



Aging and Adult Services
Public Guardian

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San Bernardino County Area Plan

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

**2024
-
2028**

Update Two



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Table of Contents



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Section	Page
Required Components Checklist	Page 4
Transmittal Letter	Page 6
Mission Statements	Page 8
Planning Service Area 20 (PSA 20)	Page 10
Description of the Area Agency on Aging (AAA)	Page 16
Planning Process and Establishing Priorities	Page 20
Needs Assessments and Targeting	Page 24
Priority Service and Public Hearings	Page 36
Area Plan Narrative Goals and Objectives	Page 41
Service Unit Plan (SUP)	Page 45
Senior Centers and Focal Points	Page 77
Family Caregiver Support Program	Page 81
Legal Assistance	Page 86
Disaster Preparedness	Page 94
Notice of Intent to Provide Direct Services	Page 100
Request for Approval to Provide Direct Services	Page 102
Governing Board Membership	Page 104
Advisory Council	Page 106
Multipurpose Senior Center Acquisition or Construction Compliance	Page 110
Organization Chart	Page 112
Assurances	Page 114

Required Components Checklist



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

Transmittal Letter



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Transmittal Letter

2024-2028 Four Year Area Plan Annual Update

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

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

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

Signer	Position	Signature	Date
Dawn Rowe	Governing Board		
Dr. Deborah Nattress	Advisory Council Chair		
Sharon Nevins	Area Agency Director		

Mission Statements



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Mission Statements

State of California Core Mission Statement

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



Countywide Vision

We envision a complete county that capitalizes on the diversity of its people, its geography, and its economy to create a broad range of choices for its residents in how they live, work, and play. We envision a vibrant economy with a skilled workforce that attracts employers who seize the opportunities presented by the county’s unique advantages and provide the jobs that create countywide prosperity.

We envision a sustainable system of high-quality education, community health, public safety, housing, retail, recreation, arts and culture, and infrastructure, in which development complements our natural resources and environment.

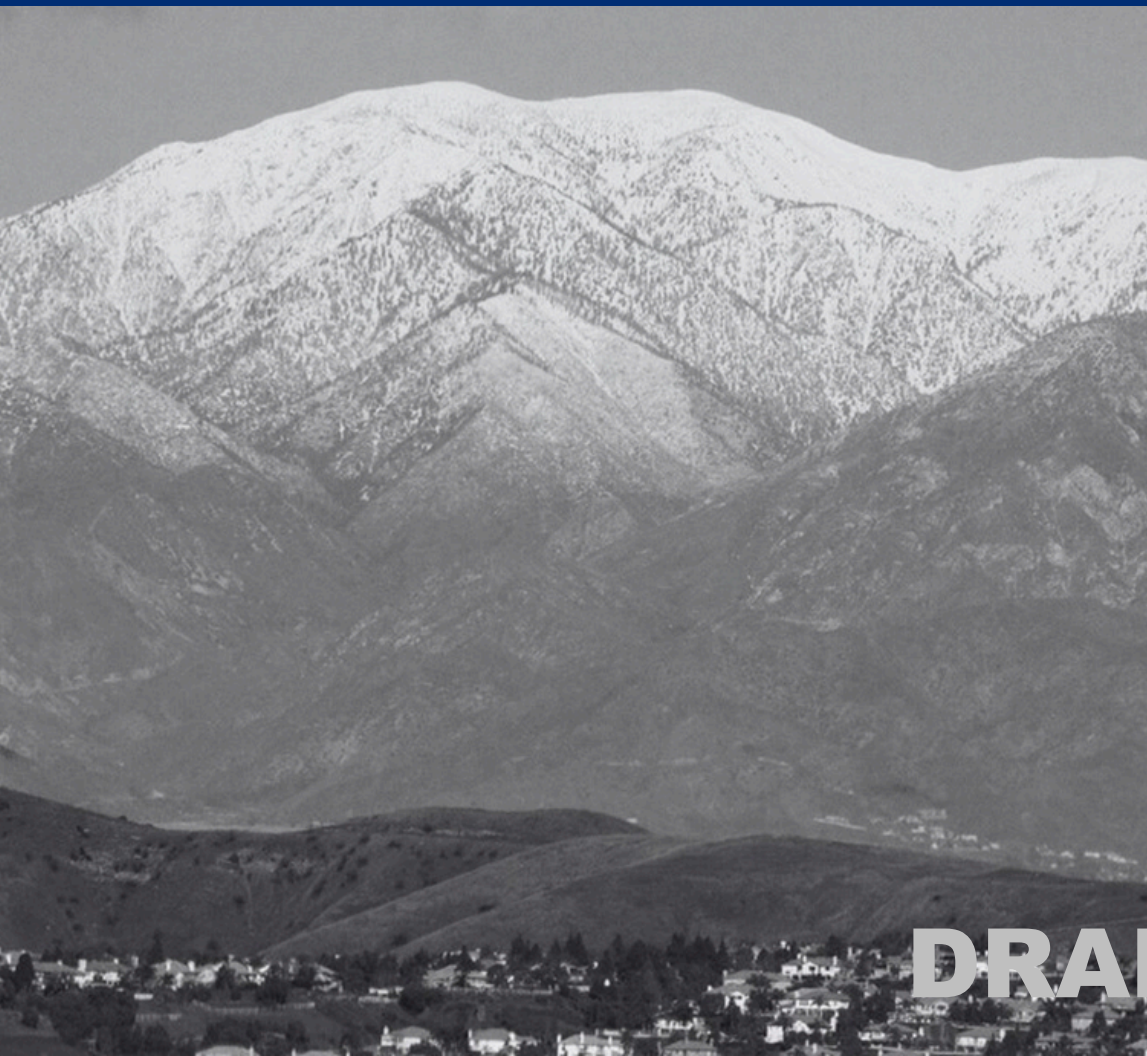
We envision a model community that is governed in an open and ethical manner, where great ideas are replicated and brought to scale, and all sectors work collaboratively to reach shared goals.

From our valleys, across our mountains, and into our deserts, we envision a county that is a destination for visitors and a home for anyone seeking a sense of community and the best life has to offer.

Department of Aging and Adult Services - Public Guardian Mission Statement

The Department of Aging and Adult Services – Public Guardian empowers older adults to age in place with choice, independence, and quality of life. Our department promotes healthy aging across the lifespan. We envision a county where older adults, people with disabilities, and caregivers thrive

Planning Service Area 20 (PSA 20)



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Planning and Service Area 20 (PSA 20)

Physical Characteristics

San Bernardino County covers 20,105 square miles, making it the largest county in the United States by land mass. The county spans from the Los Angeles County border eastward to the Colorado River, sharing state lines with Arizona and Nevada. Its landscape ranges from urban valleys to mountain ranges and vast desert, with over 90% classified as Mojave Desert. Nearly 80% of land is federally owned.

Population and Demographics

San Bernardino County has an estimated population of 2,209,615 (California Department of Finance, July 2025), including approximately 428,906 residents age 60 and older, about 4.7% of California's older adult population. The older adult population is increasingly diverse: minority residents make up approximately 60% of adults 60 and older. An estimated 60,605 older adults are low-income, including approximately 36,100 low-income minority older adults.

Population is unevenly distributed. Many residents live in the Valley Region, home to the county's four largest cities: San Bernardino, Fontana, Rancho Cucamonga, and Ontario. Victorville is the primary population center for the High Desert. More than 31,000 older adults (7.4%) live in geographically isolated areas, primarily in the Mountain, North Desert, and East Desert regions.

Low-Income Minority Older Adults

For FY 2026–27, the AAA estimates that approximately 39,150 low-income minority older adults reside in PSA 20. This estimate applies the minority share of the 60+ population (61.0%, or 261,796 of 428,906) to the number of low-income adults age 60 and older (64,145). Because poverty rates are generally higher among minority older adults, this figure is likely a conservative estimate. The AAA serves this population through targeted outreach, bilingual Senior Information and Assistance services, and partnerships with community organizations serving communities of color (see Section 5 and Objective 1.1).

Sources: California Department of Finance, E-2. California County Population Estimates and Components of Change, July 1, 2020–2025 (February 2026 release); California Department of Aging, 2026 Population Demographic Projections by County and PSA for Intrastate Funding Formula (IFF). Low-income minority older adult estimate calculated by the AAA by applying the minority share of the PSA 20 population age 60 and older to the low-income population age 60 and older.

Planning and Service Area 20 (PSA 20)

Resources and Constraints

The Area Agency on Aging (AAA) operates under the Department of Aging and Adult Services - Public Guardian (DAAS-PG) within San Bernardino County, enabling coordination across county departments and access to shared resources, including GIS-based emergency contact systems and a countywide disaster plan.

The county's size and geographic diversity create significant service delivery challenges. Rural and mountain communities face extreme weather, ranging from freezing winters to desert temperatures exceeding 120 degrees, complicating service access for older adults on fixed incomes or with disabilities. In some remote areas such as Trona and Needles, residents are geographically closer to services in neighboring counties or states than to those within San Bernardino County.

Service System

The AAA utilizes a hybrid service delivery model that combines direct service provision with contracted community-based partnerships. It provides direct delivery of select supportive services, including Senior Information and Assistance (SIA) and the Title V Senior Community Service Employment Program (SCSEP) countywide. All other Older Americans Act (OAA) programs are delivered through contracted community-based organizations.

Services are organized across four regional service areas: North Desert, East Desert, Mountains, and Valley, allowing for targeted service delivery based on geographic need and population characteristics. While not all services are available in every region due to provider capacity and geographic constraints, high-impact and essential services such as nutrition programs are generally accessible throughout the county.

Funded programs include Title III B Supportive Services, Title III C Nutrition (congregate and home-delivered meals), Title III D Disease Prevention and Health Promotion, Title III E Family Caregiver Support, Health Insurance Counseling and Advocacy Program (HICAP), Long-Term Care Ombudsman, and Multipurpose Senior Services Program (MSSP).

Additional detail on service distribution by funding source and geographic area is provided in the charts on the following pages.

Planning and Service Area 20 (PSA 20)

Service System, Continued

The AAA provides direct and contracted services in the following areas of PSA 20:

Region	Key Cities
North Desert	Victorville, Hesperia, Apple Valley, Trona, Wrightwood, and surrounding areas
East Desert	Barstow, Needles, Yucca Valley, Twentynine Palms, and surrounding areas
Mountains	Big Bear Lake, Lake Arrowhead, Crestline, Running Springs, and surrounding areas
Valley	San Bernardino, Fontana, Ontario, Rancho Cucamonga, Redlands, and surrounding areas

Services are funded primarily by the Older Americans Act (OAA), with limited additional federal and state funding sources. The table below lists services and their funding source.

Service	Fund Source	Availability
Legal Services	OAA Title IIIB	All regions
Adult Day Care	OAA Title IIIB	Valley and Victor Valley
Assisted Transportation	OAA Title IIIB	Valley, Morongo Basin, Victor Valley
Homemaker and Chore	OAA Title IIIB	All regions
Personal Care	OAA Title IIIB	Valley, Mountains, Desert
Residential Repairs/Modifications	OAA Title IIIB	All regions
Senior Center Activities	OAA Title IIIB	Desert, Morongo Basin, Victor Valley

Planning and Service Area 20 (PSA 20)

Service System, Continued

Additional services by funding source are listed below:

Program	Funding Source	Availability
Congregate and home-delivered meals	OAA Title IIIC	All regions
Disease prevention programs	OAA Title IIID	Multiple areas countywide
Family caregiver services	OAA Title IIIE	All regions
Health insurance counseling (HICAP)	Other state/federal funding	All regions
Long-term care ombudsman	OAA Title VII	All regions

Additional Service Delivery Systems

The county's 2-1-1 system provides older adults with access to community resources and direct CalFresh enrollment. The Aging and Disability Resource Connection (ADRC), a partnership with Rolling Start Inc. and 2-1-1, follows a No Wrong Door approach to connecting individuals with services. The Age Wise program provides in-home behavioral health services for adults 59 and older throughout the county. SIA staff also partner with Adult Protective Services and the Senior and Disabled Fund to address housing stability and utility assistance needs.



Planning and Service Area 20 (PSA 20)

Local System Development: Challenges and Successes

The Department of Aging and Adult Services–Public Guardian (DAAS-PG) operates one of the largest and most geographically diverse Planning and Service Areas in the nation. **Long travel distances, rural isolation, extreme weather, and limited service infrastructure** continue to create challenges in ensuring equitable access.

Funding is an additional system-level challenge. Federal and state resources do not always grow at the same pace as population, service demand, operating costs, or the cost of delivering services across a large geographic area. In some communities, limited funding and a small provider market can also reduce competition and make it difficult for organizations to sustain services. Transportation barriers further restrict access and contribute to social isolation. Together, these conditions require flexible service models and a broader approach to resource development.

To strengthen the local service network, the AAA will continue to pursue opportunities to supplement traditional Older Americans Act funding through competitive grants, interagency partnerships, local investments, philanthropic and community resources, and other allowable funding sources. The AAA may also work with contracted providers and community organizations to identify funding opportunities, strengthen grant readiness, develop partnerships, and connect local needs with potential public or private investment. Where appropriate and consistent with County policy, the AAA may seek support from local agencies, community partners, philanthropic organizations, and the Board of Supervisors for initiatives that expand or sustain services for older adults, adults with disabilities, and caregivers.

Despite these challenges, the AAA has made significant progress in strengthening the local service system. Expanded use of data, dashboards, and geographic analysis has improved targeted outreach and resource prioritization. GIS-based tools and coordination with County emergency systems have strengthened the ability to identify and assist at-risk individuals during disasters. Partnerships and external funding have expanded transportation and other service opportunities, while strong program utilization reflects both community need and effective delivery. The AAA will continue to build a coordinated, adaptive, and financially sustainable system focused on access, integration, provider capacity, and responsiveness across PSA 20.

Description of the Area Agency on Aging (AAA)



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Description of the Area Agency on Aging (AAA)

Overview

The San Bernardino County Area Agency on Aging (AAA), operating within the Department of Aging and Adult Services–Public Guardian (DAAS-PG), serves as the lead entity responsible for planning, developing, and coordinating services for older adults, individuals with disabilities, and their caregivers within Planning and Service Area (PSA) 20. Through direct services, contracted partnerships, and cross-system coordination, the AAA works to advance three interrelated priorities: **safety, independence, and access**.

Safety includes helping residents remain secure in their homes and communities, connecting individuals with protective and supportive services, strengthening emergency preparedness, and coordinating with programs that respond when health, abuse, neglect, or other risks threaten well-being. **Independence** reflects the AAA’s emphasis on nutrition, transportation, caregiver support, health promotion, in-home assistance, legal services, and other supports that help people remain in the setting of their choice. **Access** focuses on ensuring residents can find, understand, and use available services regardless of geography, disability, language, income, or other barriers.

Leadership and Role

The AAA provides leadership through coordination with state and local partners, management of a network of contracted service providers, and participation in policy and planning efforts affecting older adults, individuals with disabilities, and caregivers. These activities support a service system that is accessible, responsive to community needs, and capable of adapting as those needs change.

The Director of DAAS-PG also serves as the County Public Guardian, positioning the department to provide leadership across a broad continuum of support, from community-based services that promote independence to protective interventions for residents whose safety is at risk.

Safety | Independence | Access

Description of the Area Agency on Aging (AAA)

Service Delivery System

The AAA develops and maintains a coordinated system of community-based services designed to improve access, support independence, and protect health, safety, and quality of life. Most services funded through the Older Americans Act (OAA), including supportive services, nutrition, disease prevention, caregiver support, health insurance counseling, and long-term care ombudsman services, are delivered through contracted community-based organizations.

The AAA directly provides select services, including Senior Information and Assistance (SIA) and the Title V Senior Community Service Employment Program (SCSEP), ensuring a consistent and accessible entry point into the service system. Partnerships with nonprofit and volunteer organizations, targeted outreach in underserved areas, and strategically located SIA staff further strengthen the system.

