

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

401A



**FROM :** RIVERSIDE COUNTY OFFICE ON AGING

**SUBMITTAL DATE:**

April 7, 2011

**SUBJECT:** Approval of the Office on Aging's 2011-2012 Plan Update of the 2009-2012 Strategic Plan, "Bridging the Generations for the Future...A Compass for Quality Aging".

**RECOMMENDED MOTION:** That the Board of Supervisors:

1. Approve the attached 2011-2012 Strategic Plan Update of the 2009-2012 Strategic Plan, "Bridging the Generations for the Future..."
2. Authorize the chairman of the Board of Supervisors to sign three (3) copies (must be original signatures) of the attached Transmittal Letter.
3. Return two (2) copies of the Transmittal Letter to the Office on Aging after approval by the Board of Supervisors. One (1) copy will be retained by the Clerk of the Board for filing.

**BACKGROUND:**

Normally, every four years the Office on Aging, in coordination with the Advisory Council on Aging and the community, is mandated by the Older Americans Act and the Older Californians Act to develop a strategic plan that is updated annually. However, in May 2008 at a California Association of Area Agencies on Aging (C4A) Board meeting, the California Department of Aging (CDA) recommended, and the C4A accepted, the option of a one-time-only three-year plan cycle.

Continued next page

*Edward F. Walsh*

Edward F. Walsh, Director

<b>FINANCIAL DATA</b>	Current F.Y. Total Cost:	-0-	In Current Year Budget:	No
	Current F.Y. Net County Cost:	-0-	Budget Adjustment:	No
	Annual Net County Cost:	-0-	For Fiscal Year:	10/11

<b>SOURCE OF FUNDS:</b> N/A	<b>Positions To Be Deleted Per A-30</b>	<input type="checkbox"/>
	<b>Requires 4/5 Vote</b>	<input type="checkbox"/>

**C.E.O. RECOMMENDATION:**

APPROVE

**County Executive Office Signature**

BY: *Lami Sison*  
Lami Sison

- Consent
- Policy
- Consent
- Policy

Dep't Recomm.:  
Per Exec. Ofc.:

**Prev. Agn. Ref.:** 5/4/10 (#2.9) | **District:** All | **Agenda Number:**

ATTACHMENTS FILED  
WITH THE CLERK OF THE BOARD

2.14

Departmental Concurrence

**SUBJECT:** Approval of the Office on Aging's 2011-2012 Plan Update of the 2009-2012 Strategic Plan, "Bridging the Generations for the Future...A Compass for Quality Aging".

On April 28, 2009 (Agenda #2.12) the Board of Supervisors approved the 2009-2012 Strategic Plan, "Bridging The Generations For The Future..." On May 4, 2010 (Agenda #2.9) the Board of Supervisors approved the first update of the 2009-2012 Strategic Update. This is the second update of the 2009-2012 Strategic Plan.

The CDA requires that each update reflects a history of the original 2009-2012 Strategic Plan. Please refer to the attached document, "Narrative of Relevant Changes" for a summary of the 2011-2012 Strategic Plan revisions.

**TRANSMITTAL LETTER**

**Three-Year Area Plan  
2009-2012**

**AAA Name:** Riverside County Office on Aging

**PSA Number** 21

**Check appropriate box:**  FY 2010-11

FY 2011-2012

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

1. (Type Name) ~~Marion Ashley~~ Bob Buster

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

\_\_\_\_\_  
Date

2. (Type Name) Doris Morgan-Hayes

Doris Morgan-Hayes  
Signature: Advisory Council Chair

March 9, 2011  
Date

3. (Type Name) Edward F. Walsh

Edward F. Walsh  
Signature: Area Agency Director

April 18, 2011  
Date

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



# RIVERSIDE COUNTY OFFICE ON AGING

## Area Plan Update 2011-2012

of the 2009-2012 Strategic Plan  
*Bridging the Generations for the Future...*

Riverside County Office on Aging  
6296 River Crest Drive, Suite K  
Riverside, CA 92507-0738  
(951) 867-3800 or (800) 510-2020 (within the County)  
Web Address: [www.rcaging.org](http://www.rcaging.org)

## 2011-2012 AREA PLAN UPDATE (APU) CHECKLIST

	REQUIRED	
	Original APU	<input checked="" type="checkbox"/>
	Transmittal Letter with authorized signatures or official stamp	<input checked="" type="checkbox"/>
	All APU documents are on single-sided paper, if submitted hard copy	<input checked="" type="checkbox"/>
5	Organization Chart	<input checked="" type="checkbox"/>
9	Public Hearings	<input checked="" type="checkbox"/>
	REQUIRED only if changed or not previously included in the Area Plan	
2	Description of the Planning and Service Area (PSA)	<input type="checkbox"/>
3	Description of the Area Agency on Aging (AAA)	<input type="checkbox"/>
6	Planning Process	<input type="checkbox"/>
7	Needs Assessment must be conducted at least once during the Area Plan cycle	<input type="checkbox"/>
10	Identification of Priorities	<input type="checkbox"/>
11	Goals and Objectives: (May be updated at any time and need not conform to a twelve month time frame)	
	^ Title III B Funded Program Development (PD) Objectives	<input checked="" type="checkbox"/>
	^ Title III B Funded Coordination (C) Objectives	<input checked="" type="checkbox"/>
	System-Building and Administrative Goals & Objectives	<input checked="" type="checkbox"/>
	Title III B/VIA Long-Term Care Ombudsman Objectives	<input checked="" type="checkbox"/>
	Title VII B Elder Abuse Prevention Objectives	<input checked="" type="checkbox"/>
12	* Service Unit Plan (SUP) Objectives	<input checked="" type="checkbox"/>
13	Focal Points	<input checked="" type="checkbox"/>
14	Priority Services	<input checked="" type="checkbox"/>
15	Notice of Intent to Provide Direct Services	<input type="checkbox"/>
16	Request for Approval to Provide Direct Services	<input type="checkbox"/>
17	Governing Board	<input checked="" type="checkbox"/>
18	Advisory Council	<input checked="" type="checkbox"/>
19	Legal Assistance	<input type="checkbox"/>
21	Title III E Family Caregiver Support Program	<input type="checkbox"/>

^ Required if PD and/or C are funded with Title III B

\* AAAs will not submit SUP Objectives for the 2010-11 APU for Community Based Service Programs: Alzheimer's Day Care Resource Centers, Linkages, Senior Companion, Brown Bag, and Respite Purchase of Service

# RIVERSIDE COUNTY BOARD OF SUPERVISORS

<b>Bob Buster</b> <b>John F. Tavaglione</b> <b>Jeff Stone</b> <b>John J. Benoit</b> <b>Marion Ashley</b>	<b>District 1</b> <del>Vice Chairman</del> <b>Chairman</b> <b>District 2</b> <b>Vice Chairman</b> <b>District 3</b> <b>District 4</b> <b>District 5</b> <b>Chairman</b>
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## RIVERSIDE COUNTY ADVISORY COUNCIL ON AGING

### OFFICERS

	<b>Doris Morgan-Hayes</b>	<b>Chair</b>
	<b>Erwin Fromm</b>	<b>Vice Chair</b>
<b>Gary Kelley</b>	<b>Mark Moran</b>	<b>Parliamentarian</b>

### BOARD OF SUPERVISOR APPOINTED DISTRICT REPRESENTATIVES

	<b>Gary Kelley</b>	<b>District 1</b>
	<b>Alice B. Chandler</b>	<b>District 2</b>
	<b>Gloria Sanchez</b>	<b>District 3</b>
<b>Leo Sullivan</b>	<b>Mark Moran</b>	<b>District 4</b>
<b>Venetta Maiden</b>	<b>Lenwood Long</b>	<b>District 5</b>

### ADVISORY COUNCIL APPOINTED DISTRICT REPRESENTATIVES

<b>Barbara Brown</b>	<b>Edward Sagmeister</b>
<b>Jerry Corrales</b>	<b>Leo Sullivan</b>
<b>Beverly Greer</b>	<b>Ellis Swing</b>
<b>Ann Kasper</b>	<b>Luella Thornton</b>
<b>Dianne Lewis</b>	<b>Carol Tong</b>
<b>Phyllis McGraw</b>	<b>Senja Wilson</b>
	<b>Vacant</b>

# **Riverside County Office on Aging**

## **2011 – 2012 Area Plan Update of the 2009-2012 Strategic Plan *Bridging The Generations For The Future***



Riverside County Office on Aging  
6296 River Crest Drive, Suite K  
Riverside, California 92507-0738  
(951) 867-3800 or 1-800-510-2020 (within the County)  
Web Address: [www.rcaging.org](http://www.rcaging.org)

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**Note: This is an update to 2009 – 2012 Strategic Plan on Aging submitted. Additional information not include in this plan is available upon request or is located in the 2009 – 2012 Strategic Plan on Aging.**

**Text Color Key:** ● = Advocacy-focused objectives; \* = Forums or events; ● = Key reports or guides; ● = Coordination funded objectives; ● = Program Development funded objectives; ● = **2010-11 Update**; strikethroughs identify deleted text in order to show a history of changes to the 2009-2012 Plan (as mandated by the California Department on Aging).



