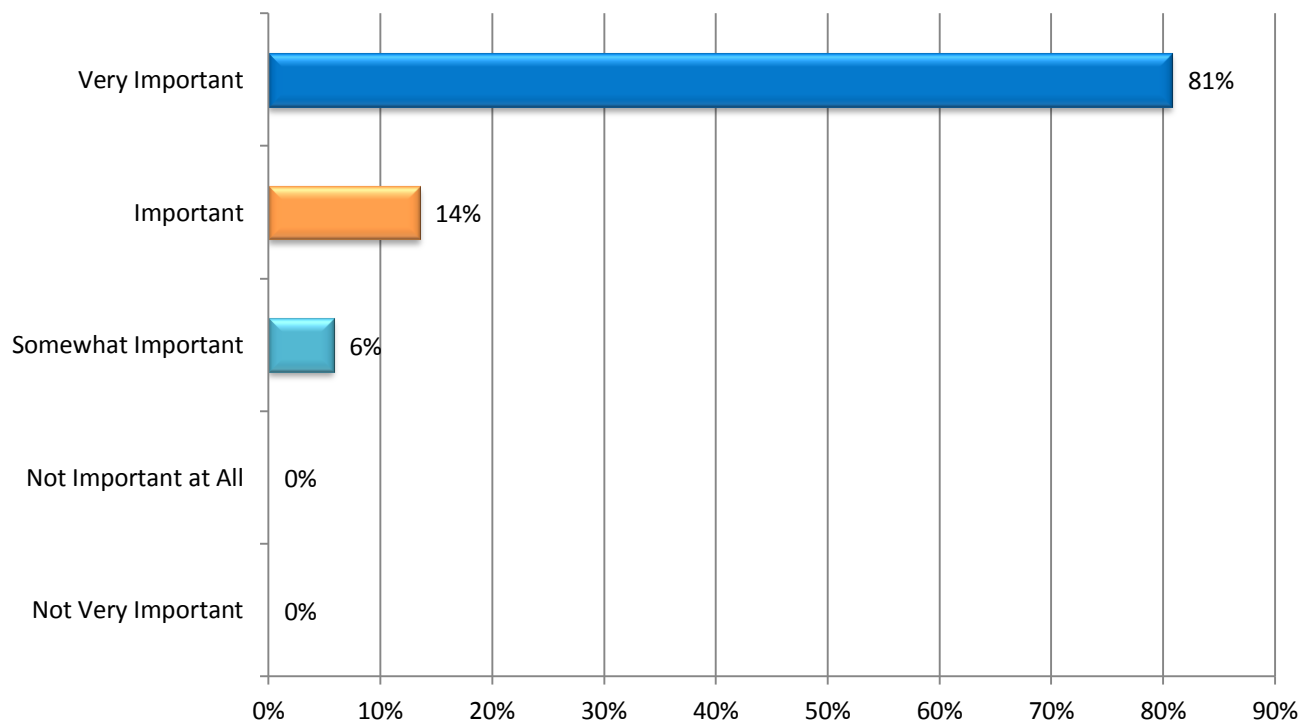**Figure 35: What is the most important elder justice issue facing older adults? Consumer Fraud (banking, car repairs, etc.)**

4. _Caregiving Focus_

Boomers are the first generation that may spend more time caring for their parents than their own children,[110] and with 43.5 million Americans providing care to someone over the age of 50, caregiving is an issue that must be addressed.[111] While researchers have long known that caregiving can have deleterious mental health effects for caregivers, research shows that caregiving can also have serious physical health consequences as well:

a. 17% of caregivers feel their health in general has gotten worse as a result of their caregiving responsibilities.[112]

b. 80% of respondents indicated that support for caregiver mental health is _"very important"_ to address.

---

[110] Brooks, Rodney. "Retirement Reset: Sandwiched Boomers Put Plans on Hold." USA Today. Gannett, 21 Aug. 2014. Web.
<http://www.usatoday.com/story/money/columnist/brooks/2014/07/29/boomer-retire-sandwich-generation/13269027/>.[accessed January 2016].
[111] Grinberg, Emanuella. "Caregiving for Loved Ones the 'New Normal' for Boomers." CNN. Cable News Network, 9 Apr. 2012. Web..
<http://www.cnn.com/2012/04/09/living/baby-boomer-caregivers/>.[accessed January 2016]
[112][AARP Public Policy Institute Valuing the Invaluable: 2008 Update. The Economic Value of Family Caregiving] - Updated: November 2012 by the Family Caregiver Alliance

**Figure 36: What is the most important issue facing the caregiver?
Support for caregiver mental health (e.g. depression)**

Very Important	81%
Important	11%
Somewhat Important	6%
Not Very Important	2%
Not Important at All	0%
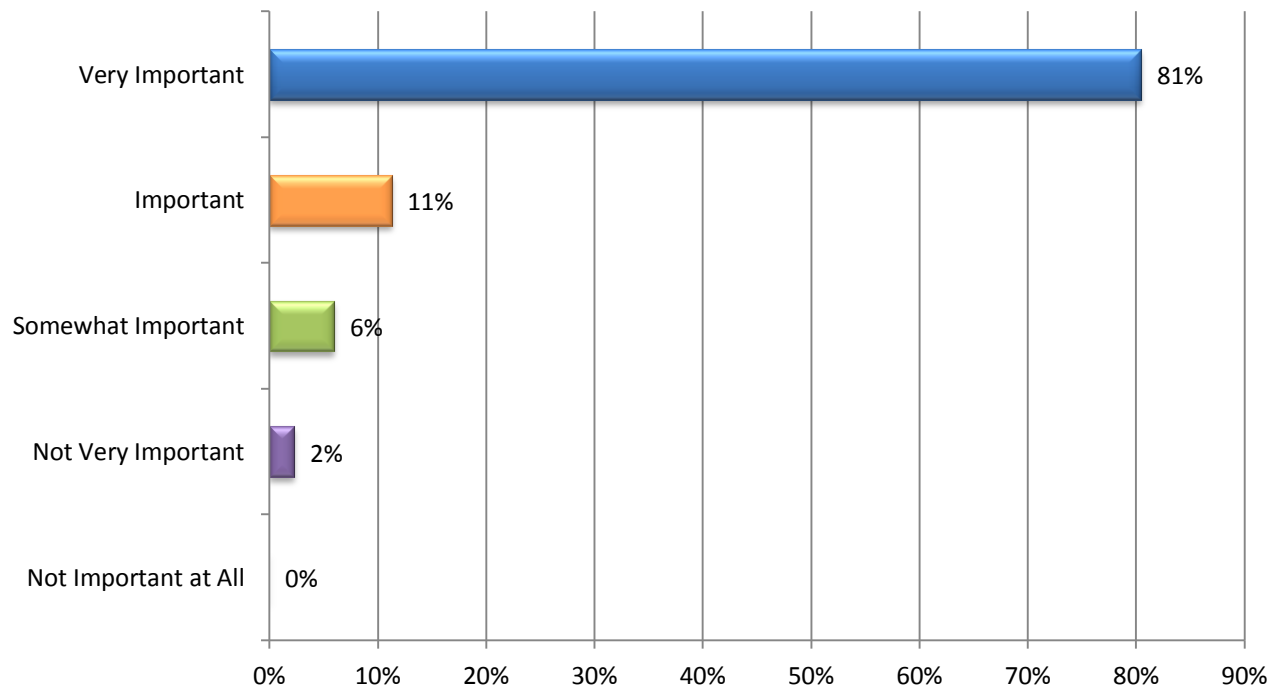
**Figure 37: What is the most important issue facing the caregiver?
Caregiver Training & Education**

Very Important	80%
Important	14%
Somewhat Important	4%
Not Very Important	1%
Not Important at All	0%
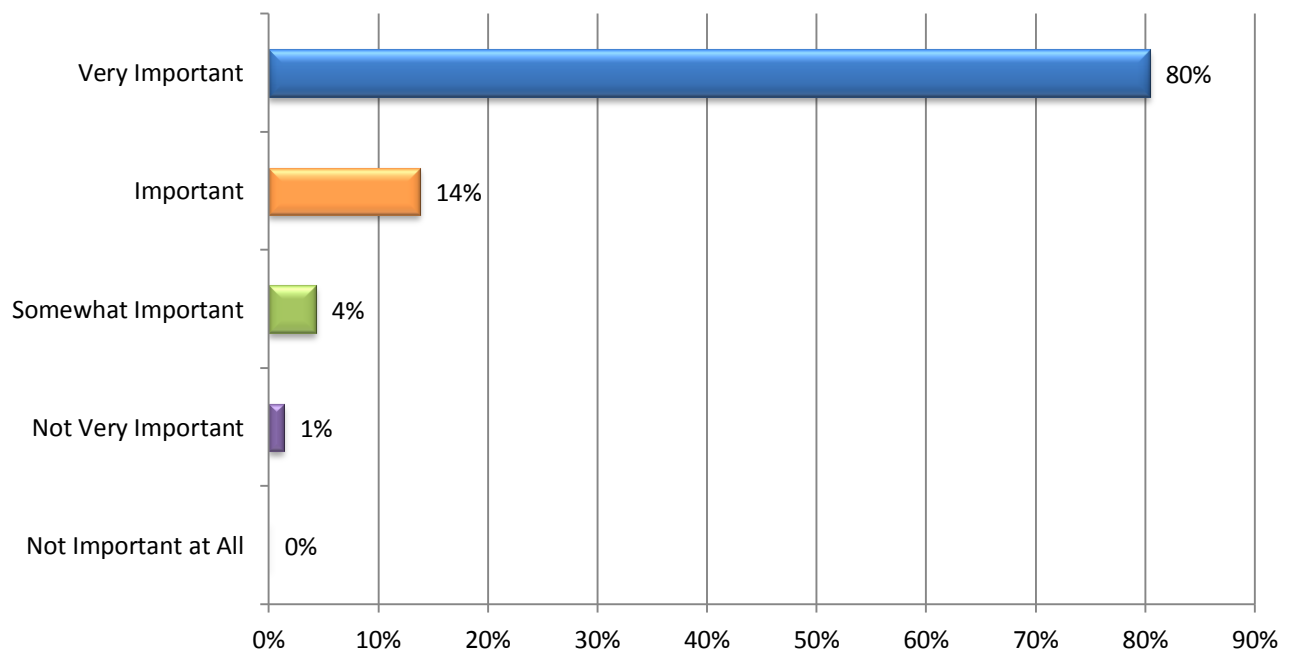
**Figure 38: What is the most important issue facing the caregiver?
Affordable alternatives to full time in home care**

Category	Percentage
Very Important	79%
Important	13%
Somewhat Important	4%
Not Very Important	2%
Not Important at All	2%
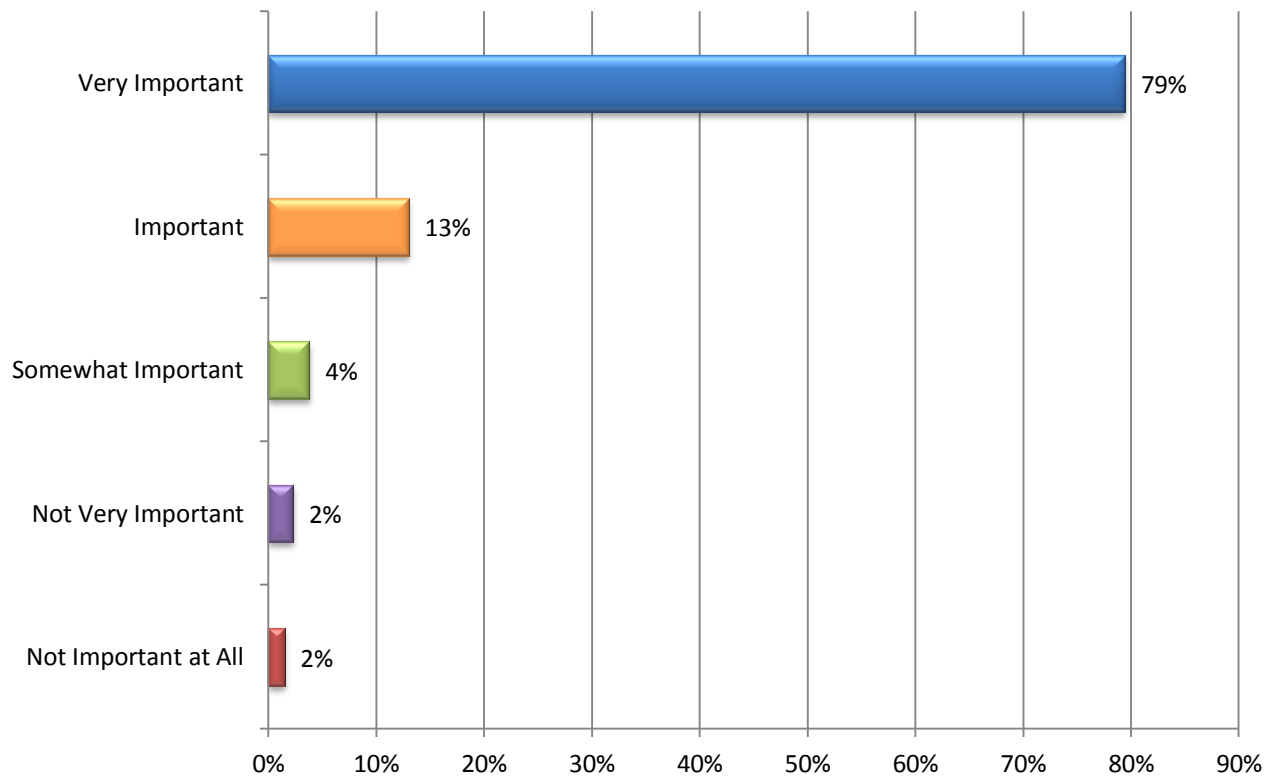
In addition to support for caregiver mental health, 80% of those surveyed identified training and education as the most important issue and 79% identified affordable alternatives to expensive in home care as the most important issues for caregivers.

SECTION 6. TARGETING

The Older Americans Act defines a number of "target populations" including:

- Low income individuals with special emphasis on those who are frail, isolated, neglected, and/or exploited

- Ethnic minorities

- Limited English speakers

- Those residing in rural areas

- Lesbian, Gay, Bisexual, Transgender (LGBT) older adults

The needs of each of these populations must be included in an evaluation of the community's needs, the PSA's advocacy efforts, and plans for coordinating services.

Ways in which PSA 21 works to meet these needs include:

- Ongoing cultural diversity training for all staff

- Outreach, educational events, support groups, focus groups and services for limited English speakers

- Presence at specific LGBT events, such as annual participation in the Palm Springs Pride event

- Direct service delivery in isolated areas, such as Blythe, where contracted providers are not available

- Ongoing educational events that identify the needs of current and future older adults

- Serving as an Aging and Disability Resource Connection to provide a one-stop resource for information, assistance and referrals throughout Riverside County

- Conducting free on-going evidence based and health promotion programming that fosters prolonged health and independence

- Conducting and participating in disaster preparedness and elder justice initiatives

SECTION 7. PUBLIC HEARINGS   PSA 21

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? [2] (CDA forms footnote) Yes or No	Was hearing held at a Long-Term Care Facility? [3] (CDA forma footnote) Yes or No
2016-17	3/09/16	6296 River Crest Dr. Suite K. Riverside, CA 92507	16	No	No
2017-18					
2018-19					
2019-20					

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

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

- PSA 21 posted notices in two (2) major local newspapers (covering both sides of the plan service area) on two (2) consecutive Sundays prior to the Public Hearing. The PSA also posted notices outside of the AAA office and at the County Administrative Center in full view of the public for two weeks prior to the Public Hearing.