Community Engagement

The AAA promotes the active involvement of older adults, individuals with disabilities, and caregivers in service development. The Senior Affairs Commission (SAC), established in 1973, serves as the primary advisory body to DAAS-PG. The SAC operates through six standing committees: Access, Healthy Aging, Intergenerational, Executive, Legislative, and Nutrition, and provides input on policy, planning, and program development.

In FY 2025–26, the SAC supported the department’s community needs assessment by assisting with outreach and survey distribution. Seven Regional Councils on Aging (RCAs) further support community engagement by providing local forums for residents to identify needs and contribute to planning efforts.

Coordination with County and Health Systems

The AAA coordinates with County programs including Adult Protective Services (APS), In-Home Supportive Services (IHSS), Public Health, Behavioral Health, and other Human Services partners to support continuity of care and integrated service delivery. The AAA also works with local health plans, healthcare providers, transportation systems, and community organizations to improve care coordination, support transitions between care settings, address social determinants of health, and strengthen connections between healthcare and community-based services.

Description of the Area Agency on Aging (AAA)

Funding Sources

The AAA's programs are funded through a combination of federal, state, and local sources. Primary funding includes the Older Americans Act (Titles III, V, and VII), state general funds, and other grant and program-specific funding streams. The AAA also pursues partnerships, competitive grants, and other allowable funding opportunities to strengthen service capacity.

Service Delivery System Goals:

AAA Service Delivery System

- Expand equitable access to services across all regions
- Strengthen data-informed planning, performance monitoring, and continuous improvement
- Enhance emergency preparedness and continuity of services
- Support sustainable funding and service capacity

Provider and Community-Based Systems

- Increase provider capacity, particularly in underserved and geographically isolated areas
- Strengthen coordination and referral pathways across service providers
- Improve service integration to reduce gaps, duplication, and barriers to access
- Support providers in identifying partnerships and additional funding opportunities

Broader Health and Human Services Systems

- Improve coordination between healthcare, social services, and community-based supports
- Support efforts addressing social determinants of health
- Strengthen cross-system collaboration, referral pathways, and appropriate data sharing

Summary

The AAA serves as the central coordinating entity for aging services within PSA 20, providing leadership, fostering partnerships, and supporting a service system focused on access, independence, safety, and quality of life. Ongoing efforts emphasize equitable access, provider capacity, sustainable funding, data-informed improvement, emergency preparedness, and stronger coordination across community, healthcare, and human services systems.



Planning Process and Establishing Priorities



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Planning Process and Establishing Priorities

Overview

The San Bernardino County Area Agency on Aging (AAA), operating within the Department of Aging and Adult Services – Public Guardian (DAAS-PG), utilizes a structured and inclusive planning process to identify community needs, establish priorities, and allocate resources. This process integrates public input, interagency collaboration, and data-driven analysis to ensure services remain responsive to the needs of older adults, individuals with disabilities, and their caregivers throughout Planning and Service Area (PSA) 20.

Planning Process

The AAA's planning process is continuous and informed by community input, program and service-utilization data, provider feedback, and coordination with public agencies and community organizations. As part of San Bernardino County Human Services, DAAS-PG is positioned to incorporate information from County programs and other service systems into Area Plan development and implementation.

Public engagement is a central component of the planning process. Meetings of the Senior Affairs Commission (SAC) and its committees are open to the public and conducted in accordance with Brown Act requirements. Regional Councils on Aging (RCAs) provide additional localized opportunities for residents to identify needs and provide feedback.

For the 2024–2028 Area Plan cycle, the AAA conducted five regional public meetings and one formal public hearing. Notices and opportunities for comment were distributed through the SAC, RCAs, contracted providers, local government offices, and community outreach. Senior Information and Assistance (SIA) staff also supported participation by distributing materials and engaging residents at community locations.



Planning Process and Establishing Priorities

Community Engagement and Needs Assessment

The AAA incorporates input from residents, public agencies, government entities, service providers, and organizations serving targeted populations into its planning process. A key component is the Community Needs Assessment, which provides multiple participation options, including online, mail, email, and in-person submission.

Needs assessment findings are used to identify service gaps, monitor emerging trends, establish priorities, and inform Area Plan updates (see Section 5). Ongoing outreach by SIA staff, providers, the SAC, and RCAs provides additional information about changing community needs and barriers to access.

Coordination and Compliance

The AAA works to ensure compliance with Older Americans Act requirements, including prioritizing individuals experiencing the greatest economic and social need. Coordination with County programs, community-based organizations, healthcare and human-services partners, and other service systems supports a more integrated approach to service delivery, reduces duplication, and helps identify and address gaps.



Procurement and Service Planning

Procurement is integrated into the AAA's planning process so funded services reflect identified needs, available resources, and provider capacity. Program and contracts staff coordinate procurement timelines, scopes of work, funding requirements, and performance expectations to support compliant and timely service delivery.

Service planning also considers the availability of qualified providers willing and able to deliver services across San Bernardino County's large and diverse geography. Each procurement cycle provides an opportunity to reassess community needs, service gaps, geographic coverage, vendor participation, and opportunities to strengthen the local provider network.

Planning Process and Establishing Priorities

Planning Priorities and Influencing Factors

The AAA establishes planning priorities based on needs assessment findings, community input, service data, and available resources. Current priorities include:

- Expanding equitable access across geographically diverse communities
- Improving outreach, navigation, and awareness of available resources
- Supporting independence, aging in place, and family caregivers
- Addressing housing, nutrition, transportation, and economic-security barriers
- Improving health, wellness, emergency preparedness, and social connection
- Strengthening provider capacity in underserved areas
- Using data and technology to improve planning and service delivery

These priorities are shaped by geography, demographics, funding, provider capacity, service utilization, and changing community needs.

Adequate Proportion (Title III B)

The AAA establishes minimum Title IIIB funding percentages for Access, In-Home Services, and Legal Assistance based on:

- Needs Assessment findings
- Community input
- Availability of non-OAA resources
- Provider capacity and geographic availability
- Service utilization and unmet need
- Cost and sustainability
- Historical funding and performance trends

These factors help ensure priority services are supported in a way that reflects local needs and available resources.

Summary

The AAA's planning process is inclusive, data-informed, and responsive to changing needs and resources. If funding decreases, the AAA will prioritize essential services for older adults with the greatest economic and social need; if funding increases, resources will be directed to identified service gaps. The AAA also pursues grants and partnerships to supplement OAA funding (see Section 2), and significant changes will be addressed through the Area Plan update or amendment process.

Needs Assessment and Targeting



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Needs Assessment and Targeting

Overview

The San Bernardino County Area Agency on Aging (AAA), operating within the Department of Aging and Adult Services–Public Guardian (DAAS-PG), conducts an ongoing needs assessment to identify the needs, service gaps, access barriers, and priorities of older adults, adults with disabilities, and family caregivers throughout Planning and Service Area (PSA) 20. Target populations include people with low incomes, disabilities or chronic conditions, limited English proficiency, housing or food insecurity, transportation barriers, geographic or social isolation, and other circumstances that may threaten their ability to live independently.

2025 PSA 20 NEEDS ASSESSMENT

594

Total responses

Collected across all six PSA 20 service areas



Needs Assessment Breakdown Accessible Image Description

Graphic summarizing participation in the 2025 PSA 20 Needs Assessment. The assessment received 594 responses, including 513 older adults age 60 or older, 47 adults age 18 or older with a disability, and 33 unpaid family caregivers. Respondents could select more than one category, so groups are not mutually exclusive. Survey findings were reviewed together with demographic and socioeconomic data, service-utilization information, provider and community-partner input, public testimony, Senior Affairs Commission input, program monitoring, and ongoing feedback from residents and caregivers.

Needs Assessment and Targeting

Overview, Continued

he AAA uses the assessment results to identify target populations and unmet needs, evaluate existing services and access barriers, establish Area Plan priorities and measurable objectives, guide funding and Title IIIB service-allocation decisions, and strengthen outreach to underserved populations.

The most recent assessment identified interconnected needs related to financial security; affordable and accessible transportation; housing stability and aging in place; declining health, disability, and fall risk; food insecurity; reliable in-home assistance; legal and advance-care planning; technology access; emergency preparedness; social connection; and caregiver support. These findings demonstrate that service availability alone does not ensure meaningful access. Cost, distance, limited transportation and provider capacity, language, disability, technology, lack of awareness, eligibility requirements, and difficulty navigating multiple service systems may prevent residents from obtaining available assistance.

Needs Assessment Process and Methods

The AAA uses a mixed-method, continuous-planning approach that incorporates quantitative and qualitative information rather than relying on a single survey or data source. The 2025 survey was available online, by mail or paper, through senior centers and congregate meal sites, and through outreach by Senior Information and Assistance staff and community partners.

Assessment information also includes demographic and socioeconomic data; service-utilization and waiting-list information; provider, community partner, Senior Affairs Commission, and public-hearing input; program monitoring; and feedback from older adults, adults with disabilities, caregivers, and other stakeholders.

The AAA is reviewing the design of future needs assessments to broaden participation among older adults, adults with disabilities, caregivers, providers, community organizations, and other stakeholders. Future survey methods may incorporate statistically valid sampling techniques and targeted outreach to improve geographic and demographic representation and strengthen the reliability of findings used for planning and resource allocation.

Needs Assessment and Targeting



Needs Assessment Cycle Accessible Description:

Circular flow diagram titled “PSA 20 continuous needs assessment cycle.” The cycle begins with Community Input through hearings and surveys, followed by Data Analysis of demographics and needs, and Provider Feedback from monitoring and reports. The AAA then conducts Priority Setting to identify service gaps and target populations, develops Service Planning through funding allocations and requests for proposals, and moves to Implementation through contracts and service delivery. Arrows connect each stage and return to community input, illustrating an ongoing cycle of assessment, planning, action, and evaluation. Blue boxes represent data-gathering activities, while gold boxes represent planning and action steps.

Needs Assessment and Targeting

Assessment of Greatest Economic and Social Need

The AAA prioritizes older adults experiencing the greatest economic or social need, consistent with federal and state requirements. Greatest economic need includes low income and local cost pressures such as housing, utilities, transportation, healthcare, food, and the added expense of living in remote communities. Greatest social need includes conditions that limit independence or access to services, such as disability, limited English proficiency, cultural or social isolation, Native American or LGBTQI+ identity, HIV/AIDS or other chronic conditions, rural or geographic isolation, housing or food insecurity, transportation or technology barriers, safety concerns, caregiving responsibilities, and limited informal support.

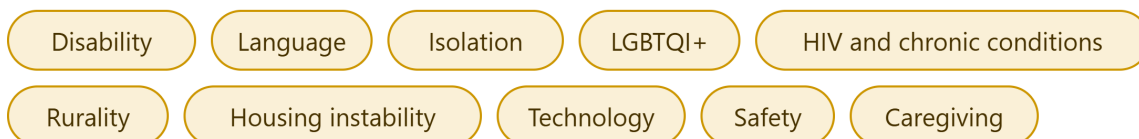
The needs assessment identified substantial economic and social need among respondents, particularly related to financial insecurity, transportation, housing, disability, food insecurity, technology access, and difficulty locating assistance. These findings are considered alongside demographic, service-use, provider, and community data when identifying target populations and setting priorities.

Dimensions of need in PSA 20

■ ECONOMIC NEED



■ SOCIAL NEED



Accessible Image Description:

Graphic titled “Dimensions of need in PSA 20.” Economic need includes factors such as low income, housing and utilities, healthcare, and transportation. Social need includes disability, language barriers, isolation, LGBTQI+ status, HIV and chronic conditions, rurality, housing instability, technology access, safety, and caregiving responsibilities.

Needs Assessment and Targeting

LGBTQI+ Older Adults, People Living With HIV/AIDS, and People With Chronic Conditions

The survey included questions related to gender identity and access to assistance for HIV/AIDS and other chronic conditions, but it did not collect enough detail to draw reliable conclusions about the experiences of LGBTQI+ older adults or people living with HIV/AIDS. The AAA recognizes that discrimination, isolation, limited support, privacy concerns, and reluctance to use traditional service systems may create barriers not fully captured by a general survey.

Future assessments will strengthen voluntary and confidential LGBTQI+ data collection, engage LGBTQI+- and HIV/AIDS-serving organizations, review relevant local and statewide assessments, and evaluate whether these populations are equitably reached by AAA-funded services. HIV/AIDS questions will also be separated from broader chronic-condition questions where appropriate.

Geographic Distribution and Rural Targeting

The AAA received 594 survey responses, including 311 with usable ZIP-code information from communities throughout the Valley, Mountain, High Desert, and East Desert regions. Because the survey was not geographically representative, ZIP-code response counts were not used to estimate prevalence of need. Geographic targeting is instead informed by population and service-use data, RUCA classifications, provider coverage, and community input.

San Bernardino County's size and mix of urban, mountain, rural, and remote desert communities create significant access challenges. In addition to RUCA classifications, the AAA considers travel distance, transportation, provider capacity, access to services, broadband connectivity, disaster risk, and the feasibility of sustaining services in sparsely populated areas.

The AAA prioritizes outreach and service development in geographically isolated communities, particularly in the Mountains, High Desert, and East Desert, where residents may face long travel distances, limited transportation, and reduced service infrastructure. Geographic needs will continue to be assessed throughout the four-year Area Plan cycle and addressed through annual updates.

Needs Assessment and Targeting

Key Needs Assessment Findings

The 2025 Needs Assessment identified several interconnected challenges affecting economic security, access to services, and the ability of older adults and adults with disabilities to remain safely and independently in the community. **Financial insecurity emerged as a central concern, with respondents reporting worries about savings, household expenses, transportation costs, healthcare, food, and the ability to remain in their homes.**

Transportation, health, and access to reliable assistance were also significant concerns. Respondents reported difficulty affording or finding transportation, declining physical health, fall risk, disability-related needs, home maintenance, and locating dependable help with care or household tasks. These issues can directly limit access to medical care, nutrition, social connection, and other supports necessary for independence.

The assessment also identified barriers related to service navigation and preparedness. Many respondents did not know how to access legal assistance, lacked wills or advance healthcare directives, reported limited awareness of available services, lacked home internet access, or did not have an emergency or disaster plan. Food insecurity, social isolation, and caregiver stress further demonstrate the range of conditions that can place independence and well-being at risk.

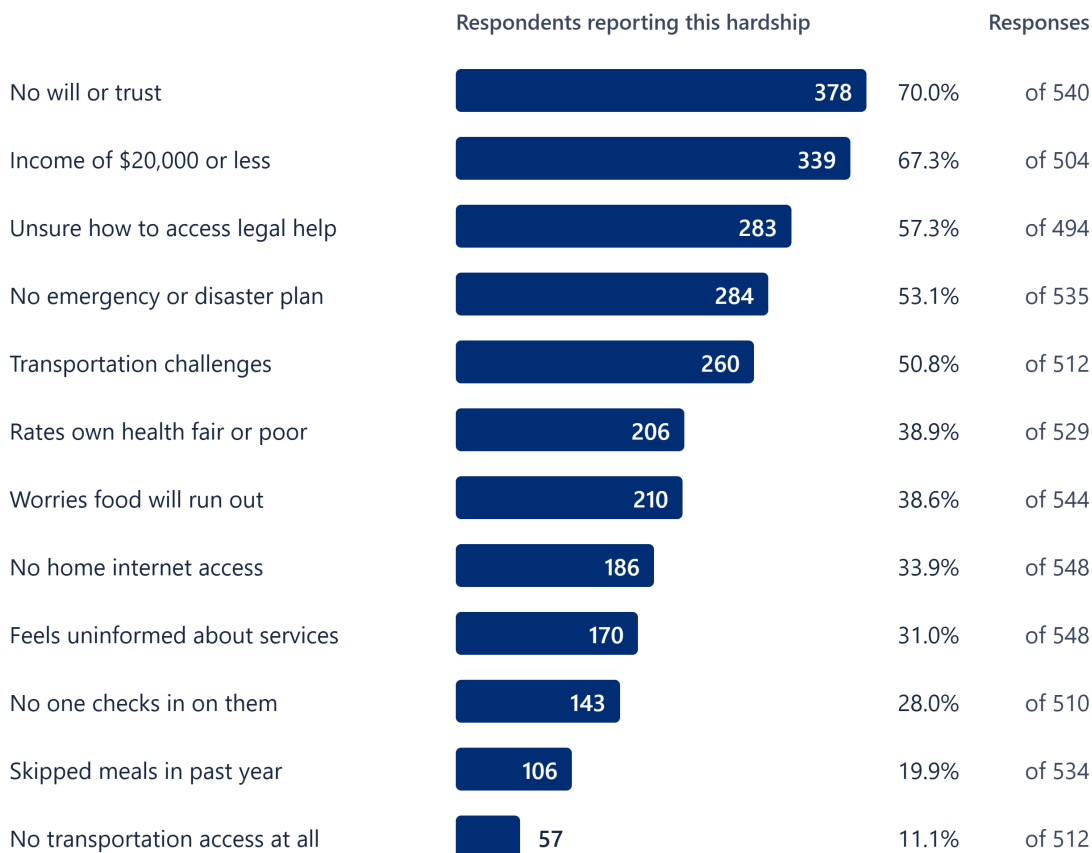
Because individual survey questions had different response totals, the results are used as indicators of need rather than estimates of prevalence across the entire PSA 20 population. Findings are considered alongside demographic information, service-use data, provider feedback, and community input when establishing Area Plan priorities and targeting resources.

