

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



**ITEM: 3.17  
(ID # 14857)**

**MEETING DATE:  
Tuesday, May 11, 2021**

**FROM:** OFFICE ON AGING;

**SUBJECT:** OFFICE ON AGING: Approval of the Riverside County Office on Aging's 2021-2022 Update to the 2020-2024 Area Plan on Aging (Area Plan), "The Path Ahead", All Districts; [Total Cost: \$0].

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

1. Approve the attached Riverside County Office on Aging's 2021-2022 Update to the 2020-2024 Area Plan on Aging (Area Plan), "The Path Ahead";
2. Authorize the Chairman of the Board of Supervisors to sign three (3) copies (must be original signatures) of the attached Transmittal Letter; and
3. Return two (2) copies of the Transmittal Letter to the Riverside County Office on Aging after approval by the Board of Supervisors. One (1) copy will be retained by the Clerk of the Board for filing.

**ACTION:**

  
Rachelle Roman, Deputy Director for Administration 4/29/2021

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**MINUTES OF THE BOARD OF SUPERVISORS**

On motion of Supervisor Washington, seconded by Supervisor Spiegel and duly carried by unanimous vote, IT WAS ORDERED that the above matter is approved as recommended.

Ayes: Jeffries, Spiegel, Washington, Perez, and Hewitt  
Nays: None  
Absent: None  
Date: May 11, 2021  
xc: OoA

Kecia R. Harper  
Clerk of the Board

By:   
Deputy

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

<b>FINANCIAL DATA</b>	<b>Current Fiscal Year:</b>	<b>Next Fiscal Year:</b>	<b>Total Cost:</b>	<b>Ongoing Cost</b>
<b>COST</b>	\$ 0	\$ 0	\$ 0	\$ 0
<b>NET COUNTY COST</b>	\$ 0	\$ 0	\$ 0	\$ 0
<b>SOURCE OF FUNDS: N/A</b>			<b>Budget Adjustment: No</b>	
			<b>For Fiscal Year: 21/22</b>	

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

**BACKGROUND:**

**Summary**

Every four (4) years, Riverside County Office on Aging, in coordination with the Advisory Council on Aging and the community, is mandated by the Older Americans Act and the Older California Act to develop an Area Plan, which is updated on an annual basis to reflect any changes in the consecutive years. FY 21/22 is the second year of the 2020-2024 Area Plan on Aging, titled, "The Path Ahead". The Area Plan was developed based on needs assessment activities conducted throughout Riverside County to identify the critical issues that impact older adults. The process included an in-depth analysis of the U.S. Censuses data, and other data sources related to population projections, scholarly research, current and trending policy information, focus groups with key stakeholders and service providers, surveys conducted in 2019, (in-person, via telephone, and by mail) prior to the COVID-19 pandemic, one (1) public hearing conducted via Zoom, and a thorough review of current reports and assessments from sources available within the county.

The 2021/2022 Area Plan Update includes the same four (4) priority goals as were stated in the 2020-2024 Area Plan approved on September 15, 2020, which are:

- Goal I: Supporting the Development of Age-Friendly Communities
- Goal II: Developing Engaging Programs and Environments for Older Adults
- Goal III: Increased Access to Supportive Services
- Goal IV: Educate, Report, and Reduce Elder Abuse and Neglect

The goals identified in the Area Plan serve as a roadmap for ensuring that Riverside County Office on Aging is initiating and participating in the critical conversations that are part of integrating and improving the services older adults will need in the future.

**Impact on Residents and Businesses**

The 2021-2022 Update of the Area Plan on Aging outlines the four (4) year goals and objectives of the Riverside County Office on Aging, establishes a rationale for the development, expansion,



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

and delivery of community based services for older adults in Riverside County, and ensures compliance with the Older Americans Act and the Older Californians Act. As mandated by the Older Americans Act, the Area Plan focuses on specific adult populations, which include frail elderly, people with disabilities, low income individuals, rural or isolated residents, homeless seniors, caregivers, and grandparents raising grandchildren. Additional specific populations include limited English speakers, and Lesbian, Bisexual, Transgendered and Queer/Questioning (LGBT) individuals.

**ATTACHMENTS:**

- A. **2021-2022 UPDATE TO THE RIVERSIDE COUNTY OFFICE ON AGING AREA PLAN ON AGING: "The Path Ahead"**

*Riverside County Office on Aging*

**2020-2024**

*Area Plan on Aging*

# **The Path Ahead**



**2021-2022 Update**





## **MESSAGE FROM THE DIRECTOR**

As a condition of state and federal funding, the Riverside County Office on Aging (RCOoA) is required to complete a community assessment and develop an Area Plan that outlines specific service goals and objectives over a four year period. I am pleased to submit RCOoA's Area Plan on Aging for July 2020 to June 2024, composed through an 18-month assessment process that involved the combined efforts of over 30 partners including: the Advisory Council on Aging, contracted providers, senior centers, and other community based organizations.

The 2020-2024 Area Plan will weave into its design a safety net that addresses the timely and emergent issues that affect older adult in Riverside County. As the Area Plan is updated annually, we are committed to making strategic decisions in the context of COVID-19, the California Master Plan on Aging, and the 2020 Census. The Area Plan will adapt and promote new strategies and engage new resources that enhance our communities' resilience to the health and economic burdens many are experiencing due to COVID-19. During these very difficult times, we are challenged with creating different levels of engagement to ensure that vulnerable adults and their caregivers have access to nutrition and supportive services.

Over the next four years, the Area Plan's foci will include addressing isolation through enhanced use of technology; transformative services that adapt to the impacts of COVID-19 and preventing overall impacts on seniors; supporting community and senior centers in maintaining service provision; and addressing senior economic insecurity through housing and homeless interventions.

Based on over 3,000 Community Assessment Surveys and five (5) Focus Groups, the specific goals in the 2020-2024 Area Plan include:

1. **Supporting the Development of Age-Friendly Communities** through participation in discussions, coalitions, collaborations, and initiatives that focus on developing *age-friendly, disability friendly communities* that support older adults and persons with disabilities, allowing them to remain in the homes and communities of their choice.
2. **Developing Engaging Programs and Environments for Older Adults** by supporting and assisting in the expansion of *engaging programs and environments* for older adults through enhanced education, increased information sharing and resources, user friendly feedback mechanisms, and employment and volunteering opportunities.
3. **Increased Access to Supportive Services** through integrated partnerships and the promotion of "*No Wrong Door*" service provision.
4. **Educate, Report, and Reduce Elder Abuse & Neglect** by increasing collaborations and training initiatives with local protection and emergency response entities to *educate, report, and reduce the abuse and neglect* of vulnerable adults.

I would like to acknowledge and thank the many individuals in the community who contributed to the development of the Riverside County Area Plan on Aging for 2020-2024, including but not limited to, the Riverside County Board of Supervisors; Advisory Council on Aging Members; Office on Aging Staff; Our Community Partners/Consumers; Focus Group Participants; Survey Respondents; Aging and Disability Resource Connection Members; and the California Department of Aging. Your time and contributions are greatly appreciated.

Thank you!



Jewel Lee

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## **OVERVIEW**

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**Purpose** Area Plan Guidance Part II: Format and Templates includes all forms referenced in Part I: Instructions and References.

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**Regulation** In accordance with the Older Americans Act (OAA) Reauthorization Act of 2016, Sections 306(a) and 307(a)(1), Area Plans shall be submitted in a uniform format specified by the State Agency. The forms and templates contained in this Guidance constitute the required Area Plan format.

In the event of an amendment to the OAA during the Fiscal Year (FY) 2020-2024 Area Plan cycle, CDA will issue a Program Memo (PM) describing the changes and provide relevant guidance and any necessary form and template changes pertaining to the Area Plan.

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**Content** The following components comprise the Area Plan:

- Area Plan Required Components Checklist – found in Part II.
- Transmittal Letter – found in Part II.
- Sections 1 – 22 (The Area Plan) as delineated in Part II.

Additional Instructions, Information and Logistics are at the end of Part I.

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## 2020-2024 4-YEAR AREA PLAN REQUIRED COMPONENTS CHECKLIST

*To ensure all required components are included, "X" mark the far-right column boxes.*

*Enclose a copy of the checklist with your Area Plan*

AP Guidance Section	APU Components (To be attached to the APU)	Check if Included	
	➤ <i>Update/Submit A) through D) ANNUALLY:</i>		
n/a	<b>A) Transmittal Letter-</b> (requires <i>hard copy with original ink signatures or official signature stamp-no photocopies</i> )	<input checked="" type="checkbox"/>	
n/a	<b>B) APU-</b> (submit entire APU electronically only)	<input checked="" type="checkbox"/>	
2, 3, or 4	<b>C) Estimate-</b> of the number of lower income minority older individuals in the PSA for the coming year	<input checked="" type="checkbox"/>	
7	<b>D) Public Hearings-</b> that will be conducted	<input checked="" type="checkbox"/>	
n/a	<b>E) Annual Budget</b>	<input checked="" type="checkbox"/>	
10	<b>F) Service Unit Plan (SUP) Objectives and LTC Ombudsman Program Outcomes</b>	<input checked="" type="checkbox"/>	
18	<b>G) Legal Assistance</b>	<input checked="" type="checkbox"/>	
	➤ <i>Update/Submit the following only if there has been a CHANGE or the section was not included in the 2020-2024</i>	Mark Changed/Not Changed (C or N/C)	
5	Minimum Percentage/Adequate Proportion	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5	Needs Assessment	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9	AP Narrative Objectives:	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	• System-Building and Administration	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	• Title IIIB-Funded Programs	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	• Title IIIB-Transportation	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	• Title IIIB-Funded Program Development/Coordination (PD or C)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	• Title IIIC-1	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	• Title IIIC-2	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	• Title IIID	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20	• Title IIIE-Family Caregiver Support Program	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	• HICAP Program	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12	Disaster Preparedness	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14	Notice of Intent-to Provide Direct Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15	Request for Approval-to Provide Direct Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16	Governing Board	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17	Advisory Council	<input checked="" type="checkbox"/>	<input type="checkbox"/>
21	Organizational Chart(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>



**TRANSMITTAL LETTER**

**2020-2024 Four Year Area Plan/ Annual Update**

Check one:  FY 20-24  FY 21-22  FY 22-23  FY 23-24

AAA Name: Riverside County Office on Aging

PSA: 21

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

1. Karen Spiegel

(Type Name)

Karen S. Spiegel

Signature: Governing Board Chair

ATTEST:

KECIA R. HARPER, Clerk

By [Signature]  
DEPUTY

May 11, 2021

Date

2. Barbara Mitchell

[Signature]

Signature: Advisory Council Chair

04/04/21

Date

3. Jewel Lee

(Type Name)

[Signature]

Signature: Area Agency Director

04/21/2021

Date

\*Original signatures or official signature/stamps are required.

## SECTION 1. MISSION STATEMENT

### ALL AREA AGENCIES ON AGING:

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

### RIVERSIDE COUNTY OFFICE ON AGING'S PHILOSOPHY:

**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.

**Vision:** The Riverside County Office on Aging will be recognized locally, statewide and nationally as *the* innovative leader of support services, coordination and advocacy to improve the lives of the aging population and persons with disabilities.

# OUR CORE VALUES

Older adults and persons with disabilities live with dignity

Respect for all

Collaboration

Honesty and Integrity

Innovation

Professionalism

Excellence

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

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



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

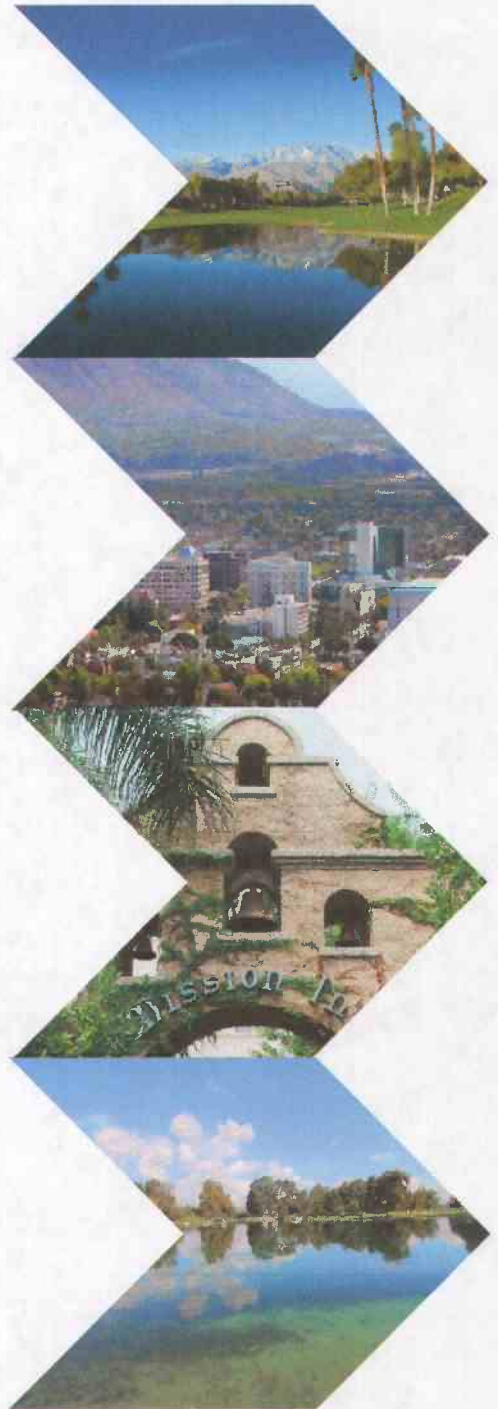
### A. Physical Characteristics

Riverside County, founded in 1893, is one of 58 counties in the state of California. It covers 7,206 square miles (*excluding bodies of water*) in the southern part of the state.<sup>1</sup> Riverside County lies inland from Los Angeles County and is bordered by Orange County to the west, San Bernardino County to the north, San Diego and Imperial Counties to the south, and the Colorado River and the state of Arizona to the east. The County is approximately 180 miles from east to west and 40 miles from north to south; roughly the size of the state of New Jersey in total land area. The Colorado River town of Blythe is a three-hour drive from the county seat in the City of Riverside. With altitudes ranging from 200 feet below sea level at the Salton Sea to 10,084 feet above sea level at the top of Mt. San Jacinto, the County's landscape features a combination of geographical facets, including deserts, forests, and mountain regions, all with rich biological resources. Additionally, there are growing industrial and urban/suburban population centers and productive agricultural lands.

### B. Land Usage

Riverside County is currently comprised of 28 incorporated cities, 65 unincorporated communities and neighborhoods, and 12 federally recognized Native American reservations. Due to the vastness of the geography, over 89% of the County is unincorporated land.<sup>2</sup> In addition:

1. Residential uses: 58%
2. Open space: 28%
3. Agricultural use: 5%
4. Industrial/commercial uses: 2%
5. Mining/recreation and public uses: 1% each
6. Development, water, freeways, and other uses: 6%<sup>3</sup>



<sup>1</sup> Population Estimates, July 1, 2019, (V2019). Riverside County California QuickFacts from the US Census Bureau" United States Census Bureau, 2019. <https://www.census.gov/quickfacts/riversidecountycalifornia>. [accessed July 2020]

<sup>2</sup> List Of Cities And Unincorporated Communities Of Riverside County | Open Data | Socrata." Riverside County Economic Development. County of Riverside, 25 June 2014. <https://data.countyofriverside.us/Economic-Development/List-Of-Cities-And-Unincorporated-Communities-Of-R/ssez-u6vr> [accessed February 16, 2016]

<sup>3</sup> Riverside County Transportation and Land Management Agency, August 2011 [accessed January 2016]

### C. Governmental Structure

Planning and Service Area (PSA) 21 is comprised of Riverside County exclusively. The Area Agency on Aging (AAA) is a stand-alone county department, the Riverside County Office on Aging (RCOoA), which is governed by the Riverside County Board of Supervisors at the local level. The Board of Supervisors is made up of five members, each representing a different area/district within the County. (See Section 16 – Governing Board)

### D. Rural or Isolated Population Density

Despite high population growth during the last decade, the overall population density remains low, estimated at 340 persons per square mile.<sup>4</sup> Servicing the entire county presents a unique challenge due to the distance between urban settlements and the isolated nature of some areas.

### E. Demographic Spread

The demographics for PSA 21 vary drastically by city and more significantly by zip code. Identifying subdivisions of the PSA help to identify the different levels of services needed, even within a city of unincorporated areas. In order to better serve the population of Riverside County, RCOoA grouped the County into 11 areas based on a more detailed look at each area.

### F. Service Areas of PSA 21

Service Area	Locations
1	<i>Corona/Norco/Eastvale (Coronita, El Cerrito, Home Gardens, Mira Loma, Temescal Valley)</i>
2	<i>Riverside/Jurupa Valley (El Sobrante, Glen Avon, Highgrove, Pedley, Rubidoux)</i>
3	<i>Moreno Valley/Perris (Good Hope, Green Acres, March Air Reserve Base, Mead Valley, Nuevo, Lakeview, Lake Mathews)</i>
4	<i>Menifee/Winchester/Lake Elsinore (Homeland, Canyon Lake, Romoland, Lakeland Village, Warm Springs, Sun City, Quail Valley)</i>
5	<i>Murrieta/Temecula/Wildomar (Aguanga, Anza, French Valley, Lake Riverside)</i>

<sup>4</sup> US Census Bureau. QuickFacts, Riverside County, California, Population Estimates, July 1, 2019. <https://www.census.gov/quickfacts/riversidecountycalifornia> <accessed, February 2020>



6	<b>Banning/Beaumont/Calimesa</b> (Cabazon, Cherry Valley)
7	<b>Hemet/San Jacinto</b> (East Hemet, Idyllwild-Pine Cove, Mountain Center, Valle Vista)
8	<b>Desert Hot Springs/Palm Springs/Cathedral City</b> (Desert Edge, Garnet, Sky Valley, Thousand Palms, Whitewater)
9	<b>Rancho Mirage/Palm Desert/Indian Wells</b> (Desert Palms)
10	<b>La Quinta/Indio/Coachella</b> (Bermuda Dunes, Mecca, North Shore, Oasis, Thermal, Vista Santa Rosa)
11	<b>Blythe</b> (Desert Center/Ripley/Mesa Verde)

Appendix 1 shows more detail with regard to the demographics of each service area.

## G. Riverside County Population

In 2018, the total population of Riverside County was 2,450,758. Riverside County is the fourth most populated county in California. Only the counties of Los Angeles, Orange, and San Diego have larger populations. Riverside County is the 10<sup>th</sup> largest county in the nation, with more residents than 16 of the country's states. The City of Riverside is the most populated city with 330,063 residents. The City of Indian Wells is the least populated city with 5,440 residents.<sup>5</sup>

Appendix 2 shows the total population and population per square mile subdivided by incorporated cities and census designated places (CDP) as of 2019.



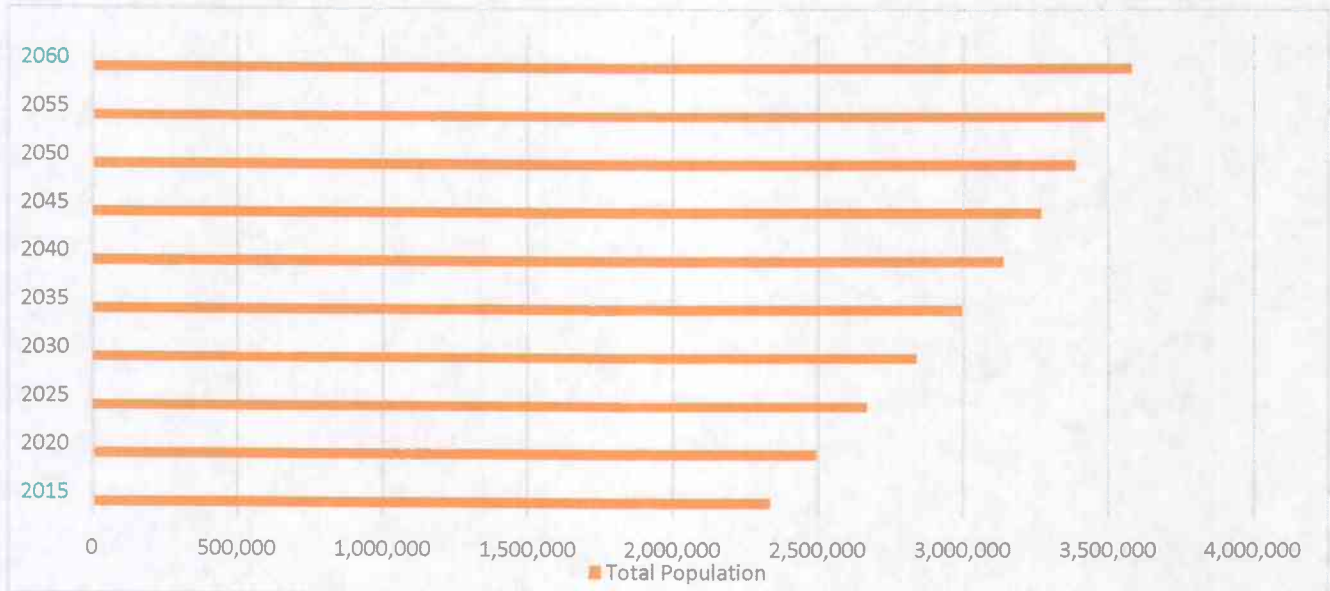
<sup>5</sup> U.S. Census Bureau. *Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: April 1, 2010 to July 1, 2018*



## H. Population Projections

Between 2010 and 2018 Riverside County's population increased by 12% and is expected to reach approximately 3.5 million by 2060. The figure below demonstrates the projected population for Riverside County to 2060 in 5 year-increments.<sup>6</sup>

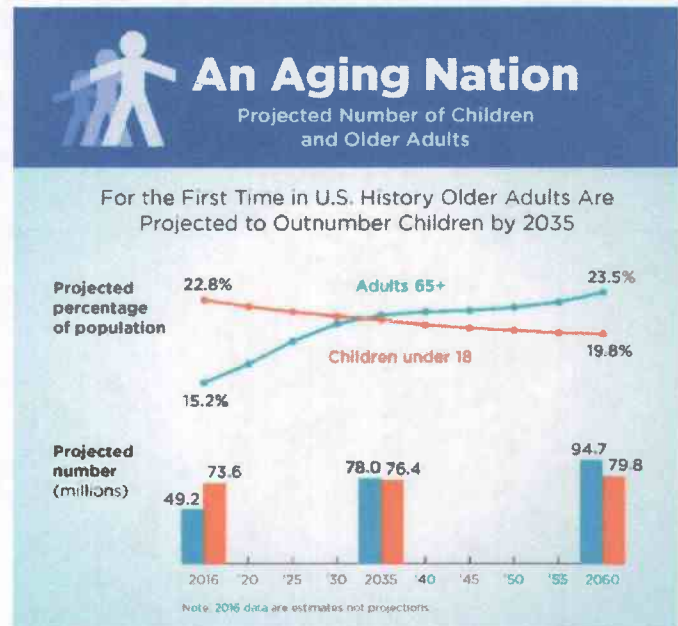
**Total Population Projections for Riverside County (2015-2060)<sup>6</sup>**



## I. A Booming Nation and State

The Boomer generation is made up of individuals born between 1946 and 1964. Nationally, 330 Boomers will turn 60 every hour until December 31, 2024. By 2030, all baby boomers will be older than age 65. This will expand the size of the older population so that 1 in every 5 residents will be retirement age.<sup>6</sup>

The adjacent figure<sup>7</sup> shows the projected percentage of population of adults 65+ and children under 18. In 2035, older adults are projected to outnumber children.

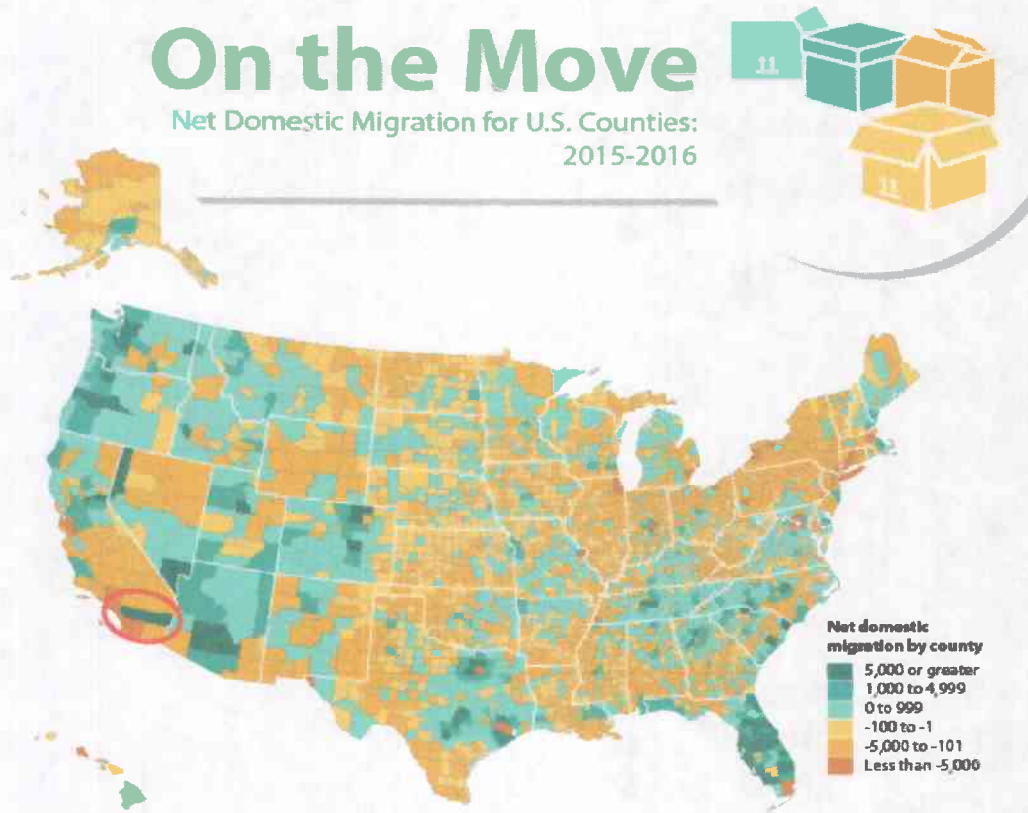


<sup>6</sup> Total Population Projections By County. Demographic Research Unit. California Department of Finance (March 2017) [Accessed September 2019]

<sup>7</sup> U.S. Census Bureau. Older People Projected to Outnumber Children for First Time in U.S. History, March 2018.

## J. California Booming

In California, the 60 and over population is 7,931,441 as of 2018.<sup>8</sup> Across California, the 60 and older population will increase 166% from 2010 to 2060 due to in-place aging and migration.<sup>9,10</sup> The “oldest old” age group (those over aged 85) will increase even faster, by 489% from 2010 to 2060. In addition, in 2017 over 800,000 of California’s total population were individuals who had within the last year moved to California from either another state or abroad, the highest number of any state in the US.<sup>11</sup> The figure (below) shows the Net Domestic Migration for US Counties in 2016, with Riverside County being one of the highest counties of positive net migration. The diagram below shows the total net migration into Riverside County during 2015-2016.



<https://www.census.gov/newsroom/press-releases/2018/cb18-41-population-projections.html>. [Accessed September 2019]

<sup>8</sup> U.S. Census Bureau. American FactFinder. Annual Estimates of the Resident Population for Selected Age Groups by Sex for the United States, States, Counties, and Puerto Rico Commonwealth and Municipios: April 1, 2010 to July 1, 2019.

<sup>9</sup> U.S. Census Bureau. National Population Projections, 2017. [www.census.gov/programs-surveys/popproj.html](https://www.census.gov/programs-surveys/popproj.html). [Accessed September 2019]

<sup>10</sup> Data & Reports – Facts about California’s Elderly. California Department of Aging. 2017.