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

☒ Yes. Go to question #3

☐ Not applicable, PD and/orC funds are not used. Go to question #4

3. Summarize the comments received concerning proposed expenditures for PD and/or C:

- None.

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

☒Yes. Go to question #5

☐No, Explain:

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

- None.

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

The key areas discussed are outlined below. Questions, responses and comments were interspersed throughout the presentation.

Main Items Discussed at the Public Hearing:

<div style="border:1px solid black; float:right;">

COLOR KEY
Main Items Discussed
Sub-Item Discussed
Public Hearing Discussion

</div>

- ❖ **Review of the Older Americans Act**

- ❖ **Role of the Area Agency on Aging (AAA)**

- ❖ **The Office on Aging New Mission:** *"The Riverside County Office on Aging serves to promote and support a life of dignity, well-being and independence for older adults and persons with disabilities"*

- ❖ **Role of the Advisory Council**

  - o Advisory Council Mission Statement: *"The Riverside County Advisory Council on Aging is a group of seasonal and diverse community leaders committed to each other and the process of consensus building to meet the needs of older adults, persons with disabilities, and caregivers in Riverside County"*.

  - o Current Advisory Council Committees

  QUESTION: "Do we have a committee for the disabled population?"

  RESPONSE: "No, the disability work that the Riverside County AAA does is not through the Older Americans Act or the California Department on Aging, but through the Agency's designation as an ADRC (Aging and Disability Resource Connection). This designation is a separate set of legislation and requirements, which another manager is the coordinator for."

- ❖ **Initiatives that the Office on Aging will continue to participate in moving forward:**

  - o Coachella Valley - Clinton Foundation Health Matters Initiative

  - o Coachella Valley - "Get Tested Coachella Valley" with the Desert AIDS Project

  - o County Wide – [Supplemental Nutrition Assistance Program Education] SNAP Ed

  - o County Wide - Elder Justice Initiatives

    - ▪ World Elder Abuse Awareness Day

    - ▪ CARE Teams- (with other county agencies) to reduce and respond to instances of elder abuse and neglect.

QUESTION: *"Is there anyone designated to attend the CARE team meetings?"*

> **RESPONSE:** *"Social work managers attend the CARE team meetings to ensure that the AAA has a presence at each meeting."*

- o County Wide- County of Riverside's Accountable Community for Health (ACH) Initiative
- o County Wide- Evidence-Based Health Promotion Initiatives
  - ▪ *New* Fit After 50 (based on new evidence based criteria requirements)
  - ▪ Healthy Options Program (HOP)
  - ▪ "Healthy Strides"→ A New Walking Initiative

QUESTION: *"I understood that the "Fit After 50" program met requirements and that it was evidence based; based out of a hospital in orange county. Is this not accurate?"*

> **RESPONSE:** *"The "Fit After 50" program has two (2) components pending validation for an Evidence Based Criteria Classification:*
>
> 1) *The historical knowledge of this study is about 10 years old, Riverside County and a couple other counties are working with [the California Department of Aging] CDA staff to validate the process that developed "Fit After 50".*
>
> 2) *The new criteria also requires an evaluation in a peer reviewed academic journal, which may have happened 10 years ago, but AAA's have not been able to locate a journal that presents a program with the exact methodology that the "Fit After 50" program follows.*
>
> *The new "Fit After 50" program will follow a similar methodology with a few changes to meet compliance with the a program that does meet the new evidence-based requirements. Office on Aging will phase the 32+ classes to the new "Fit After 50" model; 10 per year over the next 3 years. For now, a few classes will continue to follow the old program methodology and will be labeled as a social activity in the Area Plan."*

QUESTION: *"I see this is a draft copy, so will there be a formal publication of this?"*

> **RESPONSE:** *Yes, once this document is approved by the Advisory Council and the Office on Aging Director, it will go to the Board of Supervisors for approval. Submission to the Board is tentatively scheduled the beginning of April. It is due to the California Department on Aging (CDA) by May 1st. This document remains a draft until it is approved by the state (CDA). The Board usually approves the document pending any changes CDA makes."*

- ❖ **Review of Section 2 – DESCRIPTION OF THE PLAN SERVICE AREA (Riverside County General Information)**

QUESTION: *"The mountain area in the desert is all unincorporated and things are different when you live in the mountain. Do you address that?"*

> **RESPONSE:** *"Yes, it is addressed in the draft given to you."*

- ❖ **Review of population projections**

COMMENT: *"The Administration on Aging used to publish a book called 'The Centenarians'. At that time there were one to two hundred centenarians nation-wide and now we have 6,000 in California alone."*

> **RESPONSE:** *"Yes, Centenarians make up less than 1% of the overall population, actually 0.8% but that number is expected to increase as the older adult population increases."*

❖ **Review of demographics**

❖ **Review of chronic disease prevalence within Riverside County**

QUESTION: *"Do you know what the top diseases are?"*

> **RESPONSE:** *"Heart disease and diabetes are the top diseases for the older adult population. Also, Alzheimer's has an increasing prevalence in the population over 65."*

COMMENT: *"If you look at it the chronic illness statistics and not diseases specifically, I think arthritis is more prevalent in the older adult age group. At some point everyone is going to get arthritis."*

> **RESPONSE:** *"Yes, looking at chronic illnesses as a whole, arthritis is among the top ranked; also included in that is [chronic obstructive pulmonary disease], asthma, depression, cancer, HIV/AIDS, etc. Heart disease and diabetes are top ranked when associated to cause of death."*

COMMENT: *"The Alzheimer's prevalence chart is listed under dementia but they are two separate topics. Alzheimer's is a form of dementia so maybe the subheading should state Alzheimer's dementia, so there is no confusion of prevalence."*

> **RESPONSE:** *"Alzheimer's is a form of dementia."*

QUESTION: *"What can you attribute to California's decrease in diabetes prevalence and Dementia prevalence in 2012?"*

> **RESPONSE:** *"This is something that the planning team is looking into and will provide an explanation and citation in the final draft of the Area Plan. The current hypothesis is that the Affordable Care Act may have something to do with the change in numbers."*

QUESTION: *"If the Affordable Care Act is the cause of the drop in 2012, then what explains the spike in 2014?*

> **RESPONSE:** *"Our hypothesis is that after the implementation of the Affordable Care Act there was an increase in diagnosis as a result of increased access to care. The planning team is still researching these numbers and the explanation behind the sudden drop and increase in prevalence.*

COMMENT: *"The chart for Diabetes Prevalence goes to 2012, but the Alzheimer's slide goes to 2014. Are you able to get 2014 information for diabetes? "*

> **RESPONSE:** *"The planning team is still looking for additional information. The information found regarding the prevalence of each disease was extrapolated from multiple sources to generate the charts. If the team is able to find additional information for either disease, the charts will be updated to reflect the most recent information."*

❖ **Review of Needs Assessment**

- Demographic Data
- Review of existing data and secondary data analysis
- Advisory Council Opinion Analysis- Top 4 Needs of Targeted Populations
  - Nutrition
  - Housing
  - Caregiving
  - Elder Justice
- Focus Groups
  - Nutrition Focus

STAFF COMMENT: *"During the Advisory Council Planning Committee meeting, an Advisory Council member brought up a good question regarding the nutrition surveys. She wanted to know what constituted a meal when asking participants how many meals they eat in a day. A 'meal' was not defined in previous versions of the survey. Moving forward, the planning team will redraft the nutrition survey to define what a meal is. The new survey will also include questions regarding what participants do on the weekends for meals when the sites are closed. Additional surveys will be updated to ask follow up questions regarding transportation needs, physical activities and opportunities to socialize."*

  - LGBT Focus

QUESTION: *"Were the majority of the LGBT surveys collected in the Coachella Valley area?"*

RESPONSE: *"Yes, the majority of the LGBT surveys were collected at the [Palm Springs] Pride event in Coachella Valley. There were also surveys collected at larger LGBT meetings in Coachella Valley."*

  - Elder Justice Focus
  - Caregiver Focus
- Community Assessment Surveys- Top 4 Identified Needs
  - Transportation

QUESTION: *"There are some older adult transportation programs underway through the Department of Transportation. Is the Office on Aging coordinating with that or can we get a briefing as to what is going on?"*

RESPONSE: *"This is discussed in further detail in the goals portion of the plan. The goal is centered on coordination for older adult services, like transportation, as a result of our needs assessment. A large amount of the population surveyed marked transportation as*

a need and transportation is beyond our bailiwick, so the Office on Aging will have to work with other agencies to advocate for some additional transportation options for older adults."

- Physical Activities
- Opportunities to socialize

COMMENT: *"Physical activity and opportunities to socialize are two of the main reasons people attend 'Fit After 50'."*

- Nutrition services

QUESTION: *"What percentage of the older adult population attends the congregate meal program?"*

> **RESPONSE:** *"Great question, the planning team will look into that."*

COMMENT: *"The AC Planning Committee also wanted to determine which sites provide meals for the weekend and which ones don't."*

> **STAFF COMMENT:** *"This evaluation will be conducted internally and separate from the plan."*

❖ **Review of Target Populations**

❖ **Review of Plan Goals**

QUESTION: *"Are these all new goals, or are some [carried] over from last year's strategic [Area] Plan?"*

> **RESPONSE:** *"Most of them are not new, but the planning team revised the goals to keep them broad and general so that the new Office on Aging Director can determine what our plan of action will be for accomplishing them.*

- Goal 1- "Access is Key"- Enhancing Local and Community Based Services
- Goal II- "Be Strong, Live Long" Campaign for Health and Wellness

COMMENT: *"It sounds like the Plan is talking about a holistic approach to health, but the goal [Goal II] doesn't mention Behavioral Health (Mental Health)."*

> **RESPONSE:** *"The sub-objectives mention Behavioral Health, but we will be sure to add Behavioral Health to the main goal statement."*

COMMENT: *"I read somewhere that there are five chronic conditions prevalent among the older adult population, but the plan only highlights two. I believe the top five were: Chronic Depression (Behavioral Health), Arthritis, Cancer, Diabetes and Heart Disease. Does the plan discuss the others?"*

> **RESPONSE:** *"Although not highlighted in the public hearing PowerPoint presentation, the plan articulates the other prevalent conditions in the narrative."*

- Goal III- "Aging on Your Terms" Independence, Person-Centered Care and Caregiving
- Goal IV- "Working Beyond Partnerships" Developing True System Integration

COMMENT: *"I want the planning team to consider broadening of the improvement of delivery of services goal. It is not just the Office on Aging; it is the other community partners that need to be a part of this. Every department has a "Strategic Plan" and it is important for the Office on Aging to be the leader to advocate in these other organizations and to ensure that they have feedback on the services they are providing to the aging population."*

> **RESPONSE:** *"This is captured in the sub-objectives of Goal I- Objective A: Provide leadership and expertise to the Riverside County aging network and other key stakeholders to improve the coordination and access to services."*

COMMENT: *"I think that when the other agencies put out their strategic plan, the Office on Aging should have to review the sections that relate to services for the aging populations."*

> **RESPONSE:** *"Office on Aging currently has a relationship with the Public Health department and they send over their pre-published documents for review to see if there is anything that needs to be changed or updated, as it relates to the older adult population. Also, other community assessments, which are produced once a year, are reviewed by Office on Aging before they are printed. Office on Aging can attempt to work with more departments and agencies to develop these kinds relationships."*

COMMENT: *"[Department of Public Social Services] DPSS, Behavioral Health and Riverside University Health System; all of these need to be included."*

> **STAFF RESPONSE:** *"The Office on Aging is included in a new initiative "Healthy Riverside County," which is partially focused on issues concerning the aging population and how we are addressing their health issues. So, we are at the table now in many different forums to discuss partnership in order to develop a more holistic approach to health."*

COMMENT: *"Based on the survey results, the Office on Aging may want to do the same with Transportation."*

> **RESPONSE:** *"The objectives under Goal I are centered around building these types of relationships, but the goal was kept broad so that [the AAA] leadership can decide how we would go about it."*

COMMENT: *"Within the Behavioral Health department there was a cultural competency group, which was a marvelous strategy. Any document that references an age group or any initiative had to be reviewed by the committee, which made the cultural changes in the document to really strengthen the cultural competency component of services to individuals."*

> **RESPONSE:** *"Office on Aging has this relationship with Public Health, Office on Aging sat in last year as part of a committee to put together a culturally competent training for their staff focused on older adults, persons with disabilities and LBGT."*

QUESTION: *"Does the Office on Aging still send someone over to the Riverside Hospital to talk to people in the physician assistant program?"*

> **RESPONSE:** *"We do, but in a different way. We now have our Care Transitions Intervention Program and a couple of other initiatives that operate in the hospitals, so we*

are not participating with that group necessarily, but we are still engaged in those conversations through different avenues."

COMMENT: *"In this coordination process, down the road, maybe the Advisory Council can bring in presenters to discuss these areas on future agendas. For example, [bring in] someone in Law Enforcement, Transportation and other departments to brief the council on what they are doing and the Council could give ideas on how we can coordinate."*

RESPONSE: *"That is certainly a way that the Council could give that feedback to the other departments. The planning team will add that to the Operational Work Plan for Advisory Council."*

❖ **Review of Adequate Proportions**

QUESTION: *"Advisory Council previously had a member and anytime there was an issue with transportation that member would work with the Riverside Transportation Commission and that need was met. Transportation for older adults was significantly improved through their efforts. Is there any way to have a connection with Riverside Transportation now?"*

RESPONSE: *"There is currently a vacancy on the Advisory Council, and that is an interesting question to bring to the Director and the Membership Committee and see if there is interest in getting members that are geographically based and issue based, so the council can have targeted conversations with specific partners on issues."*

COMMENT: *"It may be pushing too hard, but would it be feasible to say that the Riverside County Transportation Commission may want to have a liaison or someone from this council on their planning group."*

RESPONSE: *"Yes, the Council can participate in those groups. The first goal focuses on the Office on Aging cultivating those relationships and asking those questions. It may take a couple years to get that type of relationship going, if we don't already have it, but the point is that we know this is a goal and we are going to work toward it."*

QUESTION: *"Will we eventually get a final copy of this?"*

RESPONSE: *"Yes. The Plan usually isn't approved by CDA until the fall. Also, the planning team is going to put together a Popularized Area Plan once the Board of Supervisors approve the Plan, which won't include the CDA forms in the back. The Plan is a public document and once finalized can be distributed and will also be posted."*

Verbal testimony was available until 11:30 AM and written testimony was allowed until close of business (5:30 PM) on the day of the public heating, March 9, 2016.

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

Goal II was revised to include "behavioral health" as part of the overall approach to health and wellness for older adults.

