Guardian and Public Administrator services to protect adults who are not capable of managing their personal affairs and finances.
Fall Prevention	San Diego Fall Prevention Task Force	Educate service providers and older adults living in the community about how to prevent falls.
	Aging & Independence Services and Community Partners	Provide Tai Chi classes at various host sites in the community.
		Distribute fall prevention home safety kits to older adults who are susceptible to falls.

PREPAREDNESS

Vision:

Older adults and their caregivers are prepared to be safe during disasters.

TOPIC	WHO	PROGRAMS & INITIATIVES
Strengthen Preparedness	Aging & Independence Services Office of Emergency Services Access and Functional Needs (AFN) Working Group (comprised of community stakeholders such as Cal Fire and disability service organizations)	Distribute the Personal Disaster Plan for People who May Need Assistance booklet in multiple languages, reaching residents throughout San Diego County.
		Prepare AFN Working Group members to train community residents on making an effective personal disaster plan.
Response	Aging & Independence Services and community partners	Coordinate community partners to provide seasonal "Cool Zone" sites for older adults and other residents to stay safe during extreme heat.

SILVER ECONOMY

Vision:

There is a skilled and diverse workforce of caregivers to support the older adult population. Also, older adults have opportunities to stay engaged in the community through volunteering or paid work.

TOPIC	WHO	PROGRAMS & INITIATIVES
Train In-Home Supportive Services (IHSS) Caregivers	IHSS Public Authority	Expand trainings to increase the number of Individual Providers available to serve as caregivers for IHSS recipients by increasing training offerings and expanding them to different areas of the county.
Recruit IHSS Caregivers		Increase efficiency and accessibility of provider enrollment by creating and implementing mobile enrollment options and expediting the enrollment timeline.
Older Adult Volunteers	Aging & Independence Services	Recruit new organizations that host volunteers and add these organizations to the Senior Volunteer website.
		Support older adults in identifying enriching volunteer opportunities by conducting outreach and assistance with prospective volunteers.

MEDICAL & SOCIAL SERVICES SYSTEM

Vision:

Care coordination among medical and social services provides proactive, seamless, prevention focused, and person-centered support for older adults.

TOPIC	WHO	PROGRAMS & INITIATIVES
Improving Care	Medical Care Services Aging & Independence Services	Support The Alzheimer's Project Clinical Roundtable in advancing their long-term goal to integrate Alzheimer's disease and related dementias best practices into primary care workflows.
Supporting Providers and Maximizing Independence	Medical Care Services Aging & Independence Services	Educate health care and social service providers on resources for transitioning residents from facilities to lower levels of care in the community, when appropriate.
	Healthy San Diego Duals Transitions of Care Workgroup	Support seamless referral processes for SNF diversion by finalizing the Transitions of Care Toolkit for Medi-Cal services for older adults.
Essential Social Services	Aging & Independence Services	Provide ongoing essential social services, including In-Home Supportive Services and care coordination programs such as MSSP, SOAR, Linkages, and SD-VISA.
		Assist older adults, persons with disabilities, caregivers, and service providers with information, assistance, and referrals via the Aging & Independence Services Call Center.
	Behavioral Health Services and contracted community partners	Provide essential mental health services for older adults with serious mental illness and substance use disorders.
	Public Health Services	Provide essential public health services for older adults such as vaccinations at Public Health Centers, the Senior Oral Health Coalition, tuberculosis control, and HIV services.

Advisory Council for Aging & Independence Services
EXECUTIVE & MEMBERSHIP SUBCOMMITTEE
 March 25, 2025 | 9:00 a.m.

Virtual Participation
 Call in: 1 (619) 343-2539
 Meeting ID: 248 050 530 608
 Passcode: ZL6HF7T3
 Click to [Join Teams Meeting](#)

COSD CLERK OF THE BOARD
 2025 APR 17 PM4:00

MINUTES – DRAFT

Members		Absent Members	Guests
Attendance:	Stephen Huber (joined at 9:09 a.m.) Shirley King Susan Mallett Jacqueline Simon (joined at 9:20 a.m.) Wanda Smith		
	Staff		
	Jana Jordan Samantha Hasler		
Item	Outcome		
1. Call to Order & Attendance	Susan Mallett, Chair, called the meeting to order at 9:00 a.m. a. Welcome & Guest/Member Introductions b. Confirmation of Quorum (quorum is 3): 3 members present at this time.		
2. Statement (just cause) and/or Consideration of a Request to Participate Remotely (emergency circumstance) by a Council Member, if applicable.	None.		
3. Standard Business	a. Public Comments/Announcements: N/A b. Approval of January 28, 2025, Meeting Minutes: [M/S – W. Smith / S. Mallett (Passed with 3 votes, 1 abstained.)]		
4. Membership Business	a. Current Status – 6 vacancies. The committee discussed vacancies, recruitment, and seat terms. b. Resignations – N/A c. Applicants <ul style="list-style-type: none"> i. Application Log* – The subcommittee reviewed this log and discussed recruitment efforts. ii. Application Review* – The subcommittee reviewed and discussed applications. iii. Interviews <ul style="list-style-type: none"> • The committee conducted an interview with candidate C. Whittaker and recommended appointment to Seat #13. [M/S – S. King / J. Simon: Unanimous] d. Interested Parties – Individuals that have submitted an application will be encouraged to continue attending meetings. e. Vacancy Log* <ul style="list-style-type: none"> • Supervisor-Appointed Seat Vacancies: 5 • Council-Appointed Seat Vacancies: 1 f. Actions <ul style="list-style-type: none"> i. Recommendations to seat applicant(s): Refer to item 4.c.iii ii. Actions regarding term expiration(s): Appoint Elaine Lewis to Seat #16 for a 2nd Term. [M/S – S. Mallett / W. Smith: Unanimous] iii. Assign seat(s) for proposed member(s): N/A g. Membership <ul style="list-style-type: none"> i. Attendance: Monitor/Review Attendance Log* ii. Ethics Training: 2 upcoming; 4 new members pending 		
5. Executive Business	a. Monthly Presentations [see Annual Calendar]* (Possible Action) b. Standing Subcommittee Status and Appointments (Possible Action) c. Ancillary Subcommittee Status and Appointments (Action)		

	<ul style="list-style-type: none"> • Appoint Elaine Lewis to Chair of the LTCOF Subcommittee: [M/S – S. King / W. Smith: Unanimous] • Appoint Dennis Leggett to the Affordability in Aging Subcommittee: [M/S – S. Mallett / S. King: Unanimous] <p>d. Auxiliary Subcommittee Status and Appointments (Possible Action)</p> <p>e. Ad Hoc Subcommittee Status and Appointments (Possible Action)</p>
6. Other Items	
7. Build February 10 th Council Meeting Agenda	The April 14 th agenda was prepared: [M/S – S. King / S. Huber: Unanimous]
8. Next Meeting	The next meeting will be on April 22, 2025, at 9:00 a.m.
9. Adjournment	Meeting adjourned at 10:03 a.m.

AIS Advisory Council

APPLICATION LOG

April 22, 2025

Applicant Name	Dates					Comments	Endorsed by Subcommittee	Subcommittee Involvement	Age > 60	(To Be) Seated	To Clerk of the Board
	App. Received	Region/District	Meeting Attended	Meeting Attended	Interviewed	Follow-up					
Alioto, Antoinette	3/19/25	North / 5									
Brown, Kimberly	9/19/24	Central / 1	12/9/24	1/13/25	1/28/25						
Colburn-Hargis, Paige	1/22/25	North / 3	2/10/25	3/10/25		Supervisor appointed	1/28/25				
Coulburn, Shelia	1/21/25	North / 2	2/10/25	4/14/25	4/22/25				Yes		
Delbruegge, Matthew	12/30/24	East / 2	3/10/25								
Graham, Sondra	9/28/24	North / 5									
Guillen, Anita	9/16/24	South / 4									
Hall, Michael	8/26/24	Central / 2	9/9/24	10/14/24		Application withdrawn					
Jones, Rhys	2/26/25	South / 1	3/10/25	4/14/25	4/22/25				Yes		
Leggett, Dennis	10/22/24	East / 4	9/9/24	10/14/24	11/25/24		1/8/25				
Lochner, Michael	10/22/24	Central / 4	9/9/24	10/14/24	1/8/25		1/8/25				
Richardson, Angelique	1/21/25	North / 3	3/10/25								
Rugama Inocente, Rose	10/16/24	South / 1	10/14/24	11/18/24	1/8/25	Application withdrawn					
Vashishtha, Devesh	2/5/25	Central / 3									
Vidal, Prizila	9/19/24	Central / 4									
Whittaker, Cristin	9/23/24	East / 2	2/10/25	3/10/25	3/25/25		3/25/25				



COUNTY OF SAN DIEGO

APPLICATION FOR COUNTY OF SAN DIEGO BOARD, COMMISSION, OR COMMITTEE

INSTRUCTIONS: Please complete this form in its entirety. Be sure to include the full title of the Board, Commission or Committee for which you desire consideration. Note the additional requirements listed at the bottom of the second page.

(For Official Use Only)

Please note that this application is a public record subject to disclosure. This application will be active for a period of one year. After one year, it is necessary to file a new application for another year of eligibility.

Submit the completed application to the Clerk of the Board of Supervisors, BCC Desk, 1600 Pacific Highway, Room 402, San Diego, CA 92101-2471 or via e-mail at bcc@sdcounty.ca.gov

Coulbourn	Sheila
_____ Last Name	_____ First Name
Aging & Independence Services, Advisory Council	District 2
Name of Board, Committee, or Commission to Which You are Applying for Membership	Supervisory District You Live In

County boards, commissions, and committees meet at times mutually satisfactory to the members. Day meetings are more common than evening meetings. Will you be able to schedule your time accordingly? ☒ Yes ☐ No

Please list any time restrictions

What are your principal areas of interest in County Government?

Aging & Independent Services

List all County Boards, Commissions or Committees of which you are a current member.

Not a current member ☐

Committee Name

Date Appointed

_____	_____
_____	_____
_____	_____

List past County appointments with dates served, and other past or present community or public service appointments.

Not a current member ☐

Committee/Organization Name

Dates Served

_____	_____
_____	_____
_____	_____

STATEMENT OF OCCUPATIONAL EXPERIENCE

Triune Nature Senior Services

Current Employer

Owner

20 years

Job Title

Length of Employment

Previous Employers

Position Title

Length of
Employment

What experience or special knowledge can you bring to your area(s) of interest?

I have worked as a Care Manager / Patient Advocate for 20 years. I hold an RCFE Administrator License.

Please list community organizations to which you belong:

None at present. Former Secretary of San Diego Dementia Consortium, Pending membership in San Diego County Council on Aging.

Please describe your ethnic origin:

WHITE (not of Hispanic Origin): All persons having origins in any of the original peoples of Europe

Select the gender you identify as:

Female

What is your age?

65-74 years old

What is your total income?

\$25,000 to \$49,999

NOTE: Candidates for the Assessment Appeals Board, County Hearing Officer, Eye Gnat Abatement

Appeals Board, Fly Abatement and Appeals Board and/or Planning Commission, are required to submit evidence of their qualifications and a Statement of Incompatible Activities Related to County Duties (Form 519) that can be found on the Clerk of the Board's website at: www.sandiegocounty.gov/content/sdc/cob/forms.html. Candidates may be asked to provide additional information.

Membership qualifications for all County Boards, Commissions and Committees may be accessed through the Clerk of the Board's website at www.sandiegocounty.gov/cob/bcac/ or by calling (619) 531-5600. This Application will be considered complete when such requirements are provided by the applicant.

By signing below, I declare that the information provided above is accurate and complete to the best of my knowledge.

Sheila Coulbourn

1/21/2025

Applicant's Signature

Date



COUNTY OF SAN DIEGO

APPLICATION FOR COUNTY OF SAN DIEGO BOARD, COMMISSION, OR COMMITTEE

INSTRUCTIONS: Please complete this form in its entirety. Be sure to include the full title of the Board, Commission or Committee for which you desire consideration. Note the additional requirements listed at the bottom of the second page.

(For Official Use Only)

Please note that this application is a public record subject to disclosure. This application will be active for a period of one year. After one year, it is necessary to file a new application for another year of eligibility.