**TRANSMITTAL LETTER**

**Three-Year Area Plan**

**2009-2012**

**AAA Name:** Riverside County Office on Aging

**PSA Number** 21

**Check appropriate box:**  FY 2010-11

FY 2011-2012

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

1. (Type Name) ~~Marion Ashley~~ Bob Buster

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

\_\_\_\_\_  
Date

2. (Type Name) Doris Morgan-Hayes

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

\_\_\_\_\_  
Date

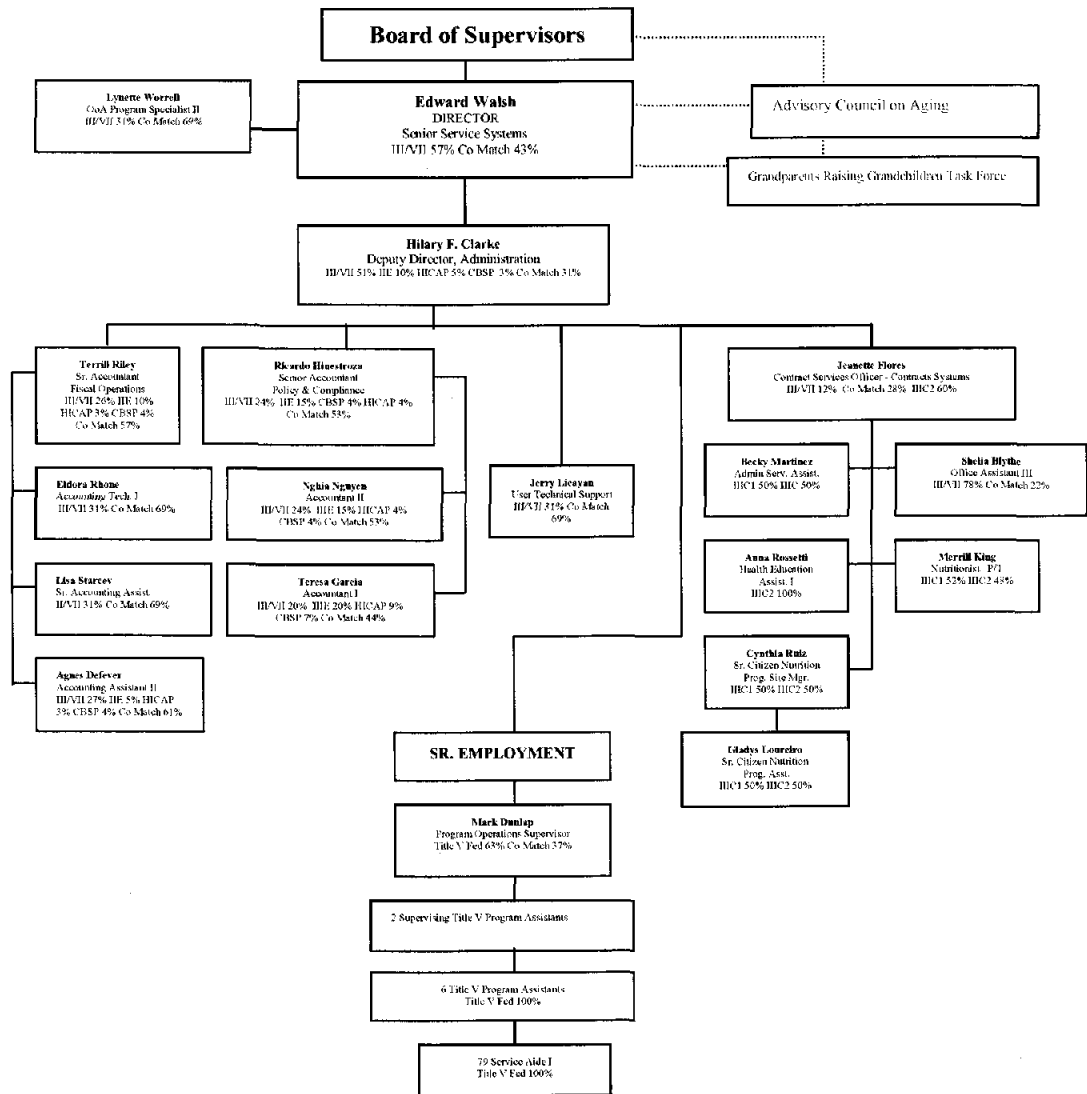
3. (Type Name) Edward F. Walsh

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

\_\_\_\_\_  
Date

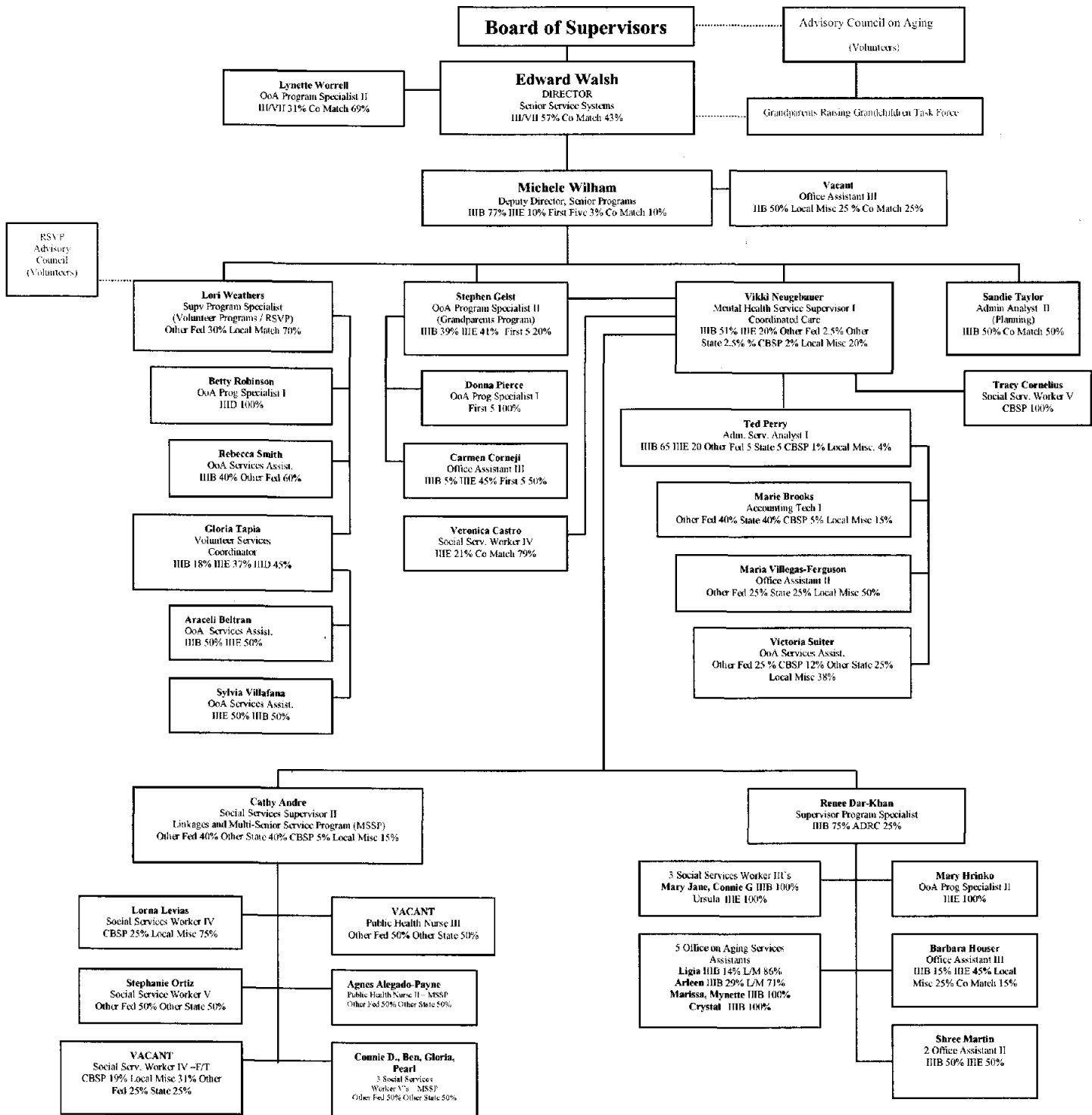
<sup>1</sup> Original signatures or official signature stamps are required.

# ADMINISTRATIVE DIVISION ORGANIZATION CHART<sup>1</sup>



<sup>1</sup> An updated organizational chart is pending County Fiscal Year 2011-2012 budget approval.

# SENIOR SERVICES DIVISION ORGANIZATION CHART<sup>1</sup>



<sup>1</sup> An updated organizational chart is pending County Fiscal Year 2011-2012 budget approval.

## Preface

Office on Aging's 2009 – 2012 Strategic Plan, *Bridging the Generations for the Future*, is a three-year living document that is the end product of over a year-long planning process mandated by the federal Older Americans Act (OAA) and the Older Californians Act. The planning activities are intended to help eliminate fragmentation of service systems, improve service delivery, and insure that maximum benefits are obtained through efficient delivery of services to those most in need. Most in need include low income minority individuals; those with limited English-speaking ability; those who are frail, isolated, neglected, and exploited; those dealing with the problems of dementia or cognitive impairment; and those with caregiver responsibilities. Additional targeted populations include grandparents raising grandchildren, individuals with disabilities, Lesbian, Gay, Bisexual, and Transgendered, and aging Boomers. The Office on Aging views its Strategic Plan as an educational and marketing tool for elders, families, caregivers, individuals with disabilities, and the public at large, as well as an internal management tool.

The **four (4) priority goals** identified and agreed upon for the Riverside County Office on Aging are listed below:

**Goal I: Improve Service Delivery Systems and Strengthen Infrastructure**

**Goal II: Coordination and Community Integration**

**Goal III: Life Care Planning**

**Goal IV: Improve Health and Quality of Life**

The success of this Strategic Plan relies on Riverside County receiving its fair share of Federal and State dollars under the Older Americans Act funding formula and assumes limited decrease in County funding match. In addition, it relies on existing grant funding as well as possible attainment of new revenue sources. Moreover, the Strategic Plan is updated annually, or as circumstances dictate, in order to incorporate changing and emerging needs and to assure the most effective strategies for implementing change.

## **NARRATIVE OF RELEVANT CHANGES FOR THE 2011-2012 PLAN UPDATE OF THE 2009-2012 STRATEGIC PLAN**

1. The significant accomplishments for Riverside County are listed below by the four established Priority Goal areas of the 2009-2012 Strategic Plan, *Bridging The Generations For The Future*: (I) Improve Service Delivery systems and Strengthen Infrastructure, (II) Coordination and Community Integration, (III) Life Care Planning, and (IV) Improve Health and Quality of Life. The significant accomplishments in the Service Unit Plan (SUP) Objectives have been included in Section 12 – Service Unit Plan (Page 73 in the original area plan). The significant accomplishments of Preventive Health (III D) and Medication Management related objectives are also included in this section. Program Development and Coordination related objectives are included in the Section 11 – Strategic Plan Priority Goals and Objectives (page 46 of the original plan) with the proper denotations of “PD” for program development and “C” for coordination, both of which are IIB funded as defined in Title 22 and the Code of Federal Regulations (CFR).
  
2. The approximate annual budget of the AAA for the fiscal year 2011-2012 is estimated to be \$11.14 million. Revenues are received from Older Americans Act funding the California Department of Aging and the County of Riverside. Of the AAAs budget, \$3.75 million is contracted to community service providers. Highlights of Service Units provided to older adults, adults with disabilities, and family caregivers include elder abuse prevention, caregiver training and respite care services, out reach contacts to family caregivers (Title III E), assisted transportation, information and assistance, home delivered and congregate meals, personal care and homemaker services, preventative health and medication management, senior community service employment program, legal assistance and volunteers placed and recruited.
  
3. The elimination of funding for the Older Californians Act Community Based Service Programs has impacted the capacity of contracted service providers to meet the growing need for supportive services in the community such as access to the Alzheimer's Day Care Resource Centers or the Brown Bag Program. The loss of these programs has been a significant blow to the overall infrastructure in the delivery of care in Riverside County. The Riverside County Office on Aging continues to provide limited Older Americans Act funding to community providers for social day care services, but that funding alone will probably be insufficient to sustain the community day care providers. For example, we have been notified that some of the existing day care providers are limiting their hours while others are closing their facilities.
  
4. The Health Assessment Resource Center (HARC) is currently in the field collecting data from the residents of Eastern Riverside County (spans from Calimesa to Blythe). The questions for the survey were developed by five Ad Hoc teams representing the 35 Steering Committee members. The Office On Aging participated on the Senior Ad Hoc team, sharing input as to what questions should be in the survey. As in 2007,

HARC will develop a Senior Section, highlighting the demographics of those who participated in the survey and how they answered the question. The data extrapolated from the survey will be accessible to the Riverside County Office on Aging for planning purposes, both in the published report, and any special data runs that are felt to be pertinent.

5. The Office on Aging convenes providers, policy makers, consumer representatives, and community leaders for quarterly Leadership/Advocacy Roundtables to encourage partnerships to improve both quality and efficiency of services to older adults and adults with disabilities, to address emerging issues, share updates on breakthrough programs, and policy changes through the county, state, and federal level. The past years roundtables focused trends in Cultural diversity, palliative care, Physician Ordered Life Sustaining Treatment (POLST) Form training, California Elder Economic Security Standard Index (Elder Index), and Durable Medical Equipment and Prosthetic and Orthotic Supplies (DMEPOS).
6. Estimated Number of Low-Income Minorities and Older Individuals Residing in Rural Areas (306)(a)(4)(A)(iii)(I) of the OAA: Based on U.S. Administration on Aging projections, there are an estimated a total of 327,673 older adults, of which 109,601 are minority and 32,570 are low income.<sup>1</sup>
7. The Office on Aging worked with the CA Commission on Aging to conduct a Countywide Senior Center Forum, *Crafting a Vision for the Future*, with keynote speaker Manoj Pardasani, nationally recognized expert on Senior Centers. Dr. Pardasani is committed to raising greater awareness of senior centers, enhancing their image and to providing staff and administrators with strategic ideas for development and growth. During the Countywide Senior Center Forum, concerns regarding a statewide senior center survey that addressed a call to advocacy and focused on the recent state cuts programs and services for seniors and persons with disability. Senior center representatives had a chance to work with their peers in drafting the beginnings of a framework of a mission and vision to position for the next generation of seniors. The OoA and Advisory Council on Aging are committed to provide a strong network of senior centers serving as focal points that become vibrant contact points of communication with and among seniors in local communities and neighborhoods. Through the Community Engagement Committee of the Advisory Council, members of the council and the Director of OoA or his appointee made a commitment to go to each focal point and present them with formal plaques recognizing their distinction. The responses from each focal point have been tremendously positive, with even some local press coverage. This initiative will be completed by June, 2011, with about 80% completed to date.
8. Through a grant from the SCAN Foundation Riverside County Office on Aging has been collaborating with On Lok, Inc. to develop rural PACE sites in the Coachella Valley. The Office on Aging and its network of partners and collaborators have

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<sup>1</sup> AoA-1 (U.S. Administration on Aging), Web source retrieved on 1/19/2010; Source File: 2000 Census Table P89 Age by Sex by Ratio of Income in 1999 to Poverty Level for the Population 60 Years and Over

provided a valuable resource in identifying potential stakeholders. The OoA supports the development of a PACE sites in Riverside County as it will add another choice in the home and community based care continuum and provide another viable alternative to institutional long-term care. On December 15, 2009, the OOA and On Lok facilitated a successful Community Stakeholder Meeting, and an exciting plan to develop two PACE sites simultaneously in rural Riverside emerged. Desert Oasis Healthcare has signed a contract with On Lok PACE Partners to provide technical assistance in the development of their PACE application to the California Department of Health Care Services (DHCS) Office of Long-Term Care. The Riverside County Office on Aging was viewed as a model for other Area Agencies on Aging across the country for its recognition of the value of PACE in providing for an integrated model of health care for frail elders dealing with the impact of chronic disease and functional disability. First site location has been established. DOHC and On Lok propose to have the initial chapters of the PACE application submitted to DHCS by February, 2011. PACE expansion and opening a second site is in the works and will be much easier than opening the initial site.

