## SUBMITTAL TO THE BOARD OF SUPERVISORS COUNTY OF RIVERSIDE, STATE OF CALIFORNIA



FROM: IHSS Public Authority & Office on Aging

SUBMITTAL DATE: October 13, 2010

**SUBJECT:** Proclamation to Declare November 2010 Family Caregivers Month and the Second Week of November as In-Home Supportive Services Homecare Providers Recognition Week.

**RECOMMENDED MOTION:** That the Board of Supervisors officially proclaim November 2010 to be Family Caregivers Month and the second week of November as In-Home Supportive Services Homecare Providers recognition week in Riverside County.

BACKGROUND: Every November, the President of the United States proclaims November to be National Family Caregivers Month. It is designated as a time every year to thank, support, educate and celebrate the thousands of family caregivers in Riverside County. Additionally, the State of California has proclaimed the second week in November as In-Home Supportive Services (IHSS) Homecare Worker Recognition Week in order to recognize and appreciate the many IHSS caregivers who serve our senior citizens and people with disabilities in Riverside County.

|               |             | Caregivers, whe   | ether family members or oth<br>gnized for their work. | hers, provide a substantial service to the community and                                     |         |                        |                         |           |  |
|---------------|-------------|-------------------|---|--|---------|------------------------|-------------------------|-----------|--|
|               |             |                   |   | Anna L. Martinez, Executive Director IHSS Public Authority                                   |         |                        |                         |           |  |
|               | Hilauf (    |                   |   |  |         | larke for Edward Walsh |                         |           |  |
|               |             |                   |   | Hillary Clarke, Deputy Director for  |         |                        |                         |           |  |
|               |             |                   | Current F.Y. Total Cost:                              | Edward F. Walsh, Director, Office on Aging  Total Cost: \$ N/A   In Current Year Budget: N/A |         |                        |                         |           |  |
|               |             | FINANCIAL<br>DATA | Current F.Y. Net County Cost:                         | ·  |         | Budget Adjustme        | -                       | -         |  |
|               |             |                   | Annual Net County Cost:                               |  | N/A     | For Fiscal Year:       | 511L.                   | 2010/2011 |  |
|               |             | SOURCE OF FU      |   | ·  |         |                        | Positions<br>Deleted Pe | To Be     |  |
|               |             |                   |   | APPROVE  |         |                        | Requires 4/5 Vote       |           |  |
|               |             | C.E.O. RECOM      | · · · · · · · · · · · · · · · · · · ·                 | BY   | Dele    | a Ouma                 |                         |           |  |
|               | ج:          | County Executi    | ve Office Signature                                   |  | Debra ( | Gournoyer              | <u>~ C</u>              |           |  |
| Policy        | Policy      |                   |   |  |         |                        |                         |           |  |
| П             |             |                   |   |  |         |                        |                         |           |  |
|               |             |                   |   |  |         |                        |                         |           |  |
| sent          | sent        |                   |   |  |         |                        |                         |           |  |
| Consent       | Consent     |                   |   |  |         |                        |                         |           |  |
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| Dep't Recomm. | ofc.        |                   |   |  |         |                        |                         |           |  |
|               | Exec. Ofc.: |                   |   |  | ÷ .     |                        |                         |           |  |
| Dep't         | Per E       | Prev. Agn. Ref.:  | Distri  | ct: All  | Agen    | da Number:             |                         | 4 .       |  |