

# **Los Angeles Department of Aging PSA25**

**Four-Year Area Plan on Aging**  
July 1, 2020 to June 30, 2024

**Area Plan Update**  
July 1, 2021 to June 30, 2022

## TABLE OF CONTENTS

	Page
Area Plan Checklist.....	2
Transmittal Letter .....	3
Section 1. Mission Statement .....	4
Section 2. Description of the Planning and Service Area (PSA) .....	4
Section 3. Description of the Area Agency on Aging (AAA).....	7
Section 6. Targeting .....	13
Section 7. Public Hearings .....	16
Section 8. Identification of Priorities.....	20
Section 9. Area Plan Narrative Goals and Objectives .....	21
Section 10. Service Unit Plan (SUP) Objectives .....	30
Section 12. Disaster Preparedness .....	55
Section 13. Priority Services .....	59
Section 16. Governing Board .....	60
Section 17. Advisory Council .....	61
Section 18. Legal Assistance .....	64

# AREA PLAN UPDATE (APU) CHECKLIST

PSA PSA 25

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

*Use for APUs only*

AP Guidance Section	APU Components (To be attached to the APU)	Check if Included
	➤ <i>Update/Submit A) through I) <b>ANNUALLY</b>:</i>	
n/a	<b>A) Transmittal Letter-</b> (requires <u>hard copy</u> with original ink signatures or official signature stamp- <b>no photocopies</b> )	<input checked="" type="checkbox"/>
n/a	<b>B) APU-</b> (submit entire APU electronically only)	<input checked="" type="checkbox"/>
2, 3, or 4	<b>C) Estimate-</b> of the number of lower income minority older individuals in the PSA for the coming year	<input checked="" type="checkbox"/>
7	<b>D) Public Hearings-</b> that will be conducted	<input checked="" type="checkbox"/>
n/a	<b>E) Annual Budget</b>	<input type="checkbox"/>
10	<b>F) Service Unit Plan (SUP) Objectives and LTC Ombudsman Program Outcomes</b>	<input checked="" type="checkbox"/>
18	<b>G) Legal Assistance</b>	<input checked="" type="checkbox"/>
	➤ <i>Update/Submit the following only if there has been a <b>CHANGE</b> or the section was not included in the 2020-2024</i>	Mark Changed/Not Changed (C or N/C)
		<b>C</b> <b>N/C</b>
5	Minimum Percentage/Adequate Proportion	<input type="checkbox"/> <input checked="" type="checkbox"/>
5	Needs Assessment	<input type="checkbox"/> <input checked="" type="checkbox"/>
9	AP Narrative Objectives:	<input checked="" type="checkbox"/> <input type="checkbox"/>
9	• System-Building and Administration	<input checked="" type="checkbox"/> <input type="checkbox"/>
9	• Title IIIB-Funded Programs	<input checked="" type="checkbox"/> <input type="checkbox"/>
9	• Title IIIB-Transportation	<input checked="" type="checkbox"/> <input type="checkbox"/>
9	• Title IIIB-Funded Program Development/Coordination (PD or C)	<input checked="" type="checkbox"/> <input type="checkbox"/>
9	• Title IIIC-1	<input checked="" type="checkbox"/> <input type="checkbox"/>
9	• Title IIIC-2	<input checked="" type="checkbox"/> <input type="checkbox"/>
9	• Title IIID	<input checked="" type="checkbox"/> <input type="checkbox"/>
20	• Title IIIE-Family Caregiver Support Program	<input type="checkbox"/> <input checked="" type="checkbox"/>
9	• HICAP Program	<input type="checkbox"/> <input checked="" type="checkbox"/>
12	Disaster Preparedness	<input checked="" type="checkbox"/> <input type="checkbox"/>
14	Notice of Intent-to Provide Direct Services	<input type="checkbox"/> <input checked="" type="checkbox"/>
15	Request for Approval-to Provide Direct Services	<input type="checkbox"/> <input checked="" type="checkbox"/>
16	Governing Board	<input checked="" type="checkbox"/> <input type="checkbox"/>
17	Advisory Council	<input checked="" type="checkbox"/> <input type="checkbox"/>
21	Organizational Chart(s)	<input type="checkbox"/> <input checked="" type="checkbox"/>

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

**AAA Name:** Los Angeles Department of Aging

**PSA** 25

This amended 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. Mayor Eric Garcetti

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

\_\_\_\_\_  
Date

2. Wendy Caputo

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

\_\_\_\_\_  
Date

3. Laura Trejo

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

\_\_\_\_\_  
Date

<sup>1</sup> Original signatures or official signature stamps are required.

## **SECTION 1: MISSION STATEMENT**

It is the mission of California's 33 Area Agencies on Aging to provide leadership in addressing issues that relate to older Californians; to develop community-based systems of care that provide services which support independence within California's interdependent society, and which protect the quality of life of older persons and persons with functional impairments; and to promote citizen involvement in the planning and delivery of services.

The mission of the Los Angeles Department of Aging, an Area Agency on Aging, is to promote a comprehensive, culturally sensitive, and socially inclusive system of older adult and caregiver community-based programs.

## **SECTION 2: DESCRIPTION OF THE PLANNING AND SERVICE AREA (PSA)**

### **LOCATION**

The City of Los Angeles, located in Southern California, is designated as Planning Service Area (PSA) 25 which is the second most populous city in the United States and the largest municipality in the State of California. Los Angeles spans 472.08 Square Miles and can easily contain the combined areas of Boston, Cleveland, St. Louis, Pittsburgh, Minneapolis, Milwaukee, San Francisco, and Manhattan. The city runs 44 miles north/south, 29 miles east/west and the length of the city boundary is 342 miles. This area has diverse urban and suburban communities, with the Pacific Ocean bordering on the West and three mountain ranges interspersed in the North and East.

The City is a port of immigration that has transformed the city into a multi-cultural mecca. The population is comprised of U.S. and foreign born peoples who self-identify as Mexican, Puerto Rican, Cuban, Central American, South American, Asian, Black, Russian, Armenian, American Indian/Alaskan Native, and Native Hawaiian/Pacific Islander.

### **GOVERNMENT**

The City of Los Angeles is a Mayor-Council-Commission form of government. The Mayor serves as the executive branch and the Council as the legislative. The City Council consists of 15 Council members representing 15 districts. The Council is the governing body of the City and is responsible for ordering elections, levying taxes, authorizing public improvements, approving contracts and adopting traffic regulations. All of the Council's actions are subject to the approval of the Mayor. The Mayor can veto actions approved by the City Council, and a two-thirds vote of the Council can override the Mayor's veto. The Council is provided technical assistance by the Chief Legislative Analyst's Office. The City government consists of 43 departments and bureaus headed by General Managers or controlling Boards or Commissions, some of which are advisory in nature. The Department of Aging (LADOA) is headed by a General Manager. The LADOA serves as administrator over programs and services for seniors in the City in its function as an Area Agency on Aging (AAA) and includes an advisory board referred to as the Council on Aging consisting of older adults from throughout the City who act as an advisory body that provides updates and feedback to the department.

## **ECONOMIC INFORMATION**

Southern California is the largest growing region in the nation with the City of Los Angeles being the geographic and economic center for growth in the economy. The City remains a key market in the U.S. for consumer goods and services. Trade continues to be an important part of the regional economy. The Port of Los Angeles is the busiest in the country and one of the busiest in the world, generating foreign trade that continues to create demand for warehouses and industrial space.

Los Angeles region is home to a variety of industries, from trade, transportation, and utilities to education, health and business services. The area boasts 5,787,900 nonfarm payroll positions, including one of the largest manufacturing center in the United States, employing 458,100 workers (Bureau of Labor Statistics, March 3, 2021 Report). Los Angeles is also one of the leading tourist destinations in the world. The Los Angeles Convention Center and Visitors Bureau estimated that in 2018, Los Angeles received 50 million overnight and day visitors, an increase of 3.1% over the previous year.

Additionally, the City ranks as one of the most educated in the county with the 2019 U.S Census, American Community Survey 1-Year Estimates reporting that roughly one in three residents in Los Angeles aged 25+ has a bachelor's degree or higher.

## **DEMOGRAPHIC INFORMATION**

According to the 2019 U.S. Census American Community Survey 1-Year Estimates (2019 ACS 1-Y), the City of Los Angeles grew to 3,979,537 residents, an increase of 4.9% from the 2010 Census. Older adults aged 60+ numbered 728,607 reflecting a 29.2% increase compared to the 2010 Census. This growth in the older adult population is significantly higher than that of the City's general population.

### **Race and Ethnicity**

In 2019, Los Angeles older ethnic/racial populations were as follows: White Non-Hispanic 40.4%, Hispanic or Latino 31.1%, Blacks 10.9%, Asians 16.1%, American Indian/Alaskan Native 0.7%, Native Hawaiian/Pacific Islander 0.1% and those whom the census labeled as Some Other Race & 2 or more races account for about 15.1% of the total senior population.

### **Regional Differences**

A unique asset of the City of Los Angeles is its racial, ethnic and cultural diversity. The diverse composition of its inhabitants provides Angelenos with unique opportunities to experience the cuisine, music, practices and history of multiple cultures. The City is also internationally known as the entertainment capital of the world with good weather and eclectic activities

### Income/Poverty

In 2019, the number of older adults at or below the poverty level grew to 16.2%. The average Social Security income increased from \$15,212 in 2010 to \$18,501 in 2019, an increase of 21.6%. Also, 9.2% of PSA 25's older adult households receive food stamp/SNAP benefits while 3.1% receive cash public assistance income.

Of the 412,964 older adult households, 55.8% had earnings from wages, salaries and self-employment income, with average earnings of \$94,047. Sixty-five percent of older adults' households had income from social security. 13.8% received income from supplemental social security. The percentage of older adults with retirement income was 33.8%, with average retirement income being \$39,698.

### Employment Status

As of 2019, 32.6% of the City's older adults are participating in the civilian labor force, an increase from 2010 when 30.4% participated in the civilian labor force. Of those wanting or needing to work, 1.2% are unemployed while 31.3% are actively employed in the labor market. 66.4% of the City's older adults are not participating in the labor force.

### Marital Status

The marital status of the older adult population varied slightly from 2010 when statistics showed that 48.8% of older adults were married, 22.1% widowed, 15% divorced, 3% separated, and 11% never married. In 2019 48.8 % of older adults were married, 17.8% widowed, 15.8% divorced, 3.3% separated and 14.3% never married.

### Living Arrangement

Of the 412,964 households headed by an older adult (aged 60+) in PSA 25, 40.5% were comprised of older adults who lived by themselves. An additional 54.4% of older adults lived in family households, including 38.0% who lived in a married-couple family and 12% who lived as a female householder in a family with no husband present.

### Household Participation

In 2019, of the estimated 1,398,900 households in the City of Los Angeles, 29.5% included one or more people aged 60+ years old. Of the 141,289 households that receive food stamps, 9.2% were households with at least one older adult aged 60+ years old.

### Education

Among older adults, 19.3% were high school graduates or equivalent, 24.4% had some college or received an Associate's Degree, and 29.9% had a Bachelor's Degree or higher. However, 26.3% of older adults had not graduated from high school, which has declined from 28.7% in 2010.

### Housing

Of the 412,964 older adult (60+) households, 54.9% (or 226,778) owned their own home. The remaining 45.1% of older adult households rented their housing unit. 62.1% of renters and 35.5% of owners spent more than 30% of their household income on gross rent / owner cost. Spending more than 30% of household income on rent / owner costs has been traditionally viewed as an indication of a housing affordability problem.

### Language

46.2% of PSA25's older adults (aged 60+) speak English only, which has declined from 52% in 2010. 53.8% speak a language other than English. 38.4% speak English less than very well, an increase from 2010, when it was 35.5%. In the greater Los Angeles Metropolitan Area the top languages spoken in households are English, Spanish, Chinese, Tagalog, Korean, Armenian, Vietnamese, Farsi, Japanese and Russian.

### Migration

Of the 728,607 older adults aged 60+ that reside in the City of Los Angeles, 336,946 (or 46%) are native born, while 391,661 (or 54%) are foreign born. 4.6% of foreign born older adults entered the City populous in 2010 or later, 8.1% entered from 2000 to 2009 and 87.2% entered before 2000. 74% of the foreign born older adult population are naturalized U.S. citizens, while 26% are currently not U.S. citizens.

### Disabilities

According to the 2019 U.S Census American Community Survey 1-Year Estimates, 31.4% (or 224,989 individuals), of the civilian noninstitutionalized population aged 65+ reported living with a disability, while 68.6% do not live with a disability. Of the older adults (aged 65+) who are living with a disability, 25.0% reported living with an ambulatory difficulty, 20.2% reported living with an independent living difficulty, 12.4% reported living with a hearing difficulty, 12.5% reported living with a self-care difficulty, 10.8% reported living with a cognitive difficulty and 6.8% reported living with a vision difficulty.

## **SECTION 3: DESCRIPTION OF THE AREA AGENCY ON AGING (AAA)**

The City of Los Angeles was designated an AAA by the California Department of Aging and established in the Mayor's Office as the Office on Aging in 1975. It is the only City in the State of California designated as an AAA. In 1977, the Office on Aging was incorporated into the Community Development Department. The Los Angeles Department of Aging (LADOA) became operative as a Council-controlled Department of the City of Los Angeles in 1983, and is identified as Program Service Area 25 (PSA 25) within the State of California's aging network.