9. Since the State General Funding of the Linkages Program was eliminated on October 1, 2010, the direct service care management continuum of care coordination has been impacted. In response to the lack of funding for this critical element of the care coordination continuum, the Office on Aging had created a hybrid program, CareLink to provide a minimal, reduced capacity of services while seeking alternative sources of funding.

Alternative sources of funding have been identified and approved by the Board of Supervisors through two Memorandums of Understanding (MOU) to the Board of Supervisors for approval, which enables the OoA to develop new programs as defined in the MOU. The Board approved the two Prevention and Early Intervention (PEI) initiatives and accepted the MHSA funding from the Riverside County Department of Mental Health to the Office on Aging. The **Care Pathways Program** is a caregiver resource and education project to target Mid County and Western Riverside County caregivers. The CareLink **Healthy Ideas Project** will incorporate the Healthy Ideas, Administration on Aging (AOA) Evidence Based Practice into the CareLink care management program. The Office on Aging, through a Mental Health Services Act grant from the Riverside County Department of Mental Health, moves Healthy Ideas closer to implementation. Healthy IDEAS (Identifying Depression Empowering Activities for Seniors), an evidence based program of the Administration on Aging, requires specific training and fidelity to the model of practice. Training will be conducted for both the Department of Mental Health and Office on Aging staff. The Healthy IDEAS program will be embedded into the CareLink care management program. Core components of the program include screening, education, referral and linkage, and behavioral activation. All program interventions will take place in the client's home or by phone. The training is scheduled for the end of March, 2011.

## STRATEGIC PLAN PRIORITY GOALS AND OBJECTIVES

To provide responsive service delivery systems and strengthen infrastructure through legislative, administrative, and advocacy actions, promote aging friendly communities and respond to the diverse needs of Riverside County's residents.

**Rationale:**

- Implementation of state and federal regulations at the local level may result in administrative policies which inhibit movement toward integration/coordination.
- Revenue insufficiencies have implications on the infrastructure and its related service delivery system.
- Riverside County's elder population continues to grow and become more diverse with migration trends in the County and aging of Boomers.
- A lack of knowledge of and sensitivity to the aging process and unique needs of diverse cultural populations, including Lesbian, Gay, Bisexual, and Transgendered (LGBT) impacts service delivery and progress toward an aging and culturally friendly community.

**Goal I, Objective A:**

Participate in local, state, and national policy organizations, committees and networks.

1. Attend and/or participate in local, state, and national conferences, summits, committees and networks in order to be kept current on aging, disabled, and caregiver related programs/policies, and advocate for change as necessary.

→ Applicable to all Executive and Management Leadership Team members (aka LT)

→ Advisory Council on Aging Chair (AcoA Chair)

Start/End: July 2009 – June 2012

Status: Continued



**Goal I, Objective A - Continued:**

<p>2. Coordinate with Riverside County agencies and cities within Riverside County to address issues related to elders, disabled, and family caregivers and provide input as appropriate to civic and county leaders for local planning initiatives including the county and general plans. <sup>c</sup></p> <p>Start/End: July 2009 – June 2012 Status: Continued</p>	<p>→ Deputy Director, Senior Services (DD, Sr Svcs)</p> <p>→ Supervisor Program Specialist I &amp; A /Aging and Disability Resource Connection Coordinator (SPS – I&amp;A/ADRC Coord)</p> <p>→ Coordinator Care Programs Manager (CC Manager)</p>
<p>3. Establish a local caregiver coalition, Inland Counties Caregiver Coalition (ICCC) comprised of AAA staff, local agencies, non-OOA funded agencies, community based organizations, faith based organization, etc. <del>and maintain an active role in the California Caregiver Coalition.</del> Through the coalition, the coordination activities will include education, outreach, and addressing the service needs of the caregivers. <sup>c</sup></p> <p>Start/End: July 2009 – June 2012 Status: Continued</p>	<p>→ <del>Social Service Supervisor – I &amp; A/Care Management (SSS – I &amp; A)</del></p> <p>→ Deputy Director, Senior Services (DD, Sr Svcs)</p>
<p>4. Network with Board of Supervisor appointed Veterans Advisory Committee members to advocate for the needs of Veterans.</p> <p>Start/End: July 2009 – June 2012 Status: Continued</p>	<p>→ ACoA Chair</p>

<sup>c</sup> Identifies Actions that are categorized as coordination (IIIB funded) as defined in Title 22 and the Code of Federal Regulations (CFR).

**Goal I, Objective A - Continued**

<p>5. Explore other funding opportunities centered on community-based initiatives in order to leverage existing and potential future services.</p> <p>Start/End: July 2009 – June 2012 Status: Continued</p>	<p>→ Leadership Team</p>
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**Goal I, Objective B:**

Advocate through legislative and collaborative networks for restored service levels and adequate funding and pursue on an ongoing basis other opportunities for service funding.

<p>1. Collaborate with associations, such as the California Association of Area Agencies on Aging (C4A), National Association of Area Agencies on Aging (N4A), Triple-A Council of California (TACC), etc. to develop an advocacy plan for restored service levels and adequate service funding, as necessary.</p> <p>Start/End: July 2009 – June 2012 Status: Continued</p>	<p>→ Director → DD, Admin → DD, Sr Svcs → AcoA Chair</p>
<p>2. Review and appropriately respond as possible to reductions in service levels for at-risk populations.</p> <p>Start/End: July 2009 – June 2012 Status: Continued</p>	<p>→ DD, Admin → DD, Sr Svcs</p>
<p>3. Collaborate on major advocacy to stop the cuts to elder programs.</p> <p>Start/End: July 2009 – June 2014 2012 Status: Continued</p>	<p>→ AcoA Chair → Director</p>

**Goal I, Objective B - Continued:**

<p>4. Advocate for a reduced vote percentage needed for budget approval.</p> <p>Start/End: July 2009 – June 2011 Status: <del>Continued</del> Completed</p>	<p>→ AcoA Chair</p>
<p>5. Advocate for a reduced vote percentage needed for budget approval.</p> <p>Start/End: July 2009 – June 2011 Status: <del>Continued</del> Completed</p>	<p>→ AcoA Chair</p>

**Goal I, Objective C:**

Promote an aging friendly environment responsive to the needs of diverse cultural, social, and economic elder, disabled, and caregiver populations.

<p>1. Review and modify as necessary methods of reaching targeted populations, such as low income elders, LGBT, limited English speaking, those residing in rural areas, family caregivers, individuals with disabilities, and others who are underserved or have unmet needs.</p> <p>Start/End: July 2009 – June 2012 Status: Continued</p>	<p>→ Director → DD, Admin → DD, Sr Svcs</p>
<p>2. Promote an aging and culturally friendly work environment, addressing issues in the workplace that may arise, and provide a leadership model for our partners.</p> <p>Start/End: July 2009 – June 2012 Status: Continued</p>	<p>→ Director → DD, Admin</p>

**Goal I, Objective C – Continued:**

<p>3. Provide ongoing sensitivity training to staff on the unique needs of diverse populations such as limited English speaking and LGBT.</p> <p>Start/End: July 2009 – June 2012 Status: Continued</p>	<p>→ Director → DD, Admin → DD, Sr Svcs</p>
<p>4. Expand information, referral, and assistance services to include disabled children being raised by their grandparents.</p> <p>Start/End: July 2009 – June 2012 Status: Continued</p>	<p>→ SPS – I &amp; A /ADRC Program Coordinator</p>
<p>5. Outreach to other County agencies and key community partners to share LGBT sensitivity training DVDs and other sensitivity training materials.</p> <p>Start/End: July 2009 – June 2012 Status: Continued</p>	<p>→ DD, Sr Svcs</p>
<p>6. Coordinate with community partners through the ADRC Stakeholder Advisory Group (SAG), a subcommittee of the Leadership Advisory Resource Team (LART) to develop and distribute to key community partners a report on “Boomers,” to identify their expected impact on the service delivery systems within Riverside County, and provide recommendations for actions. <sup>c</sup></p> <p>Start/End: July 2009 – June 2010 2012 Status: Continued (Distribution)</p>	<p>→ <del>ADRC Coord</del> SPS – I &amp; A /ADRC Program Coordinator → DD, Sr Svcs → AcoA</p>

<sup>c</sup> Identifies Actions that are categorized as coordination (IIIB funded) as defined in Title 22 and the Code of Federal Regulations (CFR).

**Goal I, Objective C – Continued:**

<p>7. Coordinate with coalitions and networks to address the significant lack of geriatric competent health care professions, and promote opportunities and pathways for such professions. <sup>c</sup></p> <p>Start/End: July 2009 – June 2012 Status: Continued</p>	<p>→ Director → DD, Sr Svcs</p>
<p>8. Advocate for an elder's right to positive and healthy aging.</p> <p>Start/End: July 2009 – June 2012 Status: Continued</p>	<p>→ AcoA Chair</p>

**Goal I, Objective D:**

Act in accordance with local, state, and federal statutes and regulations.

<p>1. Keep abreast of local, state, and federal statutes and regulations and comply with reporting requirements/mandates, including but not limited to, <del>year-end reports</del>, strategic plan updates, financial reporting, etc.</p> <p>Start/End: July 2009 – June 2012 Status: Continued</p>	<p>→ Director → DD, Admin → DD, Sr Svcs</p>
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**Goal I, Objective E:**

Maximize operational efficiencies through enhanced quality improvement initiatives and maintain an effective and responsive leadership team.

<p>1. Leadership Team will meet minimally on a monthly basis to review agency operations and programs, make decisions as necessary to be responsive to occurring priority needs, and ensure the most efficient delivery of services, especially related to high priority needs.</p> <p>Start/End: July 2009 – June 2012 Status: Continued</p>	<p>→ Director → DD, Admin → DD, Sr Svcs</p>
<p>2. Apply techniques and outcome measures routed in the continuous quality improvement (CQI) paradigm to enhance CQI initiatives.</p> <p>Start/End: July 2009 – June 2012 Status: Continued</p>	<p>→ DD, Sr Svcs → CC Manager</p>
<p>3. Provide opportunities for consumers to give feedback on program operations and customer service, and make appropriate improvements as necessary.</p> <p>Start/End: July 2009 – June 2012 Status: Continued</p>	<p>→ Director → DD, Admin → DD, Sr Svcs</p>
<p>4. Provide an opportunity for staff to evaluate their roles/satisfaction with the agency on an annual basis and make improvements as necessary.</p> <p>Start/End: July 2009 – June 2012 Status: Continued</p>	<p>→ Director → DD, Admin → DD, Sr Svcs</p>

**Goal I, Objective E - Continued:**

<p>5. Provide growth and enrichment opportunities for Leadership Team members via bi-annual professional seminars, in-service, etc.</p> <p>Start/End: July 2009 – June 2012 Status: Continued</p>	<p>→ Director → DD, Admin → DD, Sr Svcs</p>
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**Goal I, Objective F:**

Support employee professional development and succession planning.

<p>1. Support employee professional development by encouraging continued education at schools of higher learning, attendance at in-service trainings, and participation in conferences, etc. when funding permits.</p> <p>Start/End: July 2009 – June 2012 Status: Continued</p>	<p>→ Director → DD, Admin → DD, Sr Svcs</p>
<p>2. Provide opportunities for certification and/or re-certification of HELPLINK and Info Van employees through the California Association of Information and Referral Systems (CAIRS) program as a means of enhancing staff's capability of providing information and assistance.</p> <p>Start/End: July 2009 – June 2012 Status: Continued</p>	<p>→ Manager/Program Director – Volunteer Systems (Prog Dir Vol Sys) → <del>SPS – I &amp; A</del> SPS – I &amp; A /ADRC Program Coordinator</p>

<p>3. Provide opportunities for employee participation on Motivation and Morale (M &amp; M) Team to enhance employee leadership and effectiveness in the organization.</p> <p>Start/End: July 2009 – June 2012 Status: Continued</p>	<p>→ Director</p>
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To engage new partners and strengthen existing alliances, increase awareness, provide information and assistance, and streamline access to services through collaboration and community integration.

**Rationale:**

- Services are fragmented, duplicative, and program eligibility requirements may be confusing and/or too restrictive.
- Competing priorities exist between public and private sectors and cities and counties due to silos, limited funding, and lack of collaboration.
- An awareness of community-wide resources and how to access services continues to be a challenge.

**Goal II, Objective A:**

Develop a streamlined system of providing consumers, caregivers, and providers with information, assistance and counseling.