Taken together, these findings show that many challenges are not isolated. Financial insecurity can affect transportation, food access, healthcare, housing stability, and the ability to obtain in-home support, while geographic and service-navigation barriers can compound those risks. This reinforces the need for coordinated, cross-program strategies rather than responses focused on a single service category.

Needs Assessment and Targeting

Reported hardship among respondents

2025 PSA 20 Needs Assessment. Each item uses only respondents who answered it.



Total survey responses: 594. Denominators differ by item because item non-response varied.
Each item corresponds to a single survey question.

Accessible Image Description:

Bar chart titled “Reported hardship among respondents” showing the share of 2025 PSA 20 Needs Assessment respondents reporting selected hardships. Reported needs include no will or trust (70.0%, 378 of 540), income of \$20,000 or less (67.3%, 339 of 504), uncertainty about how to access legal help (57.3%, 283 of 494), no emergency or disaster plan (53.1%, 284 of 535), and transportation challenges (50.8%, 260 of 512). Other reported hardships include fair or poor health, food insecurity, lack of home internet access, limited knowledge of available services, and social isolation. Severe-deprivation indicators include skipping meals in the past year (19.9%, 106 of 534) and having no transportation access at all (11.1%, 57 of 512). Response totals vary by question because not all respondents answered every item.

Needs Assessment and Targeting

Economic Security and Basic Needs

Economic insecurity was one of the strongest themes in the needs assessment and affected respondents across multiple areas of daily life. Respondents reported concerns about savings lasting, paying household expenses, affording transportation and healthcare, remaining in their homes, and obtaining sufficient food. Food insecurity was particularly notable, with 210 respondents worried that food would run out before they could afford more and 106 reporting that they had skipped meals because of affordability or access.

These findings support continued emphasis on benefits assistance, nutrition services, housing and utility referrals, legal assistance, transportation support, and other services that help older adults maintain financial stability and remain safely in the community.

Access, Mobility, and Aging in Place

Transportation, health, disability, and the availability of reliable assistance were closely connected to respondents' ability to remain independent. More than half of respondents answering the transportation question reported either some transportation challenges or no transportation access at all. Respondents also identified declining physical health, fall risk, difficulty finding reliable help, and the need for assistance with housework and home maintenance. These findings reinforce the importance of transportation, in-home support, fall prevention, health promotion, home-maintenance assistance, and other services that help individuals access essential resources and continue living safely at home.

Information, Navigation, and Preparedness

The assessment identified several barriers related to finding, understanding, and accessing available services. Many respondents did not know how to access legal assistance, felt uninformed about available programs, lacked home internet access, or needed help using technology. Emergency preparedness was also a concern, with more than half of respondents answering the question reporting that they did not have an emergency or disaster plan.

These findings support maintaining multiple ways to access information and services, including telephone, print, in-person, and digital options, while strengthening legal outreach, technology assistance, emergency-preparedness education, and coordinated information and referral.

Needs Assessment and Targeting

Social Connection and Caregiver Support

Respondents also identified loneliness, isolation, companionship, and caregiver burden as concerns. Caregiver responses reflected needs related to respite, emotional and physical stress, service navigation, end-of-life information, and emergency planning. Because the caregiver sample was relatively small, these findings are treated as indicators and supplemented with provider input, service data, and targeted caregiver engagement.

Top community concerns

2025 PSA 20 Needs Assessment. Respondents could select more than one concern.

	Respondents reporting this concern	Share
Money or savings will not last	218	43.3%
Affording transportation	205	38.2%
Decline in physical health	189	36.2%
Enough money to stay in my home	183	34.5%
Finding transportation	182	34.0%
Managing monthly bill payments	176	34.9%

Shares use each question's own respondent count: financial 504, transportation 536, housing 530, health 522. Total survey responses: 594.

Accessible Image Description:

Bar chart of the six most frequently reported community concerns in the 2025 PSA 20 Needs Assessment. The leading concerns were money or savings not lasting (218 respondents), affording transportation (205), declining physical health (189), having enough money to remain at home (183), finding transportation (182), and managing monthly bills (176). Percentages vary by question because response totals differed.

Needs Assessment and Targeting

Existing Services and Resources

The AAA and its community partners provide a range of services that address identified needs, including information and assistance, transportation, congregate and home-delivered meals, caregiver support and respite, legal assistance, health insurance counseling, health promotion and fall prevention, in-home and supportive services, social engagement, and referrals for housing, utilities, food, benefits, and other community resources. Services are delivered through DAAS-PG programs, contracted providers, senior centers, transportation agencies, healthcare and behavioral-health partners, nonprofit organizations, and other community-based resources. **Although many existing services align with identified needs, availability within PSA 20 does not always mean a service is practically accessible.**

Constraints and Barriers

Primary barriers identified through the needs assessment and ongoing program experience include San Bernardino County's geographic size, limited transportation and provider capacity in some communities, workforce shortages, affordability, language and cultural barriers, limited technology access, disability or health limitations, and difficulty navigating multiple service systems. Residents may also be unaware of available assistance even when services exist. **These challenges are particularly significant in rural and geographically isolated communities, where long travel distances and limited service infrastructure can make traditional service-delivery models difficult to sustain.** They contribute to both unmet need and underutilization when residents cannot identify or reach available services or when local provider capacity is insufficient to meet demand.

Targeting Priorities

Consistent with the OAA, Older Californians Act, and applicable regulations, the AAA prioritizes older adults experiencing the greatest economic or social need. Target populations include individuals with low incomes; disabilities or chronic conditions; limited English proficiency; food or housing insecurity; limited transportation; rural or geographic isolation; limited social support; and other circumstances that threaten independence. Targeting also includes populations specifically identified in federal and state requirements, including racial and ethnic minority populations, Native American older adults, LGBTQI+ older adults, people living with HIV/AIDS, and caregivers of individuals with Alzheimer's disease and related disorders.

Needs Assessment and Targeting

Targeting Priorities, Continued

The AAA identifies and reaches target populations through demographic and service-use data, RUCA classifications, community and provider input, needs-assessment findings, outreach, and ongoing monitoring. Strategies include culturally and linguistically responsive outreach, multiple methods of accessing services, partnerships with trusted community organizations, and continued review of the geographic and demographic reach of AAA-funded programs.

Impact on Area Plan Goals and Priorities

Needs assessment findings directly inform Area Plan priorities, objectives, funding decisions, and service strategies. The 2025 results reinforce priorities related to economic and housing stability, transportation and mobility, aging in place, nutrition and food security, information and service navigation, legal and advance planning, emergency preparedness, social connection, and caregiver support. The findings also support continued investment in access, in-home, and legal services under Title IIIB.



Accessible Needs Assessment and Targeting Image Description

The image above is a four-step flow diagram showing how the AAA moves from the Needs Assessment to Target Populations, Area Plan Goals, and Funding and Service Strategies. The process uses survey data and community input to identify populations with the greatest economic and social need, set priorities and objectives, and guide resource allocation and service planning.

Priority Service and Public Hearings



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Priority Service and Public Hearing

Purpose

This section documents the AAA’s public hearing process, which provides older adults, adults with disabilities, and family caregivers an opportunity to comment on the development and content of the Area Plan. It also describes how the AAA establishes minimum Title IIIB funding levels for Access, In-Home, and Legal Assistance services.

2024-2028 Four-Year Planning Cycle

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

The AAA establishes minimum percentages of applicable Title IIIB funds for Access, In-Home, and Legal Assistance services throughout the four-year planning cycle. These percentages are informed by needs assessment findings, available resources, service needs, and public input received through the Area Plan hearing process.

Priority Service	2024-2025	2025-2026	2026-2027	2027-2028
Access	40%	40%	40%	
In-Home Services	5%	5%	5%	
Legal Assistance	10%	10%	10%	

Service Category Definitions

Access includes transportation, assisted transportation, case management, information and assistance, outreach, comprehensive assessment, health, and public information. In-Home Services include personal care, homemaker, chore, adult day/health care, Alzheimer’s services, and residential support. Legal Assistance includes legal advice, representation, assistance to the Ombudsman Program, and involvement of the private bar.

Allocations reflect historical funding patterns, available resources, needs assessment findings, and public input.

Priority Service and Public Hearing

2024-2028 Four-Year Planning Cycle, Continued

Public Hearing:

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

Fiscal Year	Date	Location	Number of Attendees	Presented in Language Other Than English	Located at a Long-Term Care Facility
2024-2025	3/20/2024	784 E. Hospitality Ln. San Bernardino, CA 92415	36	Yes	No
2025-2026	3/19/2025	784 E. Hospitality Ln. San Bernardino, CA 92415	30	Yes	No
2026-2027	4/15/2026	784 E. Hospitality Ln. San Bernardino, CA 92415	30	Yes	No
2027-2028					



Priority Service and Public Hearing

2024-2028 Four-Year Planning Cycle, Continued

The AAA conducts outreach throughout the planning cycle to obtain input from older adults, adults with disabilities, caregivers, homebound individuals, and residents of long-term care facilities. For the 2026–27 Area Plan Update, public meetings were coordinated with the Regional Councils on Aging at five locations:

- **West Valley – April 15, 2026 (DAAS-PG Administration)**
- **Morongo Basin – April 20, 2026 (Yucca Valley Senior Center)**
- **East Valley – April 22, 2026 (Ontario Senior Center)**
- **Northern Desert – April 27, 2026 (Trona Senior Center)**
- **Mountain Region – April 28, 2026 (Crestline Senior Center)**

Public notices and opportunities for comment were distributed through senior centers, congregate meal sites, contracted providers, Regional Councils on Aging, and the Senior Affairs Commission. To reach individuals who may be unable to attend in person, Area Plan surveys were distributed to Title I/II home-delivered meal participants through delivery drivers, and Senior Information and Assistance staff distributed and posted community comment materials.

The formal public hearing was advertised in the San Bernardino Daily Journal in accordance with CCR Title 22, Section 7308. Written notice was also provided to contracted providers, incorporated cities, and American Indian tribal governments in San Bernardino County. Hearing information was distributed to senior centers, congregate meal sites, program participants, and community partners. The AAA also provided hearing information to its contracted Long-Term Care Ombudsman provider for distribution to residents and partners associated with long-term care facilities.

In the weeks preceding the public hearing, DAAS-PG representatives presented information on the Area Plan Update at Regional Council on Aging meetings and Senior Affairs Commission committees to provide additional opportunities for community input.

Priority Service and Public Hearing

2024-2028 Four-Year Planning Cycle, Continued

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

Not applicable; PD and/or C funds are not used

2. Were attendees provided the opportunity to testify regarding setting minimum percentages of Title III B program funds to meet the adequate proportion of funding for priority services?

Yes.

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

AAA staff described the Access, In-Home, and Legal Assistance priority-service categories, the services included within each category, and the proposed minimum funding percentages. Attendees were provided an opportunity to comment, and no opposition to the proposed funding distribution was received.

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

Public comments generally focused on two areas:

- Economic security: Attendees expressed concerns about the affordability of housing, food, and transportation.
- Transportation access: Participants identified transportation availability as a significant concern, particularly in rural and geographically isolated communities, including the North/East Desert and Mountain regions.

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

Attendee input informed several Area Plan priorities and improvements, including:

- Increased emphasis on the needs of rural and geographically isolated communities.
- Continued development of partnerships with County departments, local agencies, and community organizations to address needs that extend beyond AAA-funded services.
- Improvements to future needs assessments, including shorter, more targeted survey instruments for older adults, caregivers, and community stakeholders.

Area Plan Narrative Goals and Objectives



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Area Plan Narrative

Goals and Objectives

Purpose

This section identifies the Area Plan's goals and objectives based on Needs Assessment findings, community input, and the Department of Aging and Adult Services–Public Guardian Strategic Plan.

Goal #1 - Improve Awareness, Navigation, and Equitable Access

Increase awareness of and access to aging and disability resources throughout PSA 20, with focused outreach to populations experiencing the greatest economic or social need.

Rationale: The 2025 Needs Assessment identified limited awareness of available services, difficulty navigating resources, technology barriers, and geographic access challenges. Targeted outreach, stronger partnerships, and improved referral pathways will help connect underserved populations with available services.

- **Objective 1.1 - Targeted Outreach and Access**

SIA staff will do outreach in rural and isolated areas, focusing on low-income minority, limited-English, and rural older adults, to connect them with services. Measured by the share of new I&A clients from each group against the FY 24-25 baseline. FY 26-27: +10% rural and limited-English new clients by 6/30/27.

- **Objective 1.2 - Community and Provider Network Development**

AAA staff will explore referral agreements with APS, IHSS, Behavioral Health, 2-1-1/ADRC, and community organizations to speed up referrals. Measured by active agreements. FY 26-27: Three new agreements by 6/30/27.

- **Objective 1.3 - Evaluate Reach and Improve Navigation**

AAA analysts will compare service users with PSA 20's 60+ population by region, race and ethnicity, language, and income, then adjust outreach and scopes of work to close gaps. Measured by the completed report and documented changes. FY 26-27: report by 12/31/26.

Objective	Dates	Activity/Funding Source	Status
Objective 1.1	07/01/24 - 06/30/28	Title IIIB - Access	Revised
Objective 1.2	07/01/24 - 06/30/28	Administration	Revised
Objective 1.3	07/01/24 - 06/30/28	Administration	Revised

Area Plan Narrative

Goals and Objectives

Goal #2 - Strengthen Caregiver Support

Strengthen caregiver support services so family caregivers and older relative caregivers have access to information, respite, education, and other resources that support their well-being and ability to continue providing care.

Rationale: The Needs Assessment identified caregiver concerns related to respite, emotional and physical stress, service navigation, end-of-life information, and emergency planning. Although the caregiver survey sample was relatively small, these findings are consistent with ongoing provider and program feedback and support continued emphasis on caregiver education, resource navigation, respite, and support services.

- **Objective 2.1 - Caregiver Outreach and Education**

The AAA will hold education sessions so more caregivers/partners know about and use Title IIIIE services. Measured by new caregiver enrollments against the FY 24-25 baseline. FY 26-27: Increase new enrollees 5% by 6/30/27.

- **Objective 2.2 - Caregiver Partnerships and Referral Coordination**

AAA staff will set up referral pathways with Inland Caregiver Resource Center, APS, and kinship providers to reduce missed referrals. Measured by partner referrals and the share enrolled. FY 26-27: protocol finalized by 12/31/26

- **Objective 2.3 - Evaluate Caregiver Service Effectiveness**

Program staff will survey caregivers each year with FCSP providers to measure how well services support continued caregiving. Measured by the share reporting that services helped, with a target of 80%. FY 26-27: survey done by 6/30/27.

