

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

305  
A



**FROM:** RIVERSIDE COUNTY OFFICE ON AGING

**SUBMITTAL DATE:**  
April 10, 2013

**SUBJECT:** Approval of the Office on Aging's 2013-2014 Update of the 2012-2016 Strategic Plan; "Focusing on a Healthy Tomorrow".

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

1. Approve the attached 2013-2014 Strategic Plan Update of the 2012-2016 Strategic Plan, "Focusing on a Healthy Tomorrow";
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:** 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. On April 10, 2012 (Agenda #2.09), the Board of Supervisors approved the 2012-2016 Strategic Plan, "Focusing on a Healthy Tomorrow" This is the first annual update of the 2012-2016 Strategic Plan. The California Department of Aging requires that each update reflect a history of the original 2012-2016 Strategic Plan. (Continued on next page)

*Michele Wilham*

Michele Wilham, Director

<b>FINANCIAL DATA</b>	Current F.Y. Total Cost:	-0-	In Current Year Budget:	N/A
	Current F.Y. Net County Cost:	-0-	Budget Adjustment:	N/A
	Annual Net County Cost:	-0-	For Fiscal Year:	13/14

<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: *Lani Sioson*  
Lani Sioson

- Policy
- Policy
- Consent
- Consent

Dept's Recomm.:  
Per Exec. Ofc.:

2013 APR 10 10:53 AM  
RECEIVED RIVERSIDE COUNTY

**Prev. Agn. Ref.:** 4.10.2012 (#2.9)

**District:** All

**Agenda Number:**

2-6

RCED APR 15 '13 PM 4:33

2013 APR 23 PM 12:29  
RECEIVED RIVERSIDE COUNTY  
CLERK / BOARD OF SUPERVISORS

**SUBJECT:** Approval of the Office on Aging's 2013–2014 Update of the 2012-2016 Strategic Plan; "Focusing on a Healthy Tomorrow".

**BACKGROUND:** (Continued)

On March, 13, 2013, a Public Hearing was held and changes to the Strategic Plan were discussed and approved by the Riverside County Advisory Council on Aging. Primary changes include slight modifications to goal statements and timelines and alterations to service plan units based on initial sequestration projections.



305A

**TRANSMITTAL LETTER  
Four-Year Area Plan  
2012-2016**

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

**PSA** 21

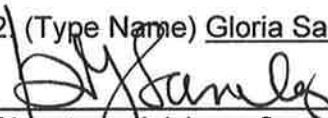
This Area Plan is hereby submitted to the California Department of Aging for approval. The Governing Board and the Advisory Council have each had the opportunity to participate in the planning process and to review and comment on the Area Plan. The Governing Board, Advisory Council, and Area Agency Director 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) ~~John Tavaglione~~ John J. Benoit

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

\_\_\_\_\_  
Date

2. (Type Name) Gloria Sanchez

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

\_\_\_\_\_  
Date

3. (Type Name) ~~Ed Walsh~~ Michele Wilham

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

4-15-13  
\_\_\_\_\_  
Date

1 Original signatures or official signature stamps are required.





RIVERSIDE COUNTY  
OFFICE ON AGING



# Riverside County Office on Aging Aging and Disability Resource Connection

## 2012-2016 Strategic Plan on Aging 2013-2014 Plan Update

# Focusing on a Healthy Tomorrow



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## Overview

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### **Purpose**

Part II includes all forms referenced in Part I: Instructions & References.

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### **Regulation**

In accordance with the Older Americans Act (OAA) 2006 Section 306(a) and 307(a)(1), Area Plans shall be submitted in a uniform format specified by the State Agency. The forms and templates contained in this Guidance constitute the required Area Plan format.

In the event of an amendment to the OAA during the 2012-2016 Area Plan cycle, CDA will issue a Program Memo (PM) outlining the changes, provide relevant guidance, and any necessary form and template changes pertaining to the Area Plan.

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### **Content**

The following components comprise the Area Plan:

- Area Plan Required Components Checklist – found in Part II.
  - Transmittal Letter – found in Part II.
  - Sections 1 – 22 (The Area Plan) as delineated in Part II.
  - Additional Instructions, Information and Logistics are at the end of Part I.
-

## AREA PLAN REQUIRED COMPONENTS CHECKLIST

To ensure all required components are included, "X" mark the far-right column boxes.  
Enclose a copy of the checklist with your Area Plan

Section	Four-Year Area Plan Components	4-Year Plan
	Transmittal Letter – must have original signatures or official signature stamps	<input type="checkbox"/>
1	Mission Statement	<input checked="" type="checkbox"/>
2	Description of the Planning and Service Area (PSA)	<input checked="" type="checkbox"/>
3	Description of the Area Agency on Aging (AAA)	<input checked="" type="checkbox"/>
4	Planning Process / Establishing Priorities	<input checked="" type="checkbox"/>
5	Needs Assessment	<input checked="" type="checkbox"/>
6	Targeting	<input checked="" type="checkbox"/>
7	Public Hearings	<input checked="" type="checkbox"/>
8	Identification of Priorities	<input checked="" type="checkbox"/>
9	Area Plan Narrative Goals and Objectives:	
	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/VII A Long-Term Care Ombudsman Objectives	<input checked="" type="checkbox"/>
	Title VII B Elder Abuse Prevention Objectives	<input checked="" type="checkbox"/>
10	Service Unit Plan (SUP) Objectives	<input checked="" type="checkbox"/>
11	Focal Points	<input checked="" type="checkbox"/>
12	Disaster Preparedness	<input checked="" type="checkbox"/>
13	Priority Services	<input checked="" type="checkbox"/>
14	Notice of Intent to Provide Direct Services	<input checked="" type="checkbox"/>
15	Request for Approval to Provide Direct Services	<input checked="" type="checkbox"/>
16	Governing Board	<input checked="" type="checkbox"/>
17	Advisory Council	<input checked="" type="checkbox"/>
18	Legal Assistance	<input checked="" type="checkbox"/>
19	Multipurpose Senior Center Acquisition or Construction Compliance Review	<input checked="" type="checkbox"/>
20	Title III E Family Caregiver Support Program	<input checked="" type="checkbox"/>
21	Organization Chart	<input checked="" type="checkbox"/>
22	Assurances	<input checked="" type="checkbox"/>

**TRANSMITTAL LETTER**  
**Four-Year Area Plan**  
**2012-2016**

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

**PSA** 21

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) ~~John Tavaglione~~ John J. Benoit

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

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Date

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

\_\_\_\_\_  
Date

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

## **SECTION 1. MISSION STATEMENT**

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



### **Riverside County Office on Aging's Philosophy**

#### **Our Vision**

Hope for today with expanded possibilities and choices for tomorrow.

#### **Our Core Value**

The right to age with dignity.

#### **Our Purpose**

To enhance quality of life across generations through innovation and partnerships.

#### **Our Promise**

To listen with respect, to foster trust, and to serve with compassion and commitment in a timely manner.



## SECTION 2. DESCRIPTION OF THE PLANNING AND SERVICE AREA (PSA) 21

### Physical Characteristics

Riverside County, one of 58 counties in the state of California, covers 7,296 square miles in the southern part of the state stretching from Orange County to the Colorado River, which forms the state border with Arizona. Riverside County lies inland of Los Angeles County and is bordered by Orange County to the West, San Bernardino County to the north, and San Diego and Imperial Counties to the south.



The County forms a unique shape similar to a long rectangle (see map on right). It is approximately 180 miles from the east to the west side of the County and 40 miles north to south, roughly the size of the state of New Jersey in total area. Due to its unique shape and total area size, the Colorado River town of Blythe is a three-hour drive from the county seat of Riverside. The County's landscape features everything from lush, irrigated farms to desert sand dunes and has altitudes ranging from 200 feet below sea level, at the Salton Sea, to 10,084 feet above sea level at the top of Mt. San Jacinto.

The County is home to diverse geographical features, including deserts, forests, mountains, and biological resources. Additionally, there are growing industrial and urban/suburban population centers and productive agricultural lands.

Riverside County was founded in 1893, and is currently comprised of 28 incorporated cities, unincorporated communities and neighborhoods, and 12 federally recognized Indian reservations. Over 87% of the county is unincorporated land.



[http://www.californiacountymaps.com/riverside\\_county.shtml](http://www.californiacountymaps.com/riverside_county.shtml)

## **TOTAL POPULATION**

According to the 2010 United States Census, the population of Riverside County was 2,189,641, which represents 5.88% of the total population of California. As of January, 2011, the total Riverside County population was 2,217,778 with approximately 23.1% of the county's residents living in unincorporated areas. Of the 58 counties within the State of California, Riverside County is the fourth largest county in the state with only the counties of Los Angeles, Orange, and San Diego having a larger population. Additionally, Riverside County is the eleventh largest county in the nation, with more residents than 15 of the country's states.<sup>2</sup> With regards to the total population within cities of Riverside County, the city of Riverside has the highest population with 303,871 and the city of Indian Wells has the lowest population with 4,958. The following table (Table 1) from the Demographic Research Unit of the Department of Finance provides the total population by incorporated cities and census designated places (CDP) as of April, 2010 shows the wide variance in population per square mile between different regions of Riverside County.

**Table 1: Land Area, Population and Population Density, April 1, 2010  
Incorporated Cities and Census Designated Places (CDP) For Riverside County**

Geography	Total Population	Land Area in Square Miles	Population Per Square Mile (Land Area)
<b>California</b>	37,253,956	155,779.2	239
<b>Riverside County</b>	2,189,641	7,206.5	304
Aguanga CDP	1,128	13.6	83
Anza CDP	3,014	27.6	109
Banning city	29,603	23.1	1,282
Beaumont city	36,877	30.9	1,193
Bermuda Dunes CDP	7,282	2.9	2,472
Blythe city	20,817	26.2	795
Cabazon CDP	2,535	4.9	521
Calimesa city	7,879	14.8	531
Canyon Lake city	10,561	3.9	2,689
Cathedral City	51,200	21.5	2,381
Cherry Valley CDP	6,362	8.1	787
Coachella city	40,704	29.0	1,406
Corona city	152,374	38.8	3,925
Coronita CDP	2,608	0.7	3,754
Crestmore Heights CDP	384	0.3	1,335
Desert Center CDP	204	30.4	7
Desert Edge CDP	3,822	2.3	1,686
Desert Hot Springs city	25,938	23.6	1,098
Desert Palms CDP	6,957	2.7	2,605

<sup>2</sup> U.S. Census Bureau, Preliminary Annual Estimates of the Resident Population for Counties: April 1, 2000 to July 1, 2010, CO-PEST2010-TOTALS

Geography	Total Population	Land Area in Square Miles	Population Per Square Mile (Land Area)
East Hemet CDP	17,418	5.2	3,341
Eastvale CDP	53,668	11.4	4,706
El Cerrito CDP	5,100	2.6	1,998
El Sobrante CDP	12,723	7.2	1,764
French Valley CDP	23,067	10.9	2,123
Garnet CDP	7,543	11.3	668
Glen Avon CDP	20,199	8.1	2,494
Good Hope CDP	9,192	11.2	818
Green Acres CDP	1,805	1.4	1,289
Hemet city	78,657	27.8	2,825
Highgrove CDP	3,988	3.2	1,239
Home Gardens CDP	11,570	1.6	7,436
Homeland CDP	5,969	4.3	1,398
Idyllwild-Pine Cove CDP	3,874	13.7	282
Indian Wells city	4,958	14.3	346
Indio city	76,036	29.2	2,606
Indio Hills CDP	972	21.5	45
Lake Elsinore city	51,821	36.2	1,431
Lakeland Village CDP	11,541	8.7	1,330
Lake Mathews CDP	5,890	15.9	370
Lake Riverside CDP	1,173	7.2	163
Lakeview CDP	2,104	3.3	645
La Quinta city	37,467	35.1	1,067
March ARB CDP	1,159	12.0	97
Meadowbrook CDP	3,185	6.9	465
Mead Valley CDP	18,510	19.2	966
Mecca CDP	8,577	7.0	1,233
Menifee city	77,519	46.5	1,668
Mesa Verde CDP	1,023	4.3	236
Mira Loma CDP	21,930	8.0	2,742
Moreno Valley city	193,365	51.3	3,771
Mountain Center CDP	63	1.9	33
Murrieta city	103,466	33.6	3,081
Norco city	27,063	14.0	1,938
North Shore CDP	3,477	11.2	311
Nuevo CDP	6,447	6.8	952
Oasis CDP	6,890	19.6	351
Palm Desert city	48,445	26.8	1,807
Palm Springs city	44,552	94.1	473
Pedley CDP	12,672	5.1	2,495
Perris city	68,386	31.4	2,178
Rancho Mirage city	17,218	24.4	704

Geography	Total Population	Land Area in Square Miles	Population Per Square Mile (Land Area)
Rancho Mirage city	17,218	24.4	704
Ripley CDP	692	1.7	407
Riverside city	303,871	81.1	3,745
Romoland CDP	1,684	2.6	637
Rubidoux CDP	34,280	9.7	3,549
San Jacinto city	44,199	25.7	1,719
Sky Valley CDP	2,406	24.3	99
Sunnyslope CDP	5,153	1.5	3,497
Temecula city	100,097	30.2	3,320
Temescal Valley CDP	22,535	19.3	1,167
Thermal CDP	2,865	9.5	303
Thousand Palms CDP	7,715	23.6	326
Valle Vista CDP	14,578	6.9	2,123
Vista Santa Rosa CDP	2,926	16.1	182
Warm Springs CDP	2,676	2.0	1,321
Whitewater CDP	859	9.9	87
Wildomar city	32,176	23.7	1,358
Winchester CDP	2,534	7.7	328
Woodcrest CDP	14,347	11.4	1,257

Source: Center for Demographic Research, Department of Finance, April, 2010

California's population grew by 0.7% between July 1, 2010 and July 1, 2011 to total more than 37.5 million persons, according to the official population estimates released by the Department of Finance.<sup>3</sup> This represents 260,000 new residents within state during the fiscal year and continues the pattern of modest growth rates over the past few years. However, Riverside County has the largest percentage increase in population with a 1.59 percent increase, which is more than double the percentage of increase as compared to the entire state within the same time period. This is in sharp contrast of the growth between the years 2000 to 2010, in which Riverside County grew 41.7%. New studies show that Riverside County's population will continue to grow, reaching 4.2 million by 2060.<sup>4</sup> This growth will make Riverside County the second largest county in California, surpassed only by Los Angeles County.<sup>3</sup>



<sup>3</sup> State of California, Department of Finance, California County Population Estimates and Components of Change by Year, July 1, 2010-2011. Sacramento, California, December 2011.

<sup>4</sup> State of California, Department of Finance, New Population Projections: California to Surpass 50 Million in 2049



## ELDER POPULATION

The aging of the Boomer generation (those born between 1946 and 1964) means that the oldest of the Boomers turned 60 in 2006, which equates to 330 people turning 60 every hour. The state of California as well as Riverside County has to anticipate this growth and take this into account in its planning efforts. According to the 2010 U.S. Census figures, the population by age category for both California and Riverside County are shown in Table 2 below<sup>5</sup>.

TABLE 2. 2010 U.S. Census by Age Group (Ages 50 and Above)

AGE	CALIFORNIA	RIVERSIDE COUNTY
50 to 54 years	2,562,552	140,016
55 to 59 years	2,204,296	114,765
60 to 64 years	1,832,197	98,974
65 to 69 years	1,303,558	78,495
70 to 74 years	971,778	62,103
75 to 79 years	766,971	49,003
80 to 84 years	603,239	36,793
85 years and over	600,968	32,192
<b>Total 60 years and over</b>	<b>6,078,711</b>	<b>357,560</b>

For Riverside County, the population projections according to the Department of Finance 2007 demographic information for the years 2000-2050 for older adults are shown in Table 3.<sup>6</sup>

TABLE 3. Riverside County Population Projections 2000-2050

Age Group	2000	2010	2020	2030	2040	2050
<b>ALL Age Group (Total Population)</b>	1,559,039	2,239,053	2,904,848	3,507,498	4,103,182	4,730,922
<b>60-69</b>	106,508	151,469	250,274	316,322	333,125	456,228
<b>70-79</b>	95,156	96,608	133,969	217,406	276,315	297,163
<b>80+</b>	49,463	69,734	80,483	114,772	194,135	282,504
<b>ALL 60+</b>	251,127	317,811	464,726	648,500	803,575	1,035,895

Clearly the projections in the above table (Table 3) underestimated the impact of the boomers in the 2007 Department of Finance projections as compared to the actual 2010 census figures. The 60+ age group was projected to be 317,811 in 2010 from the 2007 data. However, the actual 2010 population was 357,560! **By the year 2040, , the age 65+ group will exceed half a million in Riverside County, and will be approaching 1 million by 2060! The fastest growing cohort proportionately is the age 80+, which is projected to grow between 255% (75-84 years of age) and 531% (85+) by 2060.**<sup>7</sup> The

<sup>5</sup> U.S. Census Bureau, 2010 Census Demographic Profile Summary File. Table prepared by Demographic Research Unit, California Department of Finance.

<sup>6</sup> State of California, Department of Finance, *Population Projections for California and Its Counties 2000-2050*, Sacramento, California, July 2007.

<sup>7</sup> State of California, Department of Finance, *New Population Projections: California to Surpass 50 Million in 2049*, Sacramento, California, January 2013.

unprecedented growth in older adult population will mean a demographic change that will necessitate infrastructure changes to meet the needs of the growing population. The boomers are living longer but not necessarily healthier. In addition, California boasts the highest number of Centurians, persons aged 100 or older, than any other state. This population, which makes up less than 1% of the total population both in the state and nationwide, is expected to increase as the overall population of the state increases.<sup>8</sup>

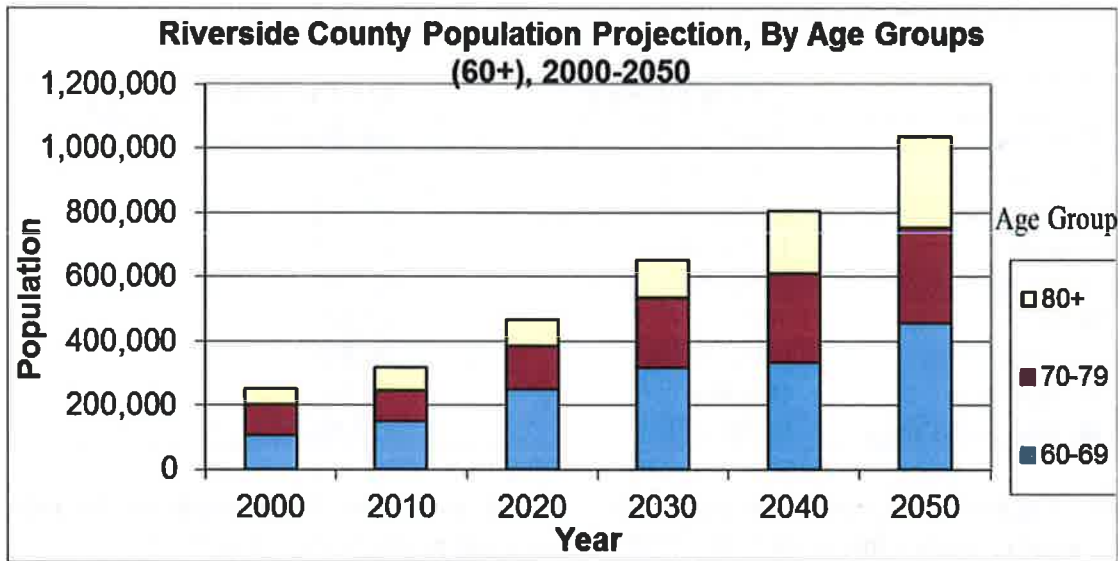
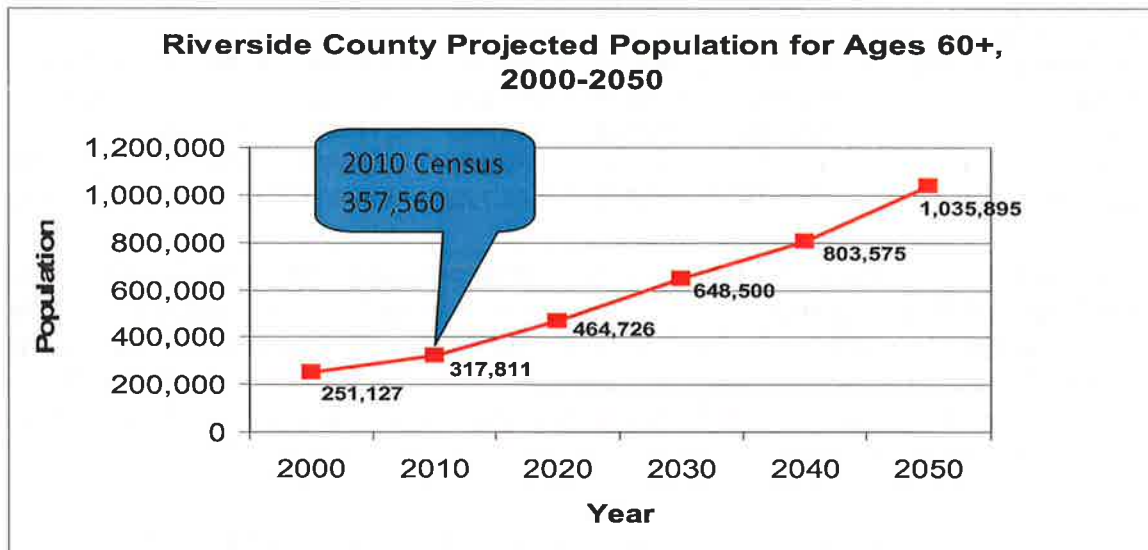


FIGURE 1: Riverside County Population Projections by Age Groups (60+)

Source: Department of Finance, *Population Projections for California and Its Counties 2000-2050*



<sup>8</sup> US Census Bureau, 2010 Census Special Reports, Centurions: 2010, C2010SR-0, U.S. Government Office, Washington D.C., 2012.

Source: Department of Finance, *Population Projections for California and Its Counties 2000-26*

## DISABLED POPULATION

The 2010 U.S. Census estimated that the total civilian, non-institutionalized population within Riverside County with a disability is 220,121 persons, which represents about 10.1% of the total population, which is slightly higher than the State of California (9.9%).<sup>9</sup> The 2008-2010 American Community Survey 3-Year Estimates of Riverside County shows that the percentage of people with disability remains fairly constant at about 10.3%. Table 4 is a brief summary of disability statistics by age grouping as well as by type of disability.