<p>1. Convene <del>representatives</del> of public benefits programs to determine efficacy of streamlining local processes for eligibility to Long Term Care (LTC) programs. Continue evaluation of LTC options counseling standards as an ADRC.</p> <p>Start/End: Sept. 2009 – June 2014 2012 Status: Continued</p>	<p>→ <del>ADRC Coord/ SPS – I &amp; A</del> SPS – I &amp; A /ADRC Program Coordinator</p>
<p>2. Identify mechanisms for improving consumer access, eligibility, and referral processes.</p> <p>Start/End: July 2009 – June 2012 Status: Continued</p>	<p>→ <del>ADRC Coord/ SPS – I &amp; A</del> SPS – I &amp; A /ADRC Program Coordinator</p>

**Goal II, Objective A – continued:**

<p>3. Develop and implement an ongoing monitoring system to evaluate efficacy of new streamlined processes for eligibility to long term care.</p> <p>Start/End: July 2009 – June 2012 Status: Continued</p>	<p>→ <del>ADRC Coord/ SPS – I &amp; A</del> SPS – I &amp; A /ADRC Program Coordinator</p>
<p>4. Facilitate consumers transitioning from one service provider to the next through the establishment of referral protocols and by prioritizing high risk individuals in coordination with key partners. <sup>c</sup></p> <p>Start/End: July 2009 – June 2012 Status: Continued</p>	<p>→ <del>ADRC Coord / SPS – I &amp; A</del> SPS – I &amp; A /ADRC Program Coordinator</p> <p>→ DD, Sr Svcs</p>

**Goal II, Objective B:**

Collaborate with local stakeholders and provide leadership to improve coordination of services and provide a more seamless system of access for at-risk populations, especially via critical pathway providers.

<p>1. Promote increased coordination of Office on Aging contracted service providers and provide technical assistance as necessary.</p> <p>Start/End: July 2009 – June 2012 Status: Continued</p>	<p>→ Contracts &amp; Services Officer</p>
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<sup>c</sup> Identifies Actions that are categorized as coordination (IIIB funded) as defined in Title 22 and the Code of Federal Regulations (CFR).

**Goal II, Objective B – continued:**

<p>2. Identify and implement mechanisms to coordinate critical pathways for at-risk populations through development of long term care support options.</p> <p>Start/End: July 2009 – June 2012 Status: Continued</p>	<p>→ <del>ADRC Coord</del> SPS – I &amp; A /ADRC Program Coordinator → <del>Leadership Advisory Resource Team (LART) Chair</del> → Director  → DD, Sr Svcs</p>
<p>3. Assess the need of adult day care (ADC) in identified communities where no service is presently offered and <del>identify</del> explore alternative options for adult day care service delivery resource and referrals.</p> <p>Start/End: July 2009 – June 2012 Status: Continued</p>	<p>→ DD Sr Svcs  → <del>SPS – I &amp; A</del> SPS – I &amp; A /ADRC Program Coordinator</p>
<p>4. Collaborate with existing ADC providers and other organizations to leverage existing partnerships in order to explore alternative options that may be available to meet the needs of caregivers and care recipients. <del>local volunteer organizations and explore the development of a service model to include a volunteer escort program for caregivers to enhance visitations of existing adult day programs.</del></p> <p>Start/End: July 2009 – June 2012 Status: Continued</p>	<p>→ <del>SPS – I &amp; A</del> SPS – I &amp; A /ADRC Program Coordinator  → CC Mgr</p>
<p>5. Collaborate with for-profits as well as non-profits to provide education and resources for the caregiving community.</p> <p>Start/End: July 2009 – June 2012 Status: Continued</p>	<p>→ DD, Sr Svcs  → <del>SPS – I &amp; A</del> SPS – I &amp; A /ADRC Program Coordinator</p>

**Goal II, Objective B – continued:**

<p>6. Coordinate with local and statewide associations, coalitions, workgroups, and committees such as Riverside County Department of Mental Health's Older Adult System of Care Committee and the California Mental Health Directors Association Older Adult System of Care Committee to promote system redesign to increase access to and effectiveness of service delivery related to the unique mental health issues and needs of elders and individuals with disabilities.<sup>c</sup></p> <p>Start/End: July 2009 – June 2012 Status: Continued</p>	<p>→ Director → CC Mgr → AcoA Chair</p>
<p>7. Strengthen partnerships with senior centers by establishing site visits in the role of ambassador to the OoA.</p> <p>Start/End: July 2009 – June 2012 Status: Continued</p>	<p>→ AcoA Chair</p>
<p>8. Convene quarterly Leadership Meetings to educate community partners about aging issues/trends.</p> <p>Start/End: July 2009 – June 2012 Status: Continued</p>	<p>→ Director</p>
<p>9. Actively participate in committees/ organizations that deal with elder, disabled, and/or caregiver issues.</p> <p>Start/End: July 2009 – June 2012 Status: Continued</p>	<p>→ AcoA Chair</p>

<sup>c</sup> Identifies Actions that are categorized as coordination (IIIB funded) as defined in Title 22 and the Code of Federal Regulations (CFR).

**Goal II, Objective B – continued:**

<p>10. Coordinate with transportation providers and community partners to promote improved transportation options for elders and disabled.<sup>c</sup></p> <p>Start/End: July 2009 – June 2012 Status: Continued</p>	<p>→ DD, Sr Svcs</p> <p>→ AcoA Chair</p>
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**Goal II, Objective C:**

Build on an existing web-based long-term support information system to provide a comprehensive, easy-to-use website which will give consumers an opportunity to direct their own services.

<p>1. Coordinate with the CA Department of Health and Human Services to beta test the CalCareNet pilot project for improved coordination and community integration.</p> <p>Start/End: July 2009 – January <del>2010</del> 2011 Status: Completed</p>	<p>→ <del>ADRC Coord / SPS I &amp; A</del> SPS – I &amp; A /ADRC Program Coordinator</p>
<p>2. Coordinate with public and private community agencies/businesses to promote the use of Network of Care (NOC) and CalCare Net with an emphasis on reaching diverse cultural, socio-economically at risk, and isolated populations.<sup>c</sup></p> <p>Start/End: July 2009 – June 2012 Status: Continued</p>	<p>→ <del>ADRC Coord / SPS I &amp; A</del> SPS – I &amp; A /ADRC Program Coordinator</p> <p>→ AcoA Chair</p> <p>→ DD, Sr Svcs</p>

<sup>c</sup> Identifies Actions that are categorized as coordination (IIIB funded) as defined in Title 22 and the Code of Federal Regulations (CFR).

**Goal II, Objective D:**

Encourage individuals to be active participants in their communities and to be self-prepared in the event of an emergency/disaster.

<p>1. Coordinate with county departments, contract agencies, social service, and faith based organizations to develop an innovative, coordinated public/private disaster response system to effectively leverage financial, volunteer, and service resources across agencies and geographic areas in the event of a disaster. <sup>c</sup></p> <p>Start/End: July 2009 – June 2012 Status: Continued</p>	<p>→ DD, Admin</p> <p>→ DD, Senior Services</p>
<p>2. Inform and empower individuals in the community through the use of the Info Vans and other outreach and education methods about the importance of being self-prepared for an emergency or a disaster.</p> <p>Start/End: July 2009 – June 2012 Status: Continued</p>	<p>→ Prog Dir – Vol Sys</p> <p>→ <del>SPS – I &amp; A</del> SPS – I &amp; A /ADRC Program Coordinator</p> <p>→ DD, Sr Svcs</p> <p>→ AcoA Chair</p>

<sup>c</sup> Identifies Actions that are categorized as coordination (IIIB funded) as defined in Title 22 and the Code of Federal Regulations (CFR).

To help elders, individuals with disabilities, family caregivers, and community partners to better understand and plan for short and long term care needs, including financial sustainability, planning for aging in place, palliative care, and end of life.

**Rationale:**

- There is a misconception by a large majority of the American public that the government will provide long term care when needed. “For every dollar that supports a person through the Aging Network the government spends about \$270 supporting a person in a nursing home.” (Source: Planning for Eldercare – Misconceptions About Who Pays for Long Term Care, August 2008.)
- “Three in ten adults surveyed thought it likely that they would see their health insurance coverage reduced or lost over the course of the next 12 months. That same number feared losing employment over the next year.” (Source: AARP April 2008 survey)
- Over half (57.3%) of the respondents who participated in the 2008 “Riverside County Employee Assessment: Identifying Demographic and Social Trends” indicated that it is “likely” in the next year that their income won’t keep up with the cost of living.
- Many seniors nearing retirement have found themselves looking for new employment instead – 326,000 adults age 65 or older were unemployed in December 2008 (Source: Richard W. Johnson, Retirement Policy Program of the Urban Institute - December 2008 fact sheet.)

**Goal III, Objective A:**

Develop and implement an outreach/marketing plan to educate elders, disabled, caregivers, and the community, including identified target populations, such as limited English speaking, Lesbian, Gay, Bisexual, Transgendered (LGBT) and Boomers about the Office on Aging and its Aging and Disability Resource Connection (ADRC) program and long-term services and supports.

**Goal III, Objective A – continued:**

<p>1. Develop communication and marketing products under Resource Connections for You (RC4U), the ADRC outreach umbrella, for distribution to our partners and the county's service delivery providers.</p> <p>Start/End: July 2009 – June 2012 2011          Status: <del>Completed</del> Continued</p>	<p>→ <del>ADRC Coord</del> SPS – I &amp; A /ADRC Program Coordinator</p>
<p>2. Enhance current Office on Aging services with the development of new program components and partnerships that will expand awareness of healthy aging from birth through the lifespan and provide information resources to assist individuals, families, and communities to plan for aging, manage chronic disease and plan for future treatment and care options with an emphasis on independence and choice.</p> <p>Start/End: July 2009 – June 2012          Status: Continued</p>	<p>→ <del>ADRC Coord</del> SPS – I &amp; A /ADRC Program Coordinator</p> <p>→ DD, Sr Svcs</p>
<p>3. Outreach to caregivers and provide in-service <del>training</del> on the benefits of adult day care and other community-based support services <del>in order to increase caregiver use of such facilities</del>. when appropriate.</p> <p>Start/End: July 2009 – June 2012          Status: Continued</p>	<p>→ <del>SPS – I &amp; A</del> SPS – I &amp; A /ADRC Program Coordinator</p> <p>→ CC Mgr</p>
<p>4. Market Office on Aging "Aging in America" video to increase awareness of OoA programs and services and promote long term care options.</p> <p>Start/End: July 2009 – June 2012          Status: Continued</p>	<p>→ <del>SPS – I &amp; A</del> SPS – I &amp; A /ADRC Program Coordinator</p> <p>→ Prog Dir – Vol Sys</p>



**Goal III, Objective B:**

Empower elders, individuals with disabilities, and family caregivers to make informed decisions about, and to be able to easily access, existing health and long-term care options.

<p>1. Develop Preventative and Early Intervention (PEI) service <del>model</del> programs which will include identifying caregivers, older adults, and individuals with disabilities who are experiencing mental health issues such as grief and depression. These PEI Mental Health services will <del>providing</del> provide <del>on anticipatory grief, and developing a resource list of agencies that can support caregivers during this period including, but not limited to, hospice services, in order to help caregivers anticipating end of caregiver role.</del> support, counseling, and education for the identified clients. <sup>PD</sup></p> <p>Start/End: July 2009 – June 2012 Status: Continued</p>	<p>→ CC Mgr</p> <p>→ Deputy Director, Senior Services</p>
<p>2. Promote and increase broadening partnerships to include the business community and other stakeholders; invite businesses and other stakeholders to share information regarding long term care options and other pertinent aging related topics with the Advisory Council on Aging.</p> <p>Start/End: July 2009 – June 2011 Status: <del>Continue</del> Completed</p>	<p>→ AcoA Chair</p> <p>→ <del>ADRC Coordinator</del> SPS – I &amp; A /ADRC Program Coordinator</p>

<sup>PD</sup> Identifies Actions that are categorized as program development (IIB funded) as defined in Title 22 and the Code of Federal Regulations (CFR).

**Goal III, Objective B - Continued:**

<p>3. Inform and empower individuals and caregivers to be self advocates for emotional/health management long term care including palliative care and end of life care planning and decision making.</p> <p>Start/End: July 2009 – June 2012 Status: Continued</p>	<p>→ AcoA Chair</p> <p>→ Director</p> <p>→ DD, Sr Svcs</p>
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**Goal III, Objective C:**

Provide opportunities for Office on Aging staff to cross train with local independent living center staff in order to increase OoA's knowledge about individuals with disabilities, long term care and deinstitutionalization.

<p>1. Coordinate with Community Access Center to arrange for opportunities for cross training of Information and Assistance Specialists and sharing of resources.<sup>c</sup></p> <p>Start/End: July 2009 – June 2011 Status: Continue</p>	<p>→ ADRC Coord / SPS – I &amp; A SPS – I &amp; A /ADRC Program Coordinator</p> <p>→ DD, Svcs</p>
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<sup>c</sup> Identifies Actions that are categorized as coordination (IIIB funded) as defined in Title 22 and the Code of Federal Regulations (CFR).