The LADOA is responsible for the administration of all programs, services and activities for seniors and caregivers that are funded by the Older Americans Act, Older Californians Act, Community Development Block Grants and Proposition A Transportation Subsidy grants. The LADOA also receives City General Fund dollars and is the recipient of services from other City departments including transportation (vehicles and servicing); access to public access television (Channel 35) for broadcast services; benefits and retirement funding for staff; legal advice and



representation; information management; telecommunication services; and printing services.

As a department within the City of Los Angeles, all activities of the LADOA including policy mandates, must be reviewed and approved by the City Council with Mayoral concurrence. The LADOA also maintains an advisory board, the Council on Aging (COA), which makes recommendations to the department on all matters relating to the planning and delivery of services to older adults and caregivers living in the City of Los Angeles. The COA is composed of senior volunteers and serves as an advocacy body for older persons.

### **AAA LEADERSHIP ROLES**

The LADOA provides a central leadership role in advocating for, planning, developing, and implementing a comprehensive system of care built upon the values of:

- Maximizing independence and healthy aging
- Ensuring a safety net for seniors
- Developing inclusive opportunities for civic engagement of seniors and their caregivers
- Creating and sustaining a system of care that values diversity and whose programs/services are culturally competent and socially inclusive

These leadership roles will be met by reaching out to a broad spectrum of community leaders in the aging field at the local, regional, state and federal levels; community based service organizations; and other public entities within the City and County of Los Angeles. The LADOA will continue to seek resources and expand opportunities that strengthen the system of care to those most in need, promote healthy aging, and engage seniors and their caregivers in their communities.

### **DESCRIPTION OF SERVICE SYSTEM**

PSA 25 is divided into fifteen regional areas referred to as Aging Service Areas (ASAs) to facilitate the delivery of services to older adults and caregivers. The LADOA contracts with community based organizations for the delivery of services through Senior Multipurpose Centers (MPCs), designated as community focal points, and located in each of the 15 ASAs (as noted in the Focal Points section). An additional senior center is located in the Central Business District (CBD) in single room occupancy facilities that cater to the unique and diverse needs of homeless individuals who are destitute and without family supports. A majority of older adults living in single room occupancy facilities are at-risk of becoming homeless.

The MPCs, including the center serving residents in the Central Business District, are equipped to provide a wide array of services that are funded by a wide variety of funding sources (described above). The mission of these centers and other citywide service providers is to deliver vital core social services and a variety of supplemental services to older adults and caregivers that currently exist and can be accessed in the neighborhoods in which they live. Community-based organizations within each ASA compete for program funds through the City's Request For Proposal Process.

The programs and related sources of funding are as follows:

- **OLDER AMERICANS ACT (OAA)**

*Title III-B Supportive Services*

*Title III-C1 Congregate Nutrition*

*Title III-C2 Home Delivered Meals*

*Title III-D Disease Prevention/Health Promotion*

*Title III-E Family Caregiver*

*Title V Senior Community Service Employment Program*

*Title VII-A Ombudsman*

*Title VII-B Elder Abuse Prevention*

- **OLDER CALIFORNIANS ACT (OCA)**

*Health Insurance Counseling Advocacy Program*

- **COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAMS (CDBG)**

*Evidence Based Programs (Wellness, Physical Activity, and Memory Retention programs for older adults and providing respite for caregivers)*

*Emergency Alert Response Systems Program*

- **PROPOSITION A LOCAL TRANSIT ASSISTANCE FUND**

*Transportation*

This program (which is based out of the Focal Points) provides older adults and adults with disabilities with door-to-door transportation services (using ADA compliant mini-buses) limited for such needs as doctor appointments. This service (which PSA25 advocated for and secured with County/City Proposition A funding) was needed to fill a service gap for older adults due to the large geographical size of the PSA, and the complex, limited nature of the transportation system for older adults. This program is a critical transportation link for seniors.

- **LOS ANGELES CITY GENERAL FUNDS**

*Home Delivered Meal Program and Congregate Meal Program*

- **ESTABLISHING NEW PARTNERSHIPS**

*Aging and Disability Resource Center*

PSA25 has been granted emerging Aging & Disability Resource Center (ADRC) status from the CDA and is partnering with Communities Actively Living Independent & Free - an Independent living center, 211 LA County, Partners in Care foundation and Wise and Healthy Aging's long term care ombudsman program on the development and implementation of the ADRC for the Los Angeles region.

## **PROGRAMS AND SERVICES**

### **COMMUNITY BASED (MPC) OLDER AMERICAN ACT SENIOR SERVICES (contracted)**

## **1.IN-HOME SERVICES**

*Personal Care* – provision of personal assistance, stand-by assistance supervision or cues for persons having difficulties with one or more Activities of Daily Living.

*Homemaker* – provision of assistance to persons having difficulty with one or more Instrumental Activities of Daily Living.

*Chore* – the provision of assistance to persons having difficulty with one or more of the following instrumental activities of daily living: heavy housework, yard work or sidewalk maintenance.

## **2.NUTRITION**

*Congregate Meals* - a nutritious hot meal is offered to seniors five days a week at over 83 dining sites throughout the City. Meals are provided from five ethnically oriented menus.

*Home-Delivered Meals* - a nutritious hot meal is delivered five days a week to older persons who are homebound by reason of illness, disability, or are otherwise isolated. Meals are provided from five ethnically oriented menus.

*Nutrition Education (Congregate and Home Delivered Meals)* - provides accurate and culturally sensitive nutrition, physical fitness, or health (as it relates to nutrition) information and instruction to participants or participants and caregivers in a group or individual setting overseen by a dietician or individual of comparable expertise.

*Millennium Menu Meals* – were created to upgrade senior meals at the MPCs and home delivered meals for the purpose of increasing program participation and offered as often as possible within existing resources and through special fund development efforts.

## **3.SUPPORTIVE SERVICES**

*Case Management* - assistance either in the form of access or care coordination in circumstances where the older person and/or their caregivers are experiencing diminished functioning capacities, personal conditions or other characteristics which require the provision of services by formal service providers.

*Transportation* - provision of assistance, including escort, to a person who has difficulties (physical or cognitive) using regular vehicular transportation.

*Legal Assistance* - provision of legal advice to a person for counseling and/or representation by an attorney or other person acting under the supervision of an attorney.

*Information and Assistance* - provides individuals with current information on opportunities and services available to the individuals within their communities, including information relating to assistive technology; assesses the problems and capacities of the individuals; links the individuals to the opportunities and services that are available; and ensures (to

the extent practical) the individual receives the services needed, and are aware of the opportunities available, by establishing adequate follow-up procedures.

*Outreach* - interventions initiated by an agency or organization for the purpose of identifying potential clients, encourages their use of existing services and benefits, and includes advocacy on the client's behalf for services.

*Housing* - services designed to assist individual clients to secure adequate living arrangements.

*Senior Center Activities* - arranges or provides organized social, art/recreational, health, and/or nutritional services for program clients to maintain/enhance their level of functioning.

*Visiting* – going to a client's home to provide reassurance and comfort.

*Telephone Reassurance* – scheduled calls to a client to provide comfort and support.

*Community Education/Advocacy* - staff educates groups of older persons, their families, friends, and community organization/facility staff on rights, benefits, and entitlements for older persons either residing at home or living in an institutional setting.

*Employment* - activities designed to maintain or obtain employment for older persons or to assist them in selecting and entering into a second career.

*Personal Affairs Assistance* - assists older persons avoid exploitation by providing discount programs, consumer education, and assistance in completing financial forms and service applications.

*Older Adult Services and Information System (OASIS)* - active seniors 60+ are offered cultural, educational, and informational programs and services.

*Hotel Alert* – provisions of social and nutritional services for the elderly residing in the Central Business District of downtown Los Angeles.

*Medication Management* – provides medication screening and education to older persons and caregivers to prevent incorrect medication administration and adverse drug reactions.

*Comprehensive Assessment* – evaluates a person's physical, psychological, and social needs, financial resources, and the strengths and weaknesses of their informal support system and the immediate environment as a basis for determining current functional ability and potential improvement in order to develop the appropriate services needed to maximize functional independence.

#### **4.COMMUNITY BASED (MPC) TRANSPORTATION SERVICES (contracted)**

##### **PROPOSITION A SENIOR SERVICES (contracted)**

This program (which is based out of the Focal Points) provides older adults and adults with disabilities with door-to-door transportation services (using ADA compliant mini-buses) limited for such needs as doctor appointments. This service (which PSA 25 advocated for and secured with County/City Proposition a funding) was needed to fill a service gap for older adults due to the large geographical size of the PSA, and the complex, limited nature of the transportation system for older adults.

#### **5. CITYWIDE OLDER AMERICAN ACT SENIOR SERVICES (contracted)**

*Health Promotion/Disease Prevention* - provides disease prevention and health promotion services and information at multipurpose senior centers, at congregate meal sites, through home-delivered meals programs, or at other appropriate sites.

*Family Caregiver Support Program* – provides training and education for family members who are responsible for the care of an older family member. Also, conferences are conducted to assist caregivers in assessing their role and facilitating access to caregiver resources. Conferences are provided in English and Spanish.

*Ombudsman* - provides assistance to residents of long-term care facilities and their family members in resolving problems related to the quality of their care.

*Elder Abuse Prevention* – designed to increase public education and awareness on those persons/populations at high risk for abuse, how to identify and report abuse and provide community access to prevent abuse and assist caregivers.

*Legal Services* - Attorneys and paralegals travel to the fifteen MPC's throughout the city to offer seniors legal assistance on issues concerning their rights, benefits and entitlements

#### **6. CITYWIDE OLDER CALIFORNIAN ACT SENIOR SERVICES (contracted)**

*Health Insurance Counseling Advocacy Program* – provides health insurance counseling and advocacy services to Medicare enrollees and provides education to healthcare consumers on how to advocate for themselves.

#### **7. CITYWIDE COMMUNITY DEVELOPMENT BLOCK GRANT SENIOR SERVICES (contracted)**

*Evidence Based Program* – provides older adults with programs that enhance wellness skills in the areas of self-management/healthier living, physical activity programs, and caregiver support or memory enhancement.

#### **8. DEPARTMENT OF AGING DIRECT SERVICES**

*Information and Assistance (OAA)* - seniors can call the LADOA directly and be referred to a wide array of service providers including agencies that handle potential incidents of elder abuse. In addition to telephone information on local agencies and other services provided to seniors, a directory identifying LADOA programs and agencies by local region is available. Service referral is provided to assist Spanish-speaking and Asian language-

speaking seniors.

*Family Caregiver Support Program* – provides training and education for family members who are responsible for the care of an older family member. Also, conferences are conducted to assist caregivers in assessing their role and facilitating access to caregiver resources. Conferences are provided in English and Spanish.

*Senior Community Service Employment Program (OAA)* – eligible participants (ages fifty-five and over who meet federal low-income guidelines) are paid to train twenty hours each week at senior centers, libraries, child care centers, and other nonprofit community service organizations. This program offers participating seniors the opportunity to acquire new career skills or build on existing skills while earning a stipend. The goal is to transition these elderly individuals back into unsubsidized employment environments.

*Emergency Alert Response Program (CDBG)* - telecommunication equipment that assists a senior in the event of an emergency is offered through this program to homebound seniors who live alone and meet certain federal income guidelines. This is a collaborative effort with regional Case Management programs.

*Save Our Seniors (SOS) [City Funded]* - collaborative program with the City's Department of Water and Power (DWP), Housing Department, multipurpose senior centers (MPC), and sponsoring agencies. DWP representatives are on the alert for signs that a senior may be in need of assistance to maintain their independence. On referral, case managers at a local MPC are responsible for evaluating and addressing each situation.

*DWP Summer Fan Program* - The LADOA also collaborates with DWP and other utilities on the distribution of fans to help seniors cope with the hot summer months, telephone equipment, and enrolling low income older adults in Lifeline programs.

*Info4Life* – is a collaboration with local government emergency response agencies and Kroger/Ralphs Supermarkets. ***This program (not funded with Older Americans Act funds)*** provides critical medical information to emergency response personnel during a medical emergency for older adults.

## **SECTION 6: TARGETING**

The main targeting priorities established by the Older Americans Act as amended in 2006 are providing services to older individuals with the greatest economic need and the greatest social need, older individuals with limited English proficiency, and older individuals at risk for institutional placement, with particular attention to low-income Minority individuals.

The LADOA meets these priorities by targeting older individuals with income levels at or below the Poverty line, individuals in greatest social need caused by non-economic factors such as physical/mental Barriers, limited English speaking abilities, cultural, social or geographic isolation that restricts the capacity of the individual to perform normal daily tasks, or threatens the capacity of the individual to live independently, older individuals with severe disabilities, and older

individuals with Alzheimer’s disease or related dementias.

The LADOA uses a City Funding Formula (CFF), which uses Census data to target funds within each Aging Service Area (ASA). Since 1984, the City has used a targeting formula to ensure the mandates of the Older Americans Act and the Older Californians Act. The Current CFF formula allocates funds to the 15 ASAs and the Central Business District areas.

<u>Formula Factor</u>	<u>% Weight</u>
60+	20
Frailty	30
60+ minority	25
Low Income	25

In response to the language access needs of residents, two agencies with language and cultural capacity provide information and assistance services citywide targeting those who speak Spanish and various Asian/Pacific Islander languages.

All Title III-C contractors and providers deliver culturally/ethnically appropriate menus that are also used to outreach and attract participants.

The Senior Community Service Employment Program (Title V) designed to support low-income unemployed individuals to gain skills needed for entering the labor force and maintain independence.