Submit the completed application to the Clerk of the Board of Supervisors, BCC Desk, 1600 Pacific Highway, Room 402, San Diego, CA 92101-2471 or via e-mail at bcc@sdcounty.ca.gov

Jones	Rhys
<i>Last Name</i>	<i>First Name</i>
Aging & Independence Services, Advisory Council	District 1
<i>Name of Board, Committee, or Commission to Which You are Applying for Membership</i>	<i>Supervisory District You Live In</i>

County boards, commissions, and committees meet at times mutually satisfactory to the members. Day meetings are more common than evening meetings. Will you be able to schedule your time accordingly? ☒ Yes ☐ No

generally none

Please list any time restrictions

What are your principal areas of interest in County Government?

County health services, services for older adults, in-home services and supports, Medicare plan choices and benefits

List all County Boards, Commissions or Committees of which you are a current member.

Not a current member ☒

Committee Name

Date Appointed

List past County appointments with dates served, and other past or present community or public service appointments.

Not a current member ☒

Committee/Organization Name

Dates Served

STATEMENT OF OCCUPATIONAL EXPERIENCE

retired

Current Employer

seeking service opportunities

8 months

Job Title

Length of Employment

Previous Employers	Position Title	Length of Employment
America's Health Insurance Plans	VP Medicaid policy	8 years - 2016-2024
Anthem	Director, Medicaid business development	3 years - 2014-2016
Amerigroup	VP Medicare and duals eligibles programs	8 years - 2005-2014
Pricewaterhouse Cooper	Senior Manager payer solutions	5 years - 1999-2004

What experience or special knowledge can you bring to your area(s) of interest?

See attached resume... extensive expertise and knowledge of issues and programs affecting older adults; Medicare, Medi-Cal, home and community-based services/IHSS, Pace programs, health-related social needs, related federal laws and regulations

Please list community organizations to which you belong:

None currently, I recently relocated to Imperial Beach. Past service includes Senior Services of SE Virginia (local area agency on aging), Remote Access Medical (Virginia), Haight Ashbury Free Clinic

Please describe your ethnic origin:

WHITE (not of Hispanic Origin): All persons having origins in any of the original peoples of Europe

Select the gender you identify as:

Male

What is your age?

65-74 years old

What is your total income?

\$75,000 to \$99,999

NOTE: Candidates for the Assessment Appeals Board, County Hearing Officer, Eye Gnat Abatement

Appeals Board, Fly Abatement and Appeals Board and/or Planning Commission, are required to submit evidence of their qualifications and a Statement of Incompatible Activities Related to County Duties (Form 519) that can be found on the Clerk of the Board's website at: www.sandiegocounty.gov/content/sdc/cob/forms.html. Candidates may be asked to provide additional information.

Membership qualifications for all County Boards, Commissions and Committees may be accessed through the Clerk of the Board's website at www.sandiegocounty.gov/cob/bcac/ or by calling (619) 531-5600. This Application will be considered complete when such requirements are provided by the applicant.

By signing below, I declare that the information provided above is accurate and complete to the best of my knowledge.

Rhys Jones

2/25/2025

Applicant's Signature

Date

AIS Advisory Council Executive & Membership Subcommittee

Vacancy Log ⁺

April 22, 2025

❖ **Current Vacancies:** 5

❖ **Vacancies: Board of Supervisors-appointed Seats:** 4

May be filled 14 days after posting if vacant prior to end of Supervisor's term

- 1) Seat #1 (1/6/25)
- 2) Seat #2 (1/6/25)
- 3) Seat #9 (1/4/27)
- 4) Seat #10 (1/4/27)

❖ **Vacancies: Council-appointed Seats:** 1

May be filled 14 days after posting if vacant prior to terming out

- 1) Seat #19 (10/13/26)

❖ **Pending Term Expiration:** None

❖ **Pending Council Action:** None

❖ **Pending Board of Supervisors/Clerk of the Board Action:** None

*Occupied by current appointee until a reappointment or replacement is made.

+ Dates in parenthesis are seat term expiration dates

2024-25

* Supervisor Appointee	✓	Present for Advisory Council Meeting
------------------------	---	--------------------------------------

AIS Advisory Council

ANNUAL CALENDAR - COUNCIL FY 2024-25

MONTH	GUESTS/ACTIVITIES	AIS TOPICS	COUNCIL BUSINESS	
			Date Sensitive	Authority*
SEPTEMBER (9/9/24) Fall Prevention World Alzheimer's ANNUAL MEETING BL 6(E)(4)	HOMELESS SOLUTIONS AND EQUITABLE COMMUNITIES		❖ SWEAR-IN OFFICERS	IIa 82.5(b) BL 4(A)(3)
			=> ADOPT ANNUAL CALENDAR	BL 5(C)(1)(a)(v)
			=> ADOPT ANNUAL REPORT	IIa 82.16
			=> ADOPT ANNUAL SUBCOMMITTEES	BL 5(C)(2)(a)
			=> COUNCIL GOALS: Review Draft	A-74(E)(4)
			=> SUBCOMMITTEE CHAIR ANNUAL TRAINING	BL 5(C)(2)(a)
OCTOBER (10/14/24)	SARSIS	AGING ROADMAP ANNUAL REPORT	=> ADOPT COUNCIL GOALS	A-74(E)(4)
NOVEMBER (11/18/24) National Family Caregiver	SOUTHERN CAREGIVER RESOURCE CENTER	RETIRED AND SENIOR VOLUNTEER PROGRAM/SENIOR VOLUNTEER IN ACTION	• CSL CAUCUS REPORT: Sacramento	WIC 9302
DECEMBER (12/9/24)	LIVE WELL SAN DIEGO ANNUAL RPT/INDICATORS	OMBUDSMAN ANNUAL REPORT		CDA PM 13-04, III (C)
JANUARY (1/13/25)	OFFICE OF EMERGENCY SERVICES	PUBLIC HEALTH NURSE TEAM		
FEBRUARY (2/10/25)		IN-HOME SUPPORTIVE SERVICES	➤ APPOINT AREA PLAN SUCOMM.	BL 5(C)(3)
		HOME HAZARD REMOVAL PROGRAM/DIGNITY AT HOME FALL PREVENTION		
MARCH (3/10/25)	JEWISH FAMILY SERVICE OF SAN DIEGO	CALAIM	✓ APPOINT BUDGET SUBCOMM.	
APRIL (4/14/25)		HEALTH & COMMUNITY ENGAGEMENT TEAM	➤ AREA PLAN PUBLIC HEARING (25-26 Annual Update)	IIa 82.1(a) A-74(C)(8) BL 5(C)(3)
MAY (5/12/25) Older Americans	HHSA BUDGET PRESENTATION per A-74(c)(8)	MULTIPURPOSE SENIOR SERVICES PROGRAM	⊕ APPOINT LEGISLATIVE SUBCOMM. APPOINT NOMINATING SUBCOMM.	A-74(C)(12) BL 5(C)(3)
			• CSL VACANCY ELECTION <i>Next CSL Full Term Election: 2026</i>	WIC 9302
JUNE (6/9/25) World Elder Abuse Awareness Alzheimer's & Brain Awareness June 30 - County FY ends		ADVISORY COUNCIL STRATEGIC PLANNING	❖ DECLARE OFFICER NOMINATIONS	BL 4(A)(2)(b)
			=> COUNCIL GOALS: Report Status	A-74(E)(4)
			=> COUNCIL STRATEGIC PLANNING	N/A
			=> SUBCOMMITTEE GOALS 25-26 Discuss/develop in subcommittee mtgs	
				IIa 82.12 BL 3(C)(2)
JULY (7/14/25) July 1 - County FY begins		ADULT PROTECTIVE SERVICES TEAM	⊕ COUNCIL: Leg. Policy Guidelines— conclude review, forward proposals	BL 5(C)(3)
			❖ ELECT OFFICERS	IIa 82.5(a) BL 4(A)(3)
			=> EXEC/MEMBERSHIP SUBCOMM.	BL 5(C)(1)(a)
			Officer Transition & Brown Act	N/A
			Draft Annual Calendar	BL 5(C)(1)(a)(v)
			Draft Annual Report	IIa 82.16 BL 1(B)(6)
			Draft Annual Goals	A-74(E)(4)
			Propose Subcommittees	BL 5(C)(2)(a)
AUGUST (no mtg.)				



Advisory Council for Aging & Independence Services

May 12, 2025 | 12:00 p.m.

5560 Overland Ave, Joaquin Anguera Room, 3rd Floor

Virtual Participation

Call in: 1 (619) 343-2539

Meeting ID (access code): 224 849 240 117

Passcode: eq7c5wR2

Click here to [Join Teams Meeting](#)

AGENDA – DRAFT

* (attachment)

1. **Call to Order:** Susan Mallett, Chair
 - a. Welcome & Pledge of Allegiance
 - b. Guest/Member Introductions
 - c. Confirmation of Quorum (quorum = 13)
2. **Statement (just cause) and/or Consideration of a Request to Participate Remotely (emergency circumstances) by a Council Member, if applicable.** (Possible Action)
3. **Standard Business**
 - a. Public Comment/Announcements: Members or non-members
 - b. Approval of April 14, 2025, Meeting Minutes (Action)*
4. **AIS Director's Items** (Possible action)
 - a. AIS Director's Update
 - b. Board Letter:
 - i. IHSS Public Authority Fiscal Year 2025-26 Adopted Budget (Informational Item Only)*
5. **Guest Speaker**
 - a. Fiscal Year 2025-2026 CAO Recommended Budget: Agency Budget Office
 - b. Multipurpose Senior Services Program (MSSP) Update
6. **Executive & Membership Subcommittee Report/Other Business** (Possible action)
 - a. Chair's Report: Susan Mallett, Chair
 - i. Ancillary Subcommittee Appointments and Updates
 - ii. Ad Hoc Subcommittee Appointments
 - a) Convene Ad Hoc Nominating Subcommittee (Action)
 - b) Convene Legislative Ad Hoc Subcommittee (Action)
 - b. Membership Report: Jacqueline Simon, Secretary
 - c. Board of Supervisors Annual Visits (Dates posted as confirmed):
 - i. District #1: Vacant [Vacant/Vacant]
 - ii. District #2: Anderson [Phillips/Nocon] 2/26/2025
 - iii. District #3: Lawson-Remer [King/Colburn-Hargis] 1/31/2025
 - iv. District #4: Montgomery Steppe [Bishop/Milroy] 10/11/2024



v. District #5: Desmond

[Vacant/Vacant]

7. **Ancillary Subcommittee Oral Reports** (Possible action)

- a. LTC Ombudsman/Facilities (met XX/XX/XX): Elaine Lewis, Chair
- b. Healthy Aging (met XX/XX/XX): Wanda Smith, Chair
- c. Affordability in Aging (met XX/XX/XX): David Milroy, Chair
- d. Nutrition (met XX/XX/XX): Shirley King, Chair

8. **Other Announcements**

9. **Adjournment & Next Meetings:**

Meetings are held at 5560 Overland Ave, 3rd Floor, Joaquin Anguera Room, San Diego, 92123
Virtual meeting details are included on agendas at www.aging.sandiegocounty.gov/AISAdvisoryCouncil

Council Meeting: June 9, 2025, 12 noon

Future Subcommittee Meetings:

- | | | |
|-----------------------------|----------|------------|
| ➤ LTC Ombudsman/Facilities: | XX/XX/XX | 10:30 a.m. |
| ➤ Executive & Membership: | XX/XX/XX | 9:00 a.m. |
| ➤ Nutrition: | XX/XX/XX | 1:00 p.m. |
| ➤ Healthy Aging: | XX/XX/XX | 2:15 p.m. |
| ➤ Affordability in Aging: | XX/XX/XX | 10:30 a.m. |

This meeting is public, and the location is ADA accessible. If you are planning to attend and need special accommodations, please call (858) 495-5885 at least three days in advance of the meeting.

Supporting documentation and attachments for items listed on this agenda may be viewed at Aging & Independence Services, 5560 Overland Avenue, Suite 310, San Diego, CA 92123, or received by calling (858) 495-5885.