Objective	Dates	Activity/Funding Source	Status
Objective 2.1	07/01/24 - 06/30/28	Title IIIIE	Revised
Objective 2.2	07/01/24 - 06/30/28	Title IIIIE/Administration	Revised
Objective 2.3	07/01/24 - 06/30/28	Title IIIIE/Administration	Revised

Area Plan Narrative

Goals and Objectives

Goal #3 - Strengthen Quality, Performance, and Continuous Improvement

Strengthen the quality, accountability, and effectiveness of AAA-funded services through consistent performance monitoring, improved data systems, provider collaboration, and continuous service improvement.

Rationale: The Needs Assessment identified changing and interconnected needs across PSA 20, while program monitoring and service data continue to show the importance of consistent performance oversight and provider capacity. Strengthening data collection, contract monitoring, provider feedback, and customer experience measures will help the AAA identify service gaps, improve accountability, and adapt programs to better meet community needs.

- **Objective 3.1 - Performance Monitoring and Accountability**

Program and fiscal staff will review provider units and spending each quarter and start technical assistance or corrective action within 30 days when a provider is below 90% of planned units. Measured by the share of contracts meeting 90% of SUP units. FY 26-27: all contracts monitored by 6/30/27.

- **Objective 3.2 - Data Modernization and Decision Support**

AAA analysts will build Title III dashboards of service units, spending, and client demographics to support data-informed decisions. Measured by dashboards updated monthly and used in quarterly reviews. FY 26-27: dashboard live by 3/1/27

- **Objective 3.3 - Continuous Service Improvement**

Program staff will review needs assessment, survey, and monitoring findings with providers each year and turn them into changes to scopes of work. Measured by documented service changes tied to findings. FY 26-27: reviews done by 3/31/27.

Objective	Dates	Activity/Funding Source	Status
Objective 3.1	07/01/24 - 06/30/28	Administration	Revised
Objective 3.2	07/01/24 - 06/30/28	Administration	Revised
Objective 3.3	07/01/24 - 06/30/28	Administration	Revised

Service Unit Plan (SUP)



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Service Unit Plan (SUP)

Title III/VII Service Unit Plan

The Service Unit Plan shows the amount of each service the AAA plans to provide during the fiscal year using Area Plan funding. Services and units are reported using Older Americans Act Performance System (OAAPS) definitions and, where applicable, the California Department of Aging (CDA) Service Categories and Data Dictionary. Funding for these services is reported separately in the annual Area Plan Budget (CDA 122).

Each service is linked to the Area Plan goal and objective it supports.

Fiscal Year 2024-2025			
Service	Proposed Units of Service	Goal Numbers	Objective Numbers
Personal Care	150 hours	1,3	1.1, 3.1
Homemaker	1,200 hours	1,3	1.1, 3.1
Chore	1,000 hours	1,3	1.1, 3.1
Adult Day Care	150 hours	1,3	1.1, 3.1
Assisted Transportation	11,000 one-way trips	1,3	1.1, 3.3
Transportation	90,000 one-way trips	1,3	1.1, 3.3
Information and Assistance	30,000 contacts	1,3	1.1, 1.3, 3.3
Outreach	14,000 contacts	1	1.1, 1.2
Legal Assistance	5,000 hours	1,3	1.3, 3.3
Congregate Meals	312,600 meals	1,3	1.2, 3.3
Home-Delivered Meals	375,000 meals	1,3	1.2, 3.3
Nutrition Education	40 sessions	1,3	1.2, 3.3

Service Unit Plan (SUP)

Title III/VII Service Unit Plan, Continued

Fiscal Year 2025-2026			
Service	Proposed Units of Service	Goal Numbers	Objective Numbers
Personal Care	150 hours	1,3	1.1, 3.1
Homemaker	1,200 hours	1,3	1.1, 3.1
Chore	1,000 hours	1,3	1.1, 3.1
Adult Day Care	150 hours	1,3	1.1, 3.1
Assisted Transportation	11,000 one-way trips	1,3	1.1, 3.3
Transportation	90,000 one-way trips	1,3	1.1, 3.3
Information and Assistance	30,000 contacts	1,3	1.1, 1.3, 3.3
Outreach	14,000 contacts	1	1.1, 1.2
Legal Assistance	5,000 hours	1,3	1.3, 3.3
Congregate Meals	312,600 meals	1,3	1.2, 3.3
Home-Delivered Meals	375,000 meals	1,3	1.2, 3.3
Nutrition Education	40 sessions	1,3	1.2, 3.3

Service Unit Plan (SUP)

Title III/VII Service Unit Plan, Continued

Fiscal Year 2026-2027			
Service	Proposed Units of Service	Goal Numbers	Objective Numbers
Personal Care	150 hours	1,3	1.1, 3.1
Homemaker	1,200 hours	1,3	1.1, 3.1
Chore	1,000 hours	1,3	1.1, 3.1
Adult Day Care	150 hours	1,3	1.1, 3.1
Assisted Transportation	11,000 one-way trips	1,3	1.1, 3.3
Transportation	90,000 one-way trips	1,3	1.1, 3.3
Information and Assistance	30,000 contacts	1,3	1.1, 1.3, 3.3
Outreach	14,000 contacts	1	1.1, 1.2
Legal Assistance	5,000 hours	1,3	1.3, 3.3
Congregate Meals	312,600 meals	1,3	1.2, 3.3
Home-Delivered Meals	375,000 meals	1,3	1.2, 3.3
Nutrition Education	40 sessions	1,3	1.2, 3.3

Service Unit Plan (SUP)

Title III/VII Service Unit Plan, Continued

Fiscal Year 2027-2028			
Service	Proposed Units of Service	Goal Numbers	Objective Numbers
Personal Care			
Homemaker			
Chore			
Adult Day Care			
Assisted Transportation			
Transportation			
Information and Assistance			
Outreach			
Legal Assistance			
Congregate Meals			
Home-Delivered Meals			
Nutrition Education			

Service Unit Plan (SUP)

Title III/VII Service Unit Plan

This section reports proposed units for Title IIIB “Other” Priority and Non-Priority Supportive Services. Specific service categories and planned units are listed in the table below.

Fiscal Year 2024-2025			
Service	Proposed Units of Service	Goal Numbers	Objective Numbers
Residential Repairs/Modifications	100 modifications	1, 3	1.1, 3.3
Senior Center Activities	6,750 hours	1	1.2, 1.3
Cash/Material Aid	350 assists	1, 3	1.1, 3.3
Community Education	400 activities	1	1.2
Housing	250 hours	1, 3	1.1, 3.3
Interpretation/Translation	3,000 contacts	1	1.1
Mobility Management Activities	600 hours	1, 3	1.1, 3.3
Personal Affairs Assistance	1,550 contacts	1, 3	1.1, 3.3

Service Unit Plan (SUP)

Title III/VII Service Unit Plan, Continued

Fiscal Year 2025-2026			
Service	Proposed Units of Service	Goal Numbers	Objective Numbers
Residential Repairs/Modifications	100 modifications	1, 3	1.1, 3.3
Senior Center Activities	6,750 hours	1	1.2, 1.3
Cash/Material Aid	350 assists	1, 3	1.1, 3.3
Community Education	400 activities	1	1.2
Housing	250 hours	1, 3	1.1, 3.3
Interpretation/Translation	3,000 contacts	1	1.1
Mobility Management Activities	600 hours	1, 3	1.1, 3.3
Personal Affairs Assistance	1,550 contacts	1, 3	1.1, 3.3

Service Unit Plan (SUP)

Title III/VII Service Unit Plan, Continued

Fiscal Year 2026-2027			
Service	Proposed Units of Service	Goal Numbers	Objective Numbers
Residential Repairs/Modifications	100 modifications	1, 3	1.1, 3.3
Senior Center Activities	6,750 hours	1	1.2, 1.3
Cash/Material Aid	350 assists	1,3	1.1, 3.3
Community Education	400 activities	1	1.2
Housing	250 hours	1, 3	1.1, 3.3
Interpretation/Translation	3,000 contacts	1	1.1
Mobility Management Activities	600 hours	1, 3	1.1, 3.3
Personal Affairs Assistance	1,550 contacts	1, 3	1.1, 3.3

Service Unit Plan (SUP)

Title III/VII Service Unit Plan, Continued

Fiscal Year 2027-2028			
Service	Proposed Units of Service	Goal Numbers	Objective Numbers
Residential Repairs/Modifications			
Senior Center Activities			
Cash/Material Aid			
Community Education			
Housing			
Interpretation/Translation			
Mobility Management Activities			
Personal Affairs Assistance			



Service Unit Plan (SUP)

Title IIID Health Promotion Evidence-Based Programs

The AAA will support the following evidence-based health promotion programs during the planning period. All programs meet Title IIID evidence-based requirements and will be delivered in accordance with the approved program curriculum and fidelity requirements.

Walk With Ease

Walk With Ease will be offered at a minimum of two sites throughout the county. Each six-week class meets three times per week. The program is recognized as a Title IIID highest-tier evidence-based health promotion program and is designed to improve mobility, balance, strength, confidence, and the management of arthritis-related symptoms.

Bingocize

Bingocize will be offered at a minimum of two sites throughout the county. Each ten-week class meets twice per week. The program combines exercise, health education, nutrition, and fall-prevention activities within a bingo-style format and is recognized as a Title IIID highest-tier evidence-based health promotion program.

Chronic Disease Self-Management Education and Tai Chi for Arthritis

These programs will be offered at a minimum of two sites throughout the county and may also be offered remotely when appropriate. Classes generally consist of eight to ten sessions held once per week. Both programs are recognized as Title IIID highest-tier evidence-based health promotion programs and are designed to help participants manage chronic conditions, improve physical function, and reduce fall risk.

Fiscal Year 2024 - 2025			
Service	Proposed Units of Service	Goal Numbers	Objective Numbers
Walk With Ease, Bingocize, Tai Chi	58 sessions	1,3	1.2, 3.3

Service Unit Plan (SUP)

Title IIID Health Promotion Evidence-Based Programs

Fiscal Year 2025 - 2026			
Service	Proposed Units of Service	Goal Numbers	Objective Numbers
Walk With Ease, Bingocize, Tai Chi	58 sessions	1,3	1.2, 3.3
Fiscal Year 2026 - 2027			
Service	Proposed Units of Service	Goal Numbers	Objective Numbers
Walk With Ease, Bingocize, Tai Chi	58 sessions	1,3	1.2, 3.3
Fiscal Year 2027 - 2028			
Service	Proposed Units of Service	Goal Numbers	Objective Numbers
Walk With Ease, Bingocize, Tai Chi			

Health Insurance Counseling and Advocacy Program (HICAP) Service Unit Plan

HICAP provides free, objective counseling and advocacy to Medicare beneficiaries and their families. Program performance is measured using CDA and federal HICAP performance measures, with service-level data reported through the Statewide HICAP Automated Reporting Program (SHARP).

Service Unit Plan (SUP)

Health Insurance Counseling and Advocacy Program (HICAP) Service Unit Plan, Continued

State Performance Measures - Fiscal Year 2024-2025

Measure	Target	Goal Numbers
PM 1.1 Clients Counseled	1,068	1
PM 1.2 Public and Media Events	109	1

Federal Performance Measures - Fiscal Year 2024-2025

PM 2.1 Client Contacts	2,548	1
PM 2.2 Public and Media Outreach	1,018	1
PM 2.3 Medicare Beneficiaries Under 65	941	1
PM 2.4 Hard to Reach Contacts	1,538	1
PM 2.4a Low-Income	1,184	1
PM 2.4b Rural	0	1
PM 2.4c Non-native English	354	1
PM 2.5 Enrollment Contacts	2,547	1

HICAP Legal Services - Fiscal Year 2024-2025

PM 3.1 Clients Represented	2,348	1
PM 3.2 Legal Representation Hours	N/A	-
PM 3.3 Program Consultation Hours	N/A	-

Service Unit Plan (SUP)

Health Insurance Counseling and Advocacy Program (HICAP) Service Unit Plan, Continued

State Performance Measures - Fiscal Year 2025-2026		
Measure	Target Number	Goal Number
PM 1.1 Clients Counseled	1,068	1
PM 1.2 Public and Media Events	109	1
Federal Performance Measures - Fiscal Year 2025-2026		
PM 2.1 Client Contacts	2,548	1
PM 2.2 Public and Media Outreach	1,018	1
PM 2.3 Medicare Beneficiaries Under 65	941	1
PM 2.4 Hard to Reach Contacts	1,538	1
PM 2.4a Low-Income	1,184	1
PM 2.4b Rural	0	1
PM 2.4c Non-native English	354	1
PM 2.5 Enrollment Contacts	2,547	1
HICAP Legal Services Units of Service - Fiscal Year 2025-2026		
PM 3.1 Clients Represented	2,348	1
PM 3.2 Legal Representation Hours	N/A	-
PM 3.3 Program Consultation Hours	N/A	-

Service Unit Plan (SUP)

Health Insurance Counseling and Advocacy Program (HICAP) Service Unit Plan, Continued

State Performance Measures - Fiscal Year 2026-2027		
Measure	Target Number	Goal Number
PM 1.1 Clients Counseled	1088	1
PM 1.2 Public and Media Events	55	1
Federal Performance Measures - Fiscal Year 2026-2027		
PM 2.1 Client Contacts	2439	1
PM 2.2 Public and Media Outreach	5873	1
PM 2.3 Medicare Beneficiaries Under 65	256	1
PM 2.4 Hard to Reach Contacts	1097	1
PM 2.4a Low-Income	795	1
PM 2.4b Rural	0	1
PM 2.4c Non-native English	302	1
PM 2.5 Enrollment Contacts	2424	1
HICAP Legal Services Units of Service - Fiscal Year (FY) 2026-2027		
PM 3.1 Clients Represented	2438	1
PM 3.2 Legal Representation Hours	N/A	-
PM 3.3 Program Consultation Hours	N/A	-

Service Unit Plan (SUP)

Health Insurance Counseling and Advocacy Program (HICAP) Service Unit Plan, Continued

State Performance Measures - Fiscal Year 2027-2028		
Measure	Target Number	Goal Number
PM 1.1 Clients Counseled		
PM 1.2 Public and Media Events		
Federal Performance Measures - Fiscal Year 2027-2028		
PM 2.1 Client Contacts		
PM 2.2 Public and Media Outreach		
PM 2.3 Medicare Beneficiaries Under 65		
PM 2.4 Hard to Reach Contacts		
PM 2.4a Low-Income		
PM 2.4b Rural		
PM 2.4c Non-native English		
PM 2.5 Enrollment Contacts		
HICAP Legal Services Units of Service - Fiscal Year (FY) 2027-2028		
PM 3.1 Clients Represented		
PM 3.2 Legal Representation Hours		
PM 3.3 Program Consultation Hours		

Service Unit Plan (SUP)

Title III E Service Unit Plan

The Title III E Service Unit Plan reports proposed services for family caregivers using the federally required service categories. Each funded service is linked to the applicable Area Plan goal and objective.

The following tables apply to family caregivers of older adults and to caregivers of individuals of any age with Alzheimer's disease or a related disorder with neurological or organic brain dysfunction.