## TARGET POPULATION CHARACTERISTICS

### Demographic Definitions

*White, Not of Hispanic Origin* – a person having origins in any of the original peoples of Europe, the Middle East, or North Africa. It includes people who indicate their race as “White” or report entries such as Irish, German, Italian, Lebanese, Near Eastern, Arab, or Polish.

*Black or African American, Not of Hispanic Origin* – a person having origins in any of the black racial groups of Africa.

*Hispanic/Latino Origin* – a U.S. or foreign born person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

*American Indian/Alaskan native, Not of Hispanic Origin* – a person having origins in any of the original Peoples of North, Central, and South America and who maintain cultural identification through tribal affiliation or community recognition.

*Asian, Not of Hispanic Origin* – a person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

*Native Hawaiian/Pacific Islander* – a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

*Other Ethnicity* – all other responses not included in the White, Black, Hispanic, American Indian/Alaskan Native, Asian, and Native Hawaiian/Pacific Islander races.

### Quality of Life Descriptions

Activities of Daily Living – for AoA reporting, an “ADL” is defined as the inability to perform one or more of the following five activities of daily activity without personal assistance, stand-by assistance, supervision or cues: eating, dressing, bathing, toileting, and transferring in and out of bed.

*Instrumental Activities of Daily Living* – for AoA reporting, an “IADL” is defined as the inability to perform one or more of the seven instrumental activities of daily living without personal assistance, stand-by Assistance, supervision or cues: preparing meals, shopping for personal items, medication management, managing money, using telephone, doing heavy housework and doing light housework.

*Self-Care Disability* – A condition that makes it difficult for a person to perform any of the Activities of Daily Living which renders that person incapable of taking care of themselves.

*Go Outside Disability* – A person that suffers from a long-lasting physical, mental, or emotional condition that impedes them from being able to go outside the home alone.

*Poverty* – An income at or below the official poverty guideline (as defined each year by the Office of Management and Budget, and adjusted by the Secretary (DHHS).

*Living Alone* – A one person household (using the Census definition of household) where the householder lives by his or herself in an owned or rented place of residence in a non- institutional setting, including board and care facilities, assisted living units and group homes



**SECTION 7: PUBLIC HEARINGS**

Due to the health risks presented by the COVID -19 virus pandemic, and particularly as infection and hospitalization rates remained at public health threat levels in both the city and county of Los Angeles, a “virtual” public hearing was held on line in lieu of in-person public hearings this year.

Joint public hearings have provided both the City (PSA 25) and the County AAA (PSA 19) with an opportunity to invite older adults, caregivers, members of the community, and service providers to share their service needs and identify service gaps. In addition, the public hearings provided the AAAs with an opportunity to highlight our efforts to develop a program system that delivers services in a seamless network, safety in the event of an emergency, and maintaining quality of life through health promotion and disease prevention services.

Additionally, public hearing panel members discussed and solicited responses regarding programs funded with Older Americans Act, Community Development Block Grant, and Proposition A Local Transit Assistance Fund dollars. Attendees were given the opportunity to discuss mandated program funding, which included adequate proportion, program development and coordination and Information and Assistance allocations and prioritizing services for funding.

<b>Fiscal Year</b>	<b>Date</b>	<b>Location</b>	<b>Number of Attendees</b>	<b>Presented In languages other than English? Yes or No</b>	<b>Was hearing held at a Long-Term Care Facility? Yes or No</b>
<b>2019-20</b>	<b>10/3/2019</b>	Los Angeles LGBT Center 1118 N. McCadden Pl. Los Angeles, CA 90038	<b>46</b>	<b>Yes</b>	<b>No</b>
<b>2019-20</b>	<b>10/7/2019</b>	Estelle Van Meter Senior Ctr 606 E. 76 <sup>th</sup> St. Los Angeles, CA 90011	<b>42</b>	<b>Yes</b>	<b>No</b>
<b>2019-20</b>	<b>10/8/2019</b>	Wilmington Senior Center 1371 Eubank Ave Wilmington, CA 90744	<b>85</b>	<b>Yes</b>	<b>No</b>
<b>2019-20</b>	<b>10/9/2019</b>	St. Barnabas Senior Center 675 South Carondelet St Los Angeles, CA 90057	<b>43</b>	<b>Yes</b>	<b>No</b>
<b>2020-21</b>	<b>2/21/2021</b>	Virtual Meeting held online	<b>69</b>	<b>Yes</b>	<b>No</b>

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

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

**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.

In addition to paying for an advertisement in a local newspaper, PSA25 also emailed (and mailed) public hearing announcements to all of its service providers and associates in the City of Los Angeles Aging Network and requested that they forward the information to their clients and others who may be interested in attending. This instruction also went to PS25's service provider for its Long-term Care Ombudsman program.

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

Yes. Go to question #3

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

3. Summarize the comments received concerning proposed expenditures for PD and C. No comments received.
4. Attendees were provided the opportunity to testify regarding setting of minimum percentages of Title III B program funds to meet the adequate proportion funding for Priority Services

Yes. Go to question #5

Explain:

5. Summarize the comments received concerning minimum percentages of Title III B funds to meet the adequate proportion funding for priority services. No comments received.
6. List any other issues discussed or raised at the public hearing.

Comments at the public hearings addressed broad categories of need for many older adults. However, for low income older adults residing in the city of Los Angeles these needs can be more pronounced as they intersect and overlap in city's largely urban, densely populated environment. Homelessness and the lack affordable housing are a prime example where one challenge is not likely to be solved without progress on the other. Likewise for quality of life and mental health, as well as balancing cultural sensitivity with serving the needs of all low income older adults in the second largest U.S. city by population.

Public Hearing comments also addressed how needs are being met by the AAA working in partnership with non-profit service providers and senior centers.

Participants at the public hearings noted the following questions, concerns and issues:

*Need for Caregiver Support*

- Caregivers are requesting more Mental Health support.
- Caregivers are suffering from heightened stress, anxiety, insomnia, depression and

isolation; the COVID-19 crisis has increased these pressures and these needs will not decrease when the pandemic subsides.

- Urge the City and County to look to the State's Masterplan for Aging to find ways to fund LA FOUND Project Lifesaver and PALA initiatives.
- Family caregivers are caring more for family members during COVID-19; this will continue beyond COVID-19. Title III-E programs need to be supported.
- Caregiver Respite has changed because of concerns during pandemic of having others come into the home.
- Caregiver support service providers are spending more time on counseling; more on ARP on 211 for Spanish Speaking populations; more calls from undocumented families needing help.
- During COVID-19, family caregivers of all ages are not being seen as essential workers even though they are caring for the older doing same type of complex care performed in nursing homes, assisted living facilities – to care for and protect the older person at home, and may also have children to care for at the same time.
- In some cases, we have unhoused people who are family caregivers. There needs to be some way to designate them as essential workers during emergency planning, so that they don't get lost during emergency planning.
- We have track bracelet technology for older adults at risk of wandering, but we don't have something that identifies someone that is an essential caregiver to somebody.

#### Technical Access for Service Providers and Clients

- Develop a technical structure of support that provides a gateway or portal to make it easier to determine what services and resources are available for older adults. For example, a search by zip code that would show resources from all older adult service providers.
- It is a deterrent to search multiple websites to find out available services, too burdensome for many older adults.

#### Evidence Based Programs – COVID-19 and Post COVID-19 Response

- A number of studies say people who have COVID-19 will have ongoing chronic issues as a result. Develop a plan to work with clinical providers to put COVID-19 survivors in contact with resources.
- Nascent body of research developing on Evidence Based Programs (EBP) positive impact on isolation issues – supports the need for these services.
- Emphasis just on EBP often times creates inequities in and of itself. We need to leave room for community defined EBPs. There are small organizations doing great work under the radar - close to the ground - that is defined and shaped the community it serves, even if it is not considered an EBP, they need funding and support.

#### Challenges with Serving Older Adults in the LGBTQ Community

- Since COVID started, older adults in LBGT community have seen dramatic increase in social isolation.
- More isolated due to less family support, less caregivers, more likely to live alone than general population, not as likely to have children to take care of them as they age.
- During COVID-19, the LGBT mini-MPC pantry brought food I could not access and some of which I could not afford. Please continue to fund, we need access to services.

- Older adult participants at senior programs at the LGBT Center have faced discrimination at all levels, ageism, sexual orientation, HIV status, unemployment, health and mental health, and senior abuse.
- The LGBT Center has been a leader in using Zoom online meeting platform as tool to provide classes, computer skills, job search and work skills; assisted with mental issues COVID-19 emergency has created.
- Many of us could not afford a quality of life without the help of our center. As older adult population increases, increase funding needed.
- The LGBT older adult community has been long marginalized and experience wounding from this marginalization. Please continue to fund services.
- Need to continue funding and expand LGBT center as this programming does not exist at any other senior center; emails, housing resources, social services with dignity and respect.

### Challenges with Serving African American Older Adults

- In Watts, many have no high speed internet – a phone is not sufficient to view documents. The technology advances so quickly, by the time you get equipment it's obsolete compared to what you need; because technology that is fast enough, has deep enough storage, modern enough to take advantage of the programs being built requires technical access to services.
- African American older adults tend to be at the bottom rung of every metric the city and county use to access greatest needs; they need more resources targeting technology required for those clients to access resources they need.
- Unmet needs of underserved African American unhoused, homeless community remains high.
- How has service model adjusted to meet these needs?

### Challenges with Serving Asian and Pacific Islander Older Adults

- This population is sometimes a bit invisible, (Asian and Pacific Islander older adults are 15% of older adults Los Angeles county), a lot of time due to language access and also cultural norms that sometimes make it hard for these older adults or their families to speak up for certain needs, so we don't see or hear from certain API communities.
- COVID-19 impacts have added challenges, people are afraid to go out to events for fear of the perception that COVID-19 is being seen as a Chinese or Asian virus. Also we've seen some instances of hate incidents throughout the country which makes it even harder for some of the API older adults to seek services, they are afraid of being seen as foreigners, afraid they are not worthy of asking and receiving the help they might need.
- Very diverse needs within the API population; Korean and Cambodians have some of the highest rates of poverty of older adults.
- We must disaggregate the data on API population. Some Asian populations are doing well and others need a lot more assistance, language access, culturally competent support.
- Whether it be an LGBT, or an African American community, or API population, Los Angeles is so diverse we just have to put our heads together to meet the needs of those most in need.

- . NOTE: Any changes to the Area Plan which were a result of input by attendees.

The 2020-2024 plan addresses older adult homelessness and affordable housing; Evidence Based Programs; work on enhancing delivery of services; work on expanding services to the LGBTQ older adult community; and expand upon partnerships with non-profits, community based organizations and other City departments. Will also research and address impact of COVID- 19 Pandemic on the older adult community.

## **SECTION 8: IDENTIFICATION OF PRIORITIES**

The identification of priorities involves analyzing the data that arises from the Needs Assessment regarding changes to existing services and determining new initiatives through Goals and Objectives. The LADOA is committed to continuous data driven decision making to ensure efficient use of limited resources, identify emerging trends and changing priorities.

The LADOA consistently seeks counsel, resources, and data from prominent local experts drawn from gerontology and geriatric disciplines at UCLA, USC, California State University – Los Angeles and senior managers of major provider organizations.

The LADOA continues to work with PSA 19 in implementing a regional approach to planning, service delivery, advocacy and human resources; developing a common language among the provider network; maximizing administrative resources by building on strengths and improving policy, program, and budgetary efficiencies; and establishing a process for system accountability that can measure the impact of services on the quality of life for seniors and their families in the Los Angeles metropolitan region. The LADOA also develops policy within the City structure in consultation with the Council on Aging (CoA). Policy recommendations are developed by the CoA through its various committees.

## **SECTION 9: AREA PLAN NARRATIVE GOALS AND OBJECTIVES**

In addition to its responsibilities as an Area Agency on Aging, the City of Los Angeles is also charged with delivering a vast array of services and activities, outside of the scope of the Older Americans Act, which provides basic necessities and enhances the quality of life for many of its older adult residents (water, electricity, waste removal, police, fire, etc.). Consequently, the role of PSA25 has expanded as it continues to partner with the Mayor, City Council and other City departments to advocate and secure funding, resources and programming that are specifically used to benefit older adults and their caregivers.

The positioning of PSA25, as a department within a robust City structure, has allowed PSA25 to expand its reach and services beyond the provisions of the Older Americans Act. Accordingly, PSA25 has broadened its strategic goals and objectives to encompass the eight essential features of an Age-friendly City as identified and outlined by the World Health Organization.

Since the profile, location and population size of the City of Los Angeles may cause it to be susceptible to natural and man-made disasters; Emergency Preparedness and resilience has been added as an essential feature and listed as a goal in this narrative. The eight essential features are listed below:

- (1) **Outdoor Spaces and Buildings** – accessibility to and availability of clean, safe community centers, parks, and recreational facilities;
- (2) **Transportation** – safe and affordable modes of private and public transportation, “Complete Streets” types of initiatives, hospitable built environments;
- (3) **Housing** – wide range of housing options for older residents, ageing in place and other home modification programs, housing that is accessible to transportation and community and health services;
- (4) **Social Participation** – access to leisure and cultural activities; opportunities for older residents to participate in social and civic engagement with their peers and younger people;
- (5) **Civic Participation and Employment** – promotion of paid work and volunteer opportunities for older residents; opportunities for older residents to engage in formulation of policies relevant to their lives;
- (6) **Communication and Information** – promotion of and access to the use of technology to keep older residents connected to their community and friends and family, both near and far;
- (7) **Community Support and Health Services** – access to homecare services, health and mental resources, programs to promote active ageing (physical exercise and healthy habits), services and supports for family caregivers; and
- (8) **Emergency Preparedness and Resilience** – information, education and training to ensure the safety, wellness and resilience of seniors in emergency situations.