**TABLE 4: DISABILITY CHARACTERISTICS FOR RIVERSIDE COUNTY<sup>10</sup>**  
**2010 American Community Survey**

Subject	Total Population	Estimated With Disability	Percent with Disability
Total Civilian, Non-Institutionalized	2,180,857	220,121	10.1%
Population under 5 years	163,258	1,062	0.7%
With a hearing difficulty		764	0.5%
With a vision difficulty		406	0.2%
Population 5 to 17 years	460,038	16,468	3.6%
With a hearing difficulty		2,528	0.5%
With a vision difficulty		2,158	0.5%
With a cognitive difficulty		11,632	2.5%
With an ambulatory difficulty		2,974	0.6%
With a self-care difficulty		4,695	1.0%
Population 18 to 64 years	1,299,857	105,412	8.1%
With a hearing difficulty		20,593	1.6%
With a vision difficulty		18,603	1.4%
With a cognitive difficulty		40,598	3.1%
With an ambulatory difficulty		54,477	4.2%
With a self-care difficulty		21,129	1.6%
With an independent living difficulty		40,476	3.1%
Population 65 years and over	257,704	97,179	37.7%
With a hearing difficulty		42,457	16.5%
With a vision difficulty		16,286	6.3%
With a cognitive difficulty		23,667	9.2%
With an ambulatory difficulty		64,548	25.0%
With a self-care difficulty		24,956	9.7%
With an independent living difficulty		43,954	17.1%

As expected, the older adults have a significantly higher percentage with disabilities. Among the 353,900 civilian non-institutionalized population 60 and older, 32.9%, or 116,433 have a disability and

<sup>9</sup> U.S. Census Bureau, 2010 American Community Survey

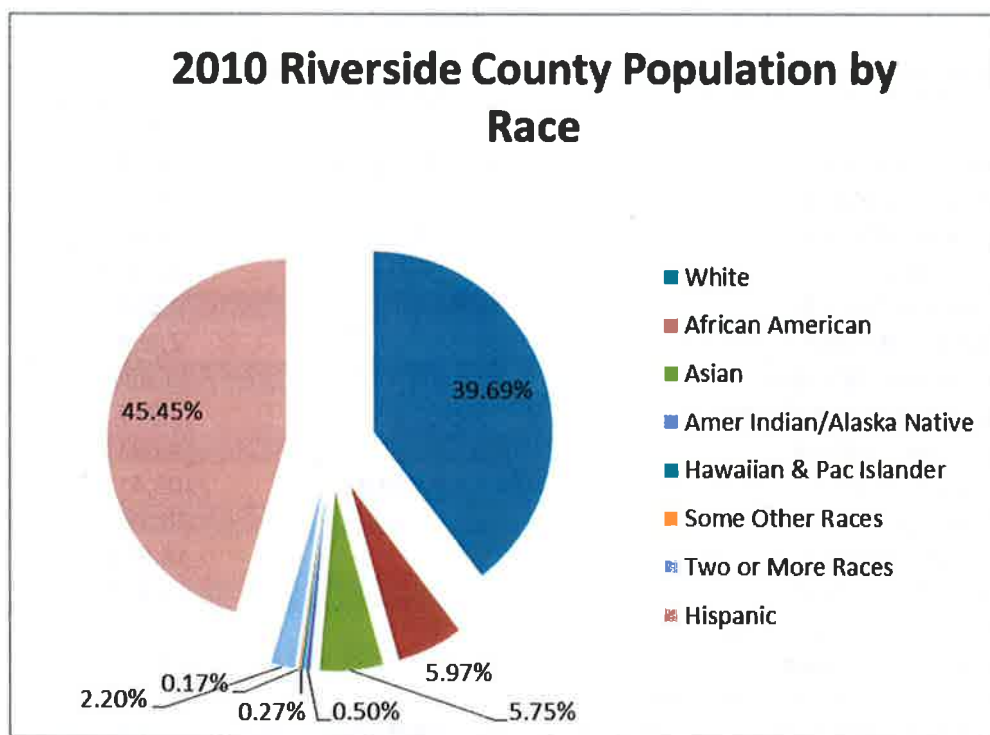
<sup>10</sup> Ibid.

67.1% (N=237,467) do not have a disability.<sup>11</sup> Thus, the 60 and older population has more than 3 times the disability rates than their younger cohorts in the County. With greater longevity coupled with greater rates of disabilities, the cost and need of healthcare should be anticipated.

### RACE AND ETHNICITY

The 2010 United States Census reported that Riverside County had a population of 2,189,641. The racial makeup of Riverside County was 39.7% white persons not Hispanic, 45.5% persons of Hispanic or Latino origin, 6.4% black persons, 6.0% Asians, 1.1% American Indian and Alaska Native persons, 0.3% Native Hawaiian and Other Pacific Islander, and 4.8% persons reporting two or more races.<sup>12</sup> The racial and ethnic population of the County is shown on Figure 3.

FIGURE 3. 2010 Riverside County Population by Race



As shown above, the Riverside County population is a lot more racially and ethnically diverse which will have an enormous impact on the social services, mental health services, and health care. The diverse ethnicities will require delivery systems, professionals, providers, and caregivers to be highly sensitive to cultural differences and how those differences impact care. The diversity is fueled by ~~the continuing influence of high levels of immigration on the populations of our neighboring counties; higher fertility rates among certain racial and ethnic groups; and~~ a steady flow of immigrants into the County. As a result, the Non-Hispanic Whites are no longer the “majority” group.

<sup>11</sup> 2010 American Community Survey 1-Year Estimates Population 60+ in U.S.

<sup>12</sup> U.S. Census Bureau, 2010 Decennial Census

The projected population trend of Riverside County by racial/ethnic groups is shown in Figure 4 for the years 2000-2050 from the Department of Finance<sup>13</sup>:

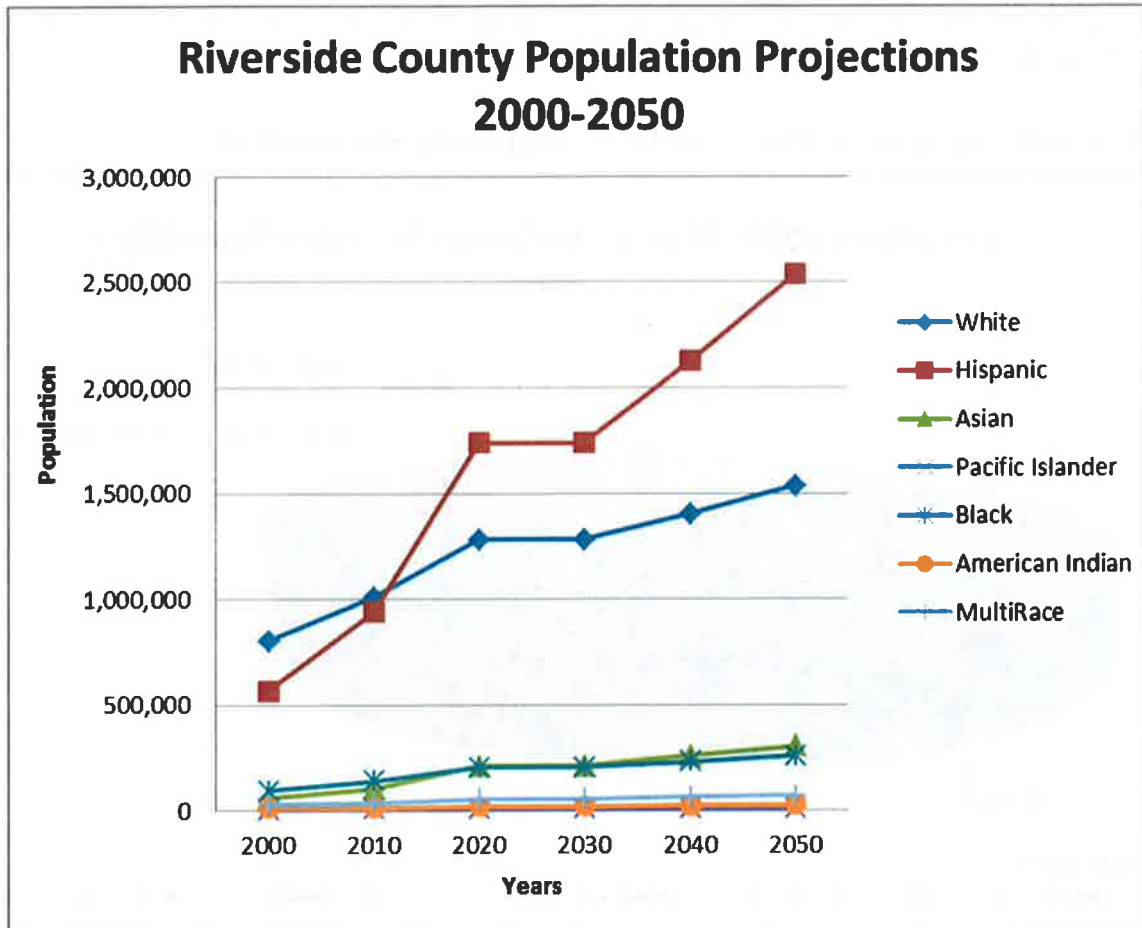


FIGURE 4: Riverside County Population Projections by Race for 2000-2050

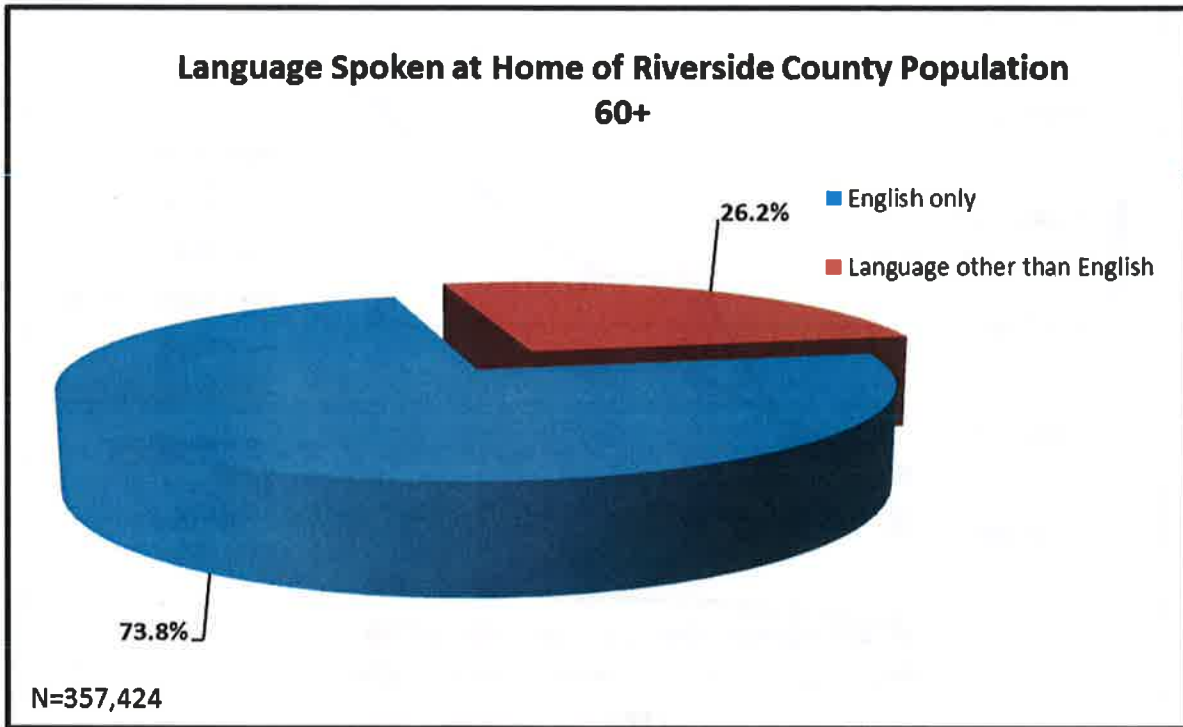
*“The longer I live the more beautiful life becomes.”  
~Frank Lloyd Wright*

<sup>13</sup> State of California, Department of Finance, *Population Projections for California and Its Counties 2000-2050, by Age, Gender and Race/Ethnicity*, Sacramento, California, July 2007

### Language Spoken at Home and English Language Ability

As shown in the figure below, three quarters (73.8%) of residents 60 years of age and older speak only English at home. Of the 26.2% that speak a language other than English, 15.0% (about 14,000 residents) reported that they speak English less than “very well.”

Figure 5. Language Spoken at Home of Riverside County Population 60+



Source: 2010 American Community Survey 1-Year Estimates Population 60+ in U.S.



## **UNIQUE CHALLENGES**

### ***Governmental Structure***

The Planning and Service Area (PSA) designated as PSA 21 is comprised of Riverside County exclusively. The Area Agency on Aging (AAA) is a stand-alone agency that is responsible to the County Board of Supervisor on the local level. The Board of Supervisors is made up of 5 members each representing different areas/districts within the County. As one of the largest counties in the country, Riverside County has a mix of urban, suburban and rural qualities that presents very unique challenges and constraints in the development and sustainability of service delivery systems required of all AAA.

There are 28 cities in the County, large areas of unincorporated land, and several Native American tribal entities. Two governmental associations facilitate coordination among jurisdictions that seek cooperation on issues of mutual interest and which are broader in scope than a single community. They are the Coachella Valley Association of Governments (CVAG) and Western Riverside Council of Governments (WRCOG).<sup>14</sup>

### ***Rural Population***

Despite high population growth during the last decade, the overall population density remains low, estimated at 301.6 persons per square mile.<sup>15</sup> Servicing the entire county presents a unique challenge due to the distance and rural nature of the land. Land uses underscore the rural characteristics of the 7,296 square mile County:

- After residential uses, which make up 58% of the county's land, 28% of the county is open space.
- Agricultural use comprises 5% of the land and industrial/commercial uses make up 2%.
- Mining/recreation and public uses each comprise 1% of total land area.
- The remaining 5% of land includes development, water, freeways, and other uses.<sup>16</sup>

### ***Employment Status***

Like the unemployment trends nationwide, Riverside County's unemployment rates have risen dramatically in the last decade. The unemployment rate in the County in 2001 was 5.5%, and then dropped to a low of 5.0% in 2006, to a high of 14.7% in 2010.<sup>17</sup> In fact, in some cities, such as Perris, about 1 in 5 workers are currently without a job. As for the employment status of adults 60 and older,

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<sup>14</sup> Riverside County Transportation and Land Management Agency

<sup>15</sup> California Department of Finance 2010 Census Data and Riverside County Transportation and Land Management Agency GIS

<sup>16</sup> Riverside County Transportation and Land Management Agency, August 2011

<sup>17</sup> California Employment Development Department Historical Annual Average Labor Force for the United States

74.8% are not in the labor force and 25.2% are in the labor force. Of those in the labor force, 21.8% are employed and 3.5% are unemployed. Riverside County adults 60+ comprise 13.8% of the civilian labor force.<sup>18</sup>

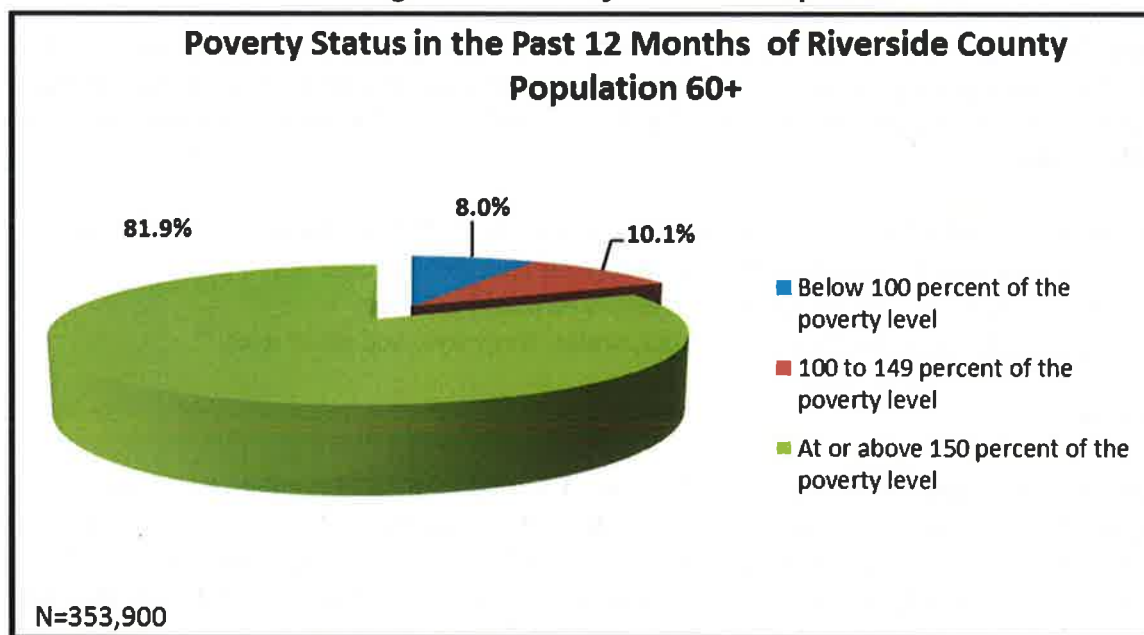
After several years of steady increase, the Riverside County labor force peaked in 2007 at 849,400 and then began to decline. By June of 2011, the total number of people employed declined to 770,800, a decrease of 9.25%. Agricultural employment declined 27% between 2000 and 2010, whereas non-farm employment increased 17% in the same time period.<sup>19</sup>

The decline in available employment and concomitant increase in unemployment with the increase in population resulted in Riverside County's unemployment rate being higher than California's during the last five years. And as indicated above, the unemployment rate of elders (age 60 and above) who are in the labor force are greater than that of the general population.

### Poverty Level

The majority (81.9%) of residents 60+ for whom poverty status could be determined has incomes at or above 150% of poverty. The remaining residents (18.1%) are either between 100-149% of poverty (10.1%) or below 100% of the federal poverty level (8.0%). These data are shown in figure below:

Figure 6. Poverty Level of Population 60+



Source: 2010 American Community Survey 1-Year Estimates Population 60+ in U.S.

<sup>18</sup> 2010 American Community Survey 1-Year Estimates Population 60+ in U.S.

<sup>19</sup> California Employment Development Department, Employment by Industry Data for Riverside County.



## *Housing/Household*

Most homes in Riverside County are single-family, detached homes. A majority of the housing units are owner occupied (68%) compared to renter occupied (32%).<sup>20</sup> Riverside County has the eleventh largest household size in California as of 2010, with an average household size of 3.1 persons, higher than California (2.9) and the U.S. (2.6). In fact, 77% of Riverside County's cities and unincorporated areas have average household sizes larger than the national average.<sup>21</sup>

For the population 60 years of age or older, there are 203,777 occupied housing units in Riverside County. Of these, 81.4% are owner-occupied (average household size is 2.14) and 18.6% are renter-occupied (average household size is 1.94).

In addition to the larger household size, Riverside County remains at the top of national lists for having some of the worst foreclosure rates. In October of 2011, 1 in 157 houses in Riverside County were in foreclosure, according to RealtyTrac, an Irvine company that monitors U.S. foreclosures. In spite of these economic setbacks, in Riverside County, unlike most places in California, about half of the growth is the result of people moving into the area, which is three times the next highest county in California.



## *Health and Chronic Disease*

According to the National Council on Aging, nearly 92% of older adults have at least one chronic condition, and 77% have at least two; four chronic conditions—heart disease, cancer, stroke, and diabetes—cause almost two thirds of all deaths each year. Diabetes affects 12.2 million Americans aged 60+, or 23% of the older population and 90% of Americans aged 55+ are at risk for hypertension, or high blood pressure. 77% of women aged 75+ have this condition, as do 64% of men aged 75+. Chronic diseases account for 75% of the money our nation spends on health care, yet only 1% of health dollars

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<sup>20</sup> U.S. Census Bureau, 2009 American Community Survey

<sup>21</sup> California Department of Finance, Demographic Research Unit, State Census Data Center, Demographic Program Summary File, Table 1: Population, Age, and Sex Characteristics, April 1, 2010.

are spent on public efforts to improve overall health. In 2009 alone, direct health care expenditures for chronic conditions in the United States totaled more than \$262 billion.<sup>22</sup>

According to a recent study by the Riverside County Department of Public Health, in 2011, there were 3,247 people reported living with AIDS and 1,521 people living with HIV in Riverside County. Eastern Riverside County has almost 2.5 times the number of cases of AIDS and HIV than any other county region. Approximately 60% of people living with AIDS and 45% of people living with HIV in Riverside County are 50 years old or older and between 2009 and 2011, 27% of all new HIV cases were in people 50 years old or older.<sup>23</sup>

### *Receipt of Income and Benefits*

As shown in the table below, the majority (77.4%) of 60+ households receives social security income; the mean (or average) amount received annually is \$17,469. About two in five (43.4%) households report earnings—on average of \$56,399 annually. About the same proportion (40.9%) report retirement income—on average of \$26,041 per year. About one in twelve (8.5%) households receives supplemental security income (an average of \$9,409 annually). Just 2.4% of households receive food stamp/SNAP (Supplemental Nutrition Assistance Program) benefits and 1.4% receives cash public assistance.

**Table 5. Income and Benefit Earnings of Riverside County Population 60+**

<b>Occupied Households Units With...</b>	<b>Percent Estimate</b>	<b>Mean Income/ Benefits Percent</b>
Social Security Income	77.4%	\$17,469
Earnings	43.4%	\$56,399
Retirement Income	40.9%	\$26,041
Supplemental Security Income	8.5%	\$9,409
Food Stamp/SNAP Benefits	2.6%	--
Cash Public Assistance Income	1.4%	\$6,915

Source: 2010 American Community Survey 1-Year Estimates Population 60+ in U.S.

### *Elder Economic Security Standard™ Index*

Older adults who rent need more than twice the amount established by the Federal Poverty Level (FPL) Guideline to meet basic living expenses.<sup>24</sup> Housing and health care are the primary drivers of the high costs. The Elder Index takes into account the actual cost of living within a county, such as the housing,

<sup>22</sup> National Council on Aging, Healthy Aging Fact Sheet, October 2012

<sup>23</sup> County of Riverside Department of Public Health, Epidemiology of HIV/AIDS in Riverside County, 2011, Epidemiology & Program Evaluation, Presented in 2012 at “Think Tank” for Desert Aids Project

<sup>24</sup> Wallace SP, Padilla-Frausto DI, Smith SE. *Older Adults Need Twice the Federal Poverty Level to Make Ends Meet in California*. Los Angeles, CA: UCLA Center for Health Policy Research, 2010.

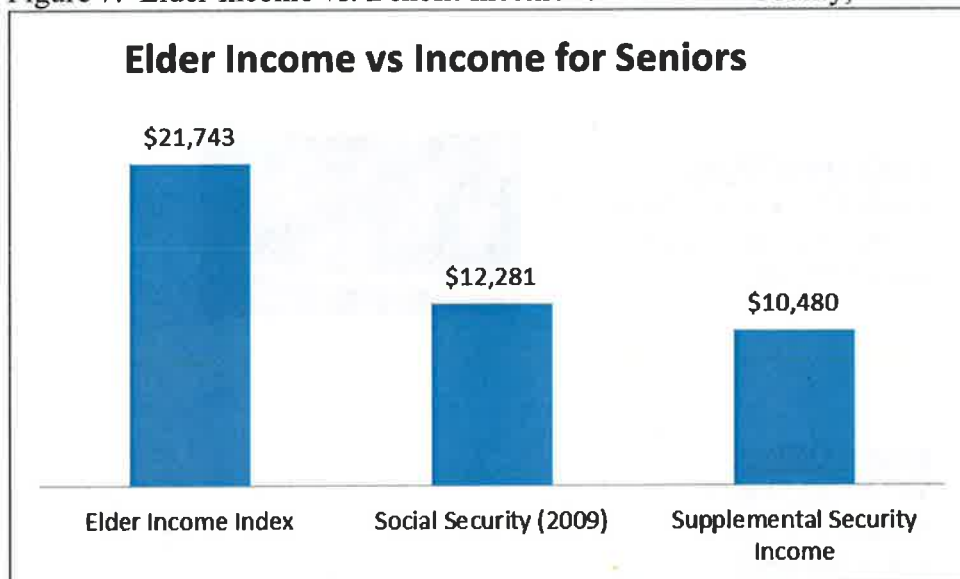
food, transportation, and health care. In contrast, the FPL is a “one size fits all” approach that is the same dollar amount across the country and is based on the cost of food alone. California’s high cost of living makes the FPL inadequate as a measure of poverty. However, the FPL is utilized to determine income eligibility for many public programs, to allocate funding for other programs, and is used as an evaluation measure when determining program effectiveness. The 2010 comparison of the FPL versus the Elder Index for Riverside County is shown in the table below (Table 6).