Title III E Services 2024-2025				
Measure	Units	Proposed Units	Goal	Objective Numbers
Caregiver Access - Case Management	Hours	3,400	2	2.1, 2.2, 2.3
Caregiver Access - Information and Assistance	Contacts	430	2	2.1, 2.2
Caregiver Information Services	Activities	2	2	2.1, 2.2
Caregiver Respite In-Home	Hours	3,485	2	2.1, 2.3
Caregiver Respite - Other	Hours	2,650	2	2.1, 2.3
Caregiver Respite Out-of-Home and Day Care	Hours	1,200	2	2.1, 2.3
Supplemental Services - Assistive Technologies	Occurrences	108	2	2.1, 2.3
Supplemental Services - Caregiver Assessment	Hours	615	2	2.1, 2.3
Supplemental Services - Consumable Supplies	Occurrences	18	2	2.1, 2.3
Supplemental Services - Caregiver Registry	Occurrences	-	-	-
Supplemental Services - Home Modifications	Occurrences	10	2	2.1, 2.3
Supplemental Services - Legal Consultation	Contacts	-	-	-
Caregiver Support Groups	Sessions	367	2	2.1, 2.3
Caregiver Training	Hours	1,315	2	2.1, 2.3
Caregiver Support - Counseling Services	Hours	600	2	2.1, 2.3

Service Unit Plan (SUP)

Title III E Service Unit Plan, Continued

Title III E Services - 2025-2026				
Measure	Units	Total Units	Goal	Objective Numbers
Caregiver Access - Case Management	Hours	3,400	2	2.1, 2.2, 2.3
Caregiver Access - Information and Assistance	Contacts	430	2	2.1, 2.2
Caregiver Information Services	Activities	2	2	2.1, 2.2
Caregiver Respite In-Home	Hours	3,485	2	2.1, 2.3
Caregiver Respite - Other	Hours	2,650	2	2.1, 2.3
Caregiver Respite Out-of-Home and Day Care	Hours	1,200	2	2.1, 2.3
Supplemental Services - Assistive Technologies	Occurrences	108	2	2.1, 2.3
Supplemental Services - Caregiver Assessment	Hours	615	2	2.1, 2.3
Supplemental Services - Consumable Supplies	Occurrences	18	2	2.1, 2.3
Supplemental Services - Caregiver Registry	Occurrences	-	-	-
Supplemental Services - Home Modifications	Occurrences	10	2	2.1, 2.3
Supplemental Services - Legal Consultation	Contacts	-	-	-
Caregiver Support Groups	Sessions	367	2	2.1, 2.3
Caregiver Training	Hours	1,315	2	2.1, 2.3
Caregiver Support - Counseling Services	Hours	600	2	2.1, 2.3

Service Unit Plan (SUP)

Title III E Service Unit Plan, Continued

Title III E Services 2026-2027				
Measure	Units	Total Units	Goal	Objective Numbers
Caregiver Access - Case Management	Hours	3,400	2	2.1, 2.2, 2.3
Caregiver Access - Information and Assistance	Contacts	430	2	2.1, 2.2
Caregiver Information Services	Activities	2	2	2.1, 2.2
Caregiver Respite In-Home	Hours	3,485	2	2.1, 2.3
Caregiver Respite - Other	Hours	2,650	2	2.1, 2.3
Caregiver Respite Out-of-Home and Day Care	Hours	1,200	2	2.1, 2.3
Supplemental Services - Assistive Technologies	Occurrences	108	2	2.1, 2.3
Supplemental Services - Caregiver Assessment	Hours	615	2	2.1, 2.3
Supplemental Services - Consumable Supplies	Occurrences	18	2	2.1, 2.3
Supplemental Services - Caregiver Registry	Occurrences	-	-	-
Supplemental Services - Home Modifications	Occurrences	10	2	2.1, 2.3
Supplemental Services - Legal Consultation	Contacts	-	-	-
Caregiver Support Groups	Sessions	367	2	2.1, 2.3
Caregiver Training	Hours	1,315	2	2.1, 2.3
Caregiver Support - Counseling Services	Hours	600	2	2.1, 2.3

Service Unit Plan (SUP)

Title III E Service Unit Plan, Continued

Title III E Services 2027-2028				
Measure	Units	Total Units	Goal Numbers	Objective Numbers
Caregiver Access - Case Management	Hours			
Caregiver Access - Information and Assistance	Contacts			
Caregiver Information Services	Number of Activities and Audience			
Caregiver Respite In-Home	Hours			
Caregiver Respite - Other	Hours			
Caregiver Respite Out-of-Home and Day Care	Hours			
Supplemental Services - Assistive Technologies	Occurrences			
Supplemental Services - Caregiver Assessment	Hours			
Supplemental Services - Consumable Supplies	Occurrences			
Supplemental Services - Caregiver Registry	Occurrences			
Supplemental Services - Home Modifications	Occurrences			
Supplemental Services - Legal Consultation	Contacts			
Caregiver Support Groups	Sessions			
Caregiver Training	Hours			
Caregiver Support - Counseling Services	Hours			

Service Unit Plan (SUP)

Title III E Service Unit Plan - Older Relative Caregivers

Title III E separately recognizes older relative caregivers, including grandparents and other relatives age 55 and older who are raising children or caring for certain adults with disabilities. Services for this population are planned and reported separately from services provided to caregivers of older adults.

Title III E Services - 2024-2025				
Measure	Units	Total Units	Goals	Objective Numbers
Caregiver Access - Information and Assistance	Contacts	1,050	2	2.1, 2.2
Caregiver Information Services	Activities	60	2	2.1, 2.2

Title III E Services 2025-2026				
Measure	Units	Total Units	Goals	Objective
Caregiver Access - Information and Assistance	Contacts	1,050	2	2.1, 2.2
Caregiver Information Services	Activities	60	2	2.1, 2.2

Title III E Services 2026-2027				
Measure	Units	Total Units	Goals	Objective
Caregiver Access - Information and Assistance	Contacts	1,050	2	2.1, 2.2
Caregiver Information Services	Activities	60	2	2.1, 2.2

Title III E Services 2027-2028				
Measure	Units	Total Units	Goals	Objective
Caregiver Access - Information and Assistance	Contacts			
Caregiver Information Services	Activities			

Service Unit Plan (SUP)

Title VII Elder Abuse Prevention Program

Title VII Elder Abuse Prevention activities are carried out through the Long-Term Care Ombudsman Program. These activities are intended to increase awareness of elder abuse and strengthen community efforts to prevent, identify, investigate, and respond to abuse.

Units of service may include public education sessions, professional training, training for caregivers served through the Title III E Family Caregiver Support Program, distribution of educational materials, and staff time devoted to developing and coordinating systems that address elder abuse prevention, investigation, and prosecution.

The agency receiving Title VII Elder Abuse Prevention funding is **WISE and Healthy Aging**.

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

Service Unit Plan (SUP)

Title III B and Title VII: Long-Term Care Ombudsman Program Outcomes

The mission of the Long-Term Care (LTC) Ombudsman Program is to resolve problems and advocate for the rights of residents of long-term care facilities, with the goal of protecting their dignity, quality of life, and quality of care.

Each year, the Office of the State Long-Term Care Ombudsman (OSLTCO) provides the Area Agency on Aging (AAA) with baseline data from the prior fiscal year's National Ombudsman Reporting System (NORS). These data are reported by the local LTC Ombudsman Program through the Statewide Ombudsman Program database and are used to establish annual performance targets.

The AAA will establish targets each year in consultation with the local LTC Ombudsman Program Coordinator. Prior-year baseline data, the local program's historical NORS trends, and available program resources should be considered when establishing targets. Targets should be reasonable and attainable.

Outcome 1. Resolution of Resident Complaints and Concerns

The LTC Ombudsman Program works to resolve problems and concerns identified by residents of long-term care facilities and others acting on their behalf, consistent with Section 712(a)(3) and (5) of the Older Americans Act.

Measures and Targets

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

Measures the percentage of complaints that are resolved or partially resolved to the satisfaction of the resident or complainant.

For reference, the California statewide average complaint resolution rate for FY 2022–23 was 52%. Local targets should be established using the program's prior-year baseline data, historical performance, and available resources.

Service Unit Plan (SUP)

Title III B and Title VII: Long-Term Care Ombudsman Program Outcomes, Continued

Measures and Targets, Continued:

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

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

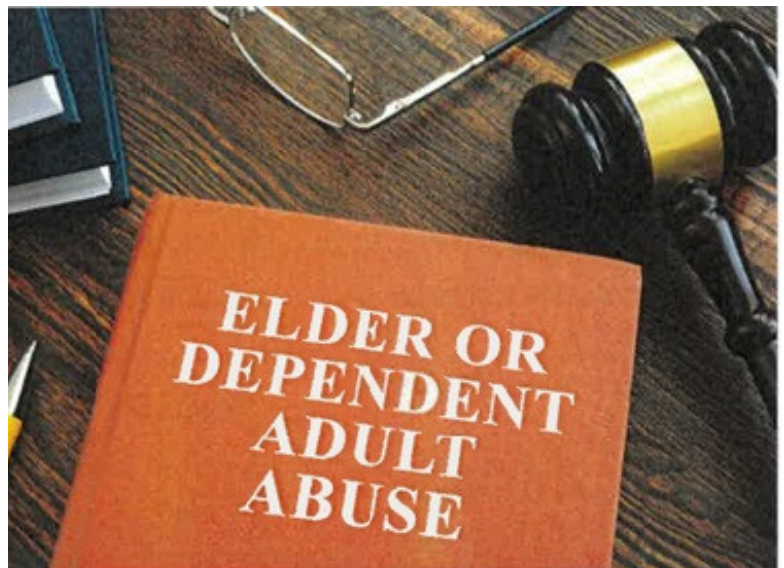
D. Information and Assistance to Facility Staff (NORS Elements S-53 and S-54) Count of instances of Ombudsman representatives' interactions with facility staff for the purpose of providing general information and assistance unrelated to a complaint. Information and Assistance may be accomplished by telephone,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

E. Information and Assistance to Individuals (NORS Element S-55)

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

F. Community Education (NORS Element 5-68)

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



Service Unit Plan (SUP)

Title III B and Title VII: Long-Term Care Ombudsman Program Outcomes, Continued

Outcome 1 - Measure and Target Charts

LTC Ombudsman Outcome 1 - Measure A (Complaint Resolution)							
Year	Complaints Partially/Fully Resolved	Total Number of Complaints	Baseline Resolution Rate	Two Year Target Resolution Rate	Target Year	Goal	Objective
2022-2023	1,206	2,962	41%	50%	2024-2025	3	3.1, 3.3
2023-2024	1,346	2,922	46%	50%	2025-2026	3	3.1, 3.3
2024-2025	1,707	2,367	72%	50%	2026-2027	3	3.1, 3.3
2025-2026					2027-2028		

LTC Ombudsman Outcome 1 - Measure B-F FY 2022-2023 Baseline/2024-2025 Targets					
Measure	Units	Baseline	2024-2025 Target	Goal	Objective
Work With Resident Councils	Meetings Attended	16	20	3	3.3
Work With Family Councils	Meetings Attended	5	1	3	3.3
Information and Assistance to Facility Staff	Instances	1,139	500	3	3.3
Information and Assistance to Individuals	Instances	1,428	600	1	1.2
Community Education	Instances	21	4	1	1.1

Service Unit Plan (SUP)

Title III B and Title VII: Long-Term Care Ombudsman Program Outcomes, Continued

Outcome 1 - Measure and Target Charts

LTC Ombudsman Outcome 1 - Measures B-F FY 2023-2024 Baseline/2025-2026 Targets					
Measure	Units	Baseline	2025-2026 Target	Goal	Objective
Work With Resident Councils	Meetings Attended	65	30	3	3.3
Work With Family Councils	Meetings Attended	1	2	3	3.3
Information and Assistance to Facility Staff	Instances	1,793	650	3	3.3
Information and Assistance to Individuals	Instances	2,356	800	1	1.2
Community Education	Instances	18	8	1	1.1

LTC Ombudsman Outcome 1 - Measures B-F FY 2024-2025 Baseline/2026-2027 Targets					
Measure	Units	Baseline	2026-2027 Target	Goal	Objective
Work With Resident Councils	Meetings Attended	77	40	3	3.3
Work With Family Councils	Meetings Attended	6	3	3	3.3
Information and Assistance to Facility Staff	Instances	1,329	1,000	3	3.3
Information and Assistance to Individuals	Instances	2,067	1,200	1	1.2
Community Education	Instances	26	8	1	1.1

Service Unit Plan (SUP)

Title III B and Title VII: Long-Term Care Ombudsman Program Outcomes, Continued

Outcome 1 - Measure and Target Charts

LTC Ombudsman Outcome 1 Measures B-F FY 2025-2026 Baseline/2027-2028 Targets					
Measure	Units	Baseline	2027-2028 Target	Goal	Objective
Work With Resident Councils	Meetings Attended				
Work With Family Councils	Meetings Attended				
Information and Assistance to Facility Staff	Instances				
Information and Assistance to Individuals	Instances				
Community Education	Instances				

Service Unit Plan (SUP)

Title III B and Title VII: Long-Term Care Ombudsman Program Outcomes, Continued

Outcome 1 - Measures and Targets

G. Systems Advocacy — NORS Elements S-07 and S-07.1

The local Long-Term Care Ombudsman Program will identify and pursue at least one systems advocacy priority during each fiscal year of the four-year Area Plan cycle.

For each year, the program will:

- Describe progress and results related to the prior year's systems advocacy effort;
- Identify the systems advocacy priority for the upcoming fiscal year; and
- Describe the specific actions the program will take to advance that priority.

Systems advocacy efforts may address conditions within an individual long-term care facility or broader issues affecting residents at the county, state, or national level. Activities may include collaboration with long-term care facilities, law enforcement, public agencies, community partners, or policymakers to improve resident rights, quality of care, quality of life, access to services, emergency preparedness, or other systemic issues affecting long-term care residents.

Progress, priorities, and planned actions will be documented separately for each fiscal year of the Area Plan cycle.

FY 2024-2025

Outcome of FY 2023-2024 Efforts: The Wise & Healthy Aging Ombudsman Program has met with the Elder Crimes District Attorney's Office to make referrals on behalf of victims of elder abuse in long term care facility settings. The Ombudsman Program has participated in the San Bernardino elder abuse multidisciplinary team meetings facilitated by the District Attorney's Office and continues to develop advocacy strategies to ensure victims of elder abuse in long term care settings are represented in these meetings.

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

Service Unit Plan (SUP)

Title III B and Title VII: Long-Term Care Ombudsman Program Outcomes, Continued

Outcome 1 - Measures and Targets

G. Systems Advocacy — NORS Elements S-07 and S-07.1

FY 2025-2026

Outcome of FY 2024-2025 Efforts: The Wise & Healthy Aging Ombudsman Program has conducted outreach and provided trainings to the major hospitals throughout San Bernardino County regarding a resident's right to return to a skilled facility or assisted living facility after acute hospitalization. The program will continue to work with social workers and hospital discharge planners to combat illegal eviction actions in an effort at reducing relocation stress syndrome for residents.

FY 2025-2026 Systems Advocacy Effort(s): The Wise & Healthy Aging Long-Term Care Ombudsman Program will deliver presentations and conduct training sessions to local skilled nursing facilities and their staff, aiming to raise awareness about the ombudsman program and residents' rights. The goal is to enhance the quality of care and overall quality of life for residents living in these facilities through education.

FY 2026-2027

Outcome of FY 2025-2026 Efforts: The Wise & Healthy Aging Long-Term Care Ombudsman Program conducted training and presentations for local skilled nursing facility staff on the role of the ombudsman program and residents' rights. Through these presentations, participating staff increased their knowledge of the ombudsman role, complaint resolution, and resident-centered care practices, with the expected outcome of improved staff awareness and stronger support for practices that promote resident rights, quality care, and an enhanced quality of life for residents.

FY 2026-2027 Systems Advocacy Effort(s): The Wise & Healthy Aging Long-Term Care Ombudsman Program will offer presentations and training opportunities for local legislators and their staff to enhance understanding of the Ombudsman Program's role. These efforts will aim to raise awareness of long-term care facility-based issues that impact residents' quality of care. The program will continue to strengthen partnerships with legislative offices by fostering meaningful collaboration and engagement. This will include participation in events such as Senior Advocacy initiatives and community outreach efforts, as well as the development of support or opposition letters to increase legislative awareness and inform policy decisions impacting long-term care residents.

Service Unit Plan (SUP)

Title III B and Title VII: Long-Term Care Ombudsman Program Outcomes, Continued

Outcome 2 - Residents have regular access to an Ombudsman.