**Goal # 1**

<b>Goal: Promote safe, sustainable, accessible outdoor spaces, recreational centers and buildings.</b>			
<b>Rationale: The City of Los Angeles is committed to creating and maintaining streets, facilities and open spaces that are environmentally-friendly, accessible and available to all City residents, including special accommodations for older adults and individuals with disabilities.</b>			
<b>Objective Number 1.1</b>	<b>Projected Start and End Dates</b>	<b>Title III B Funded PD or C</b>	<b>Update Status</b>
<p>PSA25 is working with the Los Angeles Department of Water and Power (LADWP) and other city departments to secure non-OAA funding to incorporate energy efficiencies and water conservation features into its senior center facilities infrastructure.</p> <p>To meet this objective, PSA25 will perform the following activities:</p> <ul style="list-style-type: none"> <li>• Work with LADWP and MPC Contractors to set up inspections AT LADOA Multipurpose Senior Centers and install energy efficiency and water conservation upgrades at senior centers. Non-OAA funding will be used for the inspections, energy efficiency and water conservation upgrades.</li> </ul>	7/1/20 – 6/30/22		Implementation of this objective has been delayed due to new administrative priorities that took precedence in the wake of the COVID-19 pandemic.





**Goal # 3**

<b>Goal: Addressing the issue of homelessness and promote affordable housing.</b>			
<b>Rationale: The City of Los Angeles has one of the most unaffordable housing markets in the nation. The Mayor and City Council are addressing this issue by promoting the creation of new housing units and developing a comprehensive plan to address the increasing homeless population.</b>			
<b>Objective 3.1</b>	Projected Start and End Dates	Title III B Funded PD or C	Update Status
<p>The City of Los Angeles is committed to addressing the prevalence of homelessness in its communities. PSA25 is part of the Los Angeles County Homelessness Initiative in which PSA25 works with numerous public and private partners on the Homelessness Crisis Response Framework for the greater Los Angeles region:</p> <ul style="list-style-type: none"> <li>On a quarterly basis, meet with the other partners of the LA County Homelessness Initiative to discuss and provide recommendations to address the homelessness crisis.</li> </ul>	7/1/20-6/30/24	C	PSA25 continues to meet with community partners and other city departments to advocate for resources for older adults who are experiencing homelessness or are at risk of experiencing homelessness.
<b>Objective 3.2</b>	Projected Start and End Dates	Title III B Funded PD or C	Update Status
<p>Funding has been allocated in the 2020-2021 City Budget to sustain an older worker program that provides a stipend and job training to older adults who are homeless or at- risk of becoming homeless. Tasks associated with this objective include:</p> <ul style="list-style-type: none"> <li>Work with Homeless Strategy Committee to participate in the regional coordination between LA City and LA County governments and other non- OAA agencies.</li> <li>Work with the Housing and Community Investment Department of Los Angeles to connect, refer and inform program participants about housing programs and services.</li> <li>Enroll at least 100 older adults who are homeless or at-risk of becoming homeless into the program.</li> </ul>	7/1/20-6/30/24	C	For the 1 <sup>st</sup> three quarters of FY 2020-2021, PSA25 had 21 participants in its Older Worker Employment Program (OWEP).

**Goal # 4**

<b>Goal:</b> Promote social participation of older adults.			
<b>Rationale:</b> The development of programs that encourage social participation, including intergenerational programs and services, are beneficial to older adults, youth and the entire community.			
<b>Objective 4.1</b>	Projected Start and End Dates	Title III B Funded PD or C	Update Status
<p>PSA25 conducted a 2016 Needs Assessment Survey of the city’s LGBT older adult community, in which 92% of survey respondents indicated they would feel more comfortable using services from a service provider that self-identifies as “Gay or LGBT friendly.”</p> <ul style="list-style-type: none"> <li>In response, PSA25, in partnership with the Los Angeles LGBT Center, is establishing a Mini- Multipurpose Senior Center (MMPC) targeting LGBTQ older adults in the city of Los Angeles.</li> <li>PSA25 and the LA LGBT Center will develop programming that provides opportunities for social participation and intergenerational programming for LGBTQ older adults.</li> </ul>	<p>7/1/20-6/30/21</p> <p>7/1/20-6/30/22</p>	PD	PSA25 established a contract with the Los Angeles LGBT Center for the operation of an MMPC for the provision of OAA programs and other programming targeting LGBTQ older adults.
<b>Objective 4.2</b>	Projected Start and End Dates	Title III B Funded PD or C	Update Status
<p>In order to promote racial, social and economic equity in its communities, PSA25 and the city of Los Angeles established two mini-multipurpose senior centers to provide services, resources and recreational activities to older, low income African-American and Latino Angelenos. The Echo Park and Estelle Van Meter Mini-Multipurpose Senior Centers provide Older Americans Act programs and other services to underserved older adults in the city.</p> <ul style="list-style-type: none"> <li>PSA25, in partnership with its MPC Contractors, will develop and refine programming to meet the needs of low income Minority Angelenos.</li> <li>PSA25 is committed to providing at least 20,000 service units annually at each of its mini-Multipurpose Senior Centers (MMPC).</li> </ul>	<p>7/1/20-6/30/21</p> <p>7/1/20-6/30/22</p>	PD	PSA25 is on track to meet its goal of providing 20,000 service units at each MMPC for FY 2020-2021.

**Goal # 5**

<b>Goal: Encourage civic participation and employment</b>			
<b>Rationale: Promoting opportunities for paid work and volunteer activities contribute to the community.</b>			
<b>Objective Number 5.1</b>	<b>Projected Start and End Dates</b>	<b>Title III B Funded PD or C</b>	<b>Update Status</b>
<p>Volunteerism and civic participation opportunities enhance the well-being and quality of life of older adults. In an effort to promote volunteerism and civic participation, PSA25 will draft a brochure highlighting the many diverse volunteer opportunities available through the city of Los Angeles, including Public Libraries, Recreation and Parks, the Los Angeles Zoo and numerous other city departments. The brochures will be updated annually and distributed to senior centers citywide.</p> <p>Furthermore, Multipurpose Senior Centers will be encouraged to report their volunteer opportunities to PSA25 for posting on the PSA25 website.</p>	<p>7/1/20-6/30/24</p>	<p>Title III-B</p>	<p>Implementation of this objective has been delayed due to new administrative priorities that took precedence in the wake of the COVID-19 pandemic.</p>

**Goal # 6**

<b>Goal: Coordinate communication and information outreach measures.</b>			
<b>Rationale: An effective Outreach Plan is a vital part of any effort to reach and assist older adults who are most in need and expand participation in Older Americans Act programs.</b>			
<b>Objective Number 6.1</b>	Projected Start and End Dates	Title III B Funded PD or C	Update Status
<p>PSA25 will send quarterly communications sheets exclusively to City Councilmembers, the Mayor’s Office, (i.e. elected officials) and the Council on Aging (COA) to update them on PSA25’s service performance, success stories and future activities and events. The quarterly communication sheets are an opportunity for PSA25 to share its hard work and accomplishments with city leadership, stakeholders, family caregivers and the older adult community.</p> <p>The quarterly report will provide information on Older Americans Act Title IIIB, Title C-1, Title C-2, Title III-D and Title III-E programs.</p>	7/1/20-6/30/24	Title III-B	Implementation of this objective has been delayed due to new administrative priorities that took precedence in the wake of the COVID-19 pandemic.
<b>Objective Number 6.2</b>	Projected Start and End Dates	Title III B Funded PD or C	Update Status
<p>PSA25 will work with its Family Caregiver Support Program (FCSP) contractors to develop an outreach strategy to increase participation for its FCSP Access Assistance, FCSP Support Services, FCSP Respite Care, FCSP Supplemental Services, FCSP Access Assistance – Grandparents and FCSP Support Services-Grandparents programs.</p> <ul style="list-style-type: none"> <li>• Each contractor will submit an outreach strategy to PSA25 annually beginning on July 1, 2022</li> <li>• PSA25 will work with contractors to update its outreach strategy annually.</li> </ul>	<p>7/1/2021-6/30/2022</p> <p>7/1/2022-6/30/2024</p>	C	Work on this objective will commence in FY 2021-2022.

**Goal # 7**

<b>Goal: Promote new community and health services.</b>			
<b>Rationale: Access to health and community support services that promote wellness and active aging have been shown to enhance the quality of life for older adults and family caregivers.</b>			
<b>Objective Number 7.1</b>	<b>Projected Start and End Dates</b>	<b>Title III B Funded PD or C</b>	<b>Update Status</b>
<p>Establish a COVID-19 &amp; Older Adults Task Force to unify and focus efforts to assess and evaluate the long term impact of the Corona-Virus Pandemic on older adults in Los Angeles. Study and leverage lessons learned during the unprecedented health crisis to better protect this vulnerable population in the future. Develop and coordinate plans to decrease harm from similar health threats in the future; make policy recommendations. Advocate for action.</p> <ul style="list-style-type: none"> <li>• Prepare and distribute a survey assessing the impact that COVID-19 has had on PSA25's homebound clients.</li> <li>• Work with PSA19 to prepare a report outlining the impact that the COVID-19 stay-at-home order had on the physical and mental health of older Angelenos.</li> <li>• Establish a working group to provide recommendations for assisting older Angelenos after the stay-at-home order is lifted.</li> </ul>	<p>7/1/20-6/30/21</p> <p>7/1/20-6/30/22</p> <p>7/1/21-6/30/22</p>	C	Implementation of this objective has been delayed due to new administrative priorities that took precedence in the wake of the COVID-19 pandemic.

**Goal # 8**

<b>Goal: Promoting Emergency Preparedness and resilience efforts.</b>			
<b>Rationale: The City of Los Angeles is susceptible to both natural and man-made disasters. Consequently, PSA25 performs multiple activities on a continual basis to prepare for the event of an emergency, including education and training to ensure the safety, wellness and resiliency of older adults in emergency situations.</b>			
<b>Objective Number 8.1</b>	Projected Start and End Dates	Title III B Funded PD or C	Update Status
In response to the 2019 Novel Coronavirus (COVID-19), PSA25 is updating its Agency Emergency Plans. Partner agencies have been notified/informed of the latest CDC and Los Angeles County Public Health advisories and emergency orders to meet current state health guidelines. Multipurpose Senior Center contractors and other service providers in PSA25's Aging Network are required to submit their Agency Emergency Plans each year.	7/1/20-6/30/24	Title III-B	Emergency plans for PSA25's Multipurpose Senior Centers will be updated again in August 2021.
<b>Objective Number 8.2</b>	Projected Start and End Dates	Title III B Funded PD or C	Update Status
<p>PSA25 actively collaborates with private and non-profit entities to sustain and expand its offering of Evidence Based Health Promotion (EBHP) services and programs.</p> <p>PSA25 will implement new and existing NCOA-approved Title IIID EBHP across its MPC network, which includes but is not limited to:</p> <ul style="list-style-type: none"> <li>• AEA Walk with Ease,</li> <li>• AEA Exercise Program,</li> <li>• A Matter of Balance,</li> <li>• Tomando Control de su Salud</li> <li>• Healthier Living/Chronic Disease Self-Management (CDSMP)</li> <li>• Powerful Tools for Caregivers</li> <li>• Active Start Active Living Everyday</li> <li>• Bingocize</li> </ul>	7/1/20-6/30/24	PD	Due to the COVID-19 pandemic, some EBHP services and programs were transitioned to telephonic and virtual formats to reach older adult participants. This allowed PSA25 to expand its offering of EBHP services and programs to homebound older adults.