**Goal III, Objective D:**

Coordinate with County Human Resources Department and community partners to expand/enhance mature worker employment opportunities.

<p>1. Coordinate with County Human Resources Department's ENCORE Program to address employment opportunities/issues for mature workers. <sup>c</sup></p> <p>Start/End: July 2009 – June 2012 Status: Continued</p>	<p>→ Mature Workers Program Manager</p> <p>→ DD, Admin</p>
<p>2. Coordinate with private and public businesses/agencies to promote employment opportunities that promote and sustain the value and contribution of mature workers/volunteers and improve recruitment and retention policies and initiatives. <sup>c</sup></p> <p>Start/End: July 2009 – June 2012 Status: Continued</p>	<p>→ Mature Workers Program Manager</p> <p>→ Prog Dir – Vol Sys</p> <p>→ DD, Admin</p> <p>→ Director</p> <p>→ DD, Senior Services</p>

<sup>c</sup> Identifies Actions that are categorized as coordination (IIB funded) as defined in Title 22 and the Code of Federal Regulations (CFR).

To improve the health and quality of life of elders, individuals with disabilities and family caregivers throughout the life cycle by providing choices in settings that promote community integration, and encourage preventive health/wellness, socialization, and life-long learning

**Rationale:**

- Estimates of the frequency of elder abuse and neglect range from 2% to 10% of seniors. For every case reported to authorities, an estimated 5 more instances go unreported. (Source: National Center on Elder Abuse "Elder Abuse Prevalence and Incidence" 2005.)
- Demand for home and community based services and for those who provide such services continue to increase rapidly as the population of elders and individuals with disabilities rise in total numbers and life span.
- There continues to be a large segment of elders, individuals with disabilities, and caregivers who are unaware of essential community services available to them or aren't sure how to access the services.
- Almost 7,000 or 3% of seniors age 55 or older in Eastern Riverside County reported they are not getting adequate nutrition on a daily basis. (Source: HARC Eastern Riverside County Health Monitor 2007.)
- Total cost of fall injuries among people 65+ in 2000 was estimated to be \$19 billion. Projected Medicare costs for hip fractures alone may exceed \$240 billion by 2040. (Source: National Council on Aging fall prevention fact sheet 2008.)
- Approximately 34 million family care givers provided care at any one point in time during 2007 [in U.S.]. The economic value of family caregiving exceeded total Medicaid spending for long-term care in all states and was more than three times as high in 36 states. However, costs to family caregivers go beyond accounting for the hourly value of the services provided. They include direct out-of-pocket expenses, economic insecurity caused by changes in work patterns, and health effects. (Source: Older Americans Report, Vol. 32, No. 16, December 19, 2008.)

### Goal IV, Objective A:

Enable elders and individuals with disabilities to remain in their own homes with high quality of life for as long as possible through the provision of home and community-based services and support.

<p>1. Collaborate with acute care and other long term care facilities to build a strong care management interface with community based care with the location of a liaison from community based care management systems in targeted facilities.</p> <p>Start/End: July 2009 – June 2012 Status: Continued</p>	<p>→ CC Mgr</p> <p>→ <del>ADRC Coordinator</del> SPS – I &amp; A /ADRC Program Coordinator</p>
<p>2. Advocate for affordable/accessible housing for elders and individuals with disabilities.</p> <p>Start/End: July 2009 – June 2012 Status: Continued</p>	<p>→ AcoA Chair</p>
<p>3. Advocate for sustained funding for existing rideshare and escort transportation programs, such as the Transportation Reimbursement and Information Project (TRIP).</p> <p>Start/End: July 2009 – June 2012 Status: Continued</p>	<p>→ AcoA Chair</p>
<p>4. Promote “Clinical Protocols for Intergenerational Aging” May 2008 Forum DVD with community partners to provide current trends in obesity and diabetes, stroke recovery, Alzheimer disease, mental health, and alternative long term care resident options.</p> <p>Start/End: July 2009 – June 2010 Status: Completed</p>	<p>→ DD, Sr Svcs</p> <p>→ AcoA Chair</p>

**Goal IV, Objective A- continued:**

<p>5. <del>Incorporate</del> Expand the Eric Coleman Care Transitions Intervention Model (a consumer empowerment model designed to stimulate change in practice and care delivery systems to improve transitions from one care setting to another) <del>into the CAL ADRC</del> to Phase II, which includes the addition of a new partnership with Inland Empire Health Plan (IEHP) and implementation into other care delivery service sites. <sup>PD</sup></p> <p>Start/End: July 2009 – June 2012 Status: Continued</p>	<p>→ <del>ADRC Coord</del> SPS – I &amp; A /ADRC Program Coordinator</p> <p>→ CC Mgr</p> <p>→ Deputy Director, Senior Services</p>
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**Goal IV, Objective B:**

Encourage healthy aging through the promotion of elder abuse awareness, proper nutrition, disease prevention, medication management, fall prevention, and importance of socialization.

<p>1. Provide medication management outreach to elders, disabled, and family caregivers via the OoA Info Vans, community presentations, and mailings, with the focus on the proper use of a medication management tool, such as a Health Guide to track medications/health information.</p> <p>Start/End: July 2009 – June 2012 Status: Continued</p>	<p>→ Prog Dir – Vol Sys</p>
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<sup>PD</sup> Identifies Actions that are categorized as program development (IIIB funded) as defined in Title 22 and the Code of Federal Regulations (CFR).

**Goal IV, Objective B – continued:**

<p>2. Provide nutrition education to congregate and home delivered meal participants and the community in general via the Nutrition Info Van.</p> <p>Start/End: July 2009 – June 2012 Status: Continued</p>	<p>→ Contracts &amp; Services Officer</p>
<p>3. Educate clients on ways to prevent falls, manage chronic disease, and provide opportunities to improve overall health and wellness through Fit After 50 strength and balance program, Info Van outreach, and Care Coordination programs.</p> <p>Start/End: July 2009 – June 2012 Status: Continued</p>	<p>→ CC Mgr</p> <p>→ Prog Dir – Vol Sys</p>
<p>4. Participate in community collaborations that address elder abuse prevention, issues of elder abuse and neglect, and provide community outreach/education, such as, the CARE Team, Clinical MDT, Elder Death Review Committee, etc.</p> <p>Start/End: July 2009 – June 2012 Status: Continued</p>	<p>→ DD, Sr Svcs</p> <p>→ CC Mgr</p>
<p>5. Encourage elders, individuals with disabilities, and caregivers to educate themselves about ways to keep safe and healthy in relation to elder abuse, falls, home safety and healthy behaviors/wellness activities.</p> <p>Start/End: July 2009 – June 2012 Status: Continued</p>	<p>→ AcoA Chair</p> <p>→ SPS – I &amp; A</p>
<p>6. Advocate for intergenerational learning programs in the community.</p> <p>Start/End: July 2009 – June 2012 Status: Continued</p>	<p>→ AcoA Chair</p>

**Goal IV, Objective C:**

Sustain/improve support systems for caregivers and grandparents raising grandchildren to enhance family stability.

<p>1. In coordination with local officials, County departments, Grandparents Raising Grandchildren Task Force (GRGTF), the Riverside County Youth Commission, Child Protective Services, Adult Protective Services, and community networks to address changing/emerging needs and make appropriate influences on the service delivery system, including educating public social workers and mental health workers about the unique issues, barriers and challenges facing grandparents raising grandchildren.</p>	<p>→ Director → DD Sr Svcs → CC Mgr → AcoA GRGTF Chair</p>
<p>Start/End: July 2009 – June 2012 Status: Continued</p>	
<p>2. Provide care management services to assess needs of grandparents and link them to necessary resources and support systems; convening monthly Multi-Disciplinary Team (MDT) meetings to assist grandparents with more complex situations that require outside intervention from other county departments and community agencies.</p>	<p>→ CC Mgr</p>
<p>Start/End: July 2009 – June 2012 Status: Continued</p>	



**Goal IV, Objective C – continued:**

<p>3. Develop and distribute quarterly a GRG newsletter to inform grandparents about health and wellness resources, legal system links, financial resources as well as upcoming trainings and workshops.</p> <p>Start/End: July 2009 – June 2012 Status: Continued</p>	<p>→ CC Mgr</p>
<p>4. GRG Program and Public Relations Committee will organize and coordinate a countywide series of regional training seminars and/or collaborative expert resources related to issues facing grandparents raising grandchildren.</p> <p>Start/End: July 2009 – June 2014 2012 Status: Continued</p>	<p>→ CC Mgr</p> <p>→ AcoA GRGTF Chair</p>
<p>5. GRG Legislative Committee will partner with Riverside County Office on Education (RCOE) to better assist grandparents with school issues and work with state and county representatives on legal and financial issues.</p> <p>Start/End: July 2009 – June 2012 Status: Continued</p>	<p>→ CC Mgr</p> <p>→ AcoA GRGTF Chair</p>
<p>6. Expand existing framework to be inclusive of children with disabilities in conjunction with our community partners of Community Access Center, the Multiple Disciplinary Team, and Office on Aging Grandparents Raising Grandchildren program.</p> <p>Start/End: July 2009 – June 2012 Status: Continued</p>	<p>→ <del>ADRC Coord</del> SPS – I &amp; A /ADRC Program Coordinator</p> <p>→ CC Mgr</p>

**Goal IV, Objective C – continued:**

<p>7. Develop caregiver education components and provide information in various formats (including webinar) on topics of health (such as managing chronic disease), nutrition and financial literacy.</p> <p>Start/End: July 2009 – June 2012 Status: Continued</p>	<p>→ CC Mgr</p>
<p>8. Offer Webcasts of specialists in fields pertinent to caregivers targeting hard to serve populations such as, working caregivers and rural caregivers.</p> <p>Start/End: July 2009 – June 2012 Status: Continued</p>	<p>→ CC Mgr</p>
<p>9. Increase accessibility to and promote use of caregiver library web-site.</p> <p>Start/End: July 2009 – June 2012 Status: Continued</p>	<p>→ CC Mgr</p>
<p>10. Convene a <del>summit</del> in collaboration with community partners for caregivers and professionals covering such topics as: The Implications of Caregiving on Teen Caregivers and When the Caregiving Role Ends.</p> <p>Start/End: July 2009 – June <del>2010</del> 2011 Status: Continued</p>	<p>→ CC Mgr</p>
<p>11. Provide support to leaders/facilitators (volunteers and professionals) of local caregiver and GRG support groups.</p> <p>Start/End: July 2009 – June 2012 Status: Continued</p>	<p>→ CC Mgr → DD, Sr Svcs → SPS- I &amp; A</p>

**Goal IV, Objective D:**

Promote civic engagement in Riverside County communities through coordination with community partners.

<p>1. Infuse volunteer information into the caregiving program and identify the needs of the caregiver who is transitioning out of a caregiver role.</p> <p>Start/End: July 2009 – June 2012 Status: Continued</p>	<p>→ Prog Dir – Vol Svcs → CC Mgr</p>
<p>2. Promote “Tutors For Our Tomorrow” program developed through the RSVP program in partnership with the Office on Aging to bring elder and/or baby boomer volunteers into classrooms to tutor school aged children with an outcome of instilling self-assurance in a child’s academic pursuits and providing rewarding opportunities for the volunteers.</p> <p>Start/End: July 2009 – June 2012 Status: Continued</p>	<p>→ Prog Dir – Vol Svcs</p>

## TITLE III/VII SERVICE UNIT PLAN OBJECTIVES

**2009–2012 Three-Year Planning Period**

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

The Service Unit Plan (SUP) uses the National Aging Program Information System (NAPIS) Categories and units of service, as defined in PM 97-02. For services not defined in NAPIS, refer to Division 4000 of the Management Information Systems (MIS) Manual. Report units of service to be provided with **ALL funding sources**.

Related funding is reported in the annual Area Plan Budget (CDA 122) for Titles III B, III C-1, III C-2, III D, VII (a) and VII (b). This SUP does **not** include Title III E services.