[https://www.aging.ca.gov/Data\\_and\\_Reports/Facts\\_About\\_California's\\_Elderly/](https://www.aging.ca.gov/Data_and_Reports/Facts_About_California's_Elderly/)

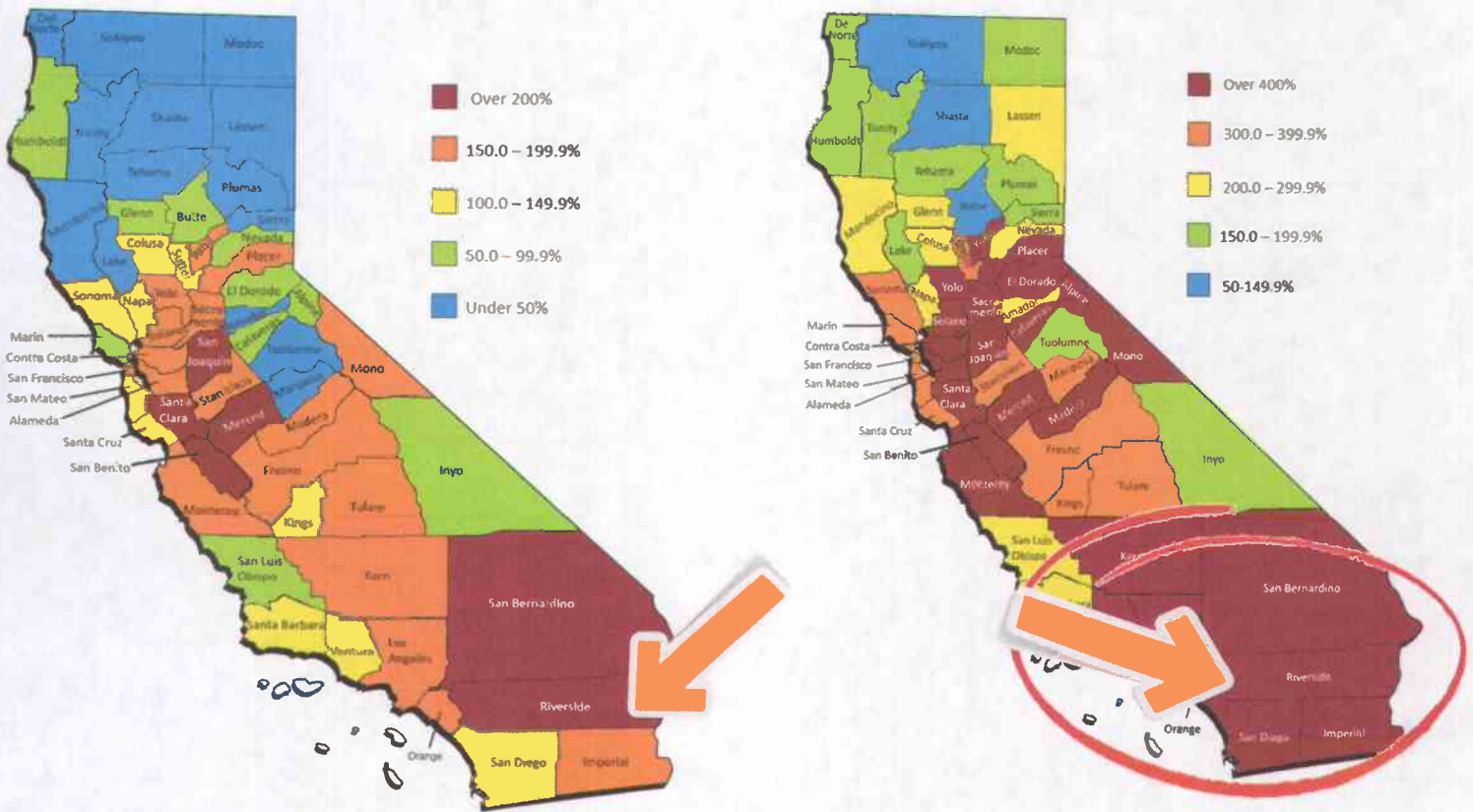
<sup>11</sup> U.S. Census Bureau. American FactFinder. Geographic Mobility by Selected Characteristics in the US. 2013-2017 ACS 5-year estimate

## K. Riverside County's Aging Population

Riverside County is projected to experience a 248% increase in the population over age 60, and a 711% increase in adults over age 85 between 2010 and 2060, which is more than the state average and places Riverside County amongst the top 5 counties with the largest older adult population projections in California.<sup>12</sup>

**Map of Percentage Increase of Elderly Aged 60 and Over (2010 -2060)**

**Map of Percentage Increase of Elderly Aged 85 and Over (2010 -2060)**



<sup>12</sup> Data & Reports – Facts about California’s Elderly. California Department of Aging. 2017. [https://www.aging.ca.gov/Data\\_and\\_Reports/Facts\\_About\\_California’s\\_Elderly/](https://www.aging.ca.gov/Data_and_Reports/Facts_About_California’s_Elderly/)



The table below shows the projected population growth per age group between 2010 and 2060 in Riverside County.<sup>13</sup>

Age Group	2015	2060	% of Increase
ALL Age Group (Total Populaton)	2,334,159	3,580,983	53%
Working Age (25-49 years)	737,705	1,015,860	38%
Pre-Retirement (50-64 years)	411,902	658,157	60%
Young Retirees (65-74 years)	180,206	428,127	138%
Mature Retirees (75-84 years)	99,560	341,458	243%
Seniors (85 to 99 years)	40,570	254,120	526%
Centenarians (100 years)*	226	13,008	5656%

*\*As people around the world live longer, a new category of older adults is emerging; the "supercentenarian" or those who are between 100 and 110 years of age. This is a very small percentage of the older adult population, therefore statistics are not yet available.*

### L. Disabled Population

The Riverside County Office on Aging is also designated as an Aging and Disability Resource Connection (ADRC), which serves the County's disabled population, regardless of age. In 2017, the U.S. Census estimated that the total civilian, non-institutionalized disabled population within Riverside County was 267,680, or about 12% of the total population. This is higher than the overall percentage for the State of California, which is 10.6%.<sup>14</sup>

The tables below highlight the overall disability characteristics for Riverside County across all age groups.<sup>14</sup>

% of Total Civilian Noninstitutionalized Population with a Disability	
	11.5%
0-64 years	7.7%
65-74 years	25.8%
75 years and over	49.6%

} 75%

<sup>13</sup> Total Estimated and Projected Population for California Counties by Age: 2010-2060 in 1 Year Increments. California Department of Finance Demographic Research Unit

<sup>14</sup> U.S. Census Bureau, American Fact Finder: DISABILITY CHARACTERISTICS 2013-2017 American Community Survey 5-Year estimates [accessed September 2019]

<b>% With a Hearing Difficulty</b>	<b>3.2%</b>
0-64 years	1.4%
65-74 years	8.8%
75 years and over	22.8%

<b>% With a Vision Difficulty</b>	<b>2.3%</b>
0-64 years	1.5%
65-74 years	4.9%
75 years and over	10.2%

<b>With an Ambulatory Difficulty</b>	<b>6.5%</b>
0-64 years	3.4%
65-74 years	16.4%
75 years and over	33.3%

50%

<b>% With a Self-Care Difficulty</b>	<b>2.7%</b>
0-64 years	1.5%
65-74 years	4.9%
75 years and over	14.2%

19%

<b>% With a Cognitive Difficulty</b>	<b>4.5%</b>
0-64 years	3.4%
65-74 years	5.7%
75 years and over	13.7%

19%

<b>% With an Independent Living Difficulty</b>	<b>5.8%</b>
18-64 years	3.5%
65-74 years	8.6%
75 years and over	25.2%

34%



## M. Ethnic and Cultural Diversity

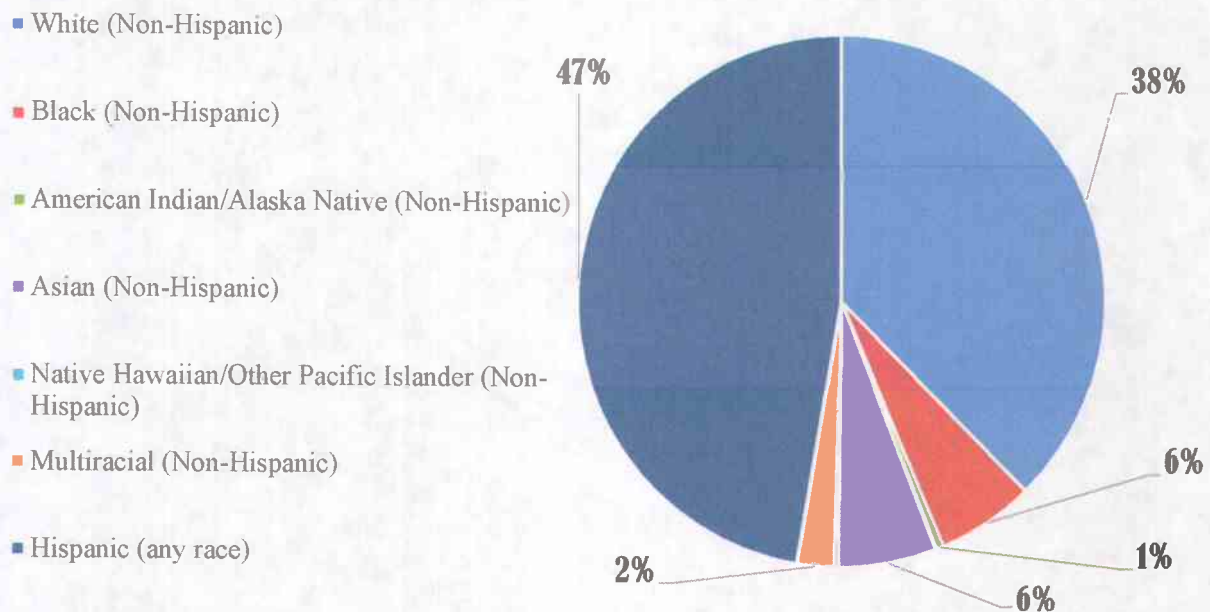
A majority of California is Hispanic, with 39% (15 million) claiming Hispanic ethnicity in 2016. The Hispanic proportion of the population is projected to grow to 42% by 2036 and 46% by 2060.<sup>15</sup> The table below shows more detailed projections.

	2016		2036		2060	
<b>Total Population</b>	39,354,432	100%	45,807,050	100%	51,056,510	100%
<b>Non-Hispanic</b>						
White	15,147,499	38%	15,863,204	35%	15,792,622	31%
Black	2,260,738	6%	2,628,340	6%	2,847,709	6%
American Indian/Alaska Native	165,633	<1%	176,608	<1%	167,582	<1%
Asian/Pacific Islander/Hawaiian	5,302,598	13%	5,864,385	13%	6,081,859	12%
Multiracial (2+ of the above)	1,065,236	3%	1,778,219	4%	2,862,227	6%
Hispanic	15,412,728	39%	19,496,294	43%	23,304,511	46%

*Note: Totals may not sum due to rounding*

Riverside County in particular has a larger percentage of Hispanics than California as a whole, as well as a large population of the 65 and older that speak Spanish at home. The following two figures demonstrate Riverside County's growing Hispanic population.

**2019 Riverside County by Ethnicity<sup>16</sup>**

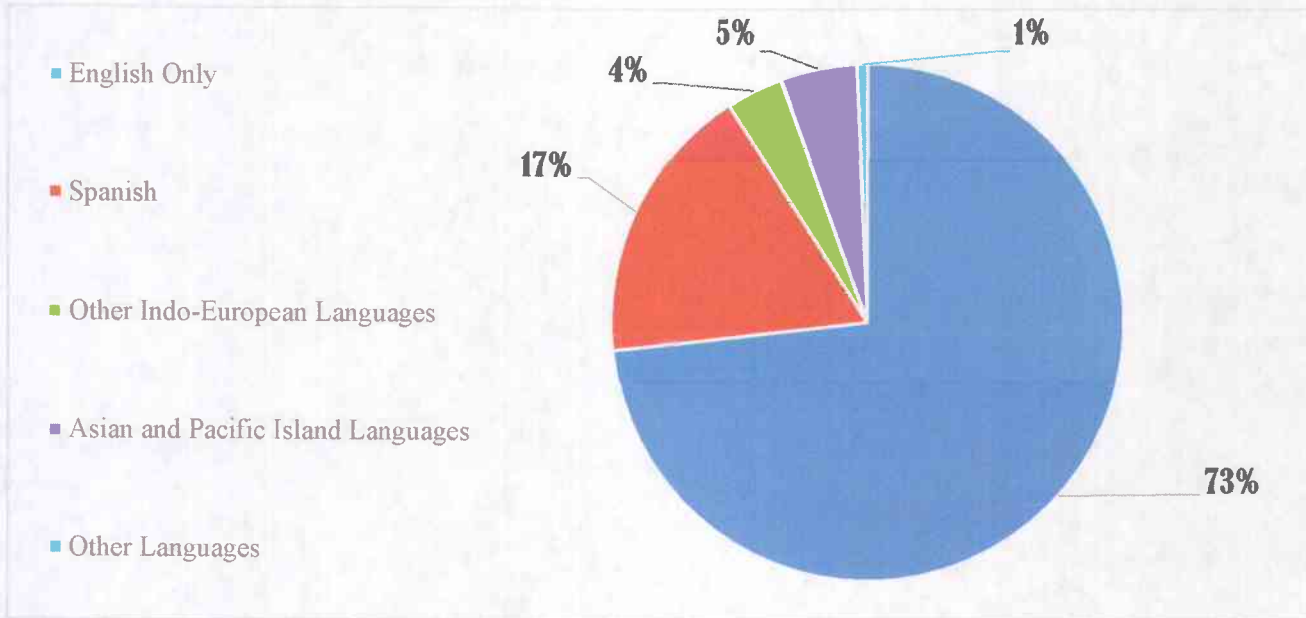


<sup>15</sup> Press Release. California Department of Finance Demographic Research Unit. [http://www.dof.ca.gov/Forecasting/Demographics/Projections/documents/P\\_PressRelease.pdf](http://www.dof.ca.gov/Forecasting/Demographics/Projections/documents/P_PressRelease.pdf) [accessed September 2019]

<sup>16</sup> Total Estimated and Projected Population for California Counties: July 1, 2010 to July 1, 2016 in 1-year Increments by Race and Ethnicity. <http://www.dof.ca.gov/Forecasting/Demographics/Projections/> [accessed September 2019]



### Riverside County by Language Spoken at Home<sup>17</sup>



### N. Native American Populations

Riverside County is home to 12 federally recognized Native American Reservations, their total population is estimated to be more than 41,000.<sup>18</sup> Appendix 3 provides more detail regarding the Native American population.

Map of Tribal Lands in Riverside County



<sup>17</sup> US Census Bureau. American Fact Finder. Age By Language Spoken at Home for the Population 5 years and over. 2013-2017 American Community 5-year estimates [accessed September 2019]

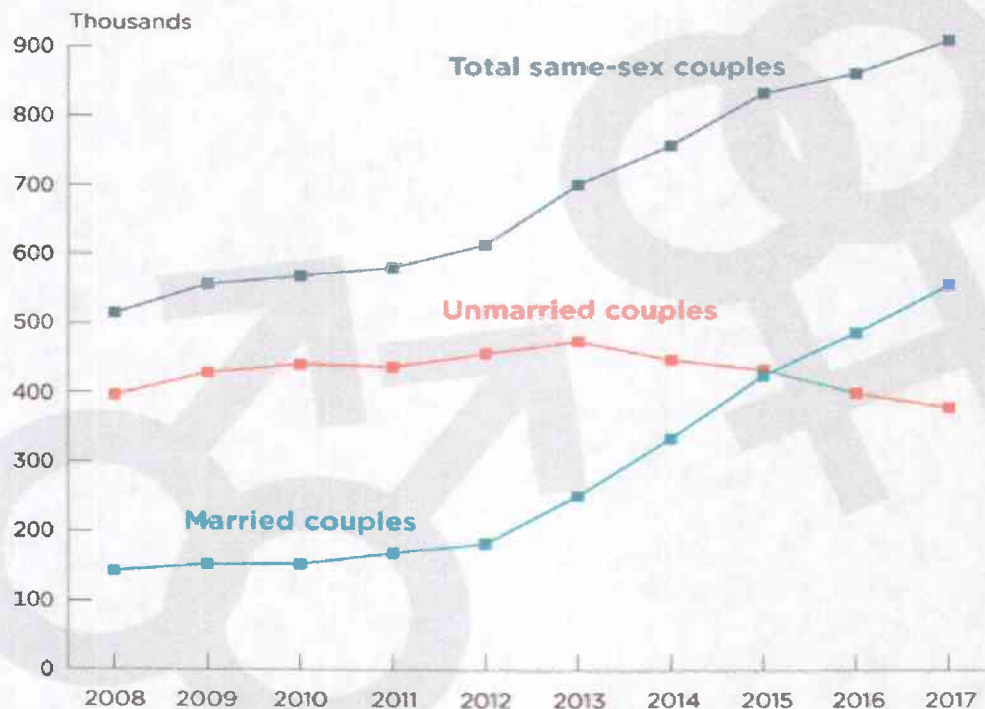
<sup>18</sup> US Census Bureau. American FactFinder. Total Population, 2011-2015 American Community Survey American Indian and Alaska Native Tables. [accessed September 2019]

## O. Lesbian, Gay, Bi-sexual, Transgender, and Queer/Questioning (LGBTQ) Population

California has the largest population of Adult LGBTQ individuals in the US estimated at just over 1.6 million people, 5.3% of the adult population.<sup>19,20</sup>

### Estimates of Same-Sex Couple Households

By Marital Status: 2008 to 2017



Riverside County's LGBTQ population was approximately 4.5% in 2010, making the county one of the largest LGBTQ communities, per capita, in the nation. Population estimates are likely to underestimate the true size of the LGBTQ population due to the reluctance of some individuals to identify as LGBTQ.<sup>21</sup> However, there are various studies that estimated the 2011 LGBTQ population to be between 3% (70,747) and 10% (235,822) in Riverside County. The transgender population of Riverside County was estimated to be between 2,358 and 7,075 individuals<sup>22</sup>.

<sup>19</sup> Movement Advancement Project. California's Equality Profile – Quick Facts about California. [http://www.lgbtmap.org/equality\\_maps/profile\\_state/CA](http://www.lgbtmap.org/equality_maps/profile_state/CA) [accessed September 2019]

<sup>20</sup> US Census Bureau. 2008-2017 American Community Survey, 1-Year Estimates. <https://www.census.gov/newsroom/stories/2019/lgbt-pride.html>. [accessed September 2019]

<sup>21</sup> Meyer, I. H., & Northridge, M. E. (2007). *The health of sexual minorities, public health perspectives on lesbian, gay, bisexual, and transgender populations*. Springer Verlag.

<sup>22</sup> Gardner, Aaron T. "Lesbian, Gay, Bisexual and Transgender Health and Wellness Profile." Riverside County Public Health. County of Riverside, 2014. <[http://www.rivcoph.org/Portals/0/LGBT\\_Health\\_Wellness\\_2014.pdf](http://www.rivcoph.org/Portals/0/LGBT_Health_Wellness_2014.pdf)>. [accessed Feb 2016]; O'Connell, Martin, and Sarah Feliz. *Same-sex Couple Household Statistics from the 2010 Census*. Working paper no. 2011-26. US Census Bureau, 27 Sept. 2011. <[www.census.gov/hhes/samesex/..//ss-report.d...](http://www.census.gov/hhes/samesex/..//ss-report.d...)>. [accessed February 2016]

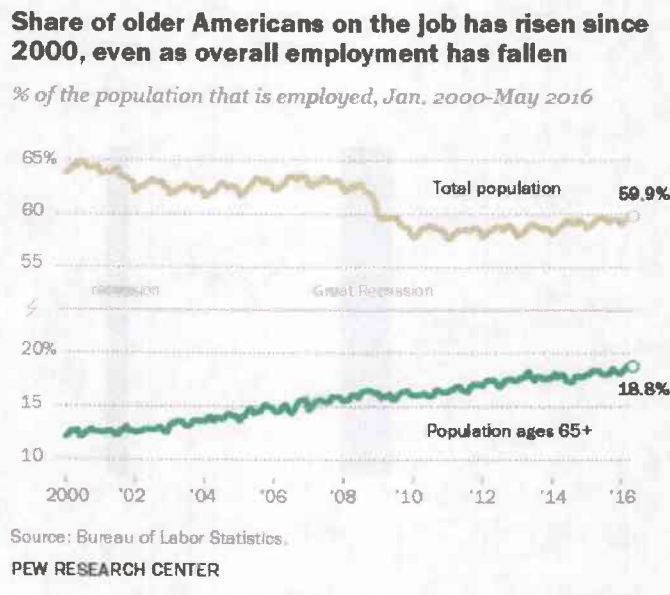
Understanding the needs of the older adult LGBTQ population improves the RCOoA's ability to coordinate with outside agencies to design programming that is welcoming, culturally competent and most effective in providing services.

## P. Working Boomers and Volunteerism

In May 2016, 18.8% of Americans ages 65 and older, or nearly 9 million people, reported being employed full- or part-time, continuing a steady increase that dates to at least 2000.<sup>23</sup> In May of 2000, just 12.8% of 65 and older Americans, or 4 million people, said they were working.

The numbers are historically high if one also accounts for Boomers looking for work. In 2018, 29% of Boomers ages 65-72 were working or looking for work, which is more than the Silent Generation and the Greatest Generation when they were the same age.<sup>24</sup> This is consistent with workers' rising expectations that they will work past age 65. The Employee Benefit Research Institute found in a 2016 survey that 45% of workers ages 55 and older expected to retire after age 65, up from 15% of such workers in the 1996 survey.<sup>25</sup>

In Riverside County, 24% of people 60 years and older, just over 100,000 individuals, participate in the labor force, about 10% of the total labor force in Riverside County.<sup>26</sup>



Boomers and those near retirement, are staying in the workforce longer as a result of several factors, such as fewer defined benefit retirement offerings by employers, increase in longevity that requires greater savings to finance more years in retirement, and rising costs of living like housing costs, and medical expenses.<sup>27</sup>

<sup>23</sup> Desilver, Drew. Pew Research Center. More Older Americans are working, and working more, than they used. <https://www.pewresearch.org/fact-tank/2016/06/20/more-older-americans-are-working-and-working-more-than-they-used-to/> [accessed 2019]

<sup>24</sup> Fry, Richard. Baby Boomers are staying in the labor force at rates not seen in generations for people their age. <https://www.pewresearch.org/fact-tank/2019/07/24/baby-boomers-us-labor-force/> July 2019 [accessed October 2019]

<sup>25</sup> Fry, Richard. Baby Boomers are staying in the labor force at rates not seen in generations for people their age. <https://www.pewresearch.org/fact-tank/2019/07/24/baby-boomers-us-labor-force/> July 2019 [accessed October 2019]

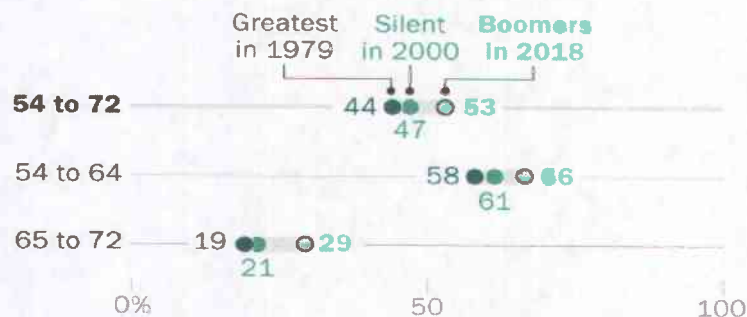
<sup>26</sup> US Census Bureau. American FactFinder. Employment Status. 2013-2017 American Community Survey, 5-Year Estimates.

<sup>27</sup> Schramm, Jennifer. An Aging Labor Force and the Challenges of 65+ Jobseekers. September 2018 AARP Public Policy Institute



## Baby Boomers are participating in the labor force more than prior generations

% of generation in U.S. labor force when they were in each age range



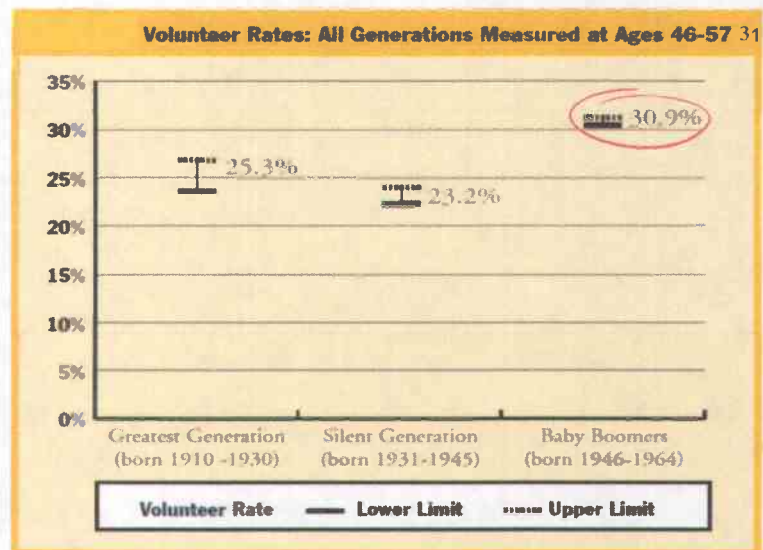
Note: Annual averages are shown. The labor force consists of people working or looking for work.

Source: Pew Research Center analysis of 1979, 2000 and 2018 Current Population Survey basic monthly files (IPUMS).

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While older adults are working at higher rates than ever, they're also volunteering at higher rates than previous generations.

The figure below shows that approximately 31% of Boomers volunteer, a higher number than the Greatest and Silent generations. Research demonstrates that volunteering leads to better health and that older volunteers are the most likely to receive physical and mental health benefits from their volunteer activities,<sup>28</sup> such as 84% of older adults reporting improved or stable health, and 88% of volunteers who first described a lack of companionship reported a decrease in feelings of isolation after two years.<sup>29,30,31</sup>



<sup>28</sup> Corporation for National and Community Service, Office of Research and Policy Development. *The Health Benefits of Volunteering: A Review of Recent Research*, Washington, DC 2007.

<sup>29</sup> Health Benefits of Senior Corps. Corporation for National & Community Service. [www.SeniorCorps.gov/HealthyVolunteers](http://www.SeniorCorps.gov/HealthyVolunteers). [accessed October 2019]

<sup>30</sup> Fry, Richard. Baby Boomers are staying in the labor force at rates not seen in generations for people their age. <https://www.pewresearch.org/fact-tank/2019/07/24/baby-boomers-us-labor-force/> July 2019 [accessed October 2019]

<sup>31</sup> Foster-Bay, John, Robert Grimm, Jr., and Nathan Dietz. "Keeping Baby Boomers Volunteering." [Nationalservice.gov](http://www.nationalservice.gov/pdf/07_0307_boomer_report.pdf). Corporation for National & Community Service, Mar. 2007 [http://www.nationalservice.gov/pdf/07\\_0307\\_boomer\\_report.pdf](http://www.nationalservice.gov/pdf/07_0307_boomer_report.pdf). [accessed October 2019].

## Q. Poverty

The Federal Poverty Level (FPL) is a “one size fits all” approach to evaluating poverty that uses the same dollar amount across the county (regardless of the cost of living) based on the cost of food alone. The FPL is utilized to determine income eligibility for many public programs, to allocate funding for other programs, and as an evaluation tool when determining program effectiveness.

The table below highlights the 2020 Federal Poverty Guidelines.<sup>32</sup>

2020 POVERTY GUIDELINES	
Family Size	Annual Income
1	\$12,760
2	\$17,240
3	\$21,720
4	\$26,200
5	\$30,680
6	\$35,160
7	\$39,640
8	\$44,120

*For households with more than 8 persons, add \$4,480 for each additional person.*

## R. Older Adult Poverty in Riverside County

In Riverside County, out of the residents over 65 for whom poverty status could be determined, approximately 10% live below the Federal Poverty Line, which is higher than the national average of 9.2%.<sup>33</sup>

California’s high cost of living also makes the FPL an inadequate measure of poverty for any resident, but when considering older adults, the FPL does not allow for the inclusion of expenses such as housing and health care, which are primary expenses for many older adults. If the poverty measure is recalculated to account for these types of expenses, the number of older adults actually living in poverty dramatically increases.

In 2011, the U.S. Census Bureau released a new Supplemental Poverty Measure (SPM), which takes into account regional variations in living costs, non-cash benefits received, and non-discretionary expenditures. In 2017, the SPM showed a national poverty level for persons age 65 and over of 14.1%, almost 5 percentage points higher than the official rate of 9.2%. This increase is mainly due to the inclusion of medical out-of-pocket expenses in the poverty calculations.<sup>34</sup>

Looking at a 3-year average from 2016-2018 for California, the number of older adults who live below the federal poverty level is 12.5%, however if the SPM is reviewed for the same time period, the number increases to 18.1%, which is the highest older adult poverty rate of any state in the US.<sup>35</sup>

Unfortunately, both the FPL and SPM underestimate the amount of older adults who are financially struggling in California. As a result, California utilizes the Elder Economic Security Standard Index (Elder Index), which is a metric that not only takes into account California’s high cost of living, but also attempts to measure income

<sup>32</sup> U.S. Department of Health & Human Services. HHS Poverty Guidelines for 2020. <https://aspe.hhs.gov/2020-poverty-guidelines> [accessed February, 2020]

<sup>33</sup> U.S. Census Bureau. American FactFinder. Poverty Status in the Past 12 Months. 2013-2017 American Community Survey 5-Year [accessed October 2019]

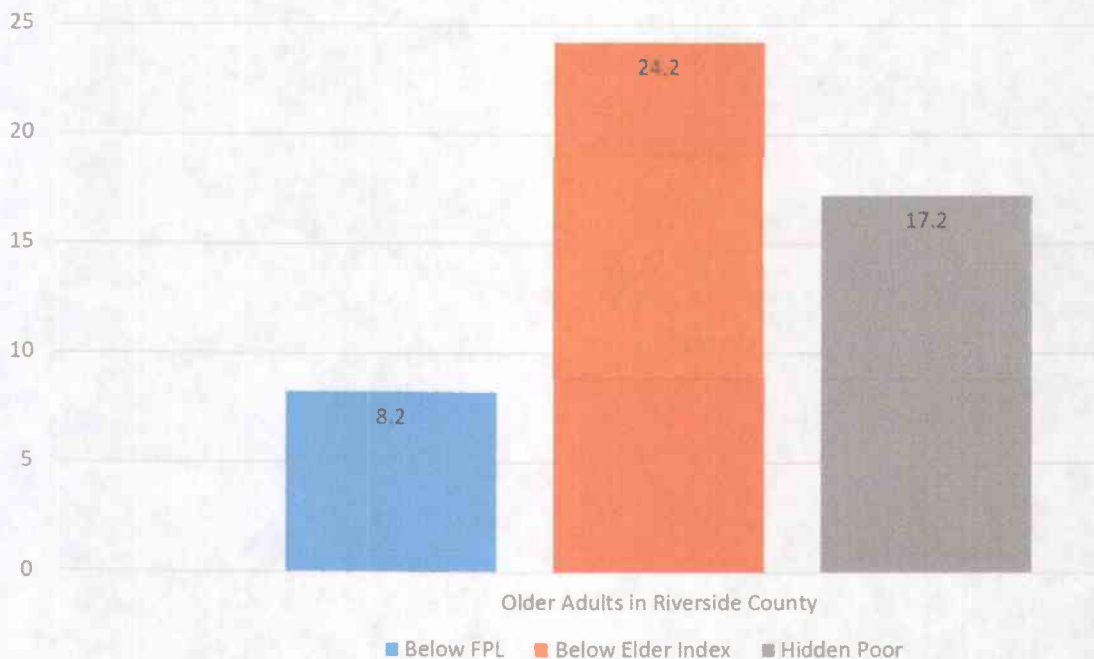
<sup>34</sup> 2018 Profile of Older Americans. April 2018. U.S. Department of Health and Human Services. Administration for Community Living.

<sup>35</sup> Fox, Liana. The Supplemental Poverty Measure: 2018, October 2019. U.S. Census Bureau.