**SECTION 10: SERVICE UNIT PLAN (SUP) OBJECTIVES**

**PSA 25**

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

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

For services not defined in NAPIS, refer to the [Service Categories and Data Dictionary and the National Ombudsman Reporting System \(NORS\) Instructions.](#)

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

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	3765	3,4, 7	
2021-2022	3765	3,4, 7	
2022-2023			
2023-2024			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	14104	3,4, 7	
2021-2022	14104	3,4, 7	
2022-2023			
2023-2024			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	2998	3,4, 7	
2021-2022	2998	3,4, 7	
2022-2023			
2023-2024			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	443488	4,7	
2021-2022	443488	4,7	
2022-2023			
2023-2024			

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

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

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	28201	3,4,7	
2021-2022	28201	3,4,7	
2022-2023			
2023-2024			

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

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



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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	664924	3,4,7	
2021-2022	664924	3,4,7	
2022-2023			
2023-2024			

**9. Nutrition Counseling****Unit of Service = 1 session per participant**

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

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

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

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	5238	4,7	
2021-2022	5238	4,7	
2022-2023			
2023-2024			

**12. Nutrition Education****Unit of Service = 1 session per participant**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	33224	3,4	
2021-2022	33224	3,4	
2022-2023			
2023-2024			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	282802	4,7	
2021-2022	282802	4,7	
2022-2023			
2023-2024			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	11466	3,4,6	
2021-2022	11466	3,4,6	
2022-2023			
2023-2024			

**15. NAPIS Service Category – “Other” Title III Services**

- Each **Title III B** “Other” service must be an approved NAPIS Program 15 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 NAPIS categories 1–14 and **16**. (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 Security, 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 Health**

**Unit of Service** 1 Hour, Physical Fitness

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2020-2021	6169	3,4	
2021-2022	6169	3,4	
2022-2023			
2023-2024			

**Other Supportive Service Category Personal Affairs Assistance**

**Unit of Service** 1 Contact, Forms Completion, Letter Writing

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2020-2021	11096	3,4	
2021-2022	11096	3,4	
2022-2023			
2023-2024			

**Other Supportive Service Category Senior Center Activities**

**Unit of Service** 1 Hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2020-2021	16868	3,4	
2021-2022	16868	3,4	
2022-2023			
2023-2024			

**Other Supportive Service Category In-Home**

**Unit of Service** 1 Hour, Visiting

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2020-2021	9423	3,4,7	
2021-2022	9423	3,4,7	
2022-2023			
2023-2024			

**Other Supportive Service Category In-Home**

**Unit of Service** 1 Contact, Telephone Reassurance

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2020-2021	17843	3,4,7	
2021-2022	17843	3,4,7	
2022-2023			
2023-2024			

**Other Supportive Service Category In-Home**

**Unit of Service** 1 Hour, Comprehensive Assessment

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2020-2021	5739	3,4,7	
2021-2022	5739	3,4,7	
2022-2023			
2023-2024			

**16. Title IIID/ Disease Prevention and Health Promotion**

**Instructions for Title IIID Disease Prevention and Health Promotion:** Enter the proposed units of service and the Program Goal and Objective number(s) that provides a narrative description of the program and explains how the service activity meets the criteria for evidence-based programs described in PM 15-10.

**Unit of Service = 1 contact**

**Service Activities:** Healthier Living/Chronic Disease Self-Management (CDSMP)

- **Title IIID/ Disease Prevention and Health Promotion:** Enter required program goal and objective numbers in the Title III D Service Plan Objective Table below:

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (Required)
2020-2021	45	8.2	
2021-2022	45	8.2	
2022-2023			
2023-2024			

**Unit of Service = 1 contact**

**Service Activities:** Tomando Control de su Salud

- **Title IIID/ Disease Prevention and Health Promotion:** Enter required program goal and objective numbers in the Title III D Service Plan Objective Table below:

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (Required)
2020-2021	12	8.2	
2021-2022	12	8.2	
2022-2023			
2023-2024			

**Unit of Service = 1 contact**

**Service Activities:** Diabetes Self-Management Program (DSMP)

- **Title IIID/ Disease Prevention and Health Promotion:** Enter required program goal and objective numbers in the Title III D Service Plan Objective Table below:

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (Required)
2020-2021	86	8.2	
2021-2022	86	8.2	
2022-2023			
2023-2024			

**Unit of Service = 1 contact**

**Service Activities:** Chronic Pain Self-Management Program (CPSMP)

- **Title IIID/ Disease Prevention and Health Promotion:** Enter required program goal and objective numbers in the Title III D Service Plan Objective Table below:

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (Required)
2020-2021	69	8.2	
2021-2022	69	8.2	
2022-2023			
2023-2024			

**Unit of Service = 1 contact**

**Service Activities:** Bingocize

- **Title IIID/ Disease Prevention and Health Promotion:** Enter required program goal and objective numbers in the Title III D Service Plan Objective Table below:

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (Required)
2020-2021	70	8.2	
2021-2022	70	8.2	
2022-2023			
2023-2024			

**Unit of Service = 1 contact**

**Service Activities:** Home Meds

- **Title IIID/ Disease Prevention and Health Promotion:** Enter required program goal and objective numbers in the Title III D Service Plan Objective Table below:

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (Required)
2020-2021	272	8.2	
2021-2022	272	8.2	
2022-2023			
2023-2024			

**Unit of Service = 1 contact**

**Service Activities:** A Matter of Balance

- **Title IIID/ Disease Prevention and Health Promotion:** Enter required program goal and objective numbers in the Title III D Service Plan Objective Table below:

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (Required)
2020-2021	79	8.2	
2021-2022	79	8.2	
2022-2023			
2023-2024			

**Unit of Service = 1 contact**

**Service Activities:** AEA Exercise Program

- **Title IIID/ Disease Prevention and Health Promotion:** Enter required program goal and objective numbers in the Title III D Service Plan Objective Table below:

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (Required)
2020-2021	284	8.2	
2021-2022	284	8.2	
2022-2023			
2023-2024			

**Unit of Service = 1 contact**

**Service Activities:** AEA Walk with Ease

- **Title IIID/ Disease Prevention and Health Promotion:** Enter required program goal and objective numbers in the Title III D Service Plan Objective Table below:

Fiscal Year	<b>Proposed</b> Units of Service	Goal Numbers	Objective Numbers (Required)
2020-2021	21	8.2	
2021-2022	21	8.2	
2022-2023			
2023-2024			



**TITLE IIIB and Title VIIA:**  
**LONG-TERM CARE (LTC) OMBUDSMAN PROGRAM OUTCOMES**

**2020-2024 Four-Year Planning Cycle**

As mandated by the Older Americans Act Reauthorization Act of 2016, the mission of the LTC Ombudsman Program is to seek resolution of problems and advocate for the rights of residents of LTC facilities with the goal of ensuring their dignity, quality of life, and quality of care.

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

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

Complete all Measures and Targets for Outcomes 1-3;

**Outcome 1. The problems and concerns of long-term care residents are solved through complaint resolution and other services of the Ombudsman Program. Older Americans Act Reauthorization Act of 2016, Section 712(a)(3),(5)]**

**Measures and Targets:**

**A. Complaint Resolution Rate (NORS Element CD-08) (Complaint Disposition).**

The average California complaint resolution rate for FY 2017-2018 was 73%.

<p>1. FY 2018-2019 Baseline Resolution Rate:                  Number of complaints resolved <u>1,937</u> + number of partially resolved complaints <u>408</u>                  divided by the total number of complaints received <u>5,147</u> = Baseline Resolution Rate  <u>45.6</u> % FY 2020-2021 Target Resolution Rate <u>46</u> %</p> <p>FY 2020-21 Target Resolution Rate -----%</p>
<p>2. FY 2019-2020 Baseline Resolution Rate:                  Number of complaints partially or fully resolved <u>2182</u> divided by the total number                  of complaints received <u>5392</u> = Baseline Resolution Rate <u>40</u> %                  FY 2021-2022 Target Resolution Rate <u>40</u> %</p>
<p>3. FY 2020 - 2021 Baseline Resolution Rate:                  Number of complaints partially or fully resolved _____ divided by the total number of                  complaints received _____ = Baseline Resolution Rate _____ %                  FY 2022-2023 Target Resolution Rate _____ %</p>

<p>4. FY 2021-2022 Baseline Resolution Rate:  Number of complaints partially or fully resolved _____ divided by the total number of complaints received _____ = Baseline Resolution Rate _____ %  FY 2023-2024 Target Resolution Rate _____</p>
<p>Program Goals and Objective Numbers: _____</p>

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

<p>1. FY 2018-2019 Baseline: Number of Resident Council meetings attended <u>23</u> FY 2020-2021 Target: <u>10</u></p>
<p>2. FY 2019-2020 Baseline: Number of Resident Council meetings attended <u>16</u> FY 2021-2022 Target: <u>16</u></p>
<p>3. FY 2020-2021 Baseline: Number of Resident Council meetings attended _____ FY 2022-2023 Target: _____</p>
<p>4. FY 2021-2022 Baseline: Number of Resident Council meetings attended _____ FY 2023-2024 Target: _____</p>
<p>Program Goals and Objective Numbers: _____</p>

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

<p>1. FY 2018-2019 Baseline: Number of Family Council meetings attended <u>1</u> FY 2020-2021 Target: <u>1</u></p>
<p>2. FY 2019-2020 Baseline: Number of Family Council meetings attended <u>0</u> FY 2021-2022 Target: <u>1</u></p>
<p>3. FY 2020-2021 Baseline: Number of Family Council meetings attended _____ FY 2022-2023 Target: _____</p>
<p>4. FY 2021-2022 Baseline: Number of Family Council meetings attended _____ FY 2023-2024 Target: _____</p>
<p>Program Goals and Objective Numbers: _____</p>

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

<p>1. FY 2018-2019 Baseline: Number of Instances <u>222</u> FY 2020-2021 Target: <u>350</u></p>
<p>2. FY 2019-2020 Baseline: Number of Instances <u>1737</u> FY 2021-2022 Target: <u>300</u></p>
<p>3. FY 2020-2021 Baseline: Number of Instances _____ FY 2022-2023 Target: _____</p>
<p>4. FY 2021-2022 Baseline: Number of Instances _____ FY 2023-2024 Target: _____</p>
<p>Program Goals and Objective Numbers: _____</p>

**E. Information and Assistance to Individuals (NORS Element S-55) Count of instances of**

Ombudsman representatives' interactions with residents, family members, friends, and others in the community for the purpose of providing general information and assistance unrelated to a complaint. Information and Assistance may be accomplished by: telephone, letter, email, fax, or in person.

1. FY 2018-2019 Baseline: Number of Instances <u>895</u> FY 2020-2021 Target: <u>1,000</u>
2. FY 2019-2020 Baseline: Number of Instances <u>1857</u> FY 2021-2022 Target: <u>900</u>
3. FY 2020-2021 Baseline: Number of Instances _____ FY 2022-2023 Target: _____
4. FY 2021-2022 Baseline: Number of Instances _____ FY 2023-2024 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 2018-2019 Baseline: Number of Sessions <u>0</u> _____ FY 2020-2021 Target: <u>2</u> _____
2. FY 2019-2020 Baseline: Number of Sessions <u>6</u> _____ FY 2021-2022 Target: <u>3</u> _____
3. FY 2020-2021 Baseline: Number of Sessions _____ FY 2022-2023 Target: _____
4. FY 2021-2022 Baseline: Number of Sessions _____ FY 2023-2024 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.

<b>FY 2020-2021</b>
<b>FY 2020-2021 Systems Advocacy Effort(s):</b> (Provide one or more new systems advocacy efforts) Outreach to homeless shelters to let them know about the ombudsman, what to do when an elder or disabled adult is sent to shelter from a SNF or RCFE who needs care and that they can't provide, and how the ombudsman can help get that resident back to the facility that sent them.
<b>FY 2021-2022</b>
<b>Outcome of FY 2020-2021 Efforts:</b>  <b>FY 2021-2022 Systems Advocacy Effort(s):</b> (Provide one or more new systems advocacy efforts) Work on COVID 19 mitigation, vaccination, and family visitation efforts with LA Public Health, Community Care Licensing, and other partner organizations.
<b>FY 2022-2023</b>
<b>Outcome of FY 2021-2022 Efforts:</b>  <b>FY 2022-2023 Systems Advocacy Effort(s):</b> (Provide one or more new systems advocacy efforts)
<b>FY 2023-2024</b>
<b>Outcome of 2022-2023 Efforts:</b>  <b>FY 2023-2024 Systems Advocacy Effort(s):</b> (Provide one or more new systems advocacy efforts)

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

**Measures and Targets:**

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

<p>1. FY 2018-2019 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint <u>56</u> divided by the total number of Nursing Facilities 141 = Baseline <u>3.9</u> % FY 2020-2021 Target:30 %</p>
---

2. FY 2019-2020 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint <u>0</u> divided by the total number of Nursing Facilities 139 = Baseline <u>0</u> % FY 2021-2022 Target: 50 %
3. FY 2020-2021 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 2022-2023 Target: %
4. FY 2021-2022 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 2023-2024 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 2018-2019 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint <u>28</u> divided by the total number of RCFEs <u>593</u> = Baseline <u>4.7</u> % FY 2020-2021 Target: 20 %
2. FY 2019-2020 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint <u>0</u> divided by the total number of RCFEs <u>621</u> = Baseline <u>0</u> % FY 2021-2022 Target: <u>40</u> %
3. FY 2020-2021 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 2022-2023 Target: %
4. FY 2021-2022 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 2023-2024 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 2018-2019 Baseline: <u>9.76</u> FTEs FY 2020-2021 Target: <u>11</u> FTEs
2. FY 2019-2020 Baseline: <u>14.11</u> FTEs FY 2021-2022 Target: <u>14</u> FTEs
3. FY 2020-2021 Baseline: _____ FTEs FY 2022-2023 Target: _____ FTEs
4. FY 2021-2022 Baseline: _____ FTEs FY 2023-2024 Target: _____ FTEs
Program Goals and Objective Numbers: _____

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

1. FY 2018-2019 Baseline: Number of certified LTC Ombudsman volunteers <u>30</u> FY 2020-2021 Projected Number of certified LTC Ombudsman volunteers <u>30</u>
2. FY 2019-2020 Baseline: Number of certified LTC Ombudsman volunteers <u>27</u> FY 2021-2022 Projected Number of certified LTC Ombudsman volunteers <u>30</u>
3. FY 2020-2021 Baseline: Number of certified LTC Ombudsman volunteers _____ FY 2022-2023 Projected Number of certified LTC Ombudsman volunteers _____
4. FY 2021-2022 Baseline: Number of certified LTC Ombudsman volunteers _____ FY 2023-2024 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 2016, Section 712(c)]**

**Measures and Targets:**

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

Some examples could include:

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

The WISE & Healthy Aging Long-Term Care Ombudsman Program has created a central intake department for all intakes that come into the ombudsman program. This team will help to ensure that there is consistency and accountability in the intake process. All intake staff are trained on NORS data reporting. Regional supervisors will increase the sample of cases reviewed each month to ensure accuracy in data reporting in addition to ensuring that all case management steps have been taken.