2(CDA form footnote) A translator is not required unless the AAA determines a significant number of attendees require translation services.
3 (CDA form footnote) AAAs are encouraged to include individuals in LTC facilities in the planning process, but hearings are not required to be held in LTC facilities.

SECTION 8 - IDENTIFICATION OF PRIORITIES

The Riverside County Office on Aging planning process included a needs assessment to evaluate current services and identify gaps in service. While the need for services is great and funding is limited, setting priorities is essential since all goals must be accomplished within the four years of the plan cycle.

PSA 21 has identified the following priority areas for the 2016-2020 Area Plan:

A. Providing local and community based services for older adults;

B. Encouraging health and wellness amongst older adults;

C. Providing and encouraging person centered care and supporting caregivers; and

D. Working with key partners and the Aging and Disability Recourse Connection (ADRC) collaborators to better integrate services.

After a thorough review of the needs assessment results, the Older Californian and Older American Act mandates and guidelines, the Advisory Council on Aging member opinions and antidotal community feedback, the OoA Executive Team and Leadership Team members, and the registered dietitian, the planning staff developed the following four priority goals and the associated goal statements.

Goal I: "Access is Key": Enhancing Local and Community Based Services

Develop programs and participate in efforts that provide opportunities for older adults, persons with disabilities and target populations to access local and community based services; Advocate for policies and legislation, and coordinate with community partners to address systemic issues effecting older adults and persons with disabilities such as transportation and affordable housing.

Goal II: "Be Strong, Live Long": Campaign for Health and Wellness

Empower older adults and those with disabilities to improve their health and quality of life through community-based activities and initiatives that focus on preventative services, health and wellness, chronic disease self-management, behavioral health, social activation and engagement, employment, nutrition, and lifelong learning.

Goal III: "Aging on Your Terms" Independence, Person-Centered Care and Caregiving

Provide options for long-term services and supports (LTSS) and focus on disaster preparedness and elder justice issues, which allow older adults and persons with disabilities to preserve their independence and remain in their homes and communities for as long as possible; Provide essential support services, education and respite to caregivers; Advocate for caregivers, including grandparents raising grandchildren, who are a vital source for long term care and family and community stability.

Goal IV: "Working Beyond Partnerships": Developing True System Integration

Work with existing and new community-based partners to strengthen infrastructure and service delivery system for older adults and persons with disabilities by increasing awareness, providing information and assistance and integrating access to services; Initiate or engage in collaborations and activities that increases the number of geriatric professionals and paraprofessionals in Riverside County and to educate current providers about issues concerning older adults and persons with disabilities.

Goal I: <mark>**"Access is Key": Enhancing Local and Community Based Services**</mark>

Develop programs and participate in efforts that provide opportunities for older adults, persons with disabilities and target populations to access local and community based services; Advocate for policies and legislation, and coordinate with community partners to address systemic issues effecting older adults and persons with disabilities such as transportation and affordable housing.

Rationale:
- *Focus Group survey results indicated there was a need for focused services and programs to enhance transportation methods, provide additional options for physical activities and socialization, and expand nutrition efforts within the community.*
- *Sustainable funding for programs and services continues to be a concern within the older adult and disabled community.*
- *Coordination and communication to streamline efforts and reduce duplicative and fragmented programing is essential to reducing cost and improving efficiencies.*
- *Due to the geographic spread of Riverside County providing services to rural and isolated areas proves to be a challenge that partnerships and expansion will help eliminate.*
- *Access to localized care in the eastern Riverside County area is limited and LGBT friendly providers are scarce throughout Riverside County. In addition, LGBT older adults are at a higher risk of self-neglect, as they may refuse to obtain help in order to protect themselves from judgement.[113]*
- *A call to action for increased funding, legislation and public awareness, which encourages policy makers to review and revise the Federal Poverty Level guidelines is necessary for the population that falls into the 'hidden poor'. The 'hidden poor' have substantially more health problems and less access to care. They cannot afford to pay privately for assistance and often do not qualify for public programs that could help them manage their health problems.[114]*
- *As the US population ages and people stay healthy and active longer, communities must prepare to address the population needs by establishing age-friendly communities. Adopting features such as safe, walkable streets; better housing and transportation options; access to key services; and, opportunities for residents to participate in community activities.[115]*
- *The desire of older adults living in rural areas to remain independent is often hindered by isolation, distance, income and access to services.*
- *Rural seniors feel that more affordable housing is needed across the different levels of care, from independent living options to full care options.*
- *Rural communities do not have well developed transportation systems, so older adults mobility often depends on one's ability to drive. As a result, the older adult population often equates losing their ability to drive with losing their independence. [116]*

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[113] *Grant, Jaime M. "Outing Age 2010:Discrimination and Access to Services". National Gay and Lesbian Task Force Policy Institute. Pg. 52.*
[114] *Paul Kleyman. "Study Exposes Health Struggles for 'Hidden Poor' California Elders" New America Media. March 11, 2016. Web. http://newamericamedia.org/2016/03/study-exposes-health-struggles-for-hidden-poor-california-elders.php [accessed April 5, 2016]*
[115] *"The AARP Network of Age-Friendly Communities: An Introduction. AARP. 2015. Web. <http://www.aarp.org/livable-communities/network-age-friendly-communities/info-2014/an-introduction.html> [accessed April 6, 2016].*
[116] *Bacsu, Juanita R., MA, PhD student; Jeffery, Bonnie, PhD.; Johnson, Shanthi, PhD; Martz, Diane, PhD; Novik, Nuelle, PhD; Abonyi, Sylvia, PhD. "Healthy Aging in Place: Supporting Rural Seniors' Health Needs" Online Journal of Rural Nursing and Health Care, Volume 12 No. 2 20012. Pg. 77.*

Goal I. Objective A: **Provide leadership and expertise** to the Riverside County aging network and other key stakeholders to improve the coordination and access to services.	Projected Start and End Dates	Title IIIB Funded PD or C [3] (CDAform footnote)	Update Status [4] (CDA form footnote)
1. Coordinate with local managed care providers to implement a system of person-centered care, such as the Coordinated Care Initiative (CCI) in Riverside County.	2016-2017	**C**	
2. Participate in existing coalitions to develop and enhance transportation and affordable housing options for older adults and persons with disabilities.	2016-2020		
3. Work with and provide support to non-profit and for-profit organizations that are exploring alternative and innovative transportation options for older adults and persons with disabilities.	2016-2020		
4. Provide information to individuals related to the kinds of services and supports available within the local community through the Network of Care information platform.	2016-2020		
5. Coordinate with community partners and providers to increase options for local care in rural and isolated areas.	2016-2020		
6. Host quarterly discussions with current and prospective service providers to improve and enhance the local service delivery system.	2016-2020		
7. Participate in discussions and collaborations focused on creating age-friendly communities throughout Riverside County.	2016-2020		
8. Convene Leadership Roundtables to educate senior/community centers and other community partners about aging issues and trends, and to develop new program innovations.	2016-2020		

Goal I. Objective B: Explore **funding opportunities** for community-based initiatives and programs that expand existing services and develop future services.	Projected Start and End Dates	Title IIIB Funded PD or C [3]	Update Status [4]
1. Advocate for sustained funding for existing rideshare and escort transportation programs, such as the Transportation Reimbursement and Information Project (TRIP).	2016-2020		
2. Advocate for the equitable distribution of funds and local flexibility of the Older Americans Act funding to best leverage service needs.	2016-2020		
3. Advocate for restored and increased funding for aging services by working through legislative and collaborative networks, such as National Association of Area Agencies on Aging (n4a) and the California Association of Agencies on Aging (c4a).	2016-2020		
4. Research and apply for additional funding for aging services.	2016-2020		

Goal I Objective C: Actively participate in organizations, committees, and networks that are **advocating for program and policy changes** that improve the lives of older adults and persons with disabilities.	Projected Start and End Dates	Title IIIB Funded PD or C [3]	Update Status [4]
1. Participate in local, state, and national conferences, summits, committees and networks to remain current on aging, disabled, and caregiver related programs/policies.	2016-2020		
2. 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 improved services.	2016-2020		

	Projected Start and End Dates	Title IIIB Funded PD or C [3]	Update Status [4]
3. Keep abreast of local, state, and federal statutes and regulations and comply with reporting requirements/mandates, including but not limited to, Area Plan, financial reporting, etc.	2016-2020		

Goal I Objective D: Advocate for and develop **new policies, procedures, programs and initiatives** that improve access to community based services for targeted populations, such as low income older adults and minorities, LGBT individuals, limited English speakers, and those residing in rural areas.	**Projected Start and End Dates**	**Title IIIB Funded PD or C [3]**	**Update Status [4]**
1. Improve communication with senior and community centers in order to improve access to services for targeted populations.	2016-2020		
2. Develop culturally sensitive training materials for providers, clients and consumers to reduce discrimination and improve access to services for targeted populations.	2016-2020		
3. Advocate for the needs of veterans by networking with the Riverside County Veterans Advisory Committee and other key stakeholders.	2016-2020		
4. Promote the use of Network of Care (NOC) and CalCare Net with an emphasis on reaching targeted populations.	2016-2020		
5. Develop a Provider Resource Guide to identify community based LGBT friendly services and care options.	2016-2020		
6. Coordinate with community partners to identify ways to increase local services in isolated communities.	2016-2020		
7. Develop and implement culturally sensitive programs in minority communities and for non-English speakers.	2016-2020		
8. Advocate for the needs of low income individuals and to bridge the gap of the "hidden poor".	2016-2020		

Goal II: "Be Strong, Live Long": Campaign for Health and Wellness

Empower older adults and those with disabilities to improve their health and quality of life through community-based activities and initiatives that focus on preventative services, health and wellness, chronic disease self-management, behavioral health, social activation and engagement, employment, nutrition, and lifelong learning.

Rationale:

- *A campaign for health and wellness is a necessary approach to addressing systemic issues involving health and aging, including the prevalence of diabetes which has increased by 12% among older adults (65+) from 2003 – 2012 in Riverside County[117]; the percentage of older adults living with Alzheimer's Dementia in Riverside County currently at 10% and rising[118]; and the leading cause of death in Riverside County- Heart Disease.[119]*
  Programs and services for self-management of chronic illnesses provide the older adult population the option to age with dignity and independence. Without programing, chronic conditions can force older adults to give up their independence too soon. (NCOA)
- *The National Council on Aging (NCOA) reported 92% of older adults have at least one chronic condition, and 77% have at least two.*
- *Approximately 70% of people living with AIDS and 48% of people living with HIV in Riverside County are over 50 years old. Between 2012 and 2014, 30% of all new HIV cases were in people 50 years old or older.[120]*
- *57% of those surveyed in focus groups identified their need for physical activity.*
- *44% of those surveyed in the LGBT focus group survey felt that physical health (access to health care, physical health care and long term care needs) were a need within the community.*
- *Improving nutrition services for older adult's addresses malnutrition within the community, which continues to be a concern in the older adult population as it is associated with poor health outcomes, including physical and cognitive decline and decreased quality of life and mortality.[121]*
- *Employment training and opportunities are essential for the older adult population to counteract the epidemic of age discrimination and to prevent older workers from being forced into poorly paid part-time or temporary work, or into an unwanted and ill-advised early retirement.[122]*
- *Research conducted at the University of North Carolina at Chapel Hill indicates that having a large network of friends, from the beginning of life and throughout, is a key to staying healthy. Based on these findings,it should be as important to encourage social activation and engagement in addition to healthy eating and physical activity.[123]*

[117] Napier, R. (2015). Diabetes in Older Adults, Riverside, CA: Riverside County Department of Public Health, Epidemiology and Program Evaluation. <http://www.rivcoph.org/Portals/0/Diabetes_2015_rev7_1_2015.pdf >[accessed February 2016]

[118] http://wwwn.cdc.gov/CommunityHealth/profile/currentprofile/CA/Riverside/310029

[119] Meng, Ying-Ying, DrPH, Tamanna Rahman, MPH, and Melissa C. Pickett, MPH. Californians with the Top Chronic Conditions: 11 Million and Counting. Publication. California Healthcare Foundation, Apr. 2015. Web<http://www.chcf.org/~/media/MEDIA LIBRARY Files/PDF/PDF C/PDF ChronicConditionsCaliforniansCHIS2015.pdf>.[accessed February 2016].

[120] County of Riverside Department of Public Health, Epidemiology of HIV/AIDS in Riverside County, 2014, Epidemiology & Program Evaluation, Presented in 2012 at "Think Tank" for Desert Aids Project

[121] Platts-Mills, Timothy F. "The Emergency Room Can Be an Important Place for Spotting- and Remedying- Elder Malnutrition". Aging Today- Bimonthly Newspaper. The American Society on Aging. January-February 2015; volume XXXVI number 1. pg1 and 12.

[122] Barnes, Patricia G. "An Epidemic of Age Discrimination". Aging Today- Bimonthly Newspaper. American Society on Aging. January-February 2015; volume XXXVI number 1. Page 3-4.

[123] Yang YC, Boen C, Gerken K, LI T, Schorpp K, Harris KM, Social relationships and physiological Determinants of longevity across the human life span. Proc Nat Acad Sci. 2016; 201511085 doi:10.1073/pnas. 1511085112

- *HARC data analysis reported approximately 4.1% of older adults are food insecure and had reduced the size of their meals or skipped meals in the past year due to a lack of money to purchase food. [124]*
- *1 in 3 Americans aged 65+ falls every year; falls are the leading cause of fatal and non-fatal injuries for older Americans. Through practical lifestyle adjustments, evidence-based programs, and community partnerships, the number of falls among seniors can be reduced substantially. (NCOA)*
- *1 in 4 older adults experiences some mental disorder, including depression and anxiety disorders, and dementia. (NCOA)*
- *People aged 85+ have the highest suicide rate of any age group. (NCOA)*

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[124] *LeComte-Hinely, Jenna, PhD, and Teresa Segovia, MA. "Senior Health in Coachella Valley." Health Assessment and Research for Communities. HARC Inc., Nov. 2014. Web. <http://www.harcdata.org/documents/HARC_SeniorReport.pdf 2013 HARC Senior Report.>. [accessed January 2016].*

Goal II. Objective A: Provide **information and education** to encourage and promote healthy aging.	Projected Start and End Dates	Title IIIB Funded PD or C [3]	Update Status [4]
1. Provide health education and information to clients and consumers, including but not limited to, fitness, chronic disease self-management, behavioral health and nutrition via the Healthy Lifestyle Info Van.	2016-2020		
2. Provide nutrition education to congregate and home delivered meal participants via the Healthy Lifestyle Info Van and the SNAP-Ed program.	2016-2020		
3. Inform and educate clients and consumers on the importance of safe practices for sexually active older adults in order to reduce the instances of sexually transmitted diseases.	2016-2020		
4. Provide information and education on topics related to healthy behaviors by utilizing various methodologies, such as publications, webinars, group education sessions, single education sessions and others.	2016-2020		
5. Increase access to health information and promote the use of technology whenever possible.	2016-2020		
6. Improve and increase community education efforts through coordination with public and non-profit agencies within Riverside County.	2016-2020		
7. Promote self-care for family caregivers by providing information and education on a variety of health topics such as managing chronic disease, good nutrition, managing stress, social engagement, depression and others.	2016-2020		