<https://www.census.gov/content/dam/Census/library/publications/2019/demo/p60-268.pdf> [accessed October 2019]

adequacy and economic security based on a basic standard of living for those who do not receive public welfare benefits.<sup>36</sup>

In 2015, 8.2% of older adults in Riverside County lived below the FPL, while 24.2% live below the more accurate Elder Index poverty level.<sup>37</sup> The older adults who make up the 17.2% discrepancy between the Elder Index and FPL are referred to as the “Hidden Poor”. This group of older adults have substantially more health problems and less access to care than those with higher incomes, but they cannot afford to pay privately for assistance and often do not qualify for public programs that could help them manage their health problems.<sup>38</sup>



## S. Housing

Older adults occupy 232,059 housing units in Riverside County. Of these, 80% are owner-occupied and 20% are renter-occupied. In 2016, 9.7 million households ages 65 and over – nearly a third – spent more than 30% of their incomes for housing.<sup>39</sup>

When housing costs consume a large portion of household budgets, older adults may be forced to sacrifice other necessities in order to afford housing costs. According to the latest Consumer Expenditure Survey, severely cost burdened older households in the bottom expenditure quartile spent 53% less on food and 70% less on healthcare than otherwise similar households that live in housing they can afford.<sup>39</sup>

<sup>36</sup> Wallace Steven P, Padilla-Frausto D, Imelda, Smith Susan E. *Older Adults Need Twice the Federal Poverty Level to Make Ends Meet in California*. Los Angeles, CA: UCLA Center for Health Policy Research, 2010.

<sup>37</sup> UCLA Center for Health Policy Research, Elder Index Demographic Dashboard, 2015. <http://healthpolicy.ucla.edu/programs/health-disparities/elder-health/Pages/eidd.aspx> [accessed October 2019]

<sup>38</sup> Wallace, Steven P, Padilla-Frausto, D, Imelda. *Hidden Health Problems Among California's Hidden Poor*. Los Angeles, CA: UCLA Center for Health Policy February 2016

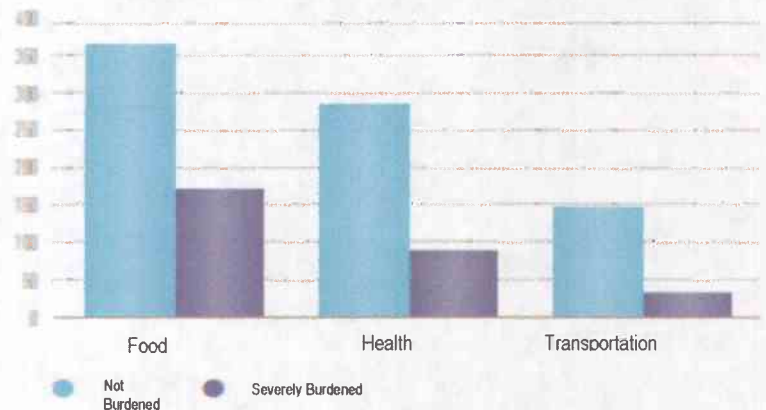
<sup>39</sup> Housing America's Older Adults 2018: A Supplement to the State of the Nation's Housing Report. Joint Center For Housing Studies of Harvard University.



Many older adults have chosen, either due to preference or necessity, living with others. In 2016, 5.3 million (11%) adults age 65 and over lived in another person's household; 3.4 million live in the homes of their children and 1.1 million live with their parents, siblings, or other relatives. The share of older adults living with roommates, boarders, or other non-family members (either in their own homes or those of others) has also increased. In addition, multigenerational living arrangements are becoming more common. In 2016, nearly 11 million older adults lived in households where at least two related generations were present. Supportive services in permanent housing programs could help address the growing needs of low-income and vulnerable older adults.<sup>40</sup>

### Low-Income Households with Severe Cost Burdens Have Little to Spend on Other Necessities

Median Monthly Expenditures of Low-Income Households Age 65 and Over (Dollars)



Notes: Low-income households are in the bottom quartile of all households ranked by total spending. Not burdened (severely burdened) households devote 30% or less (more than 50%) of expenditures to housing, including utilities. Source: JDHS tabulation of US Bureau of Labor Statistics 2016 Consumer Expenditure Survey.

## T. Healthcare and Caregiver Support

As demand grows for quality health care and supportive services, California does not have enough of the right type of health workers, with the right skills, in the right places, to meet the needs of the state's growing and increasingly diverse population. California will face a shortfall in the next decade of 4,100 primary care clinicians and 600,000 home care workers and will only have two-third of the psychiatrists needed.<sup>41</sup> While more than 75% of seniors say they would prefer to age in place, a widening shortfall of health and home care workers will make that more difficult than ever.

The adjacent figure shows the amount of Primary Care Physicians (PCP) in California per 100,000 residents, by County, in 2015. Riverside County falls in the lowest tier, with 31 PCP's per 100,000 residents.<sup>42</sup>

Current totals of medical licenses overestimate the supply of physicians who are available to provide patient care to the state's population.<sup>43</sup>

PCPs per 100,000 Residents, by County, 2015



California will also have an estimated 600,000 shortage

<sup>40</sup> Housing America's Older Adults 2018: A Supplement to the State of the Nation's Housing Report. Joint Center For Housing Studies of Harvard University.

<sup>41</sup> Mijic, Veronica. Meeting the Demand for Health: Fact Sheet on California's Looming Workforce Crisis. California Future Workforce Commission. February 2019.

<sup>42</sup> California Physician Supply and Distribution: Headed for a Drought? California Health Care Foundation. June 2018. <https://www.chcf.org/wp-content/uploads/2018/06/CAPhysicianSupply2018.pdf> [accessed November 2019]

<sup>43</sup> California Physician Supply and Distribution: Headed for a Drought? California Health Care Foundation. June 2018. <https://www.chcf.org/wp-content/uploads/2018/06/CAPhysicianSupply2018.pdf> [accessed November 2019]

of homecare workers. A study by Candice Howes found that raising the In-Home Supportive Services (IHSS) worker's wage rate increased the number of homecare workers in San Francisco by over 50%.<sup>44</sup> The table below shows that in recent years homecare wages have not increased at the same pace as other minimum wage jobs. For example, between 2013 and 2016 in California, the median wage of homecare workers grew more slowly than the 10th percentile wage of all workers, which is a measure of the wages of other low-wage occupations. During that same time period, in Los Angeles, Riverside County, Sacramento, San Diego, and San Francisco, the increase in IHSS wages was significantly slower than growth of the minimum wage.<sup>45</sup>

**Growth of Homecare Wages Compared to Minimum Wages and 10<sup>th</sup> Percentile Wages, California 2013-2016**

	Median Wage of Personal Care Aides	10 <sup>th</sup> Percentile of Wages in All Occupations
California	-2.3	0.7
	IHSS Wage	Minimum Wage
Los Angeles County	10.5	19.3
Riverside County	-4.6	7.4
Sacramento County	-0.9	7.4
San Diego County	0.5	7.4
San Francisco City/County	1.3	10.8

The private market of homecare workers is experiencing a similar problem with recruiting and retaining qualified employees. The following figure outlines the key concerns of each group in the adult care continuum including families, care workers and care recipients.<sup>46</sup> It highlights that while families want the highest quality care, such costs are typically beyond their means. The need for affordable care often comes at the expense of qualified workers, who leave for better paying jobs, which ultimately results in a lack of quality care for older adults who most need it.

<sup>44</sup> Howes, Candace. 2002. The Impact of a Large Wage Increase on the Workforce Stability of IHSS Home Care Workers in San Francisco County. UC Berkeley: University of California Institute for Labor and the Economy; Center for Labor Education and Research. <http://laborcenter.berkeley.edu/pdf.2002/Howes.pdf>

<sup>45</sup> Thomason, Sarah and Annette Bernhardt. "California's Homecare Crisis: Raising Wages is Key to the Solution. UC Berkeley Labor Center for Labor Research and Education. November 2017

<sup>46</sup> Thomason, Sarah, Austin, Lea, Annette Bernhardt. et al. "At the Wage Floor: Covering Homecare and Early Care and Education Workers in the New Generation of Minimum Wage Laws" 2018. UC Berkeley Center for Labor Research and Education. <http://laborcenter.berkeley.edu/at-the-wage-floor/>



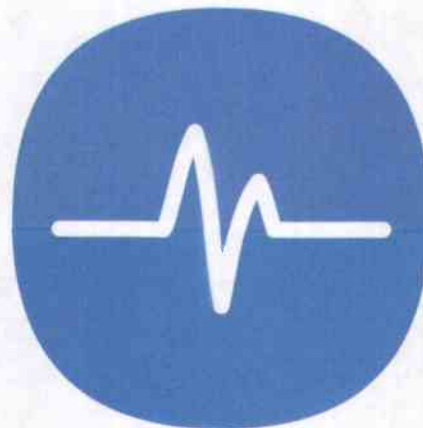


## U. Health and Wellness

The table below shows the top five (5) causes of death in Riverside County from 2015-2017.<sup>47</sup>

Cause of Death	2015-2017 Deaths (average)
All Cancers	3,676
Coronary Heart Disease	2796
Chronic Lower Respiratory Disease	1053
Alzheimer's Disease	1003
Accidents (Unintentional Injuries)	921

Riverside County ranks in the top half of counties for deaths involving coronary heart disease and Alzheimer's disease; diseases that primarily affect the elderly. The following section will highlight three common health issues that most often negatively affect older adults, as well as how the recent COVID-19 pandemic impacts older adults.



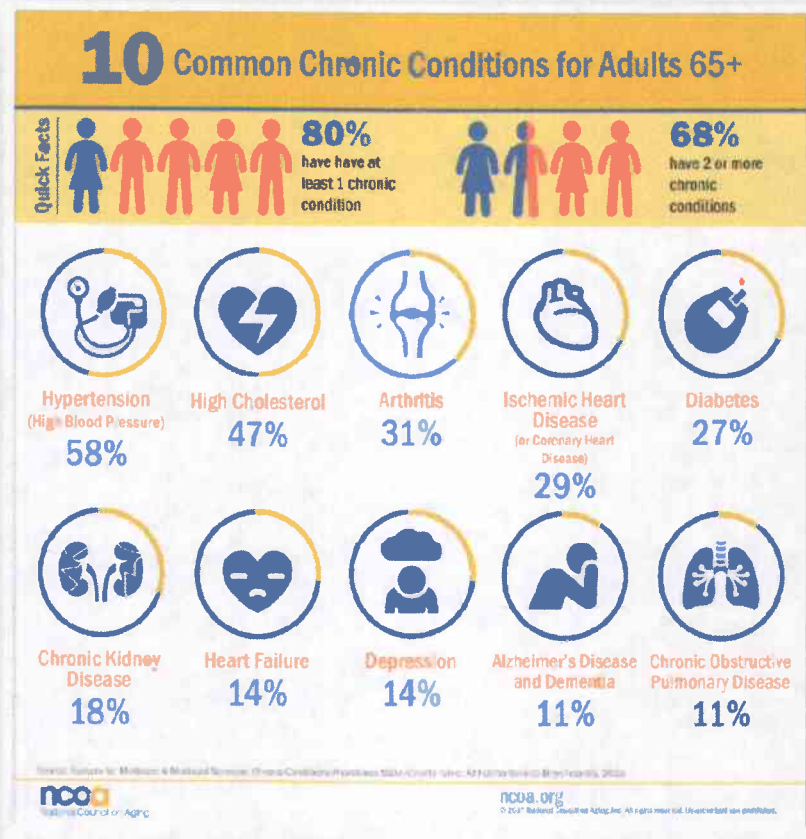
<sup>47</sup> California Department of Public Health. Center for Health Statistics and Informatics. Riverside County's Health Status Profile for 2019. [https://www.cdph.ca.gov/Programs/CHSI/CDPH%20Document%20Library/ICS\\_RIVERSIDE2019.pdf](https://www.cdph.ca.gov/Programs/CHSI/CDPH%20Document%20Library/ICS_RIVERSIDE2019.pdf) <accessed December 2019>



## 1. Chronic Disease

According to the National Council on Aging, more than 80% of older adults (65+) have at least one (1) chronic disease, while approximately 68% have two (2) or more chronic conditions. Chronic diseases are the leading cause of death and disability in the United States, and the leading driver of increasing health care costs.<sup>48</sup> Nearly 200 million people reported having a chronic disease, 65% of whom were age 65 and older. By 2030, experts predict that 246 million people will have at least one chronic disease.<sup>50</sup>

The figure below shows 10 common chronic conditions in the US for adults 65 and older.<sup>50</sup> Many of the most common deaths in Riverside County are associated or directly caused by many of the common chronic conditions identified below. For example, nothing kills more Americans than heart disease and stroke, which are commonly caused by undiagnosed or mismanaged hypertension and high cholesterol. According to the CDC, more than 859,000 Americans die of heart disease or stroke every year – one-third of all deaths.<sup>50</sup> As the preceding table states, heart disease is the second highest cause of death in Riverside County.<sup>49</sup>



<sup>48</sup> Restore Funding for Chronic Disease Self-Management Education Factsheet. National Council on Aging. June 2019. <https://d2mkcg26uv91cz.cloudfront.net/wp-content/uploads/1819-CDSME-June.pdf>

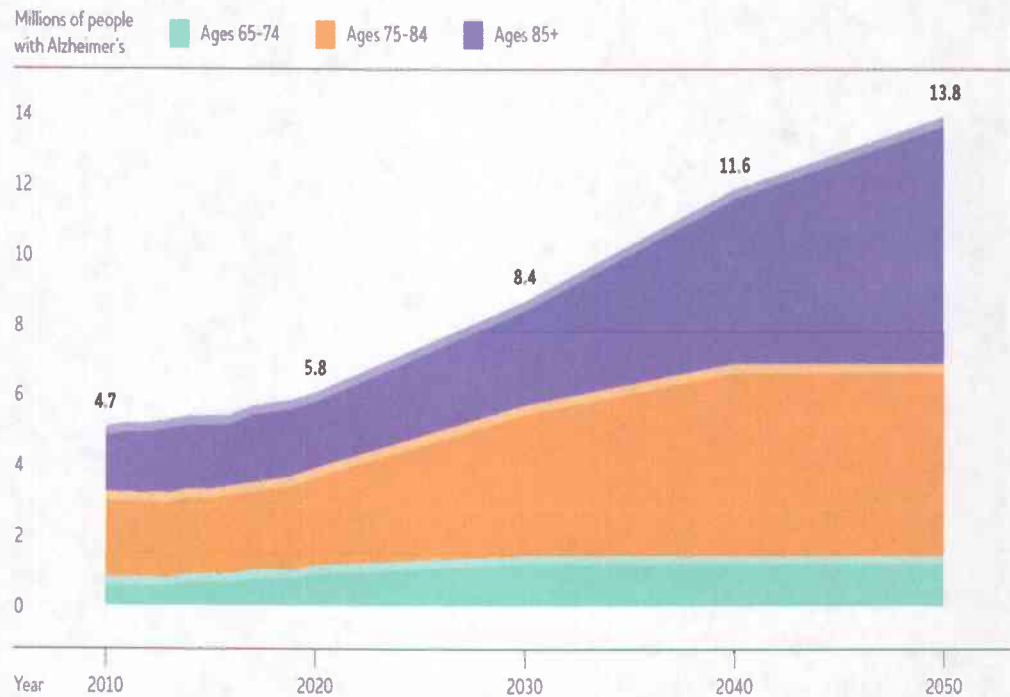
<sup>49</sup> California Department of Public Health. Center for Health Statistics and Informatics. County Health Status Profiles 2019. [https://www.cdph.ca.gov/Programs/CHSI/CDPH%20Document%20Library/ICS\\_RIVERSIDE2019.pdf](https://www.cdph.ca.gov/Programs/CHSI/CDPH%20Document%20Library/ICS_RIVERSIDE2019.pdf) <accessed December 2019>

<sup>50</sup> 2019 Alzheimer's Disease Facts and Figures. Alzheimer's Association Public Policy Office. Alzheimer's Association. <https://www.alz.org/media/Documents/alzheimers-facts-and-figures-2019-r.pdf>

## 2. Alzheimer's Disease

Alzheimer's disease is the 4th leading cause of death in Riverside County and 11% of seniors currently have Alzheimer's or dementia. The figure below shows the projected number of people age 65 and older who will have Alzheimer's disease by 2050.<sup>50</sup>

Projected Number of People Age 65 and Older (Total and by Age)  
in the U.S. Population with Alzheimer's Dementia, 2010 to 2050



Created from data from Hebert et al.<sup>41051</sup>

Hispanic and African Americans in the United States will see the largest increases in Alzheimer's disease or a related dementia between 2015 and 2060.<sup>51</sup> By 2060, cases among Hispanics are predicated to increase seven times and cases among African Americans are predicated to increase four times beyond the current numbers. California has the highest number caregivers of those who have Alzheimer's disease in the country; currently just over 1.6 million people, many of whom provide unpaid care. In California, these caregivers provide more than 1.8 million hours of unpaid care, which is equal to over \$23.3 million dollars of paid care. These caregivers are often not trained for the nursing tasks they perform, and suffer from depression, stress related illnesses, and other kind of physical strain and injuries.<sup>52</sup>

<sup>50</sup> 2019 Alzheimer's Disease Facts and Figures. Alzheimer's Association Public Policy Office. Alzheimer's Association. <https://www.alz.org/media/Documents/alzheimers-facts-and-figures-2019-r.pdf>

<sup>51</sup> Minorities and Women Are at Greater Risk for Alzheimer's Disease. Alzheimer's Disease and Healthy Aging. Centers for Disease Control and Prevention. August 2019. <https://www.cdc.gov/aging/publications/features/Alz-Greater-Risk.html?cid=adhap6242019>.

<sup>52</sup> Burns E, Kakara R. Deaths from Falls Among Persons Aged ≥65 Years — United States, 2007–2016. *MMWR Morb Mortal Wkly Rep* 2018;67:509–514. DOI: <http://dx.doi.org/10.15585/mmwr.mm6718a1>.

### 3. Fall Prevention

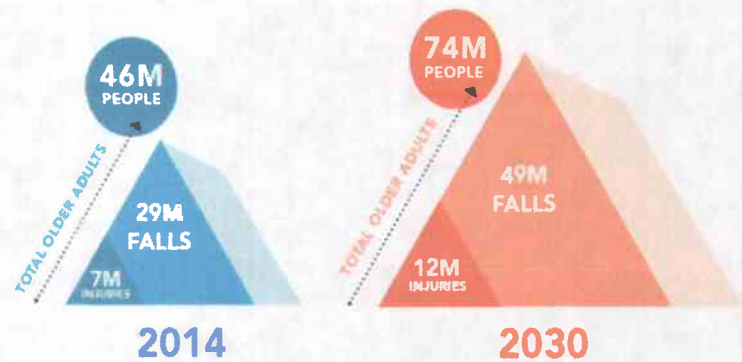
Accidents (unintentional injuries) is the 5<sup>th</sup> most common death in Riverside County. According to the Centers for Disease Control (CDC), falls are the leading cause of injury-related death among persons aged 65 and above, and the age-adjusted rate of deaths from falls is increasing.<sup>52</sup> Furthermore, deaths from unintentional injuries are the seventh leading cause of death among older adults, and falls account for the largest percentage of those deaths.<sup>54</sup> Falls are common amongst older adults. According to the National Council on Aging, one in four Americans 65 and older fall each year, an older adult is treated in the emergency room for a fall every 11 seconds, and every 19 minutes an older adult dies from a fall.<sup>53</sup> The figure below shows that from 2014 to 2030 the number of falls amongst older adults is projected to increase by 70%, or 20 million incidents of falls.<sup>54</sup>

Falls are extremely costly as well. Both the CDC (shown in the adjacent figure) and the National Council on Aging estimate that the cost of fall injuries in 2014 was over \$31 billion, and is projected to be approximately \$68 billion in 2020.<sup>55</sup> Given Riverside County's relatively high rate of death by accidental injuries (5th most common death in the county), it's expected that falls will be an increasing burden, both financially and physically, on Riverside County's elderly population.

#### A Growing Burden:

Over 10,000 people in the U.S. turn 65 every day.

Falls and fall injuries are increasing in the U.S. Annual medical expenses for older adult falls cost over \$31 billion, these costs will surge unless preventive measures are adopted.



Falls are preventable. It is estimated that fall prevention programs can reduce fall rates from between 30% to 55%, which can save up to \$530 in direct medical costs per participant.<sup>52</sup> The CDC also developed the STEADI (Stopping Elderly Accidents, Death & Injuries) initiative to help healthcare providers incorporate fall prevention into routine care for older adults.<sup>54</sup> The state of California has also identified Fall Prevention funding to focus on reducing falls amongst older adults.

<sup>52</sup> Burns E, Kakara R. Deaths from Falls Among Persons Aged ≥65 Years — United States, 2007–2016. *MMWR Morb Mortal Wkly Rep* 2018;67:509–514. DOI: <http://dx.doi.org/10.15585/mmwr.mm6718a1>.

<sup>53</sup> Falls Prevention Programs: Saving Lives, Saving Money Infographics. National Council on Aging. <https://www.ncoa.org/resources/falls-prevention-programs-saving-lives-saving-money-infographic-3/> <accessed December 2019>

<sup>54</sup> Older Adult Falls: A Growing Danger Fact Sheet. STEADI – Older Adult Fall Prevention. Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. [https://www.cdc.gov/steadi/pdf/STEADI\\_MediaFactSheet-a.pdf](https://www.cdc.gov/steadi/pdf/STEADI_MediaFactSheet-a.pdf) <accessed December 2019>



#### 4. Novel Coronavirus Disease 2019 (COVID-19)

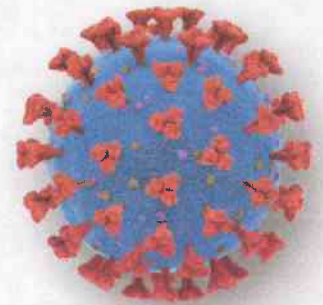
A novel coronavirus is a coronavirus that has not been previously identified. The virus causing coronavirus disease 2019 (COVID-19), is not the same as the coronaviruses that commonly circulate among humans and cause mild illness, like the common cold.<sup>55</sup>

Based on currently available information and clinical expertise, older adults and people of any age who have serious underlying medical conditions might be at a higher risk for severe illness from COVID-19. Those at high-risk for severe illness from COVID-19 are:

- Older adults aged 65 years and older
- Older adults who live in a nursing home or long-term care facility

People of all ages with underlying medical conditions, particularly if not well controlled, including people with:

- Chronic lung disease or moderate to severe asthma
- Serious heart conditions
- Compromised immune systems
  - *Many conditions can cause a person to be immunocompromised, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications*
- Severe obesity
- Diabetes
- Chronic kidney disease undergoing dialysis
- Liver disease



In March 2020, COVID-19 impacted the state of California. The national and state-wide response to the COVID-19 outbreak evolved and expanded rapidly over several days, resulting in senior center closures and warnings for those over age 65 and the immunocompromised to self-isolate immediately to avoid exposure to the virus. On March 16, 2020, a state-wide shelter-in-place order was issued by the Governor of California, leaving older adults and persons with disabilities isolated and vulnerable. Many were unable to secure basic necessities in their local communities due to food and commodity shortages.

In response, the Riverside County Office on Aging shifted focus, changed the programming design and delivery, worked with providers to alter services, and responded quickly to the changing and evolving needs, including:

- Congregate meals were immediately shifted to “Grab and Go” sites across the county



<sup>55</sup> COVID Data Tracker; Centers for Disease Control (CDC); <https://covid.cdc.gov/covid-data-tracker/#county-view> <assessed January 2021>

- Home delivered meals increased three times (3x) in just a few weeks
- Over 6,000 pantry boxes filled with two weeks of non-perishable, paper products were delivered
- Fresh fruit and vegetables were added to the pantry boxes through a partnership with local growers
- Over 600 ‘patch meals’ were provided for those who needed immediate food assistance
- Approximately 3,500 clients and 80 restaurants participated in the Great Plates Delivered program initiated by the Governor of California for older adults and persons with disabilities.

#### Riverside County Cases and Deaths to Date

As the pandemic continues, it is clear that services will have to shift permanently to account for social distancing and other preventative measures, which will continue into the near future. RCOoA is committed to working with the aging network to rethink the provision of services; to integrate technology, with education and training, into the daily operations; and to provide alternative services in place of traditional, in-person services.

#### Riverside County COVID-19 <sup>55</sup>

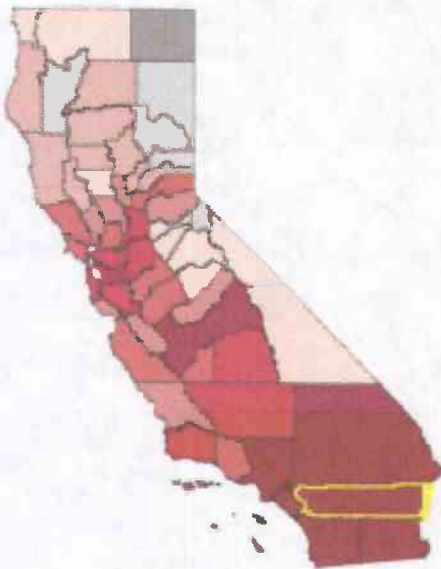
*(From January 27, 2021 to February 2, 2021)*

##### PER WEEK AVERAGE

- Number of Tests: 83,772
- Number of New Cases: 10,082
- Hospital Admissions (COVID): 624
- Percent of ICU beds Used (COVID): 54%
- Number of Deaths: 281

##### CUMULATIVE COVID-19 IMPACT <sup>56</sup>

- **Total Cases: 279,189**  
*(Feb 21, 2020 to Feb 4, 2021)*
- **Total Deaths: 3,309**  
*(March 15, 2020 to Feb 4, 2021)*



<sup>55</sup> COVID Data Tracker; Centers for Disease Control (CDC); <https://covid.cdc.gov/covid-data-tracker/#county-view> <assessed January 2021>

<sup>56</sup> Riverside County COVID-19 Cases (Updated Daily Mon-Fri). Riverside University Heal System Public Health <https://www.rivcoph.org/coronavirus> <assessed January 2021>

## 2021 COVID Vaccine Registration Effort

In January 2021, the Riverside County Office on Aging established an interdepartmental COVID Vaccine call center to assist seniors and adults with disabilities to navigate an initially complex vaccine registration process. The goal of this Aging and Disability partnership was to assist with access to vaccination.

This effort was led by Riverside University Health System (RUHS) - Public Health Department, with Riverside County Office on Aging (PSA 21) acting as lead coordinator for key stakeholder partnerships. This collaboration included the Department of Public Social Services (DPSS) and grew to include over 400 county staff (including staffing and other logistical resources from Adult Protective Services, In-Home Supportive Services, Public Authority, and Self-Sufficiency). In addition, community partners included 2-1-1, Inland Empire Health Plan (IEHP), and Community Access Center.



The immediate challenges addressed were:

- The digital divide resulting from a web-based registration process
- Press announcements that were primarily digital or through social media
- A registration system that was inadvertently challenging for seniors to navigate without having internet access
- A massive influx of calls to county call centers seeking vaccine information and hands-on assistance with vaccine registration, especially during highly limited vaccine availability and frequently changing eligibility requirements

Within 48 hours, RCOoA designed and implemented a scalable telephone call center solution with RUHS Public Health and DPSS – using insights from our implementation of the Great Plates program. Between January and April 2021, continued improvements made the vaccine registration process even more efficient.

As further supplement to this effort, RCOoA led the partnership in several outreach efforts to targeted high-risk client populations and geographic areas. A multi-media approach (including robocalls, text messages, and distribution of flyers and other materials) was utilized to quickly capitalize on vaccine appointments as they became available, with focused outreach to those who did not have access to the internet to register.

Ultimately, this effort received almost 60,000 telephone calls for vaccine information and registration assistance, and successfully made almost 22,000 vaccine appointments for older adults and individuals with disabilities across Riverside County.



## 5. *Programs and Services Provided*

The Riverside County Office on Aging provides over 27 different programs and services, either directly or through contracted providers, which allow older adults to remain independent and living in their homes and communities. All RCOoA programs and services are free to those who meet the minimum qualifications for each program. Services are advertised on the department website and via flyers distributed throughout the aging network, community partners, and the Advisory Council on Aging. Program information is provided through the Information Vans, which are available at events and activities in the community, and through direct calls to the 800 number. The following is a brief summary of services and programs offered by RCOoA.

- a) **Care Coordination:** These services offer frail and vulnerable older adults, persons with disabilities, and their caregivers an alternative to more costly institutional and nursing home care by offering a variety of options for care in the home. Trained social workers and public health nurses conduct comprehensive in-home evaluations and provide links to critical services including homemaker (*assorted housecleaning duties, cooking, etc.*), personal care (*bathing, eating, medication management, etc.*), emergency aid (*utility bills, home repairs, durable equipment such as wheelchairs, etc.*) and respite, training, and support groups for caregivers. Care coordination programs also assist older adults with care transitions from hospital to home and reduce the rate of costly readmissions. Specific programs include:
  - 1) **Multipurpose Senior Services Program (MSSP):** MSSP is a Medi-Cal waiver long term case management program for eligible adults over age 65 who have complex medical and psychosocial needs, which require specialized medical and social support services in order to postpone or eliminate the need for institutional care. MSSP is an integral part of the statewide Coordinated Care Initiative (CCI) and the Riverside County pilot and is involved in state and county implementation planning.
  - 2) **CareLink and Healthy Ideas Programs:** CareLink and Healthy Ideas provide case management services for older adults and persons with disabilities over the age of 18 who still live at home. There are no income requirements for the program. Both programs were selected for innovation awards by the California Association for Area Agencies on Aging and the National Association of Area Agencies on Aging in FY 2015/2016. This service is provided directly by the AAA.
  - 3) **Access:** Access is a short-term case management program for adults over age 60, regardless of income. This service is provided directly by the AAA.
  - 4) **Assistance at Home:** Assistance at Home provides referrals to support services that assist individuals, who are not enrolled in In Home Supportive Services (IHSS), to remain in their homes. Services may include shopping, cooking, cleaning, bathing, and other services in the home. Services are available throughout the PSA and is provided by various vendors, depending on the service.
  - 5) **Family Caregiver Support Programs (FCSP):** FCSP programs provide support and resources to caregivers, making it possible for them to provide vital care services to their loved ones. To qualify for services, the care recipient must be over age 60 and the caregiver must be over age 18. Services include advocacy, care management, education, counseling, care assistance, respite services, in-home assistance and supplemental services. The Care Pathways program, which provides training and 12 weekly support groups for caregivers, was recently designated a “Bright Idea” program by the Harvard Ash Center for Democratic Governance and Innovation. Care management services are provided directly by the AAA and Care Pathways support group sessions are conducted by AAA staff and are conducted at various community locations throughout the PSA. Due to the COVID-19

pandemic, the Care Pathways program and support groups have been modified to integrate virtual and online program options.