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

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

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

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

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

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

- **Public Education Sessions** –Indicate the total number of projected education sessions for the general public on the identification, prevention, and treatment of elder abuse, neglect, and exploitation.
- **Training Sessions for Professionals** –Indicate the total number of projected training sessions for professionals (service providers, nurses, social workers) on the identification, prevention, and treatment of elder abuse, neglect, and exploitation.
- **Training Sessions for Caregivers Served by Title III E** –Indicate the total number of projected training sessions for unpaid family caregivers who are receiving services under Title III E of the Older Americans Act (OAA) on the identification, prevention, and treatment of elder abuse, neglect, and exploitation. Older Americans Act Reauthorization Act of 2016, AAA 302(3) 'Family caregiver' means an adult family member, or another individual, who is an informal provider of in-home and community care to an older individual or to an individual with Alzheimer's disease or a related disorder with neurological and organic brain dysfunction.
- **Hours Spent Developing a Coordinated System to Respond to Elder Abuse** –Indicate the number of hours to be spent developing a coordinated system to respond to elder abuse. This category includes time spent coordinating services provided by the AAA or its contracted service provider with services provided by Adult Protective Services, local law enforcement agencies, legal services providers, and other agencies involved in the protection of elder and dependent adults from abuse, neglect, and exploitation.
- **Educational Materials Distributed** –Indicate the type and number of educational materials to be distributed to the general public, professionals, and caregivers (this may include materials that have been developed by others) to help in the identification, prevention, and treatment of elder abuse, neglect, and exploitation.
- **Number of Individuals Served** –Indicate the total number of individuals expected to be reached by any of the above activities of this program.

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

The agency receiving Title VIIA Elder Abuse Prevention funding is:

<b>Fiscal Year</b>	<b>Total # of Public Education Sessions</b>
2020-2021	5
2021-2022	5
2022-2023	
2023-2024	

<b>Fiscal Year</b>	<b>Total # of Training Sessions for Professionals</b>
2020-2021	6
2021-2022	6
2022-2023	
2023-2024	

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

<b>Fiscal Year</b>	<b>Total # of Hours Spent Developing a Coordinated System</b>
2020-2021	677
2021-2022	677
2022-2023	
2023-2024	

<b>Fiscal Year</b>	<b>Total # of Copies of Educational Materials to be Distributed</b>	<b>Description of Educational Materials</b>
2020-2021	1000	
2021-2022	1000	
2022-2023		



Fiscal Year	Total # of Copies of Educational Materials to be Distributed	Description of Educational Materials
2023-2024		

Fiscal Year	Total Number of Individuals Served
2020-2021	6000
2021-2022	6000
2022-2023	
2023-2024	

**TITLE III E SERVICE UNIT PLAN OBJECTIVES****CCR Article 3, Section 7300(d)****2012–2016 Four-Year Planning Period**

This Service Unit Plan (SUP) uses the five broad federally-mandated service categories defined in PM 11-11. Refer to the CDA Service Categories and Data Dictionary Revisions Effective July 1, 2011 for eligible activities and service unit measures. Specify proposed audience size or units of service for ALL budgeted funds.

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

<b>CATEGORIES</b>	<b>1</b>	<b>2</b>	<b>3</b>
<b>Family Caregiver Services Caring for Elderly</b>	<b><i>Proposed Units of Service</i></b>	<b><i>Required Goal #(s)</i></b>	<b><i>Optional Objective #(s)</i></b>
<b>Information Services</b>	<b># of activities and Total est. audience for above</b>		
2020-2021	# of activities: 50 Total est. audience for above: 500000	6.2	
2021-2022	# of activities: 50 Total est. audience for above: 500000	6.2	
2022-2023			
2023-2024			
<b>Access Assistance</b>	<b>Total contacts</b>		
2020-2021	5000	6.2	
2021-2022	5000	6.2	
2022-2023			
2023-2024			

<b>Support Services</b>	<b>Total hours</b>		
2020-2021	5000	6.2	
2021-2022	5000	6.2	
2022-2023			
2023-2024			
<b>Respite Care</b>	<b>Total hours</b>		
2020-2021	1970	6.2	
2021-2022	1970	6.2	
2022-2023			
2023-2024			
<b>Supplemental Services</b>	<b>Total occurrences</b>		
2020-2021	100	6.2	
2021-2022	100	6.2	
2022-2023			
2023-2024			

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

<b>Grandparent Services Caring for Children</b>	<b><i>Proposed</i> Units of Service</b>	<b><i>Required</i> Goal #(s)</b>	<b><i>Optional</i> Objective #(s)</b>
<b>Information Services</b>	<b># of activities and Total est. audience for above</b>		
2020-2021	# of activities: 1 Total est. audience for above: 100	6.2	
2021-2022	# of activities: 1 Total est. audience for above: 100	6.2	
2022-2023			
2023-2024			

<b>Grandparent Services Caring for Children</b>	<b><i>Proposed</i> Units of Service</b>	<b><i>Required</i> Goal #(s)</b>	<b><i>Optional</i> Objective #(s)</b>
<b>Access Assistance</b>	<b>Total contacts</b>		
2020-2021	1000	6.2	
2021-2022	1000	6.2	
2022-2023			
2023-2024			
<b>Support Services</b>	<b>Total hours</b>		
2020-2021	74	6.2	
2021-2022	74	6.2	
2022-2023			
2023-2024			
<b>Respite Care</b>	<b>Total hours</b>		
2020-2021			
2021-2022			
2022-2023			
2023-2024			
<b>Supplemental Services</b>	<b>Total occurrences</b>		
2020-2021			
2021-2022			
2022-2023			
2023-2024			

**SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (SCSEP)**

List all SCSEP monitor sites (contract or direct) where the AAA provides SCSEP enrollment services within the PSA (Do not list host agencies)

Enrollment Location/Name (AAA office, One Stop, Agency, etc.): AAA Office – Department of Aging
Street Address: 221 N. Figueroa Street, Suite 500, Los Angeles, CA 90012
Name and title of all SCSEP paid project staff members (Do not list participant or participant staff names): Travis Anderson, Director; Victor Pina, Management Assistant; Dandy Beltran, Management Analyst; Christopher Chen, Management Assistant; Miguel Sankitts, Administrative Clerk, and; Sebastian Reyes, Office Trainee.
Number of paid staff: 6
How many participants are served at this site? 75

<sup>1</sup> If not providing a Title V program, then enter PSA number followed by "Not providing".

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

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

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

**STATE & FEDERAL PERFORMANCE TARGETS:** The Administration for Community Living (ACL) establishes targets for the State Health Insurance Assistance Program (SHIP)/HICAP performance measures (PMs). ACL introduced revisions to the SHIP PMs in late 2016 in conjunction with the original funding announcement (ref HHS-2017-ACL-CIP-SAPG-0184) for implementation with the release of the Notice of Award (Grant No. 90SAPG0052-01-01 issued July 2017).

The new five federal PMs generally reflect the former seven PMs (PM 2.1 through PM 2.7), except for PM 2.7, (Total Counseling Hours), which was removed because it is already being captured under the *SHIP Annual Resource Report*. As a part of these changes, ACL eliminated the performance-based funding scoring methodology and replaced it with a Likert scale comparison model for setting National Performance Measure Targets that define the proportional penetration rates needed for improvements.

Using ACL’s approach, CDA HICAP provides State and Federal Performance Measures with goal-oriented targets for each AAA’s Planning and Service Area (PSA). One change to all PMs is the shift to county-level data. In general, the State and Federal Performance Measures include the following:

- PM 1.1 Clients Counseled ~ Number of finalized Intakes for clients/ beneficiaries that received HICAP services
- PM 1.2 Public and Media Events (PAM) ~ Number of completed PAM forms categorized as “interactive” events
- PM 2.1 Client Contacts ~ Percentage of one-on-one interactions with any Medicare beneficiaries
- PM 2.2 PAM Outreach Contacts ~ Percentage of persons reached through events categorized as “interactive”
- PM 2.3 Medicare Beneficiaries Under 65 ~ Percentage of one-on-one interactions with Medicare beneficiaries under the age of 65
- PM 2.4 Hard-to-Reach Contacts ~ Percentage of one-on-one interactions with “hard-to-reach” Medicare beneficiaries designated as:
  - 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

AAA's should demonstrate progress toward meeting or improving on the Performance requirements established by CDA and ACL as is displayed annually on the *HICAP State and Federal Performance Measures* tool located online at: <https://www.aging.ca.gov/ProgramsProviders/AAA/Planning/>.

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

**HICAP Legal Services Units of Service (if applicable) <sup>7</sup>**

<b>Fiscal Year (FY)</b>	<b>3.1 Estimated Number of Clients Represented Per FY (Unit of Service)</b>	<b>Goal Numbers</b>
2020-2021	379	3,4
2021-2022	379	3,4
2022-2023		
2023-2024		

<b>Fiscal Year (FY)</b>	<b>3.2 Estimated Number of Legal Representation Hours Per FY (Unit of Service)</b>	<b>Goal Numbers</b>
2020-2021	568	3,4
2021-2022	568	3,4
2022-2023		
2023-2024		

<b>Fiscal Year (FY)</b>	<b>3.3 Estimated Number of Program Consultation Hours Per FY (Unit of Service)</b>	<b>Goal Numbers</b>
2020-2021	284	3,4
2021-2022	284	3,4
2022-2023		
2023-2024		

<sup>7</sup> Requires a contract for using HICAP funds to pay for HICAP Legal Services.

**Disaster Preparation Planning** Conducted for the 2020-2024 Planning Cycle Older Americans Act Reauthorization Act of 2016, Section 306(a)(17); 310, CCR Title 22, Sections 7529 (a)(4) and 7547, W&I Code Division 8.5, Sections 9625 and 9716, CDA Standard Agreement, Exhibit E, Article 1, 22-25, Program Memo 10-29(P)

---

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

LADOA would respond to an emergency incident in the City of Los Angeles through the use of both a Department of Aging Emergency Plan (DAEP) and Continuity of Operation Plan (COOP) (both are updated annually) which covers topics such as employee preparedness and safety; training personnel and testing plans; identification and prioritization of critical functions; contingency plans and operating procedures; and citywide recovery responsibilities. These plans are either activated by the Mayor or decision by the AAA Director given the nature of the emergency incident.

These plans are but one aspect of PSA25's formal working relationship with the City of Los Angeles Emergency Management Department (EMD) and through EMD, the Mayor's Office and such first responder agencies such as the Los Angeles Police Department and Los Angeles Fire Department. The LADOA is not tasked with and does not act in the capacity of a first responder agency, but works through the City structure set up to manage emergency incidents [the Emergency Operations Center (EOC) run by EMD]. The EOC is activated by the City and as needed, PSA25 may be requested to participate in EOC operations.

As a result of the COVID19 health crisis, PSA25 in mid-March 2020 activated its COOP which has a new annex added designed to cover COVID19 response work. As a result of this COVID19 COOP annex, the department transitioned to a partial office shutdown with staff telecommuting half time. In addition, in anticipation of the City transitioning to staff using cellphones instead of desk phones, the PSA25 requested expedited transitioning to cell phone use. This was granted before the end of March 2020, all staff were issued cellphones. This has allowed staff to successfully work from home on the half-time basis. Also, PSA25 purchased special software licenses which allowed for staff to access the City based information systems such as the Financial Management System which is used for purchasing and accounting functions; Distributed Time (D-Time) which is used for payroll/labor time entry; and the Client Tracking System (CTS) which PSA25 uses for tracking service performance data for CDA. The PSA25 management team has been working seven days a week from Mid-March and PSA25 Division Heads and line staff have worked hundreds of hours of overtime as well to respond to the COVID19 crisis. The focus of the response work has been to convert C1 program meals to C2 based meals given that the sub-recipient focal point agencies closed down their Multipurpose Senior Centers (MPCs) and subsequently, Congregate Meals on-site and satellite meals service. In addition, with the partnership of the City's leadership, extra funding and public messaging about expanded C2 meals resulted in thousands of extra I&A queries for older adults to be added to the nutrition program as new clients. This also included adapting new delivery



protocols at all junctures of the delivery chain to reduce risk, including but not limited to “no contact drop off” between drivers and older adult meal recipients

The PSA25, as a City department, for non-COVID19 emergency incidents, would also work and assist with the City’s overall emergency response and recovery efforts as directed by the Mayor. Other PSA25 long-term disaster plan/activities coordination include:

- Working with various groups/agencies such as the Los Angeles Unified School District, American Red Cross, and the City of Los Angeles Recreation and Parks Department (which is the lead for Mass Care functions). The purpose of these partnerships is to provide technical assistance to agencies responding to disasters or engaged in emergency management planning regarding the special needs of older adults and family caregivers.
  - Consistently encourage PSA25 sub-recipients to enhance their emergency plans (required by their Request for Proposal response) and conduct Evacuation Drills twice a year (with staff, volunteers, participants, and guests) as part of their plans. Also, PSA25 encourages sub-recipients to provide continuing educational opportunities for older adults to prepare for emergencies. The PSA25 itself has offered a training program with an emergency go-kit for older adult participants in these focal point based trainings.
1. Improving the internal emergency management response of PSA25 allowing enhanced availability of staff in a post-disaster situation. Examples of process improvements include providing staff emergency kits in the office; placing emergency kits in field vehicles; use of cellphone based communications, so staff in the field can stay in contact with their supervisors; re-designing staff workshops on how to prepare for emergencies at home, in the office; and re- designing and then distributing Employee Emergency Guides.
  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
Larry Meyerhoffer	Division Manager, Community Emergency Management Division, Emergency Management Department, City of Los Angeles.	Office: (213) 484-4814	Larry.Meyerhoffer@lacity.org

3. Identify the Disaster Response Coordinator within the AAA:

<b>Name</b>	<b>Title</b>	<b>Telephone</b>	<b>email</b>
Quin Mayagoitia	Management Analyst	Office: (213) 202-5633	quin.mayagoitia@lacity.org

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

<b>Critical Services</b>	<b>How Delivered?</b>
a. Maintain AAA operations.	a. Assess operations (status of staff, office use, systems, working with City staff).
b. Home Delivered Meals	b. Work with service providers, City stakeholders, Community stakeholders, and private vendors to obtain and maintain resources needed for C2 operations.
c. Emergency Alert Response System	c. Work with EARS vendor and City first responders to carry out welfare checks and respond as necessary.
d. Congregate Meals	d. Work with sub-recipients, City stakeholders, Community stakeholders, and private vendors to obtain and maintain resources for C-1 operations.