	Projected Start and End Dates	Title IIIB Funded PD or C [3]	Update Status [4]
8. Educate individuals in the community about the importance of emergency/disaster preparation via the Info Van program, volunteers and other outreach and education methods.	2016-2020		
9. Outreach to the older adult LGBT community via the Info Van and the annual Palm Springs Pride event.	2016-2020		

Goal II. Objective B: **Coordinate and collaborate** with private and public organizations to promote all aspects of healthy and independent aging.	Projected Start and End Dates	Title IIIB Funded PD or C [3]	Update Status [4]
1. Coordinate with County Human Resources Department and community partners to expand/enhance mature worker employment opportunities.	2016-2020		
2. Advocate for mature worker programs in County Strategic and General Plans through the Workforce Investment Board and other local networks.	2016-2020		
3. Advocate for and promote older adult volunteerism as a means of increasing social activation and promoting overall health outcomes for older adults.	2016-2020		
4. Promote an aging and culturally friendly work environment, addressing issues in the workplace that may arise, and provide a leadership model for our partners.	2016-2020		
5. Coordinate with community based organizations to advocate for employment and intergenerational learning opportunities for older adults that help to combat ageism and provide mentorship to younger community residents.	2016-2020		
6. Coordinate with local organizations to expand existing health programs and initiatives.	2016-2020		

	Projected Start and End Dates	Title IIIB Funded PD or C [3]	Update Status [4]
7. Coordinate with county departments, local municipal leadership, contract agencies, and social service and faith based organizations to develop a coordinated public/private disaster response system for Riverside County.	2016-2020		
8. Participate in coalitions and collaborations, such as the Clinton Health Matters Initiative, to develop an action plan for health in the Coachella Valley.	2016-2018	**C**	
9. Participate in collaborative outreach and education efforts to reduce instances of HIV and AIDS among the older adult population.	2016-2018		

Goal II. Objective C: **Provide programming** that supports health and wellness initiatives and increases opportunities for the older adult population to remain active and social.	Projected Start and End Dates	Title IIIB Funded PD or C [3]	Update Status [4]
1. Expand evidence based health and wellness interventions, such as the Stanford Chronic Disease Self-Management Healthy Options Program (HOP), utilizing credentialed practitioners.	2016-2020		
2. Implement and expand additional evidence based programing to include Arthritis Foundation Healthy Strides program.	2016-2018	**PD**	
3. Transition the current Fit After 50 physical exercise Program into the AEA Arthritis Foundation Exercise Program (AFEP) in order to meet the new evidence based criteria, effective July 1, 2016.	2016-2018	**PD**	
4. Explore additional evidence based programs to meet the needs of the population with emphasis on behavior activation, disease prevention and increased physical activity.	2016-2020		

5. Expand programs that promote social activity, such as *Fit After 50* and *Bingosize*, which encourage social interaction and decrease isolation.	2016-2020		
6. Explore and expand programs that emphasize support groups, online learning and other alternatives for social activation.	2016-2020		
7. Expand the Enhanced Network of Community Opportunities and Resources for Employment (ENCORE) pilot initiative to improve the recruitment and retention of older adult workers.	2016-2020		
8. Increase volunteer opportunities in the Coachella Valley by expanding the RSVP older adult volunteer program.	2016-2020		
9. Increase intergenerational volunteer opportunities in the Coachella Valley through integration of the RSVP and the Volunteer Connect programs.	2016-2020		
10. Coordinate with local private and non-profit organizations to assist low income older workers with re-entering the workforce through the Senior Community Service Employment Program (SCSEP).	2016-2020		
11. Develop and expand project pilots, such as the Eric Coleman Care Transitions Intervention Model and explore new avenues to expand service delivery.	2016-2020		

Goal II. Objective D: **Advocate** for an older adult's right to positive and healthy aging.	Projected Start and End Dates	Title IIIB Funded PD or C [3]	Update Status [4]
1. Participate in community collaborations that address elder abuse issues including prevention, fraud and neglect.	2016-2020		
2. Increase awareness of elder abuse within the community through collaboration with existing community partners and other county agencies.	2016-2020		

Goal III: "Aging on Your Terms" Independence, Person-Centered Care and Caregiving

Provide options for long-term services and supports (LTSS) and focus on disaster preparedness and elder justice issues, which allow older adults and persons with disabilities to preserve their independence and remain in their homes and communities for as long as possible; Provide essential support services, education and respite to caregivers; Advocate for caregivers, including grandparents raising grandchildren, who are a vital source for long term care and family and community stability.

Rationale:

- *"Person Centered Care is essential for older adults with chronic health conditions and functional limitations who need well-coordinated, team-based care; for too long, the medical system has focused on treatment of the illness rather than on care of a person with illness" "The values espoused in person-centered care remind us of the importance of eliciting and acting on patients preferences and goals."[125]*

- *Approximately 1 in 10 Americans aged 60+ have experienced some form of elder abuse. Elder abuse is a silent problem that robs older adults of their dignity, security, and—in some cases—costs them their lives. (NCOA)*

- *An overwhelming majority of older adults say they want to grow old in their homes--- or "age in place", to stay in the neighborhoods where they built their lives and raised their children.[126]*

- *Healthy aging in place is not merely about remaining in a location to age but it involves the facilitation of independence through meeting the support needs of an aging population.[127]*

- *With an increasing life expectancy, Boomers are the first generation that may spend more time caring for their parents than their own children. In 2013, Pew Research studies showed almost 47% of adults in their 40s and 50s have a parent age 65 or older and are also still raising children or financially are supporting grown children of their own. 32% of the same cohort claims to have provided financial support to their parents within the last year and 73% of them provided financial support to a grown adult child.[128]*

- *As chronic conditions increase in the older adult population, the need for caregivers will continue to increase; and as the Boomer generation ages, the need is expected to proliferate.*

- *Providing education and respite for caregivers is vital to the health of the caregiver and the older adult being cared for. Studies show Caregiving has a significant impact on the caregiver; 17% of caregivers feel their health in general has gotten worse as a result of their caregiving responsibilities; 19% of caregivers report a high level of physical strain as a result of their care-giving duties; 38% of caregivers consider their care-giving situation to be highly stressful; 18% of caregivers report experiencing financial strain as a result of providing care; 58% of caregivers report having experienced at least one impact or change to their employment situation as a result of caregiving.[129]*

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[125] *"New Research Advances Definition of Person-Centered Care". USC Davis Leonard Davis School of Gerontology: Vitality Spring 2016. Pg. 26-27. study originally published in the Journal of the American Geriatrics Society 2015.*
[126] *"A Guide to Aging in Place" Habitat for Humanity: Neighborhood Revitalization. February 2015. Pg. 2.*
[127] *Bacsu, Juanita R., MA, PhD student; Jeffery, Bonnie, PhD.; Johnson, Shanthi, PhD; Martz, Diane, PhD; Novik, Nuelle, PhD; Abonyi, Sylvia, PhD. "Healthy Aging in Place: Supporting Rural Seniors' Health Needs" Online Journal of Rural Nursing and Health Care, Volume 12 No. 2 20012. Pg. 77.*
[128] *Patten, Eileen, and Kim Parker. "The Sandwich Generation Rising Financial Burdens for Middle-Aged Ameri-cans." Pew Research Centers Social Demographic Trends Project RSS. PEW Reasearch Center, 29 Jan. 2013. Web. <http://www.pewsocialtrends.org/2013/01/30/the-sandwich-generation/>. [accessed January 2016]*
[129] *Weber-Raley, Lisa, Erin Smith, and Greenwald & Associates. "Caregiving in the U.S." Caregiving.org. AARP & National Alliance for Caregiving, June 2015. Web. <http://www.caregiving.org/wp-content/uploads/2015/05/2015_CaregivingintheUS_Final-Report-June-4_WEB.pdf>. [accessed February 2016].*

Goal III. Objective A: Improve and enhance the quality of life for older adults and persons with disabilities through **caregiver support and improved access to services.**	Projected Start and End Dates	Title IIIB Funded PD or C [3]	Update Status [4]
1. 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 decisions regarding long-term care choices.	2016-2020		
2. Collaborate with managed care partners and key stakeholders on the Dual Eligible Demonstration Project and health insurance expansion through the Affordable Care Act to improve coordination of long term services and supports (LTSS) and increase awareness of existing services.	2016-2020		
3. Collaborate with county agencies and community partners to increase awareness of community based options and benefits as well as options for long term care and informal social support within the local community.	2016-2020		
4. Coordinate activities, such as the Grandparents Raising Grandchildren Task Force, that include education and outreach, to address the service needs of caregivers by leveraging resources and reducing duplication and fragmentation of service delivery.	2016-2020		
5. Conduct and participate in support groups for family caregivers and grandparents raising grandchildren.	2016-2020		
6. Provide comprehensive assessment, case management, and supportive services to older adults and their caregivers, including grandparents raising grandchildren.	2016-2020		

	Projected Start and End Dates	Title IIIB Funded PD or C [3]	Update Status [4]
7. Collaborate with local stakeholders and provide leadership to improve the coordination of services and provide a more seamless system of access for caregivers.	2016-2020		

Goal III. Objective B: **Educate and empower** older adults, persons with disabilities, and family caregivers to make informed decisions about **managing** existing health **concerns,** long-term care **options** and end of life **preparation**.	**Projected Start and End Dates**	**Title IIIB Funded PD or C [3]**	**Update Status [4]**
1. Outreach to caregivers to provide information about adult day care and respite services.	2016-2020		
2. Conduct outreach, provide education, and work with community partners to develop resources for family caregivers and grandparents who are raising grandchildren.	2016-2020		
3. Improve resources for information that assist individuals with planning for aging, with deciding on future treatment, and care options with an emphasis on independence and choice.	2016-2020		
4. Develop and distribute newsletters and other publications that educate and inform individuals about resources for health and wellness, legal services, financial assistance, elder justice, disaster preparedness, and opportunities for training and education.	2016-2020		
5. Educate older adults about all forms of elder abuse and provide them with tools to protect themselves against scams and other types of fraud.	2016-2020		
6. Through partnership, education and the Grandparents Raising Grandchildren Task Force, increase the awareness of community programs available to grandparent caregivers.	2016-2020		

7. Educate older adults, caregivers, and the community, including target populations, about the Office on Aging and the Aging and Disability Resource Connection (ADRC).	2016-2020		

Goal III. Objective C: **Advocate for family caregivers** including grandparents raising grandchildren, to increase support from county agencies and community organizations.	**Projected Start and End Dates**	**Title IIIB Funded PD or C [3]**	**Update Status [4]**
1. Collaborate with county agencies and community partners to assist grandparent caregivers with preparing their grandchildren for independence and success.	2016-2020		
2. 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 Affordable Care Act implementation.	2016-2020		

Goal IV: "Working Beyond Partnerships": Developing True System Integration

Work with existing and new community-based partners to strengthen infrastructure and service delivery system for older adults and persons with disabilities by increasing awareness, providing information and assistance and integrating access to services; Initiate or engage in collaborations and activities that increases the number of geriatric professionals and paraprofessionals in Riverside County and to educate current providers about issues concerning older adults and persons with disabilities.

Rationale:
- *Older adults are the most varied age group. Such diversity, along with a fragmented system of care, can lead to marginalization, especially of those who are poor, minority, frail, disabled, or seriously mentally ill.[128]*
- *Health care professionals are not immune to stereotypes of aging. Viewing all older adults as poor, lonely, depressed, sick, dependent, rigid, and unable to cope can have a negative effect on the treatment process.[130]*
- *According to the California Health Care Foundation 2016 report, there are 120 physicians/100,000 residents in the inland empire area in comparison to 194 physicians/100,000 residents in California. While many California markets face physician shortages; it is estimated that by 2030, the supply of physicians within the area will not meet the demand. Eastern Riverside County, Coachella Valley, remains particularly underserved by current providers.[131] [132] [133]*
- *"Riverside County is one of the fastest-growing and most ethnically diverse areas of the country. It also has among the greatest shortages of physicians in general, and of geriatrics specialists in particular."[134]*
- *2015 White House Conference on Aging events focused on the need to break down the silos between housing, transportation, health care, and long term services and supports in order to support healthy aging.[135]*

[130] *American Psychological Association Committee on Aging and the APA Presidential Task Force on Integrated Health Care for an aging Population (IHAP). "Integrated Health Care for an Aging Population" < https://www.apa.org/pi/aging/ihap-factsheet-training-directors.pdf> [accessed April 6, 2016]*
[131] *"Riverside/San Bernardino: Despite Late Medi-Cal Expansion Many Uninsured Remain" California Healthcare Almanac. California Healthcare Foundation. Regional Market Issue Brief: March 2016. Web. [accessed April 5, 2016].*
[132] *"Riverside/San Bernardino: Vast Region, Market Fragmentation Add to Access Woes" California Healthcare Almanac. California Healthcare Foundation. Regional Market Issue Brief: September 2012. Web. [accessed April 5, 2016].*
[133] *"California Regional Markets: Riverside/San Bernardino" California Healthcare Almanac. California Healthcare Foundation. California Healthcare Almanac Quick Reference Guide: 2016. Web. [accessed April 5, 2016].*
[134] *Rivero, Enrique. "UCLA receives $2.5 million grant to improve geriatric care in underserved Riverside County". UCLA Newsroom. August 12, 2015. Web. < http://newsroom.ucla.edu/releases/ucla-receives-2-5-million-grant-to-improve-geriatric-care-in-underserved-riverside-county> [accessed April 6, 2016]*
[135] *"2015 White House Conference on Aging: Final Report" pg 27.*

Goal IV. Objective A: **Improve service delivery** to older adults and persons with disabilities and their caregivers by strengthening Office on Aging's organizational structure and providing support, training and education to agency staff.	**Projected Start and End Dates**	**Title IIIB Funded PD or C** [3]	**Update Status** [4]
1. Maximize operational efficiencies through enhanced quality improvement initiatives and maintain an effective and responsive leadership team.	2016-2020		
2. Provide growth and enrichment opportunities for Leadership Team members via bi-annual professional seminars, in-service training and ongoing opportunities for education, etc.	2016-2020		
3. Support employee professional development and succession planning.	2016-2020		
4. Support employee professional development by encouraging continued education via academia, in service training and participation in professional conferences.	2016-2020		
5. Provide opportunities for certification and/or recertification of HELPLINK, Info Van and health promotion employees through the California Association of Information and Referral Systems (CAIRS) program, Stanford University and others.	2016-2020		
6. Identify the AAA's priority training needs (including cross training) and develop a list of training opportunities and trainers.	2016-2020		
7. In coordination with local official agencies and other County organizations, assist with educating social workers and mental health workers about the unique issues, barriers and challenges facing caregivers, including grandparents raising grandchildren.	2016-2020		

	Projected Start and End Dates	Title IIIB Funded PD or C [3]	Update Status [4]
8. Provide ongoing sensitivity training to staff on the unique needs of Riverside County's diverse populations.	2016-2020		
9. In coordination with local official agencies and other county organizations, assist with educating the Advisory Council members on programming and resources available to the older adult population.	2016-2020		