- i. Grandparents Raising Grandchildren (GRG) Program: GRG is a unique program that provides assessment, advocacy, case management and other links to critical services for grandparents over 55 who are (formally and informally) raising their grandchildren up to age 18. The case management program has no income requirements. The GRG program has been used as a model program for other AAAs in the United States. Case management services are provided directly by the AAA.*
- 6) *Holistic Assessment, Resources, and Transitions for Seniors (HARTS) Program: The HARTS program provides hospital discharge planning, short and long-term medical case management, and professional nursing services to older and vulnerable adult clients referred from the Department of Public Social Services' Adult Protective Services (DPSS APS) or In-Home Supportive Services (IHSS) units. The primary objective of the HARTS program is to utilize combined strategies and current RCOoA programs designed for transition care, care coordination through collaboration, and caregiver support, with the goal of improving overall health outcomes for DPSS ASD and IHSS clients. HARTS nursing staff provides general support to APS and IHSS social workers, including in-home medical assessments, prevention education on medical issues for clients and caregivers, and in-person and telephone-based consultations. HARTS is funded through a partnership with DPSS-APS.*
- 7) *Health Homes Program (HHP): The Medi-Cal HHP is a program administered by the state and locally through Molina Healthcare and Inland Empire Health Plan (IEHP). The Riverside County Office on Aging has contracted with Molina Healthcare to be a Community-Based Care Management Entity (CB-CME) in Hemet, Perris, Lake Elsinore, and surrounding areas. Members are provided with a care team that coordinates their physical and behavioral health care services and connects them to community services and 32)housing, as needed. HHP is funded through a partnership with Molina Health Care.*
- 8) *Hospital Liaison Program: Via the evidence based Care Transitions Intervention (CTI) program, social workers from RCOoA are embedded in the Riverside University Health System (RUHS) County Hospital to partner with hospital social workers and discharge planners to assist older adult patients who are returning home after an acute care admission, with issues related to that transition. The CTI program helps both patients avoid repeat hospitalizations and unnecessary institutionalization. This service is provided directly by AAA staff. This program is funded through a partnership with RUHS.*
- 9) *In-Home Support Services (IHSS)-Eligible Client Outreach: The IHSS-Eligible Client Outreach program provides outreach to clients who have active Medi-Cal and meet the aged, blind, and disabled criteria for In-Home Supportive Services (IHSS). These clients are likely to benefit from IHSS, but have not applied for services. RCOoA provides application assistance to potential IHSS clients applying for the service in order to address barriers to enrollment and participation. RCOoA also assists clients with the IHSS application, necessary follow-up, and provides training and support to new IHSS recipients to better understand their role as the employer of an IHSS caregiver. The program is funded through a partnership with DPSS IHSS.*



new

10) COVID CARES: Through a partnership with DPSS' Adult Services Division, the COVID Community Assessment & Response Efforts for Seniors (COVID CARES) program provides individualized needs assessment to the most vulnerable seniors, who are receiving emergency COVID services for the purpose of evaluating ongoing needs and long-term supports once preventative orders during the pandemic are lifted. Through the ADRC, COVID CARES provides outreach and resources care planning, including assessment and coordination of basic nutritional and personal care needs, with the goal of improving overall health and independent living outcomes related with the challenges of COVID stay-at-home orders. The program also provides linkages to short- and long-term community resources that emphasize no-contact, virtual, and/or safely distanced socialization activities geared at reducing the effects of physical isolation stemming from the need to quarantine during the pandemic, and thereafter.

new

11) Homeless Case Management: RCOoA's Homeless Case Management program reflects important partnerships with several other County departments: Riverside University Health Systems – Behavioral Health, Department of Public Social Services - Adult Protective Services, and the Riverside County Housing Authority. Through this program, homeless adults (age 55 and older) are engaged and assessed for immediate risk and case severity. Any immediate issues are addressed by RUHS-Behavioral Health and Adult Protective Services; once stabilized, clients are referred to RCOoA for ongoing case management, including referral to Section 8 expedited housing, Project RoomKey, or other available housing placement resources. Acting as the primary case management resource, RCOoA ensures ongoing support, which guarantees that needed services are continuing, housing placement occurs, and any issues that partners and clients may face are being addressed. This program is funded through a partnership with Housing, Homelessness Prevention, and Workforce Solutions.

new

12) Isolation Technology Support Program: Through several pilot efforts, RCOoA is working to distribute supported technology solutions to enhance access of older and disabled adults to services and support systems. This includes providing devices (e.g., tablet computers), low-cost internet, and ongoing technical support to enhance access to telehealth, support groups, family video phone calls, and other web-based support services.

b) **Options Counseling and Decision Support**: RCOoA provides interactive decision-support and option counseling to consumers, family members, and/or caregivers to assist with any decisions related to services and care options appropriate to the consumer's needs, preferences, values, and individual circumstances. Services include:

1) HelpLink Information and Assistance (I&A) Call Center: HelpLink is the entry point for consumers who need information and/or referrals to in-house, other county, and/or community based services and programs through the main 800 number for Riverside County (1-800-510-2020). Consumers are able to speak with trained and certified I&A Specialists who understand available programs and eligibility requirements, and current availability. I&A Specialists are also qualified to perform comprehensive assessments for those consumers who require more comprehensive case management services. These services are provided countywide by AAA staff.

2) Network of Care: RCOoA oversees and maintains the Network of Care website, a comprehensive, internet-based resource for older adults, people with disabilities, their caregivers, and other service providers. Users can receive assistance with medications, search for services, use the health library, search for assistive devices, link to city, county, state and federal governments, track legislation and give feedback to legislators, complete and print a personalized emergency care card, use a password



protected personal folder to keep track of medical information and store personal medical information to share with providers who use the system. The Network of Care website is maintained by AAA staff and can be accessed from anywhere in the PSA.

- 3) Legal Assistance: Through a contracted provider, RCOoA provides legal assistance to adults over age 60 providing them with information, advice, counseling, administrative representation and judicial representation. Legal representation is provided by a member of the California State Bar or a non-attorney under the supervision and control of a member of the California State Bar. Services are provided throughout the PSA.
  - 4) Health Insurance Counseling: Through a contracted provider, RCOoA offers the Health Insurance Counseling and Advocacy Program (HICAP) that provides free information and assistance with Medicare, managed care, long-term care insurance and other related health insurance issues. Trained volunteer counselors offer educational presentations and objective information to help older adults and other Medicare beneficiaries. Services are provided throughout the PSA.
  - 5) Long-Term Care Ombudsman Program: Through a contracted provider, RCOoA offers Ombudsman services in order to assist older adults with their effort to seek resolution to problems and to advocate for the rights of residents in long term care facilities. Services are provided throughout the PSA.
  - 6) Elder Abuse Prevention Education: RCOoA provides ongoing public education and training sessions to older adults, professionals, and caregivers on elder justice and abuse issues. RCOoA also produces and distributes educational materials and participates in coordinated activities that address elder abuse prevention, investigation, and prosecution, such as the County's World Elder Abuse event held each June. Services and information are provided by AAA staff throughout the PSA.
  - 7) Transportation Access: The Transportation Access Program (TAP) provides information on available transportation options and referrals to accessible transportation services. Free bus tickets are offered to qualifying individuals. Services are provided by AAA staff and are offered throughout the PSA.
  - 8) Transportation Reimbursement & Information Program: Through a partnership with the Independent Living Partnership, the Transportation Reimbursement & Information Project (TRIP) provides mileage reimbursement to volunteer drivers, who are identified by an older adult, to assist the older adult with various errands such as doctor visits, grocery shopping, etc. Services are provided throughout the PSA.
- c) **Healthy Lifestyle and Wellness Programs**: RCOoA provides an array of services and programs to assist older adults with maintaining their overall health and wellness as they age. Through a combination of physical fitness programs, congregate and home delivered meals, nutrition education, behavioral health screenings for depression, and activities that promote social engagement and connections with others, RCOoA assists older adults with understanding what a critical role good health plays in the quality of their lives. Specific programs include:
- 1) Walk with Ease Walking Program: Walk with Ease is an evidence-based physical activity program from the Arthritis Foundation, which is proven to reduce the pain of arthritis and improve overall health. The program is being implemented by AAA staff and lay leaders. The program is offered at community-based sites throughout the PSA.
  - 2) New Fit After 50: The New and Improved Fit after 50 program, updated from the Arthritis Foundation's Exercise Training Program, is an evidence-based exercise program that improves strength, balance and mobility through stretching, upper and

lower body resistance and core exercises. The program is proven to prevent falls, reduce injuries and mortality rates, prevent or decrease the effects of chronic illnesses, and prolong independence. Classes are offered throughout the PSA and are conducted by lay leaders trained by AAA staff.

- 3) *Congregate and Home Delivered Meals:* Congregate and home-delivered meals are provided to persons over age 60 (and their spouses). Congregate services are available at over 30 sites throughout Riverside County and provide daily meals to over 6,000 (mostly low income) older adults. The Home Delivered Meal Program serves home bound older adults over age 60, who are considered to be at the greatest nutritional risk and who are unable to access the nutrition sites. Meals are provided directly by RCOoA to older adults in Blythe and through contracted providers throughout the rest of the PSA.
  - 4) *Health & Nutrition Education:* RCOoA provides quarterly health and nutrition education at all congregated meal sites and along home delivered meal routes in the PSA through contracted providers and directly to the residents of Blythe. In addition, AAA staff provide general nutrition education at events, senior and community centers, and housing communities for older adults. The Nutritionist oversees site menus and trains meal providers about proper food preparation and storage procedures.
    - i. *Supplemental Nutrition Assistance Program Education (SNAP-Ed):* *RCOoA participates in a county-wide SNAP Ed initiative to improve the likelihood that persons eligible for SNAP will make healthy choices within a limited budget and choose active lifestyles. The program offers nutrition classes and information to low income older adults, who may qualify for the benefit, and encourages them to apply for food assistance. SNAP-Ed is provided by AAA staff at designated community sites throughout the PSA.*
    - ii. *Bingosize:* *Bingosize is an evidence-based, SNAP-Ed approved program currently operating at the Blythe Community Center twice a week. The program combines the game of bingo with physical exercise through the use of resistance bands, walking in place and gentle stretching. The program focuses on improving cardiovascular/cardiorespiratory fitness, muscular strength, flexibility, and balance. Classes are facilitated by AAA staff in Blythe only at this time.*
  - 5) *Behavioral Health Liaison Program:* Through a partnership with Riverside University Health System – Behavioral Health, counseling staff are imbedded in RCOoA to assist older adults with navigating the behavioral health system and providing pre-depression screenings at community events, health fairs and other community-based locations. Services are provided by Behavioral Health staff and are available throughout the PSA.
- d) **Social Engagement and Community Activation:** RCOoA provides specific programs and services designed to encourage social connections and to keep older adults active in their communities through employment, intergenerational activities, and volunteerism.
- 1) *Coachella Valley RSVP Program:* For the past 25 years, RCOoA has sponsored the RSVP Program in the Coachella Valley and Blythe. RSVP is a volunteer program that places adults over the age of 55 in volunteer positions in public sector and community-based agencies allowing them the opportunity to continue contributing their skills and wisdom for the betterment of their communities and overall health and wellness. The program is grant funded by the Corporation for National Community Service. AAA staff facilitate the program, which is only available in the eastern part of the PSA.



- 2) Senior Community Service Employment Program (SCSEP): The SCSEP program is a federal community service and work-based training program for older workers that provides subsidized, service-based training for low-income, unemployed adults over age 55 with low employment prospects. The program focuses on skill improvement and work readiness and serves as a bridge to unsubsidized employment opportunities. Participants must have a total household/family income of no more than 125% below the federal poverty level. The program is administered directly by the AAA and is overseen by AAA and participant staff. Services are available throughout the PSA.

5. **Advocacy and Coordination:**

Aging & Disability Resource Connection (ADRC): In 2008, the Riverside County Office on Aging received an Aging and Disability Resource Connection (ADRC) designation and is part of a collaborative effort of the U.S. Administration on Aging and the Centers for Medicare and Medicaid Services. The collaboration initiative is designed to streamline access to long-term services and supports by creating a “no wrong door” approach to assisting all individuals, regardless of age, ability or income. ADRC partners work together to help consumers with planning for their current and future long-term care needs and to advocate for consumers and clients. The ADRC is coordinated by AAA staff and includes partners from throughout the PSA.

6. **Outreach and Community Education:** RCOoA offers information and education through a variety of innovative programs and services including:

- 1) InfoVan Program: The InfoVan Program is an outreach and community education program. RCOoA has two general information vans staffed by the AAA. The InfoVans travel throughout the PSA attending community events, visiting senior and community centers, and other places where older adults congregate, to provide information about RCOoA’s services and other services available throughout the County for older adults.
- 2) Healthy Lifestyle Van: The Healthy Lifestyle Van is an Info Van dedicated to health and wellness information. Staffed by the AAA’s Nutrition Educator, the van also travels throughout the County attending health related events, visiting senior and community centers, and other places where older adults congregate, providing information about RCOoA’s health and wellness programs and initiatives.
- 3) Planning Services: The Planning team is responsible for research, legislative analysis, developing and analyzing community assessments, tracking and evaluating program performance, developing public education information (such as presentations, publications, reports, etc.), and drafting and updating the four-year Riverside County Area Plan on Aging. These activities help to determine the current and future needs of older adults in the county.



**2019/2020 Older Americans Act Services Provided:**



**22,550\* Total Clients Served**



**67,094\* Service Calls**



**40,351 Outreach Contacts**



**366,765 Home Delivered Meals**



**603,756 Congregate Meals**



**42,113 Health Promotion Participants**



**732\* Hours Case Management**



**13,311\* Hours Personal Care, Chore, Adult Day Care Health**



**12,126\* Assisted Transportation (one-way) Trips**



**4,425 Hours Legal Assistance**



**2,960\* Hours Caregiver Respite**

**\* Services impacted by COVID-19**

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

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

RCOoA is one of fifty-five departments within the County of Riverside and is located within the city boundaries of Riverside for its Administrative and Programs offices, with an additional office in Indio. Although there are three (3) community-based offices, all offices can be contacted by calling one telephone number:

# **1-877-932-4100**

The specific addresses for the three locations are:

#### **Administrative Office:**

3610 Central Ave. 1<sup>st</sup> Floor  
Riverside, CA 92506  
(951) 867-3800

*Mailing address: P.O. Box 2099, Riverside, CA 92516*

#### **Programs Office:**

7894 Mission Grove Parkway South  
Riverside, CA 92508

#### **East County Office:**

44-199 Monroe Street, Suite B  
Indio, CA 92201



The Riverside County Office on Aging, also known as PSA 21, is charged with providing leadership, relative to aging issues, on behalf of all older adults in the County. To that end, RCOoA carries out a wide range of functions including, but not limited to:

- Promoting the involvement of older individuals, adults with disabilities, and their caregivers in developing community-based systems of care;
- Developing community-based systems of services to support the independence and protect the quality of life of older individuals, adults with disabilities, and their caregivers;
- Developing the service delivery system goals for:
  - The AAA service delivery system,
  - Other service delivery systems that the AAA interacts with, and
  - Any other service delivery systems providing services to older individuals, adults with disabilities, and their caregivers within the PSA.

RCOoA accomplishes these functions by taking the results and feedback from various community assessment surveys, focus groups, other community feedback mechanisms, as well as conversations with our clients, Advisory Council members, collaborators, and partners and translating them into actionable goals and objectives articulated in the four (4) year Area Plan. RCOoA also takes this information and provides valuable feedback to partners, community leaders, the Riverside County Board of Supervisors, and other key decision makers in areas beyond the AAA's scope, which impact the lives of those served. RCOoA regularly participates in meetings, activities, and events, which focus on advocacy, strategic planning, coordination and interagency linkages, information sharing, program monitoring, and evaluation in order to develop or enhance the AAA delivery system, other service delivery systems that the AAA interacts with, and the delivery of other types of services that impact older adults, persons with disabilities, and their caregivers.

PSA 21 administers an annual budget comprised of public and private funds from Federal, State, County and local sources. The funding also includes voluntary contributions from older adults who receive services. All funds are used to provide home and community-based services, and all decisions are guided by this Area Plan, which is grounded in current demographic data, trend analysis and projections, community needs assessments, and the resources currently available within the PSA. The Area Plan also identifies those in greatest need and helps to develop the needs of Riverside County's older adults and persons with disabilities.



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

The planning process for developing the 2020-2024 Area Plan on Aging “*The Path Ahead*” began in 2018, in order to involve as many key stakeholders and members of the general public as possible.

The first step of the planning process was to share information with the Advisory Council on Aging at their regular meetings reminding them about the components that make up the Area Plan timeline and areas where community input would be needed for its development. The Advisory Council also received information regarding how the community’s feedback was being processed and integrated into the Area Plan during the various stages of development.

In order to identify and understand the needs of the target population and to determine any barriers or gaps in providing services, PSA 21 utilized:

- A. U.S. Census and other related demographic data;
- B. Research from existing surveys and reports;
- C. New surveys and assessments aimed at specific constituencies;
- D. Focus groups with target stakeholders
- E. Public hearings and program data; and
- F. Research information related to demographic projections and policy trends.

The PSA 21 also considered available funding, regulatory guidelines, partnerships, and pending and existing legislation as a critical part of establishing priorities. However, the 2020-2024 Area Plan “*The Path Ahead*, and its subsequent annual updates, is a living document that will be used as an educational tool for Riverside County’s older adults, families, caregivers, adults with disabilities, legislators, and the public at large.

Under the governance of the Riverside County Board of Supervisors, RCOoA provides services based on the mission articulated in this 2020-2024 Area Plan on Aging.

The strategic goals contained in the 2020-2024 Area Plan have been developed as the result of the following activities and/or emergent situations:

- A. **Community Assessments and Focus Groups**, which measured the current and future needs of local communities and various constituencies;
- B. **Advocacy Efforts**, which raised the visibility of emerging issues and recommended changes in local, state, and national public policies and regulations;
- C. **Educational Activities**, which addressed emerging issues and brought key stakeholders together to discuss and design system changes;
- D. **Systems Coordination**, which suggested redesigning services to improve customer access and satisfaction;
- E. **Program Development**, in which new programs will be piloted in order to address changing and/or emerging needs; and
- F. **COVID-19 Pandemic**, which facilitates the use of innovative technology solutions in order to shift from traditional, in-person programming to virtual, online, or electronic programming.

## **SECTION 5 - NEEDS ASSESSMENT**

In order to develop this four-year plan, RCOoA assessed the needs of the community. This process included an in-depth analysis of U.S. Census and other data sources related to population projections and surveys (in person, via phone, and/or by mail) that were developed in partnership with other agencies or by RCOoA alone, public hearings, focus groups, a thorough review of current reports and assessments from external sources within the County, as well as the current research on various topics related to older adults. The needs assessment for the 2020-2024 Area Plan on Aging consisted of four main areas:

1. Demographic Data – Secondary data obtained from the U.S. 2010 Census, the 2019 American Community Surveys, California Department of Finance’s Demographic reporting, Riverside University Health System, Public Health, California Employment Development Department, and the California Department of Aging.
2. Review of Existing Data – RCOoA reviewed existing data compiled by the county, state, national networks and communities related to aging. RCOoA also reviewed information from the National Council on Aging, AARP, Gay and Lesbian Medical Association, Center for Disease Control, UCLA Health Policy Publications, UC Berkeley Health and Policy Publications, the Alzheimer’s Association, and peer reviewed journals.
3. Focus Groups and Discussions – Through interactive discussions, surveys conducted throughout the community, and focus groups the priorities identified on the following pages were discussed with:
  - Senior center directors and staff
  - The LGBTQ community
  - Caregivers
  - RCOoA contracted service providers
4. Public Hearings and Assessment Surveys – Information was gathered from Riverside County older adults and providers surveys conducted by RCOoA throughout the PSA, including Blythe. The nutrition surveys were conducted in person and information regarding focus group activity is described below.

PSA 21 conducted a cultural and linguistic group needs assessment of the eligible client population within the service area to assess the language needs of the population and determine what reasonable steps are necessary to ensure meaningful access to services and activities to eligible individuals.

In order to better reach and serve the monolingual Spanish speaking population, PSA 21 utilizes fulltime bilingual staff in every program or activity; all program and enrollment information materials are translated either by qualified bilingual staff or by a professional translation service; the call center employs bilingual staff for clients who prefer to communicate in Spanish; all Community Assessment Surveys are available in Spanish; and, PSA 21 seeks to develop and add culturally and linguistically appropriate services and to make appropriate referrals.

The Needs Assessment information on the forthcoming pages also helped to determine the minimum allocations for services outlined in Section 13.



***Overall results of the surveyed population:***

***72% English speakers***

***73% Female***

***0.35% Transgender***

***43% Age 65-74***

***27% age 75-84***

***10% over age 85***

***36% Live with Spouse***

***35% Live Alone***

***54% Less than \$15,000 per year***

***40% Hispanic/Latino***

***35% White***



**A. Community Needs Assessments**



## General Community Assessments Collected:

- 1,192 General Community Assessment Surveys
- County-wide
- At community events and outreach activities
- By Info Van outreach team, volunteer services team, and Advisory Council members
- From general public, caregivers and the LGBTQ populations

**2018/2019 COMMUNITY ASSESSMENT SURVEY**

The Riverside County Office on Aging seeks to better serve all of the community's and older adult constituents of Riverside County. Your input through this questionnaire will help us better serve the needs of older adults in the areas of elder justice, elder fraud and elder abuse. Please take a few minutes to complete the questionnaire before. All information is **CONFIDENTIAL** and will only be used to assess the needs of older adults in Riverside County. **Thank you for your assistance!**

Before you begin, please give us your **zip code** for tracking purposes.

**GENDER:**

Male  Female

Transgender (Trans or Tran)

Transgender (Male to Female)

Genderqueer/Other: \_\_\_\_\_

Not Listed/Please specify: \_\_\_\_\_

**ETHNICITY/RACE:**

Hispanic  Not Hispanic/Latino

Hispanic/Latino  American Indian

White  Alaska Natives/Alaska Natives

Asian American/Pacific Islander  Native Hawaiian/Other Pacific Islander

Black or African American  American Indian/Alaska Native

Other race  Other race

Other race  Multiple race

Other race  Decline to state

**HOUSEHOLD:**

Number of people in your household: \_\_\_\_\_  Decline to state

Household size: \_\_\_\_\_ per month: \_\_\_\_\_

**CARE FOR OTHERS:**

Do you provide care or assistance to someone else?  Yes  No  Decline to state

How do you describe your usual activities (job, or school, hobby, etc.)?  Volunteer  Other

**CARE YOU RECEIVE:**

How often do you receive care?  Daily  Weekly  Monthly  Quarterly  Other

How often do you receive care?  Daily  Weekly  Monthly  Quarterly  Other

## In the past 6 months:

QUESTION	AGREE	DISAGREE
I had little interest or pleasure in doing things	28%	61%
Someone in my life encouraged me to be healthy	77%	14%
My friends and family gave me positive energy every day	78%	13%
I had a life event that continues to worry me	41%	47%
I felt safe and secure in my home	84%	8%
I felt safe and secure in my community	76%	14%
I had a utility shut off due to my inability to pay the bill	14%	73%
I did not have enough money to pay my rent or mortgage	18%	70%
I had to choose between my basic needs (housing, food, medication) because I did not have enough money to pay for it all	23%	70%
Any social or sharing activity would be important or helpful to me	70%	19%
I did not have transportation to get to medical appointments or treatments	20%	66%

*On a scale of 1-10, how would you rate your overall quality of life:*

❖ **79% rated their current quality of life as a 7 or above**

Those who rated their quality of life as a 6 or below provided the following reasons:

- *Caregiving issues*
- *Housing concerns*
- *Family issues*
- *Medical conditions/illness*
- *Stress, overwhelmed, fear, anxiety*
- *No time for my own life /self-care*
- *Isolation, loneliness*
- *Loss of freedom, independence, and privacy*
- *Food/financial insecurity*
- *Loss of a loved one*
- *Safety concerns (harm)*

*On a scale of 1-10, how would you rate your overall quality of life in 5 years:*

❖ **72% rated their future quality of life as a 7 or above**

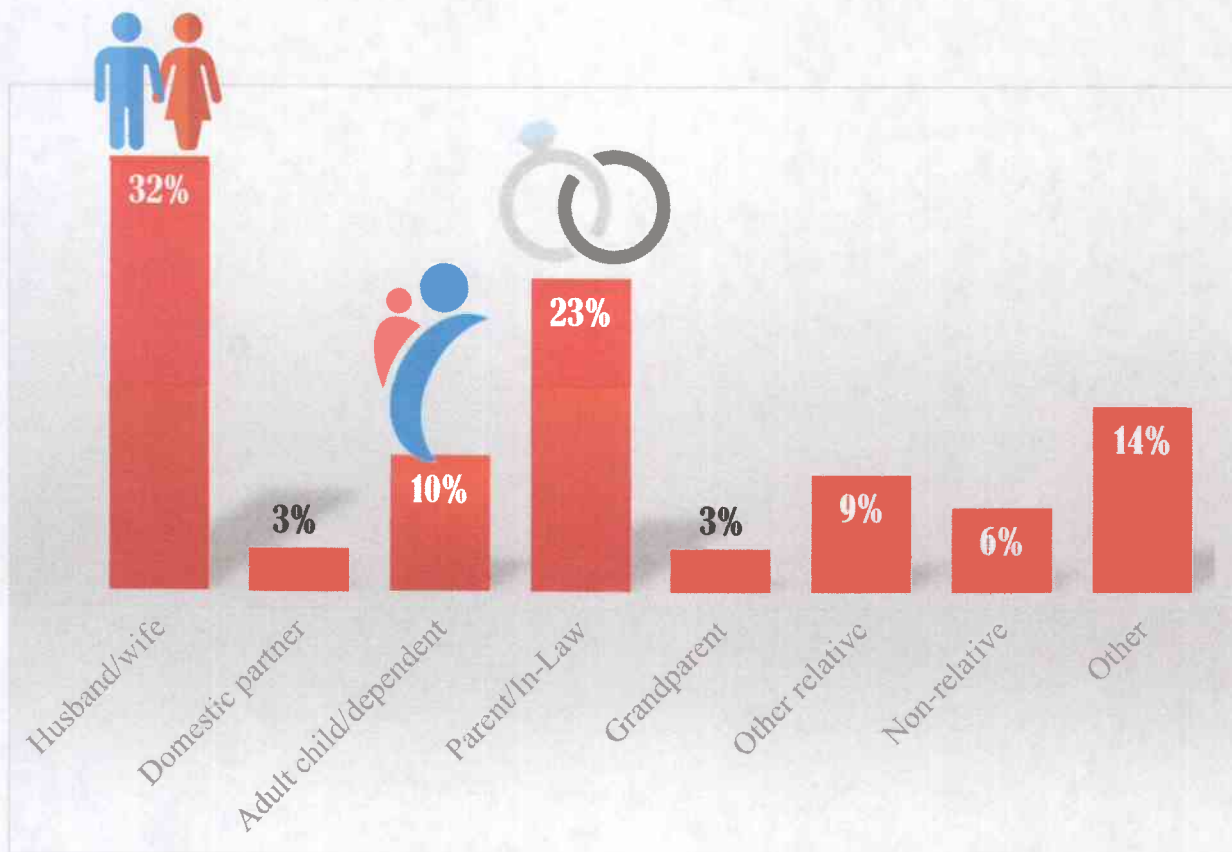
Those who rated their quality of life as a 6 or below provided the following comments:

- *"Dad's dementia will only be worse"*
- *"Husband/wife will get worse or die"*
- *"Aging is taking its toll"*
- *"Have to adjust to single life"*
- *"The stress is eating away at me daily"*
- *"I'm fighting leukemia"*
- *"Trapped by caregiving"*
- *"I am going downhill"*
- *"Hope to be dead"*
- *"Can't stand living alone"*
- *"I lost my son"*
- *"I will be bad"*
- *"It hurts to get old"*
- *"Far, far below the poverty line because of aging"*
- *"Getting too old to provide care for nephew"*
- *"Will be unable to care for my husband in 5 years"*
- *"I feel isolated"*