COUNTY OF SAN DIEGO
Child and Family Strengthening
Advisory Board
Minutes of January 18, 2025

BOARD OF SUPERVISORS

First District

JOEL ANDERSON
Second District

TERRA LAWSON-REMER
Third District

MONICA MONTGOMERY-STEPPE
Fourth District

JIM DESMOND
Fifth District

Members Present:

Patricia Boles, Foster Parent Association
Erin Gospodarec, Congregate Care Provider
Joy Singleton, District 3 Appointee
Stephen Moore, Voices for Children, Inc
Adam Reed, Dependency Legal Services
Jeff Wiemann, Foster Family Agency
Chief Tamika Nelson, San Diego County Probation
Beth Ploesch, Children's Legal Services of San Diego
Steven Gachette, Social Worker
Diana Venegas, Individual with Lived Experience
Melissa Villagomez, Individual with Lived Experience
Alfredo Guardado, Child and Family Well-Being Department
Stephanie Ortega, Polinsky Children's Center/Promises2Kids
Dr. Kimberly Giardina, County Health and Human Service Agency
Dr. Joseph Robinson, Individual with Lived Experience

Staff Present:

Sandra McBrayer, The Children's Initiative
Torrey Giaquinta, The Children's Initiative
Kyle Sand, County Counsel

Members Not Present:

Dr. Gloria Ciriza, San Diego County Office of Education
Dr. Patricia Fernandez, District 1 Appointee
Hon. Judge Ana España, San Diego Superior Court
Jason Sharpe, District 4 Appointee
Stephanie Gioia-Beckman, Rady's Children's Hospital
Aimee Zeitz, District 2 Appointee
Alethea Arguilez, First 5 San Diego
Shea Prophet, Child Abuse and Juvenile Justice

1. Welcome and Introductions

- Dr. Kimberly Giardina called the meeting to order. There are open seats on the board for representatives from districts 1, 2, 3, and 5, and for the San Pasqual Academy seat.
- All Advisory Board members introduced themselves.
- A quorum was present.

2. Public Comment:

- There was one public comment. The speaker wants CFSAB to recognize the importance of involving those with lived expertise. Lived experts should be compensated and meetings should be set when they are available to appear. There is some lived expert participation in the San

Pasqual Academy Advisory Board, Youth Transition Campus, and RISE Court. Not only is youth feedback and insight important to agencies, the youth learn about public speaking, empowerment, and leadership. All qualities that look good on a scholarship application or resume.

3. Approval for the Statement of Proceeding/Minutes for the meeting of October 25, 2024

- Jeff Wiemann motion to approve the minutes. Patty Boles seconded.
- All other members voted to approve the minutes.

4. Child and Family Well-Being and County Ombuds' Report

- Katherine Hodge from Child and Family Well-Being presented on the Office of the Ombudsman. The ombudsman office was established in 1992 to provide impartial, objective oversight of child welfare. The office provides support within the agency and for the public. Internal support includes supporting regional teams, collaboration with community partners, and serving as the liaison to the state for fatality and near fatality reviews. Externally, ombudsman staff provide education on CFWB policy, procedures, and social work practice and facilitate resolutions of complaints. Ombudsman do not have the authority to make recommendations to the court or change court orders, make exceptions in laws, investigate matters when there are appeals or lawsuits pending, investigate personnel or disciplinary matters, or give legal advice.
- In San Diego there are three different options to manage issues based on the nature of the concern, CFWB Office of the Ombudsman, Resource Parent Ombudsman, and the HHSA Business Assurance and Compliance Office.
- Next, Amaris Sanchez from the HHSA Business Assurance and Compliance Office (BAC) presented on their work. People with concerns are able to self-refer on the office's website. Referrals can come from the community or from the CFWB Office of the Ombudsman if they were not able to resolve a complaint. BAC staff meet with the parents, gather and review any documentation and the case. Identify the policies and protocols associated with the complaint and interview social workers, supervisors and other staff as needed. People do not need to know the exact policy or procedure they believe was violated. Staff will ask questions to help determine that. After the investigation the either a founded or unfounded determination is made. The office may make recommendations to CFWB for changes in language in policy or additional training.
- CFWB handled 724 complaints in 2024. BAC conducted 18 review.

5. Update on San Pasqual Academy

- Alfredo Guardado discussed the background of San Pasqual Academy (SPA). SPA opened in 2001 to serve youth ages 12-17. In the 20+ years since the opening 80% fewer kids in foster care, and, of those that are in care, 40% are in placements with kin. In 2023-2024, 34 youth were placed at SPA.
- Lawrence Howell, Executive Director of Rite of Passage (ROP), the contractor who runs SPA spoke next. Rite of Passage assumed operations of SPA in March 2023.
- As of December 2024, the average age of SPA students is 15 years old, the average length of stay is 2 years. Students have an average number of prior failed placements of two, with one youth who has 8. There are currently five sibling groups on campus.
- Currently, sibling groups are not able to be housed together but are instead housed according to age and gender. The foster care program, ROP is starting will target those sibling groups. The

planned opening date for the first of the two foster homes is April 2024. ROP is currently having difficulty finding caregivers who want to come live on campus that have no financial ties to CFWB.

- ROP is also going to open a short term residential treatment program called the San Pasqual Treatment Center. Although staff assigned to the treatment program are not able to work at SPA and the program schedule is different, having the treatment program allows youth to go up or down in level of care on the same campus. The opening date for this program depends on when the license is received.
- Board members discussed the positives and negatives of SPA residents attending the school at SPA versus one in the community. The community school may at times be the least restrictive placement, however staff at SPA are aware of each residents triggers and calming behaviors which can help reduce incidents.
- SPA alumni are able to participate in the campus through a student and alumni advisory board and senior lunches.
- In 2024, 83% of students exited the program successfully. 100% of on campus seniors graduated with a high school diploma. Nine alumni received on campus housing assistance.

6. Funding Update: Birth of Brilliance Conference

- The last two years, CFASB has provided \$1,500 in support to the Birth of Brilliance Conference from discretionary funds. CFSAB will be providing support at this year's conference which is in February 2025.

7. Work Group Updates

- **Child and Family Well-Being**
 - Both co-chairs were not present so staff, Torrey Giaquinta, presented the update. The work group is looking at data related to domestic violence and intimate partner violence in preparation for the map and gap analysis that is the action plan. Data have been presented by 211 and CFWB. Children's Initiative staff presented on the Children and Families Data Hub, the new electronic versions of the report card.
- **Placement and Caregiver Support**
 - Jeff Wiemann and Patty Boles discussed the current focus of the work group. The group is looking into what information is needed but not provided when a child changes placements. CFWB with Quality Parenting Outreach is putting out a survey on this topic in the next month. Based on the results, CFWB will look at the need to change practice (as most of the information is already collected) to make sure everyone gets the information they need.
- **Lived Experts Action Partners**
 - Torrey Giaquinta also presented this report as there is not currently a chair for this work group. The last few meetings have had very few lived experts present. The group is looking at being able to answer the questions of 'why' lived experts should participate in the work group.

8. Child and Family Well-Being Department, Director's Report

- **Board Letters:**
 - **Foster and Kinship Care Education**

- **Acceptance of Funding for Transitional Housing Program, Housing Navigation and Maintenance Program, and Transitional Housing Program Plus Housing Supplement Program**
- **An Ordinance Amending Article XVI of the San Diego County Administrative Code Relating to the San Diego County Child Care and Development Planning Council**
- **CFWB System Improvement Plan** Due to time constraints this item was moved to the next agenda.
- **Family Connection Hub** Thus far, 8 families comprised of 14 children have been referred to the Family Connection Hub by CFWB staff.
- **Flexible Funds** The flexible funds need to be used by July 1st. Board members were encouraged to remind people to use the flex funds. Promises2Kids has paused their Something Special Fund and are instead direction request to the flexible funds.

9. Advisory Board Member Updates: Members may make brief announcements or report on their activities that are relevant to the Advisory Board

10. Adjournment Future agenda items include the CFWB System Improvement Plan, a summer update on San Pasqual Academy, a presentation on First 5 San Diego's new five year strategic plan, a legislative update, and the CFSAB annual report.

Next Meeting of the Advisory Board: Friday, April 18, 2025, 9:00 – 11:00 AM



County of San Diego

KIMBERLY GIARDINA, DSW, MSW
DEPUTY CHIEF ADMINISTRATIVE OFFICER

HEALTH AND HUMAN SERVICES AGENCY
CHILD AND FAMILY WELL-BEING DEPARTMENT
8965 BALBOA AVENUE, MAIL STOP W-473
SAN DIEGO, CA 92123-1507
(858) 616-5811 • FAX (858) 616-5908

ALFREDO GUARDADO, MSW
DIRECTOR
CHILD AND FAMILY WELL-BEING

December 13, 2024

CHILD AND FAMILY WELL-BEING SPECIAL NOTICE

TO: All Social Work Staff
Child and Family Well-Being

CFSAB 4.18.25 Agenda Item 4

FROM: Alfredo Guardado, MSW
Director
Child and Family Well-Being

HIGHLIGHTS OF THE 2024 LEGISLATIVE YEAR

Purpose

This Special Notice introduces staff to new laws that change how the Health and Human Services Agency provides child welfare services. This is not a complete list of all legislative changes, but highlights the main bills that impact Child and Family Well-Being (CFWB) staff.

Italics indicate new policy that is to be followed by all CFWB staff. More detailed requirements of some of these new laws will be addressed separately in forthcoming policy updates.

Background

During every legislative session, Senators and Assembly members introduce thousands of bills to create new laws, or amend existing ones, and CFWB Office of Administration/Policy staff track and analyze the bills that are related to child welfare.

Bills that are passed by both the Senate and the Assembly are sent to the Governor's desk for signature. If the Governor signs a bill, then it is "enacted" or "chaptered" and becomes law; if they decline to sign it, then it is "vetoed" and does not become law.

Effective date All new laws are effective January 1, 2025, unless noted otherwise.

Changes Affecting Adoptions and the Indian Child Welfare Act (ICWA)

AB 2948 – AAP Qualification for Tribal Court Adoptions

- *Adds a final order of adoption issued by the tribal court of the child's tribe as a qualifier for Adoption Assistance Program (AAP) eligibility if the child was a dependent of the juvenile court immediately prior to transferring the ICWA case to the tribe.*
-

Changes Affecting Court, Special Immigrant Juvenile Status, and Extended Foster Care (EFC)

AB 2224 – Special Immigrant Juvenile Status (SIJS)

- Requires the Court to provide the person who requested the SIJS determinations with a certified copy of the order within 3 court days from the date of the hearing at which the determinations were made, or the date the proposed order was submitted, whichever is later.
 - *If a SW is the requestor, they will submit an Ex-Parte for expedited processing.*
 - Authorizes a court to appoint a parent as the guardian of their unmarried youth if the youth is between 18 and 20 years old, with the youth's consent.
-

Changes Affecting Emergency Response, Court Intervention, and Court Proceedings

AB 2664 – Foster Care Entry Date

- Requires that when a child is placed with a parent at Disposition (i.e. Family Maintenance), and then the child is removed from the parent's care after Disposition with a new petition, the child is deemed to have entered foster care on the date of Jurisdiction for the new petition, or 60 days from the new petition, whichever is first.
 - Reunification timeframes for review hearings will be based off of the subsequent petition date as outlined in the dot point above.
-

Changes Affecting Court Procedures, Family Finding, ICWA, and Court Reports

AB 2929 – Efforts to Locate Relatives/Nonrelated Extended Family Members (NREFMs)

- *Requires the SW to report to the Court from Detention Hearing to the end of the 366.26 Hearing what efforts, and in the case of an Indian child, the active efforts, have been made to locate any relatives, NREFMs, including extended family members of an Indian child, who could provide family support or possible placement of the child or NMD and to include the names of those relatives, extended family members, or nonrelative extended family members in the court report along with the results of those efforts.*
 - *Including in any supplemental court reports.*
-

**Changes Affecting
ICWA, Court
Procedures,
Placement, Case
Plans, and Child and
Family Teams (CFT)
Changes Affecting
ICWA, Court
Procedures,
Placement, Case
Plans, and Child and
Family Teams (CFT)
(cont.)**

AB 81 – California ICWA

- Effective 9-27-24.
- *Requires that any placement of an Indian child complies with placement preferences.*
- *Requires a case plan to include, in the case of an Indian child, that the SW made active efforts to provide remedial services and rehabilitative programs designed to prevent the breakup of the Indian family.*
 - *The tribe is to be included in CFTs and consulted in the development of case plans.*
- *Requires the SW to make active efforts to reunite an Indian child with their family.*
- *Specifies that a SW has a duty to inquire whether the child is or may be an Indian child when first contacted regarding a child.*
 - *This includes asking the reporting party and at first contact with the child and each family member, including extended family members.*
- *Requires a court presiding over any juvenile proceeding that could result in placement of an Indian child with someone other than a parent or Indian custodian, to inquire at the first hearing on a petition whether the child is, or may be, an Indian child.*
 - *The inquiry is of each party and all interested people who appear in court at their first appearance and has to be on the record.*
- *Allows the tribe to examine all reports and documents filed with the court in ICWA cases.*
- *Authorizes a tribe to appear remotely.*
- *Requires the Court to appoint counsel for the parent or Indian custodian when it appears to the Court that a parent or Indian custodian in an Indian child custody proceeding cannot afford to hire counsel and desires to have counsel for the proceedings.*
- *Authorizes a federally recognized tribe or tribal organization to approve homes for the purpose of emergency placement of an Indian child.*
 - *These placements are entitled to the same funds as CFWB emergency placements.*
 - *CFWB is still responsible for placement even if using the tribe's services to secure placement.*