Goal IV. Objective B: Increase access to job opportunities and career paths that provide services to older adults and persons with disabilities to increase the number of geriatric professionals in Riverside County.	Projected Start and End Dates	Title IIIB Funded PD or C [3]	Update Status [4]
1. Coordinate with managed care organizations, universities, and health care coalitions and networks to explore current trends and emerging issues related to older adults and to increase the number of geriatric competent health care professionals.	2016-2020		
2. Develop and expand internship programs to promote opportunities and create pathways to increase the candidate pool for geriatric professions, including on-the-job training to increase relevant work experience.	2016-2020		

Goal IV. Objective C: Develop information and marketing strategies to increase awareness about programs and services for older adults and persons with disabilities.	Projected Start and End Dates	Title IIIB Funded PD or C [3]	Update Status [4]
1. Publish bi-annual agency newsletters (in print and electronically) to provide information about services available for older adults and persons with disabilities.	2016-2020		
2. Identify and create user friendly forms of disseminating information.	2016-2020		

	Projected Start and End Dates	Title IIIB Funded PD or C [3]	Update Status [4]
3. Publish and share a calendar of activities with community partners to increase audience and visibility of community events.	2016-2020		
4. Update and maintain the Office on Aging (AAA) website.	2016-2020		
5. Provide information for clients and consumers utilizing alternative media, such as webinars and social media.	2016-2020		

Goal IV. Objective D: Improve the overall system of care by utilizing client and consumer feedback and evaluation in an effort to move beyond partnerships to true system integration.	Projected Start and End Dates	Title IIIB Funded PD or C [3]	Update Status [4]
1. Annually review agency operations and programs in order to be more responsive to the priority needs of the community and to ensure the most effective and efficient delivery of services, especially related to high priority needs.	2016-2020		
2. Provide opportunities for clients/consumers to give feedback on program operations and customer service.	2016-2020		
3. Provide opportunities for providers, clients and consumers to make recommendations regarding areas where services can be added or expanded.	2016-2020		
4. Provide an opportunity for staff to evaluate their roles/satisfaction with the agency on an annual basis and make improvements as necessary.	2016-2020		

Instructions for Title IIID/ Disease Prevention and Health Promotion written Objectives:

Title IIID activities require a narrative goal and objective for all services provided with Title IIID funds. The objective should clearly describe the service activity being performed and document how the service activity meets ACL criteria for evidence-based programs. All Title IIID programs must meet ACL's new criteria for evidence-based activities by July 1, 2016. Each AAA is responsible for evaluating and documenting that all Title IIID activities meet these criteria. There are two accepted methods to determine if a program meets the new Title IIID evidence-based criteria:

1. Document how the program meets each of the five (5) bullets in the new evidence-based definition.

   - Has been demonstrated through evaluation as effective for improving the health and well-being or reducing the disability and/or injury among older adults.
   - Has been proven effective with the older adult population, having used through an Experimental or Quasi-Experimental Research Design.
   - Has research/evaluation results published in a peer-reviewed journal.
   - Has been implemented previously at the community level (with fidelity to the published research) and shown to be effective outside a research setting.
   - Includes program manuals, guides and/or handouts that are available to the public.

2. The program is considered to be evidence-based by any operating division of the U.S. Department of Health and Human Services (DHHS). Each operating division offers lists of "evidence-based" programs on their websites.

Other considerations:

   o Medication Management is no longer a required separate service category. However, Medication Management is an allowable activity, if it meets the new evidence-based criteria.
   o Medication Management is reported as a Title IIID Disease Prevention Health Promotion activity.
   o Nutrition Education and Nutrition Counseling are no longer allowable Title IIID activities.

Instructions for Title IIIB/VIIA 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 IIIB and Title VIIA funds. These must be distinct from objectives provided for the Title VII
Elder Abuse Prevention Program.

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 Elder Abuse Prevention Written Objectives:

Title VII Elder Abuse Prevention: AAAs must provide at least one written objective for services provided with Title VII Elder Abuse Prevention funds. These must be distinct from objectives provided for the Title IIIB/Title VIIA LTC Ombudsman Program.

Objectives related to Title VII 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.

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 (SPR)

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

Report the units of service to be provided with **ALL funding sources**. Related funding is reported in the annual Area Plan Budget (CDA 122) for Titles IIIB, IIIC-1, IIIC-2, IIID, 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)
2016-2017	5,021	III.	B.3.
2017-2018			
2018-2019			
2019-2020			

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

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers(if applicable)
2016-2017	5,383	III.	B.3
2017-2018			
2018-2019			
2019-2020			

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

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	0		
2017-2018			
2018-2019			
2019-2020			

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

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	332,608	II.	
2017-2018			
2018-2019			
2019-2020			

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

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	10,804	III.	B.3
2017-2018			
2018-2019			
2019-2020			

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

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	1,619	III.	A.1; A.6; B.3
2017-2018			
2018-2019			
2019-2020			

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

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers(if applicable)
2016-2017	14,048	I.	A.2; A3; A7; B.1
2017-2018			
2018-2019			
2019-2020			

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

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	213,686	II.	
2017-2018			
2018-2019			
2019-2020			

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

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	0		
2017-2018			
2018-2019			
2019-2020			

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

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	0		
2017-2018			
2018-2019			
2019-2020			

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

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	3,088	III.	B.3; B.5
2017-2018			
2018-2019			
2019-2020			

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

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (if applicable)
2016-2017	7,042	II.	A.2.
2017-2018			
2018-2019			
2019-2020			

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

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers(if applicable)
2016-2017	31,333	III.	A.1; A.4
2017-2018			
2018-2019			
2019-2020			

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

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers(if applicable)
2016-2017	13,137	II. III.	A.1; A.2; A.8; A.9 B.1; B.2
2017-2018			
2018-2019			
2019-2020			

15. NAPIS Service Category – "Other" Title III Services

- Each **Title IIIB** "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 IIIB** services to be funded that were not reported in NAPIS categories 1–14 and 16. (Identify the specific activity under the Other Supportive Service Category on the "Units of Service" line when applicable.)

Title IIIB, Other Priority and Non-Priority Supportive Services

For all Title IIIB "Other" Supportive Services, use the appropriate Service Category name and Unit of Service (Unit Measure) listed in the CDA Service Categories and Data Dictionary.

- Other **Priority Supportive Services include**: Alzheimer's Day Care, Comprehensive Assessment, Health, Mental Health, Public Information, Residential Repairs/Modifications, Respite Care, Telephone Reassurance, and Visiting

- Other **Non-Priority Supportive Services include**: Cash/Material Aid, Community Education, Disaster Preparedness Materials, Emergency Preparedness, Employment, Housing, Interpretation/Translation, Mobility Management, Peer Counseling, Personal Affairs Assistance, Personal/Home Security, Registry, Senior Center Activities, and Senior Center Staffing

All "Other" services must be listed separately. Duplicate the table below as needed.

Other Supportive Service Category Senior Center Activities   **Unit of Service 1 hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2016-2017	1,468	I.	D.1; D.6
2017-2018			
2018-2019			
2019-2020			

Other Supportive Service Category <u>**Comprehensive Assessment**</u>   **Unit of Service** <u>**1 hour**</u>

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers
2016-2017	4,420	III.	A.6; B.3
2017-2018			
2018-2019			
2019-2020			

Other Supportive Service Category <u>**Cash/Material Aid**</u>   **Unit of Service** <u>**1 assistance**</u>

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers
2016-2017	13,646	III.	A.6
2017-2018			
2018-2019			
2019-2020			

Other Supportive Service Category <u>**Community Education**</u>   **Unit of Service** <u>**1 activity**</u>

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers
2016-2017	29	II. III.	A.4 B.4
2017-2018			
2018-2019			
2019-2020			

Other Supportive Service Category <u>Public Information</u>   **Unit of Service <u>1 activity</u>**

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers
2016-2017	25	II. III.	A.4 B.4
2017-2018			
2018-2019			
2019-2020			

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

16. Title IIID/ Disease Prevention and Health Promotion   **Unit of Service = 1 contact**

Service Activities: Physical Fitness (Evidence-Based)

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

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (Required)
2016-2017	22,507	II.	C.2; C.3; C.5
2017-2018			
2018-2019			
2019-2020			

Service Activities: Pre-Depression Screening   **Unit of Service = 1 contact**

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

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (Required)
2016-2017	1,200	II.	A.7; C.4
2017-2018			
2018-2019			
2019-2020			

Service Activities: <u>Chronic Disease Self-Management (evidence-based)</u>

Unit of Service = <u>1 contact</u>

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

Fiscal Year	**Proposed** Units of Service	Goal Numbers	Objective Numbers (Required)
2016-2017	22,507	II.	C.1
2017-2018			
2018-2019			
2019-2020			

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

2016–2020 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.

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

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

Complete all Measures and Targets for Outcomes 1-3.

Outcome 1. The problems and concerns of long-term care residents are solved through complaint resolution and other services of the Ombudsman Program. [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 2013-2014 was 73%.

1. FY 2014-2015 Baseline Resolution Rate: Number of complaints resolved **557** + Number of partially resolved complaints **1,101** divided by the Total Number of Complaints Received **2,183** = Baseline Resolution Rate **76%** FY 2016-17 Target Resolution Rate **80%**
2. FY 2015-2016 Baseline Resolution Rate: Number of complaints resolved _____ + Number of partially resolved complaints _____ divided by the Total Number of Complaints Received _____ = Baseline Resolution Rate _____% FY 2017-18 Target Resolution Rate **84%**

3. FY 2016-2017 Baseline Resolution Rate: Number of complaints resolved _____ + Number of partially resolved complaints _____ divided by the Total Number of Complaints Received _____ = Baseline Resolution Rate _____% FY 2018-19 Target Resolution Rate **86%**
4. FY 2017-2018 Baseline Resolution Rate: Number of complaints resolved _____ + Number of partially resolved complaints_____ divided by the Total Number of Complaints Received _____ = Baseline Resolution Rate _____% FY 2019-20 Target Resolution Rate **88%**
Program Goals and Objective Numbers: **2**

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

1. FY 2014-2015 Baseline: number of Resident Council meetings attended **54**   FY 2016-2017 Target: **60**
2. FY 2015-2016 Baseline: number of Resident Council meetings attended _____   FY 2017-2018 Target: **62**
3. FY 2016-2017 Baseline: number of Resident Council meetings attended _____   FY 2018-2019 Target: **65**
4. FY 2017-2018 Baseline: number of Resident Council meetings attended _____   FY 2019-2020 Target: **67**
Program Goals and Objective Numbers: **2**

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

1. FY 2014-2015 Baseline number of Family Council meetings attended **0**   FY 2016-2017 Target: **1**
2. FY 2015-2016 Baseline number of Family Council meetings attended _____   FY 2017-2018 Target: **2**
3. FY 2016-2017 Baseline number of Family Council meetings attended _____   FY 2018-2019 Target: **3**
4. FY 2017-2018 Baseline number of Family Council meetings attended _____   FY 2019-2020 Target: **3**
Program Goals and Objective Numbers: **1**

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 2014-2015 Baseline: number of consultations **156**   FY 2016-2017 Target: **200**
2. FY 2015-2016 Baseline: number of consultations _____   FY 2017-2018 Target: **205**
3. FY 2016-2017 Baseline: number of consultations _____   FY 2018-2019 Target: **210**
4. FY 2017-2018 Baseline: number of consultations _____   FY 2019-2020 Target: **215**
Program Goals and Objective Numbers: **1**

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 2014-2015 Baseline: number of consultations **291**   FY 2016-2017 Target: **320**
2. FY 2015-2016 Baseline: number of consultations _____   FY 2017-2018 Target: **330**
3. FY 2016-2017 Baseline: number of consultations _____   FY 2018-2019 Target: **340**
4. FY 2017-2018 Baseline: number of consultations _____   FY 2019-2020 Target: **355**
Program Goals and Objective Numbers: **1**

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 2014-2015 Baseline: number of sessions **4**   FY 2016-2017 Target: **6**
2. FY 2015-2016 Baseline: number of sessions _____   FY 2017-2018 Target: **7**
3. FY 2016-2017 Baseline: number of sessions _____   FY 2018-2019 Target: **8**
4. FY 2017-2018 Baseline: number of sessions _____   FY 2019-2020 Target: **9**
Program Goals and Objective Numbers: **1**

G. Systems Advocacy

In the box below, in narrative format, provide at least one new priority systemic advocacy effort the local LTC Ombudsman Program will engage in during the fiscal year. If the systemic advocacy effort is a multi-year initiative, provide a systemic advocacy objective that explains progress made in the initiative during the prior fiscal year and identifies specific steps to be taken during the upcoming fiscal year. A new effort or a statement of progress made and goals for the upcoming year must be entered each year of the four-year cycle.

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 promote person-centered care and reduce the use of anti-psychotics, 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) for the current fiscal year <u>2016</u> 1. To assist facilities in building more resident participation and resident facilitated meetings in resident council meetings. 2. Work with facilities to provide personalized music to dementia residents, to assist in the quality of their life and reduce unwelcome behaviors while enriching their lives.

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 those facilities by the total number of nursing facilities in the PSA. NOTE: This is not a count of *visits* but a count of *facilities*. In determining the number of facilities visited for this measure, no nursing facility can be counted more than once.

1. FY 2014-2015 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint **45** divided by the total number of Nursing Facilities **52** = Baseline **87%**   FY 2016-2017 Target: **100%**
2. FY 2015-2016 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint _____ divided by the total number of Nursing Facilities _____ = Baseline _____%   FY 2017-2018 Target: **100%**
3. FY 2016-2017 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint _____ divided by the total number of Nursing Facilities _____ = Baseline _____%   FY 2018-2019 Target: **100%**
4. FY 2017-2018 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint _____ divided by the total number of Nursing Facilities _____ = Baseline _____%   FY 2019-2020 Target: **100%**
Program Goals and Objective Numbers: **1**

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 a count of *visits* but a count of *facilities*. In determining the number of facilities visited for this measure, no RCFE can be counted more than once.

1. FY 2014-2015 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint **122** divided by the total number of RCFEs **475** = Baseline **26%**   FY 2016-2017 Target: **57%**
2. FY 2015-2016 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint _____ divided by the total number of RCFEs _____ = Baseline _____ %   FY 2017-2018 Target: **60%**
3. FY 2016-2017 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint _____ divided by the total number of RCFEs _____ = Baseline _____ %   FY 2018-2019 Target: **70%**
4. FY 2017-2018 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint _____ divided by the total number of RCFEs _____ = Baseline _____ %   FY 2019-2020 Target: **75 %**
Program Goals and Objective Numbers: **1**

C. Number of Full-Time Equivalent (FTE) Staff (AoA Report Part III. B.2. - Staff and Volunteers)
This number may only include staff time legitimately charged to the LTC Ombudsman Program. Time spent working for or in other programs may not be included in this number. For example, in a local LTC Ombudsman Program that considers full-time employment to be 40 hour per week, the FTE for a staff member who works in the Ombudsman Program 20 hours a week should be 0.5, even if the staff member works an additional 20 hours in another program.