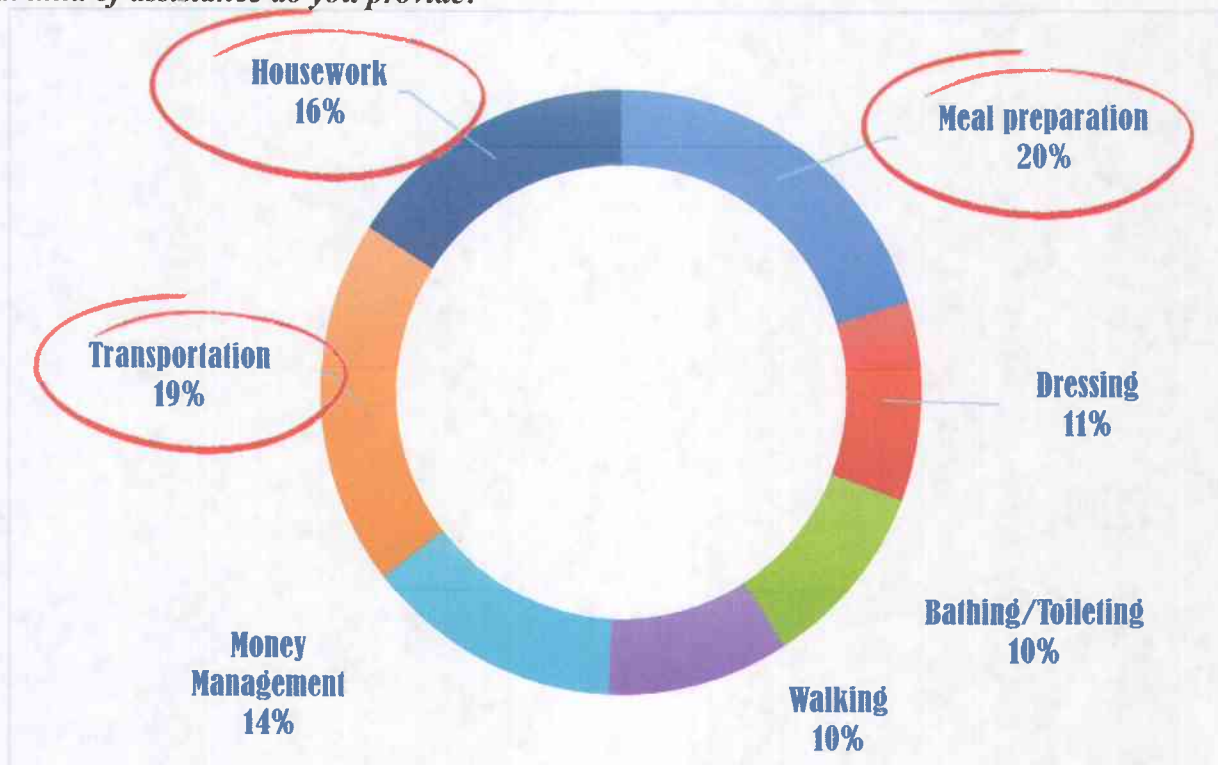




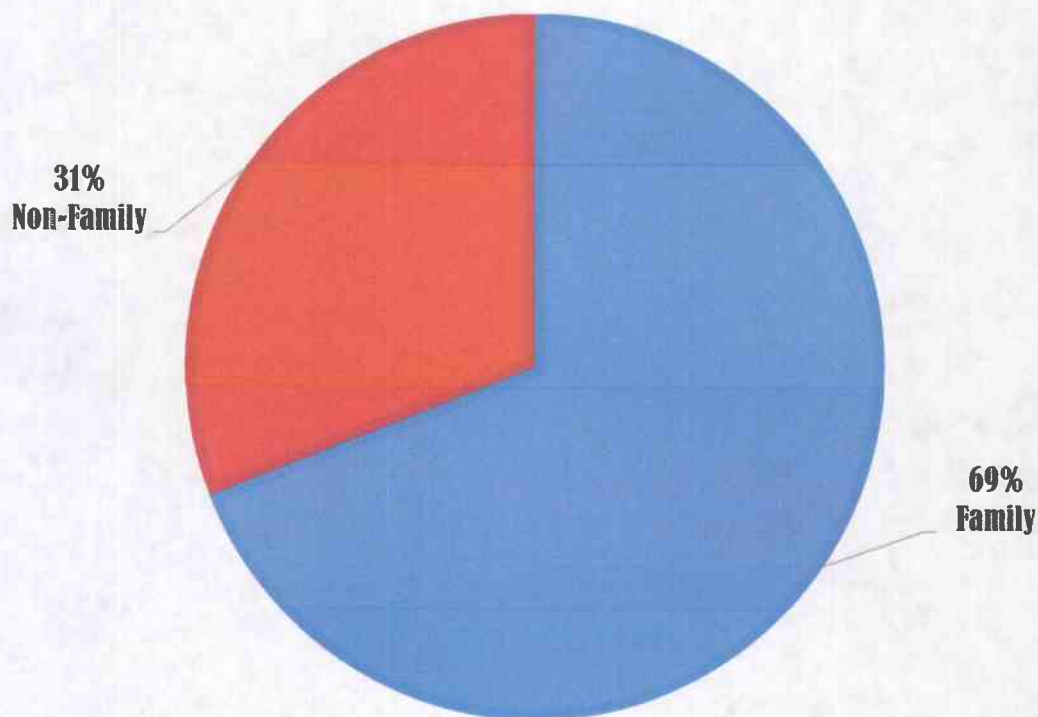
Do you provide assistance to someone: (61% do not provide care)



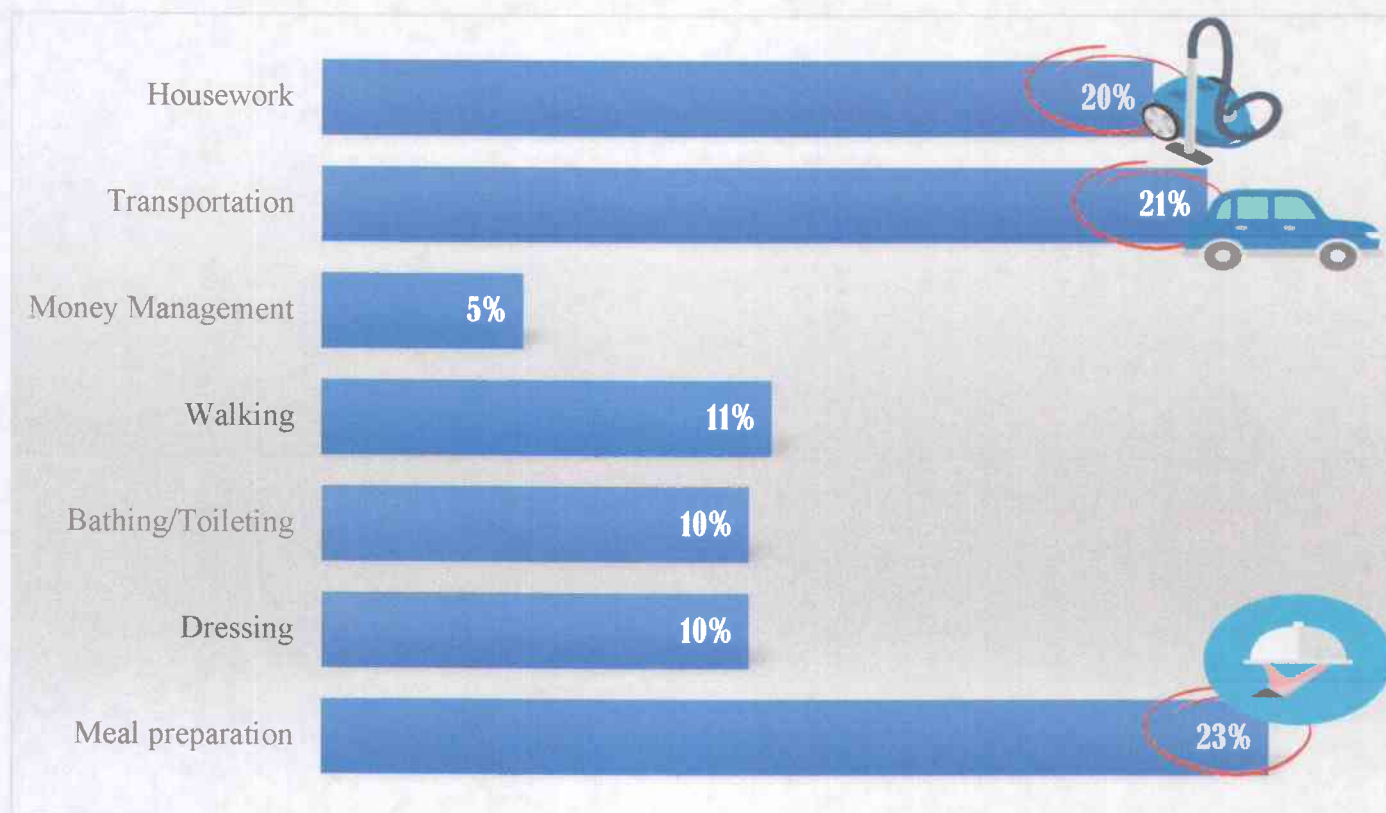
What kind of assistance do you provide?



*Does someone provide assistance to you? (79% do not receive assistance)*

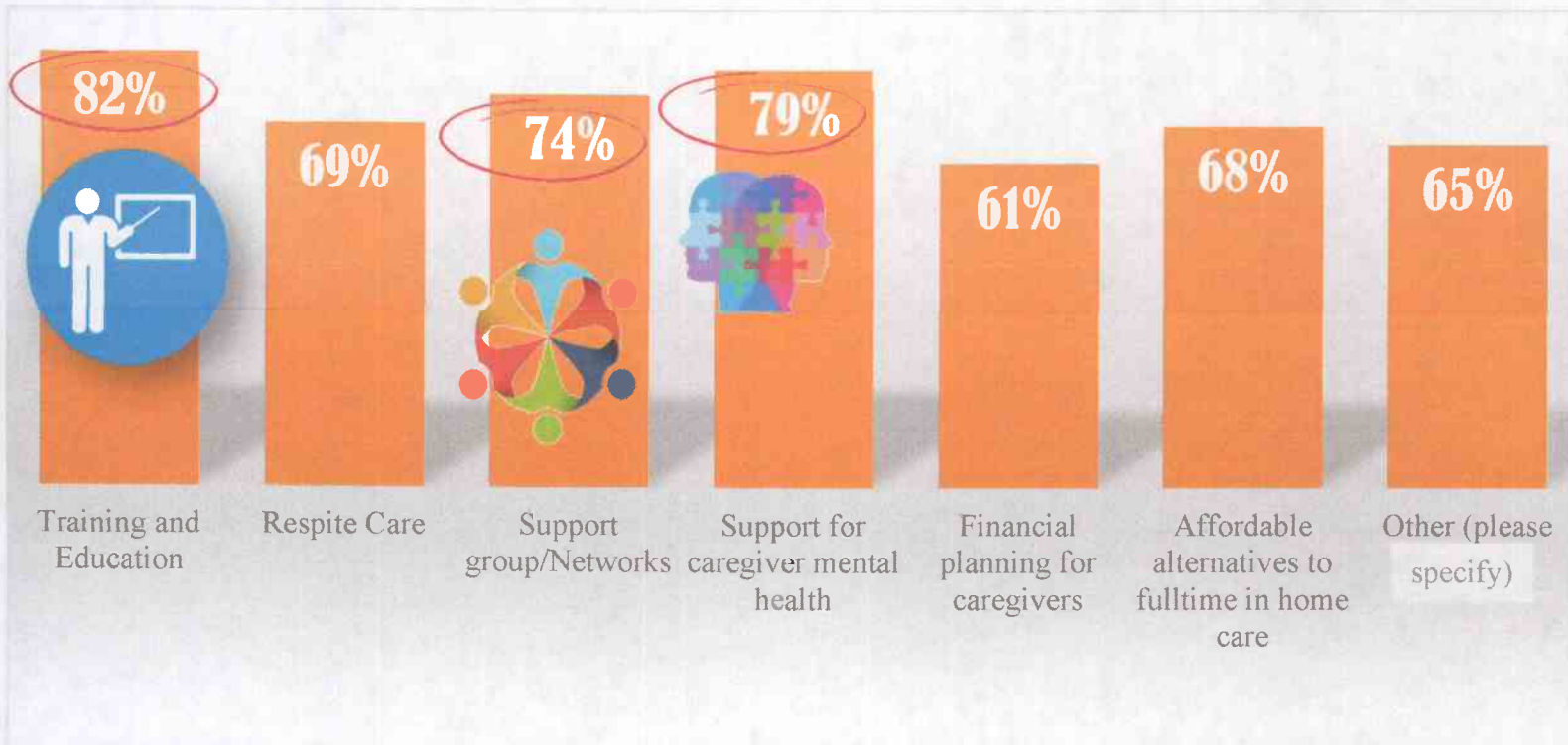


*What kind of assistance do you receive?*



## Caregiver Community Assessments:

*How important do you think the following issues will be for caregivers in the next 5 years?*



## Lesbian, Gay, Bi-sexual, Transgender Queer/Questioning (LGBTQ) Community Assessments:

*Indicate the top three (3) things important to LGBTQ aging:*

- *Coming out* – 31%
- *Discrimination* – 26%
- *Finances* – 15%





## **Nutrition Assessments Collected:**

- 2,327 Nutrition Assessment Surveys
- County-wide
- At senior and community centers (Focal Points)
- By the Nutrition Education Team
- In conjunction with the Senior Farmers' Market Voucher Distribution
- From congregate meal recipients and the general public

### ***How long have you been attending this meal program?***

- Two years or more – 53%

### ***How many days a week do you attend the meal program?***

- Three or more days a week – 63%
  - 3 days a week – 16%
  - 4 days a week – 13%
  - 5 days a week – 34%

### ***Do you receive monthly food assistance?***

- No – 82%
- Yes – 18%
  - CalFresh – 40%
  - Food Bank – 27%
  - Family/Friends – 18%
  - Unknown/N/A – 21%

### ***Would you be interested in receiving the benefit if you qualified?***

- Yes – 58%
- No – 42%
  - My income is too high
  - I don't have a physical address
  - My kids help me
  - Would be a waste of food
  - Live with family

### ***I choose the meal site because:***

- A good meal – 55%
- See friends – 42%
- Other activities at the site – 40%
- Volunteer at the site – 13%

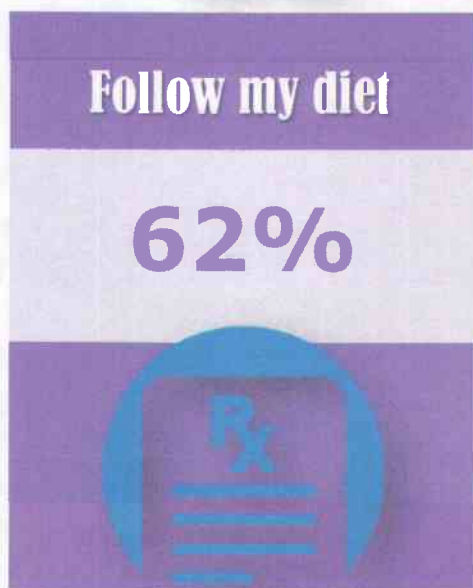
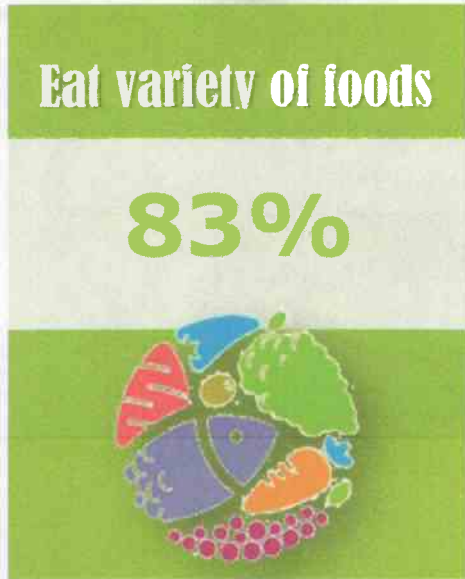
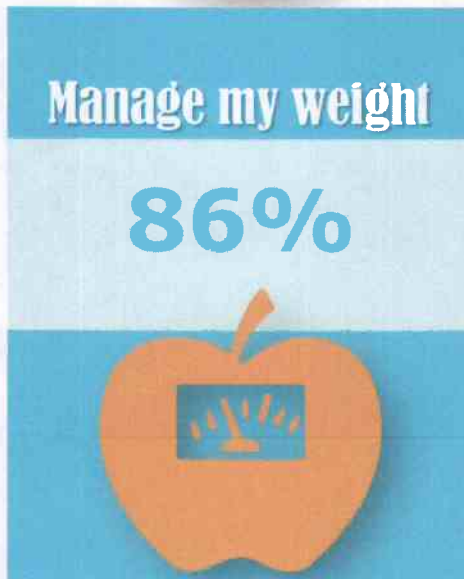
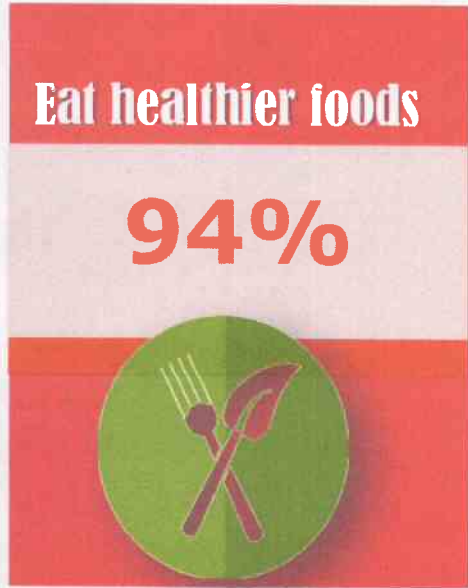
### ***When the meal site is closed:***

- I cook for myself – 79%

### ***Comments from Surveys "Other":***

- Handouts
- Local churches
- Other county aid
- Box Food
- Commodities give-away
- Citrus from the neighbor's tree
- SSI income
- Local senior center

*The meal program helps me:*



**How do you get to the meal program?**

- Drive myself – 45%
- Public transportation/paratransit – 9%
- Walk/Wheelchair/Bike – 12%
- Senior Center van – 7%
- Driven by another – 13%
- Unknown/NA/No Response – 14%

**Were there times when you wanted to go to the meal program but couldn't get there?**

- No – 71%
- Yes – 29%

**Do you always have enough money to buy the food you need?**

- No – 43%
- Yes – 57%

**During the past year, did you have to choose between buying food or something else?**

- No – 71%
- Yes – 29%

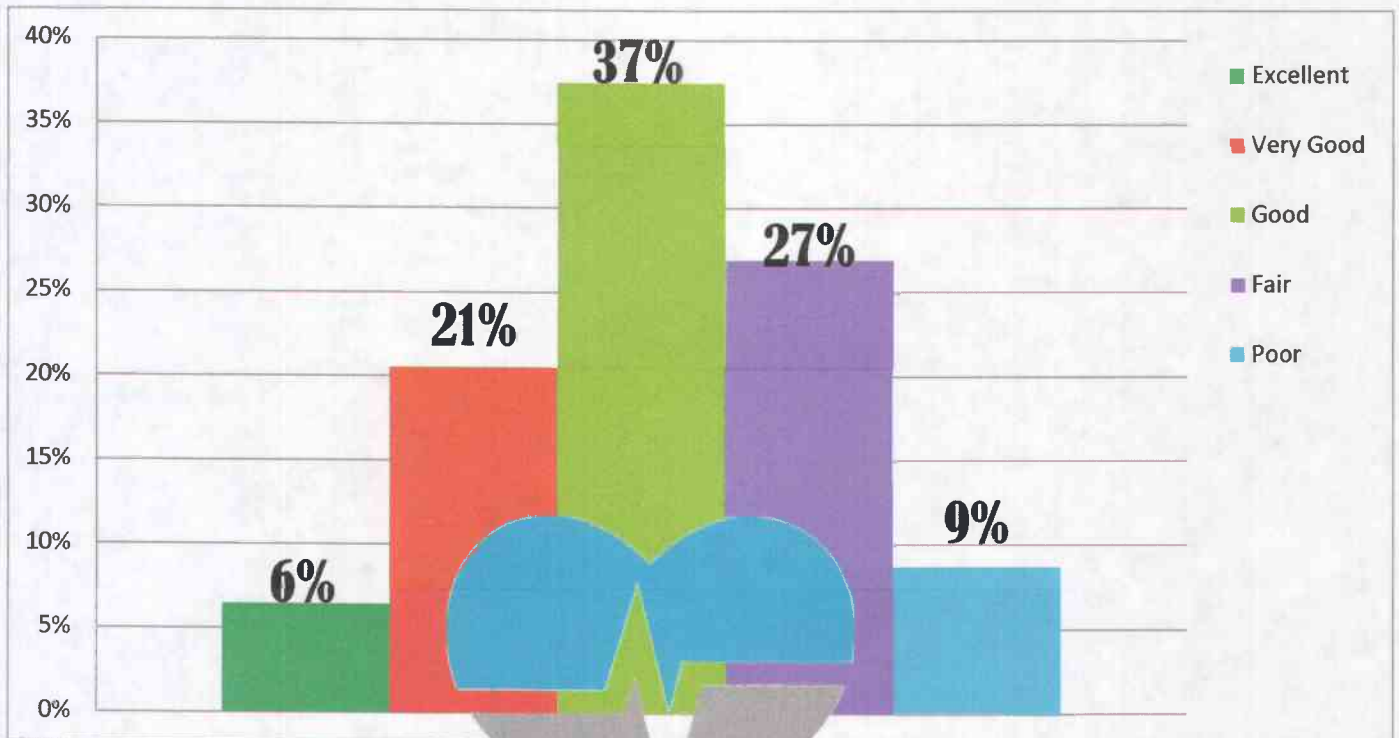
**Did you choose between food, mortgage, rent, or utility bills?**

- No – 69%
- Yes – 31%

**On one or more days last month did you skip meals because you had no food or money for food?**

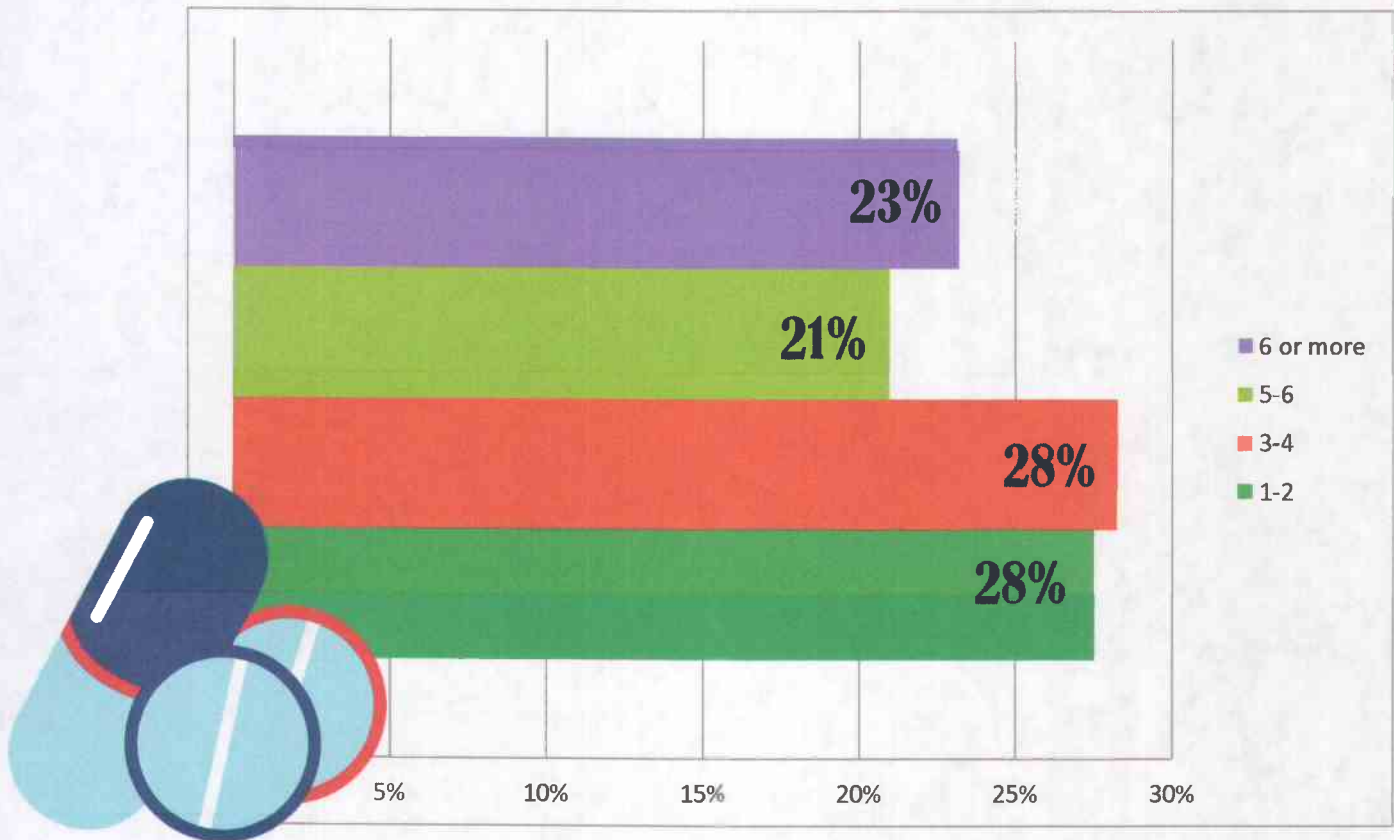
- No – 83%
- Yes – 17%

**In general, would you say your health is:**





*How many different prescription medications do you take every day?*



*Do you use any of the following aids?*

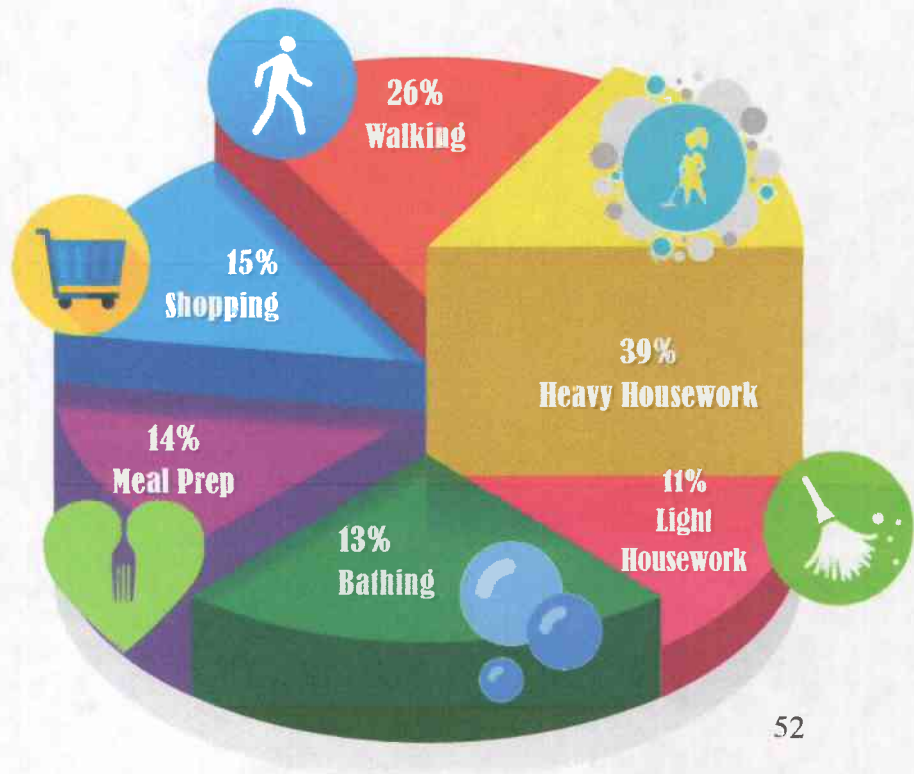
*53% do not use an aid*



**33%**  
**Walker/Cane**

*Do you have difficulty performing daily tasks?*

*60% do not have any difficulty*



## **Focus Groups:**

- 5 conducted between 2018 and 2019
- County-wide
- 20 Community-based organizations
  - *Including RCOoA contracted vendors*
- 21 Senior/Community Center (Focal Point) staff
- General Public

## **Community Based Organizations:**

*Inland Caregiver Resource Center*

*Sodexo, Inc.*

*Independent Living Partnership (ILP)*

*Shield Health Care*

*ADT Health*

*Council on Aging*

*Family Services Association (FSA)*

*Advisory Council on Aging*

*Desert Oasis Health Care*

*Coachella Valley Housing Coalition*

*Riverside-San Bernardino County Indian Health, Inc.*

*Inland County Legal Services*

*Synergy Homecare*

*Alzheimer's LA (Inland Empire)*

*Eisenhower Health*

*Brightstar Care*

*HAPP P.S.*

*Family Home Hospice*

*Advisory Council on Aging*

## **Senior/Community Centers & Focal Points:**

*Kay Cenicerros Senior Center*

*Murrieta Senior Center*

*Perris Senior Center*

*Idyllwild Town Hall*

*Mead Valley Community Center*

*Dales Senior Center*

*Norco Senior Center*

*Torres-Martinez Senior Center*

*James A. Venable Community Center*

*Norton Younglove Community Center –  
Calimesa*

*Norton Younglove Community Center –  
Highgrove*

*Eddie D. Smith Senior Center*

*Cathedral City Senior Center*

*Blythe Senior Center*

*Colorado River Senior Center*

*Bermuda Dunes Community Center*

*Jerry Rummonds' Senior & Community Center*

*Indio Hills Community Center*

*Mecca Community Center – Senior Program*

*North Shore Beach and Yacht Club*

*Mizell Senior Center*

**Major Issues in Common:**

All of the focus groups, regardless of constituency, identified these key issues in common:

**Isolation /Homebound**



**Community Based Supportive Services/Supports**



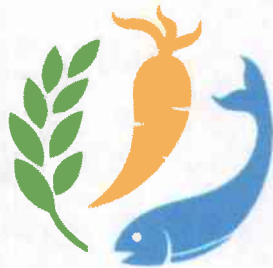
**Transportation**



**Aging in Place/Independent Living**



**Meals/Nutrition**



**Caregiver Support**



**Funding**



**Additional Issues Raised by Service Providers:**

**Cultural/Language Barriers**



**Person-Centered Care**



**Forward Thinking/Future Planning**

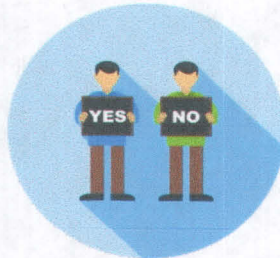


**Additional Issues Raised by Senior Centers:**

**Physical Activity**



**Advocacy/Access to Decision Makers**



**Technology Education**



**Intergenerational Activities**



**Housing**



**Emergency Assistance**



**Language Appropriate Services**



**Depression/Mental Illness**

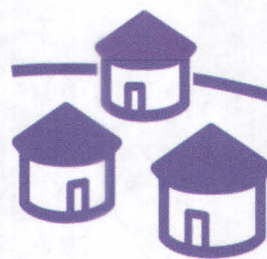


**Additional Issues Raised by LGBTQ Focus Group:**

**Income Gap**



**Village Model**



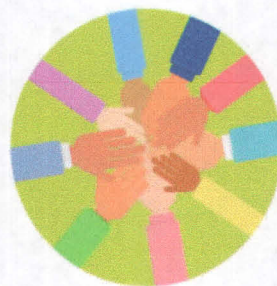
**Housing**



**Immediacy of Need when Seeking Services**



**Inclusion of LGBTQ Community**



**Access to Health Care**



**Underserved Populations to Target (in no specific order):**

- Homebound
- Undocumented seniors/non-English speakers
- Long-term care clients
- LGBTQ clients
- Veterans
- Persons with disabilities
- People who are alone (no spouse or family)
- Native American population
- Those with limited access to technology
- Families of older adults
- Caregivers
- Homeless seniors
- Low-income individuals
- Persons who reside in remote locations
- Younger adults with “aging” issues
- 50-59 age group

**How the Aging Services Network Can Improve:**

- **“No Wrong Door” access to services**
  - *Break down program silos*
  - *Ask more questions when providing services*
  - *Educate ourselves and collaborate more*
  - *Information sharing regarding resources available*
- **Provide caregivers and families with resources**
  - *Focus on self-care*
  - *Provide mental health assistance/education*
  - *Help to improve nutrition*
- **Provide financial support to providers & financial services to consumers**
- **Provide innovative programs and services**



## **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 or isolated areas*
- *Lesbian, Gay, Bisexual, Transgender, Queer/Questioning (LGBTQ) 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 LGBTQ events, such as annual participation in annual local Pride events, and collaboration and partnership with LGBTQ specific organizations*
- *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*
- *Provide reasonable alternative communication services at key points of contact (telephone, office visits, and in-home visits) to non-English speaking individuals or those with limited English proficiency in order to meet the linguistic needs of those populations*





**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, Older Americans Act Reauthorization Act of 2016, Section 314(c)(1).