Measures and Targets:

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

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

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

D. Number of Certified LTC Ombudsman Volunteers {NORS Element S-24) There are two certified volunteers.

Service Unit Plan (SUP)

Title III B and Title VII: Long-Term Care Ombudsman Program Outcomes, Continued

Outcome 2 - Measure and Target Charts

LTC Ombudsman Outcome 2 - Measures A-D FY 2022-2023 Baseline/2024 -2025 Targets					
Measure Name	Measure	Unit	Total Units	Baseline	2024-2025 Target
Routine Access: Nursing Facilities	Facilities Visited Quarterly Not in Response to a Complaint	54	57	95%	75%
Routine Access: Residential Care Communities	Facilities or the Elderly Visited Quarterly Not in Response to a Complaint	222	267	83%	65%
Full-Time Equivalent (FTE) Staff	FTEs per FY	5.53	N/A	5.53	6
Certified LTC Ombudsman Volunteers	Number of Volunteers	2	N/A	2	2

LTC Ombudsman Outcome 2 - Measures A-D FY 2023-2024 Baseline/2025-2026 Targets					
Measure Name	Measure	Unit	Total Units	Baseline	2025-2026 Target
Routine Access: Nursing Facilities	Number of Facilities Visited Quarterly Not in Response to a Complaint	55	56	98%	75%
Routine Access: Residential Care Communities	Facilities or the Elderly Visited Quarterly Not in Response to a Complaint	253	269	94%	65%
Full-Time Equivalent (FTE) Staff	FTEs per FY	6	N/A	6	6
Certified LTC Ombudsman Volunteers	Number of Volunteers	2	N/A	2	2

Service Unit Plan (SUP)

Title III B and Title VII: Long-Term Care Ombudsman Program Outcomes, Continued

Outcome 2 - Measure and Target Charts

LTC Ombudsman Outcome 2 - Measures A-D FY 2024-2025 Baseline/2026-2027 Targets					
Measure Name	Measure	Unit	Total Units	Baseline	2026-2027 Target
Routine Access: Nursing Facilities	Number of Facilities Visited Quarterly Not in Response to a Complaint	55	56	98%	75%
Routine Access: Residential Care Communities	Facilities or the Elderly Visited Quarterly Not in Response to a Complaint	248	289	86%	75%
Full-Time Equivalent (FTE) Staff	FTEs per FY	6.5	N/A	6	6
Certified LTC Ombudsman Volunteers	Number of Volunteers	3	N/A	2	2
LTC Ombudsman Outcome 2 - Measures A-D FY 2025-2026 Baseline/2027-2028 Targets					
Measure Name	Measure	Unit	Total Units	Baseline	2027-2028 Target
Routine Access: Nursing Facilities	Number of Facilities Visited Quarterly Not in Response to a Complaint				
Routine Access: Residential Care Communities	Facilities or the Elderly Visited Quarterly Not in Response to a Complaint				
Full-Time Equivalent (FTE) Staff	FTEs per FY				
Certified LTC Ombudsman Volunteers	Number of Volunteers				

Service Unit Plan (SUP)

Title III B and Title VII: Long-Term Care Ombudsman Program Outcomes, Continued

Outcome 3 - Ombudsman representatives accurately and consistently report data about their complaints and other program activities in a timely manner.

Measures and Targets:

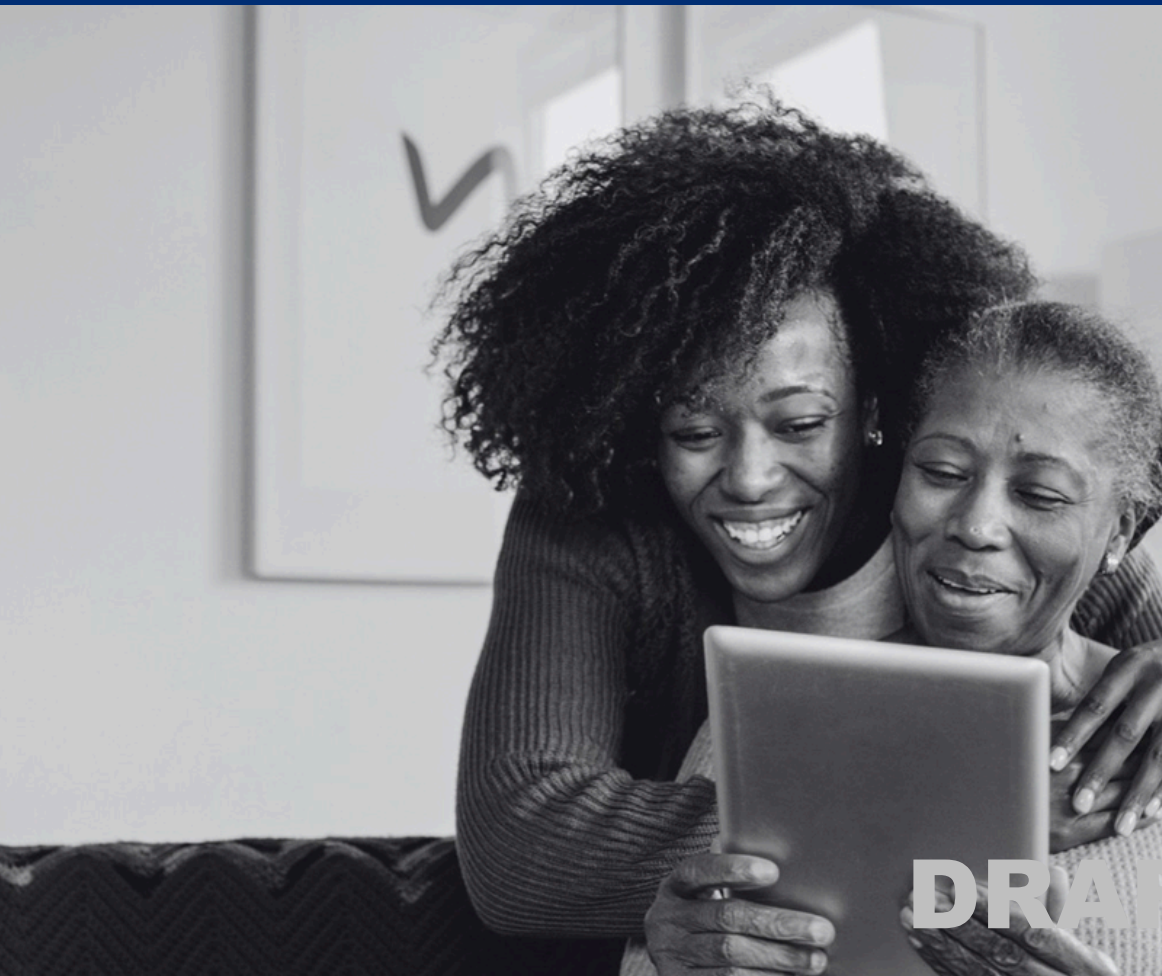
The following efforts Ombudsman program will undertake in the upcoming year to increase the accuracy, consistency, and timeliness of your National Ombudsman Reporting System (NORS) data reporting.

The Wise & Healthy Aging Long-Term Care Ombudsman Program will implement the following strategies to strengthen the accuracy, consistency, and quality of NORS data reporting:

1. Real-time data entry: All staff will be trained to enter case and activity data into the Ombudsman Data Integration System (ODIN) as close to the time of service as possible to support timely, accurate, and complete documentation.
2. Standardized training on ODIN and NORS requirements: Current staff will receive ongoing training on NORS coding, documentation standards, and reporting expectations. New Ombudsman staff and volunteers will be required to complete ODIN and NORS training as part of the Ombudsman certification process.
3. Ongoing quality assurance review: Monthly case and documentation reviews will be conducted to monitor the accuracy, completeness, and consistency of data entered into ODIN.
 - Recurring documentation or coding errors identified will be addressed through targeted coaching, refresher trainings, procedural adjustments, and other corrective actions to improve overall data quality and reporting compliance.



Senior Centers and Focal Points



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Senior Centers and Focal Points

Community Senior Center and Focal Point List

Designated community focal points serve as local access points for information, services, and supports available to older adults throughout the Planning and Service Area.

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

Senior Centers and Focal Points

Community Senior Center and Focal Point List, Continued

Senior Center	Address
Loma Linda Senior Center	25571 Barton Rd., Loma Linda, CA 92354
Lucerne Valley Senior Center	10431 Allen Wy., Lucerne Valley, CA 92356
Luque Senior Center	292 E. O. St., Colton, CA 92324
Mentone Senior Center and Library	1331 Opal Ave., Mentone, CA 92359
Montclair Senior Center	5111 Benito St., Montclair, CA 91763
Mountain Communities Senior Center	675 Grandview Rd., Twin Peaks, CA 92391
Needles Senior Center	1699 Bailey Ave., Needles, CA 92363
Ontario Senior Center	225 E. B St., Ontario, CA 91764
Perris Hill Senior Center	780 E. 21st St., San Bernardino, CA 92404
Redlands Community Senior Center	111 W. Lugonia Ave., Redlands, CA 92374
San Bernardino 5th St. Senior Center	600 W. 5th St., San Bernardino, CA 92410
Trona Community Senior Center	13187 Market St., Trona, CA 93562
Twentynine Palms Senior Center	6539 Adobe Rd., Twentynine Palms, CA 92277
Victorville Senior Center	14874 Mojave Rd., Victorville, CA 92392
Yucaipa Senior Center	12202 First St., Yucaipa, CA 92399
Yucca Valley Senior Center	57088 Twentynine Palms Highway, Yucca Valley, CA 92284

Senior Centers and Focal Points

Community Senior Center and Focal Point List, Continued

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

Family Caregiver Support Program



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Family Caregiver Support Program

Family Caregiver Support Program

Notice of Intent for Non-Provision of Family Caregiver Support Program Multifaceted Systems of Support Services

Based on the AAA's needs assessment and review of current caregiver needs and available services, the table below identifies the Family Caregiver Support Program services the AAA intends to provide using Title III-E and/or required matching funds.

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

Family Caregiver Support Program

Family Caregiver Support Program, Continued

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

Family Caregiver Support Program

Family Caregiver Support Program, Continued

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

1. Provider name and address:

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

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

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

Family Caregiver Support Program

Family Caregiver Support Program, Continued

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

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

There are three contracted services provided throughout PSA 20:

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

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

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

Legal Assistance



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Legal Assistance

Legal Assistance

Legal assistance is a priority service under Title IIIB of the Older Americans Act and is an important part of the AAA's efforts to support safety, independence, and economic security. Through its contracted Legal Services Provider, the AAA helps older adults in PSA 20 access legal information, advice, representation, and other assistance related to housing, public benefits, elder abuse, consumer issues, advance planning, and other civil legal needs.

Legal services are targeted to older adults experiencing the greatest economic or social need, including individuals who may face geographic, financial, language, disability, transportation, or other barriers to obtaining legal assistance. The AAA works with its provider to identify priority needs, strengthen outreach and referral pathways, and improve access to services throughout San Bernardino County.

1. Based on your local needs assessment, what percentage of Title III B funding is allocated to Legal Assistance?

Ten percent of the PSA's annual Title IIIB funding is allocated to Legal Assistance.

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

Yes. The Legal Services Provider is required to inform eligible participants that voluntary contributions are accepted and support the continuation of services. Participants are notified at enrollment and at least annually through the DAAS-PG Voluntary Contribution Flyer, and the flyer is posted prominently at service locations when services are not provided in the home.

All solicitations must clearly state that contributions are voluntary and are not required to receive services. Solicitation practices may not be coercive, embarrassing, or presented in a manner resembling a bill or statement. Contributions are kept confidential, and no eligible individual may be denied services because of an inability or decision not to contribute. Voluntary contributions are treated as program income and must be used to increase the amount of services provided through the program.

Legal Assistance

Legal Assistance, Continued

3. Does the AAA provide the LSP a copy or link to the California Statewide Guidelines for Legal Assistance? How does the AAA monitor and/or support implementation?

The AAA provides the Legal Services Provider with access to the California Statewide Guidelines for Legal Assistance through its contract requirements and program guidance. The contract incorporates the statewide guidelines and requires the provider to comply with applicable laws, regulations, and program requirements governing Older Americans Act legal services.

The AAA supports and monitors implementation through contract oversight, review of required reports and service data, regular communication with the provider, and program monitoring. When needed, the AAA provides clarification, technical assistance, and follow-up regarding legal-service requirements and identified compliance or performance issues.

4. Describe the partnership work between the AAA and LSP. Identify topics, priorities, and/or trainings addressed.

The AAA and ICLS maintain ongoing communication regarding program performance, service needs, outreach, referrals, and emerging legal issues affecting older adults in PSA 20. The agencies collaborate through contract monitoring, program discussions, coordinated outreach, referral activities, and periodic review of legal-service priorities and target populations.

Discussions include housing and eviction issues, public benefits, elder abuse and personal safety, life and estate planning, access to services in rural communities, outreach to populations experiencing the greatest economic or social need, and opportunities to strengthen referral pathways between ICLS, AAA programs, and community partners. The AAA also provides clarification and technical assistance regarding Older Americans Act and contract requirements as needed.

Legal Assistance

Legal Assistance, Continued

5. What are the top four legal areas prioritized in the PSA? Do the AAA and LSP jointly identify them?

The AAA and ICLS jointly review legal-service needs, service trends, provider experience, and community needs to identify priority legal areas. The current priorities are:

- Housing: Preservation of housing and assistance with housing-related legal needs.
- Safety, stability, and advance planning: Protection from abuse and assistance with advance planning and other legal matters affecting personal safety, stability, healthcare, and well-being.
- Income and public benefits: Assistance accessing and preserving public benefits and other resources that support income and economic stability.
- Consumer and estate planning: Consumer-debt assistance, estate planning, financial education, and other services that help protect assets and generational wealth.

In FY 2025-26, ICLS provided 3,273 hours of free legal services to approximately 840 older adults in San Bernardino County. Elder Services accounted for 38.61% of cases, followed by Public Benefits at 19.93%, Family Law at 13.83%, Immigration at 11.89%, and Housing at 9.66%. These service patterns reinforce continued demand for elder-law, public-benefit, housing, and other civil legal services.

6. Describe trends or changes in local needs over the past year(s). What resources have been allocated in response?

Legal service needs continue to span housing, public benefits, elder law, family law, immigration, consumer issues, and other civil legal matters. Recent service data indicate particularly strong demand for elder-law services, including estate planning, advance directives, powers of attorney, and assistance related to elder abuse and restraining orders. Housing instability, access to public benefits, and economic security also remain significant concerns.

The AAA and ICLS review service utilization, community needs, provider experience, and Needs Assessment findings to identify demand changes and adjust outreach and service priorities. Title IIIB Legal Assistance funding continues to support legal services for older adults. At the same time, ICLS also leverages other allowable funding sources and partnerships to expand its capacity to respond to identified needs.

Legal Assistance

Legal Assistance, Continued

7. What are the target groups in the PSA? Do the AAA and LSP jointly identify them?

The AAA and ICLS jointly identify target populations using Needs Assessment findings, CDA guidance, service trends, provider experience, and emerging legal needs throughout PSA 20. Priority is given to older adults experiencing the greatest economic or social need, including low-income minority older adults, individuals with Limited English Proficiency, frail and homebound older adults, seniors living alone, veterans, persons with disabilities, and older adults residing in rural or geographically isolated communities.

Additional target populations include tenants facing eviction; individuals seeking or at risk of losing public benefits; persons experiencing cultural or language barriers; LGBTQIA+ individuals; Black, Indigenous, and other people of color; victims of domestic violence, abuse, trafficking, exploitation, or other forms of abuse; individuals seeking U nonimmigrant or Violence Against Women Act protections; and people experiencing homelessness.

8. What methods of outreach does the LSP use to reach target groups?

ICLS conducts targeted outreach through senior centers, law libraries, community events, resource fairs, and partnerships with community-based organizations serving older adults and other priority populations throughout San Bernardino County. Outreach activities include introductions to available legal services, community legal education, Know Your Rights presentations, and topic-specific presentations on matters such as estate planning, mobile home law, public benefits, healthcare, and other civil legal issues. New in 2025-2026, DAAS-PG has worked with ICLS to partner with County libraries as an additional venue for legal services.