**Changes Affecting
Resource Family
Approval (RFA) and
Foster Family
Agencies (FFAs)**

AB 161 – RFA Completion Timeframe

- Effective 7-2-24.
- *Written reports and permanency assessments are to be completed within 120 days instead of 90 days.*
- *Requires CFWB to submit reports to CDSS regarding RFAs that haven't been completed within 120 days and summarize the reasons why.*

**Changes Affecting
Resource Family
Approval (RFA) and
Foster Family
Agencies (FFAs)
(cont.)**

AB 2496 – FFA Homes Porting to RFA or to Another FFA

- Effective 10-1-24.
 - *Specifies that the rate paid on behalf of a youth or nonminor dependent (NMD) placed with an approved FFA Resource Family (RF) who has applied for a transfer to become an RFA home or go to another FFA is the rate most recently established for the child or NMD.*
 - *Authorizes, upon approval of the RF by the subsequent FFA or county, the rate to be adjusted based on the needs of the child.*
 - Authorizes CDSS to waive provisions governing the transfer of RFA other than those provisions related to background checks until 1-1-27.
-

**Changes Affecting
Minor's Consent**

AB 866 – Consent for a Licensed Narcotic Treatment Program and Health Services

- *Authorizes a dependent youth who is 16 years of age or older to consent to receive medications for opioid use disorder from a licensed narcotic treatment program as replacement narcotic therapy without the consent of their parent, SW, and without a court order, only if, and to the extent, expressly permitted by federal law.*
 - *Authorizes a dependent youth who is 16 years of age or older to consent to replacement narcotic abuse treatment that uses buprenorphine at a physician's office, clinic, or health facility, by a licensed physician and surgeon or other health care provider, whether or not the minor has the consent of their parent, SW, and without requiring a court order.*
 - *Authorizes a SW to inform a dependent youth who is 10 years old and older of their right to consent to receive the following health services, as necessary, including of their confidentiality rights regarding the following services:*
 - Diagnosis and treatment of sexual assault
 - Medical care relating to the prevention or treatment of pregnancy, including:
 - Contraception
 - Abortion
 - Prenatal care
 - Treatment of infectious, contagious, or communicable diseases
 - Mental health treatment
 - Alcohol and drug use treatment
 - *Authorizes a SW to provide a dependent youth with age-appropriate and medically accurate information about the following and to facilitate access to care:*
 - Sexual development
 - Reproductive health
 - Prevention of unplanned pregnancies
 - Sexual transmitted infections (STIs)
 - Accessing reproductive and sexual health care services
-

**Changes Affecting
Missing Youth and
NMDs**

AB 161 – Missing Youth and NMDs

- Effective 7-2-24.
- *Adds that the report submitted by the county probation or county child welfare department to law enforcement (LE) and to the National Center for Missing and Exploited Children (NCMEC) is to include all of the following when reasonably possible:*
 - *A photo of the missing or abducted child or youth.*
 - *A description of the child's or youth's physical features, such as:*
 - *Height,*
 - *Weight,*
 - *Sex,*
 - *Ethnicity,*
 - *Race,*
 - *Hair color, and*
 - *Eye color*
 - *Endangerment information, such as the child's or youth's:*
 - *Pregnancy status,*
 - *Prescription medications,*
 - *Suicidal tendencies,*
 - *Vulnerability to being sex trafficked, and*
 - *Other health or risk factors, to the extent such information is released in compliance with other applicable laws.*
 - *Information about whether the child or youth is or may be an Indian child, including the name of the child's tribe.*
- *Adds that for each youth who is missing, the SW is to maintain regular communication with LE agencies, including tribal law enforcement agencies in the case of an Indian child, and NCMEC in efforts to provide a safe recovery of the missing or abducted child or youth, including by sharing information pertaining to the child's or youth's recovery and circumstances related to the recovery.*
- *Authorizes the SW to disseminate information from the juvenile case file to the NCMEC as necessary for the the SW to carry out their duties.*

AB 2108 – Missing Youth and NMDs

- *Requires the SW or probation officer to notify the court and all parties or entities to the case (noted below), along with local LE, within 24 hours of learning that a child receiving child welfare services is absent from foster care.*
 - *Parents or legal guardians, unless notification has been limited or terminated by the court*
 - *Attorney for the parents or legal guardians*
 - *Minor/NMD's attorney*
 - *CASA, if appointed*
 - *Court*
 - *Tribe or tribal representative, if an ICWA case*
-

**Changes Affecting
Missing Youth and
NMDs (cont.)**

- *Any known sibling*
 - Defines “missing from foster care” to mean the whereabouts of a foster youth are unknown or the foster youth is in a location not approved by the Court that may pose a risk to the child. This would also include NMDs in the definition if, based on the totality of the circumstances, SW suspects that the NMD did not voluntarily leave foster care or is at risk of substantial harm.
-

**Changes Affecting
Extended Foster
Care (EFC)**

AB 2802 – Transitional Housing Placement (THP) Providers

- *Allows a minor or NMD participant to share a bedroom or unit in a THP with a non-participant roommate or coparent, as approved by the provider on a case-by case basis.*
 - *With providers giving priority to program participants.*
 - *Allowing current participants to reject a nonparticipant into their existing unit.*
 - Requires regulations:
 - To allow a minor or NMD participant to share their living arrangement with another participant, including a coparent or participant sibling.
 - To require counties and program contracts to allow individual program participants and individuals sharing their living arrangements to share bedrooms, bathrooms, and units together, regardless of gender identity and would require county program contracts to allow providers and participants to make best matches to allow for gender flexibility.
-

**Changes Affecting
Eligibility,
Transitional
Independent Living
Plan (TILP), and
Youth Exiting Foster
Care**

AB 2906 – Youth Receiving Social Security Administration (SSA) Payments

- Effective 1-1-25 or 30 days after an ACL is released, whichever is later.
 - Requires counties to do the following at least 6 months before a youth’s 18th birthday if the youth is receiving payments from the SSA:
 - Provide information to the youth regarding the federal requirement that the youth establish continuing disability as an adult, if necessary, in order for the SSI benefits to continue beyond their 18th birthday.
 - Provide information to the youth regarding how to become their own payee and steps needed to maintain the benefits or designating an appropriate representative payee if benefits continue past their 18th birthday, and regarding any benefits that have accumulated on their behalf.
 - Provide information about the effect, if any, the youth’s foster care benefits may have on the amount of the youth’s SSI payments.
-

**Changes Affecting
Eligibility,
Transitional
Independent Living
Plan (TILP), and
Youth Exiting Foster
Care (cont.)**

- Requires the county to assist the youth by providing any applicable financial literacy training and support and document that assistance in the youth's transitional independent living plan (TILP).
- Prior to applying to be appointed representative payee of a child's SSA benefits, the county is to send a written notice of intent to be appointed to the child's counsel and parents or legal guardians.
- Requires the county assist the NMD or the NMD's representative payee for SSA benefits, if the payee is not the county, understand any restrictions on the use of the SSA funds.
- Requires counties to act in accordance with the Guide for Organizational Representative Payees, as published by the SSA and do the following:
 - Not use the child's federal survivors' benefits to pay for, or reimburse the county, for any costs of the child's care or supervision.
- Monitor any applicable federal asset, resource, or income limits for the child's benefits and ensure that the child's best interests are served by conserving the benefits in a way that avoids termination of those benefits as a result of exceeding the federal asset, resource, or income limits, including establishing and maintaining a dedicated account to preserve eligibility for other benefits the child may be entitled to.
- Provide upon request, an accounting to the child if the child is 12 years of age or older, and the child's attorney of how and in what amount the child's resources, including any benefits administered by the SSA, have been conserved.
- Requires the county to promptly notify the child, the child's attorney, and the child's parents or guardians, before, concurrent, or at the request of any of them, all of the following:
 - Any application for benefits administered by the SSA made by the agency on the child's behalf.
 - Any application by the county to become a representative payee for benefits administered by the SSA on the child's behalf.
 - Any decisions or communications from the SSA regarding an application for benefits.
 - Any action taken by the county regarding an application for benefits.

At least within 30 days of the child exiting foster care, if the county is the representative payee, the county is to collaborate with the child, the child's attorney, and the child's parents or guardians if the child is exiting to reunification or the child's guardian or adoptive parent if the child is exiting to guardianship or adoption, to begin transfer or control and responsibility for any SSI funds conserved to the child's parent, guardian, adoptive parent, or the child if the child has exited after 18 years of age, unless the child chooses to select another representative payee.

**Changes Affecting
Dual Status Youth**

SB 1005 – Restorative Justice Practices

- Authorizes a probation officer, with the consent of the minor and the minor's parent, to refer the minor to youth court to implement restorative justice practices for minor infractions or misdemeanors without having to file a petition.
 - Referral can also be sent to an Indian tribe or tribal court.
-

**Changes Affecting
Residential, Short-
Term Residential
Therapeutic
Program (STRTP),
and Institutions
Evaluation Unit
(IEU)**

SB 1043 – STRTP Dashboard for Seclusion and Behavioral Restraints

- Requires an STRTP to notify any foster child, who has been subject to seclusion or behavioral restraints, of their personal rights by no later than the day following the incident and to provide, within 7 days, descriptions of seclusions or behavioral restraints used, in both oral and written forms, to the person who was secluded or had a behavioral restraints on them, along with the parent, resource parents, guardians, Indian custodian, or other authorized representatives, and attorney, if any, and for Indian children, the tribal representative.
 - Written copy also goes to CDSS within 7 days.
 - Description is to include:
 - Actions taken during the incident
 - Incident duration
 - Rationale for the actions
 - Personnel approving and implanting the actions
 - Requires CDSS to review all reported incidents involving the use of seclusion or behavioral restraints and to investigate any incidents that indicate a potential health and safety concern or licensing violation.
 - CDSS is required to determine whether the use of seclusion or behavioral restraints potentially violated any licensing laws and regulations or violated the licensee's approved emergency intervention plan.
 - If CDSS determines that an incident should be investigated, then CDSS is required to provide the Office of the State Foster Care Ombudsperson with a copy of the incident report and require the ombudsperson to exercise their discretion in determining whether to investigate the incident.
 - Requires the Office of the Foster Care Ombudsperson to collect a statement about the incident from the person subjected to the seclusion or behavioral restraint and provide that to CDSS within 7 days.
-

**Changes Affecting
Regional Center
Respite Services**

SB 1197 – Expanding Regional Center In-Home Respite Eligibility

- Allows youth, including NMDs, who receive both AFDC-FC benefits and Regional Center services and who live with a RF, or in a tribally approved home in the case of an Indian child, to be eligible for in-home respite services from the Regional Center.
 - Requires Regional Centers to assess a small family home for service needs prior to approving in-home respite services for children in this placement type.
-

**Changes Affecting a
Youth's Rights**

SB 1353 – Youth Bill of Rights

- *Specifies that the Youth Bill of Rights for youth in juvenile facilities includes the right to receive adequate, appropriate, and timely behavioral health services.*
-

**Changes Affecting
Credit Reports**

AB 2935 – Credit Report Freezes

- *CFWB or Probation can request the placement or removal of a security freeze for a foster youth if the foster youth appears on the most recent list provided by CDSS if the SW or Probation Officer (PO) provide sufficient proof of identification per federal law 15 U.S.C. Sec. 1681c-1(j)(1)(G).*
 - *If the security freeze request received by one of the above entities indicates that the foster youth has a consumer credit history:*
 - *Requires any information that appears on the foster youth's credit report to be promptly blocked and not reported, in the same manner as if the credit reporting agency had received a police report relating to identity theft.*
 - *Requires the credit reporting to comply with additional requirements relating to the blocking and unblocking of credit history information that is subject to investigation by the police or DMV.*
 - *Restricts the SW from requesting a security freeze for a youth placed in foster care that continues beyond the consumer's 18th birthday.*
 - *Authorizes the freeze to be removed by the foster youth or their representative if they are 16 years old or older, under any of the following circumstances:*
 - *Upon the foster youth's removal from foster care.*
 - *Upon the foster youth's request, if the foster youth is 16 years of age or older.*
 - *Upon a determination by the representative of the foster youth that removal of the security freeze is in the best interest of the foster youth.*
 - *If the representative inquires with each of the three major credit reporting agencies.*
-