**TABLE 6. Elder Income Index Comparison to FPL (Per Person) 2010**

	<b>Owner w/o Mortgage</b>	<b>Owner w/ mortgage</b>	<b>Renter, 1 Bdrm</b>
<b>Elder Index Per Year</b>	\$15,811	\$30,914	\$21,743
<b>Federal Poverty Level</b>	\$10,830	\$10,830	\$10,830

Utilizing the above table, the 100% FPL would increase to 146% for owner without a mortgage, 285% for owner with a mortgage, and 201% for a renter with 1 bedroom if the Elder Index were utilized. These higher income eligibility levels would take into account the higher cost of living in Riverside County and also account for those who are “house rich” but have less than adequate income. Not just older adults who are “poor” (those at 100% of FPL) are struggling in Riverside County. Forty-two percent (42%) of all adults age 65+ do not have enough income to meet their most basis needs. Thirty-four percent (34%) of adults age 65+ fall into the eligibility gap with incomes above the FPL but below the Elder Index. These individuals don’t have enough money to cover their most basis needs, but have too much to qualify for many public programs. (See Figure 7 below).

Figure 7: Elder Income vs. Benefit Income for Riverside County, 2010



UCLA Center for Health Policy Research ([http://www.healthpolicy.ucla.edu/elder\\_index12jan.aspx](http://www.healthpolicy.ucla.edu/elder_index12jan.aspx) )

*“You are never too old to set another goal or to dream a new dream.”*  
*~C.S. Lewis*

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

On June 18, 1974, the Board of Supervisors designated the Riverside County Office on Aging as a County Department on Aging for the Planning and Service Area (PSA) 21. It serves as the Area Agency on Aging (AAA) for all of Riverside County and is one of 33 AAA’s within the State of California.

The Office on Aging is one of fifty-five departments within the County of Riverside and is located within the city boundaries of Riverside (for its West County office), with satellite offices in La Quinta and in Hemet. Although there are three (3) community based offices, all offices can be contacted by calling one telephone number to handle all inquiries and needs:

**1-800-510-2020**

The specific addresses for the three locations are:



**West County Office:**  
6296 River Crest Drive, Suite K  
Riverside, CA 92507  
(951) 867-3800

**La Quinta Office:**  
78-900 Avenue 47, Suite 200  
La Quinta, CA 92253  
(760) 771-0501



**Hemet Office:**  
749 North State St.  
Hemet, CA 92543  
(951) 791-3565

The Riverside County Office on Aging, under the federal Older Americans Act and the Older Californian Act, is charged with the role of leadership relative to all aging issues on behalf of all older persons in the County. Under the leadership and direction of the California Department on Aging, the Office on Aging will proactively carry out a wide range of functions related to advocacy, planning, coordination, interagency linkages, information sharing, brokering, monitoring and evaluation, designed to lead to the development or enhancement of comprehensive and coordinated community based systems in, or serving, each community within the County. These systems shall be designed to assist older persons, adults with disabilities, and their caregivers in leading independent, meaningful and dignified lives in their own homes and communities as long as possible.

Under the governance of the Riverside County Board of Supervisors and a seventeen-member citizen advisory council, the Advisory Council on Aging, the Office on Aging provides customer-centered services based on the vision, purpose, core value, and promise statement defined in our 2012-2016 Strategic Plan. System delivery goals are defined as a result of the following Plan activities:

1. Four Year Strategic Plan – presents future vision and opportunities; identifies key trends and gaps in services; measures progress toward outcomes; and recommends policy, service and funding priorities.
2. Community Assessment – measures assets and local needs of the communities, families, seniors, caregivers, and adults with disabilities in Riverside County.
3. Advocacy – raises visibility of emerging issues and recommends changes in local, state, and national public policy or regulations.
4. Education – sponsors events that address emerging issues and brings key stakeholders together to consider system changes.
5. Systems Coordination – promotes redesign of services to improve customer access and satisfaction.
6. Program Development – creates and pilots new program initiatives to address changing and emerging needs.

Riverside County Office on Aging administers over a ten million dollar budget comprised of public and private funds from Federal, State, County and local sources, including direct, voluntary contributions from elder individuals who receive services. Funds are used to provide home and community-based services detailed in the Strategic Plan. All decisions are guided by this Plan that analyzes demographic data, evaluates needs and resources, identifies those in greatest need, and sets policy direction and priorities in areas of advocacy, program development, coordination, outreach/education, funding and planning.



## **SECTION 4. PLANNING PROCESS / ESTABLISHING PRIORITIES**

All Area Agencies on Aging (AAA) are charged with addressing challenges and planning activities that reflect the needs, barriers, and gaps in services in the Planning and Service Areas (PSA) that they serve. The planning process and subsequent development of the Strategic Plan provide the format and structure to identify and document needs and address concerns in a manner consistent with the Older American's Act (OAA) and the Older Californians Act (OCA), which enable the communities and AAAs to plan for the future.

The planning process for the development of the Riverside County Office on Aging's (OoA) 2012-2016 Strategic Plan "Focusing on a Healthy Tomorrow" began in 2010, in order to involve as many older adults, caregivers, other consumers, key stakeholders, advisory council members, providers, and the general public in the process so that their concerns and comments could be heard. The first step of the planning process was to share information with the Advisory Council on Aging related to particular mandated components of the Plan. This occurred during Advisory Council on Aging meetings and Leadership Roundtables in various presentation formats and included opportunities for discussion and comments. Topics presented included, but were not limited to, the planning process, issues of LGBT elders, cultural diversity, boomers, and caregivers, including grandparents raising grandchildren and the coordinated care initiative and the dual MediCal/Medicare eligible population. These processes provided the Advisory Council with a baseline of information and ongoing feedback related to the mandated components and better prepared them for understanding and contributing to the Plan development.

A critical step in the planning process was to first identify and understand the targeted population, their needs, existing and potential barriers and gaps in the AAA's ability to meet those needs, and what actions can be taken to meet those needs. The initial assessment of the community needs was done through a variety of methods including, but not limited to, an in-depth analysis of census and other related demographic data sources; researching existing surveys and reports; developing, implementing, and providing analysis of new surveys; gathering input from the community and key stakeholders via focus groups or public hearings; analyzing data obtained from existing programs; determining availability of services; and considering future trends. Ongoing annual assessments serve the same purpose as the initial assessment process.



*Focusing on a Healthy Tomorrow*

Assessment activities are intended to help eliminate fragmentation of service systems, improve service delivery, and ensure that maximum benefits are obtained through efficient delivery of services to those most in need. Additionally, a critical component of the Plan development process is to take into consideration available funding, regulatory guidelines, partnerships, and pending and existing legislation. The OoA's 2012-2016 Strategic Plan, "Focusing on a Healthy Tomorrow", is a living document that can be viewed as an educational and marketing tool for seniors, families, caregivers, adults with disabilities, and the public at large, as well as an internal roadmap and management tool.



*"No one can avoid aging, but aging productively is something else"*

*~Katharine Graham*

## **SECTION 5 - NEEDS ASSESSMENT**

The Older Americans Act and the Older Californians Act mandate that each Area Agency on Aging (AAA) develop an Area Plan every four years, with updates each year under the guidance of the California Department of Aging. In order to develop the four-year plan, the Office on Aging must assess the needs of the community. This process can include, but is not limited to: an in-depth analysis of U.S. Census data and other data sources related to population projections, focus groups with key stakeholders, surveys (in person, via phone, and/or by mail) developed in partnership with other agencies or by the Office on Aging alone, public hearings, and thorough review of existing current reports and assessments from external sources within the County. Once all of the information is compiled and analyzed then the Agency can identify existing and emerging issues.

Needs assessment is a formal process that determines the gaps between current outputs or outcomes and the required or desired outputs or outcomes, orders these gaps by priority, and selects the most important gap or gaps to be addressed. The needs assessment consists of four main tasks:

1. Demographic Data – secondary data obtained from the U.S. 2010 Census, the recent American Community Survey, Department of Finance, Riverside County Transportation and Land Management’s Center for Demographic Research, Riverside County Department of Public Health, and the California Department of Aging.
2. Review of Existing Data – The Riverside County Office on Aging (OoA) determined that it is very helpful, efficient, and cost effective to first research what data is currently available within the county, state, and national networks and communities related to aging. The existing data is then reviewed and analyzed to determine its relevance and incorporation into the development of the Plan.
3. Focus Groups – consists of data from Riverside County residents and providers collected through Plan developed surveys and focus groups conducted by OoA throughout Riverside County. The surveys were done in person or through the web site. Further information regarding the focus groups is described below.
4. Secondary Data Analysis – contracted through Health Assessment Resource Center (HARC) for HARC specific data for the Coachella Valley as well as for California Health Interview Survey (CHIS) for the entire County. Both HARC and CHIS data provides objective, timely, and comprehensive health needs data for the County.



To enhance the demographic data currently available through various sources as well as existing data and to get community involvement and active solicitation of community needs, OoA conducted 19 focus groups, both internal and external, throughout Riverside County, utilizing a survey instrument developed in conjunction with HARC. These focus groups were done either in a group setting or on a one-to-one basis, ranging in size from less than 20 to over 100. The survey information allowed for collection of specific demographic information as well as open ended questions to gather more detailed information of needs. The focus groups were scheduled and conducted at sites that included target population groups: LGBT, institutionalized, limited English, rural, and family caregivers. As well as hard copy survey instruments, electronic voting cards were utilized whenever possible so that the survey participants were able to obtain instant results. The total number of respondents is 1074.

The summary of the focus groups are as follows:

1. Residency of participants:

- 65% lived in west Riverside County, including the cities/unincorporated areas of Riverside, Moreno Valley, Mira Loma, Murrieta, Menifee, Perris, Sun City, Corona, and the March Air Reserve Base.
- 8% lived in mid county, including Hemet, Banning, San Jacinto and Beaumont.
- 27% lived in east County, including Blythe, Palm Springs, Cathedral City, Palm Desert, Desert Hot Springs, Rancho Mirage, Thermal, La Quinta, Coachella, and Indio.

2. Age of participants:

- The average age is 67.3, with responses ranging from 21 to 99 years of age.
- The largest proportion of respondents is in the age group 61-70.
- The second largest proportion of respondents is in the age group 71-80.

3. Sexual Orientation:

- 81% self-identified as heterosexual or straight.
- 17% self-identified as gay or lesbian.

4. Race/Ethnicity:

- Almost two-thirds (62%) self-identified as White.
- 17% Black or African American
- 13% Hispanic/Latino

5. Primary Language Spoken at Home:

- 95% primarily speak English at home
- 5% speak Spanish

6. Household Income:

- 36% had household incomes of less than \$25,000
- 27% had incomes of \$25,000 to \$49,999

7. Need for services were ranked in the following order (most needed to least needed):

- Services for Older Adults and Caregivers, such as transportation, help with homemaker services, personal care, respite care, adult day care, and other services to help individuals remain independent.
  - Information, Education and Referrals, including information about health insurance, legal assistance, advocacy for nursing home residents, care coordination, and elder abuse.
  - Nutrition, Disease and/or Medical Management, including health promotion and exercise.
  - Employment and Volunteer Services, focused on keeping older adults engaged with their community.
  - Meal Services, either on-site or home-delivered, ranked the lowest.
8. Gaps or Barrier to Service for **all respondents**: (ranked from Large Barrier to Not at all a Barrier)
- Chronic medical condition
  - Not having anyone to help
  - Not knowing where to go for help
  - Lack of transportation
  - Disability
  - Isolation
  - Stressed or overwhelmed family caregiver
  - Persistent sadness or sense of hopelessness
  - Limited income
9. Gaps or Barrier to Service for **Respondents 60+ only**: (ranked from Large Barrier to Not at all a Barrier)
- Limited income
  - Chronic medical condition
  - Not knowing where to go for help
  - Disability
  - Not having anyone to help
  - Lack of transportation
  - Persistent sadness or sense of hopelessness
  - Stressed or overwhelmed family caregiver
  - Isolation

## **SECTION 6. TARGETING**

The Older Americans Act defines a number of “target populations” that have to be taken into consideration by the Area Agency on Aging in their efforts of planning, advocacy, coordination, services, and systems development. Riverside County Office on Aging (OoA) has made concerted efforts to include these target populations in the planning and delivery of community-based services. These target populations include older individuals who are in the social and economic need, with special emphasis on those who are frail, isolated, neglected, and/or exploited, low-income minorities, limited English speaking, those residing in rural areas and Lesbian, Gay, Bisexual, Transgender (LGBT) Elders. Examples of efforts to meet the needs of targeted populations include the following:

- ✚ Including language in all contracts requiring a service provider to serve minorities in the same proportion that they represent in Riverside County’s older population;
- ✚ Ongoing mandatory cultural & diversity training for all staff of the OoA;
- ✚ Outreach, educational events, support groups and focus groups sponsored for Limited English speaking older individuals;
- ✚ Presence in specific LGBT events, such as the Palm Springs Pride events annually, for distribution of information regarding services available through OoA;
- ✚ Working in collaboration with the Department of Mental Health and other county stakeholders on the LGBT task force to help develop policies or advocate for LGBT elders;
- ✚ Direct Service delivery systems development in rural areas, such as Blythe, where contracted providers are not available;
- ✚ Ongoing educational events that respond to emerging issues in the elderly community, such as the CarFit older driver safety program;
- ✚ As an Aging and Disability Resource Center, providing a one-stop resource for information and assistance and referrals throughout Riverside County;
- ✚ Conducting on-going Fit After 50 classes, a free fitness programs for seniors aimed at fall prevention and prolonging healthy independence through strength, balance & flexibility training;
- ✚ Organizing a local Caregiver Coalition (Inland Counties Caregiver Coalition) with various stakeholder agencies to ensure that caregiver’s concerns are effectively recognized through advocacy, education, and empowerment. Through this coalition, efforts include sponsoring and collaborating to host key educational events throughout the County;
- ✚ Conducting on-going efforts around disaster preparedness, including partnering with other stakeholders to conduct trainings and to provide starter disaster kits to low income seniors and to their caregivers.

To address the need for “target populations”, the California Department of Aging (CDA) has developed a cumulative formula, the Intrastate Funding Formula (IFF), to distribute funding to Area Agencies on Aging. The IFF is as follows:

- 1 point for each non-minority older adult (60 years and older)
- 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

Although not included in the IFF, the OoA 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.

*“Our lives begin to end the day we become silent about things that matter.”*

*Dr. Martin Luther King*

**SECTION 7. PUBLIC HEARINGS**

At least one public hearing must be held each year of the four-year planning cycle. CCR Title 22, Article 3, Section 7302(a)(10) and Section 7308, OAA 2006 306(a)

Fiscal Year	Date	Location	Number of Attendees	Presented in languages other than English? <sup>25</sup> Yes or No	Was hearing held at a Long-Term Care Facility? <sup>26</sup> Yes or No
2012-13	2/08/2012	Riverside, CA	24	No	No
2013-14	3/13/2013	Riverside, CA	27	No	No
2014-15					
2015-16					

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

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

In addition to the Public Hearing on March 13, 2013, two (2) external and internal focus groups were conducted in 2012, during the development of the Plan during the plan development to seek input from the community. As part of the strategic plan development, specific target populations were identified and focus groups were conducted with members of these identified populations. These target groups included individuals from rural areas, those with limited English speaking ability (translators were provided), Lesbian, Gay, Bisexual, and Transgendered (LGBT), long term care facility residents, elders, caregivers, individuals with disabilities, grandparents raising grandchildren, and service providers. Although a Public Hearing was not held at a Long-Term Care Facility, a focus group was held at a Long-Term Care Facility.

For the March 13, 2013, Public Hearing, notice of the meeting was posted at the Office on Aging and the Riverside County Administrative Building. In addition, notices were posted in three regional newspapers and members of the public were allowed to submit written comment (via email, fax or correspondence) until 6:00 PM on the day of the Hearing.

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

Yes. Go to question #3

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

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

<sup>3</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.

3. Summarize the comments received concerning proposed expenditures for PD and C.  
No comments were received concerning proposed expenditures for PD and C.

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

Yes. Go to question #5

No, Explain:

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

No comments received concerning minimum percentages of Title IIIB funds.

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

No major issues were discussed or raised. Comments/questions that were raised were mainly clarification of particular areas related to health outcomes. ~~items and some minor additions.~~ All the comments/questions are listed below.

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

Goal II, Objective D. 3—Reference to “emotional wellbeing” has been added to this objective

#### Comments/Questions and Responses:

**Question:** Why are people 50 and older getting HIV, do you know how or why or what is going on?

**Answer:** (From other participant) HIV was not a major concern for those of us over 55 when we were younger. Our major concern was birth control. As our cohort ages and feels less inhibited about sex, our lack of information about this area has left many of us vulnerable. Written information needs to be available and disseminated.

**Question:** Coachella Valley is largely Hispanic and their first language is Spanish and there is so much negativity regarding HIV, would it be wise to recruit female volunteers fluent in that language.

**Answer:** This is something we should look at, not only for HIV, but for all our programs.

**Question:** Is it much more prevalent in one particular group? Hispanics, Whites, Blacks?

**Answer:** It's more prevalent in the I.GBT community and Whites in the Coachella Valley.

**Comment:** (From a participant) It's because the Coachella Valley is heavily gay and elderly and the numbers will go up. Also in the east valley it is a predominantly Hispanic population and they do not want to talk about HIV or sex. It is a problem, it's going to be a generation or two before there is change.

**Response:** According to the study outside of the Coachella Valley in Western Riverside County, the prevalence of HIV and AIDS is highest amongst African Americans.

**Comment:** (From a participant) It's important to remember even though it is uncomfortable to talk about HIV, it's important to the 45 and 65 year old woman to hear this information; this is the group, those who are now widowed, that is re-establishing their lives and having fun.

**Response:** The need to educate and bring this out (HIV) is important.

**Comment:** (From a participant) It's interesting the discussion about centenarians and the Blue Zone publication... There are a number of Blue Zones throughout the world and California happens to have one of them. Our Blue Zone is in Loma Linda. It has the highest percentage of people over a hundred. Besides diet, the meshing of the community keeps people involved to give them purpose through being a part of the greater whole.

**Questions:** What about their minds, are they alert?

**Answer:** (From a participant) The key is interaction in the community, research shows they are engaged and keep involved in their community. Diet and exercise is a key component.

**Comment:** The study can be accessed on the internet.

**Comment:** Page 40 number 3,[Goal II, Objective D. 3] speaks about being fit but states nothing about emotional well-being, and it does not mention mental health, we need to reflect this, it needs to be included as part of the plan. Financial stress takes a toll on emotional, mental health.

**Answer:** Yes, Emotional well-being will be added and clarified.

**Comment:** With the proposed changes, is everyone in agreement, you will want to take this back to your agencies to review, comments can be submitted until 6PM today if you have any proposed changes.

**Question:** The full Plan is 118 pages, are these just the changes?

**Answer:** Yes, these are just the changes

**Question:** Where and what is the Older Americans Act mentioned in the hand out?

**Answer:** The Older Americans Act is federal legislation and outlines this work and how it is funded. An explanation of the Act was in the first few slides of the planning presentation, prior to the Public hearing. More information can be provided by contacting Jamiko Bell, OoA Planner, and her contact information in the handout.

**Comment:** Please explain page 53 number 5. [Goal V, Objective C. 5.]

**Response:** Webcast for caregivers are being developed, but more time is needed to develop them, hence the extension of the timeline. Caregivers are a growing population and this constituency needs more resources to assist them.

## **SECTION 8 - IDENTIFICATION OF PRIORITIES**

The Riverside County Office on Aging (OoA) planning process includes a needs assessment focusing on older adult residents, as well as organizations and agencies that provide services to older adult. As discussed in Section 5, the needs assessment is a formal process that determines the gaps between current outputs or outcomes and the required or desired outputs or outcomes, orders these gaps by priority, and selects the most important gap or gaps to be addressed. The needs assessment consisted of results from secondary data analysis from existing sources (such as U.S. Census Bureau, American Community Surveys, Health Assessment Resource Center, and California Health Interview Survey) and other county departments (such as Transportation Land Management and Department of Public Health), data from Riverside County residents collected through surveys and focus groups, and data collected from service providers through on line surveys and focus groups. Once all the information was analyzed, the needs identified were quantified in order to prioritize the needs. The areas that were identified as a need include the following:

- ✚ Services for Older Adults and Caregivers (such as transportations, personal care, respite care, adult day care, and other services to help individuals remain independent).
- ✚ Information, education, and referrals (including information about health insurance, legal assistance, and advocacy for nursing home residents, care coordination, and elder abuse).
- ✚ Nutrition Education, Disease and/or Medical Management (including health promotion and exercise).
- ✚ Employment and Volunteer Services (focus on keeping older adults engaged with their community).
- ✚ Meals Services (either home delivered or on-site).

While the needs for services are many, the resources available in today's economy are limited and, unfortunately, all needs cannot be met under such resource constraints. Revenue insufficiencies with growing program needs, funding silos, fragmented systems, competing priorities, and restrictive eligibility criteria have a major impact on service delivery. As such, setting priorities is essential in the development of the Area Plan. Additionally, there is a time constraint as all priorities established must be accomplished in the four years of the plan cycle.

After a thorough review of the identified top needs and challenges from the needs assessment process described above, as well as Older Californian and Older American Act mandates and guidelines, the Advisory Council on Aging members, Executive Team, Management Leadership Team members, and planning staff developed the following five priority goals and associated goal statements:



### **GOAL I: COMMUNITY FOR ALL AGES**

To promote aging friendly communities by engaging new partners and strengthening existing alliances, increasing awareness, providing information and assistance, and streamlining access to service through collaborative and community based program integration. To invest in person centered, community planning efforts to encourage aging within the community through program development and coordination, including transportation, access to needed services, and the continuum of care, affordable housing, and other community based organizations' support.

### **GOAL II: VITAL AGING**

To promote and empower constituents to improve their health and quality of life cycle by providing choices in settings that promote community integration, encourage preventive health and wellness, social activation, and life-long learning. To promote and develop programs and behavior change for managing chronic medical conditions and adopting healthier lifestyles.

### **GOAL III: AGING FORWARD**

To provide responsive service delivery system and strengthen infrastructure through legislative, administrative, and advocacy actions, including promoting programs that results in increased numbers of geriatric competent professionals and paraprofessionals in Riverside County. To advocate and participate in the aging infrastructure, which is the backbone of the home and community based programs.

### **GOAL IV: AGING WITH INDEPENDENCE**

To assist older adults, individuals with disabilities, family caregivers, and community partners to better understand and plan for aging in place for short and long term care needs, including financial sustainability, planning for aging in place, community based supports and services, and end of life issues. To promote a person centered, informed choice options for independence.

### **GOAL V: CARING FOR ONE ANOTHER**

To provide essential support services, such as information and referral assistance, counseling and training, and respite care to people who serve as the primary caregiver for an aging relative or friend. To recognize, advocate, and educate family caregivers, including grandparents raising grandchildren, as a vital resource for long term care and enhanced family stability.