Outreach and education may be provided in person or virtually. ICLS also works with partner organizations to develop presentations and outreach activities responsive to the needs of specific communities and populations.

9. How do older adults access legal services, including remotely?

Older adults may access ICLS services through in-person, telephone, or video appointments; telephone intake; specialized hotlines; referrals from partner organizations; and online applications available through the ICLS website. ICLS also uses Microsoft Bookings to facilitate referrals and appointments for certain programs and partner organizations.

Remote assistance is available by telephone and video, allowing older adults who have transportation, mobility, geographic, or other access barriers to receive services without traveling to an ICLS office. ICLS also coordinates with community partners to provide on-site and virtual services when appropriate.

Legal Assistance

Legal Assistance, Continued

10. What are the barriers to accessing legal services, and what strategies are proposed?

Barriers to accessing legal services include San Bernardino County's large geographic size, transportation and financial limitations, limited access to technology, insufficient staffing relative to the size and growth of the older adult population, and language or communication barriers, including Limited English Proficiency and vision, hearing, or cognitive impairments.

ICLS addresses these barriers through in-person appointments at senior centers and other community locations, telephone and video services, expanded outreach in rural and underserved communities, and partnerships with organizations serving older adults and other priority populations. ICLS also continues to adjust outreach locations and service-delivery methods to improve access for individuals who face transportation, technology, language, or mobility barriers.

11. How many LSPs are in the PSA?

Fiscal Year	Number of Legal Service Providers	Did the number change?
2024-2025	1	No
2025-2026	1	No
2026-2027	1	No

12. What geographic regions are covered by each LSP?

Fiscal Year	Name of Provider	Geographic Region Covered
2024-2025	Inland Counties Legal Services	San Bernardino County
2025-2026	Inland Counties Legal Services	San Bernardino County
2026-2027	Inland Counties Legal Services	San Bernardino County

Legal Assistance

Legal Assistance, Continued

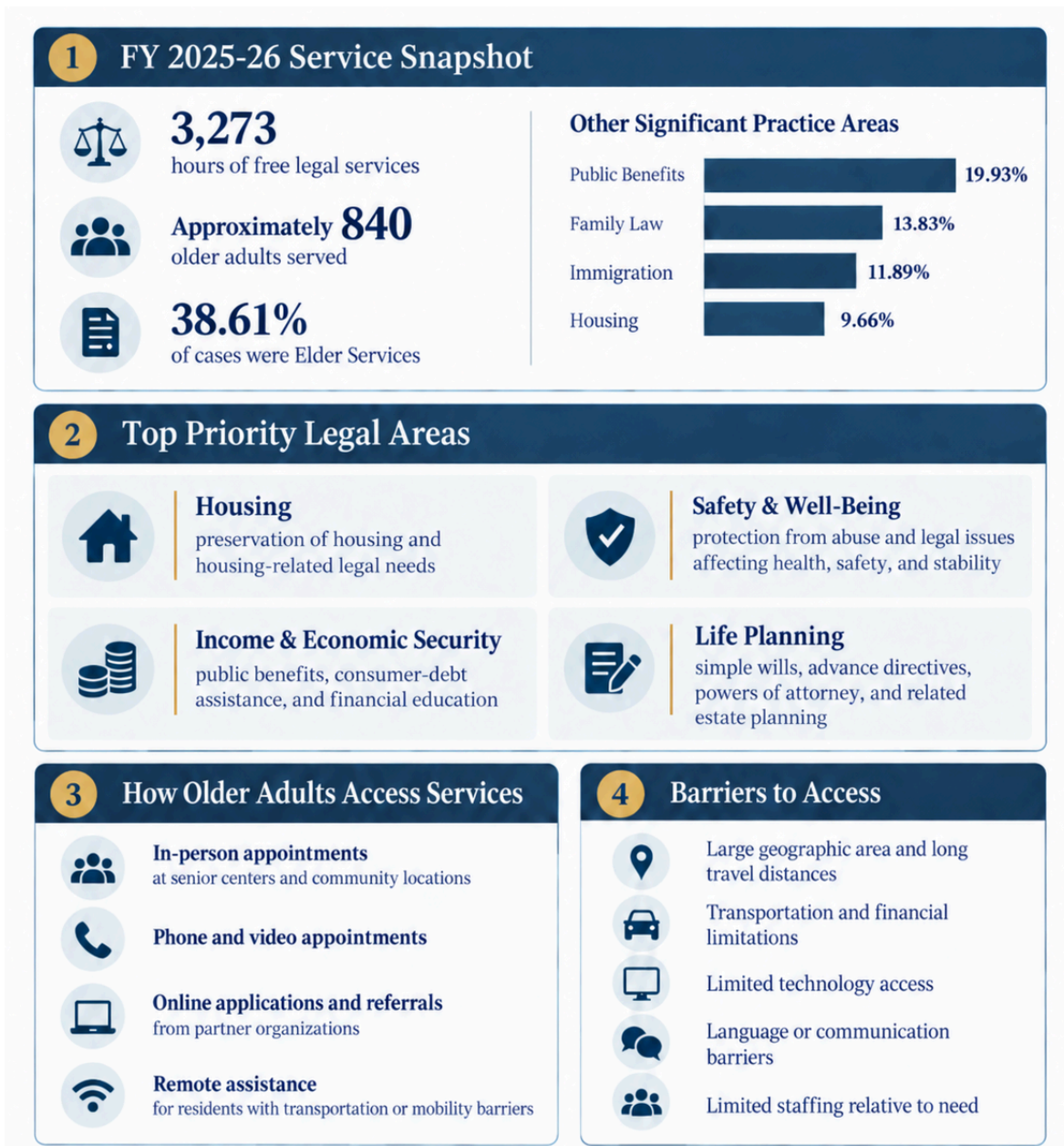
13. What other organizations or groups does the LSP coordinate with?

ICLS coordinates with DAAS-PG and a broad network of legal, aging, healthcare, housing, victim-services, and community organizations to strengthen referrals and connect older adults with appropriate legal and supportive services.

Key partners include Adult Protective Services, the Long-Term Care Ombudsman Program, HICAP, 2-1-1/Coordinated Intake, California Advocates for Nursing Home Reform, housing and community-development programs, veterans-serving organizations, domestic violence and victim-services organizations, and other community-based partners.

The AAA also supports coordination among ICLS, the Ombudsman Program, and HICAP so older adults with legal, long-term care, Medicare, benefits, or consumer issues can be referred to the appropriate resource. ICLS also operates with Legal Services Corporation funding and coordinates services across its applicable legal-services programs and funding sources.

Legal Assistance



Accessible Legal Services Image Description

Infographic summarizing Legal Assistance in PSA 20. In 2026, Inland Counties Legal Services provided 3,273 hours of free legal services to approximately 840 older adults. Elder Services represented 38.61% of cases, followed by Public Benefits, Family Law, Immigration, and Housing. Priority legal areas include housing, safety and well-being, income and economic security, and life planning. Older adults may access services in person, by phone or video, online, and through partner referrals. Key barriers include geographic distance, transportation and financial limitations, limited technology access, language or communication barriers, and limited staffing relative to need.

Disaster Preparedness



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Disaster Preparedness

Disaster Preparedness Coordination

DAAS-PG, as the Area Agency on Aging for PSA 20, participates in San Bernardino County's comprehensive emergency planning and response structure. The department coordinates with the San Bernardino County Fire Protection District Office of Emergency Services (OES), County departments, first responders, contracted providers, community organizations, and other response partners. DAAS-PG's Emergency Operations Plan establishes departmental roles, responsibilities, continuity procedures, and lines of succession consistent with the Standardized Emergency Management System (SEMS) and National Incident Management System (NIMS).

During an emergency, DAAS-PG coordinates through the County Operational Area and Emergency Operations Center structure to assess impacts, prioritize vulnerable clients, maintain essential services, communicate emergency information, and coordinate needed assistance with OES and response partners. Regional leadership and program staff support implementation based on the emergency location and scope.

Office of Emergency Services Points of Contact

Name	Title	Telephone Office	Email
Crisanta Gonzalez	Director of Emergency Management	909-356-3988	Crisanta.Gonzalez@ oes.sbcounty.gov

Area Agency on Aging Disaster Response Coordinator

Name	Title	Telephone Office	Telephone Cell	Email
Jakob McCarthy	Deputy Director, IHSS	909-891-3808	909-693-1561	Jakob.McCarthy@ hss.sbcounty.gov

Disaster Preparedness

Critical Services and Resources

The AAA will prioritize continuity of essential services that protect the health, safety, and independence of older adults, adults with disabilities, and other vulnerable participants. The table below summarizes the critical client-facing services that will continue during and after a disaster and how those services will be maintained.

Critical Services	How Delivered?
Vulnerable Client Wellness Checks	Staff use disaster contact information to prioritize and contact clients with the highest level of need, including those who lack in-home support or rely on medical equipment.
Coordination with First Responders	Department disaster coordinators assess facility and staffing conditions and report needs through the Emergency Operations Center.
Adult Protective Services	APS continues to receive and investigate reports and manage existing cases, prioritizing urgent and high-risk situations.
In-Home Supportive Services	IHSS maintains essential eligibility and provider-payment functions while prioritizing contact with critical and urgent clients.
Senior Nutrition	DAAS-PG and nutrition providers coordinate alternate meal distribution or delivery methods to maintain food access for vulnerable participants.
Public Guardian	Deputy staff maintain required contact, welfare checks, and essential services for individuals under conservatorship.
Age Wise	Staff maintain contact with program participants, assess basic and behavioral-health needs, and provide access to the 24/7 Senior Hotline.

Critical Internal Functions and Operational Services

In addition to maintaining services for participants, the AAA must sustain the internal functions needed to support staff, providers, and ongoing program operations during and after a disaster. The table on the next page summarizes the critical business functions the AAA will maintain when normal worksites, systems, or staffing are disrupted.

Disaster Preparedness

Critical Internal Function	How Maintained
Leadership and incident coordination	Senior DAAS-PG leadership and designated emergency staff maintain command, decision-making, and coordination through established lines of succession and the County emergency-management structure.
Staff communication and accountability	Supervisors maintain staff contact and accountability and communicate work assignments, closures, alternate reporting locations, and operational priorities.
Information technology and communications	Staff use available County systems, remote-access tools, phones, and alternate communication methods to maintain essential operations when normal systems or facilities are disrupted.
Fiscal and contract operations	Essential payment, purchasing, contract, and provider-support functions continue as needed to sustain critical programs and emergency response activities.
Records and data access	Critical records and operational information are maintained electronically or through alternate access methods to support continuity if a facility is unavailable.
Alternate work locations or remote operations	Essential functions may be performed remotely or from alternate County facilities when normal worksites are inaccessible.

Critical Resources Needed to Continue Operations

To maintain essential operations during and after a disaster, the AAA relies on a combination of staff capacity, communication systems, technology, facilities, and community partnerships. Critical resources include:

- Current staff, provider, participant, and emergency contact information
- Reliable telephone, internet, and other communication systems
- Remote access to County systems, records, and program data
- Alternate worksites and remote-work capability when normal facilities are unavailable
- Emergency funding, purchasing, fiscal, and contracting authority
- Accessible and translated emergency information and materials
- Continued coordination with OES, first responders, County departments, contracted providers, and community partners

Disaster Preparedness

Emergency Response Agreements and Partnerships

As a County-operated AAA, DAAS-PG participates in San Bernardino County's Operational Area emergency-management structure and relies on Countywide emergency-response, mutual-aid, and interagency coordination agreements administered through the Office of Emergency Services and other County departments. DAAS-PG also coordinates with contracted service providers, first responders, healthcare and behavioral-health partners, nutrition providers, transportation agencies, and community organizations as needed to support continuity of services and disaster response.

Where applicable, contracted providers are expected to maintain emergency and continuity procedures consistent with their agreements and applicable County requirements.

Identifying and Supporting Vulnerable Populations

The AAA uses program information, service records, and staff knowledge to identify participants who may require additional assistance before, during, or after a disaster. Priority is given to individuals whose health, safety, or independence may be affected by factors such as mobility limitations, reliance on medical equipment, lack of caregiver support, transportation barriers, or geographic isolation.

Programs maintain current participant information that can be used to identify individuals at elevated risk during an emergency. Depending on the program, this may include whether a participant lives alone, has a caregiver, is bedbound, relies on oxygen or other durable medical equipment, or has other needs that may affect their ability to respond independently. When advance notice is available, such as for a Public Safety Power Shutoff, severe weather, wildfire, or flooding, staff use available participant information to identify likely needs and conduct targeted outreach as appropriate.

Following an emergency, staff prioritize contact with high-risk participants to assess safety, identify unmet needs, provide information and referrals, and coordinate assistance with OES, first responders, providers, and community partners as appropriate. Follow-up continues until immediate needs are addressed or the participant is connected to appropriate ongoing support.

Disaster Preparedness

Disaster Preparedness Training

The AAA provides disaster preparedness information and training to participants, caregivers, staff, and contracted providers to strengthen readiness and support continuity of services during emergencies.

Participants and Caregivers

Senior Information and Assistance staff, social workers, and other program staff provide preparedness information, resources, and education to help older adults, adults with disabilities, and caregivers plan for emergencies. Topics may include evacuation planning, emergency contacts, medication and medical-equipment needs, transportation, food and water, and available community resources.

Staff and Contracted Providers

DAAS-PG staff receive information on County and State emergency preparedness requirements, exercises, and best practices. Providers are expected to maintain internal emergency and continuity procedures, assign staff responsibilities, and plan for continued service delivery when normal operations are disrupted.

Notice of Intent to Provide Direct Services



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Notice of Intent to Provide Direct Services

Notice of Intent to Provide Direct Services

If the AAA directly provides an eligible service, it must describe how target populations throughout the Planning and Service Area will be served.

Direct Services Offered					
OAA Title	Service	FY 2024-2025	FY 2025-2026	FY 2026-2027	FY 2027-2028
IIIB	Information and Assistance	X	X	X	X
	Outreach	X	X	X	X
IIIE	Caregiver Information and Assistance	X	X	X	X
	Caregiver Information Services	X	X	X	X
	Caregiver Supplemental Service Consumable Supplies	X	X	X	X

Methods Used to Serve Target Populations

The AAA provides Information and Assistance, Outreach, and caregiver information services through six Senior Information and Assistance (SIA) offices located throughout San Bernardino County. SIA staff connect older adults, adults with disabilities, and caregivers with available programs and community resources, assist with service navigation and referrals, and conduct follow-up when appropriate.

To reach populations experiencing the greatest economic or social need, SIA staff conduct outreach at senior centers, nutrition sites, senior housing communities, mobile home parks, food-distribution sites, health and resource fairs, and other community locations. Staff also participate in community meetings and partner with contracted providers, County departments, and community organizations to extend outreach into rural, geographically isolated, low-income, limited-English-proficient, and other underserved communities. The AAA will continue to use needs assessment findings, service-utilization information, community feedback, and partnerships to identify gaps in reach and adjust outreach strategies throughout PSA 20.

Request for Approval to Provide Direct Services



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Request for Approval to Provide Direct Services

Request for Approval to Provide Direct Services

The AAA is requesting approval to directly provide Cash/Material Aid when limited, short-term assistance is needed and an appropriate contracted or community resource is not readily available.