**Changes Affecting
Credit Reports
(cont.)**

- *Requires the freeze to automatically expire on the foster youth's 18th birthday unless the foster youth instructs the agency to maintain the freeze beyond that date directly or through their representative if a request to remove the security freeze was not received.*
-

**Changes Affecting
Foster Care
Payments**

[AB 2477](#) – Removing the Monetary Value Limit

- *Wards and foster youth who are 16 years old or older, including an NMD, can now retain assets that are worth more than \$10,000 and it would not impact foster care payments to be consistent with federal law.*
-

**Changes Affecting
Prevention Services**

[AB 3145](#) – Family Preservation Services

- Requires that family preservation services have a track record of helping families, have their outcomes tracked and reported, and be designed to eradicate the situation that necessitated intervention.
-

Legislative FYI

[AB 161](#) – Human Services

- Kin-GAP
 - This becomes operative when CalSAWS is able to perform the necessary automation to implement.
 - Youth 16 years old or older can now retain assets that are worth more than \$10,000 and it would not impact Kin-GAP payments.
 - Adds that income or property received after the beginning date that Kin-GAP benefits start is to be disregarded.
- AFDC-FC Eligibility
 - Effective 7-2-24.
 - Adds eligibility for the following:
 - An out of state residential facility if the facility has a child-specific certification by CDSS
 - A tribally approved home (TAH)

[AB 162](#) – Developmental Services

- Regional Center
 - Effective 7-2-24.
 - If a Regional Center has not held an in-person individualized family service plan (IFSP) meeting or completed any other in-person meeting or visit in the previous 6 months, or has not held an in-person individual program plan (IPP) meeting in the previous 12 months, the Regional Center is to hold an in-person IFSP meeting, or other meeting, or visit at a location and at a time that is convenient for, and reflects the preference of, the parent, legal guardian, or authorized representative.
-

**Legislative FYI
(cont.)**

- Regional Center and AAP
 - Effective 7-2-24.
 - Dissolves the Family Cost Participation Program
 - Families involved with child welfare, including adoptive parents receiving AAP, would not pay for the child's regional center services.

SB 163 – Early Learning and Childcare

- California State Preschool Programs
 - Effective 7-2-24 until 7-1-27.
 - 2-year-olds are now included in state preschool programs for:
 - Priority access
 - Part-time preschool
 - Full-time preschool

AB 2137 – Foster Youth Services Coordinating Program

- Authorizes a foster youth services coordinating program to provide tutoring, mentoring, and counseling services to a foster youth student if a foster youth educational services coordinator determines that they are unable to secure those services provided by the foster youth's school district and those services are identified as being needed by the coordinator.

AB 2484 – Expert Witness Testimony

- Until 1-1-27, exempts parents, children, NMDs, and Indian tribes in juvenile dependency hearings from needing the consent from parties to use remote technology for an expert witness to testify.

AB 2508 – Kids Investment and Development Savings (KIDS) Program

- Starting with the 2025–26 fiscal year, subject to appropriation:
 - Requires a California KIDS Program account to be opened for a pupil who is a foster youth and is enrolled in any of grades 1 to 12 at a school district, public charter school, state special school, or other local educational agency, if an account has not already been established for them, and would require the account to receive a one-time enhanced deposit of \$500, and
 - Requires an additional enhanced deposit of \$500 for those foster youth who did not previously receive deposits for unduplicated pupils in the 2021–22 fiscal year and unduplicated pupils in the first grade commencing with the 2022–23 fiscal year.
 - These new provisions for enhanced deposits for foster youth would end on 1-1-29.
-

**Legislative FYI
(cont.)**

SB 242 – CA Hope, Opportunity, Perseverance, and Empowerment (HOPE) for Children Trust Account Program

- Makes this operative on 7-1-25, or on the date that CWS-CARES can perform the necessary automation to implement these provisions, whichever date is later.
- Requires the State Treasurer to verify the minor's parent, Indian custodian, or legal guardian's cause of death and verify the family household income prior to that person's death once the Treasurer receives government-issued documents or a statement signed by a person who is eligible to do so..
 - Individual records or source data associated with the establishment of a HOPE trust account would not be subject to disclosure under the California Public Records Act.
- Prohibits funds deposited and investment returns accrued in a HOPE trust account from being considered as income or assets when determining eligibility and benefit amount for any means-tested program until an eligible youth withdraws or transfers the funds from the HOPE trust account.
- Requires a one-time lump-sum payment made from a HOPE trust account to be exempt from enforcement of a money judgment by levy without making a claim.
- Authorizes a program enrollee who is also an eligible youth to withdraw or transfer funds from their HOPE trust account on and after their 18th birthday, and would require the Treasurer to assist an eligible youth in transferring funds from their HOPE trust account to other accounts.

SB 1051 – Lock Changes for Victims of Abuse or Violence

- Effective 7-2-24.
 - Requires a landlord, at the landlord's expense and when an eligible tenant submits a written request, to change the locks of a protected tenant's unit within 24 hours.
 - Written request is to include one of the following, per the tenant's choosing:
 - Copy of the temporary restraining order, emergency protective order, or protective order.
 - Copy of the written peace officer's report.
 - Documentation showing that they, someone in their household, or immediate family member is seeking assistance for physical or mental injuries as a result of abuse or violence.
 - Must be a police report if for an immediate family member.
 - Documentation that reasonably verifies the abuse or violence
-

**Legislative FYI
(cont.)**

- Requires the landlord to change the locks at their own expense or to reimburse the eligible tenant if the tenant changes the locks, whether they did so on their own or if the landlord didn't change them within 24 hours of the written request.
 - Prohibits a landlord from taking action against the prospective tenant if there was a breach in the rental agreement because of the alleged abuse or violence against the prospective tenant, their immediate family member, or their household member, if they have been victims of abuse or violence.
 - Including if the prospective tenant previously asked to have locks changed.
-

Alignment with SET

New legislation and subsequent policies support all SET values and expectations by enhancing:

- Communication and inclusion of children and families in decisions made throughout the CFWB process ([Value 1](#)).
 - Coordination with resource families to support what they need in order to provide optimal care to the youth in their homes ([Value 2](#)).
 - Supports and services available to youth in care to help them achieve permanency or transition to adulthood successfully ([Value 3](#)).
 - Coordination with BHS and Probation partners to provide quality services for youth and families ([Value 4](#)).
 - Streamlined processes with our court partners to meet the needs of youth and families while enhancing efficiency for both the court and CFWB systems ([Value 5](#)).
 - SW trainings to continue our learning about how to partner with youth and families ([Value 6](#)).
-

ORC Statement

This Special Notice was reviewed by ORC members Norma Rincon, Lauren Gabby, Rachel Swaykos, Omar Avila, Denise Bahen, Miriam Curiel, Nancy Elizarraraz-Lopez, Amanda Garcia, April Griffiths, Amy Mezger, Gina Mijares, Carmen Robles, Linda Schulte, and Aubrey Sheetz.

Contact

Staff with questions about this Special Notice may contact Stephannie Novitski, CFWB Policy Analyst, at 619-964-6260 or email at Stephannie.Novitski@sdcounty.ca.gov.

ALFREDO GUARDADO, MSW
Director
Child and Family Well-Being

AG/sn

CHILD AND FAMILY STRENGTHENING ADVISORY BOARD

2024-2025 Annual Report

BY-LAWS

Article 3 lists the duties and responsibilities of the CFSAB. Those include:

- (d) Submit an annual report and dashboard to the Board of Supervisors on the needs and performance of the County child well-being system.
- (f) Review and comment on the County's performance outcome data, as it relates to child welfare matters, and communicate its findings to the Board of Supervisors.
- (g) Review and comment on the outreach efforts used to engage citizen involvement on this Advisory Board.

Demographics of Children In Care

- Number of children in care
- Disaggregated by race, age, gender
- Number of referrals
- Allegations



Child and Family Strengthening Advisory Board

- Board composition
- Meeting frequency
- Work Groups



Efforts to Date

- Two-year Action Plans
- Increasing Relative Placement
- Eliminating Racial Disparities
- Creating Lived Expert Care and Compensation Model



Outreach

- Board member attendance
- Attendance at work group
- Distribution lists
- Focus groups



Next Steps



Waiting for end of 2024-2025 fiscal year.



Update data.



Share report with work groups.



Have final report for October CFSAB meeting.



CHILDREN'S CRISIS RESIDENTIAL MENTAL HEALTH PROGRAM (CCRMHP)



CHILDRENS CRISIS CONTINUUM PILOT PROGRAM



LIVE WELL
SAN DIEGO

2023: CA established the **Children's Crisis Continuum Pilot Program (CCCPP)**

Jointly implemented:

- California Department of Social Services (CDSS)
- Department of Health Care Services (DHCS)

The Pilot Program provides a framework for a highly integrated Continuum of Care for **foster youth** with high acuity needs across California.

- Funds awarded to San Diego for CCCPP set to Expire June 2028

SAN DIEGO COUNTY'S COMMITMENT: CCCPP



Objectives of CCCPP:

- 1) Reduce hospitalizations for youth in foster care
- 2) Decrease interactions with law enforcement
- 3) Improve permanency outcomes for participating youth
- 4) Reduce placement changes
- 5) Increase familial connections

Enhance or establish the following services:

- 1) **Intensive Services Foster Care (ISFC) Homes:**
Sixteen (16) bed placements for identified participants of the Pilot Program
- 2) **Crisis Stabilization Unit**
Stabilization services for up to 23h:59m
- 3) **Children's Crisis Residential Program**
Minimum of Four (4) Dedicated beds for participants of the Pilot Program
- 4) **Dedicated Care Coordination**
Wraparound, Aftercare, Family Urgent Response System (FURS), Mobile Response Teams (MRTs)

CHILDRENS CRISIS RESIDENTIAL PROGRAM



LIVE WELL
SAN DIEGO

Project Vision

To establish the County of San Diego's **first** Children's Crisis Residential Mental Health Program (CCRMHP)

Broad Parameters: What we Know

CCRMHP will serve **THREE** primary functions:

1. Provide an alternative/diversion placement to psychiatric hospitalization
2. Provide a "step-down" resource from acute inpatient care when medical necessity for locked placement is no longer met
3. Improve the mental health and behavioral functioning of clients by stabilizing acute crisis symptoms before transitioning to a lower level of care

CHILDRENS CRISIS RESIDENTIAL PROGRAM



Children's Crisis Residential Mental Health Program (CCRMHP) will support seamless entry and transition through clinical services designed to reduce the most acute behavioral health symptoms and other Bio-Pscho-Social Factors that prevent stability and success in a community setting.

The CCRMHP will be **licensed** as a Short-Term Residential Therapeutic Program (**STRTP**) by the California Department of Social Services (**CDSS**) and requires Mental Health Program Approval to provide outpatient Specialty Mental Health Services (**SMHS**) through Department of Health Care Services (**DHCS**).

CHILDRENS CRISIS RESIDENTIAL PROGRAM



Target Population:

- Children and youth, ages 12 to 18, who present with active symptoms consistent with an acute psychiatric crisis but do not meet medical necessity for inpatient psychiatric admission
- Up to four (4) foster youth identified as participating in the Children's Crisis Continuum Pilot Program
- The program will serve Foster Youth placed through an Interagency Placement Committee (IPC) and other Medi-Cal and unfunded youth in San Diego County that meet clinical eligibility criteria

Program Size:

- Daily capacity of up to 16 crisis residential beds
- Up to four (4) beds dedicated to foster youth participating in the Children's Crisis Continuum Pilot Program

Program will provide:

- Residential services with a full range of structured programming for a length of stay **NOT expected to exceed 10 days**
- Services will include group and individual therapy focused on; crisis management, coping skills, healthy expression and communication, emotional regulation, Co-occurring disorders, age-appropriate independent living skills and resource coordination
- Services will include Medication Support Services and Targeted Case Management which will include **discharge planning at the time of intake** and will involve families and caregivers
- Services will be available 7 days a week, twenty-four (24) hours a day

ESTIMATED TIMELINE



LIVE WELL
SAN DIEGO

- April 2023-San Diego Awarded CCCPP Grant Funding of Approx. \$8.5M
 - \$3.3M dedicated to establishment of Children's Crisis Residential Program
- August 21, 2024-Request For Information (RFI) completed
- December 2024-COSD-BHS submitted application for BHCIP Bond Capital Grant seeking funds to repurpose County Owned Facility where Children's Crisis Residential Program will be located
 - May 2025-Disposition of BHCIP Bond application expected for award of funds
- December 2025-Construction scheduled to begin
- Summer 2026-RFP to identify Service Provider
- January-July 2027-Services expected to commence



COUNTY OF SAN DIEGO

Child and Family Strengthening Advisory Board

Child and Family Well-Being Work Group

Meeting Summary

Date: Wednesday, February 19, 2025

Co-Chairs: Aimee Zeitz

Meeting Staff: Torrey Giaquinta

Participants: 40, including board members: Aimee Zeitz, Joseph Robinson, Diana Venegas, Erin Gospodarec, Adam Reed, Stephanie Ortega, and Shea Prophet.