Fiscal Year	Date	Location	Number of Attendees	Presented in languages other than English? <sup>2</sup> Yes or No	Was hearing held at a Long-Term Care Facility? <sup>3</sup> Yes or No
2020-2021	2/6/2020	Riverside County Office on Aging 44-199 Monroe St. Room 402 Indio, CA 92201	13	No	No
	2/18/2020	Riverside County Department of Public Social Services Public Authority—IHSS 1111 Spruce St. Mt. Rubidoux Room Riverside, CA 92507	4	No	No
2021-2022	3/10/21	Riverside County Office on Aging Via Zoom ONLY due to COVID-19 Pandemic	18	No	No
2022-2023					
2023-2024					

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

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

*Community Assessment surveys were collected throughout the county and PSA 21 posted notices at AAA offices in Riverside and Indio and on the RCOoA website for a period of four weeks prior to the public hearing. In addition, notice was posted in local newspapers and notice was sent via email notification all service providers and Board of Supervisors offices for distribution to their contact and email lists.*

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

Yes. Go to question #3

Not applicable, PD and/or C 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:

A translator is not required unless the AAA determines a significant number of attendees require translation services.

<sup>2</sup> AAAs are encouraged to include individuals in LTC facilities in the planning process, but hearings are not required to be held in LTC facilities.

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

*None.*

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

*None.*

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

*None.*

The Riverside County Office on Aging’s 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 for the PSA.

In order to establish priorities for this planning cycle, RCOoA considered several areas of focus in the future of aging services and planning, including the World Health Organization’s (WHO) age-friendly topic areas, the preliminary plan framework outlined for the California Master Plan on Aging, the Older Californians Act and Older Americans Act mandates and guidelines, the Advisory Council on Aging’s member opinions and antidotal community feedback, the RCOoA Executive Team and Leadership Team members, and the registered dietitian.

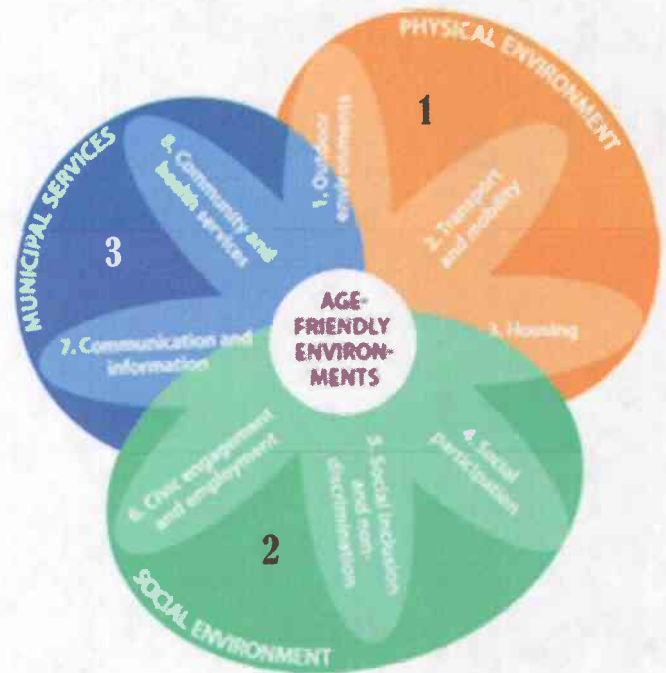
**A. WHO Age-Friendly Topic Areas<sup>57</sup>**

In 2007, the World Health Organization (WHO) defined an age friendly community as one that “*adapts its structures and services to be accessible to and inclusive of older people with varying needs and capabilities*”. As a result, cities and counties across the nation are adapting their long-term strategic plans to include many, if not all of, the eight (8) strategies that meet the definition of an age friendly community, which can be grouped into three (3) broader focus areas:

**WHO Focus Area 1** includes those areas that make up the **Physical Environment**, including the *outdoor spaces, transportation, and housing*. These areas identify the need for communities to support on personal mobility, safety from injury and crime, as well as health access and behaviors.

**WHO Focus Area 2** includes those areas that focus on the **Social Environment** and culture that affect participation and mental wellbeing of older adults. *Social inclusion* addresses the attitudes, behaviors and messages related to older people. *Social participation* refers to the engagement of older people in recreation, socialization, and cultural, educational and spiritual activities in the community. *Civic participation* and *employment* address opportunities for community-based activities, volunteerism and paid work.

**WHO Focus Area 3** includes those areas related to **Municipal Services** including *communication and information* and *community support and health services*, which include social environments and health and social services determinants of health.



<sup>57</sup> World Health Organization (2007) Global Age-Friendly Cities: A Guide. Retrieved from: [https://apps.who.int/iris/bitstream/handle/10665/43755/9789241547307\\_eng.pdf;jsessionid=20803A0259BB113441064140BD8474BF?sequence=1](https://apps.who.int/iris/bitstream/handle/10665/43755/9789241547307_eng.pdf;jsessionid=20803A0259BB113441064140BD8474BF?sequence=1) December 2019



## B. California Master Plan on Aging<sup>58</sup>

The California Master Plan on Aging seeks to respond to the increasing population of people over age 60, which is projected to be more diverse and more populous than any other group in California. The 60+ population is expected to increase from 16% in 2010 to 25% of the total population of California by 2030. The



The Master Plan for Aging outlines five bold goals and 23 strategies designed to create a California for All Ages by 2030.

### 1. Housing for All Ages and Stages

*“We will live where we choose as we age in communities that are age, disability, and dementia-friendly and climate and disaster ready.”*

**Target: Millions of new housing options to age well**

**Strategies:** More housing options; transportation beyond cars; outdoor and community spaces for all ages; emergency preparedness and response; and climate friendly aging.

### 2. Health Reimagined

*“We will have access to the services we need to live at home in our communities and to optimize our health and quality of life.”*

**Target: Close the equity gap and increase life expectancy**

**Strategies:** Bridging healthcare at home; health care as we age; lifelong healthy aging; geriatric care expansion; dementia in focus; and nursing home innovation.

### 3. Inclusion & Equity, Not Isolation

*“We will have lifelong opportunities for work, volunteering, engagement, and leadership and will be protected from isolation, discrimination, abuse, neglect, and exploitation.”*

**Target: Keep increasing life satisfaction as we age.**

**Strategies:** Inclusion and equity in aging; opportunities to work; opportunities to volunteer and engage across generations; closing the digital divide; protection from abuse, neglect, and exploitation; and California leadership in aging.

### 4. Caregiving That Works

*“We will be prepared for and supported through the rewards and challenges of caring for aging loved ones”*

**Target: One million high-quality caregiving jobs**

**Strategies:** Family and friends caregiving support; good caregiving job creation; and virtual care expansion.

### 5. Affordable Aging

*“We will have economic security for as long as we live”*

**Target: Close the equity gap and increase elder economic sufficiency**

**Strategies:** End homelessness for older adults; income security as we age; and protection from poverty and hunger.

<sup>58</sup> California Master Plan for Aging. California Department of Aging. (January 2021). <https://mpa.aging.ca.gov/> <assessed January 2021>

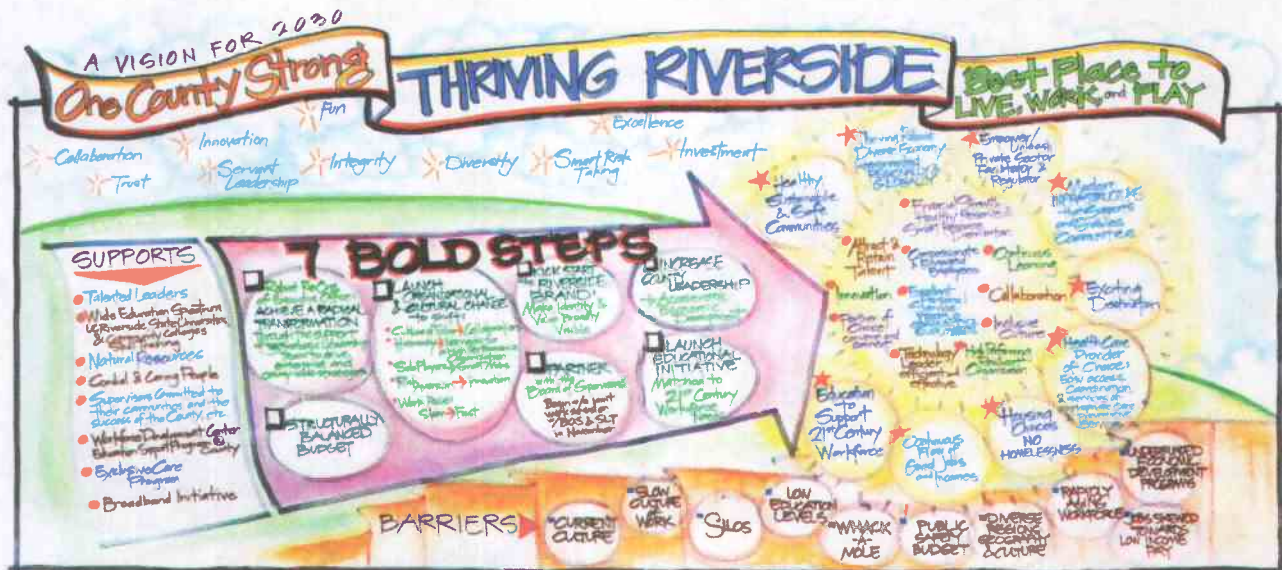


**C. Riverside County Strategic Plan 2030<sup>59</sup>**

The County of Riverside’s strategic plan focuses on “a thriving robust, diverse economy interconnected regionally and globally, and where the private sector partners with the county as a facilitator and regulator; where there is a continuous flow of good jobs and incomes, NO homelessness and where education supports a 21st century workforce” over the next decade.

Riverside County values collaboration, trust, innovation, fun, integrity, diversity, smart risk-taking, excellence and investment in its residents and communities. To that end, Riverside County has developed its strategic plan, which is consistent with the stated values and move the county as an organization into the future. The goals related to the county and the RCOoA include the following:

- *Healthy, sustainable and safe communities*
- *Easy access and coordination and services of appropriate health care including preventative services*
- *Housing choices [that eliminate] homelessness*



<sup>59</sup> Riverside County Strategic Plan 2030. Retrieved from: <https://www.countyofriverside.us/AbouttheCounty/StrategicPlan.aspx> , January 2020.

#### D. 2018-2019 Focus Groups

Focus groups were conducted over a period of 18 months between 2018 and 2019. The focus groups and assessment surveys have identified the following main focus areas (in no specific order):

The cumulative ideas of the focus groups can be condensed into the following **Major Goal Areas**:





## E. Riverside County Aging and Disability Resource Connection (ADRC) Call Center

The Riverside County Office on Aging is also a designated ADRC for coordination of services for consumers and families. During 2018-2019, the ADRC Call Center (HelpLink) assisted 14,219 unduplicated clients by either providing them with direct services or referrals to other county or community services within the PSA.



Fifty percent (50%) of all callers requested four (4) main services including:

### In-Home Care - 15%



### Meals & Food - 14%



### Transportation Assistance - 11%



### Housing Assistance - 10%



By grouping other types of services/referrals together, the ADRC provided consumers with the following:



### Other County Dept. Services -17%

- Behavioral Health
- Community Action Partnership
- Veterans Assistance



### Emergency Services -16%

- Meals & Food
- Utility Rent/Payments
- Emergency Housing



### DPSS Services -13%

- In-home supportive services
- Adult protective services
- CalFresh/General Assistance

After a thorough review of all of the needs assessments results, PSA 21 identified the following goal areas that predominately coincide with the preliminary California Master Plan on Aging and the key objectives identified by the County of Riverside, and developed goals and objectives that are specific to the services provided by the AAA:

WHO STRATEGY FOR AGE-FRIENDLY COMMUNITIES	CALIFORNIA MASTER PLAN ON AGING	RIVCO STRATEGIC PLAN 2030	FOCUS GROUPS
<p>Integrate existing strategies and develop new strategies to improve the <b>Physical Environment</b> for older adults.</p> <ul style="list-style-type: none"> <li>○ <i>Outdoor Spaces</i></li> <li>○ <i>Transportation</i></li> <li>○ <i>Housing</i></li> </ul>	<p>Goal 1: Housing for All Ages Goal 5: Affordable Aging</p>	<ul style="list-style-type: none"> <li>• Housing choices [that] eliminate homelessness</li> <li>• Modern infrastructure that supports and enables communities</li> </ul>	<p>No applicable comments</p>

WHO STRATEGY FOR AGE-FRIENDLY COMMUNITIES	CALIFORNIA MASTER PLAN ON AGING	RIVCO STRATEGIC PLAN 2030	FOCUS GROUPS
<p>Develop and expand community-based programs and interventions focused on the factors of the <b>Social Environment</b> and culture that affect participation and mental wellbeing of older adults such as:</p> <ul style="list-style-type: none"> <li>○ <i>Social inclusion</i></li> <li>○ <i>Social participation</i></li> <li>○ <i>Civic participation, employment, and Volunteerism</i></li> </ul>	<p>Goal 2: Health Reimagined Goal 4: Caregiving the Works Goal 3: Inclusion &amp; Equity, Not Isolation</p>	<p>No applicable comments</p>	<ul style="list-style-type: none"> <li>• Data collection in order to reach the homebound (Social Inclusion)</li> <li>• Outreach &amp; Networking: <i>Including intergenerational activities, volunteer opportunities, advocacy, and caretaking</i></li> </ul>

WHO STRATEGY FOR AGE-FRIENDLY COMMUNITIES	CALIFORNIA MASTER PLAN ON AGING	RIVCO STRATEGIC PLAN 2030	FOCUS GROUPS
<p>Improve, enhance, and integrate <u>Municipal Services</u>:</p> <ul style="list-style-type: none"> <li>○ <i>Communication and information</i></li> <li>○ <i>Community support and health services</i></li> <li>○ <i>Health and social services determinants of health</i></li> </ul>	<p>Goal 1: Housing for All Ages</p>	<p>Easy access and coordination and services of appropriate health care including preventative services</p>	<ul style="list-style-type: none"> <li>● Outreach &amp; Networking <ul style="list-style-type: none"> <li>○ <i>Advocacy</i></li> </ul> </li> <li>● Innovation (and funding)—new ways of providing services <ul style="list-style-type: none"> <li>○ <i>Accessible care &amp; Integrated services</i></li> <li>○ <i>Balanced accessible care</i></li> <li>○ <i>Holistic approach to person centered care</i></li> <li>○ <i>Accessible case management</i></li> <li>○ <i>Navigator services</i></li> <li>○ <i>Transportation</i></li> <li>○ <i>“No Wrong Door” Access</i></li> <li>○ <i>Prevention &amp; Early Intervention</i></li> <li>○ <i>Resources for caregivers</i></li> </ul> </li> </ul>

Many municipalities have added some form of Security and Safety strategies to their scope of work. PSA 21 has chosen to do so as well.

ADDITIONAL STRATEGIES FOR AGE-FRIENDLY COMMUNITIES	CALIFORNIA MASTER PLAN ON AGING	RIVCO STRATEGIC PLAN 2030	FOCUS GROUPS
<p>Improve services and community-based solutions to assist older adults in developing strategies for <u>Economic Security and Safety</u></p> <ul style="list-style-type: none"> <li>● <i>Elder justice</i></li> <li>● <i>Disaster preparedness</i></li> </ul>	<p>Goal 3: Inclusion &amp; equity, Not Isolation</p>	<p>Healthy, sustainable and safe communities</p>	<p>No applicable comments</p>



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

**1. SUPPORTING THE DEVELOPMENT OF AGE-FRIENDLY COMMUNITIES**

**Goal:** Participate in discussions, coalitions, collaborations, and initiatives that focus on developing *age-friendly, disability-friendly communities* that support older adults and persons with disabilities, allowing them to remain in the homes and communities of their choice.

**Rationale:**

WHO STRATEGY FOR AGE-FRIENDLY COMMUNITIES	CALIFORNIA MASTER PLAN ON AGING	RIVCO STRATEGIC PLAN 2030	FOCUS GROUPS
Integrate existing strategies and develop new strategies to improve the <b>Physical Environment</b> for older adults. <ul style="list-style-type: none"> <li>○ Outdoor Spaces</li> <li>○ Transportation</li> <li>○ Housing</li> </ul>	Goal 1: Housing for All Ages Goal 5: Affordable Aging	<ul style="list-style-type: none"> <li>• Housing choices [that] eliminate homelessness</li> <li>• Modern infrastructure that supports and enables communities</li> </ul>	No applicable comments

<b>Objective A:</b> Assist with providing safe and affordable housing solutions to keep older adults and persons with disabilities in the homes and communities of their choice. [Refer to CCR Article 3, Section 7300 (c)]	Projected Start and End Dates	Title IIIB Funded PD or C <sup>4</sup>	Update Status <sup>5</sup>
1. Provide emergency assistance in the form of housing, rental, utility, transportation, home repairs and modifications, falls prevention, and mobility management assistance.	2020-2024		Continued
2. Through a partnership with the Riverside University Health System – Behavioral Health, Department of Public Social Services - Adult Services Division, and the Riverside County Housing Authority, provide stabilization and wrap around supportive services for 20 older adults who are homeless or have unstable housing. <i>This is a non-OAA funded program.</i>	2020-2022	C	Revised

<b>Objective B:</b> Participate in existing age-friendly and disability-friendly initiatives occurring within the planning and service area.	Projected Start and End Dates	Title IIIB Funded PD or C <sup>4</sup>	Update Status <sup>5</sup>
1. Identify ongoing initiatives in the PSA and initiate participation.	2020-2024		Revised



## 2. DEVELOPING ENGAGING PROGRAMS AND ENVIRONMENTS FOR OLDER ADULTS

**Goal:** Support and assist in the expansion of engaging programs and environments for older adults through:

- *Enhanced education regarding promising practices*
- *Increased sharing of information and resources to promote/expand age-friendly environments*
- *User-friendly mechanisms for feedback and recommendations*
- *Providing opportunities for employment and volunteering*

**Rationale:**

WHO STRATEGY FOR AGE-FRIENDLY COMMUNITIES	CALIFORNIA MASTER PLAN ON AGING	RIVCO STRATEGIC PLAN 2030	FOCUS GROUPS
<p>Develop and expand community-based programs and interventions focused on the factors of the <u>Social Environment</u> and culture that affect participation and mental wellbeing of older adults such as:</p> <ul style="list-style-type: none"> <li>○ <i>Social inclusion</i></li> <li>○ <i>Social participation</i></li> <li>○ <i>Civic participation, employment, and Volunteerism</i></li> </ul>	<p>Goal 2: Health Reimagined</p> <p>Goal 3: Inclusion &amp; Equity, Not Isolation</p> <p>Goal 4: Caregiving the Works</p>	<p>No applicable comments</p>	<ul style="list-style-type: none"> <li>• Data collection in order to reach the homebound (Social Inclusion)</li> <li>• Outreach &amp; Networking: <i>Including intergenerational activities, volunteer opportunities, advocacy, and caretaking</i></li> </ul>

Objective A: Provide opportunities for individuals to engage in social and civic engagement, employment, and volunteerism. [Refer to CCR Article 3, Section 7300 (c)]	Projected Start and End Dates	Title IIIB Funded PD or C <sup>4</sup>	Update Status <sup>5</sup>
1. Advocate for mature worker programs via the Riverside County Workforce Innovation and Opportunity Act board and other local networks.	2020-2024		Continued
2. Identify and provide opportunities for individuals to volunteer in the community as a way of increasing social interaction and engagement.	2020-2024		Continued
3. Expand existing Coachella Valley (East County) RSVP program into West County and South County areas with additional funding.	2020-2024		Continued
4. Develop a volunteer (peer-support) friendly caller program with 60 volunteers reaching out to 200 seniors in order to reduce isolation.	2020-2022	PD	Revised
5. Encourage older adults to complete the Census 2020 survey.	2020-2021		Complete



<b>Objective B:</b> Assist the community, senior centers, non-profit organizations and those who serve older adults over age 60 with modified services due to COVID-19. [Refer to CCR Article 3, Section 7300 (c)]	<b>Projected Start and End Dates</b>	<b>Title IIIB Funded PD or C<sup>4</sup></b>	<b>Update Status<sup>5</sup></b>
1. Seek out and assist with the development of specific programs/projects designed to increase technology access and usage, including the provision of technical support to decrease loneliness and isolation among older adults.	2020-2022		Continued

<b>Objective C:</b> Conduct community assessments to obtain critical information from the community and key constituencies. [Refer to CCR Article 3, Section 7300 (c)]	<b>Projected Start and End Dates</b>	<b>Title IIIB Funded PD or C<sup>4</sup></b>	<b>Update Status<sup>5</sup></b>
1. Conduct community assessments from community events and activities.	2020-2024		Continued
2. Conduct nutrition assessment surveys from congregate and home delivered meal clients.	2020-2024		Continued
3. Conduct surveys with specific constituencies and target communities (non-English speaking, LGBTQ, etc. and/or on specific topics (housing, transportation, caregiving, etc.).	2020-2024		Continued
4. Develop and/or implement alternative, user-friendly mechanisms for information gathering including online platforms.	2020-2024		Continued

<b>Objective D.</b> Provide information, education, and programming that encourage individuals to remain active, social, and engage in activities that promote healthy aging. [Refer to CCR Article 3, Section 7300 (c)]	<b>Projected Start and End Dates</b>	<b>Title IIIB Funded PD or C<sup>4</sup></b>	<b>Update Status<sup>5</sup></b>
1. Expand the current <i>Arthritis Foundation Exercise Program (known locally as the Fit After 50 program)</i> to all focal points.	2020-2024		Continued
2. Expand the Walk with Ease program to all focal points.	2020-2024		Continued
3. Develop new IIID exercise program for community settings.	2020-2024		Continued
4. Develop alternative exercise and fitness programs for online and virtual platforms.	2020-2022		Revised



Objective E. Conduct outreach and provide educational presentations on available programs and services. <i>[Refer to CCR Article 3, Section 7300 (c)]</i>	Projected Start and End Dates	Title IIIB Funded PD or C <sup>4</sup>	Update Status <sup>5</sup>
1. Conduct outreach in all areas of the PSA via the Info Van.	2020-2024		Continued
2. Provide nutrition education to low-income older adults in local community and senior centers via the SNAP Ed program.	2020-2024		Continued
3. Conduct community education presentations via online and virtual formats.	2020-2024		Continued
4. Partner with community-based organizations to explore and implement alternative outreach methodologies that do not require face-to-face contact.	2020-2024		Continued



### 3. INCREASED ACCESS TO SUPPORTIVE SERVICES

**Goal:** Increase access to local resources through integrated partnerships and the promotion of “*No Wrong Door*” service provision.

**Rationale:**

WHO STRATEGY FOR AGE-FRIENDLY COMMUNITIES	CALIFORNIA MASTER PLAN ON AGING	RIVCO STRATEGIC PLAN 2030	FOCUS GROUPS
<p>Improve, enhance, and integrate <b><u>Municipal Services:</u></b></p> <ul style="list-style-type: none"> <li>○ <i>Communication and information</i></li> <li>○ <i>Community support and health services</i></li> <li>○ <i>Health and social services determinants of health</i></li> </ul>	<p>Goal 1: Housing for All Ages Goal 2: Health Reimagined Goal 5: Affordable Aging</p>	<p>Easy access and coordination and services of appropriate health care including preventative services</p>	<ul style="list-style-type: none"> <li>● Outreach &amp; Networking</li> <li>○ <i>Advocacy</i></li> <li>● Innovation (and funding)—new ways of providing services</li> <li>○ <i>Accessible care &amp; Integrated services</i></li> <li>○ <i>Balanced accessible care</i></li> <li>○ <i>Holistic approach to person centered care</i></li> <li>○ <i>Accessible case management</i></li> <li>○ <i>Navigator services</i></li> <li>○ <i>Transportation</i></li> <li>○ <i>“No Wrong Door” Access</i></li> <li>○ <i>Prevention &amp; Early Intervention</i></li> <li>○ <i>Resources for caregivers</i></li> </ul>

Objective A: Improve access to community-based services and supports. [Refer to CCR Article 3, Section 7300 (c)]	Projected Start and End Dates	Title IIIB Funded PD or C <sup>4</sup>	Update Status <sup>5</sup>
<p>1. Coordinate with county departments and local health care providers to implement a system of person-centered care that eliminates duplication, improves services, and resolves client problems related to service delivery, in order to address the specific needs of frail elderly clients. Specific initiatives include the Holistic Assessment, Resources, and Transitions for Seniors (HARTS) and Health Homes programs. <i>This is a non OAA funded program.</i></p>	2020-2022	C	Continued

2. Participate in discussions, coalitions, and collaborations that seek to develop a modern, age-friendly infrastructure that supports older adults and allows them to remain in their homes and communities.	2020-2024		Continued
3. Through the efforts of the ADRC, coordinate with community partners to provide information to individuals related to the kinds of services and supports available within the local community with special emphasis on rural and isolated areas.	2020-2024		Continued
4. Educate individuals and organizations about RCOoA and available ADRC services and supports.	2020-2024		Continued
5. Through a contracted provider, RCOoA offers Ombudsman services to assist older adults with their effort to seek resolution to problems and to advocate for the rights of residents in long term care facilities. Services are provided throughout the PSA.	2020-2024		Continued
6. Provide FCSP caregiver services including, but not limited to, support group, training, case management, overnight and in-home respite, material aid, outreach, information and assistance, as well as provide public information and community education on caregiving.	2020-2024		Continued

<b>Objective B:</b> Explore funding opportunities to enhance and expand existing services and to facilitate new services. <i>[Refer to CCR Article 3, Section 7300 (c)]</i>	<b>Projected Start and End Dates</b>	<b>Title IIIB Funded PD or C<sup>4</sup></b>	<b>Update Status<sup>5</sup></b>
1. Research and apply for additional funding for aging services programs to increase coordinated care services and supports.	2020-2024		Ongoing

<b>Objective C:</b> Develop new policies, procedures, programs, and initiatives that improve access to community-based services for targeted populations. <i>[Refer to CCR Article 3, Section 7300 (c)]</i>	<b>Projected Start and End Dates</b>	<b>Title IIIB Funded PD or C<sup>4</sup></b>	<b>Update Status<sup>5</sup></b>
<ul style="list-style-type: none"> <li>Through a partnership with the Riverside County Department of Public Social Services Adult Services Division, conduct needs assessments with 200 clients currently receiving emergency COVID services via the new COVID CARES program. This is a non OAA funded program.</li> </ul>	2020-2022	C	Revised
2. Purchase and distribute supportive technology solutions to enhance access of older adults and disabled persons to services and supports including, telehealth, support groups, connection with friends and family, and other web-based support services.	2020-2022		Continued
3. Facilitate the ongoing involvement of the LGBTQ community in the valuation, development, and expansion of aging services.	2020-2024		Continued
4. Advocate for the needs of low-income individuals, to bridge the gap of the “hidden poor”, and those who are not eligible for Older American Act services (due to age or income) in Riverside County.	2020-2024		Continued



5. Provide service linkages and financial assistance to older adults, persons with disabilities and their caregivers.	2020-2024		Ongoing
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#### 4. EDUCATE, REPORT, AND REDUCE ELDER ABUSE & NEGLECT

**Goal:** Increase collaborations and training initiatives with local protection and emergency response entities to *educate, report, and reduce the abuse and neglect* of vulnerable adults.

**Rationale:**

ADDITIONAL STRATEGIES FOR AGE-FRIENDLY COMMUNITIES	CALIFORNIA MASTER PLAN ON AGING	RIVCO STRATEGIC PLAN 2030	FOCUS GROUPS
Improve services and community-based solutions to assist older adults in developing strategies for <b><u>Economic Security and Safety</u></b> <ul style="list-style-type: none"> <li>• <i>Elder justice</i></li> <li>• <i>Disaster preparedness</i></li> </ul>	Goal 3: Inclusion & equity, Not Isolation	Healthy, sustainable and safe communities	No applicable comments

Objective A: Provide individuals with the information and resources available to assist with economic security, self-sufficiency, and safety. [Refer to CCR Article 3, Section 7300 (c)]	Projected Start and End Dates	Title IIIB Funded PD or C <sup>4</sup>	Update Status <sup>5</sup>
1. Provide ongoing sensitivity training for staff, caregivers and providers through the use of virtual reality technology.	2020-2024		Continued
2. Educate individuals in the community about the importance of emergency and disaster preparedness.	2020-2024		Continued
3. Conduct targeted outreach regarding available services to vulnerable/isolated older adults, persons with disabilities, and their caregivers.	2020-2024		Continued
4. Participate in community collaborations that increase awareness of and address elder abuse issues including prevention, fraud, and neglect.	2020-2024		Continued
5. Educate individuals about the many forms of elder abuse.	2020-2024		Continued
6. Provide individuals with the information and tools to protect against economic fraud.	2020-2024		Continued
7. Conduct targeted outreach regarding available services to vulnerable/isolated older adults, persons with disabilities and their caregivers.	2020-2024		Continued

<sup>3</sup> Indicate if Program Development (PD) or Coordination (C) is the objective (cannot be both). If a PD objective is not completed in the timeline required and is continuing in the following year, any objective revision must state additional tasks.

<sup>4</sup> Use for the Area Plan Updates only to indicate if the objective is New, Continued, Revised, Completed, or Deleted

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

**PSA 21**

**TITLE III/VIIA 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](#).

1. 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, and VIIA. Only report services provided; others may be deleted.