1. FY 2014-2015 Baseline: **6.3** FTEs   FY 2016-2017 Target: **6.3** FTEs
2. FY 2015-2016 Baseline: _____ FTEs   FY 2017-2018 Target: **6.3** FTEs
3. FY 2010-2011 Baseline: FTEs   FY 2013-2014 Target: **6.3** FTEs

4. FY 2010-2011 Baseline: _____ FTEs   FY 2014-2015 Target: **6.3** FTEs
Program Goals and Objective Numbers: **1**

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

1. FY 2014-2015 Baseline: Number of certified LTC Ombudsman volunteers **17**   FY 2016-2017 Projected Number of certified LTC Ombudsman volunteers **20**
2. FY 2015-2016 Baseline: Number of certified LTC Ombudsman volunteers _____   FY 2017-2018 Projected Number of certified LTC Ombudsman volunteers **25**
3. FY 2016-2017 Baseline: Number of certified LTC Ombudsman volunteers _____   FY 2018-2019 Projected Number of certified LTC Ombudsman volunteers **25**
4. FY 2017-2018 Baseline: Number of certified LTC Ombudsman volunteers _____   FY 2019-2020 Projected Number of certified LTC Ombudsman volunteers **25**
Program Goals and Objective Numbers: **1**

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

Some examples could include:
- Having Ombudsman Program staff and volunteers regularly attend NORS Consistency Training provided by the OSLTCO
- Hiring additional staff to enter data
- Updating computer equipment to make data entry easier
- Initiating a case review process to ensure case entry is completed in a timely manner

The Ombudsman contractor will be updating the computer equipment to make data entry easier for all staff. The coordinator will do a weekly case review for all staff and a monthly case review with volunteers or as needed to ensure case entry and completion of cases is done effectively and in a timely manner.

TITLE VII 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 IIIE Family Caregiver Support Program, educational materials distributed, and hours of activity spent developing a coordinated system which addresses elder abuse prevention, investigation, and prosecution.

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

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

- **Public Education Sessions** –Indicate the total number of projected education sessions for the general public on the identification, prevention, and treatment of elder abuse, neglect, and exploitation.

- **Training Sessions for Professionals** –Indicate the total number of projected training sessions for professionals (service providers, nurses, social workers) on the identification, prevention, and treatment of elder abuse, neglect, and exploitation.

- **Training Sessions for Caregivers Served by Title IIIE** –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** –Indicate the number of hours to be spent developing a coordinated system to respond to elder abuse. This category includes time spent coordinating services provided by the AAA or its contracted service provider with services provided by Adult Protective Services, local law enforcement agencies, legal services providers, and other agencies involved in the protection of elder and dependent adults from abuse, neglect, and exploitation.

- **Educational Materials Distributed** –Indicate the type and number of educational materials to be distributed to the general public, professionals, and caregivers (this may include materials that have been developed by others) to help in the identification, prevention, and treatment of elder abuse, neglect, and exploitation.

- **Number of Individuals Served –**Indicate the total number of individuals expected to be reached by any of the above activities of this program.

TITLE VII ELDER ABUSE PREVENTION SERVICE UNIT PLAN OBJECTIVES

The agency receiving Title VII Elder Abuse Prevention funding is:
Riverside County Office on Aging

Fiscal Year	Total # of Public Education Sessions
2016-2017	58
2017-2018	
2018-2019	
2019-2020	

Fiscal Year	Total # of Training Sessions for Professionals
2016-2017	0
2017-2018	
2018-2019	
2019-2020	

Fiscal Year	Total # of Training Sessions for Caregivers served by Title IIIE
2016-2017	0
2017-2018	
2018-2019	
2019-2020	

Fiscal Year	Total # of Hours Spent Developing a Coordinated System
2016-2017	0
2017-2018	
2018-2019	
2019-2020	

Fiscal Year	Total # of Copies of Educational Materials to be Distributed	Description of Educational Materials
2016-2017	4,236	Materials that highlight several elder justice issues related to scams, physical and financial abuse.
2017-2018		
2018-2019		
2019-2020		

Fiscal Year	Total Number of Individuals Served
2016-2017	4,236
2017-2018	
2018-2019	
2019-2020	

TITLE IIIE SERVICE UNIT PLAN OBJECTIVES

CCR Article 3, Section 7300(d)
2016–2020 Four-Year Planning Period

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

Direct and/or Contracted IIIE Services

CATEGORIES	1	2	3
Family Caregiver Services Caring for Elderly	*Proposed* **Units of Service**	*Required* **Goal #(s)**	*Optional* **Objective #(s)**
Information Services	**# of activities and Total est. audience for above**		
2016-2017	# of activities: 18 Total est. audience for above: 29,143	II.	A.4; A.7
2017-2018	# of activities: Total est. audience for above:		
2018-2019	# of activities: Total est. audience for above:		
2019-2020	# of activities: Total est. audience for above:		
Access Assistance	**Total contacts**		
2016-2017	3,769	III.	A.1; B.1; B.2; B.3
2017-2018			
2018-2019			
2019-2020			
Support Services	**Total hours**		
2016-2017	4,828	III.	A.6
2017-2018			
2018-2019			
2019-2020			

Respite Care	Total hours		
2016-2017	7,269	III.	A.6
2017-2018			
2018-2019			
2019-2020			
Supplemental Services	Total occurrences		
2016-2017	7	III.	A.6
2017-2018			
2018-2019			
2019-2020			

Direct and/or Contracted IIIE Services

Grandparent Services Caring for Children	Proposed Units of Service	Required Goal #(s)	Optional Objective #(s)
Information Services	**# of activities and Total est. audience for above**		
2016-2017	# of activities: 90 Total est. audience for above: **6,240**	II. III.	A.4; A.7 A.4
2017-2018	# of activities: Total est. audience for above:		
2018-2019	# of activities: Total est. audience for above:		
2019-2020	# of activities: Total est. audience for above:		
Access Assistance	**Total contacts**		
2016-2017	1178	III.	A.1
2017-2018			
2018-2019			
2019-2020			
Support Services	**Total hours**		
2016-2017	725	III.	A.6
2017-2018			
2018-2019			
2019-2020			
Respite Care	**Total hours**		
2016-2017			
2017-2018			
2018-2019			
2019-2020			
Supplemental Services	**Total occurrences**		
2016-2017			
2017-2018			
2018-2019			
2019-2020			

SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (SCSEP)

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

Enrollment Location/Name (AAA office, One Stop, Agency, etc.): *Riverside County Office on Aging*
Street Address: *6296 River Crest Dr, Suite K. Riverside, CA 92507*
Name and title of all SCSEP paid project staff members (Do not list participant or participant staff names): *Program Manager, Stephen Geist*
Number of paid staff: 1   Number of participant staff: 2
How many participants are served at this site? 32
Enrollment Location/Name (AAA office, One Stop, Agency, etc.): Hemet Office *AAA Hemet Satellite Office*
Street Address: *749 North State Street Hemet, CA 92543-1474*
Name and title of all SCSEP paid project staff members (Do not list participant or participant staff names): N/A
Number of paid staff: 0   Number of participant staff: 1
How many participants are served at this site?: 13
Enrollment Location/Name (AAA office, One Stop, Agency, etc.): *AAA La Quinta Satellite Office*
Street Address: *78-900 Avenue 47, Ste.200 La Quinta, CA 92253*
Name and title of all SCSEP paid project staff members (Do not list participant or participant staff names): N/A
Number of paid staff: 0   Number of participant staff: 1
How many participants are served at this site? 10

6 (CDA form footnote) 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 <u>multiple-PSA HICAP</u> where two or more AAAs enter into an agreement to deliver HICAP services on their behalf to eligible persons in their AAA 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: In FY 2014, the State Health Insurance Assistance Program (SHIP) was transferred from the Centers for Medicare & Medicaid Services (CMS) to the Administration for Community Living (ACL). ACL has continued CMS' policy requiring all SHIPs to meet established performance measures. Based on ACL guidelines and to assist AAAs in completing the Service Unit Plan, CDA provides State (1.1 and 1.2), and federal (2.1 through 2.7) performance measures (PM) annually. To download these measures and view definitions, visit
https://www.aging.ca.gov/ProgramsProviders/AAA/Planning/

Section 1. State Performance Measures

Fiscal Year (FY)	PM 1.1 Clients Counseled (Estimated)	Goal Numbers
2016-2017	2,728	I.
2017-2018		
2018-2019		
2019-2020		

Fiscal Year (FY)	PM 1.2 Public and Media Events (PAM) (Estimated)	Goal Numbers
2016-2017	165	I.
2017-2018		
2018-2019		
2019-2020		

Section 2: Federal Performance Measures

Fiscal Year (FY)	PM 2.1 Total Client Contacts (Estimated)	Goal Numbers
2016-2017	14,951	I.
2017-2018		
2018-2019		
2019-2020		

Fiscal Year (FY)	PM 2.2 Persons Reached at PAM Events (Estimated)	Goal Numbers
2016-2017	1,338	I.
2017-2018		
2018-2019		
2019-2020		

Fiscal Year (FY)	PM 2.3 Contacts with Medicare Beneficiaries Due to Disability (Estimated)	Goal Numbers
2016-2017	1,397	I.
2017-2018		
2018-2019		
2019-2020		

Fiscal Year (FY)	PM 2.4 Low-income Medicare Beneficiary Contacts (Estimated)	Goal Numbers
2016-2017	9,653	I.
2017-2018		
2018-2019		
2019-2020		

Fiscal Year (FY)	PM 2.5 Contacts with One or More Qualifying Enrollment Topics (Estimated)	Goal Numbers
2016-2017	12,659	I.
2017-2018		
2018-2019		
2019-2020		

Fiscal Year (FY)	PM 2.6 Total Part D Enrollment/Assistance Contacts	Goal Numbers
2016-2017	5,386	I.
2017-2018		
2018-2019		
2019-2020		

Fiscal Year (FY)	PM 2.7 Total Counseling Hours (Estimated)	Goal Numbers
2016-2017	6,788	I.
2017-2018		
2018-2019		
2019-2020		

Section 3: HICAP Legal Services Units of Service (if applicable) [136]

State Fiscal Year (SFY)	3.1 Estimated Number of Clients Represented Per SFY (Unit of Service)	Goal Numbers
2016-2017	n/a	
2017-2018		
2018-2019		
2019-2020		

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[136] Requires a contract for using HICAP funds to pay for HICAP Legal Services.

State Fiscal Year (SFY)	3.2 Estimated Number of Legal Representation Hours Per SFY (Unit of Service)	Goal Numbers
2016-2017	n/a	
2017-2018		
2018-2019		
2019-2020		

State Fiscal Year (SFY)	3.3 Estimated Number of Program Consultation Hours Per SFY (Unit of Service)	Goal Numbers
2016-2017	n/a	
2017-2018		
2018-2019		
2019-2020		

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 <u>their addresses</u>. 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.

Designated Community Focal Point	Address
Ageless Reflections – Blythe Community Center	445 North Broadway Blythe, CA 92225 760-922-6161
Albert A. Chatigny Senior Community Recreation Center	1310 Oak Valley Parkway Beaumont, CA 92223 951-796-8524
Arlanza Community Center – Bryant Park	7950 Philbin Avenue Riverside, CA 92503 951-351-6135
Banning Senior Center	769 North San Gorgonio Avenue PO Box 998, Banning, CA 92220 (951) 922-3250
Cathedral Center	37-171 West Buddy Rogers Avenue Cathedral City, CA 92234 (760) 321-1548
Coachella Senior Center	1540 Seventh Street Coachella, CA 92236 (760) 398-0104
Colorado River Senior Community Center	HCR 20, Box 3408 – Rio Loco Blythe, CA 92225 (719) 955-3400
Corona Senior Center	921 South Belle Street Corona, CA 92882 (951) 736-2363
Dales Senior Center	3936 Chestnut Street Riverside, CA 92501 (951) 736-2363
Desert Hot Springs Senior Center	11-777 West Drive Desert Hot Springs, CA 92240 (760) 329-0222
Eddie Dee Smith Senior Center	5888 Mission Boulevard Rubidoux, CA 92509 (951) 275-9975
Idyllwild Town Hall	25925 Cedar Street Idyllwild, CA 92549 (951) 659-2638

Indio Senior Center	45-700 Aladdin Street Indio, CA 92201 (760) 391-4170
James A. Venable Community Center	50-390 Carmen Avenue Cabazon, CA 92230 (951) 922-1097
James Simpson Memorial Center	305 East Devonshire Avenue Hemet, CA 92543 (951) 765-2390
Janet Goeske Center	5257 Sierra Street Riverside, CA 92504 (951) 351-8800
Jerry Rummonds Senior Center	87-225 Church Street PO Box 701 Thermal, CA 92274 (760) 347-3484
Joslyn Senior Center	73-750 Catalina Way Palm Desert, CA 92260 (760) 340-3220
Kay Ceniceros Senior Center	29995 Evans Road Sun City, CA 92586 (951) 672-9673
La Quinta Senior Center	78-450 Avenida La Fonda La Quinta, CA 92247 (760) 564-0096
La Sierra Senior Center	5215 La Sierra Riverside, CA 92505
Lake Elsinore Activity Center	420 East Lakeshore Drive Lake Elsinore, CA 92530 (951) 674-2526
The LGBT Community Center of the Desert	611 S. Palm Canyon Drive, Suite 201 Palm Springs, CA 92262 (760) 416-7790
Marion Ashley Community Center	25625 Briggs Road Menifee, CA 92585 (951) 928-2700
Mary Phillips Senior Center	41845 Sixth Street Temecula, CA 92590 (951) 694-6464
Charles Meigs Community Center	21091 Rider Street Perris, CA 92570 (No Phone Available)
Mizell Senior Center	480 South Sunrise Way Palm Springs, CA 92262 (760) 323-5689
Moreno Valley Senior Center	25075 Fir Avenue Moreno Valley, CA 92553 (951) 413-3430

Moses Schaffer Community Center	21565 Steele Peak Drive Perris, CA 92570-8296 (No Phone Available)
Murrieta Senior Center	41717 Juniper Street Murrieta, CA 92562 (951) 600-9557
Norco Senior Center	2690 Clark Avenue PO Box 428 Norco, CA 92860 (951) 270-5647
Norton Younglove Community Center	459 West Center Street Riverside, CA 92507 (951) 341-6634
Norton Younglove Community Center	908 Park Street PO Box 1190 Calimesa, CA 92320 (951) 341-6634
Perris Senior Center	100 North "D" Street Perris, CA 92570 (951) 657-7334
Riverside-San Bernardino County Indian Health	11555 ½ Potrero Road Banning, CA 92220 (951) 849-4761
Ruth H. Lewis Community Center at Reid Park	701 North Orange Street Riverside, CA 92501 (951) 826-5654
San Jacinto Community Center	625 South Pico Avenue San Jacinto, CA 92583 (951) 654-7212
Stratton Community Center at Bordwell Park	2008 Martin Luther King Boulevard Riverside, CA 92507 (951) 826-5355
Ysamel Villegas Community Center	3091 Esperanza Street Riverside, CA 92503 (951) 351-6142

Disaster Preparation Planning Conducted for the 2016-2020 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)

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 in coordination with the Riverside County Emergency Medical Services (EMS) Agency 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 older adults 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 Emergency Medical Services Agency.