After the completion of the needs assessment, the prioritization of needs, and the development of the five priority goals, the next step in the planning process included the development of broad narrative objectives reflecting issues identified, emerging issues, or mandated requirements. Action steps, or intended outcomes for each of the objectives were then developed. Consideration was taken in terms of limited funding and resources, targeted populations, and mandated changes. The goals and their objectives and action steps can be found in Section 9 – Area Plan Narrative Goals and Objectives. Finally, service unit plan (SUP) objectives (those for which we must report units of service as required by guidelines related to Older Americans Act revenue) were projected. These objectives are in addition to the above mentioned objectives and action steps. The SUP objectives are found in Section 10 of this Area Plan.

As presented, the **new** Area Plan goals continue to be in alignment with the mandates of the Older Americans Act and the California Code of Regulations, which require that AAAs allocate Title IIIB federal funds to provide services to older adults in our community under the following priority service categories:

- ✚ **Access:** includes transportation, assisted transportation, case management, information and assistance, outreach, comprehensive assessment, health, mental health, and public information.
- ✚ **In-Home Services:** includes personal care, homemaker, chore, adult day/health care, Alzheimer's, Residential Repairs/Modifications, Respite Care, Telephone Reassurances, and Visiting.
- ✚ **Legal Assistance:** includes legal advice, representation, assistance to the Ombudsman Program and involvement in the private bar.

In the **remaining three next four** years, the OoA will provide a breakdown of adequate proportion of funding for access, in-home services, and legal assistance consistent with previously established allocations that have proven to be successful in addressing the need of our community. The minimum proportions of IIIB funding allocated to each of these services are as follows: 25.9% for access, 6% for in-home services, and 3.5% for legal assistance.



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

### **Goal # 1: COMMUNITY FOR ALL AGES**

**Goal:** To promote aging friendly communities by engaging new partners and strengthening existing alliances, increasing awareness, providing information and assistance, and streamlining access to service through collaborative and community based program integration. To invest in person-centered community planning efforts to encourage aging within the community through program development and coordination, including transportation, access to needed services, and the continuum of care, affordable housing, and other community based organizations' support.

#### **Rationale:**

- ❖ Analysis of Focus Groups results ranked the need for services for older adults and caregivers as a top priority to help individuals remain independent in their community.
- ❖ An awareness of reduced capacity of resources and dissemination of the remaining available services and how to access the services continues to be a challenge.
- ❖ Increased collaboration and community integration to allow improved access to services is an identified objective that needs to be addressed
- ❖ Services are fragmented, duplicative, and program eligibility requirements may be confusing and have become too restrictive.
- ❖ Competing priorities exist between public and private sectors and cities and counties due to silos, limited funding, and lack of strategic collaboration.
- ❖ The average annual cost of owning an automobile and driving 10,000 to 15,000 miles a year ranges \$7,600 to \$8,700, which is 78% of an individual's income for those living at Federal Poverty Level. (Source: AAA, "Your Driving Costs 2011"). Thus, for income limited older adults, transportation options are a necessity to remaining in their community.
- ❖ Older Californian's are increasingly experiencing income-insecurity. Community service agencies struggle with meeting increased service demands.
- ❖ In the Coachella Valley of Riverside County, 5% of older adults (age 55+) report cutting the size or skipping meals because there was not enough money for food. Hispanics were twice as likely to skip meals due to cost. (*HARC Eastern Riverside County Health Monitor Executive Report, 2010*).
- ❖ In Eastern Riverside, older adults (55+) were having difficulties finding service or assistance in the areas of financial (58.0%), rental (36.1%), housing (36.3%), utility (18.8%), transportation (11.4%), food (11.4%), and home health care assistance (7.0%). (*HARC Eastern Riverside County Health Monitor Executive Report, 2010*).

Goal I, Objective A:	Projected Start and End Dates	Title III B Funded PD or C <sup>27</sup>	Update Status <sup>28</sup>
Collaborate with local stakeholders and provide leadership to improve coordination of services and improve access for vulnerable populations, especially via key providers and health care organizations.	See Action Steps Below	See Action Steps Below	
1. Promote increased coordination of Riverside County Office on Aging’s contracted service providers and provide technical assistance as necessary.	7/1/2012 – 6/30/2016		Continued
2. Coordinate with local, public 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 improvement and advocacy for increased access to and effectiveness of service delivery related to the unique mental health issues and needs of older adults and individuals with disabilities.	7/1/2012 – 6/30/2016	C	Continued
3. In identified communities, <del>where Adult Day Health Care (ADHC) service is no longer available</del> , explore alternative options for aging services, <del>education, outreach</del> , resources and referrals <del>by in</del> working with local managed care providers <del>involved in the with</del> Community-Based Adult Services (CBAS) transition.	7/1/2012 – 6/30/2013 <sup>34</sup>		Revised
4. Strengthen partnerships and collaborative efforts with senior centers by establishing visits and improved communication in the role of ambassadors to Office on Aging and the community.	7/1/2012 – 6/30/2016		Continued
5. Convene Leadership Roundtable Sessions to educate community partners about aging issues, new program opportunities and trends.	7/1/2012 – 6/30/2016		Continued
6. Actively participate in committees/organizations that serve older adults, persons with disability, and/or caregiver issues.	7/1/2012 – 6/30/2016		Continued

<sup>27</sup> Indicate if Program Development (PD) or Coordination (C) – **cannot be both**. If a PD objective is not completed and is continued the following year, the objective must be revised and restated with the remaining or additional tasks.

<sup>28</sup> Use for Area Plan Updates only: Indicate if objective is **New, Continued, Revised, Completed, or Deleted**.

7. Coordinate with transportation providers and community partners to promote improved transportation options for elders and disabled.	7/1/2012 – 6/30/2016	C	Continued
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<b>Goal I, Objective B:</b>	<b>Projected Start and End Dates</b>	<b>Title III B Funded PD or C</b>	<b>Update Status</b>
Build on an existing web-based information system to provide a comprehensive, easy-to-use website which will give older adults, caregivers, and adults with disabilities an opportunity to direct their own services.	See Action Steps Below	See Action Steps Below	New
1. Coordinate with public, private and nonprofit community agencies, health care providers and 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 the isolated population.	7/1/2012 – 6/30/2016	C	Continued
2. Collaborate in the exploration and future potential for implementation of a Countywide, internet-based consolidated application system that allows consumers to review program guidelines, check eligibility and prepare applications for public benefit programs in efficient person centered focus.	7/1/2012 – 6/30/2016		Continued
3. Collaborate with key stakeholders on the development and implementation on a formal feedback mechanism between providers for mutual consumers, increasing access and satisfaction to Health Care Reform Act.	7/1/2012 – 6/30/2016		Continued
4. Increase database and other resources to provide sources for financial planning and asset management for those consumers with income above poverty levels also referred to as private pay consumers for enhanced life care planning including advanced directives.	7/1/2012 – 6/30/2016		Continued

<b>Goal I, Objective C:</b>	<b>Projected Start and End Dates</b>	<b>Title III B Funded PD or C</b>	<b>Update Status</b>
Encourage individuals to be active participants in the development of their communities to enable them to age within their communities as long as possible, including being self-prepared in the event of emergency/disaster.	See Action Steps Below	See Action Steps Below	
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.	7/1/2012 – 6/30/2016	C	Continued
2. Empower individuals in the community about the importance of being self-prepared for an emergency or a disaster through the use of the Info Vans, volunteers, and other outreach and education methods.	7/1/2012 – 6/30/2016		Continued
3. Provide information to individuals about resources available within their communities, such as transportation and housing, to promote independence and choices for aging at home.	7/1/2012 – 6/30/2016		Continued

<b>Goal I, Objective D:</b>	<b>Projected Start and End Dates</b>	<b>Title III B Funded PD or C</b>	<b>Update Status</b>
Enable older adults 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.	See Action Steps Below	See Action Steps Below	
1. Collaborate with acute care and 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.	7/1/2012 – 6/30/2016		Continued
2. Advocate for affordable/accessible housing for elders and individuals with disabilities.	7/1/2012 – 6/30/2016		Continued

3. Advocate for sustained funding for existing rideshare and escort transportation programs, such as the Transportation Reimbursement and Information Project (TRIP).	7/1/2012 – 6/30/2016		Continued
4. Expand the Eric Coleman Care Transitions Intervention Model to include addition of a new partnership with managed care organizations or other types of health care organizations and implementation into other care delivery service sites.	7/1/2012 – 6/30/2013 <sup>4</sup>	PD	Revised
5. Through program development of mobility management programs (and the training of community members), educate and increase awareness of and mobility options (such as Car Fit) for older adults, caregivers and adults with disability.	7/1/2012 – 6/30/2016	PD	Revised
6. Develop education components and provide information to older adults and adults with disabilities in various formats (including webinars) on topics of healthy behaviors such as managing chronic disease, good nutrition, managing stress, social engagement and at risk behaviors such as gambling, alcohol and substance abuse.	7/1/2012 – 6/30/2016		Continued

## GOAL II. VITAL AGING

To promote and empower consumers to improve their health and quality of life cycle by providing choices in settings that promote community integration, encourage preventive health and wellness, social activation, and life-long learning. To promote and develop programs and behavior change for managing chronic medical conditions and adopting healthier lifestyles.

### Rationale:

- ❖ Analysis of Focus Groups results ranked the need for services for older adults and caregivers as a top priority to help individuals remain independent in their community.
- ❖ Collaboration and community integration to promote better self-management of chronic diseases. Studies have found between 40 to 50 percent of costly hospital readmissions are linked to social problems and lack of community resources. (Proctor et al. (2000). *Adequacy of Home Care and Hospital Readmission for Elderly Congestive Heart Failure Patients*. Health and Social Work: 25(2): 87-96 (10)).
- ❖ 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 and, at the same time, while the fastest growing population is the 85+ age group.
- ❖ The average annual cost of owning an automobile and driving 10,000 to 15,000 miles a year ranges \$7,600 to \$8,700, which is 78% of an individual's income for those living at Federal Poverty Level. (Source: AAA, "Your Driving Costs 2011"). Thus, for income limited older adults, transportation options are a necessity to remaining in their community.
- ❖ Older Californian's are increasingly experiencing income-insecurity. Community service agencies struggle with meeting increased service demands.
- ❖ In the Coachella Valley of Riverside County, 5% of older adults (age 55+) report cutting the size or skipping meals because there was not enough money for food. Hispanics were twice as likely to skip meals due to cost. (*HARC Eastern Riverside County Health Monitor Executive Report, 2010*).
- ❖ In Eastern Riverside, older adults (55+) were having difficulties finding service or assistance in the areas of financial (58.0%), rental (36.1%), housing (36.3%), utility (18.8%), transportation (11.4%), food (11.4%), and home health care assistance (7.0%). (*HARC Eastern Riverside County Health Monitor Executive Report, 2010*).
- ❖ Researchers at Brigham Young University in Utah found that people who have good social relationships are half less likely to die early than more isolated people. Lack of social relationships was equivalent to smoking up to 15 cigarettes a day, equivalent to being an alcoholic, was more harmful than not exercising and twice as harmful as obesity.
- ❖ In the 85+ population, 1 out of 2 is diagnosed with Alzheimer's disease.
- ❖ Every year, one in three Americans age 65+ fall, leading to injury, loss of independence, and even death (NCOA),
- ❖ One in 5 older adults struggle with mental health issues, including depression, anxiety, and suicide (NCOA).



Goal II, Objective A:	Projected Start and End Dates	Title III B Funded PD or C	Update Status
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.	See Action Steps Below	See Action Steps Below	
1. Expand Preventative and Early Intervention (PEI) service programs which will include identifying caregivers, older adults, and individuals with disabilities and those who speak limited English who are at risk of mental health issues such as grief, end of life and clinical depression. These PEI Mental Health services will provides support, counseling, education for the identified clients.	7/1/2012 – 6/30/2013 <sup>4</sup>	PD	Revised
2. 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.	7/1/2012 – 6/30/2016		Continued

Goal II, Objective B:	Projected Start and End Dates	Title III B Funded PD or C	Update Status
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.	See Action Steps Below	See Action Steps Below	
1. Coordinate with Community Access Center, the Inland Empire Disability Collaborative, and other organizations to arrange for opportunities for cross training of Information and Assistance Specialists and sharing of resources for persons with disabilities so that OoA can provide enhanced and responsive service to this population.	7/1/2012 – 6/30/2016	C	Continued

<p>Goal II, Objective C:</p> <p>Coordinate with County Human Resources Department and community partners to expand/enhance mature worker employment opportunities.</p>	<p><b>Projected Start and End Dates</b></p>	<p><b>Title III B Funded PD or C</b></p>	<p><b>Update Status</b></p>
	<p>See Action Steps Below</p>	<p>See Action Steps Below</p>	
<p>1. Advocate for mature worker programs in County Strategic or General Plans through the Workforce Investment Board and other local networks.</p>	<p>7/1/2012 – 6/30/2016</p>		<p>Continued</p>
<p>2. Coordinate and collaborate 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.</p>	<p>7/1/2012 – 6/30/2016</p>	<p>C</p>	<p>Continued</p>

<p>Goal II, Objective D:</p> <p>Encourage healthy aging through the promotion of proper nutrition, disease prevention, medication management, fall prevention, and importance of socialization and prevention of isolation.</p>	<p><b>Projected Start and End Dates</b></p>	<p><b>Title III B Funded PD or C</b></p>	<p><b>Update Status</b></p>
	<p>See Action Steps Below</p>	<p>See Action Steps Below</p>	
<p>1. Provide information to elders, disabled, and family caregivers via the OoA Info Van Program, through community presentations, with the focus on the proper use and importance of management tools, such as a personal health guide to record medications/health information and/or assistive devices available, self-management of chronic conditions, and fitness of the brain and body.</p>	<p>7/1/2012 – 6/30/2016</p>		<p>Continued</p>
<p>2. Provide nutrition education to congregate and home delivered meal participants and the community in general via the Nutrition Info Van.</p>	<p>7/1/2012 – 6/30/2016</p>		<p>Continued</p>

<p>3. Inform and coach consumers on ways to prevent falls, managing chronic disease, increase awareness and safe practices for sexually active older adults and to providing opportunities to improve overall health, and wellness, and mental wellbeing; for example, through the Fit-After-50 Program (which is a strength, flexibility and balance exercise program), Info Van outreach, and Care Coordination programs, the Clinton Foundation Health Matters Initiative and the Desert AIDS "Get Tested Coachella Valley" Project.</p>	<p>7/1/2012 – 6/30/2016</p>	<p>C</p>	<p>Revised</p>
<p>4. Expand evidence based fitness/exercise programs to meet the needs of targeted populations such as the boomers and the Limited English Speaking consumer with emphasis on behavior activation.</p>	<p>7/1/2012 – 6/30/2013<sup>4</sup></p>	<p>PD</p>	<p>Revised</p>
<p>5. 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, Ombudsman Program, etc.</p>	<p>7/1/2012 – 6/30/2016</p>		<p>Continued</p>
<p>6. 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>7/1/2012 – 6/30/2016</p>		<p>Continued</p>
<p>7. Advocate for intergenerational learning programs and interaction in the community to combat ageism and mentor community residents.</p>	<p>7/1/2012 – 6/30/2016</p>		<p>Continued</p>
<p>8. Explore programs that encourage "brain fitness" exercises and education with emphasis on online learning and other new alternatives for social activation.</p>	<p>7/1/2012 – 6/30/2016</p>		<p>Continued</p>
<p>9. Enhance 911 Senior Emergency Cellular Phone Program that provides elders and persons with disabilities immediate access to 911 for emergencies. Program Development will include the marketing, collections, programming, and distribution of donated cell phones through the advocacy efforts of the Riverside County Advisory Council on Aging.</p>	<p>7/1/2012 – 6/30/2013<sup>6</sup></p>	<p>PD</p>	<p>Revised</p>

<p>10. Explore and develop additional evidence based programs for improved emotional assessment management (<del>pre-depression screening</del>) or performance outcomes for older adults and persons with chronic illnesses, such as the Healthy Options Program [HOP]) in conjunction with other public, non-profit and private agencies that serve the older adult population.</p>	<p>7/1/2012 – 6/30/2016</p>	<p>C</p>	<p>Revised</p>
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### GOAL III. AGING FORWARD

To provide responsive service delivery system and strengthen infrastructure through legislative, administrative, and advocacy actions, including promoting programs that results in increased numbers of geriatric competent professionals and paraprofessionals in Riverside County. To advocate and participate in the aging infrastructure, which is the backbone of the home and community based programs.

#### Rationale:

- ❖ Riverside County's aging population continues to grow at a rate that outpaces that of the average rate of California, with the 2010 U.S. Census showing 357,560 adults age 60+ and the 85+ cohort growing at the fastest proportional rate (75% growth rate as compared to 69% for the 60+ age group).
- ❖ Riverside County is becoming more ethnically diverse which necessitates infrastructural changes to meet the demands of the diversity. In 2010, 39.69% of the county's population self-identified as White while 45.45% was Hispanic.
- ❖ 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.
- ❖ Increased populations in older adults will result in an even greater shortage of geriatric professionals and paraprofessionals, particularly in a county as large as Riverside County. It is predicted that 3000 physicians will be needed by 2020 in the county (Press Enterprise, "*Inland: 3000 Doctors Already Needed*", Lora Hines). According to the California Healthcare Foundation 2009 report, nationally, there are 220 physicians/100,000 residents, California has 170 doctors/100,000 residents, and Riverside County has only 100 physicians/100,000 residents.
- ❖ 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.
- ❖ In 2010, the population of Riverside County reached 2,189,641. More than half of the total population are people of color and from 65,689 to 218,964 residents are LGBT.

Goal III, Objective A:	Projected Start and End Dates	Title III B Funded PD or C	Update Status
Active participation in local, state, and national policy organizations, committees, and networks to ensure that any trends and regulations are incorporated into the Office on Aging's operational structure.	See Action Steps Below	See Action Steps Below	
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.	7/1/2012 – 6/30/2016		Continued
2. Coordinate with public and nonprofit agencies, and cities within Riverside County to address issues related to older adults, persons with disability and family caregivers and provide input on stable and safe communities, chronic disease self-management, preventative medical and mental health screenings, proper nutrition, exercise, maintaining social connections and caregiving as appropriate to civic and county leaders for local planning initiatives and community needs.	7/1/2012 – 6/30/2016	C	Revised
3. Network with Board of Supervisor appointed Veterans Advisory Committee members and other county service organizations to advocate for the needs of Veterans.	7/1/2012 – 6/30/2016		Continued
4. Explore other funding opportunities centered on community-based initiatives in order to leverage existing and potential future services.	7/1/2012 – 6/30/2016		Continued

Goal III, Objective B:	Projected Start and End Dates	Title III B Funded PD or C	Update Status
Advocate through legislative and collaborative networks for restored service levels and adequate funding and pursue on an ongoing basis other opportunities for service funding.	See Action Steps Below	See Action Steps Below	

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), and others, to develop an advocacy plan for restored service levels and adequate service funding as necessary.	7/1/2012 – 6/30/2016		Continued
2. Coordinate with other County departments and key stakeholders to develop an advocacy strategy to advocate with federal and state officials for equitable distribution of funds and local flexibility of the Older Americans Act funding to best leverage service needs.	7/1/2012 – 6/30/2016	C	Continued
3. Review and appropriately respond as possible to reductions in service levels for at-risk populations.	7/1/2012 – 6/30/2016		Continued

	<b>Projected Start and End Dates</b>	<b>Title III B Funded PD or C</b>	<b>Update Status</b>
<b>Goal III, Objective C:</b>			
Promote an aging friendly environment responsive to the needs of diverse, cultural, social, and economic elder, disabled, and caregiver populations.	See Action Steps Below	See Action Steps Below	
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.	7/1/2012 – 6/30/2016		Continued
2. Promote an aging and culturally friendly work environment, addressing issue in the workplace that may arise, and provide a leadership model for our partners.	7/1/2012 – 6/30/2016		Continued
3. Provide ongoing sensitivity training to staff on the unique needs of multi-faceted, diverse populations such as limited English speaking, Boomers and LGBT with emphasis on improving any cultural constraints.	7/1/2012 – 6/30/2016		Continued
4. Outreach to other County agencies and key community partners to share LGBT and culturally sensitivity training materials for consumers.	7/1/2012 – 6/30/2016		Continued

5. Coordinate with managed care organizations, universities, and health care coalitions and networks to address the significant lack of geriatric competent health care professions, and promote opportunities and pathways for such professions, including providing work placements to reduce ageism through work experience.	7/1/2012 – 6/30/2016	C	Continued
6. Advocate for an elder’s right to positive and healthy aging.	7/1/2012 – 6/30/2016		Continued

Goal III, Objective D:	Projected Start and End Dates	Title III B Funded PD or C	Update Status
Act in accordance with local, state, and federal statutes and regulations.	See Action Steps Below	See Action Steps Below	
1. Keep abreast of local, state, and federal statutes and regulations and comply with reporting requirements/mandates, including but not limited to, strategic plan updates, financial reporting, etc.	7/1/2012 – 6/30/2016		Continued
2. Explore grant opportunities and other creative funding avenues to assist in the leveraging of programs and services consistent with future outcome trends.	7/1/2012 – 6/30/2016		Continued

Goal III, Objective E:	Projected Start and End Dates	Title III B Funded PD or C	Update Status
Maximize operational efficiencies through enhanced quality improvement initiatives and maintain an effective and responsive leadership team.	See Action Steps Below	See Action Steps Below	
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.	7/1/2012 – 6/30/2016		Continued
2. Apply techniques and outcome measures routed in the continuous quality improvement (CQI) paradigm to enhance CQI initiatives.	7/1/2012 – 6/30/2016		Continued



3. Provide opportunities for consumers to give feedback on program operations and customer service, and make appropriate improvements as necessary.	7/1/2012 – 6/30/2016		Continued
4. Provide an opportunity for staff to evaluate their roles/satisfaction with the agency on an annual basis and make improvements as necessary.	7/1/2012 – 6/30/2016		Continued
5. Provide growth and enrichment opportunities for Leadership Team members via bi-annual professional seminars, in-service, etc.	7/1/2012 – 6/30/2016		Continued

Goal III, Objective F:	Projected Start and End Dates	Title III B Funded PD or C	Update Status
Support employee professional development and succession planning.	See Action Steps Below	See Action Steps Below	
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.	7/1/2012 – 6/30/2016		Continued
2. Provide opportunities for certification and/or recertification of HELPLINK and Info Van employees through the California Association of Information and Referral Systems (CAIRS) program and allow for additional training as a means of enhancing staff's knowledge and capacity for engaging consumers with services and support. This includes certification of all new I&A staff, enhanced skill training, options counseling basics, and Care Transitions Intervention (CTI) information.	7/1/2012 – 6/30/2016		Continued
3. Provide opportunities for employee participation on Motivation and Morale (M&M) Team to enhance employee leadership and effectiveness in the organization.	7/1/2012 – 6/30/2016		Continued

## GOAL IV. AGING WITH INDEPENDENCE

To assist older adults, individuals with disabilities, family caregivers, and community partners to better understand and plan for aging in place for short and long term care needs, including financial sustainability, planning for aging in place, community based supports and services, and end of life issues. To promote a person centered, informed choice options for independence.