**1. Personal Care (In-Home)**

**Unit of Service = 1 hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2009-2010	5,185	IV	
2010-2011	5,185	IV	
2011-2012	5,185	IV	

**2. Homemaker**

**Unit of Service = 1 hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers(if applicable)
2009-2010	3,585	IV	
2010-2011	3,585	IV	
2011-2012	3,585	IV	

**3. Chore**

**Unit of Service = 1 hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers(if applicable)
2009-2010	N/A		
2010-2011	N/A		
2011-2012	N/A		

**4. Adult Day Care/Adult Day Health**

**Unit of Service = 1 hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2009-2010	11,044	III & IV	
2010-2011	10,262	III & IV	
2011-2012	10,419	III & IV	

**5. Case Management****Unit of Service = 1 hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2009-2010	2,640	IV	
2010-2011	2,640	IV	
2011-2012	2,957	IV	

**6. Congregate Meal****Unit of Service = 1 meal**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2009-2010	193,375	IV	
2010-2011	175,154	IV	
2011-2012	170,093	IV	

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2009-2010	317,096	IV	
2010-2011	306,901	IV	
2011-2012	296,690	IV	

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2009-2010	1324	IV	
2010-2011	1324	IV	
2011-2012	1,010	IV	

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2009-2010	N/A		
2010-2011	N/A		
2011-2012	N/A		

**10. Assisted Transportation****Unit of Service = 1 one-way trip**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2009-2010	14,999	II, IV	
2010-2011	11,500	II, IV	
2011-2012	12,749	II, IV	

**11. Transportation****Unit of Service = 1 one-way trip**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2009-2010	N/A		
2010-2011	N/A		
2011-2012	N/A		

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2009-2010	1,936	III	
2010-2011	1,936	III	
2011-2012	1,936	III	

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers(if applicable)
2009-2010	30,900	I, III	
2010-2011	27,678	I, III	
2011-2012	36,433	I, III	

**14. Outreach****Unit of Service = 1 contact**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers(if applicable)
2009-2010	2,043	II,III, IV	
2010-2011	2,373	II,III, IV	
2011-2012	3,900	II,III, IV	

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

- In this section, identify **Title III D** services (required); and also identify all **Title III B** services (discretionary) to be funded that were not reported in NAPIS categories 1–14 above. (Identify the specific activity under the Service Category on the “Units of Service” line when applicable)
- Specify what activity constitutes a unit of service (1 hour, 1 session, 1 contact, etc.). (Reference Division 4000 of the MIS Operations Manual, January 1994)
- Each **Title III B** “Other” service must be an approved NAPIS Program 15 service listed on the “Schedule of Supportive Services (III B)” page of the Area Plan Budget (CDA 122). [**Title III B Example: Service Category:** Community Services/Senior Center Support. **Units of Service:** 1 hour – Activity Scheduling]

**Title III D, Disease Prevention/Health Promotion**

**Service Activity:** Physical Fitness

**Units of Service:** 1 hour

Fiscal Year	Proposed Units of Service	Program Goal Number	Objective Numbers (required)
2009-2010	1,620	IV	B.3.
2010-2011	2,295	IV	B.3.
2011-2012	2,662	IV	B.3.

**Title III D, Disease Prevention/Health Promotion**

**Service Activity:** Community Education/Information

**Units of Service:** 1 hour contact (effective 2011)

Fiscal Year	Proposed Units of Service	Program Goal Number	Objective Numbers (required)
2009-2010	317	III	A.2.
2010-2011	317	III	A.2.
2011-2012	1,700	III	A.2.

**Title III D, Medication Management**

**Service Activity:** Outreach

**Units of Service:** 1 contact

Fiscal Year	Proposed Units of Service	Program Goal Number	Objective Numbers (required)
2009-2010	1,700	IV	B.1.
2010-2011	1,700	IV	B.1.
2011-2012	1,445	IV	B.1.

**Title III B, Other Supportive Services**

**Service Category:** Community Services/Senior Center Support - Volunteer Recruitment

**Units of Service and Activity:** 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2009-2010	1,300	III, IV	
2010-2011	1,300	III, IV	
2011-2012	330	III, IV	

**Title III B, Other Supportive Services**

**Service Category:** Community Services/Senior Center Support - Volunteer Opportunities

**Units of Service and Activity:** 1 placement

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2009-2010	150	III, IV	
2010-2011	150	III, IV	
2011-2012	166	III, IV	

**Title III B, Other Supportive Services Service Category:** Community Services/Senior Center Support – Income Support/Material Aid

**Units of Service and Activity:** 1 client

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2009-2010	\$61,970	IV	
2010-2011	\$61,970	IV	
2011-2012	\$32,761	IV	

**Title III B, Other Supportive Services**

**Service Category:** Community Services/Senior Center Support Staffing

**Units of Service and Activity:** 1 staff hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2009-2010	5,736	IV	
2010-2011	5,736	IV	
2011-2012	5,736	IV	

**Title III B, Other Supportive Services**

**Service Category:** Information Services– Community Education

**Units of Service and Activity:** 1 activity

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2009-2010	16	IV	
2010-2011	17	IV	
2011-2012	16	IV	

**Title III B, Other Supportive Services**

**Service Category:** Information Services – Public Information

**Units of Service and Activity:** 1 activity

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2009-2010	42	II, III, IV	
2010-2011	34	II, III, IV	
2011-2012	34	II, III, IV	



**TITLE IIIB AND TITLE VIIA:  
LONG-TERM CARE (LTC) OMBUDSMAN PROGRAM OUTCOMES  
2009–2012 Three-Year Planning Period**

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

Baseline numbers are obtained from the local LTC Ombudsman Program’s FY 2006-2007 National Ombudsman Reporting System (NORS) data as reported in the State Annual Report to the Administration on Aging (AoA).

Targets are established jointly by the AAA and the local LTC Ombudsman Program Coordinator. Use the baseline as the benchmark for determining FY 2009-2010 targets. For each subsequent FY target, use the previous FY target as the benchmark to determine realistic targets and percentage of change given current resources available. Refer to your local LTC Ombudsman Program’s last three years of NORS data for historical trends and take into account current resources available to the program. Targets should be reasonable and attainable.

Complete all Measures and Targets for Outcomes 1-3.

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

**Measures and Targets:**

**A. Complaint Resolution Rate (AoA Report, Part I-E, Actions on Complaints)**

The average California complaint resolution rate for FY 2006-2007 was 73%.

<p>1. FY 2006-2007 Baseline Resolution Rate: 38.3%                  Number of complaints resolved <u>399</u> + Number of partially resolved complaints <u>178</u> divided by the Total Number of Complaints Received <u>1506</u> = Baseline Resolution Rate <u>38.3</u> %</p>
<p>2. FY 2009-2010 Target: Resolution Rate <u>56</u> %</p>
<p>3. FY 2010-2011 Target: Resolution Rate <u>66</u> %</p>
<p>4. FY 2011-2012 Target: Resolution Rate <u>66</u> %</p>
<p>Program Goals and Objective Numbers:                  II, IV</p>

**B. Work with Resident Councils (AoA Report, Part III-D, #8)**

1. FY 2006-2007 Baseline: 97 number of meetings attended

2. FY 2009-2010 Target: number 107 and % increase 10 or % decrease \_\_\_\_

3. FY 2010-2011 Target: number 118 and % increase 10 or % decrease \_\_\_\_

4. FY 2011-2012 Target: number 118 and % increase 0 or % decrease \_\_\_\_

Program Goals and Objective Numbers: II, IV

**C. Work with Family Councils (AoA Report, Part III-D, #9)**

1. FY 2006-2007 Baseline: number of meetings attended 3

2. FY 2009-2010 Target: number 6 and % increase 100 or % decrease \_\_\_\_

3. FY 2010-2011 Target: number 6 and % increase 0 or % decrease \_\_\_\_

4. FY 2011-2012 Target: number 6 and % increase 0 or % decrease \_\_\_\_

Program Goals and Objective Numbers: II, IV

**D. Consultation to Facilities (AoA Report, Part III-D, #4)**

1. FY 2006-2007 Baseline: number of consultations 1,009

2. FY 2009-2010 Target: number 1,009 and % increase 0 or % decrease \_\_\_\_

3. FY 2010-2011 Target: number 1,009 and % increase 0 or % decrease \_\_\_\_

4. FY 2011-2012 Target: number 1,009 and % increase 0 or % decrease \_\_\_\_

Program Goals and Objective Numbers: II, IV

**E. Information and Consultation to Individuals (AoA Report, Part III-D, #5)**

1. FY 2006-2007 Baseline: number of consultations <u>6,310</u>
2. FY 2009-2010 Target: number <u>6,310</u> and % increase <u>0</u> or % decrease ____
3. FY 2010-2011 Target: number <u>6,310</u> and % increase <u>0</u> or % decrease ____
4. FY 2011-2012 Target: number <u>6,310</u> and % increase <u>0</u> or % decrease ____
Program Goals and Objective Numbers: II, IV

**F. Community Education (AoA Report, Part III-D, #10)**

1. FY 2006-2007 Baseline: number of sessions <u>476</u>
2. FY 2009-2010 Target: number <u>476</u> and % increase <u>0</u> or % decrease ____
3. FY 2010-2011 Target: number <u>476</u> and % increase <u>0</u> or % decrease ____
4. FY 2011-2012 Target: number <u>476</u> and % increase <u>0</u> or % decrease ____
Program Goals and Objective Numbers: II, IV

**G. Systems Advocacy**

1. FY 2011-2012 Activity: In narrative form, please provide at least one system advocacy effort that the local LTC Ombudsman Program will engage in during the fiscal year.

(Examples: Work with LTC facilities to improve pain relief, increase access to oral health care, work with law enforcement to improve response and investigation of abuse complaints, collaborate with other agencies to improve quality of care and quality of life, participate in disaster preparedness planning, conduct presentation to legislators and local official regarding quality of care issues, etc.)

Enter information in the box on the next page.

**Systemic Advocacy Effort (s)**

- a. To conduct Law Enforcement training to establish a better understanding of the Ombudsman program. This will ensure there is no time delay in the Ombudsman services to the residents living in facilities.
- b. To conduct training to Local Adult Protective Services, to establish a better understanding of jurisdictions and create a better understanding of each agencies roles while conducting joint investigations.

**Outcome 2. Residents have regular access to an Ombudsman. [(OAA Section 712(a)(3)(D), (5)(B)(ii)]**

**Measures and Targets:**

**A. Facility Coverage (other than in response to a complaint),**

(AoA Report, Part III-D, #6)

Number of Nursing Facilities visited (unduplicated) at least once a quarter not in response to a complaint (based on current resources available to the program).

1. FY 2006-2007 Baseline: 100 %

Number of Nursing Facilities visited at least once a quarter not in response to a complaint 53 divided by the number of Nursing Facilities 53.

2. FY 2009-2010 Target: % increase 0 or % decrease     

3. FY 2010-2011 Target: % increase 0 or % decrease     

4. FY 2011-2012 Target: % increase 0 or % decrease     

Program Goals and Objective Numbers: II, IV

**B. Facility Coverage (other than in response to a complaint) (AoA Report, Part III-D, #6)**

Number Board and Care Facilities (RCFEs) visited (unduplicated) at least once a quarter not in response to a complaint (based on current resources available to the program).

1. FY 2006-2007 Baseline: 100 %

Number of RCFEs visited at least once a quarter not in response to a complaint 461 divided by the number of RCFEs 461.

2. FY 2009-2010 Target: % increase 0 or % decrease     

3. FY 2010-2011 Target: % increase 0 or % decrease     

4. FY 2011-2012 Target: % increase 0 or % decrease     

Program Goals and Objective Numbers: II, IV

**C. Number of Full-Time Equivalent (FTE) Staff** (AoA Report Part III. B.2. - Staff and Volunteers)  
(One FTE generally equates to 40 hours per week or 1,760 hours per year)

Verify number of staff FTEs with Ombudsman Program Coordinator.

1. FY 2006-2007 Baseline: FTEs <u>7.5</u>
2. FY 2009-2010 Target: number of FTEs <u>8</u> and % increase <u>.8</u> or % decrease <u>___</u>
3. FY 2010-2011 Target: number of FTEs <u>8</u> and % increase <u>0</u> or % decrease <u>___</u>
4. FY 2011-2012 Target: number of FTEs <u>8</u> and % increase <u>0</u> or % decrease <u>___</u>
Program Goals and Objective Numbers: II, IV

**D. Number of Certified LTC Ombudsman Volunteers** (AoA Report Part III. B.2. - Staff and Volunteers)

Verify numbers of volunteers with Ombudsman Program Coordinator.