*\*PSA 21 Service Unit Plan (SUP) Proposed Units of Service adjusted for the 2020-2024 Area Plan cycle based on three-year average of actual NAPIS performance (2016-2019).*

**Personal Care (In-Home)**

**Unit of Service = 1 hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	<b>4,254</b>	<b>3</b>	
2021-2022	<b>4,254</b>	<b>3</b>	
2022-2023			
2023-2024			

**Homemaker (In-Home)**

**Unit of Service = 1 hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	<b>3,378</b>	<b>3</b>	
2021-2022	<b>3,378</b>	<b>3</b>	
2022-2023			
2023-2024			

**Home-Delivered Meal**

**Unit of Service = 1 meal**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	<b>336,738</b>	<b>3</b>	
2021-2022	<b>336,738</b>	<b>3</b>	
2022-2023			
2023-2024			

**Adult Day/ Health Care (In-Home)**

**Unit of Service = 1 hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	<b>9,168</b>	<b>3</b>	
2021-2022	<b>9,168</b>	<b>3</b>	
2022-2023			
2023-2024			



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

<b>Fiscal Year</b>	<b>Proposed Units of Service</b>	<b>Goal Numbers</b>	<b>Objective Numbers (if applicable)</b>
2020-2021	<b>2,170</b>	<b>3</b>	
2021-2022	<b>2,170</b>	<b>3</b>	
2022-2023			
2023-2024			

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

<b>Fiscal Year</b>	<b>Proposed Units of Service</b>	<b>Goal Numbers</b>	<b>Objective Numbers (if applicable)</b>
2020-2021	<b>21,336</b>	<b>3</b>	
2021-2022	<b>21,336</b>	<b>3</b>	
2022-2023			
2023-2024			

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

<b>Fiscal Year</b>	<b>Proposed Units of Service</b>	<b>Goal Numbers</b>	<b>Objective Numbers (if applicable)</b>
2020-2021	<b>274,888</b>	<b>3</b>	
2021-2022	<b>274,888</b>	<b>3</b>	
2022-2023			
2023-2024			

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

<b>Fiscal Year</b>	<b>Proposed Units of Service</b>	<b>Goal Numbers</b>	<b>Objective Numbers (if applicable)</b>
2020-2021	<b>1,550</b>	<b>1,2,3</b>	
2021-2022	<b>1,550</b>	<b>1,2,3</b>	
2022-2023			
2023-2024			

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

<b>Fiscal Year</b>	<b>Proposed Units of Service</b>	<b>Goal Numbers</b>	<b>Objective Numbers (if applicable)</b>
2020-2021	<b>2,734</b>	<b>3,4</b>	
2021-2022	<b>2,734</b>	<b>3,4</b>	
2022-2023			
2023-2024			



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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	<b>21,359</b>	<b>3</b>	
2021-2022	<b>21,359</b>	<b>3</b>	
2022-2023			
2023-2024			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	<b>30,767</b>	<b>1,3</b>	
2021-2022	<b>30,767</b>	<b>1,3</b>	
2022-2023			
2023-2024			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	<b>37,659</b>	<b>1,2,3,4</b>	
2021-2022	<b>37,659</b>	<b>1,2,3,4</b>	
2022-2023			
2023-2024			

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

- Each **Title IIIB** “Other” service must be an approved NAPIS Program service listed above 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. (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 (if applicable)
2020-2021	<b>1,562*</b>	<b>2</b>	
2021-2022	<b>1,562*</b>	<b>2</b>	
2022-2023			
2023-2024			

*\*Based on previously contracted amount for this service.***Other Supportive Service Category: Comprehensive Assessment****Unit of Service = 1 hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	<b>2,967</b>	<b>3</b>	
2021-2022	<b>2,967</b>	<b>3</b>	
2022-2023			
2023-2024			

**Other Supportive Service Category: Cash/Material Aid****Unit of Service = 1 assistance**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	<b>136</b>	<b>3</b>	
2021-2022	<b>136</b>	<b>3</b>	
2022-2023			
2023-2024			

**Other Supportive Service Category: Community Education****Unit of Service = 1 contact**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	<b>19</b>	<b>1,2,4</b>	
2021-2022	<b>19</b>	<b>1,2,4</b>	
2022-2023			
2023-2024			

**Other Supportive Service Category: Public Information****Unit of Service = 1 activity**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	<b>6</b>	<b>1,2,4</b>	
2021-2022	<b>6</b>	<b>1,2,4</b>	
2022-2023			
2023-2024			

**Other Supportive Service Category: Disaster Preparedness Materials****Unit of Service = 1 product**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	<b>200</b>	<b>4</b>	
2021-2022	<b>200</b>	<b>4</b>	
2022-2023			
2023-2024			

**Other Supportive Service Category: Housing****Unit of Service = 1 hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	<b>130</b>	<b>1,2</b>	
2021-2022	<b>130</b>	<b>1,2</b>	
2022-2023			
2023-2024			

**Other Supportive Service Category: Interpretation/Translation****Unit of Service = 1 contact**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	<b>5,000</b>	<b>2,3</b>	
2021-2022	<b>5,000</b>	<b>2,3</b>	
2022-2023			
2023-2024			

**Other Supportive Service Category: Mental Health****Unit of Service = 1 hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	<b>500</b>	<b>1,2,3</b>	
2021-2022	<b>500</b>	<b>1,2,3</b>	
2022-2023			
2023-2024			

**Other Supportive Service Category: Residential Repairs/Modifications****Unit of Service = 1 modification**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	<b>500</b>	<b>1,2</b>	
2021-2022	<b>500</b>	<b>1,2</b>	
2022-2023			
2023-2024			



**Other Supportive Service Category: Telephone Reassurance**

**Unit of Service = 1 contact**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	<b>500</b>	<b>1,2</b>	
2021-2022	<b>500</b>	<b>1,2</b>	
2022-2023			
2023-2024			

**Other Supportive Service Category: Visiting**

**Unit of Service = 1 hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	<b>300</b>	<b>1,2</b>	
2021-2022	<b>300</b>	<b>1,2</b>	
2022-2023			
2023-2024			

**3. Title IIID/ Disease Prevention and Health Promotion**

*Instructions for Title IIID Disease Prevention and Health Promotion: Enter the name of the proposed program to be implemented, proposed units of service and the Program Goal and Objective number(s) that provide a narrative description of the program, and explain how the service activity meets the criteria for evidence-based programs described in PM 15-10 if not ACL approved.*

**Service Category: Physical Activity**

**Unit of Service = 1 activity**

- **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)
2020-2021	<b>46,071</b>	<b>2</b>	<b>1, 2, 3, 4</b>
2021-2022	<b>46,071</b>	<b>2</b>	<b>1, 2, 3, 4</b>
2022-2023			
2023-2024			

**TITLE III B and Title VIII: LONG-TERM CARE (LTC) OMBUDSMAN PROGRAM OUTCOMES****2020-2024 Four-Year Planning Cycle**

As mandated by the Older Americans Act Reauthorization Act of 2016, 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 ensuring their dignity, quality of life, and quality of care.

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. Older Americans Act Reauthorization Act of 2016, Section 712(a)(3), (5)]**

**Measures and Targets:**

**A. Complaint Resolution Rate (NORS Element CD-08) (Complaint Disposition).** The average California complaint resolution rate for FY 2017-2018 was 73%.

## 1. FY 2018-2019 Baseline Resolution Rate:

Number of complaints resolved 251 + number of partially resolved complaints 74 divided by the total number of complaints received 531 = Baseline Resolution Rate 61.2 %

FY 2020-2021 Target Resolution Rate 61 %

## 2. FY 2019-2020 Baseline Resolution Rate:

Number of complaints partially or fully resolved 577 divided by the total number of complaints received 817 = Baseline Resolution Rate: 68 %

FY 2021-2022 Target Resolution Rate 50 %

## 3. FY 2020 - 2021 Baseline Resolution Rate:

Number of complaints partially or fully resolved \_\_\_\_\_ divided by the total number of complaints received \_\_\_\_\_ = Baseline Resolution Rate \_\_\_\_\_ %

FY 2022-2023 Target Resolution Rate \_\_\_\_\_ %

## 4. FY 2021-2022 Baseline Resolution Rate:

Number of complaints partially or fully resolved \_\_\_\_\_ divided by the total number of complaints received \_\_\_\_\_ = Baseline Resolution Rate \_\_\_\_\_ %

FY 2023-2024 Target Resolution Rate \_\_\_\_\_

Program Goals and Objective Numbers: **Goal 3. A.5.**

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

1. FY 2018-2019 Baseline: Number of Resident Council meetings attended <b>163</b> FY 2020-2021 Target: <b>150</b>
2. FY 2019-2020 Baseline: Number of Resident Council meetings attended <b>44</b> FY 2021-2022 Target: <b>5</b>
3. FY 2020-2021 Baseline: Number of Resident Council meetings attended _____ FY 2022-2023 Target: _____
4. FY 2021-2022 Baseline: Number of Resident Council meetings attended _____ FY 2023-2024 Target: _____
Program Goals and Objective Numbers: <b>Goal 3. A.5.</b>

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

1. FY 2018-2019 Baseline: Number of Family Council meetings attended <b>4</b> FY 2020-2021 Target: <b>4</b>
2. FY 2019-2020 Baseline: Number of Family Council meetings attended <b>1</b> FY 2021-2022 Target: <b>1</b>
3. FY 2020-2021 Baseline: Number of Family Council meetings attended _____ FY 2022-2023 Target: _____
4. FY 2021-2022 Baseline: Number of Family Council meetings attended _____ FY 2023-2024 Target: _____
Program Goals and Objective Numbers: <b>Goal 3. A.5.</b>

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

1. FY 2018-2019 Baseline: Number of Instances <b>479</b> FY 2020-2021 Target: <b>500</b>
2. FY 2019-2020 Baseline: Number of Instances <b>3044</b> FY 2021-2022 Target: <b>3050</b>
3. FY 2020-2021 Baseline: Number of Instances _____ FY 2022-2023 Target: _____
4. FY 2021-2022 Baseline: Number of Instances _____ FY 2023-2024 Target: _____
Program Goals and Objective Numbers: <b>Goal 3. A.5.</b>

**E. Information and Assistance to Individuals (NORS Element S-55) Count of instances of Ombudsman**



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

1. FY 2018-2019 Baseline: Number of Instances <b>1,379</b> FY 2020-2021 Target: <b>1,500</b>
2. FY 2019-2020 Baseline: Number of Instances: <b>1,428</b> FY 2021-2022 Target: <b>1,500</b>
3. FY 2020-2021 Baseline: Number of Instances _____ FY 2022-2023 Target: _____
4. FY 2021-2022 Baseline: Number of Instances _____ FY 2023-2024 Target: _____
Program Goals and Objective Numbers: <b>Goal 3. A.5.</b>

**F. Community Education** (NORS Element S-68) LTC Ombudsman Program participation in public events planned to provide information or instruction to community members about the LTC Ombudsman Program or LTC issues. The number of sessions refers to the number of events, not the number of participants. This cannot include sessions that are counted as Public Education Sessions under the Elder Abuse Prevention Program.

1. FY 2018-2019 Baseline: Number of Sessions <b>21</b> FY 2020-2021 Target: <b>25*</b> <i>*Program will utilize Zoom or other web-based programming to facilitate this increase.</i>
2. FY 2019-2020 Baseline: Number of Sessions <b>19</b> FY 2021-2022 Target: <b>8</b>
3. FY 2020-2021 Baseline: Number of Sessions _____ FY 2022-2023 Target: _____
4. FY 2021-2022 Baseline: Number of Sessions _____ FY 2023-2024 Target: _____
Program Goals and Objective Numbers: <b>Goal 3. A.5.</b>

**G. Systems Advocacy** (NORS Elements S-07, S-07.1)

One or more new systems advocacy efforts must be provided for each fiscal year Area Plan Update. In the relevant box below for the current Area Plan year, in narrative format, please provide at least one new priority systems advocacy effort the local LTC Ombudsman Program will engage in during the fiscal year. The systems advocacy effort may be a multi-year initiative, but for each year, describe the results of the efforts made during the previous year and what specific new steps the local LTC Ombudsman program will be taking during the upcoming year. Progress and goals must be separately entered each year of the four-year cycle in the appropriate box below.

Systems Advocacy can include efforts to improve conditions in one LTC facility or can be county-wide, state-wide, or even national in scope. (Examples: Work with LTC facilities to improve pain relief or increase access to oral health care, work with law enforcement entities to improve response and investigation of abuse complaints, collaboration with other agencies to improve LTC residents' quality of care and quality of life, participation in disaster preparedness planning, participation in legislative advocacy efforts related to LTC issues, etc.) Be specific about the actions planned by the local LTC Ombudsman Program. Enter information in the relevant box below.

<b>FY 2020-2021</b>
<b>FY 2020-2021 Systems Advocacy Effort(s):</b> (Provide one or more new systems advocacy efforts) <ul style="list-style-type: none"> <li>• Coordination with inter-disciplinary teams in order to better serve residents in LTC.</li> <li>• Participation in developing disaster preparedness plans for residents of LTC facilities and their families.</li> </ul>
<b>FY 2021-2022:</b> Coordination with Public Guardian to improve response to residents and Ombudsman.
<i>Outcome of FY 2020-2021 Efforts:</i> <b>FY 2021-2022 Systems Advocacy Effort(s):</b> (Provide one or more new systems advocacy efforts)
<b>FY 2022-2023</b>
<i>Outcome of FY 2021-2022 Efforts:</i> <b>FY 2022-2023 Systems Advocacy Effort(s):</b> (Provide one or more new systems advocacy efforts)
<b>FY 2023-2024</b>
<i>Outcome of 2022-2023 Efforts:</i> <b>FY 2023-2024 Systems Advocacy Effort(s):</b> (Provide one or more new systems advocacy efforts)

**Outcome 2. Residents have regular access to an Ombudsman. [(Older Americans Act Reauthorization Act of 2016), Section 712(a)(3)(D), (5)(B)(ii)]**

**Measures and Targets:**

**A. Routine Access: Nursing Facilities (NORS Element S-58)** Percentage of nursing facilities within the PSA that were visited by an Ombudsman representative at least once each quarter **not** in response to a complaint. The percentage is determined by dividing the number of nursing facilities in the PSA that were visited at least once each quarter not in response to a complaint by the total number of nursing facilities in the PSA. **NOTE:** This is not 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 2018-2019 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint <b>37</b> divided by the total number of Nursing Facilities <b>52</b> = Baseline: <b>71%</b> FY 2020-2021 Target: <b>50%</b>
2. FY 2019-2020 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 <b>54 %</b> FY 2021-2022 Target : <b>25%</b>
3. FY 2020-2021 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 2022-2023 Target: _____ %
4. FY 2021-2022 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 2023-2024 Target: _____ %
Program Goals and Objective Numbers: <b>Goal 3. A.5.</b>



**B. Routine access: Residential Care Communities (NORS Element S-61) 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.**

<p>1. FY 2018-2019 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint <u>113</u> divided by the total number of RCFEs <u>369</u> = Baseline <u>30%</u></p> <p>FY 2020-2021 Target: <u>30%</u></p>
<p>2. FY 2019-2020 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint <u>0</u> divided by the total number of RCFEs <u>490</u> = Baseline <u>0%</u></p> <p>FY 2021-2022 Target: <u>10%</u></p>
<p>3. FY 2020-2021 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint _____ divided by the total number of RCFEs _____ = Baseline _____%</p> <p>FY 2022-2023 Target: _____ %</p>
<p>4. FY 2021-2022 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint _____ divided by the total number of RCFEs _____ = Baseline _____%</p> <p>FY 2023-2024 Target: _____ %</p>
<p>Program Goals and Objective Numbers: <b>Goal 3. A.5.</b></p>

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

<p>1. FY 2018-2019 Baseline: <u>7.26</u> FTEs</p> <p>FY 2020-2021 Target: <u>2</u> FTEs</p>
<p>2. FY 2019-2020 Baseline: <u>8.68</u> FTEs</p> <p>FY 2021-2022 Target: <u>3</u> FTEs</p>
<p>3. FY 2020-2021 Baseline: _____ FTEs</p> <p>FY 2022-2023 Target: _____ FTEs</p>
<p>4. FY 2021-2022 Baseline: _____ FTEs</p> <p>FY 2023-2024 Target: _____ FTEs</p>
<p>Program Goals and Objective Numbers: <b>Goal 3. A.5.</b></p>



**D. Number of Certified LTC Ombudsman Volunteers (NORS Element S-24)**

1. FY 2018-2019 Baseline: Number of certified LTC Ombudsman volunteers: <b>21</b> FY 2020-2021 Projected Number of certified LTC Ombudsman volunteers: <b>15</b>
2. FY 2019-2020 Baseline: Number of certified LTC Ombudsman volunteers <b>13</b> _____ FY 2021-2022 Projected Number of certified LTC Ombudsman volunteers <b>10</b> _____
3. FY 2020-2021 Baseline: Number of certified LTC Ombudsman volunteers _____ FY 2022-2023 Projected Number of certified LTC Ombudsman volunteers _____
4. FY 2021-2022 Baseline: Number of certified LTC Ombudsman volunteers _____ FY 2023-2024 Projected Number of certified LTC Ombudsman volunteers _____
Program Goals and Objective Numbers: <b>Goal 3. A.5.</b>

**Outcome 3. Ombudsman representatives accurately and consistently report data about their complaints and other program activities in a timely manner. [Older Americans Act Reauthorization Act of 2016, 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 Reporting System (NORS) data reporting.*

*Some examples could include:*

- *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*

<ol style="list-style-type: none"> <li>1. <i>Hire additional staff to enter data</i></li> <li>2. <i>Utilize computer equipment to make data entry easier</i></li> <li>3. <i>Initiate a case review process to ensure case entry is completed in a timely manner.</i></li> <li>4. <i>Provide additional ODIN 2020 training online to staff and volunteers.</i></li> </ol>
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## **TITLE VIIA 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 IIIIE 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. NOTE: The number of sessions refers to the number of presentations and not the number of attendees*

- **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 IIIIE** –Indicate the total number of projected training sessions for unpaid family caregivers who are receiving services under Title IIIIE of the Older Americans Act (OAA) on the identification, prevention, and treatment of elder abuse, neglect, and exploitation. Older Americans Act Reauthorization Act of 2016, Section 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 VIIA ELDER ABUSE PREVENTION SERVICE UNIT PLAN OBJECTIVES**

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

<b>Fiscal Year</b>	<b>Total # of Public Education Sessions</b>
2020-2021	<b>25</b>
2021-2022	<b>23</b>
<i>2022-2023</i>	
<i>2023-2024</i>	

<b>Fiscal Year</b>	<b>Total # of Training Sessions for Professionals</b>
2020-2021	<b>500</b>
2021-2022	<b>455</b>
<i>2022-2023</i>	
<i>2023-2024</i>	

<b>Fiscal Year</b>	<b>Total # of Copies of Educational Materials to be Distributed</b>	<b>Description of Educational Materials</b>
2020-2021	<b>4,907</b>	<b>“When Trust is a Weapon” booklet</b> <b>“Elder Abuse” booklet</b>
2021-21022	<b>4,465</b>	<b>“When Trust is a Weapon” booklet</b> <b>“Elder Abuse” booklet</b>
<i>2022-2023</i>		
<i>2023-2024</i>		

<b>Fiscal Year</b>	<b>Total Number of Individuals Served</b>
2020-2021	<b>4,907</b>
2021-2022	<b>4,469</b>
<i>2022-2023</i>	
<i>2023-2024</i>	



**TITLE III SERVICE UNIT PLAN OBJECTIVES**

CCR Article 3, Section 7300(d) 2020-2024 Four-Year Planning Period

*This Service Unit Plan (SUP) uses the five broad federally mandated service categories. Refer to the CDA Service Categories and Data Dictionary Revisions Effective July 2018 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**

<b>CATEGORIES</b>	<b>1</b>	<b>2</b>	<b>3</b>
<b>Family Caregiver Services Caring for Elderly</b>	<i>Proposed Units of Service</i>	<i>Required Goal #(s)</i>	<i>Optional Objective #(s)</i>
<b>Information Services</b>	<b># of activities and Total est. audience for above</b>		
2020-2021	# of activities: <b>47</b> Total est. audience for above: <b>108,362</b>	<b>3</b>	
2021-2022	# of activities: <b>43</b> Total est. audience for above: <b>98,609</b>	<b>3</b>	
2022-2023	# of activities: Total est. audience for above:		
2023-2024	# of activities: Total est. audience for above:		
<b>Access Assistance</b>	<b>Total contacts</b>		
2020-2021	<b>8,678</b>	<b>3</b>	
2021-2022	<b>7,897</b>	<b>3</b>	
2022-2023			
2023-2024			
<b>Support Services</b>	<b>Total hours</b>		
2020-2021	<b>4,465</b>	<b>3</b>	
2021-2022	<b>4,063</b>	<b>3</b>	
2022-2023			
2023-2024			
<b>Respite Care</b>	<b>Total hours</b>		
2020-2021	<b>7,242</b>	<b>3</b>	
2021-2022	<b>6,590</b>	<b>3</b>	
2022-2023			
2023-2024			
<b>Supplemental Services</b>	<b>Total occurrences</b>		
2020-2021	<b>21</b>	<b>3</b>	
2021-2022	<b>19</b>	<b>3</b>	
2022-2023			
2023-2024			

**Direct and/or Contracted IIIE Services**

<b>Grandparent Services Caring for Children</b>	<b>Proposed Units of Service</b>	<b>Required Goal #(s)</b>	<b>Optional Objective #(s)</b>
<b>Information Services</b>	<b># of activities and Total est. audience for above</b>		
2020-2021	# of activities: <b>67</b> Total est. audience for above: <b>80,175</b>	<b>3</b>	
2021-2022	# of activities: <b>61</b> Total est. audience for above: <b>72,959</b>	<b>3</b>	
2022-2023	# of activities: Total est. audience for above:		
2023-2024	# of activities: Total est. audience for above:		
<b>Access Assistance</b>	<b>Total contacts</b>		
2020-2021	<b>3,650</b>	<b>3</b>	
2021-2022	<b>3,321</b>	<b>3</b>	
2022-2023			
2023-2024			
<b>Support Services</b>	<b>Total hours</b>		
2020-2021	<b>1,363</b>	<b>3</b>	
2021-2022	<b>1,240</b>	<b>3</b>	
2022-2023			
2023-2024			

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

**MULTIPLE PSA HICAPs:** *If you are a part of a multiple-PSA HICAP where two or more AAAs enter into an agreement with one “Managing AAA,” to deliver HICAP services on their behalf to eligible persons in their AAA, then each 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 this section if your Master Contract contains a provision for using HICAP funds to provide HICAP Legal Services.*

**STATE & FEDERAL PERFORMANCE TARGETS:** *The Administration for Community Living (ACL) establishes targets for the State Health Insurance Assistance Program (SHIP)/HICAP performance measures (PMs). ACL introduced revisions to the SHIP PMs in late 2016 in conjunction with the original funding announcement (ref HHS-2017-ACL-CIP-SAPG-0184) for implementation with the release of the Notice of Award (Grant No. 90SAPG0052-01-01 issued July 2017).*

*The new five federal PMs generally reflect the former seven PMs (PM 2.1 through PM 2.7), except for PM 2.7, (Total Counseling Hours), which was removed because it is already being captured under the SHIP Annual Resource Report. As a part of these changes, ACL eliminated the performance-based funding scoring methodology and replaced it with a Likert scale comparison model for setting National Performance Measure Targets that define the proportional penetration rates needed for improvements.*

*Using ACL’s approach, CDA HICAP provides State and Federal Performance Measures with goal-oriented targets for each AAA’s Planning and Service Area (PSA). One change to all PMs is the shift to county-level data. In general, the State and Federal Performance Measures include the following:*

- *PM 1.1 Clients Counseled ~ Number of finalized Intakes for clients/ beneficiaries that received HICAP services*
- *PM 1.2 Public and Media Events (PAM) ~ Number of completed PAM forms categorized as “interactive” events*
- *PM 2.1 Client Contacts ~ Percentage of one-on-one interactions with any Medicare beneficiaries*
- *PM 2.2 PAM Outreach Contacts ~ Percentage of persons reached through events categorized as “interactive”*
- *PM 2.3 Medicare Beneficiaries Under 65 ~ Percentage of one-on-one interactions with Medicare beneficiaries under the age of 65*
- *PM 2.4 Hard-to-Reach Contacts ~ Percentage of one-on-one interactions with “hard-to- reach” Medicare beneficiaries designated as:
 
  - *PM 2.4a Low-income (LIS)*
  - *PM 2.4b Rural*
  - *PM 2.4c English Second Language (ESL)**
- *PM 2.5 Enrollment Contacts ~ Percentage of contacts with one or more qualifying enrollment topics discussed*



AAA's should demonstrate progress toward meeting or improving on the Performance requirements established by CDA and ACL as is displayed annually on the HICAP State and Federal Performance Measures tool located online at: [https://www.aging.ca.gov/Providers\\_and\\_Partners/Area\\_Agencies\\_on\\_Aging/#pp-planning](https://www.aging.ca.gov/Providers_and_Partners/Area_Agencies_on_Aging/#pp-planning). (Reference CDA PM 17-11 for further discussion, including current HICAP Performance Measures and Definitions).

For current and future planning, CDA requires each AAA ensure that HICAP service units and related federal Annual Resource Report data are documented and verified complete/ finalized in CDA's Statewide HICAP Automated Reporting Program (SHARP) system per the existing contractual reporting requirements. HICAP Service Units do not need to be input in the Area Plan (with the exception of HICAP Paid Legal Services, where applicable).

**HICAP Legal Services Units of Service (if applicable) <sup>6</sup>**

<i>Fiscal Year (FY)</i>	<i>3.1 Estimated Number of Clients Represented Per FY (Unit of Service)</i>	<i>Goal Numbers</i>
2020-2021	0	N/A
2021-2022	0	N/A
2022-2023	0	N/A
2023-2024	0	N/A

<i>Fiscal Year (FY)</i>	<i>3.2 Estimated Number of Legal Representation Hours Per FY (Unit of Service)</i>	<i>Goal Numbers</i>
2020-2021	0	N/A
2021-2022	0	N/A
2022-2023	0	N/A
2023-2024	0	N/A

<i>Fiscal Year (FY)</i>	<i>3.3 Estimated Number of Program Consultation Hours Per FY (Unit of Service)</i>	<i>Goal Numbers</i>
2020-2021	0	N/A
2021-2022	0	N/A
2022-2023	0	N/A
2023-2024	0	N/A

<sup>5</sup> Requires a contract for using HICAP funds to pay for HICAP Legal Services.

**SECTION 11 - FOCAL POINTS**PSA **21****COMMUNITY FOCAL POINTS LIST**CCR Title 22, Article 3, Section 7302(a)(14), 45 CFR Section 1321.53(c),  
(Older Americans Act Reauthorization Act of 2016, Section 306(a))

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

<b>Designated Community Focal Point</b>	<b>Address</b>	<b>Contact Information</b>
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 Geronio Avenue PO Box 998, Banning, CA 92220	(951) 922-3250
The Cathedral Center/Cathedral City Senior 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	(760) 922-6133
Corona Senior Center	921 South Belle Avenue Corona, CA 92882	(951) 736-2363
Dales Senior Center – White Park	3936 Chestnut Street Riverside, CA 92501	(951) 826-5303
Desert Hot Springs Senior Center	11-777 West Drive Desert Hot Springs, CA 92240	(760) 329-0222
<b>Doris Morgan Community Center*</b> <i>(Formerly the Blythe Community Center)</i>	445 North Broadway Blythe, CA 92225	(760) 922-8801
Eddie Dee Smith Senior Center	5888 Mission Boulevard Riverside (Rubidoux), CA 92509	(951) 275-9975
Idyllwild Town Hall Recreation Center	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
Janet Goeske Foundation and Senior Center	5257 Sierra Street Riverside, CA 92504	(951) 351-8800
Jerry Rummonds' Senior Center	87-229 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 Cenicerros Senior Center	29995 Evans Road Menifee (Sun City), CA 92586	(951) 672-9673
La Quinta Wellness Center	78-450 Avenida La Fonda La Quinta, CA 92247	(760) 564-0096
La Sierra Senior Center	5215 La Sierra Riverside, CA 92505	(951) 351-6435



Lake Elsinore Senior Activity Center	420 East Lakeshore Drive Lake Elsinore, CA 92530	(951) 674-2526
The LGBT Community Center of the Desert	1301 North Palm Canyon Drive 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	(951) 210-1580
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	(951) 943-9126
Murrieta Senior Center	41717 Juniper Street Murrieta, CA 92562	(951) 304-7275
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) 241-7221
Norton Younglove Community Center	908 Park Avenue PO Box 1190 Calimesa, CA 92320	(909) 795-2287
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) 654-2054
Stratton Community Center at Bordwell Park	2008 Martin Luther King Boulevard Riverside, CA 92507	(951) 826-5355
Ysmael Villegas Community Center	3091 Esperanza Street Riverside, CA 92504	(951) 351-6142



## Doris Morgan Community Center • Blythe, CA\*

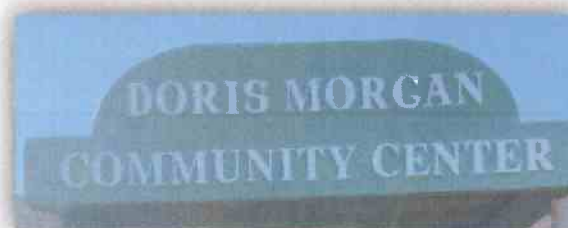
Doris Morgan-Hayes  
Riverside County Advisory Council on Aging  
1992 – 2019



As a member of the Riverside County Advisory Council on Aging, Doris Morgan-Hayes dedicated nearly three decades to advocating for older adults, persons with disabilities, and their caregivers in Blythe and throughout Riverside County. For 27 straight years, Doris faithfully made a 6 hour commute to monthly Advisory Council meetings, and still made time to volunteer at the Blythe senior center, her church, local schools, the Cemetery District, and various other boards and commissions, while volunteering 40 to 50 hours per month to the Volunteer Income Tax Assistance program during its annual peak season.