1. **Welcome and Introductions**

Aimee started the meeting. Participants entered their name and affiliation in the chat. Aimee went over the agenda, the two-year action plan goals, and our current efforts.

2. **Presentation by SBCS re: Domestic Violence/Intimate Partner Violence trends, needs, and services.**

Analicia McKee-Chon from SBCS presented on some of the services and programs they have related to domestic violence and intimate partner violence. Domestic violence is the leading cause of homelessness among families and women. The primary needs of families seeking services from SBCS are housing and legal services.

SBCS has multiple shelters. Analicia detailed the services offered and number of beds at both Casa Mariposa and Casa Segura. There are seven domestic violence shelters in San Diego County; those shelters are often full. Rancho Coastal Humane Society will temporarily house pets when families are in shelter. Many of the shelters are 60 days which is not enough time for survivors, who may have been out of the workforce for some time and are dealing with housing, mental health, childcare, medical, etc., to save enough money for a downpayment given the rental market in San Diego. San Diego Volunteer Lawyer Program are at the shelter one day a week to help with custody, divorce, child support, eviction, and restraining order paperwork.

Some of the gaps or areas for growth identified were legal services, shelter capacity, inconsistencies in services based on geography, streamlined referrals, alignment with the Family Connection Hub, and connecting with CalAIM.

3. **Presentation from Department of Child Support Services**

Adriana Mejia, and Soheil Sassani from SD County, Department of Child Support Services presented on all of the services they offer which go far beyond child support collection. There are specialized teams for Justice Involved Parents and Children, Youth with Dreams (for parents under the age of 26), Intergovernmental Team (for interstate or intercounty collections), a Debt Reduction Program, Parents Invest in Education Program (for every \$1 entered in a savings account, \$3 of arrears are

forgiven), and Dads Corps. This is in addition to the typical child support efforts to locate parents, establish parentage, garner stipulations or court orders, and collecting and distributing payments.

4. Announcements

Partners were concerned about the threatened decrease in federal funds. One of Casey Family Program's focuses is the intersection of immigration and child welfare. Resources were posted in the [google drive](#).

5. Date of Next Meeting – March 19, 2025 11am-12:30pm

6. Adjournment



COSD CLERK OF THE BOARD
2025 APR 15 PM 1:37

COUNTY OF SAN DIEGO

Child and Family Strengthening Advisory Board

Child and Family Well-Being Work Group

Meeting Summary

Date: Wednesday, March 19, 2025

Co-Chairs: Aimee Zeitz

Meeting Staff: Torrey Giaquinta

Participants: 42, including board members: Aimee Zeitz, Joseph Robinson, Diana Venegas, AnneElise Goetz, Adam Reed, Stephanie Ortega, and Shea Prophet.

1. Welcome and Introductions

Aimee started the meeting. Participants entered their name and affiliation in the chat. Aimee went over the agenda, the two-year action plan goals, and our current efforts.

2. Presentation Your Safe Place – A Family Justice Center

Sara Rondon from Your Safe Place presented their services. In 2023, there were 16,666 calls to law enforcement regarding domestic violence. Since 2002, there has been an average of 13 domestic violence homicides each year. In 2023, there were five. The age group with the highest rate of domestic violence is 18-29.

Your Safe Place is a confidential program that offers confidential address services, case management, transportation, housing, car seats, emergency funds and clothing, healthy relationship education, forensic exams, individual and group counseling for children and adults, and financial literacy to those fleeing domestic violence. Additionally, there is a room that can be used for remote court appearances.

Law enforcement is only contacted at the client/victim's request. Law enforcement's Gun Violence Response Unit is helpful to assist in obtain a gun restraining order when there is a firearm in the home. Having a firearm in the home increases by 500% the likelihood someone will be killed.

Tours of Your Safe Place are offered on Fridays at 9am, you can call 619-533-6000 to reserve a place.

3. Discussion of Maps and Gaps Analysis

This was the last presentation on domestic violence. Our early analysis based on data from CFWB and 211 indicated that domestic violence and basic needs were the top areas of concern for families. Participants decided to focus on basic needs such as childcare, food, housing, utilities, and transportation, as these can lead to allegations of neglect. Ostensibly, focusing on basic needs will also benefit survivors of domestic violence.

4. Announcements

Stephanie Gioia-Beckman has resigned from the CFSAB. There are currently open seats for district 5, SPA, and Children's Health Care Professional Representative.

5. Date of Next Meeting –May 21, 2025 11am-12:30pm

6. Adjournment



COSD CLERK OF THE BOARD
2025 APR 15 PM 1:37

COUNTY OF SAN DIEGO
Child and Family Strengthening
Advisory Board

Lived Expert Action Partners Work Group

Meeting Summary

Date: Thursday, February 20, 2025

Chair: (none at this time)

Meeting Staff: Torrey Giaquinta

Participants: 9, board member present: Melissa Villagomez

1. Welcome

Melissa opened the meeting; all participants introduced themselves.

2. Presentation and discussion of listen and learn focus group proposal

Torrey introduced the idea of changing the work group meetings into focus groups. One benefit of the change is that lived experts are able to be compensated for participating in focus groups. Another benefit is that lived experts will know ahead of time what the topic will be and can choose to only attend groups with topics they are interested in. Attendees seemed very excited about this idea as it will help solve the 'why'/purpose question we have been struggling with.

CFWB and others can identify topics for lived expert input. The notices for the focus groups will include the topic so that the lived experts know what is being discussed. CFWB has funding for 10-15 lived experts at each meeting. Casey Family Programs offered to provide additional compensation if there are ever more than 15 lived experts that sign up to participate in a meeting.

CLS offered their graphic designer to help create the announcements. We will want to make sure the announcements are in language that is appealing and accessible to (former) foster youth.

CFWB will look into which of their social media channels will be best to post the announcements. Melissa will reach out to her friends at Walden about the best platforms to reach youth. P2K and CLS will send the notices out to their contacts. We will reach out to JIT. CLS and Casey Family Programs have both offered a location and food if any of the groups are in person.

Torrey will work with CFWB to develop a funding process.

CFWB staff will think about possible topics, options include: housing, financial literacy, referral time, placements.

It is important that the policies or procedures created with the lived experts' advice is

brought back in final form. It is important that the youth see that their feedback was used and how their input shaped the final product.

We still need to set up a care/support system for the lived experts. P2K will talk with their clinical manager who provides this support for their youth. We will want to come up with group norms/group rules to share at the beginning of each meeting.

This idea will be discussed more at the next meeting for a potential start date of May.

3. Announcements

ILS has a graduation ceremony on June 27th at the waterfront. More information to come but this was a very inspiring event last year. It would be great to have a lot of people supporting the youth.

The Birth of Brilliance Conference is taking place on February 27th and 28th.

4. Adjournment. Date of Next Meeting –Thursday, March 20, 2025, 6:00pm.



COUNTY OF SAN DIEGO
Child and Family Strengthening
Advisory Board

COSD CLERK OF THE BOARD
2025 APR 15 PM 1:57

Lived Expert Action Partners Work Group

Meeting Summary

Date: Thursday, March 20, 2025

Chair: (none at this time)

Meeting Staff: Torrey Giaquinta

Attendees: 11; board members present: Joseph Robinson, Melissa Villagomez, and Stephen Moore

1. Welcome

Torrey shared link to google drive. Attendees introduced themselves.

2. Discussion of focus group proposal

- **Review draft language**
- **Develop care/support system**
- **Start date**

Attendees reviewed a draft proposal on the change to focus groups and discussed multiple areas.

Alignment with mission: Torrey shared parts of the CFSAB mission per the 2024 by-laws: to serve as a platform for cross-sector collaboration and transparent monitoring and accountability for child welfare system. Monitoring should include the review and evaluation of SD County's child welfare system such as: needs, trends, programs, services, budget, policies, priorities, and the identification of gaps. We should also support the implementation of system wide changes.

The focus groups can help identify gaps, needs, what is working, and what is not. The CFSAB can use that information to inform recommendations to the County.

Collaboration: Since the purpose of the CFSAB is to break down silos, we should make

sure this process is not siloed. Invite the chairs of the other two work groups to come to a LEAP meeting to brainstorm topic ideas based on their group's 2-year action plans.

The change to focus groups is being brought up at the other work groups meetings this month and will also be discussed at the full board meeting on April 18th.

Lived Experts: How do we define a youth in foster care? Do they need to be in care for a certain amount of time? Did they need to have been removed from their home? Does our definition include youth on family maintenance or trial home visits? Some people hold multiple perspectives, for example foster youth and parenting or foster youth that participated in BHS services.

The suggested definition was: current and former foster youth, kin, caregivers, birth parents.

A more specific lived expert population can be identified and prioritized based on the focus group topic.

Lived experts will self-identify, no verification will be done. It would be good to know who is in the room, attendees could be asked "what is the perspective that you bring?". If participants are going to be referred through an organization, that organizations has likely already vetted the person.

Topics: Attendees brainstormed possible topic ideas. CFWB is creating a list which will be shared at the next work group meeting. Some topics may cover multiple sessions. The work group discussed having focus groups every other meeting to allow time to plan the focus groups versus the facilitators doing that work outside of the work group meeting. In which way the focus groups are planned will likely depend on the topic and the facilitators' knowledge/comfort with that topic. We will need between 4-8 topic ideas.

Outreach: The plan is to develop an engaging flier that lists the identified topic, lived experts will self-select to participate. It may be good to put language on the flier like "Help CFWB shape the policy on...". Lived experts want to know how sharing their experience will change practice or impact current foster youth. Is it important to circle back to the group to let them know what happened with their recommendations.

Format: Have an opening at each session on the format of group, what the topic is, what we hope to learn, the potential impact, expectations, and roles.

If any of the groups are held in-person, how the physical space is set up will be important.

Roles: Non-lived experts/action partners should still participate in the dialogue. The burden should not be on lived experts; action partners will need to step up when needed and step back when needed.

Attendees discussed the role of the facilitator as to plan and prepare for the focus groups. There should be two co-facilitators. The facilitators do not necessarily need to be the co-chairs. Lived experts, advisory board members, or action partners (agencies) could rotate facilitation.

It is helpful for lived experts to see a familiar consistent face. Regardless of whom facilitates, that familiar face should welcome the experts and help them feel comfortable.

The agency or group that provides the topic should attend the meeting to answer questions or provide clarification.

Timeline: The original idea was to switch to focus groups in May, but the contracting process to be able to offer compensation will likely take longer. The new estimated start date is September or October. At the next CFSAB meeting, board members will be invited to the May LEAP meeting to discuss possible topics (as identified by CFWB). The final list of topics should be ready to be shared at the CFSAB meeting in July.

3. Announcements

The Children's Health Care Professional Representative, San Pasqual Academy, and District 5 seats are all open. Also open is one co-chair position for Child and Family Well-Being Work Group and two co-chair positions for this work group.

Voices for Children hired four new lived expert consultants.

4. Adjournment. Date of Next Meeting –Thursday, May 15, 2025, 6:00pm.



COUNTY OF SAN DIEGO

AGENDA ITEM

BOARD OF SUPERVISORS

VACANT
First District

JOEL ANDERSON
Second District

TERRA LAWSON-REMER
Third District

MONICA MONTGOMERY STEPPE
Fourth District

JIM DESMOND
Fifth District

DATE: April 8, 2025

05

TO: Board of Supervisors

CFSAB 4.18.25 Agenda Item 8ci

SUBJECT

APPROVE ACCEPTANCE OF GIFTS AND DONATIONS RECEIVED BY HEALTH AND HUMAN SERVICES AGENCY IN CALENDAR YEAR 2024 TO A.B. AND JESSIE POLINSKY CHILDREN'S CENTER AND CHILD AND FAMILY WELL-BEING AND SEND LETTERS OF APPRECIATION TO THE DONORS (DISTRICTS: ALL)

OVERVIEW

The San Diego County Board of Supervisors (Board) Policy A-112 and the San Diego County Administrative Code Section 66 require Board approval to accept gifts and donations over \$5,000. The County of San Diego (County) Health and Human Services Agency, Child and Family Well-Being (CFWB) periodically receives monetary gifts and in-kind donations of over \$5,000 to benefit children temporarily residing at the A.B. and Jessie Polinsky Children's Center (PCC) and children involved with CFWB. PCC is a County-operated Temporary Shelter Care Facility administered by CFWB and provides 24-hour care for up to 10 calendar days for children and youth under 18 years of age who can no longer safely remain with their family of origin due to abuse, neglect, and/or abandonment.