1. FY 2006-2007 Baseline: Number of certified LTC Ombudsman volunteers as of June 30, 2007 <u>21</u>
2. FY 2009-2010 Projected Number of certified LTC Ombudsman volunteers as of June 30, 2010 <u>25</u> and % increase <u>9</u> or % decrease <u>___</u>
3. FY 2010-2011 Projected Number of certified LTC Ombudsman volunteers as of June 30, 2011 <u>25</u> and % increase <u>0</u> or % decrease <u>___</u>
4. FY 2011-2012 Projected Number of certified LTC Ombudsman volunteers as of June 30, 2012 <u>25</u> and % increase <u>0</u> or % decrease <u>___</u>
Program Goals and Objective Numbers: II, IV

**Outcome 3. Ombudsman representatives report their complaint processing and other activities accurately and consistently. [OAA Section 712(c)]**

**Measures and Targets:**

**A. Each Ombudsman Program provides regular training on the National Ombudsman Reporting System (NORS).**

1. FY 2006-2007 Baseline number of NORS Part I, II, III or IV training sessions completed <u>  2  </u> <b>Please obtain this information from the local LTC Ombudsman Program Coordinator.</b>
2. FY 2009-2010 Target: number of NORS Part I, II, III or IV training sessions planned <u>  2  </u>
3. FY 2010-2011 Target: number of NORS Part I, II, III or IV training sessions planned <u>  2  </u>
4. FY 2011-2012 Target: number of NORS Part I, II, III or IV training sessions planned <u>  2  </u>
Program Goals and Objective Numbers: II, IV

**SPECIFIC OBJECTIVE FOR THE OMBUDSMAN PROGRAM**

The Ombudsman Program staff and volunteers will advocate against and respond to reports of abuse in the elderly who resident in skilled nursing facilities and residential care facilities. The anticipated outcome is the Ombudsman program makes approximately 45,020 contacts and close 1,399 cases in one year. This will be measures by the completion of contacts and cases. The objective continues from year to year to ensure our elderly who reside in skilled nursing facilities and residential care facilities are safe from abuse. Unduplicated information includes 53 skilled nursing facilities and 460 visits to residential care facilities for the elderly.

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

**PSA #21**

**2009-2012 Three-Year Planning Period**

Fiscal Year	Total # of Public Education Sessions
2009-10	48
2010-11	34
2011-12	45

Fiscal Year	Total # of Training Sessions for Professionals
2009-10	N/A
2010-11	N/A
2011-12	N/A

Fiscal Year	Total # of Training Sessions for Caregivers served by Title III E
2009-10	N/A
2010-11	N/A
2011-12	N/A

Fiscal Year	Total # of Hours Spent Developing a Coordinated System
2009-10	N/A
2010-11	N/A
2011-12	N/A

Fiscal Year	Total # of Copies of Educational Materials or Products to be Distributed	Description of Educational Materials or Products
2009-2010	1600	Consumer's Guide to Fraud Prevention and Protection
2010-2011	800	Consumer's Guide to Fraud Prevention and Protection -Spanish
2011-2012	800	Elder Abuse Prevention Pamphlet

## TITLE III E SERVICE UNIT PLAN OBJECTIVES

**2009–2012 Three-Year Planning Period**

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

This Service Unit Plan (SUP) utilizes the five broad federal service categories defined in PM 08-03. Refer to the FCSP Service Matrix in this PM for eligible activities and service unit examples covered within each category. Specify proposed audience size or units of service for ALL budgeted funds.

### For Direct Services

CATEGORIES	1	2	3
Direct III E Family Caregiver Services	<i>Proposed</i> Units of Service	<i>Required</i> Goal #(s)	<i>Optional</i> Objective #(s)
Information Services	<b># of activities and Total est. audience for above</b>		
2009-2010	# of activities: 272 Total est. audience for above: 20,720	III, IV	
2010-2011	# of activities: 50 Total est. audience for above: 10,500	III, IV	
2011-2012	# of activities: 25 Total est. audience for above: 5,000	III, IV	
Access Assistance	<b>Total contacts</b>		
2009-2010	3,426	III, IV	
2010-2011	3,137	III, IV	
2011-2012	7,487	III, IV	
Support Services	<b>Total hours</b>		
2009-2010	2,280	IV	
2010-2011	1,890	IV	
2011-2012	1,557	IV	
Respite Care	<b>Total hours</b>		
2009-2010	1,012	IV	
2010-2011	1,152	IV	
2011-2012	1,406	IV	
Supplemental Services	<b>Total occurrences</b>		
2009-2010	4	IV	
2010-2011	10	IV	
2011-2012	4	IV	

Direct III E Grandparent Services	<i>Proposed</i> Units of Service	<i>Required</i> Goal #(s)	<i>Optional</i> Objective #(s)
Information Services	<b># of activities and Total est. audience for above</b>		
2009-2010	# of activities: 8 Total est. audience for above: 160	IV	
2010-2011	# of activities: 8 Total est. audience for above: 160	IV	
2011-2012	# of activities: 8 Total est. audience for above:160	IV	



<b>Access Assistance</b>	<b>Total contacts</b>		
2009-2010	300	IV	
2010-2011	400	IV	
2011-2012	366	IV	
<b>Support Services</b>	<b>Total hours</b>		
2009-2010	24	IV	
2010-2011	24	IV	
2011-2012	24	IV	
<b>Respite Care</b>	<b>Total hours</b>		
2009-2010	n/a		
2010-2011	n/a		
2011-2012	n/a		
<b>Supplemental Services</b>	<b>Total occurrences</b>		
2009-2010			
2010-2011			
2011-2012			

**For Contracted Services**

<b>Contracted III E Family Caregiver Services</b>	<b>Proposed Units of Service</b>	<b>Required Goal #(s)</b>	<b>Optional Objective #(s)</b>
<b>Information Services</b>	<b># of activities and total est. audience for above:</b>		
2009-2010	# of activities: Total est. audience for above:		
2010-2011	# of activities: Total est. audience for above:		
2011-2012	# of activities: Total est. audience for above:		
<b>Access Assistance</b>	<b>Total contacts</b>		
2009-2010			
2010-2011			
2011-2012			
<b>Support Services</b>	<b>Total hours</b>		
2009-2010	1,807	IV	
2010-2011	1,670		
2011-2012	1,245		
<b>Respite Care</b>	<b>Total hours</b>		
2009-2010	7,272	IV	
2010-2011	7,390		
2011-2012	5,618		
<b>Supplemental Services</b>	<b>Total occurrences</b>		
2009-2010			
2010-2011			
2011-2012			

Contracted III E Grandparent Services	<i>Proposed</i> Units of Service	<i>Required</i> Goal #(s)	<i>Optional</i> Objective #(s)
<b>Information Services</b>	<b># of activities and Total est. audience for above</b>		
2009-2010	# of activities: Total est. audience for above:		
2010-2011	# of activities: Total est. audience for above:		
2011-2012	# of activities: Total est. audience for above:		
<b>Access Assistance</b>	<b>Total contacts</b>		
2009-2010			
2010-2011			
2011-2012			
<b>Support Services</b>	<b>Total hours</b>		
2009-2010			
2010-2011			
2011-2012			
<b>Respite Care</b>	<b>Total hours</b>		
2009-2010			
2010-2011			
2011-2012			
<b>Supplemental Services</b>	<b>Total occurrences</b>		
2009-2010			
2010-2011			
2011-2012			

## **TITLE V/SCSEP SERVICE UNIT PLAN OBJECTIVES**

### **2009–2012 Three-Year Planning Period**

CCR Article 3, Section 7300(d)

The Service Unit Plan (SUP) utilizes the new Data Collection System developed by the U.S. Department of Labor (DOL), which captures the new performance measures per the Older Americans Act of 1965 as amended in 2000, and the Federal Register 20 CFR Part 641. The related funding is reported in the annual Title V/SCSEP Budget.

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**Note:** Before the beginning of each federal Program Year, DOL negotiates with the California Department of Aging to set the baseline levels of performance for California. Once determined, those baseline levels will be transmitted to the AAA.

Fiscal Year (FY)	CDA Authorized Slots	National Grantee Authorized Slots (If applicable)	Objective Numbers (If applicable)
2009-2010	92	N/A	Goal III
2010-2011	92	N/A	Goal III
2011-2012	97	N/A	Goal III

## HEALTH INSURANCE COUNSELING AND ADVOCACY PROGRAM

### (HICAP) SERVICE UNIT PLAN \_2009-2012 Three-Year Planning Period CCR Article 3, Section 7300(d)

The Service Unit Plan (SUP) uses definitions that can be found at [www.aging.ca.gov](http://www.aging.ca.gov). After connecting with the Home Page, select "AAA" tab, then "Reporting", then select "Reporting Instructions and Forms", and finally select "**Health Insurance Counseling and Advocacy Program**" to find current instructions, definitions, acronyms, and reporting forms. HICAP reporting instructions, specifications, definitions, and forms critical to answering this SUP are all centrally located there. If you have related goals in the Area Plan to Service Unit Plan, please list them in the 3<sup>rd</sup> column.

**IMPORTANT NOTE FOR MULTIPLE PSA HICAPs:** If you are a part of a multiple PSA HICAP where two or more AAAs enter into agreement with one "Managing AAA," then each AAA must enter its equitable share of the estimated performance numbers in the respective SUPs. Please do this in cooperation with the Managing AAA. The Managing AAA has the responsibility of providing the HICAP services in all the covered PSAs in a way that is agreed upon and equitable among the participating parties.

**IMPORTANT NOTE FOR HICAPs WITH HICAP PAID LEGAL SERVICES:** If your Master Contract contains a provision for HICAP funds to be used for the provision of HICAP Legal Services, you must complete Section 2.

**IMPORTANT NOTE REGARDING FEDERAL PERFORMANCE TARGETS:** The Centers for Medicare and Medicaid Services (CMS) requires all State Health Insurance and Assistance Programs (SHIP) meet certain targeted performance measures. These have been added in Section 4 below. CDA will annually provide AAAs, via a Program Memo, with individual PSA targets in federal performance measures to help complete Section 4.

#### Section 1. Three Primary HICAP Units of Service

State Fiscal Year (SFY)	Total Estimated Persons Counseled Per SFY (Unit of Service)	Goal Numbers
2009-2010	691	
2010-2011	974	
2011-2012	1,023	
State Fiscal Year (SFY)	Total Estimated Number of Attendees Reached in Community Education Per SFY (Unit of Service)	Goal Numbers
2009-2010	5,514	
2010-2011	5,438	
2011-2012	5,710	

<b>State Fiscal Year (SFY)</b>	<b>Total Estimated Number of Community Education Events Planned per SFY (Unit of Service)</b>	<b>Goal Numbers</b>
2009-2010	118	
2010-2011	108	
2011-2012	114	

**Section 2. Three HICAP Legal Services Units of Service (if applicable) N/A**

<b>State Fiscal Year (SFY)</b>	<b>Total Estimated Number of Clients Represented Per SFY (Unit of Service)</b>	<b>Goal Numbers</b>
2009-2010	N/A	
2010-2011	N/A	
2011-2012	N/A	
<b>State Fiscal Year (SFY)</b>	<b>Total Estimated Number of Legal Representation Hours Per SFY (Unit of Service)</b>	<b>Goal Numbers</b>
2009-2010	N/A	
2010-2011	N/A	
2011-2012	N/A	
<b>State Fiscal Year (SFY)</b>	<b>Total Estimated Number of Program Consultation Hours per SFY (Unit of Service)</b>	<b>Goal Numbers</b>
2009-2010	N/A	
2010-2011	N/A	
2011-2012	N/A	

**Section 3. Two HICAP Counselor Measures**

<b>State Fiscal Year (SFY)</b>	<b>Planned Average Number of Registered Counselors for the SFY</b>
2009-2010	23
2010-2011	31
2011-2012	33

<b>State Fiscal Year (SFY)</b>	<b>Planned Average Number of Active Counselors for the SFY</b>
2009-2010	21
2010-2011	22
2011-2012	25

**Section 4. Eight Federal Performance Benchmark Measures**

<b>Fiscal Year (FY)</b>	<b>4.1 - Beneficiaries Reached Per 10k Beneficiaries in PSA</b>
2009-2010	1,651
2010-2011	6,298
2011-2012	6,613

**Note:** This includes counseling contacts and community education contacts.

<b>Fiscal Year (FY)</b>	<b>4.2 - One-on-One Counseling Per 10k Beneficiaries in PSA</b>
2009-2010	413
2010-2011	974
2011-2012	1,022

<b>Fiscal Year (FY)</b>	<b>4.3 - Beneficiaries with Disabilities Contacts Reached Per 10k Beneficiaries with Disabilities in PSA</b>
2009-2010	59
2010-2011	130
2011-2012	136

**Note:** These are Medicare beneficiaries due to disability and not yet age 65.

<b>Fiscal Year (FY)</b>	<b>4.4 - Low Income Contacts Per 10k Low Income Beneficiaries in PSA</b>
2009-2010	92
2010-2011	301
2011-2012	316

**Note:** Use 150% Federal Poverty Line (FPL) as Low Income.

<b>Fiscal Year (FY)</b>	<b>4.5 – All Enrollment and Assistance Contacts Per 10k Beneficiaries in PSA</b>
2009-2010	416
2010-2011	1,279
2011-2012	1,342

**Note:** This includes all enrollment assistance, not just Part D.

<b>Fiscal Year (FY)</b>	<b>4.6 - Part D Enrollment and Assistance Contacts Per 10k Beneficiaries in PSA</b>
2009-2010	23
2010-2011	450
2011-2012	472