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?
a. Information and Referral Services, for such services as transportation, disaster assistance, etc. *b. Work with local OES, CDA, FEMA to provide accessible disaster aid* *c. Connect food, water, and other supplies to consumers*	*a. Through trained I&A staff on site or at designated location* *b. In person or via call center; assistance in completion of forms for federal or state emergency assistance* *c. Through contracted congregate meal sites or home delivered meals, or through emergency services as*

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d. *Advocate and assist in providing seniors with government disaster assistance.* e. *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.*	*appropriate* d. *Through trained staff and volunteers* e. *Coordinated through the Disaster Preparedness Coordinator or the Director of the OoA.*

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

> *Formal emergency preparation or response agreements will be included in our contracted meal service providers' agreements. 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.*

2016-2020 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[8] 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 2016-17 through FY 2019-20

Access:

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

2016-17 **25.9**%   17-18 **25.9**%   18-19 **25.9**%   19-20 **25.9**%

In-Home Services:

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

2016-17 **6**%   17-18 **6**%   18-19 **6**%   19-20 **6**%

Legal Assistance Required Activities: [9]

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

2016-17 **3.5**%   17-18 **3.5**%   18-19 **3.5**%   19-20 **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.

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

[9]Legal Assistance must include all of the following activities: Legal Advice, Representation, Assistance to the Ombudsman Program and Involvement in the Private Bar.

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

Title IIIB	16-17	17-18	18-19	19-20
☒ Information and Assistance	☒	☒	☒	☒
☒ Case Management	☒	☒	☒	☒
☒ Outreach	☒	☒	☒	☒
☒ Program Development	☒	☒	☒	☒
☒ Coordination	☒	☒	☒	☒
☐ Long-Term Care Ombudsman	☐	☐	☐	☐
Title IIID	**16-17**	**17-18**	**18-19**	**19-20**
☒ Disease Prevention and Health Promo.	☒	☒	☒	☒
Title IIIE [137]	**16-17**	**17-18**	**18-19**	**19-20**
☒ Information Services	☒	☒	☒	☒
☒ Access Assistance	☒	☒	☒	☒
☒ Support Services	☒	☒	☒	☒
☒ Respite Services	☒	☒	☒	☒
☒ Supplemental Services	☒	☒	☒	☒
Title VIIA	**16-17**	**17-18**	**18-19**	**19-20**
☐ Long-Term Care Ombudsman	☐	☐	☐	☐
Title VII	**16-17**	**17-18**	**18-19**	**19-20**
☒ Prevention of Elder Abuse, Neglect and Exploitation	☒	☒	☒	☒

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137 Refer to PM 11-11 for definitions of Title III E categories.

Describe 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 during the next planning cycle (2016-2020). The OoA is confident that the targeted populations will be 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 will constantly review programs to insure that our targeted populations are reached. OoA staff and Advisory Council members will attend community events and collaborative meetings to promote services.

SECTION 15 - REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES   PSA 21

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

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:[138]

☐ IIIB

☒ IIIC-1

☒ IIIC-2

☒ Nutrition Education

☐ IIIE

☐ VIIA

☐ 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.

☒ 2016-17   ☒ 2017-18   ☒ 2018-19   ☒ 2019-20

Justification: Provide a cost-benefit analysis below that substantiates this request for direct delivery of the above stated service[139] :

PSA 21 is unable to locate a provider for the Blythe area. As such, meal services will be provided by the PSA through the use of dedicated staff on site.

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11 Section 15 does not apply to Title V (SCSEP).
12 For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs are in agreement.

Identify Service Category: COMPREHENSIVE ASSESSMENT

Check applicable funding source:[140]

☒ IIIB

☐ IIIC-1

☐ IIIC-2

☐ Nutrition Education

☐ IIIE

☐ VIIA

☐ HICAP

Request for Approval Justification:

☒ Necessary to Assure an Adequate Supply of Service <u>OR</u>

☐ 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.

☒ 2016-17   ☒ 2017-18   ☒ 2018-19   ☒ 2019-20

Justification: Provide a cost-benefit analysis below that substantiates this request for direct delivery of the above stated service[141] :

> *These services are not currently offered in all areas of the county by any other vendor or subcontractor. By providing this service directly, the AAA has the opportunity to develop a process that enhances the current regional infrastructure eliminating any gaps in service and allowing for more comprehensive service delivery to clients.*

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11 Section 15 does not apply to Title V (SCSEP).

12 For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs are
  in agreement.

Identify Service Category: CASH/MATERIAL AID

Check applicable funding source:[142]

☒ IIIB

☐ IIIC-1

☐ IIIC-2

☐ Nutrition Education

☐ IIIE

☐ VIIA

☐ 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.

☒ 2016-17   ☒ 2017-18   ☒ 2018-19   ☒ 2019-20

Justification: Provide a cost-benefit analysis below that substantiates this request for direct delivery of the above stated service[143] :

These services are not currently offered in all areas of the county by any other vendor or subcontractor. By providing this service directly, the AAA has the opportunity to develop a process that enhances the current regional infrastructure eliminating any gaps in service and allowing for more comprehensive service delivery to clients.

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11 Section 15 does not apply to Title V (SCSEP).
12 For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs are in agreement.

Identify Service Category: SENIOR CENTER ACTIVITIES (STAFFING FOR COLORADO RIVER SENIOR CENTER)

Check applicable funding source:[144]

☒ IIIB

☐ IIIC-1

☐ IIIC-2

☐ Nutrition Education

☐ IIIE

☐ VIIA

☐ 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.

☒ 2016-17   ☒ 2017-18   ☒ 2018-19   ☒ 2019-20

Justification: Provide a cost-benefit analysis below that substantiates this request for direct delivery of the above stated service[145] :

> *These services are not currently offered in all areas of the county by any other vendor or subcontractor. By providing this service directly, the AAA has the opportunity to develop a process that enhances the current regional infrastructure eliminating any gaps in service and allowing for more comprehensive service delivery to clients.*

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11 Section 15 does not apply to Title V (SCSEP).
12 For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs are in agreement.

Identify Service Category: COMMUNITY EDUCATION

Check applicable funding source:[146]

☒ IIIB

☐ IIIC-1

☐ IIIC-2

☐ Nutrition Education

☐ IIIE

☐ VIIA

☐ HICAP

Request for Approval Justification:

☒ Necessary to Assure an Adequate Supply of Service <u>OR</u>

☐ 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.

        ☒ 2016-17   ☒ 2017-18   ☒ 2018-19   ☒ 2019-20

Justification: Provide a cost-benefit analysis below that substantiates this request for direct delivery of the above stated service[147] :

> *These services are not currently offered in all areas of the county by any other vendor or subcontractor. By providing this service directly, the AAA has the opportunity to develop a process that enhances the current regional infrastructure eliminating any gaps in service and allowing for more comprehensive service delivery to clients.*

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11 Section 15 does not apply to Title V (SCSEP).
12 For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs are
   in agreement.

Identify Service Category: PUBLIC INFORMATION

Check applicable funding source:[148]

☒ IIIB

☐ IIIC-1

☐ IIIC-2

☐ Nutrition Education

☐ IIIE

☐ VIIA

☐ HICAP

<u>Request for Approval Justification:</u>

☒ Necessary to Assure an Adequate Supply of Service <u>OR</u>

☐ 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.

        ☒ 2016-17   ☒ 2017-18   ☒ 2018-19   ☒ 2019-20

Justification: Provide a cost-benefit analysis below that substantiates this request for direct delivery of the above stated service[149] :

> *These services are not currently offered in all areas of the county by any other vendor or subcontractor. By providing this service directly, the AAA has the opportunity to develop a process that enhances the current regional infrastructure eliminating any gaps in service and allowing for more comprehensive service delivery to clients.*

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11 Section 15 does not apply to Title V (SCSEP).

12 For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs are
in agreement.

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

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

Total Number of Board Members: 5

Name and Title of Officers:	Office Term Expires:
John J. Benoit (District 4) – Chairman	*01-06-18*
John Tavaglione (District 2) – Vice Chairman	*01-06-18*

Names and Titles of All Members:	Board Term Expires:
Kevin Jeffries (District 1)	*01-03-17*
Chuck Washington (District 3)	*06-30-16*
Marion Ashley (District 5)	*01-06-18*

District 1:

Includes Lake Elsinore, Wildomar, Canyon Lake and most of the City of Riverside. The District also includes the unincorporated areas of Gavilan Hills, Good Hope, LaCresta, Lake Hills, Lake Mathews, Mead Valley, Meadowbrook, Temescal Valley Woodcrest, Warm Springs De Luz, Santa Rosa Plateau, and Tanaja.

District 2:

Includes Corona, Norco, Eastvale, Jurupa Valley, and the western half of the City of Riverside. The District also includes the unincorporated areas of Coronita, El Cerrito, High Grove and Home Gardens.

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, Desert Hot Springs, 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, and Vista Santa Rosa.

District 5:

Includes Moreno Valley, Perris, Calimesa, Beaumont, and Banning. The District also includes the unincorporated areas of Nuevo, Lakeview, Juniper Flats, Meadowbrook, 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.

ADVISORY COUNCIL MEMBERSHIP
2016-2020 Four-Year Planning Cycle

OAA 2006 306(a)(6)(D)
45 CFR, Section 1321.57
CCR Article 3, Section 7302(a)(12)

Total Council Membership (include vacancies) **17**

Number of Council Members over age 60   **14**

Race/Ethnic Composition	% of PSA's 60+Population	% on Advisory Council
White	**79%**	**69%**
Hispanic	**14%**	**13%**
Black	**7%**	**6%**
Asian/Pacific Islander	**0%**	**0%**
Native American/Alaskan Native	**.06%**	**6%**
Other	**.06%**	**6%**

Name and Title of Officers:	Office Term Expires:
Gary Kelley, Chairman, District 1 Representative	*2017*
VACANT, Vice-Chairman, District 3 Representative	*---*
Eileen Packer, Parliamentarian, Member	*2017*

Name and Title of other members:	Office Term Expires:
Alice Chandler, District 2 Representative	*2016*
Erwin Fromm	*2017*
Beverly Greer	*2017*
Ann Kasper	*2016*
Sharon Lambeth	*2016*
Vee Maiden	*2016*
Sonja Martin, District 4 Representative	*2017*
Cynthia Mendez	*2016*
Steve Mehlman	*2017*
Barbara Mitchell	*2016*

Doris Morgan-Hayes	*2016*
Gloria Sanchez, District 5 Representative	*2017*
Luella Thornton	*2016*
Vacant	*----*

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

	Yes	No
Low Income Representative	☒	☐
Disabled Representative	☒	☐
Supportive Services Provider Representative	☒	☐
Health Care Provider Representative	☒	☐
Family Caregiver Representative	☒	☐
Local Elected Officials	☒	☐
Individuals with Leadership Experience in Private and Voluntary Sectors	☒	☐

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. Vacancies are advertised in the local papers, on the agency's website and through an email blast to the collaborative partner networks and local senior organizations.

Applications are accepted and screened by the Membership Committee of the Advisory Council. The accepted applicants are then interviewed by the Membership Committee. Once selected, the proposed member is presented to the Advisory Council and the application is voted on as an action item on the agenda. After approval by the Advisory Council, a request for approval is submitted to the Riverside County Board of Supervisors. Once approved by the Board, the applicant becomes a member of the Advisory Council.

The five remaining members of the Advisory Council are selected by each member of the Board of Supervisors to represent their district. Each Board Supervisor completes his/her applicant's application, interview, and selection process. Once a member has been selected, the Board Supervisor informs the Office on Aging of the selection.

2016-2020 Four-Year Area Planning Cycle

This section <u>must</u> 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.[150]

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

    PSA 21 mission and purpose statement for Plan cycle 2016-2020 is:

    "For all AAAs: "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."

    For PSA 21: The Riverside County Office on Aging serves to promote and support a life of dignity, well-being and independence for older adults and persons with disabilities.

2. Based on your local needs assessment, what percentage of Title IIIB 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).

    Issues related to Elder Justice, such as physical and financial abuse, has become the primary focus both nationally and in the PSA. For the federal 15/16 budget, President Obama proposed $10 million for the Elder Justice Act, indicating the need for more attention to elder justice issues. Issues range from physical abuse to financial abuse in the form of direct theft and fraud in the form of scams. Existing local needs include:

    A. Family Law: Older adults will continue to become primary custodians of their grandchildren. Although formal guardianship makes the process of assuming this responsibility easier, many grandparents are in informal guardianship arrangements, wherein their rights are severely limited. As this is a relatively new cultural phenomenon, there is very little free legal assistance available.

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

B. *Consumer Law: The number of older adults needing legal assistance in consumer finance (credit card debt) and foreclosures are expected to continue during the 2016-2020 planning cycle.*

C. *Need for In-Home Supportive Assistance: Few older adults have long term care insurance and many families cannot afford long term care, leading to the increase in family caregivers, who need more assistance and support, particularly those caring for older adults suffering from dementia and other debilitating conditions. These legal needs include estate planning, power of attorney, and advanced health directives.*

4. Specific to Legal Services, does the AAA's contract/agreement with the Legal Services Provider(s) (LSPs) specify that the LSPs are expected to use the California Statewide Guidelines in the provision of OAA legal services?

> *Yes, Under Article II Section E <u>Law, Policy and Procedure, Licenses and Certificates,</u> which states:*
>
> *"The SERVICE PROVIDER agrees to administer this Contract Agreement and require any subcontractors to administer their subcontracts in accordance with this Contract Agreement, and with all applicable, local, State, and federal laws and regulations including, but not limited to, discrimination, wages and hours of employment, occupational safety (according to the Occupational Safety and Health Administration (OSHA) Code of Federal Regulation, CFR Title 29), fire, safety, health and sanitation regulations, directives, guidelines, and/or manuals related to this Contract Agreement, and resolve all issues using good administrative practices and sound judgment. The SERVICE PROVIDER and its subcontractors shall keep in effect all licenses, permits, notices, and certificates that are required by law."*

5. Does the AAA collaborate with the Legal Services Provider(s) to jointly establish specific priorities issues for legal services? If so what are the top four (4) priority legal issues in your PSA?

> *The PSA and legal service provider collaborate on the establishment of priorities through monthly reports related to the types of services provided and the frequency of specific requests. As stated above, the top 4 legal priorities continue to be family and consumer law, consumer health law, IHSS assistance, and financial abuse.*

6. Specific to Legal Services, does the AAA collaborate with the Legal Services Provider(s) to jointly identify the target population? If so, what is the targeted senior population in your PSA AND what mechanism is used for reaching the target population? Discussion:

Yes, the targeted populations in PSA 21 are:

A. *Older Adults who are low-income, 75 years of age or older, non or limited-English speaking, homebound, live alone or who are disabled, chronically ill, or functionally impaired receive priority in service.*

B. *Elder Abuse: PSA 21 gives priority to elder abuse cases, including matters involving financial, emotional and mental abuse as well as physical abuse, and help seniors with government and public benefits.*

The mechanisms used to reach the targeted populations:

The Request for Proposals (RFP) responders are well known in the community for providing legal services for older adults. All of the respondents have accessible websites, phone lines with hours clearly posted with a process and guidelines for calling constituents back. All of the RFP respondents participate in community outreach events and fairs to provide legal service information to older adults and some provide legal services at local community centers closer to older adults.