5. List any agencies with which the AAA has formal emergency preparation or response agreements.

PSA25 works with the City of Los Angeles Emergency Management Department, which is the umbrella organization linking the AAA to first responders such as the Los Angeles Police Department and the Los Angeles Fire Department. PSA25 has multiple but informal working relationships with other agencies and groups, especially with the formation of PSA25's Purposeful Aging Los Angeles (PALA) Initiative, which links PSA25 with City departments, community groups, and Los Angeles County entities working on a wide array of older adults and family caregiver issues including emergency preparedness and response needs.

6. Describe how the AAA will:

- Identify vulnerable populations.

PSA25 will use in-house secured data regarding Emergency Alert Response System and C-2 clients in association with the sub-recipients to identify homebound clients to conduct welfare checks.

- Follow-up with these vulnerable populations after a disaster event.

After the above described vulnerable population's identification process, PSA25 will conduct follow-up queries with the sub-recipients using PSA25 staff, City stakeholders, Community stakeholders, and private vendors as necessary. For example, as a response to the COVID19 crisis, PSA25 has identified community partners such as Everytable, a private catering vendor, to help provide extra hot meals for delivery to new (numbering in the thousands) and existing C1 clients. Since C1 meals cannot be served on-site, in addition, the EARS vendors would carry out welfare checks on the EARS homebound clients and keep PSA25 informed of client service needs.

---

**2020-2024 Four-Year Planning Cycle**

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

The CCR, Article 3, Section 7312, requires the AAA to allocate an “adequate proportion” of federal funds to provide Access, In-Home Services, and Legal Assistance in the PSA. The annual minimum allocation is determined by the AAA through the planning process. The minimum percentages of applicable Title III B funds<sup>7</sup> listed below have been identified for annual expenditure throughout the four-year planning period. These percentages are based on needs assessment findings, resources available within the PSA and discussions at public hearings on the Area Plan.

Category of Service and the Percentage of Title III B Funds expended in/or to be expended in FY 2020-21 through FY 2023-2024

**Access:**

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

2020-21: 58.5 %                      21-22: 58.5%                      22-23 \_\_\_\_\_%                      23-24 \_\_\_\_\_%

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

2020-21: 15.5 %                      21-22: 15.5 %                      22-23 \_\_\_\_\_%                      23-24 \_\_\_\_\_%

**Legal Assistance Required Activities:**

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

2020-21: 5.5 %                      21-22: 5.5%                      22-23 \_\_\_\_\_%                      23-24 \_\_\_\_\_%

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

Allocations were determined based on service provider feedback; public feedback from the needs assessment and public hearings; and input from older adult clients.

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

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

**GOVERNING BOARD MEMBERSHIP  
2016-2020 Four-Year Area Plan Cycle**

---

---

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

---

---

**Total Number of Board Members: 15**

<b>Name and Title of Officers:</b>	<b>Office Term Expires:</b>
Nury Martinez, President, Council District 6	2 <sup>nd</sup> Monday of Dec. 2024
Joe Buscaino, President Pro Tempore Council District 15	2 <sup>nd</sup> Monday of Dec. 2022
VACANT Assistant President Pro Tempore,	2 <sup>nd</sup> Monday of Dec. TBD

<b>Names and Titles of All Members:</b>	<b>Board Term Expires:</b>
Gilbert Cedillo, Council District 1	2 <sup>nd</sup> Monday of Dec. 2022
Paul Krekorian, Council District 2	2 <sup>nd</sup> Monday of Dec. 2024
Bob Blumenfield, Council District 3	2 <sup>nd</sup> Monday of Dec. 2022
Nithya R, Council District 4	2 <sup>nd</sup> Monday of Dec. 2024
Paul Koretz, Council District 5	2 <sup>nd</sup> Monday of Dec. 2022
Nury Martinez, Council District 6	2 <sup>nd</sup> Monday of Dec. 2024
Monica Rodriguez, Council District 7	2 <sup>nd</sup> Monday of Dec. 2022
Marqueece Harris-Dawson, Council District 8	2 <sup>nd</sup> Monday of Dec. 2024
Curren D. Price, Jr., Council District 9	2 <sup>nd</sup> Monday of Dec. 2022
Mark Ridley-Thomas, Council District 10	2 <sup>nd</sup> Monday of Dec. 2024
Mike Bonin, Council District 11	2 <sup>nd</sup> Monday of Dec. 2022
John Lee, Council District 12	2 <sup>nd</sup> Monday of Dec. 2024
Mitch O’Farrell, Council District 13	2 <sup>nd</sup> Monday of Dec. 2022
Kevin de Leon, Council District 14	2 <sup>nd</sup> Monday of Dec. 2024
Joe Buscaino, Council District 15	2 <sup>nd</sup> Monday of Dec. 2022

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

---

Older Americans Act Reauthorization Act of 2016 Section 306(a)(6)(D)  
45 CFR, Section 1321.57 CCR Article  
3, Section 7302(a)(12)

---

Total Council Membership (include vacancies) 15

Number of Council Members over age 60 14

<b>Race/Ethnic Composition</b>	<u>% of PSA's 60+Population</u>	<u>% on Advisory Council</u>
White	<u>45.7</u>	<u>53.3</u>
Hispanic	<u>26.3</u>	<u>6.7</u>
Black	<u>11.1</u>	<u>26.7</u>
Asian/Pacific Islander	<u>14.9</u>	<u>13.3</u>
Native American/Alaskan Native	<u>    </u>	<u>    </u>
Other	<u>0.5</u>	<u>    </u>

**Name and Title of Officers:**

**Office Term Expires:**

Wendy Caputo, Chair	12/31/2021

**Name and Title of other members:**

**Office Term Expires:**

Brent Potter, At Large Member	12/31/2021
Ingrid Lacis, At Large Member	12/31/2021
Kim Yergan, At Large Member	12/31/2021
Suzanne Isabelle Simmons, At Large Member	12/31/2021
Isa-Kae Meksin, At Large Member	12/31/2021
Michelle Rigsby Pauley, At Large Member	12/31/2021
Margarita Lopez, At Large Member	12/31/2021
Amos Fried, At Large Member	12/31/2021
Christine Lee, At Large Member	12/31/2021
Ida Talalla, At Large Member	12/31/2021

Stephanie Vendig, At Large Member	12/31/2021
Marilyn Fried, At Large Member	12/31/2021
Ayesha Dixon, At Large Member	12/31/2021
Cilgia Halprin – At Large Member	12/31/2021

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

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

Explain any "No" answer(s): PSA25 is actively seeking Health Care Providers to join the Advisory Council, but has not been able to secure a representative from that field at this time.

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

No changes.

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

The Los Angeles Council on Aging (LACoA) is the Advisory Council for PSA25. LACoA is composed of 15 members at large, no more than three of whom shall represent service providers. Additionally, the Mayor and Councilmembers of the City of Los Angeles are encouraged to appoint representatives for their Council District. LACoA represents the diversity of the City’s older adult and family caregiver population.

Members are appointed by the General Manager of the Los Angeles Department of Aging (LADOA) for a term of one calendar year. In October of each year, existing members, and prospective, new members may apply for membership for the following year. Unsolicited applications shall be received and filed for consideration in the fall of each year. Members will be deemed to have resigned their membership if they are absent from two consecutive Full Council and/or Standing Committee meetings without giving prior notice.

LACoA will be led by the Chairperson and the Committee Chairpersons for the Standing committees (Advocacy & Information Sharing Committee, Planning Committee and the Systems Committee). LACoA members will be asked for their recommendations for Chairperson to be appointed by the General Manager of the LADOA for a term of one year. The LACoA Chairperson will serve no more than two consecutive terms. A Chairperson will be eligible for re-appointment to the position, once, at least, one term has passed.

Standing Committee Chairpersons will be appointed by the LACoA Chairperson in consultation with the General Manager of the LADOA, for a term of one calendar year. Standing Committee Chairpersons serve

at the pleasure of the LACoA Chairperson.

Full Council meetings will take place on the third Thursday of every other month, commencing January each year. LACoA Leadership will meet regularly with the LADOA General Manager. Ad-hoc committees will meet as required. All meetings will take place at the Department of Aging, unless alternate locations are previously approved by the LACoA Chairperson and LADOA staff liaison.



**SECTION 18 - LEGAL ASSISTANCE****2020-2024 Four-Year Area Planning Cycle**

This section must be completed and submitted annually. The Older Americans Act Reauthorization Act of 2016 designates legal assistance as a priority service under Title III B [42 USC §3026(a)(2)]<sup>12</sup> CDA developed *California Statewide Guidelines for Legal Assistance* (Guidelines), which are to be used as best practices by CDA, AAAs and LSPs in the contracting and monitoring processes for legal services, and located at:

[https://aging.ca.gov/Providers\\_and\\_Partners/Legal\\_Services/#pp-gg](https://aging.ca.gov/Providers_and_Partners/Legal_Services/#pp-gg)

1. Specific to Legal Services, what is your AAA's Mission Statement or Purpose Statement? Statement must include Title IIIB requirements: **Discuss:**

The AAA's mission with respect to Legal Services is to promote elder rights by working with older adults on a strengths-based model by providing information and program resources for older adults to defend their dignity, independence, and financial assets. Legal services to seniors form part of the comprehensive and coordinated services delivered through the AAA. Citywide legal services are provided to seniors 60 years or older and caregivers in matters addressing public benefits, housing, nursing home and other long-term care issues, powers of attorney, end-of-life issues, caregiver issues, conservatorships, wills, elder abuse, debtor/creditor, consumer fraud, kinship care and other non-criminal legal issues. Seniors are also provided an array of legal educational programming regarding all of these substantive legal issues.

2. Based on your local needs assessment, what percentage of Title IIIB funding is allocated to Legal Services? 5.5%. **Discuss:** PSA25 has met or surpassed its goals of allocating 5.5% of Title IIIB funding to legal services for the past four years.
3. Specific to Legal Services, has there been a change in your local needs in the past four years? If so, please identify the change (include whether the change affected the level of funding and the difference in funding levels in the past four years). **Yes/No, Discuss:**

Yes, as the population of older adults in Los Angeles County continued to grow, the cost of living continued to increase, and pressure on the housing market expanded, the need for legal services for seniors has grown consistently over the past four years. The appointment schedules for legal services at senior centers are frequently fully booked weeks in advance. Bet Tzedek increasingly has seen more cases involving elder abuse, including financial elder abuse and real estate title fraud against seniors (e.g., through forgery, fraud, through undue influence, and due to diminished capacity). Bet Tzedek has increased its efforts to involve pro bono law firms in assisting with elder abuse and title fraud cases, but significant staff resources are required to evaluate cases for pro bono placement and to train and mentor pro bono attorneys on those cases.

In addition, we see a growing demand for services at our Elder Abuse Restraining Order clinic. Bet Tzedek offers a self-help elder abuse restraining order (EARO) clinic, staffed with Bet Tzedek attorneys and volunteers, at Stanley Mosk Courthouse where litigants receive information and assistance with completing and filing restraining order applications and responses. Bet Tzedek's EARO clinic typically operates two mornings a week from the courthouse, but is currently operating remotely due to COVID-19. Bet Tzedek's EARO clinic assists litigants with completing

the necessary forms, preparing a declaration, and providing information on the next steps of the process. To qualify for an elder and dependent adult abuse restraining order, the petitioner must be 65 or older, age 18 or older with a developmental disability, or age 18 or older with a disability that limits the petitioner's ability to perform at least one activity of daily living. The elder or dependent adult experiencing abuse can apply for the restraining order, or a conservator, trustee, or power of attorney of the person being abused can apply for the restraining order on behalf of the victim. An elder abuse restraining order can protect the victim with stay-away orders, no contact orders, move-out orders, and other special orders limiting the behavior of the abuser.

The foreclosure crisis which began in 2007 and continued to get worse for several years, peaking in approximately 2010 – 2012, has abated considerably but given the current economic downturn in the wake of the corona virus epidemic, we expect foreclosures to substantially increase over the next four years, devastating a number of seniors in communities throughout Los Angeles, particularly among certain racial and ethnic minorities. Bet Tzedek continues its foreclosure prevention efforts, including evaluating eligibility for loan modifications, advocating with banks and government programs to get loan modifications and other forms of assistance -- such as postponing sales and rescinding wrongful foreclosures.