**Note:** This is a subset of all enrollment assistance in 4.5.

<b>Fiscal Year (FY)</b>	<b>4.7 - Total Counselor FTEs Per 10k Beneficiaries in PSA</b>
2009-2010	1.15
2010-2011	5.34
2011-2012	5.34
<b>Fiscal Year (FY)</b>	<b>4.8 - Percent of Active Counselors That Participate in Annual Update Trainings</b>
2009-2010	150%
2010-2011	150%
2011-2012	150%

## RIVERSIDE COUNTY FOCAL POINTS

### 2009-2012 Three-Year Planning Cycle COMMUNITY FOCAL POINTS LIST

**CCR Title 22, Article 3, Section 7302(a)(14), 45 CFR Section 1321.53(c), OAA 2006 306(a)**

Provide below is an updated list of designated community focal points and their addresses. This information will match the National Aging Program Information System (NAPIS) SPR 106, as required:

Ageless Reflections - Blythe Community Center 445 North Broadway Blythe, CA 92225	Idyllwild Town Hall 25925 Cedar St. Idyllwild, CA 92549
Albert A. Chatigny Senior Community Recreation Center 1310 Oak Valley Parkway Beaumont, CA 92223	Indio Senior Center 45-700 Aladdin Street Indio, CA 92201
Arlanza Community Center – Bryant Park 7950 Philbin Ave. Riverside, CA 92503	James A. Venable Community Center 50-390 Carmen Avenue Cabazon, CA 92230
Banning Senior Center 769 North San Geronio Avenue PO Box 998 Banning, CA 92220	James Simpson Memorial Center 305 East Devonshire Avenue Hemet, CA 92543
Coachella Senior Center 1540 Seventh Street Coachella, CA 92236	Janet Goeske Center 5257 Sierra Street Riverside, CA 92504
Colorado River Senior Community Center HCR 20, Box 3408 – Rio Loco Blythe, CA 92225	Joslyn Senior Center 73-750 Catalina Way Palm Desert, CA 92260
Corona Senior Center 921 South Belle Street Corona, CA 92882-4132	Kay Cenicerros Senior Center 29995 Evans Road Sun City, CA 92586
Dales Senior Center 3936 Chestnut Street Riverside, CA 92501	La Quinta Senior Center 78-450 Avenida La Fonda La Quinta, CA 92247
Desert Hot Springs Senior Center 11-777 West Drive Desert Hot Springs, CA 92240	La Sierra Senior Center 5215 La Sierra Riverside, CA 92505
Eddie Dee Smith Senior Center 5888 Mission Boulevard Rubidoux, CA 92509	Lake Elsinore Activity Center 420 East Lakeshore Drive Lake Elsinore, CA 92530
Golden Rainbow Senior Center 611 S. Palm Canyon Dr., Suite 201 Palm Springs, CA 92262	Mary Phillips Senior Center 41845 Sixth Street Temecula, CA 92590



Mead Valley Community Center 21091 Rider Street Perris, CA 92570	Ruth H. Lewis Community Center at Reid Park 701 North Orange Street Riverside, CA 92501
Mizell Senior Center 480 South Sunrise Way Palm Springs, CA 92262	San Jacinto Community Center 625 South Pico Avenue San Jacinto, CA 92583
Moreno Valley Senior Center 25075 Fir Avenue Moreno Valley, CA 92553	Stratton Community Center at Bordwell Park 2008 Martin Luther King Boulevard Riverside, CA 92507
Murrieta Senior Center 41717 Juniper Street Murrieta, CA 92562	The Community Center of Tierra Del Sol 31-171 West Buddy Rogers Ave. Cathedral City, CA 92234
Norco Senior Center 2690 Clark Avenue PO Box 428 Norco, CA 92860	Thermal Senior Center 87-225 Church Street PO Box 254 Thermal, CA 92274
Norton Younglove Community Center 459 W. Center Street Riverside, CA 92507	Ysmael Villegas Community Center 3091 Esperanza Street Riverside, CA 92503
Norton Younglove Community Center 908 Park Street PO Box 1190 Calimesa, CA 92320-0919	<p><i>"Never doubt that a small group of thoughtful committed citizens can change the world. Indeed, it is the only thing that ever has."</i></p>
Perris Senior Center 100 North "D" Street Perris, CA 92570	
Riverside-San Bernardino County Indian Health 11555 ½ Potrero Road Banning, CA 92220	

Margaret Mead

## PRIORITY SERVICES

### 2009-2012 Three-Year Planning Cycle

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

The **CCR, Article 3, Section 7312**, requires that the AAA allocate an "adequate proportion" of federal funds to provide Access, In-Home Services, and Legal Assistance in the PSA. The annual minimum allocation is determined by the AAA through the planning process. The minimum percentages of applicable Title III B funds<sup>1</sup> listed below have been identified for annual expenditure throughout the four-year planning period. These percentages are based on needs assessment findings, resources available within the PSA, and discussions at public hearings on the Area Plan.

#### Category of Service & Percentage of Title III B Funds Expended in/or To Be Expended in FY 2009-10 through FY 2011-12

##### **Access:**

*Case Management, Assisted Transportation, Transportation, Information and Assistance, and Outreach*

09-10 25.9%      10-11 25.9%      11-12 25.9%

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

*Personal Care, Homemaker and Home Health Aides, Chore, In-Home Respite, Daycare as respite services for families, Telephone Reassurance, Visiting, and Minor Home Modification*

09-10 6%      10-11 6%      11-12 6%

##### **Legal Assistance Required Activities<sup>2</sup>:**

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

09-10 3.5%      10-11 3.5%      11-12 3.5%

<sup>1</sup> Minimum percentages of applicable funds are calculated on the annual Title III B baseline allocation, minus Title III B administration and minus Ombudsman. At least one percent of the final Title III B calculation must be allocated for each "Priority Service" category or a waiver must be requested for the Priority Service category(s) that the AAA does not intend to fund.

<sup>2</sup> Legal Assistance must include all of the following activities: Legal Advice, Representation, Assistance to the Ombudsman Program and Involvement in the Private Bar.

1. Explain how allocations are justified and how they are determined to be sufficient to meet the need for the service within the PSA. Based on target populations and prior year usage.
2. This form must be updated if the minimum percentages change from the initial year of the four-year plan.
3. Provide documentation that prior notification of the Area Plan public hearing(s) was provided to all interested parties in the PSA and that the notification indicated that a change was proposed, the proposed change would be discussed at the hearing, and all interested parties would be given an opportunity to testify regarding the change. \_\_\_\_\_
4. Submit a record (e.g., a transcript of that portion of the public hearing(s) in which adequate proportion is discussed) documenting that the proposed change in funding for this category of service was discussed at Area Plan public hearings. \_\_\_\_\_

## PUBLIC HEARINGS

Conducted for the 2009-2012 Planning Period  
 CCR Title 22, Article 3, Section 7302(a)(10) and Section 7308; OAA 2006 306(a)

Fiscal Year	Date	Location	Number of Attendees	Presented in languages other than English? <sup>1</sup> Yes or No	Was hearing held at a Long-Term Care Facility? <sup>2</sup> Yes or No
2009-10	2/18/09	Riverside	24	No	No
2010-11	3/10/10	Palm Desert	34	No	No
2011-12	2/09/11	Riverside	20	No	No

**Below items must be discussed at each planning cycle's Public Hearings**

1. Discuss outreach efforts used in seeking input into the Area Plan from institutionalized, homebound, and/or disabled older individuals. In addition to the above public hearing, Office on Aging convened 8 external focus groups, during plan development, to seek input from the community. The focus groups included individuals from rural areas, those with limited English speaking ability (translators were provided), Lesbian, Gay, Bisexual, and Transgendered, long term care facility residents, elders, caregivers, individuals with disabilities, grandparents raising grandchildren, and service providers.

2. Proposed expenditures for Program Development (PD) and Coordination (C) must be discussed at a public hearing. Did the AAA discuss PD and C activities at a public hearing?

Yes                       Not Applicable if PD and C funds are not used

No, Explain:

3. Summarize the comments received concerning proposed expenditures for PD and C, if applicable.

No comments received.

4. Were all interested parties in the PSA notified of the public hearing and provided the opportunity to testify regarding setting of minimum percentages of Title III B program funds to meet the adequate proportion funding for Priority Services?

Yes                       No, Explain:

<sup>1</sup> A translator is not required unless the AAA determines a significant number of attendees require translation services.  
<sup>2</sup> AAAs are encouraged to include individuals in LTC facilities in the planning process, but hearings are not required to be held in LTC facilities.

5. Summarize the comments received concerning minimum percentages of Title III B funds to meet the adequate proportion funding for priority services. No comments received.
6. Summarize other major issues discussed or raised at the public hearings. No major issues were discussed or raised. The proceeding was recorded.
7. List major changes in the Area Plan resulting from input by attendees at the hearings. N/A

**Comments/Questions and Responses:**

**Question** – What are the green highlighted items in the Priority Goals and Objectives section?

**Response** – The green highlights objectives indicate Advocacy-focused objectives. The Text Color Key is provided on the first page of the 2011-2012 Area Plan Update.

**Question** – Where does the funding for the Care Transition Intervention (CTI) come from?

**Response** – CTI funding comes from Federal funds.

**Question** – Why is the AAA estimating less than 40,000 I&A when we are currently nearing that call level?

**Response** – We have to project Service Units based on the current funding level and historical data. Although we might exceed the estimated projection, we are providing our best guess estimate based on current data. It is better to estimate on the conservative side and try to overachieve that level.

**Question** – Is that true for Home-delivered meals?

**Response** – Yes, we are estimating the number of home delivered meals based on current level of funding and cost. However, like in previous years, if there is One Time Only funding levels available, we may be able to provide more meals.

**Question** – For the Family Caregiver Goals and Objectives, is it possible to put more emphasis on caregivers providing care for Alzheimer or dementia related conditions. These care providers have higher stress and depression.

**Response** – We look at the need of the clients. Certainly, dementia places the person at a higher acuity need. Additional, we are developing programs through MHSA funding called Care Pathways that specifically addresses the necessity for Preventative and Early Intervention for depression for caregivers.

## TARGETING

The Older Americans Act defines a number of “target populations” which Area Agencies on Aging should make special efforts to include in the planning and delivery of community-based services. These targeted groups consist of older individuals who are in the greatest social and economic need, with special emphasis on those who are frail, isolated, neglected, and/or exploited, low-income minorities, limited English speaking, and those residing in rural areas. In response to this policy, the California Department of Aging (CDA) has developed a cumulative formula, the Intrastate Funding Formula, to distribute funding to Area Agencies on Aging.

### Intrastate Funding Formula:

- 1 point for each non-minority older adult (sixty years and older<sup>1</sup>)
- 2 points for each ethnic minority older adult
- 2 points for each low-income older adult
- 1.5 points for each older adult residing in a rural area<sup>2</sup>

Office on Aging also considers the unique needs of caregivers, grandparents raising grandchildren, LGBT individuals, individuals with disabilities, and baby boomers in the planning and delivery of community based services.

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<sup>1</sup> Except for the National Family Caregiver Support Program where funds are allocated under a seventy years and older population-based Intrastate Funding Formula.

<sup>2</sup> Rural areas are defined by the Federal Government during the United States Census process.

## CONCLUSION

During these difficult economic times, some targets have been pushed back or eliminated due to reductions in local funding and the elimination of State General funds for the Community Based Service Programs. Such funding restrictions have tremendously impacted direct and contracted services resulting in either elimination of program services or significantly reducing service capacity. Although the goal of the agency is to meet objectives, its ability has been weakened due to staffing reductions (total cumulative reduction by 10%) and other cost containment measures such as furloughs. Agency efforts to meet objectives include, but are not limited to, reorganization following staffing reductions, the pursuit of alternative funding and the continued provision of some services in a very limited capacity. The pursuit of alternative funding has resulted in some new program developments that are needed for additional funding to provide needed service to our clients.

As we look ahead to the coming year, there is certainly cause for concern. The population and diversity of Riverside County continues to grow and change. Riverside County was the fastest growing county in California during the past decade with a growth of 42% (representing a total population of 2,189,641 in 2010) according to the 2010 U.S. Census Bureau. Furthermore, Riverside County is now 45.5% Hispanic, which represents a 77.9% growth from 2000.<sup>1</sup> There is no question that the need for services will increase dramatically as a result of the aging boomers. Static or non-growth funding that does not keep pace with inflation can only reduce our ability to meet the increasing needs of our aging population. Given this reality, we must look for creative ways to pursue alternative funding, allocate existing resources more efficiently, and develop new dynamic programs that help meet the needs of people we serve.

***“No man was ever so completely skilled in the conduct of life, as not to receive new information from age and experience.”***

**Terence**

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<sup>1</sup> Press Enterprise, “Census: In the Face of Recession, the Inland Area Saw Explosive Growth”, March 9, 2011