On March 12, 2024 (5), the Board approved to accept the gifts and donations valued at \$144,668 for Calendar Year (CY) 2023. Today's action requests the Board to accept gifts and donations valuing \$47,893 for CY 2024: \$13,760 for the benefit of children at PCC and \$34,133 for the benefit of children involved with CFWB. This item supports the County vision of a just, sustainable, and resilient future for all, specifically those communities and populations in San Diego County that have been historically left behind, as well as our ongoing commitment to the regional *Live Well San Diego* vision of healthy, safe, and thriving communities. This will be accomplished by furthering collective efforts to maximize resources through community partnerships and providing equitable access to these resources.

RECOMMENDATION(S)

CHIEF ADMINISTRATIVE OFFICER

1. In accordance with County Administrative Code Section 66 and Board Policy A-112, accept gifts and donations totaling \$13,760 to the A.B. and Jessie Polinsky Children's Center from Promises2Kids; and accept gifts and donations valuing \$34,133 to Child and Family Well-Being from Promises2Kids.

SUBJECT: APPROVE ACCEPTANCE OF GIFTS AND DONATIONS RECEIVED BY HEALTH AND HUMAN SERVICES AGENCY IN CALENDAR YEAR 2024 TO A.B. AND JESSIE POLINSKY CHILDREN'S CENTER AND CHILD AND FAMILY WELL-BEING AND SEND LETTERS OF APPRECIATION TO THE DONORS (DISTRICTS: ALL)

2. Authorize the Chair of the Board of Supervisors to sign letters of appreciation, upon receipt, on behalf of the County of San Diego to the donors. If the Chair position is vacant, authorize the Vice Chair to sign letters of appreciation.

EQUITY IMPACT STATEMENT

The County of San Diego (County) Health and Human Services Agency (HHSA), Child and Family Well-Being (CFWB) periodically receives monetary gifts and in-kind donations of over \$5,000 to benefit children temporarily residing at the A.B. and Jessie Polinsky Children's Center (PCC) and children involved with CFWB. PCC is a County-operated licensed Temporary Shelter Care Facility administered by CFWB and provides 24-hour care for up to 10 calendar days for children and youth under 18 years of age who can no longer safely remain with their family of origin due to abuse, neglect, and/or abandonment. Some of the services provided at PCC include physical and mental health services, medication support, and crisis services to all youth entering the facility and throughout their length of stay. In Calendar Year (CY) 2024, PCC served 563 unduplicated children and of these, 38% were White, 35% were Black, 21% were Hispanic, 1% were Chinese, 1% were Iraqi, and 1% were Native American. Other ethnic groups comprising less than 3% of the population at PCC include Afghan, Asia Indian, Filipino, Other Asian, Romanian, Russian, and Samoan.

PCC represents a unique public-private community partnership that continues to generate periodic gifts and donations from individuals and private corporations for the children residing in this temporary shelter. The partnership maximizes resources available and ensures children at PCC and involved in CFWB have equitable access to gifts and donations that aid youth in maintaining connections to their communities and fosters their continued sense of belonging despite the barrier of being unable to safely live with their biological families or in their communities.

Monetary and in-kind donations received are monitored and publicly disclosed through the Child and Family Strengthening Advisory Board meetings and annual reporting to the San Diego County Board of Supervisors. Expenditures are internally tracked by HHSA and CFWB to ensure transparency and accountability of donations and gifts received and provide for the advancement and equitable distribution of resources.

SUSTAINABILITY IMPACT STATEMENT

As a result of the generous contributions from community members and organizations in San Diego County, donations benefit and enrich the lives of children who are temporarily staying at A.B. and Jessie Polinsky Children's Center and involved with County of San Diego (County) Health and Human Services Agency (HHSA), Child and Family Well-Being. The proposed action to accept gifts and donations received by HHSA supports the County's Sustainability Goal #1 by engaging and building strong partnerships with community partners who provide donations. Sustainability Goal #2 is also supported by providing just and equitable access to special events, special activities, and other enhancements that directly benefit the children that would otherwise not be available to them.

SUBJECT: APPROVE ACCEPTANCE OF GIFTS AND DONATIONS RECEIVED BY HEALTH AND HUMAN SERVICES AGENCY IN CALENDAR YEAR 2024 TO A.B. AND JESSIE POLINSKY CHILDREN'S CENTER AND CHILD AND FAMILY WELL-BEING AND SEND LETTERS OF APPRECIATION TO THE DONORS (DISTRICTS: ALL)

FISCAL IMPACT

The County of San Diego Health and Human Services Agency, Child and Family Well-Being (CFWB) received donations valued at \$47,893 between January 2024 and December 2024 to support activities of children at the A.B. and Jessie Polinsky Children's Center and to support children involved with CFWB. There will be no change in net General Fund cost and no additional staff years.

BUSINESS IMPACT STATEMENT

N/A

ADVISORY BOARD STATEMENT

This item was presented to the Child and Family Strengthening Advisory Board as an informational item on January 24, 2025.

BACKGROUND

The San Diego County Board of Supervisors (Board) Policy A-112 and the San Diego County Administrative Code Section 66 require Board approval to accept gifts and donations over \$5,000. The County of San Diego (County) Health and Human Services Agency (HHSA), Child and Family Well-Being (CFWB) periodically receives monetary gifts and in-kind donations over \$5,000 to benefit children temporarily residing at the A.B. and Jessie Polinsky Children's Center (PCC) and children involved with CFWB. On March 12, 2024 (8), the Board approved to accept the gifts and donations valued at \$144,668 for Calendar Year (CY) 2023.

PCC is a County-operated Temporary Shelter Care Facility administered by CFWB and provides 24-hour non-medical care for up to 10 calendar days for children and youth under 18 years of age who can no longer safely remain with their family of origin due to abuse, neglect, and/or abandonment. The campus includes six residential cottages, a nursery for infants, a medical clinic, school, library, cafeteria, gymnasium, two swimming pools, three playgrounds, and a recreation field. In CY 2024, PCC served 563 unduplicated children with an average daily population of 21 children. Furthermore, PCC was built on County owned land with funds for the facility partially raised from private donations received through Promises2Kids. The County has an existing agreement with Promises2Kids that includes provisions for funding to support PCC operations via annual monetary contributions and in-kind support. As part of this agreement Promises2Kids shall provide an annual monetary contribution along with in-kind support for programs administered at PCC.

PCC represents a unique public-private partnership that continues to generate periodic gifts and donations from individuals and private corporations for the children residing in this temporary shelter. Monetary donations are deposited to the HHSA PCC Trust Fund. Typical expenditures pay for recreational and special events and for the purchase of toys and other items for the children. During CY 2024, PCC received the following monetary and in-kind donations of over \$5,000 to benefit the children at PCC and throughout CFWB:

SUBJECT: APPROVE ACCEPTANCE OF GIFTS AND DONATIONS RECEIVED BY HEALTH AND HUMAN SERVICES AGENCY IN CALENDAR YEAR 2024 TO A.B. AND JESSIE POLINSKY CHILDREN'S CENTER AND CHILD AND FAMILY WELL-BEING AND SEND LETTERS OF APPRECIATION TO THE DONORS (DISTRICTS: ALL)

PCC In-Kind Donations

- Promises2Kids donated new toys, sports equipment, electronics, art supplies, and event tickets valued at \$13,760.

Donations received throughout CFWB are disbursed to the children in care to assist with their educational and recreational needs. During CY 2024, the following cumulative donations over \$5,000 were made to benefit children involved with CFWB:

CFWB Monetary Donations

- Promises2Kids donated \$1,890.

CFWB In-Kind Donations

- Promises2Kids donated new toys, art supplies, electronics, sport equipment, clothing, and contributed to special events valued at \$32,243.

Today's action requests the Board to accept gifts and donations valuing \$47,893 for CY 2024: \$13,760 for the benefit of children at PCC and \$34,133 for the benefit of children involved with CFWB.

LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN

Today's proposed actions support the Sustainability (Resiliency), Equity (Health), Empower (Transparency and Accountability), and Community (Partnership) initiatives in the County of San Diego's 2025-2030 Strategic Plan, as well as the regional *Live Well San Diego* vision of healthy, safe and thriving communities. This is accomplished by providing equitable opportunities for transitional age youth to receive services and supports to secure and maintain a safe environment, advancing their goal of self-sufficiency and preventing homelessness.

Respectfully submitted,

USE "INSERT PICTURE"
FUNCTION TO INSERT
SIGNATURE

EBONY N. SHELTON
Chief Administrative Officer

ATTACHMENT(S)

Attachment A – Letters of Appreciation



COUNTY OF SAN DIEGO

AGENDA ITEM

BOARD OF SUPERVISORS

VACANT
First District

JOEL ANDERSON
Second District

TERRA LAWSON-REMER
Third District

MONICA MONTGOMERY STEPPE
Fourth District

JIM DESMOND
Fifth District

DATE: April 22, 2025

XX

TO: Board of Supervisors

CFSAB 4.18.25 Agenda Item 8cii

SUBJECT

AUTHORIZE COMPETITIVE SOLICITATION FOR EVIDENCE-BASED FAMILY HOME VISITING SUPPORT SERVICES (DISTRICTS: ALL)

OVERVIEW

The County of San Diego (County) provides Family Home Visiting Support Services for children and families following the Healthy Families America (HFA) evidence-based family-focused model. The model is currently used by both the County Health and Human Services Agency (HHSA), Medical Care Services (MCS) and the First 5 Commission of San Diego County (First 5) and employs a framework to strengthen the health and well-being of parents and children through a series of home visits. County Public Health Nurses (PHNs) conduct the home visits provided by MCS. The First 5 program employs contracted paraprofessionals for these services.

Through a business re-engineering process, HHSA has determined that a more equitable and effective option to maximize resources would be to integrate these two approaches so that the best level of service is provided to the families served by home visitation programming. If approved, today's recommendation authorizes the Director, Department of Purchasing and Contracting to issue a competitive solicitation for Evidence-Based Family Home Visiting Support Services and award one or more contracts for the delivery of these services. Selected providers will coordinate service delivery with PHNs to ensure that each family is provided with the appropriate level of service based on need.

Today's item supports the County vision of a just, sustainable, and resilient future for all, specifically those communities and populations in San Diego County that have historically been left behind, as well as our ongoing commitment to the regional *Live Well San Diego* vision of healthy, safe, and thriving communities by supporting families in making healthy lifestyle choices, developing resiliency, and enjoying the highest quality of life.

RECOMMENDATION(S)

CHIEF ADMINISTRATIVE OFFICER

In accordance with Section 401, Article XXIII of the County Administration Code, authorize the Director, Department of Purchasing and Contracting, to issue a Competitive Solicitation for Evidence-Based Family Home Visiting Support Services, and upon successful negotiations and determination of fair and reasonable price, award one or more contracts for a term of one year,

**SUBJECT: AUTHORIZE COMPETITIVE SOLICITATION FOR EVIDENCE-BASED
FAMILY HOME VISITING SUPPORT SERVICES (DISTRICTS: ALL)**

with four option years and up to an additional six months if needed; and to amend contracts as needed to reflect changes to services and funding.

EQUITY IMPACT STATEMENT

The County of San Diego Health and Human Services Agency (HHS) has been instrumental in supporting Home Visiting programs for over two decades, with the goal of improving the health and well-being of families and reducing health disparities by building and sustaining community partnerships. This includes engaging overburdened families through home visiting services, cultivating and strengthening nurturing parent-child relationships, promoting healthy childhood growth and development, and enhancing family functioning by reducing risk and building protective factors. Additional resources include referrals to the Women, Infants and Children (WIC) program, food assistance, diaper bank, housing, medical providers and behavioral health services.

The Home Visiting Program is designed to support families who are particularly vulnerable to adverse childhood experiences, ensuring person-centered services are utilized to address their specific needs. The program emphasizes culturally responsive practices by tailoring services to the unique needs of diverse communities. Every effort is made to match eligible families with staff who speak their language and understand their culture and staff are trained in active listening and cultural humility.