There are more intergenerational family households than there used to be, with concomitant legal issues involving kinship care, KinGAP, guardianship, and informal caregiving arrangements, which keeps Bet Tzedek's kinship care attorneys extremely busy. Bet Tzedek continues to take a leading role among legal services providers in representing undocumented immigrant youth fleeing abuse, abandonment, and neglect along with extreme poverty and gang violence in their Central American home countries. Bet Tzedek attorneys, in partnership with dozens of pro bono attorneys and volunteer law students, have represented these children in order to have their caregivers appointed as their legal guardians in probate court. Some of these guardians are grandparents and seniors who have opened their homes to provide these children with the only safety and stability they have known in their short lives. In addition, Bet Tzedek has helped secure Special Immigrant Juvenile Status ("SIJS") findings in probate court that allow these children to secure legal permanent residency status, thus opening a new world of possibilities for these families, including access to children's health care, the ability to work legally as an adult, and access to federal funds for higher education.

Another development in recent years concerns seniors facing eviction, particularly from affordable housing units. Indeed, seniors are being particularly affected by the current housing market in Los Angeles, and are among the demographics with the largest increases in homelessness. Some of the affected units are in buildings that were subject to regulatory agreements where government financing was provided to the buildings' owners many years ago in exchange for providing a certain percentage of affordable housing units for the duration of the agreement, and now that many of those regulatory agreements are expiring, the owners are evicting the tenants in the affordable units. Bet Tzedek has worked with pro bono firms, government agencies and local politicians to assist the elderly occupants of these units. Bet Tzedek has also seen an increase in landlords terminating Section 8 (government subsidized) tenancies, including those of elderly tenants, as the economy rebounds and fair market rental rates have increased. We only expect evictions to increase across Los Angeles in response to the current pandemic, especially among older, particularly vulnerable older adults.

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

Yes. The targeted senior population is age 60 or older with the greatest economic or social need, including seniors with low income, minorities, the disabled, and those in danger of losing their independence.

PSA25 contracts with Bet Tzedek for the provision of OAA legal services. The contractual agreement indicates that Bet Tzedek is expected to use California Statewide Guidelines for Legal Assistance. Bet Tzedek provides legal services through its offices on Wilshire Boulevard and extensive outreach efforts. Bet Tzedek conducts intake appointments on a regular schedule at 15 multipurpose senior centers and community centers located in communities across the City and other outreach services on an as needed basis at several other centers. Other outreach activities are described in #10 below.

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

Yes, the AAA collaborates with Bet Tzedek to jointly establish specific priorities for legal services. We have identified 1. Elder Abuse and scams targeting seniors; 2. Housing and landlord tenant issues; 3. Income maintenance, including public benefits and consumer debt issues; and 4. Estate and end-of-life planning as the top four priority legal issues.

6. Specific to Legal Services, does the AAA collaborate with the Legal Services Provider(s) to jointly identify the target population? If so, what is the targeted senior population in your PSA **AND** what mechanism is used for reaching the target population? **Yes/No, Discuss:**

Yes, the AAA collaborates with Bet Tzedek to identify the target population and to develop mechanisms to reach it.

The targeted senior population is age 60 or older with the greatest economic or social need, including seniors with low income, minorities, the frail and disabled, and those in danger of losing their independence.

In addition to the outreach mechanisms described in # 10 below, the mechanism used to reach our identified target population is direct referrals from the Los Angeles Department of Aging (LADOA) and the 15 senior centers covering the City of Los Angeles Aging Service Areas (ASA). Direct referrals from LADOA may be phone calls from clients to LADOA asking for legal help and/or other Los Angeles City Departments detecting possible elder abuse and informing LADOA that the senior client needs help. Requests are then directed to Bet Tzedek. Referrals from LADOA senior centers generally come from case managers who identify senior clients in need of legal help.

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

The targeted senior population is age 60 or older with the greatest economic or social need, including seniors with low income, minorities, the disabled, and those in danger of losing their independence.

Bet Tzedek provides legal services through its offices on Wilshire Boulevard and extensive outreach efforts. Bet Tzedek conducts intake appointments on a regular schedule at 15 multipurpose senior centers and community centers located in communities across the City and other outreach services on an as needed basis at several other centers. Other outreach activities are described in #10 below.

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

Fiscal Year	# of Legal Assistance Services Providers
<b>2020-2021</b>	1
<b>2021-2022</b>	1
<b>2022-2023</b>	<i>Leave Blank until 2022</i>
<b>2023-2024</b>	<i>Leave Blank until 2023</i>

For Information related to Legal Services, contact Chisorom Okwuosa at 916 419-7500 or [chisorom.okwuosa@aging.ca.gov](mailto:chisorom.okwuosa@aging.ca.gov)

**9. Does your PSA have a hotline for legal services? Yes/No, Discuss:**

No. Community members seeking legal services from Bet Tzedek can reach our intake department at (323) 939-0506. Callers are pre-screened for eligibility and type of legal need and subsequently either connected with the appropriate internal program staff or, where appropriate, given referrals to other community agencies.

**10. What methods of outreach are Legal Services providers using? Discuss:**

In addition to the one-on-one legal consultation services provided to clients at its offices and multipurpose senior centers and community centers, Bet Tzedek participates in clinics and senior fairs and provides speakers at information sessions and community education events sponsored by a variety of social service agencies and departments. Bet Tzedek conducts Advance Planning Clinics at various senior centers and outreach sites to assist seniors in preparing advance health care directives and statutory wills. Bet Tzedek also conducts regular Employment Rights Project Clinics in its offices and recently initiated a new clinic, in conjunction with pro bono counsel, to assist with Legal Name and Gender Marker Change. Bet Tzedek operates Self-Help Conservatorship Clinics in several courthouses throughout the County, providing services to seniors and their caregivers. Bet Tzedek conducts legal appointment schedules at two SOVA

Community Food and Resource Program sites in the Los Angeles area and at the Karsh Family Service Center. In addition, in 2018 we launched a medical-legal partnership with Harbor-UCLA Hospital with a special focus on serving patients of their Geriatric Clinic, assisting community members in addressing legal issues affecting their health and well-being. Bet Tzedek also conducts a small claims workshop on a monthly basis in collaboration with law firms, Southwestern Law School, and the Los Angeles County Bar Association’s Center for Civic Mediation.

Bet Tzedek produces flyers and brochures on a variety of legal topics and publishes and widely distributes several user-friendly guidebooks that are invaluable resources for caregivers and kinship care providers, seniors, attorneys, social workers, and health care professionals throughout the state. Written by Bet Tzedek staff members, the guidebooks are available in English and Spanish in a hard copy format and are free online on the Bet Tzedek website ([www.bettzedek.org](http://www.bettzedek.org)): ***IHSS Companion Guide; The Caregiver Companion, Caring For A Relative’s Child; Nursing Home Companion; Assisted Living Companion; and Limited Conservatorship Guide.*** Bet Tzedek also publishes a booklet entitled ***Mental Health Conservatorship – What You Need to Know about LPS CONSERVATORSHIP for a Person with a Mental Health Disability,*** and a brochure entitled ***Taking Care of Your Adult Child with Intellectual/Development Disabilities,*** both of which are available for free download from the Bet Tzedek website.

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

<b>Fiscal Year</b>	<b>Name of Provider</b>	<b>Geographic Region covered</b>
<b>2020-2021</b>	a. Bet Tzedek b. c.	a. City of Los Angeles b. c.
<b>2021-2022</b>	a. Bet Tzedek b. c.	a. City of Los Angeles b. c.
<b>2022-2023</b>	<i>Leave Blank until 2022</i>	<i>Leave Blank until 2022</i>
<b>2023-2024</b>	<i>Leave Blank until 2023</i>	<i>Leave Blank until 2023</i>

**12. Discuss how older adults access Legal Services in your PSA: Discuss:**

Older adults access legal services in a variety of ways, including by calling Bet Tzedek’s main line [(323) 939-0506] and speaking with our intake department, or through Bet Tzedek’s website. Generally, seniors also access legal services at the many multipurpose senior centers in the City, where they can make an appointment with Bet Tzedek, or through the SOVA Community Food and Resource Program sites that we visit. Other access points include the medical-legal clinic that Bet Tzedek operates at Harbor-UCLA Hospital, other clinics conducted by Bet Tzedek staff in the community (e.g., Self-Help Conservatorship

Clinics at several courthouses, the Elder Abuse Restraining Order Clinic, the Employment Rights Project Clinic, Advance Planning Clinics), and through Bet Tzedek's large referral network throughout the community (e.g., ombudsmen, social workers, case managers, non-profits, social service agencies, government agencies, and local law enforcement officials). During the current pandemic, in compliance with government-issued orders and guidelines issued by the CDC, we are not currently conducting in-person appointments with older adult clients. Instead, we are conducting intakes and client appointments remotely. We continue to receive referrals from senior center staff and social workers, in addition to the calls we receive on our intake line. In addition, we continue to work with community partners and LADOA to reach out to older communities through flyers and other efforts. Older adults also obtain information about legal services by calling the Los Angeles Department of Aging (LADOA) Information and Assistance Hotline, 311, and LADOA's website.

If resources were available, it would be useful to have intake staff dedicated to pre-screening cases for seniors in real time, thereby reducing wait-time for appointments and allowing for faster referrals.

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

The major types of legal issues handled by Bet Tzedek include government benefits (e.g., Social Security, SSI, Medi-Cal, IHSS, CAPI, KinGAP), California Statutory Wills, advance health care directives, consumer debt, debtors' rights, financial elder abuse, housing issues, real estate fraud against seniors, foreclosure prevention, family caregiver rights, conservatorships, guardianships, elder abuse restraining orders, legal issues regarding care for adults with intellectual/developmental disabilities and their aging family caregivers, employment rights, income tax disputes, and small claims issues.

Additionally, through its Holocaust Survivor Services Project, Bet Tzedek sees hundreds of local seniors who are Holocaust survivors. Bet Tzedek remains one of a handful of agencies in the world that offers free legal advice and assistance for survivors who are applying for reparations, pensions, and other benefits from Germany and other European countries. Bet Tzedek also integrates its Caregiver/Elder Law services into the Holocaust Survivor Services Project, providing the same wraparound services for Holocaust survivors that other seniors receive from Bet Tzedek.

**14. In the past four years, has there been a change in the types of legal issues handled by the Title IIIB legal provider(s) in your PSA? **Yes/No, Discuss:****

Please see #3 above.

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

The barriers to accessing legal assistance in the City of Los Angeles are the challenges of serving the homebound and those living alone with no support; the hurdles faced in serving the abused; overcoming cultural differences and fears of the older adult immigrant population; the difficulty of grandparents caring for grandchildren in accessing useful information; reaching

and communicating to long term care facility residents; language barriers; and lack of access to transportation.

Bet Tzedek uses a cadre of staff, volunteer law clerks, and pro bono attorneys, who make home visits to seniors unable to travel to sites where legal services are made available to the community. We use a client-centered, trauma-informed model to develop trusting relationships with clients, centering their needs and paying careful attention to creating supportive, safe ways to connect. Staff members speak a number of languages, and Bet Tzedek draws upon its large corps of volunteers to provide additional assistance in interpreting when clients speak languages not known to staff members. Bet Tzedek publishes easily accessible companion guides on its website, in English and Spanish, on a variety of subjects relevant to seniors (e.g., Caring For A Relative's Child, Nursing Home Companion, and Assisted Living Companion). In August 2012 Bet Tzedek moved its offices to 3250 Wilshire Boulevard, a location chosen because it is conveniently located near the Wilshire/Vermont subway stop (Red and Purple lines) and easily accessible by the Metro Rapid 720 and bus lines 20 and 206.

In addition, the current COVID-19 pandemic and the resulting stay at home orders have created new and unique barriers to accessing services. Older adults in Los Angeles County, particularly those who have historically faced barriers in accessing health care and other necessary services due to systemic discrimination, are particularly vulnerable to the threat of this virus, making it particularly necessary for them to limit contact with others and to stay at home as much as possible. This has, necessarily, temporarily eliminated the opportunities for clients to meet with Bet Tzedek advocates at our usual outreach sites, requiring advocates to meet with clients remotely. With the closure of the senior centers, advocates are receiving referrals directly from senior center staff and social workers. We continue working to develop new ways to reach our target population under these new circumstances, to let them know that we are available to help with the pressing legal needs they are facing. For example, we are working with LADOA, and other meal delivery programs, to develop informational outreach materials targeting our older adult client population

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

Bet Tzedek coordinates its services and works in close collaboration with a wide variety of social service providers, legal services support centers, non-profits, senior multipurpose centers, medical providers, government agencies, and law enforcement agencies. Bet Tzedek is an active participant in the Los Angeles County Elder Abuse Forensic Center, regularly attending meetings and accepting referrals from the task force. Other partners include several dozen community agencies as well as secondary partners such as the Los Angeles Police Department, Los Angeles Sheriff's Department, Los Angeles Department of Consumer Affairs, Legal Aid Foundation of Los Angeles, Public Counsel, Adult Protective Services of Los Angeles County, the Los Angeles City Attorney's Office, the District Attorney's Office of Los Angeles County, and the Los Angeles County Superior Court. Bet Tzedek also has a massive pro bono program in partnership with major law firms which significantly leverages staff resources to serve more seniors in need. Pro bono assistance to Bet Tzedek, including private attorneys and volunteer paralegals, law students, and other community members, typically averages over 50,000 hours per year.