### Rationale:

- ❖ There is a misconception by a large majority of the American public that the government will provide long term care when needed. In fact, MediCare, with very minimal exceptions, does not cover long term care.
- ❖ Consumer confusion and difficulty in accessing needed service results in over-utilization of unnecessary and costly care, such as emergency room visits or longer-than-required nursing home stays.
- ❖ The state administrative structure for long term services and support (LTSS) is fragmented, siloed, and expensive (\$7 billion of state funding in fiscal year 2005-2006). (Little Hoover Commission, April 2011).
- ❖ In Office on Aging Focus Group surveys, Chronic Medical Conditions (47%), disability (42%), and Limited Income (58%) continues to be “Somewhat of a Barrier” or a “Large Barrier”.
- ❖ Studies have found between 40 to 50 percent of costly hospital readmissions are linked to social problems and lack of community resources (Proctor et al. (2000). *Adequacy of Home Care and Hospital Readmission for Elderly Congestive Heart Failure Patients*. Health and Social Work: 25(2): 87-96(10)).
- ❖ Many seniors (25.2%) nearing retirement have found themselves looking for employment in Riverside County, where the unemployment rate was 14.7% in 2010 (California Employment Development Department, 2010). In fact, in some cities like Perris in Riverside County, 1 in 5 workers of all ages are without a job.
- ❖ 70% of older adults (65+) will need 3 years of Long Term Care. 66% could not afford LTC for more than 3 months.
- ❖ According to the UCLA Center for Health Policy Research, older adults need twice the Federal Poverty Level to make ends meet due to housing and health care cost. The Long Term Care costs per month in Riverside County for 6, 16, and 36 hours per week is \$6,786, \$18,403, and \$33,076 in 2007. The Elder Income Index for the same time period is \$20,703. ([http://www.healthpolicy.ucla.edu/elder\\_index08feb.html](http://www.healthpolicy.ucla.edu/elder_index08feb.html).)
- ❖ California is ranked in the bottom quartile for Quality of Life and Quality of Care: Dimension and Indicator Ranking in the state scorecard ranking of long-term services and support (Source: Reinhard, Susan et. al, *Raising Expectations – A State Scorecard on Long-Term Services and Supports for Older Adults, People with Physical Disabilities, and Family Caregivers*. September, 2011).

Goal IV, Objective A:	Projected Start and End Dates	Title III B Funded PD or C	Update Status
Provide leadership for the development of a streamline system to provide consumers, caregivers, and providers with information, assistance, and support.	See Action Steps Below	See Action Steps Below	
1. Convene meetings of public benefits programs to determine efficacy of streamlining local processes for eligibility to Long Term Care (LTC) programs. Continue evaluation of LTC counseling standards as an ADRC.	7/1/2012 – 6/30/2016		Continued
2. Build upon existing framework of broad service network by providing older adults, adults with disabilities, caregivers and their families with enhanced access to enrollment assistance and referral to appropriate resources/programs through a comprehensive intake, options counseling, decision support and follow up.	7/1/2012 – 6/30/2016		Continued
3. Expand information and assistance services to include Option Counseling, an interactive decision-support and counseling process whereby consumers, family members and/or significant others are supported in their deliberations to determine appropriate long-term care choices in the context of consumer's needs, preferences, values and individual circumstances.	7/1/2012 – 6/30/2013 <del>6</del>	PD	Revised
4. Collaborate with critical partners and stakeholders for improved coordination of LTSS for better access of public benefits and community based services through promotion of an integrated seamless service delivery system, increasing access and support for at-risk populations. This includes, but is not limited to, working with local managed care providers on the Dual Eligible Demonstration Project and health insurance expansion through the Affordable Care Act.	7/1/2012 - 6/30/2016	C	Revised

<p>5. Coordinate with managed care organizations, LTSS stakeholders, community based organizations, and others to advocate for LTSS needs of older adults and adults with disabilities, especially with the Health Care Reform Act implementation <b>by participating in advocacy efforts to improve the quality of life for older adults, insuring consumer practices and supporting community based options.</b></p>	<p>7/1/2012 – 6/30/2016</p>	<p>C</p>	<p>Revised</p>
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<p><b>Goal IV, Objective B:</b></p>	<p><b>Projected Start and End Dates</b></p>	<p><b>Title III B Funded PD or C</b></p>	<p><b>Update Status</b></p>
<p>Educate older adults, 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.</p>	<p>See Action Steps Below</p>	<p>See Action Steps Below</p>	
<p>1. 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>7/1/2012 – 6/30/2016</p>		<p>Continued</p>
<p>2. Outreach to caregivers, train and provide community education on the benefits of adult day care (when appropriate and available) and respite through other community-based supportive services as appropriate and available.</p>	<p>7/1/2012 – 6/30/2016</p>		<p>Continued</p>
<p>3. Increase awareness to community based options and benefits and provide education of OoA programs and services to promote long term care options and increase informal social support within the local community</p>	<p>7/1/2012 – 6/30/2016</p>		<p>Continued</p>

## GOAL V. CARING FOR ONE ANOTHER

To provide essential support services, such as information and referral assistance, counseling and training, and respite care to people who serve as the primary caregiver for an aging relative or friend. To recognize, advocate, and educate family caregivers, including grandparents raising grandchildren, as a vital resource for long term care and enhanced family stability.

### Rationale:

- ❖ Although informal caregivers (those adults who provide care to a family member or friend coping with an illness or disability) appear to be as healthy as non-caregivers of the same age, they report higher levels of psychological distress and engagement in poor health related behaviors, such as smoking and binge drinking (Source: Hoffman GJ and Mendez-Luck CA. *Stressed and Strapped: Caregivers in California*. Los Angeles, CA: UCLA Center for Health Policy Research, 2011).
- ❖ In 2009, California caregivers provided an estimated 3.9 billion hours of care at an estimated value of \$47 billion (AARP Public Policy Institute 2011). (Website: [Http://assets.aarp.org/rgcenter/ppi/lrc/i51-caregiving.pdf](http://assets.aarp.org/rgcenter/ppi/lrc/i51-caregiving.pdf))
- ❖ Of the almost 6.28 million caregivers in California, 11.4% (706,000) are age 65+. (2009 California Health Interview Survey). 51.6% of caregivers are working full time and 11.2% work part time.
- ❖ In 2009, California's informal caregivers may have experienced financial pressures as 15% were at 100% Federal Poverty Level (which is \$10,830 for an individual) and nearly 20% of caregivers spent more than \$250 of their own money caregiving. If the actual cost of living was applied through the Elder Income Index, a single older adult renting would need \$21,763 per year to make ends meet, which is over 200% of FPL.
- ❖ Although the strains of caregiving may be alleviated by respite services, only 13.5 % of caregivers report ever utilizing respite care (2009 California Health Interview Survey).
- ❖ Older caregivers are more likely to be caring for a spouse or partner (29.8%), living with the person they are caring for (45.2%), and caregiving for a longer period of time (61.8 months). All of these result in greater need for support services, respite services, and psychosocial education and support groups.
- ❖ The number of Grandparents Raising Grandchildren (GRG) continues to increase, as shown by the following GRG demographic statistics:
  - According to the 2010 Census, there are nearly 60,000 households in Riverside County where grandchildren are living with a grandparent.
  - Grandparent households represent 10% of all households in the County with children present.
  - 7% of the State's total grandparent households reside in Riverside County.
  - Over 50% of the grandchildren in these households are age 5 and under.

Goal V, Objective A:	Projected Start and End Dates	Title III B Funded PD or C	Update Status
Collaborate with local stakeholders and provide leadership to improve coordination of services and provide a more seamless system of access for caregivers.	See Action Steps Below	See Action Steps Below	
1. Develop and distribute GRG newsletters to inform grandparents about health and wellness resources, legal system links, financial resources as well as upcoming training and workshops.	7/1/2012 – 6/30/2016		Continued
2. Expand existing resource framework to be inclusive of children with disabilities in conjunction with our community partners of Community Access Center, the Multi-Disciplinary Team (MDT), and OoA GRG program and promote improved financial literacy.	7/1/2012 – 6/30/2016		Continued
3. The GRG Program and the Public Relations Committee will partner key stakeholders including the Department of Public Social Services to collaborate for youth outside of the foster care system to better assist grandparent relative caregivers with preparing their grandchildren for independence and success.	7/1/2012 – 6/30/2016		Continued

Goal V, Objective B:	Projected Start and End Dates	Title III B Funded PD or C	Update Status
Collaborate with local stakeholders to provide leadership in the development of education, outreach, and resources for family caregivers and Grandparents Raising Grandchildren (GRG).	See Action Steps Below	See Action Steps Below	
1. Through the local caregiver coalition, Inland Counties Caregiver Coalition (ICCC), comprised of AAA staff, local agencies, non-OoA funded agencies, community based organizations, and faith based organizations, coordinate activities that will include education, outreach, and addressing the service needs of the caregivers.	7/1/2012 – 6/30/2016	C	Continued

2. Collaborate with health care, managed care and other community based organizations to provide education and resources for caregiving community.	7/1/2012 – 6/30/2016		Continued
3. Collaborate with existing Adult Day Care (ADC) 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.	7/1/2012 – 6/30/2016		Continued
4. Provide support to leaders/facilitators (volunteers and professionals) of local caregiver and GRG support groups	7/1/2012 – 6/30/2016		Continued
5. Expand existing resource framework to be inclusive of children with disabilities in conjunction with our community partners of Community Access Center, the MDT, and OoA GRG program and promote improved financial literacy.	7/1/2012 – 6/30/2016		Continued
6. Develop caregiver education components and provide information in various formats (including webinars) on topics of healthy behaviors such as managing chronic disease, good nutrition, managing stress, social engagement and at risk behaviors such as gambling, alcohol and substance abuse.	7/1/2012 – 6/30/2016		Continued

	<b>Projected Start and End Dates</b>	<b>Title III B Funded PD or C</b>	<b>Update Status</b>
Goal V, Objective C: Sustain/improve support systems for caregivers and grandparents raising grandchildren to enhance family stability.	See Action Steps Below	See Action Steps Below	
1. In coordination with local officials, County departments, Grandparents Raising Grandchildren Task Force (GRGTF), the Riverside County Youth Commission, Child 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.	7/1/2012 – 6/30/2016		Continued

2. Provide care management and supportive services to assess needs of grandparents and link them to necessary resources and support systems; convening Multi-Disciplinary Team (MDT) meetings as needed to assist grandparents with more complex situations that require outside intervention from other county departments and community agencies.	7/1/2012 – 6/30/2016		Continued
3. GRG Program and Public Relations Committee will be a leader in development and coordination and coordination of countywide regionalized training seminars and/or collaborative resource fairs related to the unique needs of grandparents raising grandchildren.	7/1/2012 – 6/30/2013 <del>6</del>		Revised
4. GRG Legislative Committee will partner with the Riverside County Office on Education (RCOE) and local school districts to better assist grandparents with school issues continue advocacy efforts with state and county representatives on legal and financial issues to improve family stability.	7/1/2012 – 6/30/2016		Continued
5. Offer Webcasts of specialists in fields pertinent to caregivers targeting hard to serve populations such as working caregivers and rural caregivers.	7/1/2012 – 6/30/2013 <del>4</del>		Revised
6. Increase accessibility to and promote use of caregiver library web site and technology whenever possible.	7/1/2012 – 6/30/2016		Continued

Goal V, Objective D:	Projected Start and End Dates	Title III B Funded PD or C	Update Status
Promote civic engagement in Riverside County communities through coordination with community partners to provide information about the health and wellness benefits regarding social engagement and social connections.	See Action Steps Below	See Action Steps Below	
1. Promote volunteer opportunities and explore new volunteer opportunities to reduce risk of social isolation and/or depression for caregivers, older adults and adults with disabilities.	7/1/2012 – 6/30/2016		Continued



<p>2. Promote cross generational programs and reduce ageism through utilization of volunteers (Boomers and older adults) through the RSVP program in partnership with the Office on Aging to bring volunteers into classrooms or after school programs to tutor/mentor school aged children and provide rewarding opportunities for volunteers.</p>	<p>7/1/2012 – 6/30/2016</p>		<p>Continued</p>
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**Instructions for Title III D /Health Promotion and Medication Management written Objectives:**

Health Promotion and Medication Management activities require written objectives for all services provided with Title III D funds. The objective should clearly describe the **Service Activity** being performed to fulfill the service unit requirement.

- **Service Activity:** List all the specific allowable service activities provided in the definition of Title III D/Health Promotion in the CDA Service Categories and Data Dictionary, i.e., health risk assessments; routine health screening; nutrition counseling/education services; evidence-based health promotion; physical fitness, group exercise, music, art therapy, dance movement and programs for multigenerational participation; home injury control services; screening for the prevention of depression and coordination of other mental health services; gerontological and social service counseling; and education on preventive health services. Primary activities are normally on a one-to-one basis; if done as a group activity, each participant shall be counted as one contact unit.

If Title III D Health Promotion funds are designated to support Title III C Nutrition Education and/or Nutrition Counseling services, report the service units under Title III C NAPIS 9. Nutrition Counseling and/or NAPIS 12 Nutrition Education.

**Instructions for Title III B/VII A Long-Term Care (LTC) Ombudsman written Objectives:**

In addition to the data required for the LTC Ombudsman Outcome Measures, AAAs are required to provide one or more written LTC Ombudsman-specific objectives for services provided with Title III B and Title VII A funds.

Objectives related to the LTC Ombudsman Program should clearly explain activities that can include, but are not limited to, the following examples:

1. Targeted community outreach to explain the mission of the LTC Ombudsman Program and the role of ombudsman representatives to advocate for the rights of LTC residents.
2. Coordination efforts of the AAA to assist the LTC Ombudsman Program in achieving objectives, including the provision of technical assistance to Program staff.
3. Activities related to recruitment and retention of volunteer LTC Ombudsman representatives.

**Instructions for Title VII B Elder Abuse Prevention written Objectives:**

Title VII B Elder Abuse Prevention: AAAs must provide at least one written objective for services provided with Title VIIB Elder Abuse Prevention funds.

Objectives related to Title VII B Elder Abuse Prevention may include:

1. Recommendations/suggestions for developing/enhancing programs for the prevention and treatment of elder abuse, neglect, and exploitation.
2. Providing for public education and outreach to identify and prevent elder abuse, neglect, and exploitation.
3. Ensuring the coordination of services provided by AAAs with services provided by Adult Protective Services, local law enforcement agencies, legal services providers, and other agencies involved in the protection of elder and dependent adults from abuse, neglect, and exploitation.
4. Conducting training for individuals, professionals, and paraprofessionals in relevant fields on the identification, prevention, and treatment of elder abuse, neglect, and exploitation, with particular focus on prevention and enhancement of self-determination and autonomy.
5. Providing technical assistance to programs that provide or have the potential to provide services to victims of elder abuse, neglect, and exploitation and for family members of the victims.

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

**PSA 21**

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

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

For services not defined in NAPIS, refer to the [Service Categories and Data Dictionary](#).

Report the units of service to be provided with **ALL funding sources**. Related funding is reported in the annual Area Plan Budget (CDA 122) for Titles III B, III C-1, III C-2, III D, VII (a) and VII (b).

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

**Unit of Service = 1 hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	5185	II	
2013-2014	5191	II	
2014-2015			
2015-2016			

**2. Homemaker**

**Unit of Service = 1 hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers(if applicable)
2012-2013	3952	II	
2013-2014	3839	II	
2014-2015			
2015-2016			

**3. Chore**

**Unit of Service = 1 hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	N/A		
2013-2014	N/A		
2014-2015			
2015-2016			

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

Fiscal Year	<b>Proposed</b> Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	290,610	II	
2013-2014	276,080	II	
2014-2015			
2015-2016			

**5. Adult Day Care/Adult Day Health****Unit of Service = 1 hour**

Fiscal Year	<b>Proposed</b> Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	10,154	II, IV	
2013-2014	10,154	II, IV	
2014-2015			
2015-2016			

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

Fiscal Year	<b>Proposed</b> Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	1970	II	
2013-2014	1871	II	
2014-2015			
2015-2016			

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

Fiscal Year	<b>Proposed</b> Units of Service	Goal Numbers	Objective Numbers(if applicable)
2012-2013	12,250	I, II	
2013-2014	13,321	I, II	
2014-2015			
2015-2016			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	190,739	II	
2013-2014	181,190	II	
2014-2015			
2015-2016			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	N/A		
2013-2014	N/A		
2014-2015			
2015-2016			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	N/A		
2013-2014	N/A		
2014-2015			
2015-2016			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	2,255	IV	
2013-2014	2,255	IV	
2014-2015			
2015-2016			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	7,331	II	
2013-2014	11,004*	II	
2014-2015			
2015-2016			

\*More accurate projection based on the combination of quarterly Info Van nutrition education for home-delivered meal clients and quarterly nutrition education conducted at congregate nutrition sites.

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers(if applicable)
2012-2013	38,240	III, IV	
2013-2014	34,512	III, IV	
2014-2015			
2015-2016			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers(if applicable)
2012-2013	5050	I, II, IV	
2013-2014	13,250*	I, II, IV	
2014-2015			
2015-2016			

\*More accurate projection based on the combination of IIIB Outreach conducted by the East and West Info Vans and program specific IIIB Outreach.

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

- Each **Title III B** “Other” service must be an approved NAPIS Program 15 service listed on the “Schedule of Supportive Services (III B)” page of the Area Plan Budget (CDA 122) and the CDA Service Categories and Data Dictionary.
- Identify **Title III D**/Medication Management services (required) and all **Title III B** services to be funded that were not reported in NAPIS categories 1–14 and 16. (Identify the specific activity under the Service Category on the “Units of Service” line when applicable.)
- **Title III D/Health Promotion and Medication Management requires a narrative goal and objective.** The objective should clearly explain the service activity being provided to fulfill the service unit requirement.

**Title III B, Other Supportive Services** <sup>29</sup>

For all Title III B “Other” Supportive Services, use the appropriate Service Category name and Unit of Service (Unit Measure) listed in the CDA Service Categories and Data Dictionary. All “Other” services must be listed separately. Duplicate the table below as needed.

**Service Category** Senior Center Activities – Volunteerism

**Unit of Service** I Hr

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	1,550	II, IV, V	II.D.7 IV.B.1
2013-2014	1,550	II, IV, V	II.D.7 IV.B.1
2014-2015			
2015-2016			

**Service Category** Senior Center Activities – Support

**Unit of Service** I Hr

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	N/A		
2013-2014	1562*	V	
2014-2015			
2015-2016			

\*AAA provides \$45,158 in funding to support 1560 hours of activities/staffing at the Colorado River Senior Center.

6 Other Supportive Services: Visiting (In-Home) now includes telephoning (See Area Plan budget).

**Service Category** Senior Center Activities – Comprehensive Assessment **Unit of Service I Hr**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	1,175	II, IV	
2013-2014	1234	II, IV	
2014-2015			
2015-2016			

**Service Category** Senior Center Activities – Cash/Material Aid **Unit of Service I Assistance**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	15,020	II	
2013-2014	15,000	II	
2014-2015			
2015-2016			

**Service Category** Senior Center Activities – Community Education **Unit of Service I Activity**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2012-2013	16	II	
2013-2014	16	II	
2014-2015			
2015-2016			



**Service Category Senior Center Activities – Community Education**

**Unit of Service I Activity**

Fiscal Year	<b>Proposed Units of Service</b>	Goal Numbers	Objective Numbers (if applicable)
2012-2013	30	I, II, IV	
2013-2014	30	I, II, IV	
2014-2015			
2015-2016			

**Instructions for Title III D /Health Promotion and Medication Management:** List number of contacts for unit of service being performed to fulfill the service unit requirement. If Title III D Health Promotion funds are designated to support Title III C Nutrition Education and/or Nutrition Counseling services, report the service units under Title III C NAPIS 9. Nutrition Counseling and/or NAPIS 12. Nutrition Education. Add an objective under Title III D Nutrition Education to identify if Title III D funds are used to pay for Title III C Nutrition Education service units.

- **Service Activity:** List all the specific allowable service activities provided in the definition of Title III D/Health Promotion in the CDA Service Categories and Data Dictionary, i.e., health risk assessments; routine health screening; nutrition counseling/education services; evidence-based health promotion; physical fitness, group exercise, music, art therapy, dance movement and programs for multigenerational participation; home injury control services; screening for the prevention of depression and coordination of other mental health services; gerontological and social service counseling; and education on preventive health services. Primary activities are normally on a one-to-one basis; if done as a group activity, each participant shall be counted as one contact unit.

**16. Title III D Health Promotion**

**Unit of Service = 1 contact**

**Service Activities: Physical Fitness (Evidence Based)**

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers(if applicable)
2012-2013	<del>18,000</del> 17,250*	II	II.D.3
2013-2014	18,113	II	II.D.3
2014-2015			
2015-2016			

\* 2012-2013 goal reduced due to sequestration.

**Title III D Evidence Based Health Promotion <sup>30</sup>**

**Units of Service = 1 Contact**

**Service Activities: Chronic Disease Self-Management**

- **Title III D/Medication Management:** Enter program goal and objective numbers in the Title III D Service Plan Objective Table below.

Fiscal Year	Proposed Units of Service	Program Goal Number	Objective Numbers (required)
2012-2013	62 800*	II	D.10
2013-2014	800	II	D.10
2014-2015			
2015-2016			

\*More accurate projection based on mid-January 2013 actual start of the program and contact count.

**Title III D Evidence Based Health Promotion <sup>31</sup>**

**Units of Service = 1 Contact**

**Service Activities: Pre-Depression Screening**

- **Title III D/Medication Management:** Enter program goal and objective numbers in the Title III D Service Plan Objective Table below.

Fiscal Year	Proposed Units of Service	Program Goal Number	Objective Numbers (required)
2012-2013	1200	II	D.10
2013-2014	1200	II	D.10
2014-2015			
2015-2016			

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7 Refer to Program Memo 01-03  
7 Refer to Program Memo 01-03

**TITLE III B and Title VII A:  
LONG-TERM CARE (LTC) OMBUDSMAN PROGRAM OUTCOMES**

**2012–2016 Four-Year Planning Cycle**

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 2010-2011 National Ombudsman Reporting System (NORS) data as reported in the State Annual Report to the Administration on Aging (AoA).

Targets are to be established jointly by the AAA and the local LTC Ombudsman Program Coordinator. Use the baseline year data as the benchmark for determining FY 2012-2013 targets. For each subsequent FY target, use the most recent FY AoA data as the benchmark to determine realistic targets. Refer to your local LTC Ombudsman Program's last three years of AoA data for historical trends. Targets should be reasonable and attainable based on current program resources.

Complete all Measures and Targets for Outcomes 1-3.

**Outcome 1. The problems and concerns of long-term care residents are solved through complaint resolution and other services of the Ombudsman Program. [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 2009-2010 was 73%.

- |   |
|---|
| 1. FY 2010-2011 Baseline Resolution Rate: <u>77%</u><br>Number of complaints resolved <u>388</u> + Number of partially resolved complaints <u>335</u> divided by the Total Number of Complaints Received <u>936</u> = Baseline Resolution Rate <u>77%</u> |
| 2. FY 2012-2013 Target: Resolution Rate <u>80%</u>  |
| 3. FY 2011-2012 AoA Resolution Rate <u>73%</u> FY 2013-2014 Target: Resolution Rate <u>82%</u>  |
| 4. FY 2012-2013 AoA Resolution Rate <u>  </u> % FY 2014-2015 Target: Resolution Rate <u>85%</u>   |
| 5. FY 2013-2014 AoA Resolution Rate <u>  </u> % FY 2015-2016 Target: Resolution Rate <u>86%</u>   |

Program Goals and Objective Numbers: Goal II, Objective D.5.

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

FY 2010-2011 Baseline: number of meetings attended <u>84</u>
2. FY 2012-2013 Target: <u>86</u>
3. FY 2011-2012 AoA Data: <u>95</u> FY 2013-2014 Target: <u>90</u>
4. FY 2012-2013 AoA Data: ____ FY 2014-2015 Target: <u>95</u>
5. FY 2013-2014 AoA Data: ____ FY 2015-2016 Target: <u>98</u>
Program Goals and Objective Numbers: Goal II, Objective D.5.