Service Category: Cash/Material Aid
Approval Requested: Title IIIB – Supportive Services and Title IIIE – Family Caregiver Support Program

Request for Approval Justification			
	Necessary to Assure an Adequate Supply of Service <u>OR</u>		
X	More cost effective if provided by the AAA than if purchased from a comparable service provider.		
Check all fiscal year(s) the AAA intends to provide service during this Area Plan cycle.			
FY 2024-2025	FY 2025-2026	FY 2026-2027	FY 2027-2028
X	X	X	X

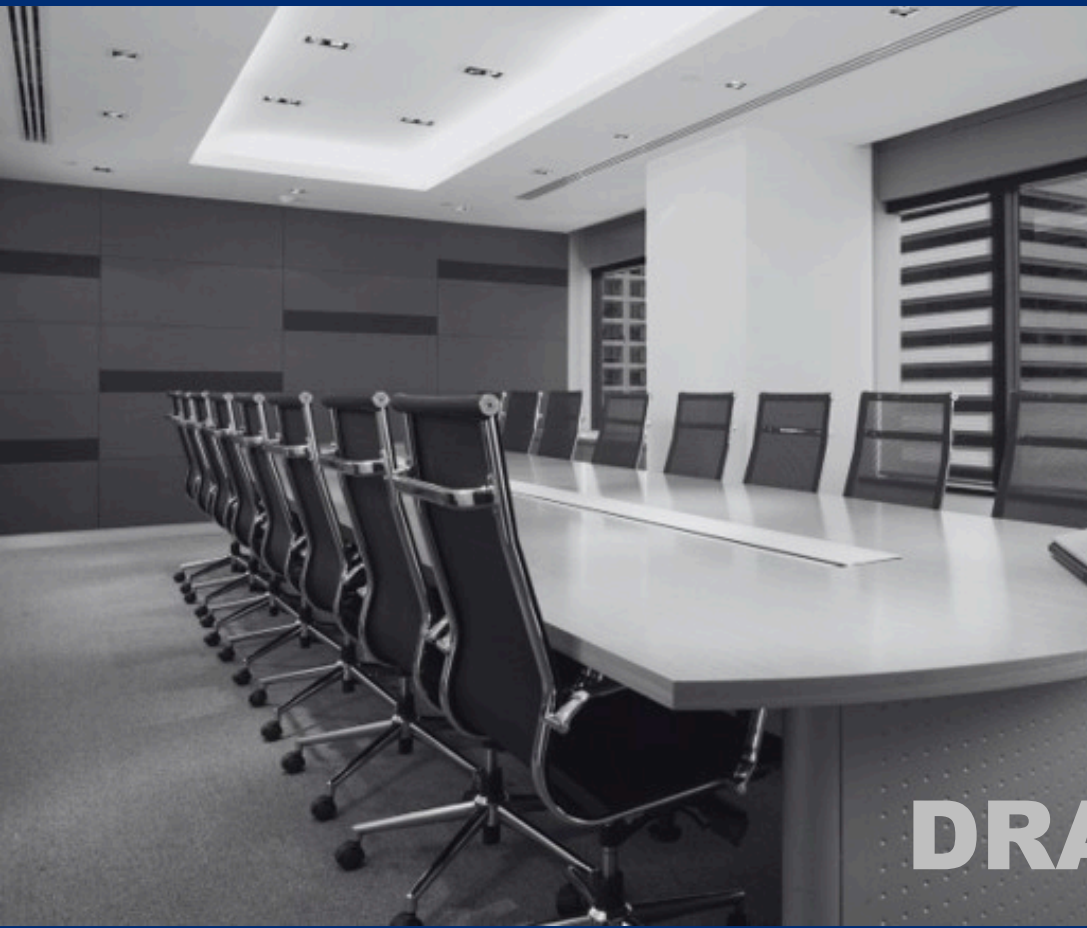
Documentation Supporting Direct Provision

The AAA provides limited, nonrecurring Cash/Material Aid through Senior Information and Assistance (SIA) staff when an immediate need cannot be met through another resource. Assistance may include gas or grocery cards, utility assistance, and similar tangible supports authorized under the applicable program.

Direct provision is more cost-effective than contracting because the County already maintains the SIA staffing, fiscal controls, policies, and procedures needed to administer these supports. Contracting would add provider administrative costs and a separate intake process for assistance that SIA staff already identify during information and assistance and service navigation. Delivering it directly means more of each dollar goes to participants. It also lets staff respond the same day without a referral handoff.

Before providing aid, SIA staff coordinate with utility, food, transportation, and community-support programs to use other available resources first.

Governing Board Membership



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Governing Board Membership

Governing Board Membership

Total Number of Board Members:5

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

Board Officer Terms

Board officers representing Districts One, Three, and Five had terms expiring on December 2, 2024 and were re-elected during the first year of the Area Plan cycle.

Board officers representing Districts Two and Four are scheduled for election in November 2026. Any resulting membership changes will be reflected in the next Area Plan update.



Advisory Council



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Advisory Council

Advisory Council Membership

The Senior Affairs Commission serves as the AAA's advisory council and provides community input on programs, services, priorities, and the needs of older adults throughout PSA 20. Membership is structured to reflect the communities and populations served by the AAA.

Total Council Membership (including vacancies): 21

Number and Percent of Council Members Over Age 60: 12 (57%).

Council Composition	Percent of County	Percent on Council
White	24.5 %	33%
Hispanic	55.9%	14%
Black	9.4%	10%
Asian/Pacific Islander	4.2%	0%
Native American/Alaskan Native	2.2%	0%
Other	3.8%	5%

Names and Titles of Officers	Office Term Expires
Deborah Nattress, PhD, Chair, Third District Appointee	January 4, 2027
Craig Swanson, Vice Chair	N/A
Anniebell Perry, Secretary, Fifth District Appointee	January 8, 2029
Names and Titles of Appointed Members	Office Term Expires
Dorothy Lee, First District Appointee	January 8, 2029
Kedra Creer, First District Appointee	January 8, 2029
Louisa Ollague, Second District Appointee	January 4, 2027
Second District Appointee	Vacant
Third District Appointee	Vacant
Keith G. Stroup Jr., Fourth District Appointee	January 4, 2027
Suzanne Yoakum, Fourth District Appointee	January 4, 2027
Adam Bogarin, Fifth District Appointee	January 8, 2029

Advisory Council

Advisory Council Membership, Continued

Names and Titles of Appointed Members	Office Term Expires
Fred Keville, Member-at-Large Appointee	January 12, 2027
Janice Hauser, Member-at-Large Appointee	January 12, 2027
Professional Appointee	Vacant
Professional Appointee	Vacant

Regional Council on Aging Representatives

Regional Council on Aging representatives also serve as part of the AAA's advisory structure. These representatives are selected through their respective Regional Councils and do not have fixed-term expiration dates in the same manner as Board-appointed members.

Names and Titles of Regional Council on Aging Representatives	Region
Vacant	Colorado River
Maricela Ferguson, Legislative Committee Chair	East Valley
Vacant	Morongo Basin
Craig Swanson, RCA Workgroup and Healthy Aging Committee Chair	Mountain
Ahmed A. Elhawary	North Desert
Edward Larkins	Victor Valley
Gwen Alber	West Valley

Advisory Council Representation

Advisory Council Representation Category	Yes	No
Representative with a low-income	X	
Representative with a disability	X	
Supportive services provider	X	
Health care provider		X
Local elected Official(s)	X	
Persons with leadership experience in private and voluntary sectors	X	

Advisory Council

Advisory Council Membership, Continued

Explain any “No” answer(s) to the representation questions:

Recruitment remains ongoing for vacant advisory council positions. Representation is dependent on both appointment to available seats and the willingness of Regional Council on Aging representatives to serve.

Term Expiration and Reappointment

When an appointed member’s term expires, the individual may reapply for consideration. Appointments and reappointments are submitted to the Board of Supervisors, which determines who will fill each available seat.

Appointed Members

Twelve members are appointed by the Board of Supervisors: two from each supervisorial district and two at-large members. District-appointed members serve four-year terms that are coterminous with the appointing Supervisor’s term and expire on the first Monday in December of the appropriate year. At-large members serve two-year terms that are coterminous with the term of the Chair of the Board and expire at the first Board of Supervisors meeting in January of the appropriate year.

Professional Members

At the recommendation of the Director of the Department of Aging and Adult Services–Public Guardian, the Board of Supervisors may appoint up to two members with relevant professional experience, including fields such as gerontology, social work, education, banking, or financial management. Professional members serve four-year terms.

Regional Council on Aging Representatives

The chair of each Regional Council on Aging, or a designated representative, may serve on the Senior Affairs Commission. These members are selected through their respective Regional Councils rather than appointed by the Board of Supervisors. Their terms are coterminous with the term of the RCA chair they represent.

Multipurpose Senior Center Acquisition or Construction Compliance Review



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Multipurpose Senior Center Acquisition or Construction Compliance Review

Multipurpose Senior Center Acquisition or Construction Compliance Review

This section documents whether Title IIIB funds have been used for the acquisition, alteration, renovation, or construction of a multipurpose senior center, which would trigger long-term federal and state compliance tracking requirements. PSA 20 has not used Title IIIB funds for multipurpose senior center acquisition or construction; therefore, no additional compliance information is required for this Area Plan cycle.

Tracked Item	Yes	No
Title III B funds used for acquisition or construction		X

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Organization Chart

PSA 20

Gilbert Ramos

Assisant Executive Officer
County of San Bernardino

Sharon Nevins

Director-Public Guardian
Aging and Adult Servics
Office of the Public Guardian
Area Agency on Aging PSA 20

Program Supervisor (2)

- 60% Direct III B, 30% Direct III E

Senior Information & Assistance Area Rep (2)

- 45% Direct III B, 40% Direct III E

Senior Information & Assistance Area Rep (3)

- 50% Direct III B, 35% Direct III E

Senior Information & Assistance Area Rep (2)

- 50% Direct III B, 30% Direct III E

Social Service Aides (2)

- 45% Direct III B, 35% Direct III E

Social Services Aides (6)

- 50% Direct III B, 35% Direct III E

Administrative Supervisor II

- 60% Area Plan Admin

Accounting Technician

- 80% Area Plan Admin

Accounting Technician

- 65% Area Plan Admin

Accounting Technician

- 60% Area Plan Admin

Staff Analyst II

- 60% Area Plan Admin

Staff Analyst II (2)

- 80% Area Plan Admin

Staff Analyst II

- 85% Area Plan Admin

Fiscal Specialist

- 95% Area Plan Admin

Assurances



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Assurances

Assurances

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

Section 306, Area Plans

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

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

Assurances

Assurances, Continued

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

- (A) services associated with access to services (transportation, health services (including mental and behavioral health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part 8 and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible) and case management services);
- (8) in-home services, including supportive services for families of older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and
- (C) legal assistance; and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded;

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

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

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

- (aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement.
- (bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and
- (II) include proposed methods to achieve the objectives described in items (aa) and (bb) of sub-clause (I);

Assurances, Continued

- (ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will-
- (I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;
 - (II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and
 - (III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and
- (iii) with respect to the fiscal year preceding the fiscal year for which such plan is prepared-
- (I) identify the number of low-income minority older individuals in the planning and service area;
 - (II) describe the methods used to satisfy the service needs of such minority older individuals; and
 - (III) provide information on the extent to which the area agency on aging met the objectives described in clause (i).
- (B) provide assurances that the area agency on aging will use outreach efforts that will-
- (i) identify individuals eligible for assistance under this Act, with special emphasis on-
- (I) older individuals residing in rural areas;
 - (II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
 - (III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
 - (IV) older individuals with severe disabilities;
 - (V) older individuals with limited English proficiency;

Assurances

Assurances, Continued

- (VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
 - (VII) older individuals at risk for institutional placement, specifically including survivors of the Holocaust; and
- (ii) inform the older individuals referred to in sub-clauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance; and
- (C) contain an assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.
- (5) provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities;
- (6) provide that the area agency on aging will-
- (A) take into account in connection with matters of general policy arising in the development and administration of the area plan, the views of recipients of services under such plan;
 - (B) serve as the advocate and focal point for older individuals within the community by (in cooperation with agencies, organizations, and individuals participating in activities under the plan) monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions which will affect older individuals;
 - (C)(i) where possible, enter into arrangements with organizations providing day care services for children, assistance to older individuals caring for relatives who are children, and respite for families, so as to provide opportunities for older individuals to aid or assist on a voluntary basis in the delivery of such services to children, adults, and families;

Assurances

Assurances, Continued

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

- (I) were officially designated as community action agencies or community action programs under section 210 of the Economic Opportunity Act of 1964 (42U.S.C. 2790) for fiscal year 1981, and did not lose the designation as a result of failure to comply with such Act; or
- (II) came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs; and that meet the requirements under section 676B of the Community Services Block Grant Act; and
- (iii) make use of trained volunteers in providing direct services delivered to older individuals and individuals with disabilities needing such services and, if possible, work in coordination with organizations that have experience in providing training, placement, and stipends for volunteers or participants (such as organizations carrying out Federal service programs administered by the Corporation for National and Community Service), in community service settings;

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

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

- (i) entities conducting programs that receive assistance under this Act within the planning and service area served by the agency; and
- (ii) entities conducting other Federal programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b), within the area;

Assurances

Assurances, Continued

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

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

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

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

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

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

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

- (i) respond to the needs and preferences of older individuals and family caregivers;
- (ii) facilitate the provision, by service providers, of long-term care in home and community-based settings; and

Assurances

ASSURANCES, CONTINUED

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

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

- (i) the need to plan in advance for long-term care; and
- (ii) the full range of available public and private long-term care (including integrated long-term care) programs, options, service providers, and resources;

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

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

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

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

- (i) gives each older individual seeking services under this title a list of agencies that provide similar services within the jurisdiction of the area agency on aging;
- (ii) gives each individual described in clause (i) a statement specifying that the individual has a right to make an independent choice of service providers and documents receipt by such individual of such statement;
- (iii) has case managers acting as agents for the individuals receiving the services and not as promoters for the agency providing such services; or
- (iv) is located in a rural area and obtains a waiver of the requirements described in clauses (i) through (iii);

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

Assurances

ASSURANCES, CONTINUED

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

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

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

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

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

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

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

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

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

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

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

Assurances

ASSURANCES, CONTINUED

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

(D) demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such contract or such relationship; and

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

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

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

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

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

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

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

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

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

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

Assurances

ASSURANCES, CONTINUED

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

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

- (2) Such assessment may include-

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

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

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

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

- (3) An area agency on aging, in cooperation with government officials, State agencies, tribal organizations, or local entities, may make recommendations to government officials in the planning and service area and the State, on actions determined by the area agency to build the capacity in the planning and service area to meet the needs of older individuals for-
 - (A) health and human services;
 - (B) land use;
 - (C) housing;
 - (D) transportation;
 - (E) public safety;
 - (F) workforce and economic development;
 - (G) recreation;
 - (H) education;
 - (I) civic engagement;

ASSURANCES, CONTINUED

- (J) emergency preparedness;
 - (K) protection from elder abuse, neglect, and exploitation;
 - (L) assistive technology devices and services; and
 - (M) any other service as determined by such agency.
-
- (c) Each State, in approving area agency on aging plan under this section, shall waive the requirement described in paragraph (2) of subsection (a) for any category of services described in such paragraph if the area agency on aging demonstrates to the State agency that services being furnished for such category in the area are sufficient to meet the need for such services in such area and had conducted a timely public hearing upon request.
 - (d)(1) Subject to regulations prescribed by the Assistant Secretary, an area agency on aging designated under section 305(a)(2)(A) or, in areas of a State where no such agency has been designated, the State agency, may enter into agreement with agencies administering programs under the Rehabilitation Act of 1973, and
 - titles XIX and XX of the Social Security Act for the purpose of developing and implementing plans for meeting the common need for transportation services of individuals receiving benefits under such Acts and older individuals participating in programs authorized by this title.
 - (2) In accordance with an agreement entered into under paragraph (1), funds appropriated under this title may be used to purchase transportation services for older individuals and may be pooled with funds made available for the provision of transportation services under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act.
 - (e) An area agency on aging may not require any provider of legal assistance under this title to reveal any information that is protected by the attorney-client privilege.
 - (f)(1) If the head of a State agency finds that an area agency on aging has failed to comply with Federal or State laws, including the area plan requirements of this section, regulations, or policies, the State may withhold a portion of the funds to the area agency on aging available under this title.

ASSURANCES, CONTINUED

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

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

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

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

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

- (1) contracts with health care payers;
- (2) consumer private pay programs; or
- (3) other arrangements with entities or individuals that increase the availability of home and community-based services and supports.