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

For Planning cycle 2016-2020, the targeted older adult population includes those with the greatest economic need and who do not have the support or resources to assist with personal business matters such as insurance disputes, and any forms of financial abuse. Initial eligibility is determined via phone then followed up with an additional contact with a legal advocate or an appointment is scheduled at a local senior or community center.

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

There is expected to be only one service provider for PSA 21 for the Planning cycle 2016-2020, which will cover all of the service areas. The RFP process will conclude in April 2016, and the new contract begins July 1, 2016.

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Fiscal Year	# of Legal Assistance Services Providers
2016-2017	*1*
2017-2018	
2018-2019	
2019-2020	

9. Does your PSA have a hotline for legal services?

All of the RFP respondents have a phone line for older adult callers and the PSA's 800 number is also a conduit to legal service in Riverside County.

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

All of the RFP respondents participate in community outreach events and fairs to provide legal service information to older adults and some provide legal services at local community centers closer to older adults.

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

Fiscal Year	Name of Provider	Geographic Region covered
2016-2017	a. *TBD via RFP Process* b. c.	a. *All of Riverside County* b. c.
2017-2018	a. *TBD via RFP Process* b. c.	a. *All of Riverside County* b. c.
2018-2019	a. *TBD via RFP Process* b. c.	a. *All of Riverside County* b. c.
2019-2020	a. *TBD via RFP Process* b. c.	a. *All of Riverside County* b. c.

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

In FY 15-16, older adults access legal services through outreach intake at senior centers as well as through the AAA's 800 number.

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

The major types of legal issues include: Housing; Family Legal; Elder Abuse; Consumer; Benefits; Health; Simple Wills and Guardianship.

14. In the past four years, has there been a change in the types of legal issues handled by the TIIIB legal provider(s) in your PSA? Discuss:

> *There has been an increase in elder justice issues, consumer debt, and health insurance benefits.*

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

> *Barriers to accessing legal services include a lack of adequate transportation for clients to reach legal services and/or a lack of computer access for signatures, a lack of sufficient legal staffing, and limited funding.*

> *Strategies to overcome these barriers will include targeted outreach at senior and community centers, via Info Van outreach, and presentations about Office on Aging services.*

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

> *PSA 21 also contracts with an Ombudsman program and the Health Insurance Counseling and Advocacy Program (HICAP).*

SECTION 19 - MULTIPURPOSE SENIOR CENTER ACQUISITION OR CONSTRUCTION COMPLIANCE REVIEW [151]

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

☒ No. Title IIIB funds not used for Acquisition or Construction.

☐ Yes. Title IIIB funds used for Acquisition or Construction. **Complete the chart below.**

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

---

14 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

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

2016–2020 Four-Year Planning Cycle

Based on the AAA's review of current support needs and services for **family caregivers** and **grandparents** (or other older relative of a child in the PSA), 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. **If the AAA will not provide a service, a justification for each service is required in the space below.**

Family Caregiver Services

Category	2016-2017	2017-2018	2018-2019	2019-2020
Family Caregiver Information Services	☒Yes ☐No ☒Direct ☐Contract	☒Yes ☐No ☒Direct ☐Contract	☒Yes ☐No ☒Direct ☐Contract	☒Yes ☐No ☒Direct ☐Contract
Family Caregiver Access Assistance	☒Yes ☐No ☒Direct ☐Contract	☒Yes ☐No ☒Direct ☐Contract	☒Yes ☐No ☒Direct ☐Contract	☒Yes ☐No ☒Direct ☐Contract
Family Caregiver Support Services	☒Yes ☐No ☒Direct ☐Contract	☒Yes ☐No ☒Direct ☐Contract	☒Yes ☐No ☒Direct ☐Contract	☒Yes ☐No ☒Direct ☐Contract
Family Caregiver Respite Care	☒Yes ☐No ☒Direct ☒Contract	☒Yes ☐No ☒Direct ☒Contract	☒Yes ☐No ☒Direct ☒Contract	☒Yes ☐No ☒Direct ☒Contract
Family Caregiver Supplemental Services	☒Yes ☐No ☒Direct ☐Contract	☒Yes ☐No ☒Direct ☐Contract	☒Yes ☐No ☒Direct ☐Contract	☒Yes ☐No ☒Direct ☐Contract

*Refer to PM 11-11 for definitions for the above Title IIIE categories.

Grandparent Services

Category	2016-2017	2017-2018	2018-2019	2019-2020
Grandparent Information Services	☒Yes ☐No ☒Direct ☐Contract	☒Yes ☐No ☒Direct ☐Contract	☒Yes ☐No ☒Direct ☐Contract	☒Yes ☐No ☒Direct ☐Contract
Grandparent Access Assistance	☒Yes ☐No ☒Direct ☐Contract	☒Yes ☐No ☒Direct ☐Contract	☒Yes ☐No ☒Direct ☐Contract	☒Yes ☐No ☒Direct ☐Contract
Grandparent Support Services	☒Yes ☐No ☒Direct ☐Contract	☒Yes ☐No ☒Direct ☐Contract	☒Yes ☐No ☒Direct ☐Contract	☒Yes ☐No ☒Direct ☐Contract
Grandparent Respite Care	☐Yes ☒No ☐Direct ☐Contract	☐Yes ☒No ☐Direct ☐Contract	☐Yes ☒No ☐Direct ☐Contract	☐Yes ☒No ☐Direct ☐Contract
Grandparent Supplemental Services	☐Yes ☒No ☐Direct ☐Contract	☐Yes ☒No ☐Direct ☐Contract	☐Yes ☒No ☐Direct ☐Contract	☐Yes ☒No ☐Direct ☐Contract

*Refer to PM 11-11 for definitions for the above Title IIIE 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

  First 5 Riverside

  585 Technology Ct. Riverside, CA 92507

- Description of the service

  Childcare respite for grandparents who are raising grandchildren ages 0-5 that qualifiy for services respective to the guidelines of the First 5 contract. (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.)

- Where the service is provided (entire PSA, certain counties, etc.)

    Services are provided throughout the PSA (Riverside County).

- Information that influenced the decision not to provide the service (research, needs assessment, survey of senior population in PSA, etc.)

    N/A

    - How the AAA ensures the service continues to be provided in the PSA without the use of Title IIIE funds

        PSA 21 provides these services utilizing both Title IIIE funds and a contract with First 5 Riverside that provides funding for stipends for grandparents.

SECTION 21 - ORGANIZATION CHART

Anna L. Martinez, Director

Rachelle Román,
Deputy Director of Fiscal and Administration

Leadership Team Members

Senior Accountant (Budgets)	Ricardo Hinestroza
Senior Accountant (Expenditures)	Mark Reynoso

Coordinated Care Programs Manager	Robin McCall
Care Access, FCSP Manager	Traci Cornelius
➢ Caregiver Program Manager	Mary Hrinko

Contract Services Officer — Karla Kjos

I&A Supervising Program Specialist and ADRC Coordinator — Renee Dar-Khan

Senior Community Services Employment Program (SCSEP) — Stephen Geist
- Grandparents Raising Grandchildren Program Manager
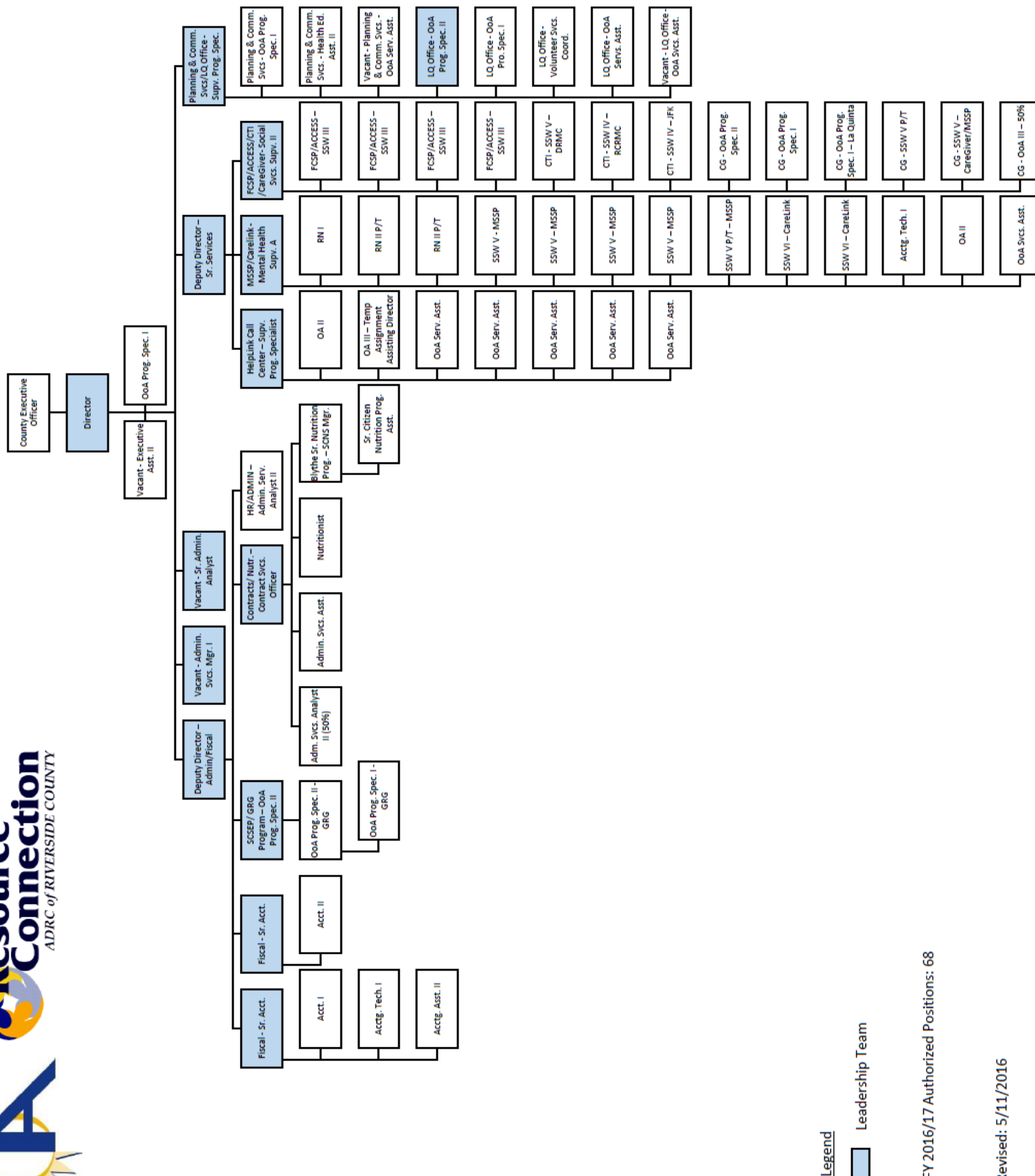
Supervising Program Specialist/Planner — Jamiko Bell
- IIIB Outreach
- Nutrition Education
- Health Promotion Programs
- Desert Regional Manager and Volunteer Systems — Carl Wolter

Riverside County Office on Aging

Aging & Disability Resource Connection
ADRC of RIVERSIDE COUNTY

- County Executive Officer
- Director
  - OoA Prog. Spec. I
  - Vacant - Executive Asst. II

Deputy Director – Admin/Fiscal
- Vacant - Admin. Svcs. Mgr. I
  - Vacant - Sr. Admin. Analyst
    - HR/ADMIN – Admin. Serv. Analyst II
      - Admin. Svcs. Asst.
    - Contracts/ Nutr. – Contract Svcs. Officer
      - Nutritionist
        - Blythe Sr. Nutrition Prog. – SCNS Mgr.
        - Sr. Citizen Nutrition Prog. Asst.
- SCSEP/GRG Program – OoA Prog. Spec. II
  - OoA Prog. Spec. II - GRG
    - Adm. Svcs. Analyst II (50%)
    - OoA Prog. Spec. I - GRG
- Fiscal - Sr. Acct.
  - Acct. II
  - Acct. I
  - Acctg. Tech. I
  - Acctg. Asst. II
- Fiscal - Sr. Acct.

Deputy Director – Sr. Services
- Helpllink Call Center – Supv. Prog. Specialist
- MSSP/Carelink– Mental Health Supv. A
- FCSP/ACCESS/CTI /CareGiver- Social Svcs. Supv. II

- FCSP/ACCESS – SSW III
  - RN I
  - OA II
- FCSP/ACCESS – SSW III
  - RN II P/T
  - OA III – Temp Assignment Assisting Director
- FCSP/ACCESS – SSW III
  - RN II P/T
  - OoA Serv. Asst.
- FCSP/ACCESS – SSW III
  - SSW V – MSSP
  - OoA Serv. Asst.
- CTI - SSW V – DRMC
  - SSW V – MSSP
  - OoA Serv. Asst.
- CTI - SSW IV – RCRMC
  - SSW V – MSSP
  - OoA Serv. Asst.
- CTI - SSW IV – JFK
  - SSW V – MSSP
  - OoA Serv. Asst.
- CG - OoA Prog. Spec. II
  - SSW V P/T – MSSP
- CG - OoA Prog. Spec. I
  - SSW VI – CareLink
- CG - OoA Prog. Spec. I – La Quinta
  - SSW VI – CareLink
- CG - SSW V P/T
  - Acctg. Tech. I
- CG - SSW V – CareGiver/MSSP
  - OA II
- CG - OoA III – 50%
  - OoA Svcs. Asst.

Planning & Comm. Svcs/LQ Office - Supv. Prog. Spec.
- Planning & Comm. Svcs - OoA Prog. Spec. I
- Planning & Comm. Svcs. – Health Ed. Asst. II
- Vacant - Planning & Comm. Svcs. - OoA Serv. Asst.
- LQ Office - OoA Prog. Spec. II
- LQ Office - OoA Pro. Spec. I
- LQ Office - Volunteer Svcs. Coord.
- LQ Office - OoA Servs. Asst.
- Vacant - LQ Office - OoA Svcs. Asst.

Legend
- ☐ Leadership Team

FY 2016/17 Authorized Positions: 68

Revised: 5/11/2016

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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

"The Changing Face of Aging" is the overarching theme of the Riverside County Office on Aging's 2016-2020 Area Plan on Aging. The theme is reflected in the stated goals and objectives outlined in this document. Looking forward to the next four years, the need for programs that service older adults will increase dramatically as the Baby Boomers age and as the population of Riverside County becomes more diverse. The Office on Aging understands how important it will be to locate services and support in local communities where older adults can readily access them, encourage activities that promote health and wellness, develop care plans that allow older adults to maintain their independence, to provide the growing number of caregivers the support that they need, and to foster true integration among service providers to insure that older adults can prolong their ability to live independently, and remain in their own homes and communities.

Riverside County Office on Aging

Aging and Disability Resource Connection

6296 River Crest Drive, Suite K, Riverside, CA 92507-0738

(800) 510-2020

PH: 951-867-3800 ● TDD: 711

Area Plan Prepared by: Jamiko Bell, ML, DPPD(c) and Keisha Winder, MBA
(Revised 5.12.16)

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