The Home Visiting Program utilizes Parent Satisfaction Surveys as an essential tool for collecting feedback from families, providing insights into their experiences. Participant feedback promote program improvements and can further strengthen community engagement by demonstrating responsiveness and a commitment to meeting the evolving needs of families.

SUSTAINABILITY IMPACT STATEMENT

Today's proposed action supports the County of San Diego Sustainability Goal #1 to engage the community in meaningful ways; Sustainability Goal #2 to provide just and equitable access; and Sustainability Goal #4 to protect the health and well-being of everyone in the region. The home visiting approach creates fair and equitable access to services by meeting families where they are at and collaborating with the family to create service plans that support their well-being. Through the Healthy Families America evidence-based family-focused model, this approach fosters positive parenting, promotes child health and development, and helps prevent child maltreatment.

FISCAL IMPACT

Funds for this request are partially included in the Fiscal Year (FY) 2025-26 CAO Recommended Operational Plan in the Health and Human Services Agency. If approved, this will result in estimated annual costs and revenue of up to \$12.0 million in FY 2025-26. The funding source includes Proposition 10 approved by the First 5 Commission (\$2 million), Social Services Administrative Revenue (\$3.6 million), California Home Visiting Program State General Fund Expansion (\$0.2 million), Maternal, Infant, and Early Childhood funding from the California Department of Public Health (\$0.8 million), and Realignment (\$2.4 million). There will be no change in net General Fund cost and no additional staff years.

**SUBJECT: AUTHORIZE COMPETITIVE SOLICITATION FOR EVIDENCE-BASED
FAMILY HOME VISITING SUPPORT SERVICES (DISTRICTS: ALL)**

BUSINESS IMPACT STATEMENT

N/A

ADVISORY BOARD STATEMENT

The Health Services Advisory Board (HSAB) reviewed and approved this item at their meeting on April 1, 2025.

Brought forward by the First 5 Commission of San Diego County as an informational item at their meeting on April 16, 2025. Additionally, the First 5 Commission of San Diego County has reviewed and approved an extension of existing Home Visiting Support Services contracts through December 31, 2025.

BACKGROUND

The County of San Diego (County) Health and Human Services Agency (HHSA) has delivered an evidence-based home visiting program since 1999. By building trusting relationships between provider and family, home visitation services improve both the health and life-course of children and families. These services nurture the development of healthy relationships between parent and child and enhance parental knowledge regarding their child's growth and development. Services are customized based on an assessment of family strengths, needs, and desired outcomes. Families are equipped with the necessary tools and community referrals to achieve their personalized goal plans. A home visit can consist of a variety of activities including but not limited to providing education on child development, positive discipline, safe sleep practices, lactation support and healthy diet and exercise. Additionally, they may include family goal planning, stress management techniques, and referrals or linkages to community resources.

HHSA utilized the Nurse Family Partnership (NFP) model of home visiting for over 25 years but re-procured the services per the San Diego County Board of Supervisors (Board) authority on October 25, 2022 (7). The Board authorized a competitive solicitation for an evidence-based home visiting model and approved the extension of the NFP contract through August 31, 2026, to allow for client transition. The procurement resulted in a contract with American Academy of Pediatrics using the Healthy Families America (HFA) model, which has been implemented by HHSA Medical Care Services (MCS) and the Public Health Nursing (PHN) staff. Additionally, the First 5 Commission (First 5) has been operating a home visitation program using the HFA model since 2013 which is administered through contracted services delivered by paraprofessionals.

Evidence shows that parents following the HFA model gain knowledge regarding their child's growth and development and interact more positively with their children. Expected outcomes include 48% fewer infants born at low birthweights, increased likelihood of infants being breastfed, increased likelihood of having health insurance, being linked to a medical home leading to increased well-child visits and developmental screenings. In addition, HFA families are five times more likely to enroll and participate in school training programs, and 27% fewer families were homeless. In alignment with expected outcomes, the efforts of MCS and First 5 reflect a

**SUBJECT: AUTHORIZE COMPETITIVE SOLICITATION FOR EVIDENCE-BASED
FAMILY HOME VISITING SUPPORT SERVICES (DISTRICTS: ALL)**

commitment to achieving positive results, demonstrating consistency between strategic goals and program implementation.

In Fiscal Year (FY) 2023-24, the MCS Home Visiting Program provided services for 900 families and First 5 provided home visiting services to 632 families, countywide. During this timeframe, MCS Nursing transitioned from the Nurse Family Partnership (NFP) Model to the Healthy Families America (HFA) model with enrollment of families beginning April 5, 2024. Due to this recent transition, statistics and outcomes during this period are currently being compiled and available in the near future.

In FY 2023-24, First 5 outcomes using the HFA model demonstrated positive health trends, including 95% of children being born at or after 37 weeks of gestation, which significantly reduces health risks and supports healthy development. At 30 days postpartum, 97% of children and 95% of primary caregivers were linked to a medical home, ensuring consistent healthcare access and preventive care. Additionally, by 12 months, 97% of children were up-to-date with Well Baby Checks, indicating strong adherence to healthcare guidelines and early detection of potential issues.

In 2024 a business process review was conducted to examine HHSA home visiting efforts and make recommendations to streamline the process and maximize the impacts of the programming. Recommendations include that the existing programs be integrated to realize revenue efficiency, better utilization of both PHN and paraprofessional resources, and increase centralized access to the program. To implement these recommendations, a new contract(s) must be established to integrate the expertise of both disciplines and provide a more comprehensive approach that is case specific and thus more efficient in assigning the appropriate level of staff required to meet the families' needs.

The transdisciplinary approach to the Home Visiting Program integrates County PHNs and contracted staff for day-to-day operations and communication processes to enhance case management activities. Selected providers will coordinate service delivery with PHNs to ensure that each family is provided with the appropriate level of service based on need. The HFA model is designed to meet social and parenting needs, while a PHN focuses on important health needs such as reducing pre-term births and supporting clients with complex health issues.

Today's action requests the Board authorize the Director, Department of Purchasing and Contracting to issue a competitive solicitation for Evidence-Based Home Visitation Services. If approved, this action will maximize enrollment efficiency and provide timely service, and centralize and streamline program access with the goal of increasing the number of families served.

LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN

Today's proposed action supports the County of San Diego 2025-2030 Strategic Plan initiatives of Sustainability (Economy and Resiliency) and Community (Engagement, Quality of Life, Communications, and Partnership) as well as the regional *Live Well San Diego* vision of healthy, safe and thriving communities. This is accomplished by delivering resources to families who are

**SUBJECT: AUTHORIZE COMPETITIVE SOLICITATION FOR EVIDENCE-BASED
FAMILY HOME VISITING SUPPORT SERVICES (DISTRICTS: ALL)**

at risk for adverse childhood experiences. These efforts empower our workforce by fostering innovation to implement best practices in home visiting services to increase the well-being of families and their children. Additionally, the transdisciplinary home visiting approach supports flexibility within the PHN workforce to ensure the capability to respond to urgent needs while home visiting services are maintained.

Respectfully submitted,

USE "INSERT PICTURE"
FUNCTION TO INSERT
SIGNATURE

EBONY N. SHELTON
Chief Administrative Officer

ATTACHMENT(S)

N/A



COUNTY OF SAN DIEGO
Child and Family Strengthening Advisory Board

Placement & Caregiver Support Work Group

Meeting Summary

Date: Thursday, February 27, 2025

Co-Chairs: Jeff Wiemann and Patty Boles

Meeting Staff: Torrey Giaquinta

Participants: 25. Board members present: Jeff Wiemann, Patty Boles, Adam Reed, Beth Ploesch.

1. Welcome and Introductions

Jeff opened the meeting. Participants introduced themselves in the chat.

2. Announcements

Diana Macis is retiring.

3. QPO survey update

The surveys for the year have all been approved. The text messages to CFWB caregivers went out on 2/26. Social workers received their texts on 3/5. The survey is open until 3/19. There will be preliminary results for the next work group meeting.

Participants discussed expanding the caregivers to include FFA using BINTI.

4. Transitions legislation

Rachel from CFWB presented on the legislation she is following. AB601 addresses the definition of neglect trying to get a better definition of what is and is not neglect to try to separate allegations of neglect from poverty. The proposed legislation then orders a differential response for cases that are not willful neglect. Willful neglect will still go through an agency assessment.

Participants argued that sometimes an allegation of general neglect provides an opening into a home that has abusive behavior as well. The importance of attachment for infants was mentioned.

Participants asked for statistics on why kids come into care in San Diego and how we define neglect. Participants were directed to the CFWB Dashboard and the UC Berkeley data.

The much anticipated transition legislation was proposed. The work group and CFWB are going to pause work on transition plans until the bill passes or fails.

SB452 provides legal support pre-petition. San Diego already has pre-petition legal services however they have not been used a lot.

5. New local rule

There is a new local rule that came out in late fall. The agency is planning implementation. The rule is in regards to what information can be shared with ongoing service providers. Currently FFAs get information verbally with no demographic or identifying information.

Once the child is placed with that FFA they would become an ongoing caregiver. Caregivers who provide visitation, the work of the agency, should know any concerns or dangers they need to be aware of. There needs to be a protocol to follow when a social worker erroneously does not share information. Caregivers are not always aware of who to go to for help. Mentors can help with but since the decrease in the number of hours of TIPS training, less information is covered. The results of the QPO survey will help us learn what information is not being shared.

6. Child safety report creation discussion

Participants continued the previous discussion on the creation of a new child safety report. Of particular interest is the number of reports made regarding children in a placement. That information should be disaggregated by placement type. The result of the report should be noted as well, whether it was founded or not, whether the child was move, if there were extra requirements imposed on the placement.

The idea of a dashboard report being put on the CFSAB consent agenda was floated. The PCC Board used to get a data report at every meeting.

7. Date of Next Meeting – March 27, 2025 at 11:00 am

8. Adjournment



COUNTY OF SAN DIEGO
Child and Family Strengthening Advisory Board

Placement & Caregiver Support Work Group

Meeting Summary

Date: Thursday, March 27, 2025

Co-Chairs: Jeff Wiemann and Patty Boles

Meeting Staff: Torrey Giaquinta

Participants: 26. Board members present: Jeff Wiemann, Patty Boles, Erin Gospodarec, Stephanie Ortega, and Beth Ploesch

1. Welcome and Introductions

Introductions were made in the chat.

2. Announcements

Today is Diana Macis' last day.

3. QPO survey update

The QPO survey was extended to 3/31 to garner more responses.

4. Child safety report creation discussion

Participants were interested in a consolidated report with the number of allegations of abuse of children in care, the number of deaths, and the number of substantiated allegations. Links to both the CFWB dashboard and the UC Berkeley Child Welfare Indicators Project were shared. A discussion began about what we want to do with the data or how having the data would lead to a change in practice. If we are concerned with child welfare more broadly, far more children die from nonintentional injuries from drowning or falling out a window.

The group was concerned that they did not know about the allegations against PCC until the first lawsuit was filed. Probation is not accessing the data, we could connect it to recidivism or negative contacts with law enforcement.

A County Report Card used to be put out by the medical examiner. The most recent report was in 2018 or 2020. It is not clear why the reports have not continued but the data is still being collected. That information feeds the fatality case review.

The rate of maltreatment in care is already tracked, there is an open case investigation unit within CFWB that works on those cases. It is possible that the cases of child maltreatment in care that are not founded could be helped through community supporting.

A participant suggested using data to look forward rather than backward. There are still a number of kids 0-5 or in sibling groups going to PCC. How can we accelerate kinship placements?

The work group will look at the data to see what is available, and come up with a list of questions. CFWB will look into what data they have and what they can share. That process will take a few months. Will not be a quick turnaround.

5. Information Sharing

- a. Court notices** At a recent caregiver training none of the 8 caregivers reported ever receiving a notice about a court hearing for the child in their care. That notice allows the caregiver to send in the JV290 form.

Depending on the type of hearing there are different required timeliness and methods of notice. The court should not hold hearings if a caregiver was not given notice. This is something that is reported by the social worker and checked by the judge at every hearing.

CFWB staff pulls cases with upcoming hearings and sends information to the social worker on the case to confirm everyone's contact information. Court notices should be received by mail 30 days prior to the hearing (depending on the hearing type).

The CFT meetings that occur pre-hearings are a good space to confirm the next court date and provide input.

CLS texts caregivers of children they represent three times for each hearing: when the hearing is scheduled, one week prior to the hearing, and 24 hours before the hearing.

- b. Policy updates/searchable online services**

Some policies were changed but caregivers are not aware of the change. Is there a way to provide notice when policies are changed?

6. Date of Next Meeting –May 22, 2025 at 11:00 am

7. Adjournment