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

1. FY 2010-2011 Baseline: number of meetings attended <u>3</u>
2. FY 2012-2013 Target: number <u>5</u>
3. FY 2011-2012 AoA Data: <u>9</u> FY 2013-2014 Target: <u>7</u>
4. FY 2012-2013 AoA Data: ____ FY 2014-2015 Target: <u>9</u>
5. FY 2013-2014 AoA Data: ____ FY 2015-2016 Target: <u>11</u>
Program Goals and Objective Numbers: Goal II, Objective D.5.

**D. Consultation to Facilities (AoA Report, Part III-D, #4)** Count of instances of ombudsman representatives' interactions with facility staff for the purpose of providing general information and assistance unrelated to a complaint. Consultation may be accomplished by telephone, letter, email, fax, or in person.

1. FY 2010-2011 Baseline: number of consultations <u>95</u>
2. FY 2012-2013 Target: <del>1,000</del> <u>500*</u>
3. FY 2011-2012 AoA Data: <u>205</u> FY 2013-2014 Target: <del>1,255</del> <u>525*</u>
4. FY 2012-2013 AoA Data: ____ FY 2014-2015 Target: <del>1,300</del> <u>530*</u>
5. FY 2013-2014 AoA Data: ____ FY 2015-2016 Target: <del>1,325</del> <u>535*</u>
Program Goals and Objective Numbers: Goal II, Objective D.5.

\* These target t number have been reduced due to a reduction in phone based assistance and an increase in face-to-face contact

**E. Information and Consultation to Individuals** (AoA Report, Part III-D, #5) Count of instances of ombudsman representatives' interactions with residents, family members, friends, and others in the community for the purpose of providing general information and assistance unrelated to a complaint. Consultation may be accomplished by telephone, letter, email, fax, or in person.

1. FY 2010-2011 Baseline: number of consultations <u>278</u>
2. FY 2012-2013 Target: <del>5,500</del> <u>500</u> *
3. FY 2011-2012 AoA Data: <u>297</u> FY 2013-2014 Target: <del>5,600</del> <u>525</u> *
4. FY 2012-2013 AoA Data: ___ FY 2014-2015 Target: <del>5,800</del> <u>530</u> *
5. FY 2013-2014 AoA Data: ___ FY 2015-2016 Target: <del>6,000</del> <u>535</u> *
Program Goals and Objective Numbers: Goal II, Objective D.5.

\* These target t number have been reduced due to a reduction in phone based assistance and an increase in face-to-face contact

**F. Community Education** (AoA Report, Part III-D, #10) LTC Ombudsman Program participation in public events planned to provide information or instruction to community members about the LTC Ombudsman Program or LTC issues. The number of sessions refers to the number of events, not the number of participants.

1. FY 2010-2011 Baseline: number of sessions <u>4</u>
2. FY 2012-2013 Target: <u>10</u>
3. FY 2011-2012 AoA Data: <u>6</u> FY 2013-2014 Target: <u>15</u>
4. FY 2012-2013 AoA Data: ___ FY 2014-2015 Target: <u>16</u>
5. FY 2013-2014 AoA Data: ___ FY 2015-2016 Target: <u>18</u>
Program Goals and Objective Numbers: Goal II, Objective D.5.

**G. Systems Advocacy**

- FY 2012-2013 Activity: In the box below, in narrative format, please provide at least one new priority systemic advocacy effort the local LTC Ombudsman Program will engage in during the fiscal year.

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

Enter information in the box below.

**Systemic Advocacy Effort(s)**

- I. The Ombudsman program will collaborate with the Curtailing Abuse Related to the Elderly (CARE) Team in order to improve the quality of life and to expedite investigations of abuse in the County.
- II. The Ombudsman Program will meet regularly with Operational Area Planning Committee and Voluntary Organization Active in Disaster (VOAD) in preparation for a disaster.
- III. The Ombudsman Program will work with the local Law Enforcement agencies to conduct trainings and create a better awareness of the Ombudsman Program and to explain the differences between the Ombudsman Program and adult Protective Services (APS).

**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)**

Percentage of nursing facilities within the PSA that were visited by an ombudsman representative at least once each quarter **not** in response to a complaint. The percentage is determined by dividing the number of nursing facilities in the PSA that were visited at least once each quarter not in response to a complaint by the total number of nursing facilities in the PSA. NOTE: This is not the total number of visits per year. In determining the number of facilities visited for this measure, no nursing facility can be counted more than once.

1. FY 2010-2011 Baseline: <u>100%</u>  Number of Nursing Facilities visited at least once a quarter not in response to a complaint <u>45</u> divided by the number of Nursing Facilities <u>45</u> .
2. FY 2012-2013 Target: <u>100%</u>
3. FY 2011-2012 AoA Data: <u>100%</u> FY 2013-2014 Target: <u>100 %</u>
4. FY 2012-2013 AoA Data: <u>   </u> % FY 2014-2015 Target: <u>100 %</u>
5. FY 2013-2014 AoA Data: <u>   </u> % FY 2015-2016 Target: <u>100 %</u>
Program Goals and Objective Numbers: Goal II, Objective D.5.

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

Percentage of RCFEs within the PSA that were visited by an ombudsman representative at least once each quarter during the fiscal year **not** in response to a complaint. The percentage is determined by dividing the number of RCFEs in the PSA that were visited at least once each quarter not in response to a complaint by the total number of RCFEs in the PSA. NOTE: This is not the total number of visits per year. In determining the number of facilities visited for this measure, no RCFE can be counted more than once.

1. FY 2010-2011 Baseline: <u>100 %</u>  Number of RCFEs visited at least once a quarter not in response to a complaint <u>365</u> divided by the number of RCFEs <u>365</u>
2. FY 2012-2013 Target: <u>_100_ %</u>
3. FY 2011-2012 AoA Data: <u>100 %</u> FY 2013-2014 Target: <u>_100_ %</u>
4. FY 2012-2013 AoA Data: <u>   </u> % FY 2014-2015 Target: <u>_100_ %</u>



5. FY 2013-2014 AoA Data: \_\_\_ % FY 2015-2016 Target: 100 %

Program Goals and Objective Numbers: Goal II, Objective D.5.

**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) This number may only include staff time legitimately charged to the LTC Ombudsman Program. For example, the FTE for a staff member who works in the Ombudsman Program 20 hours a week should be 0.5. Time spent working for or in other programs may not be included in this number.

Verify number of staff FTEs with Ombudsman Program Coordinator.

1. FY 2010-2011 Baseline: FTEs 6.0

2. FY 2012-2013 Target: 8.0 FTEs

3. FY 2011-2012 AoA Data: 7 FTEs FY 2013-2014 Target: 8.0 FTEs

4. FY 2012-2013 AoA Data: 8 FTEs FY 2014-2015 Target: 8.0 FTEs

5. FY 2013-2014 AoA Data: \_\_\_ FTEs FY 2015-2016 Target: 8.0 FTEs

Program Goals and Objective Numbers: Goal II, Objective D.5.

**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 2010-2011 Baseline: Number of certified LTC Ombudsman volunteers  
as of June 30, 2010 26

2. FY 2012-2013 Projected Number of certified LTC Ombudsman volunteers  
as of June 30, 2013 30

3. FY 2011-2012 AoA Data: 26 certified volunteers  
FY 2013-2014 Projected Number of certified LTC Ombudsman volunteers  
as of June 30, 2014 30

4. FY 2012-2013 AoA Data: 30 certified volunteers

FY 2014-2015 Projected Number of certified LTC Ombudsman volunteers  
as of June 30, 2015 34

5. FY 2013-2014 AoA Data: 34 certified volunteers

FY 2015-2016 Projected Number of certified LTC Ombudsman volunteers  
as of June 30, 2016 36

Program Goals and Objective Numbers: Goal II, Objective D.5.

**Outcome 3. Ombudsman representatives accurately and consistently report data about their complaints and other program activities in a timely manner. [OAA Section 712(c)]**

**Measures and Targets:**

**A.** At least once each fiscal year, the Office of the State Long-Term Care Ombudsman sponsors free training on each of four modules covering the reporting process for the National Ombudsman Reporting System (NORS). These trainings are provided by telephone conference and are available to all certified staff and volunteers. Local LTC Ombudsman Programs retain documentation of attendance in order to meet annual training requirements.

1. FY 2010-2011 Baseline number of Ombudsman Program staff and volunteers who attended NORS Training Parts I, II, III and IV 31

**Please obtain this information from the local LTC Ombudsman Program Coordinator.**

2. FY 2012-2013 Target: number of Ombudsman Program staff and volunteers attending NORS Training Parts I, II, III and IV 31

3. FY 2011-2012 number of Ombudsman Program staff and volunteers who attended NORS Training Parts I, II, III, and IV 34

FY 2013-2014 Target 38

4. FY 2012-2013 number of Ombudsman Program staff and volunteers who attended NORS Training Parts I, II, III, and IV 38

FY 2014-2015 Target 43

5. FY 2013-2014 number of Ombudsman Program staff and volunteers who attended NORS Training Parts I, II, III, and IV 38

FY 2015-2016 Target: 49

Program Goals and Objective Numbers: Goal II, Objective D.5.

**TITLE VII B ELDER ABUSE PREVENTION**  
**SERVICE UNIT PLAN OBJECTIVES**

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

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

When developing targets for each fiscal year, refer to data reported on the Elder Abuse Prevention Quarterly Activity Reports. Set realistic goals based upon the prior year's numbers and the resources available.

AAAs must provide one or more of the service categories below. NOTE: The number of sessions refers to the number of presentations and not the number of attendees

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

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

<b>Fiscal Year</b>	<b>Total # of Public Education Sessions</b>
2012-13	40
2013-14	40
2014-15	
2015-16	

<b>Fiscal Year</b>	<b>Total # of Training Sessions for Professionals</b>
2012-13	N/A
2013-14	N/A
2014-15	
2015-16	

<b>Fiscal Year</b>	<b>Total # of Training Sessions for Caregivers served by Title III E</b>
2012-13	N/A
2013-14	N/A
2014-15	
2015-16	

<b>Fiscal Year</b>	<b>Total # of Hours Spent Developing a Coordinated System</b>
2012-13	N/A
2013-14	N/A
2014-15	
2015-16	

<b>Fiscal Year</b>	<b>Total # of Copies of Educational Materials to be Distributed</b>	<b>Description of Educational Materials</b>
2012-2013	1200	Fraud Prevention and Protection
2013-2014	1200	Fraud Prevention and Protection
2014-2015		
2015-2016		

<b>Fiscal Year</b>	<b>Total Number of Individuals Served</b>
2012-2013	1200
2013-2014	1200
2014-2015	
2015-2016	

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

**2012–2016 Four-Year Planning Period**

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

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

<b>CATEGORIES</b>	<b>1</b>	<b>2</b>	<b>3</b>
<b>Family Caregiver Services Caring for Elderly</b>	<b>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>		
2012-2013	# of activities: 70 Total est. audience for above: 101,500	V	
2013-2014	# of activities: 61 Total est. audience for above: 100,485	V	
2014-2015	# of activities: Total est. audience for above:		
2015-2016	# of activities: Total est. audience for above:		
<b>Access Assistance</b>	<b>Total contacts</b>		
2012-2013	1,105	V	
2013-2014	4,420*	V	
2014-2015			
2015-2016			
<b>Support Services</b>	<b>Total hours</b>		
2012-2013	3,615	V	
2013-2014	3,732	V	
2014-2015			
2015-2016			

<b>Respite Care</b>	<b>Total hours</b>		
2012-2013	7,618	V	
2013-2014	7,350	V	
2014-2015			
2015-2016			
<b>Supplemental Services</b>	<b>Total occurrences</b>		
2012-2013	15	V	
2013-2014	10	V	
2014-2015			
2015-2016			

\*More accurate projection based on program specific III E Access Assistance services.



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

<b>Grandparent Services Caring for Children</b>	<b><i>Proposed</i> Units of Service</b>	<b><i>Required</i> Goal #(s)</b>	<b><i>Optional</i> Objective #(s)</b>
<b>Information Services</b>	<b># of activities and Total est. audience for above</b>		
2012-2013	# of activities: 16 Total est. audience for above: 6240	V	
2013-2014	# of activities: 16 Total est. audience for above: 6240	V	
2014-2015	# of activities: Total est. audience for above:		
2015-2016	# of activities: Total est. audience for above:		
<b>Access Assistance</b>	<b>Total contacts</b>		
2012-2013	366	V	
2013-2014	360	V	
2014-2015			
2015-2016			
<b>Support Services</b>	<b>Total hours</b>		
2012-2013	111	V	
2013-2014	105	V	
2014-2015			
2015-2016			
<b>Respite Care</b>	<b>Total hours</b>		
2012-2013	N/A		
2013-2014	N/A		
2014-2015			
2015-2016			
<b>Supplemental Services</b>	<b>Total occurrences</b>		
2012-2013	N/A		
2013-2014	N/A		
2014-2015			
2015-2016			

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

List all SCSEP monitor sites (contract or direct) where the AAA provides services within the PSA (Please add boxes as needed)

Location/Name (AAA office, One Stop, Agency, etc): Hemet Service Center
Street Address: 749 North State Street, Hemet, CA 92543
Name and title of all SCSEP staff members (paid and participant): Ronald Holt Service Aide 1, Virginia Mastrogiacomo Service Aide 1, <del>Kathleen Tucker</del> Irma Blackmon – Program Assistant <del>Service Aide 1, and Priscilla Close Program Assistant</del>
Number of paid staff <u>  0  </u> Number of participant staff <u>  4  </u>
How many participants are served at this site? 20

Location/Name (AAA office, One Stop, Agency, etc): Riverside County Office on Aging
Street Address: 78-900 Ave 47, Suite 200, La Quinta, CA 92253
Name and title of all SCSEP staff members (paid and participant): Teddy Bryant – Program Assistant, <del>Susan Fernelius</del> Linda Madison– Program Assistant
Number of paid staff <u>  0  </u> Number of participant staff <u>  2  </u>
How many participants are served at this site? 12

Location/Name (AAA office, One Stop, Agency, etc): Riverside County Office on Aging
Street Address: 6296 River Crest Drive, Suite K, Riverside, CA 92507
Name and title of all SCSEP staff members (paid and participant): Jo Ellen Williams – Service Aide 1, <del>Shere Gasco – Service Aide 1</del> ; Deborah Allen – Service Aide 1; <del>Bernadita Ninete – Service Aide 1</del> , Alfred LeCesne – Senior Program Assistant, <del>Loretta Tigner – Program Assistance</del> , Bernice Gains – Program Assistant, Georgia Lloyd – <del>Senior Program Assistant Service Aide 1</del> , <del>Wanda Shaw – Service Aide 1</del> , <del>Mary Vasquez – Senior Program Assistant</del> , <del>Helen Sheffield – Program Assistant</del> , Earsy Dickson, Irene Xanders (Program Asst), Susan Peters Participants and Mark Dunlap – Program Manager
Number of paid staff <u>  1  </u> Number of participant staff <u> 11 </u>
How many participants are served at this site? <del>54</del> 40

More accurate projection based on Federal vs. California minimum wage differential, and 5% sequester cuts.

8 If not providing Title V, enter PSA number followed by "Not providing".

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

**MULTIPLE PSA HICAPs:** If you are a part of a multiple PSA HICAP where two or more AAAs enter into agreement with one "Managing AAA," then each AAA must enter State and federal performance target numbers in each AAA's respective SUP. Please do this in cooperation with the Managing AAA. The Managing AAA is responsible for providing HICAP services in the covered PSAs in a way that is agreed upon and equitable among the participating parties.

**HICAP PAID LEGAL SERVICES:** Complete Section 3 if your Master Contract contains a provision for using HICAP funds to provide HICAP Legal Services.

**STATE & FEDERAL PERFORMANCE TARGETS:** The Centers for Medicare and Medicaid Services (CMS) requires all State Health Insurance Assistance Programs (SHIP) to meet certain targeted performance measures. To help AAAs complete the Service Unit Plan, CDA will annually provide AAAs with individual PSA state and federal performance measure targets.

**Section 1. Primary HICAP Units of Service**

<b>Fiscal Year (FY)</b>	<b>1.1 Estimated Number of Unduplicated Clients Counseled</b>	<b>Goal Numbers</b>
2012-2013	1,690	II, IV
2013-2014	2,000	II, IV
2014-2015	2,020	II, IV
2015-2016	2,100	II, IV

**Note:** Clients Counseled equals the number of Intakes closed and finalized by the Program Manager.

<b>Fiscal Year (FY)</b>	<b>1.2 Estimated Number of Public and Media Events</b>	<b>Goal Numbers</b>
2012-2013	137	II, IV
2013-2014	138	II, IV
2014-2015	140	II, IV
2015-2016	144	II, IV

**Note:** Public and Media events include education/outreach presentations, booths/exhibits at health/senior fairs, and enrollment events, excluding public service announcements and printed outreach.

**Section 2: Federal Performance Benchmark Measures**

<b>Fiscal Year (FY)</b>	<b>2.1 Estimated Number of Contacts for all Clients Counseled</b>	<b>Goal Numbers</b>
2012-2013	8,039	II, IV
2013-2014	8,039	II, IV
2014-2015	8,120	II, IV
2015-2016	8,200	II, IV

**Note:** This includes all counseling contacts via telephone, in-person at home, in-person at site, and electronic contacts (e-mail, fax, etc.) for duplicated client counts.

<b>Fiscal Year (FY)</b>	<b>2.2 Estimated Number of Persons Reached at Public and Media Events</b>	<b>Goal Numbers</b>
2012-2013	15,203	II, IV
2013-2014	20,000	II, IV
2014-2015	21,000	II, IV
2015-2016	22,050	II, IV

**Note:** This includes the estimated number of attendees (e.g., people actually attending the event, not just receiving a flyer) reached through presentations either in person or via webinars, TV shows or radio shows, and those reached through booths/exhibits at health/senior fairs, and those enrolled at enrollment events, excluding public service announcements (PSAs) and printed outreach materials.

<b>Fiscal Year (FY)</b>	<b>2.3 Estimated Number of contacts with Medicare Status Due to a Disability Contacts</b>	<b>Goal Numbers</b>
2012-2013	1,183	II, IV
2013-2014	1,183	II, IV
2014-2015	1,207	II, IV
2015-2016	1,231	II, IV

**Note:** This includes all counseling contacts via telephone, in-person at home, in-person at site, and electronic contacts (e-mail, fax, etc.), duplicated client counts with Medicare beneficiaries due to disability, and not yet age 65.

<b>Fiscal Year (FY)</b>	<b>2.4 Estimated Number of contacts with Low Income Beneficiaries</b>	<b>Goal Numbers</b>
2012-2013	3,077	II, IV
2013-2014	3,077	II, IV
2014-2015	3,231	II, IV
2015-2016	3,392	II, IV

**Note:** This is the number of unduplicated low-income Medicare beneficiary contacts and/or contacts that discussed low-income subsidy (LIS). Low income means 150 percent of the Federal Poverty Level (FPL).

<b>Fiscal Year (FY)</b>	<b>2.5 Estimated Number of Enrollment Assistance Contacts</b>	<b>Goal Numbers</b>
2012-2013	5,988	II, IV
2013-2014	5,988	II, IV
2014-2015	6,108	II, IV
2015-2016	6,230	II, IV

**Note:** This is the number of unduplicated enrollment contacts during which one or more qualifying enrollment topics were discussed. This includes all enrollment assistance, not just Part D.

<b>Fiscal Year (FY)</b>	<b>2.6 Estimated Part D and Enrollment Assistance Contacts</b>	<b>Goal Numbers</b>
2012-2013	2,816	II, IV
2013-2014	2,844	II, IV
2014-2015	2,901	II, IV
2015-2016	2,959	II, IV

**Note:** This is a subset of all enrollment assistance in 2.5. It includes the number of Part D enrollment contacts during which one or more qualifying Part D enrollment topics were discussed.

<b>Fiscal Year (FY)</b>	<b>2.7 Estimated Number of Counselor FTEs in PSA</b>	<b>Goal Numbers</b>
2012-2013	29.4	II, IV
2013-2014	29.4	II, IV
2014-2015	30.87	II, IV
2015-2016	32.41	II, IV

Note: This is the total number of counseling hours divided by 2000 (considered annual fulltime hours), then multiplied by the total number of Medicare beneficiaries per 10K in PSA.

**Section 3: HICAP Legal Services Units of Service (if applicable) <sup>33</sup>**

<b>State Fiscal Year (SFY)</b>	<b>3.1 Estimated Number of Clients Represented Per SFY (Unit of Service)</b>	<b>Goal Numbers</b>
2012-2013	N/A	
2013-2014	N/A	
2014-2015	N/A	
2015-2016	N/A	
<b>State Fiscal Year (SFY)</b>	<b>3.2 Estimated Number of Legal Representation Hours Per SFY (Unit of Service)</b>	<b>Goal Numbers</b>
2012-2013	N/A	
2013-2014	N/A	
2014-2015	N/A	
2015-2016	N/A	
<b>State Fiscal Year (SFY)</b>	<b>3.3 Estimated Number of Program Consultation Hours per SFY (Unit of Service)</b>	<b>Goal Numbers</b>
2012-2013	N/A	
2013-2014	N/A	
2014-2015	N/A	
2015-2016	N/A	

<sup>33</sup> Requires a contract for using HICAP funds to pay for HICAP Legal Services.

**SECTION 11 - FOCAL POINTS**

**PSA 21**

**COMMUNITY FOCAL POINTS LIST**

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

In the form below, provide the current list of designated community focal points and their addresses. This information must match the total number of focal points reported in the National Aging Program Information System (NAPIS) State Program Report (SPR), i.e., California Aging Reporting System, NAPISCare, Section III.D.

<b>Designated Community Focal Point</b>	<b>Address</b>
Ageless Reflections – Blythe Community Center	445 North Broadway Blythe, CA 92225
Albert A. Chatigny Senior Community Recreation Center	1310 Oak Valley Parkway Beaumont, CA 92223
Arlanza Community Center – Bryant Park	7950 Philbin Avenue Riverside, CA 92503
Banning Senior Center	769 North San Gorgonio Avenue PO Box 998 Banning, CA 92220
Cathedral Center	37-171 West Buddy Rogers Avenue Cathedral City, CA 92234
Coachella Senior Center	1540 Seventh Street Coachella, CA 92236
Colorado River Senior Community Center	HCR 20, Box 3408 – Rio Loco Blythe, CA 92225
Corona Senior Center	921 South Belle Street Corona, CA 92882
Dales Senior Center	3936 Chestnut Street Riverside, CA 92501
Desert Hot Springs Senior Center	11-777 West Drive Desert Hot Springs, CA 92240
Eddie Dee Smith Senior Center	5888 Mission Boulevard Rubidoux, CA 92509
Idyllwild Town Hall	25925 Cedar Street Idyllwild, CA 92549
Indio Senior Center	45-700 Aladdin Street Indio, CA 92201
James A. Venable Community Center	50-390 Carmen Avenue Cabazon, CA 92230
James Simpson Memorial Center	305 East Devonshire Avenue Hemet, CA 92543
Janet Goeske Center	5257 Sierra Street Riverside, CA 92504

<b>Designated Community Focal Point</b>	<b>Address</b>
Jerry Rummonds Senior Center	87-225 Church Street PO Box 701 Thermal, CA 92274
Joslyn Senior Center	73-750 Catalina Way Palm Desert, CA 92260
Kay Cenicerros Senior Center	29995 Evans Road Sun City, CA 92586
La Quinta Senior Center	78-450 Avenida La Fonda La Quinta, CA 92247
La Sierra Senior Center	5215 La Sierra Riverside, CA 92505
Lake Elsinore Activity Center	420 East Lakeshore Drive Lake Elsinore, CA 92530
Marion Ashley Community Center	25625 Briggs Road Menifee, CA 92585
Mary Phillips Senior Center	41845 Sixth Street Temecula, CA 92590
Mead Valley Community Center	21091 Rider Street Perris, CA 92570
Mizell Senior Center	480 South Sunrise Way Palm Springs, CA 92262
Moreno Valley Senior Center	25075 Fir Avenue Moreno Valley, CA 92553
Murrieta Senior Center	41717 Juniper Street Murrieta, CA 92562
Norco Senior Center	2690 Clark Avenue PO Box 428 Norco, CA 92860
Norton Younglove Community Center	459 West Center Street Riverside, CA 92507
Norton Younglove Community Center	908 Park Street PO Box 1190 Calimesa, CA 92320
Perris Senior Center	100 North "D" Street Perris, CA 92570
Riverside-San Bernardino County Indian Health	11555 ½ Potrero Road Banning, CA 92220
Ruth H. Lewis Community Center at Reid Park	701 North Orange Street Riverside, CA 92501
San Jacinto Community Center	625 South Pico Avenue San Jacinto, CA 92583
Stratton Community Center at Bordwell Park	2008 Martin Luther King Boulevard Riverside, CA 92507
The Center	611 S. Palm Canyon Drive, Suite 201 Palm Springs, CA 92262
Ysamel Villegas Community Center	3091 Esperanza Street Riverside, CA 92503



## **SECTION 12 - DISASTER PREPAREDNESS**

**PSA 21**

**Disaster Preparation Planning** Conducted for the 2012-2016 Planning Cycle OAA Title III, Sec. 306(a)(17); 310, CCR Title 22, Sections 7529 (a)(4) and 7547, W&I Code Division 8.5, Sections 9625 and 9716, CDA Standard Agreement, Exhibit E, Article 1, 22-25, Program Memo 10-29(P)

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

Riverside County Office on Aging (OoA) in its role as area agency on aging is responsible for creating a disaster plan that will ensure the provision of critical services that will meet the emergency needs of its consumers in the event of a natural disaster, such as an earthquake, fire or flood.

Office on Aging's Disaster Plan has been developed to coordinate with the County of Riverside's disaster plan, which includes five Standardized Emergency Management System (SEMS) functional units which may be activated at any time following an official activation by the Emergency Operations Center in a major disaster. The five SEMS are as follows:

- Care and Shelter Operations
- Resources and Support Operations
- Mental Health Operations
- Disaster Assistance Centers
- Radiological Protection

OoA is represented under the Care and Shelter Operations unit, which provides basic human needs and relocation of those in need, along with specific services targeted to the elderly and individuals with disabilities.

OoA's Disaster Response Coordinator is responsible to execute activation of OoA's Disaster Plan's policies and procedures, following an agency emergency/disaster and/or an official activation by the Emergency Operations Center. In the absence of the Disaster Response Coordinator, the designated alternate or the Director shall execute activation. In the absence of all three persons, the highest level supervisor available is authorized to execute activation of these policies and procedures.

In the event the emergency/disaster occurs during non-working hours, staff must report to the nearest operating OoA site and assume normal operating duties unless designated or assigned otherwise.

Information and Assistance staff has been provided written emergency procedures on how to provide services during and after a disaster. Earthquake and fire evacuation procedures occur twice a year as required by Riverside County Safety. In addition, the Disaster Response Coordinator participates in the Riverside County Operations Committee meetings and trains quarterly with Riverside County Public Health, Bioterrorism Branch, Riverside County Environmental Health, Riverside County Office of Emergency Services, and Riverside County Fire.

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

Name	Title	Telephone	email
Diana Rockot	Emergency Services Coordinator/EOC Manager Riverside County Fire	Office: (951) 955-4700 Cell: (951) 453-5130	Diana.rockot@fire.ca.gov

3. Identify the Disaster Response Coordinator within the AAA:

Name	Title	Telephone	email
Renee Dar-Khan	Supervising Prog Specialist I&A, ADRC Coordinator	Office: (951) 867-3800 Cell: (951) 591-5397	RDarkhan@co.riverside.ca.us

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

Critical Services	How Delivered?
<p><b>a</b> Information and Referral Services, for such services as transportation, disaster assistance, etc.</p> <p><b>b</b> Work with local OES, CDA, FEMA to provide accessible disaster aid</p> <p><b>c</b> Connect food, water, and other supplies to consumers</p> <p><b>d</b> Advocate and assist in providing seniors with gov't disaster assistance.</p> <p><b>e</b> Assess the results of the disaster as well as the immediate needs of the clients and convey the result to the local OES and the CDA AAA Disaster Preparedness Coordinator.</p>	<p><b>a</b> Through trained I&amp;A staff on site or at designated location</p> <p><b>b</b> In person or via call center; assistance in completion of forms for federal or state emergency assistance</p> <p><b>c</b> Through contracted congregate meal sites or home delivered meals, or through emergency services as appropriate</p> <p><b>d</b> Through trained staff and volunteers</p> <p><b>e</b> Coordinated through the Disaster Preparedness Coordinator or the Director of the OoA.</p>

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

Formal emergency preparation or response agreements are included in our contracted meal service providers' agreements, which are Sodexo, Inc. and Family Services Agreement currently. As the OoA is currently in the RFP process, the contractor may change dependent on the results of the bidding process

6. Describe how the AAA will:

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

Our vulnerable population is identified through existing client data base system that is accessible to our social workers and other trained staff via the internet at any location. In addition, our Disaster Preparedness Coordinator and assigned staff will be prioritizing the needs and identifying additional vulnerable populations. In coordination with the local OES, FEMA, and CDA, the OoA will follow-up with these vulnerable populations based on the prioritization. The follow-up will be telephonic or home visits of identified clients through the first responders that are coordinating the responses.

**2012-2016 Four-Year Planning Cycle**

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

The CCR, Article 3, Section 7312, requires the AAA to allocate an “adequate proportion” of federal funds to provide Access, In-Home Services, and Legal Assistance in the PSA. The annual minimum allocation is determined by the AAA through the planning process. The minimum percentages of applicable Title III B funds <sup>34</sup> listed below have been identified for annual expenditure throughout the four-year planning period. These percentages are based on needs assessment findings, resources available within the PSA, and discussions at public hearings on the Area Plan.

Category of Service and the Percentage of Title III B Funds expended in/or to be expended in FY 2012-13 through FY 2015-16

**Access:**

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

12-13 **25.9%**    13-14 **25.9%**    14-15 **25.9%**    15-16 **25.9%**

**In-Home Services:**

Personal Care, Homemaker, Chore, Adult Day / Health Care, Alzheimer’s, Residential Repairs/Modifications, Respite Care, Telephone Reassurance, and Visiting

12-13 **6%**    13-14 **6%**    14-15 **6%**    15-16 **6%**

**Legal Assistance Required Activities:** <sup>35</sup>

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

12-13 **3.5%**    13-14 **3.5%**    14-15 **3.5%**    15-16 **3.5%**

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.

<sup>34</sup> Minimum percentages of applicable funds are calculated on the annual Title III B baseline allocation, minus Title IIIB administration and minus Ombudsman. At least one percent of the final Title IIIB calculation must be allocated for each “Priority Service” category or a waiver must be requested for the Priority Service category(s) that the AAA does not intend to fund.

<sup>35</sup> Legal Assistance must include all of the following activities: Legal Advice, Representation, Assistance to the Ombudsman Program and Involvement in the Private Bar.

**SECTION 14 - NOTICE OF INTENT TO PROVIDE DIRECT SERVICES**

PSA\_21\_\_

CCR Article 3, Section 7320 (a)(b) and 42 USC Section 3027(a)(8)(C)

If an AAA plans to directly provide any of the following services, it is required to provide a description of the methods that will be used to assure that target populations throughout the PSA will be served.

Check if not providing any of the below listed direct services.

Check applicable direct services

Check each applicable Fiscal Year

	<b>12-13</b>	<b>13-14</b>	<b>14-15</b>	<b>15-16</b>
<b>Title III B</b>				
<input checked="" type="checkbox"/> Information and Assistance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Outreach	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Program Development	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Coordination	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Long-Term Care Ombudsman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Title III D</b>	<b>12-13</b>	<b>13-14</b>	<b>14-15</b>	<b>15-16</b>
<input checked="" type="checkbox"/> Health Promotion	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Medication Management	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Title III E <sup>36</sup></b>	<b>12-13</b>	<b>13-14</b>	<b>14-15</b>	<b>15-16</b>
<input checked="" type="checkbox"/> Information Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Access Assistance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Respite Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Supplemental Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Title VII A</b>	<b>12-13</b>	<b>13-14</b>	<b>14-15</b>	<b>15-16</b>
<input type="checkbox"/> Long-Term Care Ombudsman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Title VII B</b>	<b>12-13</b>	<b>13-14</b>	<b>14-15</b>	<b>15-16</b>
<input checked="" type="checkbox"/> Prevention of Elder Abuse, Neglect and Exploitation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

<sup>36</sup> Refer to PM 11-11 for definitions of Title III E categories.

Describe the methods to be used to ensure target populations will be served throughout the PSA.

The Riverside County Office on Aging (OoA) has been the direct service provider of the services indicated in the preceding list and will continue to do so in the coming fiscal year 2012-2013. The OoA assures that the targeted populations are served through various outreach efforts and partnerships with community based service organizations throughout the county, as detailed in the Objectives/Actions under the Goals section of the Plan. The OoA and its Advisory Council are constantly reviewing programs and making sure that targeted populations are reached. OoA staff and Advisory Council members attend community events and collaborative meetings to promote services.

**SECTION 15 - REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES**

**PSA 21**

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Older Americans Act, Section 307(a)(8)  
CCR Article 3, Section 7320(c), W&I Code Section 9533(f)

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Complete and submit for CDA approval a separate Section 15 for each direct service not specified in Section 14. The request for approval may include multiple funding sources for a specific service.

Check box if not requesting approval to provide any direct services.

**Identify Service Category: Meals (Blythe)**

Check applicable funding source<sup>37</sup>:

- III B
- III C-1
- III C-2
- III E
- VII A
- HICAP

**Request for Approval Justification:**

- Necessary to Assure an Adequate Supply of Service OR
- More cost effective if provided by the AAA than if purchased from a comparable service provider.

Check all fiscal year(s) the AAA intends to provide service during this Area Plan cycle.

- 2012-13       2013-14       2014-15       2015-16

**Justification:** Provide a cost-benefit analysis below that substantiates this request for direct delivery of the above stated service<sup>38</sup> :

**Unable to establish a contract provider for the Blythe area.**

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<sup>37</sup> Section 15 does not apply to Title V (SCSEP).

<sup>38</sup> For a HICAP direct services waiver, the managing AAA or HICAP services must document that all affected AAAs are in agreement.

**Identify Service Category: Senior Center Activities (Staffing for Blythe)**

Check applicable funding source<sup>39</sup>:

- III B
- III C-1
- III C-2
- III E
- VII A
- HICAP

**Request for Approval Justification:**

- Necessary to Assure an Adequate Supply of Service OR
- More cost effective if provided by the AAA than if purchased from a comparable service provider.

Check all fiscal year(s) the AAA intends to provide service during this Area Plan cycle.

- 2012-13       2013-14       2014-15       2015-16

**Justification:** Provide a cost-benefit analysis below that substantiates this request for direct delivery of the above stated service<sup>40</sup>:

**Unable to establish contract provider for Blythe area.**

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<sup>39</sup> Section 15 does not apply to Title V (SCSEP).

<sup>40</sup> For a HICAP direct services waiver, the managing AAA or HICAP services must document that all affected AAAs are in agreement.



**Identify Service Category: Senior Center Activities (Volunteer Recruitment and Opportunities)**

Check applicable funding source<sup>41</sup>:

- III B
- III C-1
- III C-2
- III E
- VII A
- HICAP

**Request for Approval Justification:**

- Necessary to Assure an Adequate Supply of Service OR
- More cost effective if provided by the AAA than if purchased from a comparable service provider.

Check all fiscal year(s) the AAA intends to provide service during this Area Plan cycle.

- 2012-13
- 2013-14
- 2014-15
- 2015-16

**Justification:** Provide a cost-benefit analysis below that substantiates this request for direct delivery of the above stated service<sup>42</sup>:

**These services are not currently offered countywide. This affords the opportunity to create systems to enhance the current community infrastructure.**

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<sup>41</sup> Section 15 does not apply to Title V (SCSEP).

<sup>42</sup> For a HICAP direct services waiver, the managing AAA or HICAP services must document that all affected AAAs are in agreement.

**Identify Service Category: Community Education**

Check applicable funding source<sup>43</sup>:

- III B
- III C-1
- III C-2
- III E
- VII A
- HICAP

**Request for Approval Justification:**

- Necessary to Assure an Adequate Supply of Service OR
- More cost effective if provided by the AAA than if purchased from a comparable service provider.

Check all fiscal year(s) the AAA intends to provide service during this Area Plan cycle.

- 2012-13       2013-14       2014-15       2015-16

**Justification:** Provide a cost-benefit analysis below that substantiates this request for direct delivery of the above stated service<sup>44</sup>:

**These services are not currently offered countywide. This affords the opportunity to create systems to enhance the current community infrastructure.**

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<sup>43</sup> Section 15 does not apply to Title V (SCSEP).

<sup>44</sup> For a HICAP direct services waiver, the managing AAA or HICAP services must document that all affected AAAs are in agreement.

**Identify Service Category: Public Information**

Check applicable funding source<sup>45</sup>:

- III B
- III C-1
- III C-2
- III E
- VII A
- HICAP

**Request for Approval Justification:**

- Necessary to Assure an Adequate Supply of Service OR
- More cost effective if provided by the AAA than if purchased from a comparable service provider.

Check all fiscal year(s) the AAA intends to provide service during this Area Plan cycle.

- 2012-13                       2013-14                       2014-15                       2015-16

**Justification:** Provide a cost-benefit analysis below that substantiates this request for direct delivery of the above stated service<sup>46</sup>.

**These services are not currently offered countywide. This affords the opportunity to create systems to enhance the current community infrastructure**

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<sup>45</sup> Section 15 does not apply to Title V (SCSEP).

<sup>46</sup> For a HICAP direct services waiver, the managing AAA or HICAP services must document that all affected AAAs are in agreement.

**Identify Service Category: Comprehensive Assessment**

Check applicable funding source<sup>47</sup>:

- III B
- III C-1
- III C-2
- III E
- VII A
- HICAP

**Request for Approval Justification:**

- Necessary to Assure an Adequate Supply of Service OR
- More cost effective if provided by the AAA than if purchased from a comparable service provider.

Check all fiscal year(s) the AAA intends to provide service during this Area Plan cycle.

- 2012-13       2013-14       2014-15       2015-16

**Justification:** Provide a cost-benefit analysis below that substantiates this request for direct delivery of the above stated service<sup>48</sup>:

**These services are not currently offered countywide. This affords the opportunity to create systems to enhance the current community infrastructure**

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<sup>47</sup> Section 15 does not apply to Title V (SCSEP).

<sup>48</sup> For a HICAP direct services waiver, the managing AAA or HICAP services must document that all affected AAAs are in agreement.

**Identify Service Category: Cash/Material Aid**

Check applicable funding source<sup>49</sup>:

- III B
- III C-1
- III C-2
- III E
- VII A
- HICAP

**Request for Approval Justification:**

- Necessary to Assure an Adequate Supply of Service OR
- More cost effective if provided by the AAA than if purchased from a comparable service provider.

Check all fiscal year(s) the AAA intends to provide service during this Area Plan cycle.

- 2012-13       2013-14       2014-15       2015-16

**Justification:** Provide a cost-benefit analysis below that substantiates this request for direct delivery of the above stated service<sup>50</sup>:

**These services are not currently offered countywide. This affords the opportunity to create systems to enhance the current community infrastructure**

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<sup>49</sup> Section 15 does not apply to Title V (SCSEP).

<sup>50</sup> For a HICAP direct services waiver, the managing AAA or HICAP services must document that all affected AAAs are in agreement.

**GOVERNING BOARD MEMBERSHIP  
2012-2016 Four-Year Area Plan Cycle**

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

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**Total Number of Board Members: 5**

**Name and Title of Officers:**

**Office Term Expires:**

<del>John Tavaglione (District 2)</del>	<del>01/06/15</del>
<del>John Benoit (District 4)</del> Chairman	<del>01/06/15</del>
Jeff Stone (District 3) Vice-Chairman	01/03/17

**Names and Titles of All Members:**

**Board Term Expires:**

<del>Bob Buster (District 1)</del>	<del>01/08/13</del>
<del>Kevin Jefferies (District 1)</del>	<del>01/03/17</del>
John Tavaglione (District 2)	01/06/15
Marion Ashley (District 5)	01/06/15

**District 1:**

Includes Lake Elsinore, Wildomar, and areas within the City of Riverside. The District also comprises unincorporated areas including Gavilan Hills, La Cresta, Lake Mathews, Mean Valley, Temescal Valley Woodcrest, De Luz, Santa Rosa Plateau, and Tanaja.

**District 2:**

Includes Corona, Norco, and the Western Half of the City of Riverside. The District also includes the unincorporated areas of Coronita, El Cerrito, Home Gardens, and Jurupa Valley.

**District 3:**

Includes Canyon Lake, Hemet, San Jacinto, Temecula, and Murrieta. The District also includes the unincorporated areas of Anza, Aguanga, Idyllwild, Menifee Valley, Pinyon Pines, Valle Vista, Winchester, and Wine Country.

**District 4:**

Includes Blythe, Cathedral City, Coachella, Indian Wells, Indio, La Quinta, Palm Desert, Palm Springs, and Rancho Mirage. The District also includes the unincorporated areas of Bermuda Dunes, Chiriaco Summit, Colorado River communities, Desert Center, Lake Tamarisk, Eagle Mountain, Desert Edge, Desert Palms, Indio Hills, Mecca, Mesa Verde, North Shore, Oasis, Ripley, Sky Valley, Thermal, Thousand Palms, Vista Santa Rosa.

**District 5:**

Includes Moreno Valley, Perris, Calimesa, Beaumont, Banning, Desert Hot Springs, and northern Palm Springs. Unincorporated areas include Nuevo, Lakeview, Juniper Flats, Meadowbrook, Good Hope, portions of Mead Valley, Romoland, Homeland, Green Acres, Highgrove, Box Springs, Pigeon Pass, Reche Canyon, San Timoteo Canyon, Oak Valley, Cherry Valley, Banning Bench, Cabazon, Palm Springs Village, and Palm Springs West. The District also includes the Tribal Governments from the Sovereign Nations of the Morongo Band of Mission Indians and the Agua Caliente Band of Cahuilla Indians as well as a portion of the March Air Reserve Base.

**DISTRICT MAP OF RIVERSIDE COUNTY**



Source: <http://www.rivcoconnection.com/RiversideCountyDistrictInfo/>

**ADVISORY COUNCIL MEMBERSHIP**  
**2012-2016 Four-Year Planning Cycle**

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45 CFR, Section 1321.57  
 CCR Article 3, Section 7302(a)(12)

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Total Council Membership (include vacancies) 17

Number of Council Members over age 60 14

	<u>% of PSA's 60+Population</u>	<u>% on Advisory Council</u>
<b>Race/Ethnic Composition</b>		
White	<u>68.6 %</u>	<u>58.8 %</u>
Hispanic	<u>19.7 %</u>	<u>05.9 %</u>
Black	<u>04.7 %</u>	<u>11.8 %</u>
Asian/Pacific Islander	<u>05.4 %</u>	<u>11.8 %</u>
Native American/Alaskan Native	<u>00.6 %</u>	<u>05.9 %</u>
Other	<u>04.9 %</u>	<u>05.9 %</u>

**Name and Title of Officers:****Office Term Expires:**

Gloria Sanchez, Chairperson, District III Representative	2014
Gary Kelley, Vice Chairman, District I Representative	2014
<del>Leo Sullivan, Parliamentarian, District IV Representative</del>	<del>2012</del>
Jerry Corrales, Parliamentarian, Member	2013

**Name and Title of other members:****Office Term Expires:**

Barbara Brown, Member	2013
Diana Camba, Member	2014
Alice Chandler, Member, District II Representative	2014
Erwin Fromm, Member	2012
Beverly Greer, Member	2012
Ann Kasper, Member	2014
Dianne Lewis, Member	2012
Vee Maiden, Member, District V Representative	2014
<del>Sonja Martin, District IV Representative</del>	<del>2017</del>
<del>Barbara Mitchell, Member</del>	<del>2016</del>
Doris Morgan-Hayes, Member	2014



Patricia Smith	2017
<del>Ritchie Purcell, Member</del>	2013
<del>Ed Steigmeister, Member</del>	2013
Luella Thornton, Member	2013
Carol Tong, Member	2013

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

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

Explain any "No" answer(s): N/A

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

Twelve members of the Advisory Council are selected by the Council members. When there is a vacancy, the vacancy is advertised in the local papers and on the agency's website. There is also an email blast through collaborative partners and through local senior organizations. The applications are accepted and reviewed by the Membership Committee of the Advisory Council. The applicants that are approved are then scheduled for an interview at the Riverside County Office on Aging. A member is selected by the committee and presented to the Advisory Council as an action item on the agenda. After approval by the Advisory Council, a request for approval is submitted to the Board of Supervisors. Once approved, the applicant becomes a member of the Advisory Council.

Five members of the Advisory Council are selected by each of the Board of Supervisors to represent their district. Each Board of Supervisor performs his own application, interview, and selection process. Once a member has been selected, the BOS informs the Office on Aging of the selection.

**2012-2016 Four-Year Area Planning Cycle**

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This section must be completed and submitted with the Four-Year Area Plan.  
Any changes to this Section must be documented on this form and remitted with Area Plan Updates.<sup>51</sup>

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1. Specific to Legal Services, what is your AAA's Mission Statement or Purpose Statement? Statement must include Title III B requirements: To enhance the quality of life across generations preventing elder abuse through community awareness, education, and providing access to legal services.
2. Based on your local needs assessment, what percentage of Title III B funding is allocated to Legal Services? A minimum of 3.5% of Title III B funding will be allocated to Legal Services.
3. Specific to legal services, has there been a change in your local needs in the past four years? If so, please identify the change (include whether the change affected the level of funding and the difference in funding levels in the past four years). There have been several changes in local needs in the past four years, including:

**Family Law:** Seniors have continued to become primary custodians of their grandchildren and the need for guardianships has continued to be strong. There is very limited free legal assistance available to assist seniors, and the need is greater in the rural areas.

**Consumer Law:** The number of seniors experiencing legal issues seems to be largely in two areas – consumer finance and foreclosures. As to consumer finance much of the focus involves credit card debt. Since issuers are permitted to make wholesale changes to terms without any express consent required by the cardholder seniors often see major interest rate and payment increases. When seniors default creditors are increasingly relying on litigation to try and collect. With foreclosures, many seniors were lured into negative amortization loans or ARMS that are now resetting to much higher payments.

**Consumer/Health Law:** As the senior population continues to increase, seniors who enter nursing homes and do not understand the coverage end up with significant debt and also have to sign themselves out.

**Need for In-Home Supportive Assistance** has been drastically reduced in the last four years; with most seniors unable to afford long term care, many are being cared for by family members who need more education about how to care for seniors especially for seniors who are suffering from diminished mental faculties .

There has also been a slight increase in Elder Financial Abuse over the past four years.

4. Specific to Legal Services, what is the targeted senior population and mechanism for reaching targeted groups in your PSA? Discussion: The targeted senior population are those seniors in the greatest social or economic need who do not have supportive resources to assist them with their personal business matters such as resolving a dispute with an insurance company or in dealing with family members or others who are being financially abusive. In person appointments are the most effective but also the most costly. Conducting an initial telephone intake to screen for

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51 For Information related to Legal Services, contact Chisorom Okwuosa at 916 419-7500 or COkwuosa@aging.ca.gov

eligibility followed up by timely contact by a legal advocate or a scheduled appointment at a senior center near their area of residence has also been effective.

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

Fiscal Year	# of Legal Assistance Services Providers
2012-2013	1
2013-2014	1
2014-2015	
2015-2016	

6. Does your PSA have a hotline for legal services? Inland Counties Legal Services (ICLS) has a Housing Law Services Center that serves both Riverside and San Bernardino Counties which has a Housing Hotline component staffed by program paralegals who conduct client intake exclusively on housing cases.

Additionally, the ICLS Riverside Branch Office conducts Seniors Telephone Intake on the full range of civil legal problems handled by ICLS.

7. What methods of outreach are providers using? Discuss: During 2011-2012, ICLS paralegals conducted outreach through scheduled appointments at 8 senior citizen centers throughout Riverside County: 1 monthly, 4 every two months and 3 quarterly.

ICLS has published a Legal Guide for Seniors handbook with the last update in May, 2010; the Guide is widely disseminated by advocates to their clients and is also posted on the ICLS website.

8. What geographic regions are covered by each provider? Complete table below.

Fiscal Year	Name of Provider	Geographic Region covered
2012-2013	a. <del>To be determined. In bidding process currently for FY12-13.</del> b. Inland Legal Services c.	a. All of Riverside County b. c.
2013-2014	a. Inland Legal Services b. c.	a. All of Riverside County b. c.
2014-2015	a. b. c.	a. b. c.
2015-2016	a. b. c.	a. b. c.

9. Discuss how older adults access Legal Services in your PSA: Older adults access legal services through outreach intake at senior citizen centers as well as through the telephone.

10. Identify the major types of legal issues that are handled by the TIII-B legal provider(s) in your PSA. Discuss (please include new trends of legal problems in your area): Major types of legal issues include: Housing; Family; Elder Abuse; Consumer; Benefits; Health; Simple wills.

Older Adults continue to take in their grandchildren and have a need for guardianships. Older Adults are increasingly being taken care of by their adult children who seek assistance with conservatorships. Financial Elder Abuse continues to be a serious problem with a perceived increase as the economy has worsened.

11. In the past four years, has there been a change in the types of legal issues handled by the TIII-B legal provider(s) in your PSA? Discuss: In the past four years, there has been an increase in Elder Abuse, Consumer Debt, Housing and Benefits legal problems as the economy has worsened.

12. What are the barriers to accessing legal assistance in your PSA? Include proposed strategies for overcoming such barriers. Discuss: The lack of adequate transportation, lack of sufficient legal staffing, and limited funding are barriers to accessing legal assistance in the PSA.

13. What other organizations or groups does your legal service provider coordinate services with? Discuss: The expectation is for the PSA's legal service providers to provide, at a minimum, a coordinated system of care through linkages with the Ombudsman program and the Health Insurance Counseling and Advocacy Program (HICAP).

**SECTION 19 - MULTIPURPOSE SENIOR CENTER ACQUISITION OR CONSTRUCTION COMPLIANCE REVIEW**<sup>52</sup>

**PSA 21**

CCR Title 22, Article 3, Section 7302(a)(15)  
**20-year tracking requirement**

No. Title III B funds not used for Acquisition or Construction.

Yes. Title III B funds used for Acquisition or Construction. **Complete the chart below.**

Title III Grantee and/or Senior Center	Type Acq/Const	III B Funds Awarded	% of Total Cost	Recapture Period		Compliance Verification (State Use Only)
				MM/DD/YY Begin	MM/DD/YY Ends	
Name: Address:						
Name: Address:						
Name: Address:						
Name: Address:						

<sup>16</sup> Acquisition is defined as obtaining ownership of an existing facility (in fee simple or by lease for 10 years or more) for use as a Multipurpose Senior Center.

**SECTION 20. FAMILY CAREGIVER SUPPORT PROGRAM**

**PSA 21**

**Notice of Intent for Non-Provision of FCSP Multifaceted Systems of Support Services  
Older Americans Act Section 373(a) and (b)**

**2012–2016 Four-Year Planning Cycle**

Based on PSA review of current support needs and services for **family caregivers** and **grandparents** (or other older relative of a child), indicate what services the AAA **intends** to provide using Title III E and/or matching FCSP funds for both family caregivers and grandparents/older relative caregivers.

Check YES or NO for each of the services\* identified below and indicate if the service will be provided directly or contracted. Check only the current year and leave the previous year information intact. If the AAA will **not** provide a service, a justification for each service is required in the space below.

**Family Caregiver Services**

<b>Category</b>	<b>2012-2013</b>	<b>2013-2014</b>	<b>2014-2015</b>	<b>2015-2016</b>
Family Caregiver Information Services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract
Family Caregiver Access Assistance	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract
Family Caregiver Support Services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract
Family Caregiver Respite Care	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract
Family Caregiver Supplemental Services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract

## Grandparent Services

Category	2012-2013	2013-2014	2014-2015	2015-2016
Grandparent Information Services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract
Grandparent Access Assistance	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract
Grandparent Support Services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract
Grandparent Respite Care	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract
Grandparent Supplemental Services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract

\*Refer to PM 11-11 for definitions for the above Title III E categories.

**Justification:** For each service category checked "no", explain how it is being addressed within the PSA. The justification must include the following:

- Provider name and address of agency
- Description of the service
- Where the service be provided (entire PSA, certain counties, etc.)
- Information that influenced the decision not to provide the service (research, feedback from needs assessment, survey of senior population in PSA, etc.)
- How the AAA ensures the service continues to be provided in the PSA without the use of Title III E funds

Grandparents raising grandchildren ages 0-5 who qualify under the First 5 contract receive respite to take care of errands, medical appointments, and other needs. Those grandparents who do not fall in this category are referred to in-house respite services through the Office on Aging or other agencies that provide this service. Supplemental services are offered and available to grandparents through services and programs with the Office on Aging. The social worker with the Grandparents Raising Grandchildren program is able to make referrals for these services if needed and if the grandparents qualify for this type of assistance.

## Grandparent Services

Category	2012-2013	2013-2014	2014-2015	2015-2016
Grandparent Information Services	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract
Grandparent Access Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract
Grandparent Support Services	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract
Grandparent Respite Care	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract
Grandparent Supplemental Services	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract

\*Refer to PM 11-11 for definitions for the above Title III E categories.

**Justification:** For each service category checked "no", explain how it is being addressed within the PSA. The justification must include the following:

- Provider name and address of agency
- Description of the service
- Where the service be provided (entire PSA, certain counties, etc.)
- Information that influenced the decision not to provide the service (research, feedback from needs assessment, survey of senior population in PSA, etc.)
- How the AAA ensures the service continues to be provided in the PSA without the use of Title III E funds



**SECTION 21 - ORGANIZATION CHART (Samples follow)**

**Office on Aging Executive Team**



~~Ed Walsh~~ Michele Wilham, Director



~~Hilary Clarke~~ Vacant  
Deputy Director, Administrative Services



~~Michele Wilham~~ Vacant,  
Deputy Director, Senior Services

**And  
Management Leadership Team Members**



~~Edna Garcia~~ Jeff Meyers  
Contracts Services Officer



Vikki Neugebauer,  
Coordinated Care Program Mgr



Renee Dar-Khan,  
Spvsr Prog Specialist I&A,  
ADRC Coordinator



Mark Dunlap  
Senior Employment  
Program Operation Manager

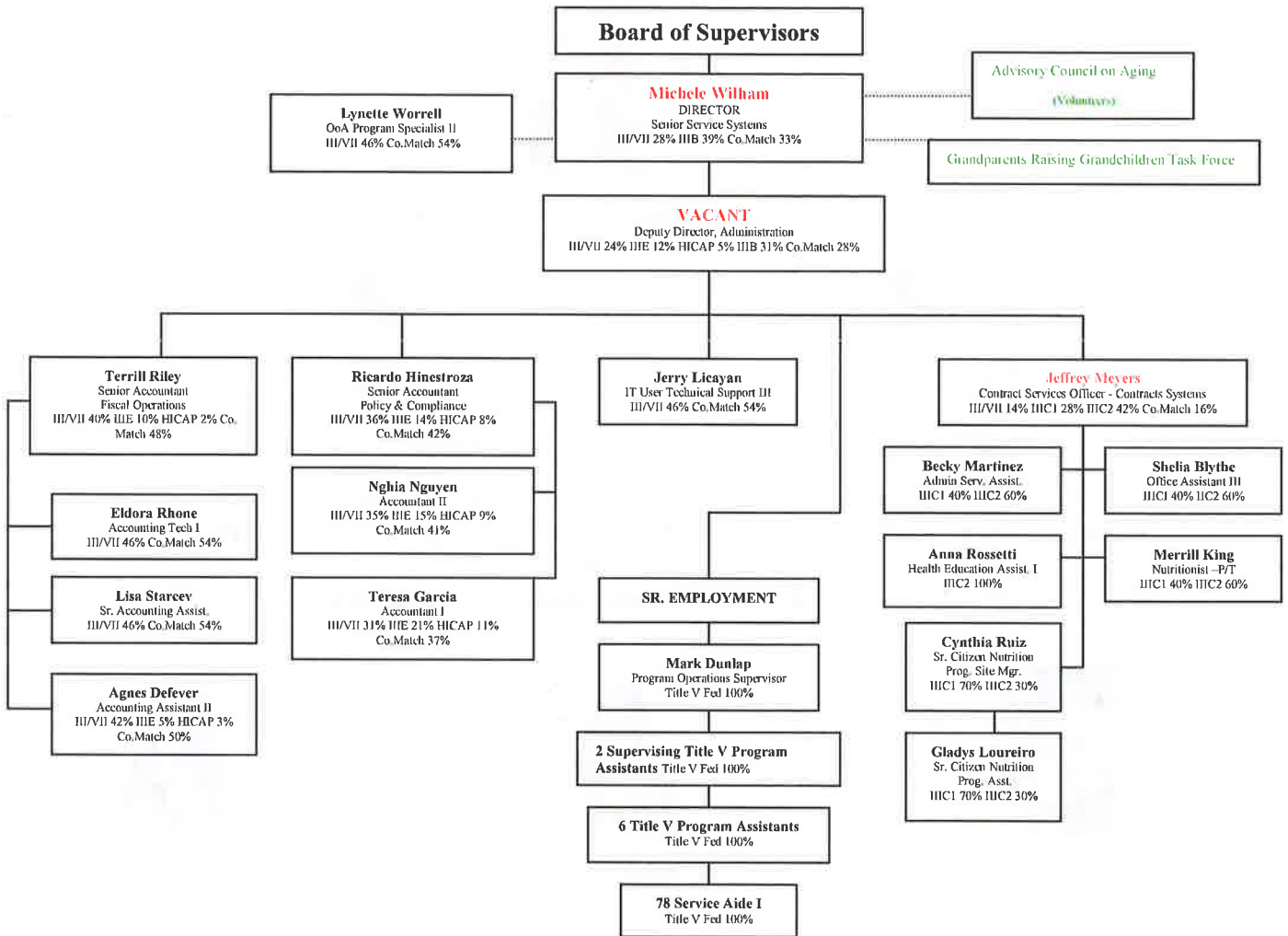


Stephen Geist  
Program Manager,  
Grandparents Raising Grandchildren

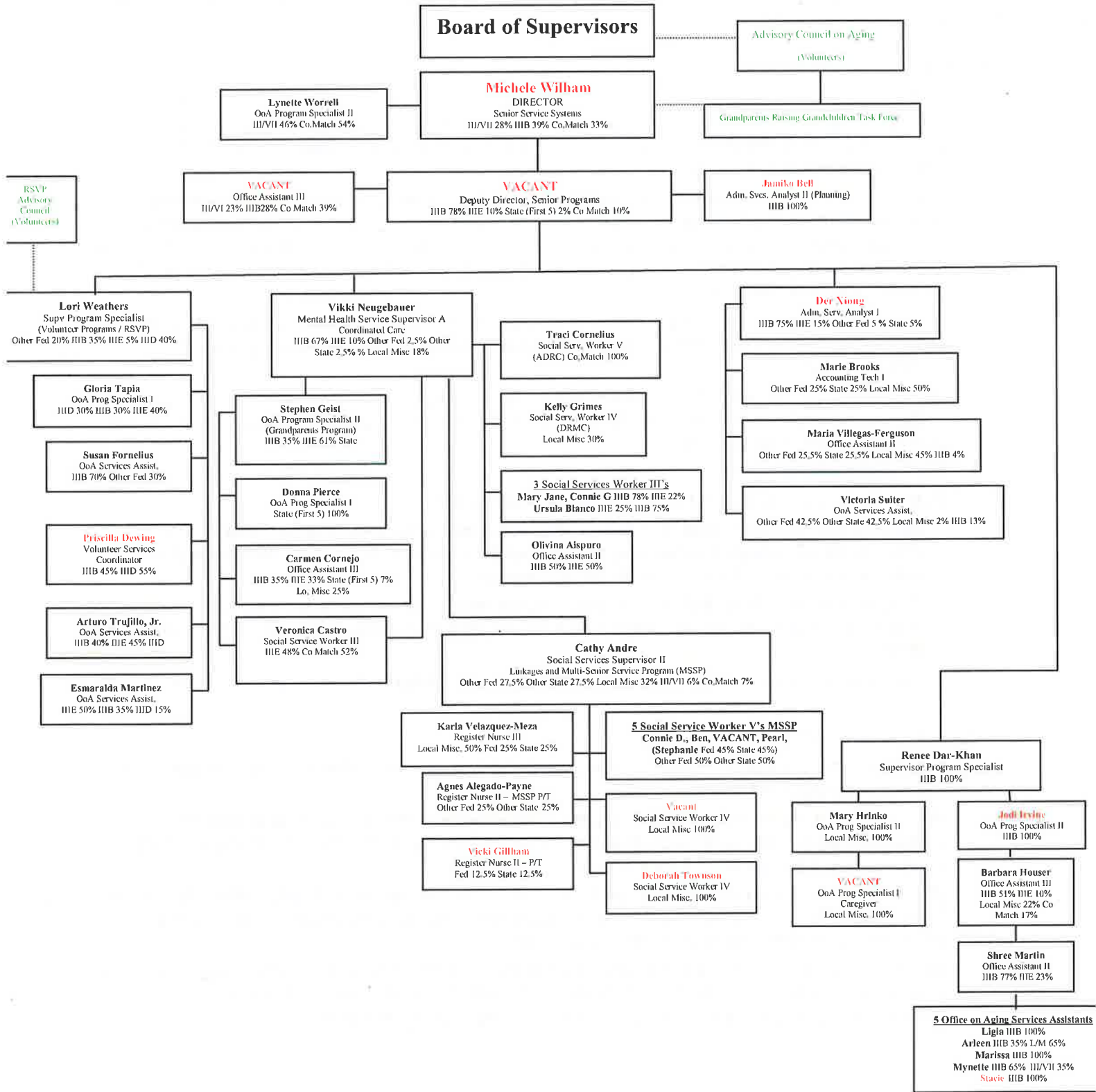


Lori Weathers  
Program Manager,  
Volunteer Systems

# Riverside County Office on Aging Organization Chart 2013/2014



## Riverside County Office on Aging Organization Chart 2013/2014



## **SECTION 22 - ASSURANCES**

Pursuant to the Older Americans Act Amendments of 2006 (OAA), the Area Agency on Aging assures that it will:

### **A. Assurances**

#### **1. OAA 306(a)(2)**

Provide an adequate proportion, as required under OAA 2006 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services—

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

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

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

#### **2. OAA 306(a)(4)(A)(i)(I-II)**

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

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

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

(II) include proposed methods to achieve the objectives described in (aa) and (bb) of subclause (I);

#### **3. OAA 306(a)(4)(A)(ii)**

Include in each agreement made with a provider of any service under this title, a requirement that such provider will—

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

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

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

#### **4. OAA 306(a)(4)(A)(iii)**

With respect to the fiscal year preceding the fiscal year for which such plan is prepared—

(I) identify the number of low-income minority older individuals in the planning and service area;  
(II) describe the methods used to satisfy the service needs of such minority older individuals;  
and

(III) provide information on the extent to which the area agency on aging met the objectives described in assurance number 2.

5. OAA 306(a)(4)(B)

Use outreach efforts that —

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

(I) older individuals residing in rural areas;

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

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

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

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

(VII) older individuals at risk for institutional placement; and

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

6. OAA 306(a)(4)(C)

Ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas;

7. OAA 306(a)(5)

Coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement with agencies that develop or provide services for individuals with disabilities;

8. OAA 306(a)(9)

Carry out the State Long-Term Care Ombudsman program under OAA 2006 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title;

9. OAA 306(a)(11)

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

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

(B) to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and

(C) make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.

10. OAA 306(a)(13)(A-E)

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

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

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

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

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

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

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

11. 306(a)(14)

Not give preference in receiving services to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title;

12. 306(a)(15)

Funds received under this title will be used—

(A) to provide benefits and services to older individuals, giving priority to older individuals identified in OAA 2006 306(a)(4)(A)(i); and

(B) in compliance with the assurances specified in OAA 2006 306(a)(13) and the limitations specified in OAA 2006 212;

B. Additional Assurances:

Requirement: OAA 305(c)(5)

In the case of a State specified in subsection (b)(5), the State agency; and shall provide assurance, determined adequate by the State agency, that the area agency on aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area.

Requirement: OAA 307(a)(7)(B)

(i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;

(ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and

(iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

Requirement: OAA 307(a)(11)(A)

- (i) enter into contracts with providers of legal assistance, which can demonstrate the experience or capacity to deliver legal assistance;
- (ii) include in any such contract provisions to assure that any recipient of funds under division (i) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and
- (iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis.

Requirement: OAA 307(a)(11)(B)

That no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the area agency on aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services.

Requirement: OAA 307(a)(11)(D)

To the extent practicable, that legal assistance furnished under the plan will be in addition to any legal assistance for older individuals being furnished with funds from sources other than this Act and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals; and

Requirement: OAA 307(a)(11)(E)

Give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

Requirement: OAA 307(a)(12)(A)

In carrying out such services conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for -

- (i) public education to identify and prevent abuse of older individuals;
- (ii) receipt of reports of abuse of older individuals;
- (iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and
- (iv) referral of complaints to law enforcement or public protective service agencies where appropriate.

Requirement: OAA 307(a)(15)

If a substantial number of the older individuals residing in any planning and service area in the State are of limited English-speaking ability, then the State will require the area agency on aging for each such planning and service area -

(A) To utilize in the delivery of outreach services under Section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability.

(B) To designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include:

- (i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and
- (ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effective linguistic and cultural differences.

Requirement: OAA 307(a)(18)

Conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to Section 306(a)(7), for older individuals who -

- (A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;
- (B) are patients in hospitals and are at risk of prolonged institutionalization; or
- (C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

Requirement: OAA 307(a)(26)

That funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the State agency, or an area agency on aging, to carry out a contract or commercial relationship that is not carried out to implement this title.

Requirement: OAA 307(a)(27)

Provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care.

#### C. Code of Federal Regulations (CFR), Title 45 Requirements:

CFR [1321.53(a)(b)]

(a) The Older Americans Act intends that the area agency on aging shall be the leader relative to all aging issues on behalf of all older persons in the planning and service area. This means that the area agency shall proactively carry out, under the leadership and direction of the State agency, a wide range of functions related to advocacy, planning, coordination, interagency linkages, information sharing, brokering, monitoring and evaluation, designed to lead to the development or enhancement of comprehensive and coordinated community based systems in, or serving, each community in the Planning and Service Area. These systems shall be designed to assist older persons in leading independent, meaningful and dignified lives in their own homes and communities as long as possible.

(b) A comprehensive and coordinated community-based system described in paragraph (a) of this section shall:

- (1) Have a visible focal point of contact where anyone can go or call for help, information or referral on any aging issue;
- (2) Provide a range of options;
- (3) Assure that these options are readily accessible to all older persons: The independent, semi-dependent and totally dependent, no matter what their income;
- (4) Include a commitment of public, private, voluntary and personal resources committed to supporting the system;
- (5) Involve collaborative decision-making among public, private, voluntary, religious and fraternal organizations and older people in the community;



- (6) Offer special help or targeted resources for the most vulnerable older persons, those in danger of losing their independence;
- (7) Provide effective referral from agency to agency to assure that information or assistance is received, no matter how or where contact is made in the community;
- (8) Evidence sufficient flexibility to respond with appropriate individualized assistance, especially for the vulnerable older person;
- (9) Have a unique character which is tailored to the specific nature of the community;
- (10) Be directed by leaders in the community who have the respect, capacity and authority necessary to convene all interested individuals, assess needs, design solutions, track overall success, stimulate change and plan community responses for the present and for the future.

CFR [1321.53(c)]

The resources made available to the area agency on aging under the Older Americans Act are to be used to finance those activities necessary to achieve elements of a community based system set forth in paragraph (b) of this section.

CFR [1321.53(c)]

Work with elected community officials in the planning and service area to designate one or more focal points on aging in each community, as appropriate.

CFR [1321.53(c)]

Assure access from designated focal points to services financed under the Older Americans Act.

CFR [1321.53(c)]

Work with, or work to assure that community leadership works with, other applicable agencies and institutions in the community to achieve maximum collocation at, coordination with or access to other services and opportunities for the elderly from the designated community focal points.

CFR [1321.61(b)(4)]

Consult with and support the State's long-term care ombudsman program.

CFR [1321.61(d)]

No requirement in this section shall be deemed to supersede a prohibition contained in the Federal appropriation on the use of Federal funds to lobby the Congress; or the lobbying provision applicable to private nonprofit agencies and organizations contained in OMB Circular A-122.

CFR [1321.69(a)]

Persons age 60 and older who are frail, homebound by reason of illness or incapacitating disability, or otherwise isolated, shall be given priority in the delivery of services under this part.

## CONCLUSION

“Focusing on a Healthy Tomorrow” is the overarching theme of the Riverside County Office on Aging’s 2012-2016 Strategic Plan and is reflected in our stated goals and objectives. As we look forward to the next four years, there is no doubt that the need for timely, diverse, and person-centered services will increase dramatically as a result of the aging Boomers and increasing diversity in the population that we serve. 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 are challenged to find creative ways to pursue alternative funding, allocate existing resources more efficiently, and develop new dynamic programs that help meet the needs of older adults and adults with disability. Although we have planned activities based on the current demographic analysis and needs assessment, we are continuing ongoing trending analysis to develop responsive activities based on newly identified needs.

Through the provision of home and community based services, older adults are able to remain healthy and socially active, prolonging their ability to live independently in their own homes within their community. The alternatives are reduced quality of life and premature institutional care. Failure to provide funding for Older Americans and Older Californians Act programs that is commensurate with the increasing demand for service will come at great personal and financial cost to our County’s elders, disabled, their families, and to the community as a whole.







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