A highly respected community leader, Doris served as Advisory Council Chair and Vice Chair, and served on countless committees and projects throughout the years. Most importantly, she served as mentor, advisor, spiritual inspiration, and dear friend to her Advisory Council peers and RCOoA staff alike. Doris' public service dates back to at least 1980 when she served 12 years as a Blythe City Council Member and made history as the first and only female Mayor of Blythe; a record which still stands.

Fittingly, in October 2019, the City of Blythe renamed and dedicated the *Blythe Community Center* as the ***Doris Morgan Community Center*** in her honor. Just a year prior, Doris was also recognized by the Riverside County Office on Aging Retired Senior Volunteer Program for her dedicated commitment to that community center's frequent patrons.



What is most commendable about Doris is her humility and grace. Always shying away from praise and admiration, Doris prefers to quietly go about what she does best – helping others. Doris specifically asked that no one “*make a big deal*” about her years of public service and dedication to the community, so instead we simply thank her with all our hearts on behalf of the Advisory Council on Aging, RCOoA, the City of Blythe, the County of Riverside, every future community leader she has taken under her wing, and every single person she has ever helped, for her tireless advocacy; her resolute support; her willingness to sacrifice for the greater good of the community; her ability to inspire and uplift others; her kindness; and for the indelible legacy she leaves behind.

Above all else, we thank her for her heartfelt compassion and dedication to Riverside County's older adults, persons with disabilities, and their caregivers.



## **SECTION 12 - DISASTER PREPAREDNESS**

PSA **21**

*Disaster Preparation Planning Conducted for the 2020-2024 Planning Cycle Older Americans Act Reauthorization Act of 2016, Section 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:**

RCOoA, in its role as Area Agency on Aging, is responsible for creating a disaster plan that will ensure the provision of critical direct and contracted services that will meet the emergency needs of its consumers in the event of a natural disaster, such as an earthquake, fire, or flood.

RCOoA'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*

RCOoA 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. RCOoA's Disaster Response Coordinator is responsible to execute activation of RCOoA'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 RCOoA site and assume normal operating duties unless designated or assigned otherwise.

Information and Assistance staff have been provided with 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 Rocket	Emergency Services Coordinator/EOC Manager Riverside County Fire	Office: 951-955-4700 Cell: 951-453-5130	<a href="mailto:diana.rocket@fire.ca.gov">diana.rocket@fire.ca.gov</a>

3. Identify the Disaster Response Coordinator within the AAA:

Name	Title	Telephone	email
Rachelle Roman	Deputy Director for Administration	Office: 951-867-3800	<a href="mailto:rroman@rivco.org">rroman@rivco.org</a>

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

Critical Services	How Delivered?
<p>a. Information and Referral Services, for such services as transportation, disaster assistance, etc.</p> <p>b. Work with local OES, CDA, FEMA to provide accessible disaster aid</p> <p>c. Connect food, water, and other supplies to consumers</p> <p>d. Advocate and assist in providing seniors with government disaster assistance.</p> <p>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.</p>	<p>a. Through trained Information &amp; Assistance staff on site or at designated location</p> <p>b. In person or via call center; assistance in completion of forms for federal or state emergency assistance</p> <p>c. Through contracted congregate meal sites or home delivered meals, or through emergency services as appropriate</p> <p>d. Through trained staff and volunteers</p> <p>e. Coordinated through the Disaster Preparedness Coordinator or the Director of the RCOoA.</p>

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 RCOoA 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.*

Riverside County's vulnerable older adult 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.

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

In coordination with the local OES, FEMA, and CDA, RCOoA 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.



**2020-2024 Four-Year Planning Cycle  
Funding for Access, In-Home Services, and Legal Assistance**

*The CCR, Article 3, Section 7312, requires the AAA to allocate an “adequate proportion” of federal funds to provide Access, In-Home Services, and Legal Assistance in the PSA. The annual minimum allocation is determined by the AAA through the planning process. The minimum percentages of applicable Title III B funds<sup>7</sup> listed below have been identified for annual expenditure throughout the four-year planning period. These percentages are based on needs assessment findings, resources available within the PSA, and discussions at public hearings on the Area Plan.*

Category of Service and the Percentage of Title III B Funds expended in/or to be expended in FY 2020-21 through FY 2023-2024

**Access:**

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

2020-21 **25.9%**      21-22 **25.9 %**      22-23 \_\_\_\_\_%      23-24 \_\_\_\_%

**In-Home Services:**

Personal Care, Homemaker, Chore, Adult Day / Health Care, Alzheimer’s, Residential

2020-21 **6%**      21-22 **6%**      22-23 \_\_\_\_\_%      23-24 \_\_\_\_\_%

**Legal Assistance Required Activities:<sup>8</sup>**

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

2020-21 **3.5%**      21-22 **3.5%**      22-23 \_\_\_\_\_%      23-24 \_\_\_\_\_%

Explain how allocations are justified and how they are determined to be sufficient to meet the need for the service within the PSA.

- Allocations based on target population and prior year usage.

<sup>6</sup> Minimum percentages of applicable funds are calculated on the annual Title IIIB baseline allocation, minus Title IIIB administration and minus Ombudsman. At least one percent of the final Title IIIB calculation must be allocated for each “Priority Service” category or a waiver must be requested for the Priority Service category(s) that the AAA does not intend to fund.

<sup>7</sup> Legal Assistance must include all the following activities: Legal Advice, Representation, Assistance to the Ombudsman Program and Involvement in the Private Bar.

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

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

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

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

**Check applicable direct services**

**Check each applicable Fiscal Year**

<b>Title III B</b>	<b>20-21</b>	<b>21-22</b>	<b>22-23</b>	<b>23-24</b>
<input checked="" type="checkbox"/> Information and Assistance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Outreach	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Program Development	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Coordination	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Long Term Care Ombudsman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Title III D</b>	<b>20-21</b>	<b>21-22</b>	<b>22-23</b>	<b>23-24</b>
<input checked="" type="checkbox"/> Disease Prevention and Health Promo.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Title III E<sup>9</sup></b>	<b>20-21</b>	<b>21-22</b>	<b>22-23</b>	<b>23-24</b>
<input checked="" type="checkbox"/> Information Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Access Assistance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Title VII A</b>	<b>20-21</b>	<b>21-22</b>	<b>22-23</b>	<b>23-24</b>
<input type="checkbox"/> Long Term Care Ombudsman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Title VII</b>	<b>20-21</b>	<b>21-22</b>	<b>22-23</b>	<b>23-24</b>
<input checked="" type="checkbox"/> Prevention of Elder Abuse, Neglect, and Exploitation.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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

RCOoA 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 (2020-2024). RCOoA 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. RCOoA and its Advisory Council will constantly review programs to insure that our targeted populations are reached. RCOoA staff and Advisory Council members will attend community events and collaborative meetings to promote services.

<sup>8</sup> Refer to PM 11-11 for definitions of Title III E categories.

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

*Older Americans Act Reauthorization Act of 2016 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, CA)**

Check applicable funding source:<sup>10</sup>

IIIB

III C-1

III C-2

IIID

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.

2020-21

2021-22

2022-23

2023-24

**Provide:** documentation below that substantiates this request for direct delivery of the above stated service<sup>11</sup>

- 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.

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

<sup>9</sup> For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs agree.

<sup>10</sup> For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs agree.



**Identify Service Category: NUTRITION EDUCATION**

Check applicable funding source.<sup>10</sup>

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

**Request for Approval Justification:**

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

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

- 2020-21
- 2021-22
- 2022-23
- 2023-24

**Provide:** documentation below that substantiates this request for direct delivery of the above stated service<sup>11</sup>

- These services are not 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.

**Identify Service Category: FCSP CAREGIVER SERVICES – FAMILY CAREGIVER SERVICES**

Services being provided: Supplemental Services

Check applicable funding source.<sup>10</sup>

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

Request for Approval Justification:

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

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

- 2020-21                       2021-22                       2022-23                       2023-24

**Provide:** documentation below that substantiates this request for direct delivery of the above stated service<sup>11</sup>

- These these services are not 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.

**Identify Service Category: COMPREHENSIVE ASSESSMENT**

Check applicable funding source.<sup>10</sup>

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

**Request for Approval Justification:**

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

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

- 2020-21
- 2021-22
- 2022-23
- 2023-24

**Provide:** documentation below that substantiates this request for direct delivery of the above stated service<sup>11</sup>

- These services are not 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.

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

<sup>10</sup> For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs agree.

<sup>11</sup> For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs agree



**Identify Service Category: CASH/MATERIAL AID**

Check applicable funding source:<sup>10</sup>

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

Request for Approval Justification:

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

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

- 2020-21                       2021-22                       2022-23                       2023-24

**Provide:** documentation below that substantiates this request for direct delivery of the above stated service<sup>11</sup>

- These services are not 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.

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

<sup>10</sup> For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs agree.

<sup>11</sup> For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs agree

**Identify Service Category: COMMUNITY EDUCATION**

Check applicable funding source:<sup>10</sup>

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

**Request for Approval Justification:**

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

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

- 2020-21                       2021-22                       2022-23                       2023-24

**Provide:** documentation below that substantiates this request for direct delivery of the above stated service<sup>11</sup>

- These services are not 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.

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

<sup>10</sup> For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs agree.

<sup>11</sup> For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs agree

**Identify Service Category: PUBLIC INFORMATION**

Check applicable funding source:<sup>10</sup>

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

Request for Approval Justification:

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

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

- 2020-21                       2021-22                       2022-23                       2023-24

**Provide:** documentation below that substantiates this request for direct delivery of the above stated service<sup>11</sup>

- These services are not 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.

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

<sup>10</sup> For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs agree.

<sup>11</sup> For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs agree



**Identify Service Category: TRANSPORTATION (ACCESS)**

Check applicable funding source:<sup>10</sup>

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

**Request for Approval Justification:**

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

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

- 2020-21                       2021-22                       2022-23                       2023-24

**Provide:** documentation below that substantiates this request for direct delivery of the above stated service<sup>11</sup>

- These services are not 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.

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

<sup>10</sup> For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs agree.

<sup>11</sup> For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs agree

**Identify Service Category: DISASTER PREPAREDNESS MATERIALS**

Check applicable funding source:<sup>10</sup>

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

**Request for Approval Justification:**

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

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

- 2020-21                       2021-22                       2022-23                       2023-24

**Provide:** documentation below that substantiates this request for direct delivery of the above stated service<sup>11</sup>

- These services are not 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.

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

<sup>10</sup> For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs agree.

<sup>11</sup> For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs agree

**Identify Service Category: HOUSING**

Check applicable funding source:<sup>10</sup>

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

**Request for Approval Justification:**

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

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

- 2020-21                       2021-22                       2022-23                       2023-24

**Provide:** documentation below that substantiates this request for direct delivery of the above stated service<sup>11</sup>

- These services are not 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.

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

<sup>10</sup> For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs agree.

<sup>11</sup> For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs agree



**Identify Service Category: INTERPRETATION/TRANSLATION**

Check applicable funding source:<sup>10</sup>

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

**Request for Approval Justification:**

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

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

- 2020-21
- 2021-22
- 2022-23
- 2023-24

**Provide:** documentation below that substantiates this request for direct delivery of the above stated service<sup>11</sup>

- These services are not 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.

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

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**Identify Service Category: MENTAL HEALTH**

Check applicable funding source:<sup>10</sup>

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

**Request for Approval Justification:**

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

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

- 2020-21                       2021-22                       2022-23                       2023-24

**Provide:** documentation below that substantiates this request for direct delivery of the above stated service<sup>11</sup>

- These services are not 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.

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

<sup>10</sup> For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs agree.

<sup>11</sup> For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs agree

**Identify Service Category: TELEPHONE REASSURANCE**

Check applicable funding source:<sup>10</sup>

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

Request for Approval Justification:

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

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

- 2020-21                       2021-22                       2022-23                       2023-24

**Provide:** documentation below that substantiates this request for direct delivery of the above stated service<sup>11</sup>

- These services are not 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.

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

<sup>10</sup> For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs agree.

<sup>11</sup> For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs agree



**Identify Service Category: VISITING**

Check applicable funding source:<sup>10</sup>

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

Request for Approval Justification:

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

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

- 2020-21                       2021-22                       2022-23                       2023-24

**Provide:** documentation below that substantiates this request for direct delivery of the above stated service<sup>11</sup>

- These services are not 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.

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

<sup>10</sup> For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs agree.

<sup>11</sup> For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs agree



**SECTION 17 - ADVISORY COUNCIL**

**ADVISORY COUNCIL MEMBERSHIP  
2020-2024 Four-Year Planning Cycle**

*Older Americans Act Reauthorization Act of 2016 Section 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: **12**

<b>Race/Ethnic Composition</b>	<b>% of PSA's 60+Population</b>	<b>% on Advisory Council</b>
White	<b>38%</b>	<b>47%</b>
Hispanic	<b>47%</b>	<b>13%</b>
Black	<b>6%</b>	<b>33%</b>
Asian/Pacific Islander	<b>13%</b>	<b>0%</b>
Native American/Alaskan Native	<b>1%</b>	<b>7%</b>
Other (Multiracial)	<b>2%</b>	<b>0%</b>

**Name and Title of Officers:**

**Office Term Expires:**

<b>Chair:</b> <i>Barbara Mitchell, Riverside</i>	<i>6/30/2021</i>
<b>Vice-Chair:</b> <i>Steve Mehlman, Beaumont</i>	<i>6/30/2023</i>
<b>Parliamentarian:</b> <i>Cynthia Lemus, Perris</i>	<i>6/30/2023</i>

**Name and Title of other members:**

**Office Term Expires:**

<i>Anita Johnson, Riverside</i>	<i>6/30/2022</i>
<i>Beverly Greer, Palm Springs</i>	<i>6/30/2021</i>
<i>Debbie Franklin, District 5 Appointee, Banning</i>	<i>6/30/2020</i>
<i>Donald Brock, Hemet</i>	<i>6/30/2021</i>
<i>Javier Lopez, District 4 Appointee, La Quinta</i>	<i>6/30/2022</i>
<i>Luella Thornton, Banning</i>	<i>6/30/2022</i>
<i>Lynda House, Riverside</i>	<i>6/30/2021</i>
<i>Sharron Lambeth, District 2 Appointee, Corona</i>	<i>6/30/2023</i>
<i>Victoria Zivku, Riverside</i>	<i>6/30/2021</i>
<i>VACANT, District 1 Appointee</i>	<i>6/30/2023</i>
<i>VACANT, District 3 Appointee</i>	<i>6/30/2023</i>
<i>VACANT</i>	<i>6/30/2023</i>
<i>VACANT</i>	<i>6/30/2023</i>
<i>VACANT</i>	<i>6/30/2023</i>



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

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

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

**Explain any expiring terms – have they been replaced, renewed, or other?**

- *Expiring terms scheduled for 6/30/2020, will either be renewed prior to July 1, 2020, or become vacant and filled as soon as possible.*

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 RCOoA of the selection.*

**2020-2024 Four-Year Area Planning Cycle**

*This section must be completed and submitted annually. The Older Americans Act Reauthorization Act of 2016 designates legal assistance as a priority service under Title III B [42 USC §3026(a)(2)]<sup>12</sup> CDA developed California Statewide Guidelines for Legal Assistance (Guidelines), which are to be used as best practices by CDA, AAAs and LSPs in the contracting and monitoring processes for legal services, and located at: [https://aging.ca.gov/Providers\\_and\\_Partners/Legal\\_Services/#pp-gg](https://aging.ca.gov/Providers_and_Partners/Legal_Services/#pp-gg)*

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

*PSA 21 mission and purpose statements for the 2021-2022 Area Plan Update are:*

*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? Discuss:**

*A minimum of 3.5% of Title III B funding will be allocated to Legal Services for FY 21/22.*

**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). Yes/No, Discuss:**

*No, there is no change. The most recent Community Assessment Surveys and Focus Group feedback indicate that elder justice issues such as physical and financial abuse in the form of direct theft and fraud, such as scams, continue to be the primary focus both nationally and in the PSA. Existing local needs continue to include scams and fraud, family law as related to grandparents raising grandchildren, consumer law, and the need for in-home supportive assistance.*

**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/No, Discuss:**

*Yes. During the 2021-2022 planning period, PSA 21’s contract/agreement with the chosen Legal Service Provider(s) (LPS) utilizes the California Statewide Guidelines in the provision of OAA legal services as stated below in Article II Section E Law, Policy and Procedure, Licenses and Certificates:*

<sup>11</sup> For Information related to Legal Services, contact Chisorom Okwuosa at 916 419-7500 or [chisorom.okwuosa@aging.ca.gov](mailto:chisorom.okwuosa@aging.ca.gov)



*“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? Yes/No, Discuss:**

*Yes. During the 2021-2022 planning period, PSA 21 and the chosen legal service provider will 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 four (4) legal priorities continue to be family and consumer law, consumer health law, IHSS assistance, and financial abuse in the form of frauds and scams.*

- 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? Yes/No, Discuss:**

*Yes. During 2021-2022 planning period, the targeted populations of PSA 21 who will receive priority service continue to be:*

*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, and/or are functionally impaired.*

*B. Elder Abuse: Elder abuse cases, including matters involving financial, emotional, mental abuse and physical abuse, and those who require help with government and public benefits.*

*During the 2021-2022 planning period, the mechanisms that will be used to reach the targeted populations will continue to be:*

*The chosen contractor that will provide legal service will be well known in the community for providing legal services for older adults and will have an accessible website, phone lines with hours clearly posted, and a process and guidelines for calling constituents back. The legal services contractor will be required to participate in community outreach events and fairs to provide legal service information to older adults and provides 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? Discuss:**

*During the 2021-2022 planning period, the targeted older adult population continues to include 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 will be 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.**

Fiscal Year	# of Legal Assistance Services Providers
2020-2021	Inland County Legal Services (ICLS)
2021-2022	Inland County Legal Services (ICLS)
2022-2023	Leave Blank until 2022
2023-2024	Leave Blank until 2023

**9. Does your PSA have a hotline for legal services? Yes/No, Discuss:**

*Yes, the chosen Legal Services Provider has a phone line for older adult callers and the PSA's 800 number is also a conduit to access legal services in Riverside County.*

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

*The chosen Legal Services provider will be required to participate in community outreach events and fairs to provide legal service information to older adults and to provide legal services at local senior and community centers.*

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

Fiscal Year	Name of Provider	Geographic Region covered
2020-2021	Inland County Legal Services (ICLS)	All of Riverside County
2021-2022	Inland County Legal Services (ICLS)	All of Riverside County
2022-2023	Leave Blank until 2022	Leave Blank until 2022
2023-2024	Leave Blank until 2023	Leave Blank until 2023

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

*In FY 2021/22, older adults will 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 Title IIIB legal provider(s) in your PSA. Discuss (please include new trends of legal problems in your area): Discuss:**

*During FY 2021/22, the selected Legal Service Provider will continue to focus on the following major legal issues: 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 Title IIIB legal provider(s) in your PSA? Yes/No, Discuss:**

*There has been an increase in elder justice issues such as financial scams and fraud, 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:**

*During FY 2021/22, the barriers to accessing legal services continue to 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 continue to include targeted outreach at senior and community centers, via Info Van outreach, and presentations about RCOoA services.*

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

*During FY 2021/22, PSA 21 will also contract with an Ombudsman program and the Health Insurance Counseling and Advocacy Program (HICAP).*

**SECTION 19 - MULTIPURPOSE SENIOR CENTER ACQUISITION OR CONSTRUCTION COMPLIANCE REVIEW<sup>13</sup>**

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.

Title III Grantee and or Senior Center (complete the chart below):

Title III Grantee and or Senior Center Name: Address: Name: Address: Name: Address: Name: Address:	Type Acq/Const	IIIB Funds Awarded	% Total Cost	Recapture Period		Compliance Verification State Use Only
				Begin	End	

<sup>12</sup> Acquisition is defined as obtaining ownership of an existing facility (in fee simple or by lease for 10 years or more) for use as a Multipurpose Senior Center.



**SECTION 20. FAMILY CAREGIVER SUPPORT PROGRAM**

*Notice of Intent for Non-Provision of FCSP Multifaceted Systems of Support Services Older Americans Act Reauthorization Act of 2016, Section 373(a) and (b)*

**2020-2024 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	2020-2021	2021-2022	2022-2023	2023-2024
Family Caregiver Info Services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract
Family Caregiver Access Assistance	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract
Family Caregiver Support Services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract
Family Caregiver Respite Care	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract
Family Caregiver Supplemental Services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract

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

**Grandparent Services**

Category	2020-2021	2021-2022	2022-2023	2023-2024
Grandparent Information Services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract
Grandparent Access Assistance	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract
Grandparent Support Services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Contract
Grandparent Respite Care	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract
Grandparent Supplemental Services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract

**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**

*Riverside County Office of Education  
3939 13th Street, Riverside, CA 92501 (Main Office)*

- **Description of the service**

*Childcare respite for grandparents who are raising grandchildren ages 0-5 will be referred to Riverside County Office of Education (RCOE). Those grandparents who do not fall into this category are referred to other agencies that provide this service. Supplemental services are offered and available to grandparents through services and programs with RCOoA. 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.)**

*PSA 21 does not provide this service in order to avoid a duplication of service within the PSA.*

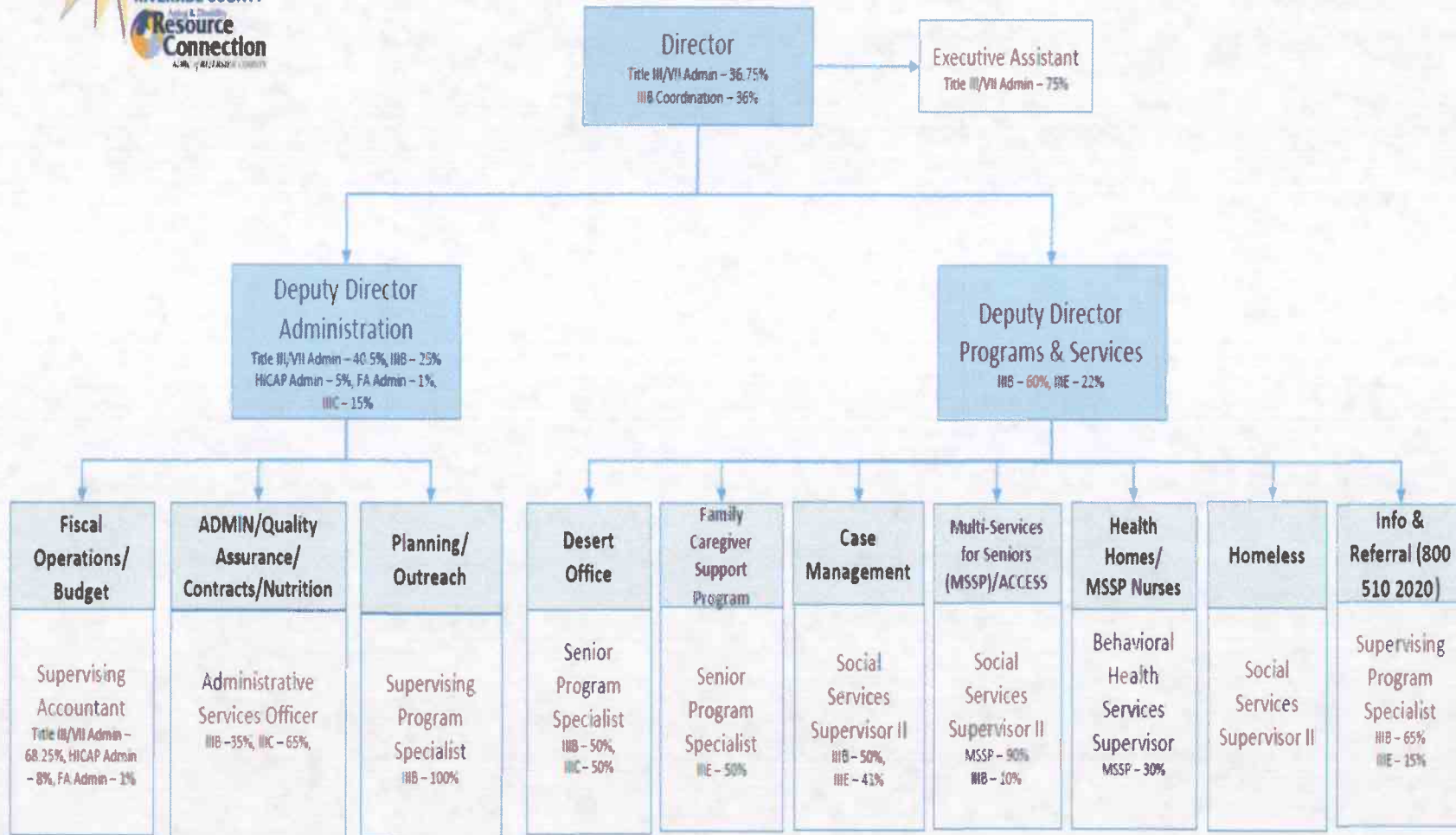
- **How the AAA ensures the service continues to be provided in the PSA without the use of Title IIIE funds**

*PSA 21 refers grandparents to other agencies that provide this service.*



# Riverside County Office on Aging

## Organizational Chart





## **SECTION 22 - ASSURANCES**

Pursuant to the Older Americans Act Reauthorization Act of 2016, (OAA), the Area Agency on Aging assures that it will:

### **A. Assurances**

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

Provide an adequate proportion, as required under Older Americans Act Reauthorization Act of 2016 Section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services—

- (A) services associated with access to services (transportation, health services (including mental 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)  
Contain an assurance that the Area Agency on Aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas;
7. OAA 306(a)(5)  
Provide assurances that the Area Agency on Aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement with agencies that develop or provide services for individuals with disabilities;
8. OAA 306(a)(9)  
Provide assurances that the Area Agency on Aging will carry out the State Long-Term Care Ombudsman program under 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) An assurance that the Area Agency on Aging will to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and
  - (C) An assurance that the Area Agency on Aging will make services under the area plan available, to the same extent as such services are available to older individuals 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)

Provide assurances that preference in receiving services under this Title shall not be given 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)

Provide assurances that funds received under this title will be used—

- (A) to provide benefits and services to older individuals, giving priority to older individuals identified in Older Americans Act Reauthorization Act of 2016, Section 306(a)(4)(A)(i); and
- (B) in compliance with the assurances specified in Older Americans Act Reauthorization act of 2016, Section 306(a)(13) and the limitations specified in Older Americans Act Reauthorization Act of 2016, Section 212;

13: 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.

14. 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.

15. 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.

16. 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.

17. 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

18. 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.



19. 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.

20. 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.

21. 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.

22. 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.

23. OAA 307(a)(27)

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

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

24. 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.

25. 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.

26. 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.

27. 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.

28. CFR [1321.61(b)(4)]

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

29. 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.

30. 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.



## APPENDIX 1

### Total Population for Riverside County by Service Area <sup>60</sup> (Percent of Poverty, Disabled Population, and Grandparents Raising Grandchildren)

Total Population	% of Population 65+	% of 65+ Population in Poverty	% of Total Population Disabled	% of 65+ Population Disabled	% of Total Population Grandparents Raising Grandchildren
2,450,758	14%	10%	12%	36%	6%

#### AAA Service Area 1 – Corona/Norco/Eastvale (Coronita, El Cerrito, Home Gardens, Mira Loma, Temescal Valley)

Zip Code	City	Total Population	% of Population 65+	% of 65+ Population in Poverty	% of Total Population Disabled	% of 65+ Population Disabled	% of Total Population Grandparents Raising Grandchildren
91752	Norco/Eastvale	30,716	11%	10%	11%	41%	4%
92503	Home Gardens	94,523	10%	11%	10%	37%	5%
92860	Norco/Eastvale	26,613	13%	6%	12%	39%	3%
92879	Corona/ Home Gardens	45,767	10%	11%	9%	35%	3%
92880	Corona/Eastvale	68,915	8%	9%	8%	31%	5%
92881	Corona/El Cerrito	34,039	10%	6%	10%	32%	3%
92882	Corona	71,188	10%	12%	8%	36%	3%
92883	Corona/Temescal Valley	33,982	13%	5%	8%	29%	3%

#### AAA Service Area 2 - Riverside/Jurupa Valley (El Sobrante, Glen Avon, Highgrove, Pedley, Rubidoux)

Zip Code	City	Total Population	% of Population 65+	% of 65+ Population in Poverty	% of Total Population Disabled	% of 65+ Population Disabled	% of Total Population Grandparents Raising Grandchildren
91752	Jurupa Valley	30,716	11%	10%	11%	41%	4%
92337	Jurupa Valley	38,938	6%	6%	9%	43%	5%
92501	Riverside	21,707	8%	17%	11%	45%	4%
92503	Riverside	94,523	10%	11%	10%	37%	5%
92504	Riverside/Woodcrest	57,955	12%	8%	11%	37%	3%
92505	Riverside/Jurupa Valley	50,110	9%	11%	10%	41%	3%
92506	Riverside/Woodcrest	45,831	15%	4%	11%	31%	2%
92507	Riverside/Highgrove	58,017	8%	15%	9%	34%	2%
92508	Riverside/Woodcrest	39,121	9%	8%	9%	44%	4%
92509	Jurupa Valley	81,093	9%	14%	12%	42%	5%

<sup>60</sup> US Census Bureau: "American Community Survey – Total Population, Poverty Status in the Past 12 Months, Disability Characteristics, Grandparents living with own grandchildren under 18 years by responsibility for own grandchildren by length of time responsible for own grandchildren for the population 30 years and over – 5 Year Estimates (2013-2017)"



**AAA Service Area 3 - Moreno Valley/Perris**

*(Good Hope, Green Acres, March Air Reserve Base, Mead Valley, Nuevo, Lakeview, Lake Mathews)*

Zip Code	City	Total Population	% of Population 65+	% of 65+ Population in Poverty	% of Total Population Disabled	% of 65+ Population Disabled	% of Total Population Grandparents Raising Grandchildren
92508	March ARB	39,121	9%	8%	9%	44%	4%
92518	March ARB	1,065	51%	4%	27%	45%	-
92551	Moreno Valley/Perris/March ARB	33,980	6%	10%	9%	45%	6%
92553	Moreno Valley/March ARB	74,918	7%	14%	10%	40%	6%
92555	Moreno Valley	43,436	9%	9%	9%	37%	5%
92557	Moreno Valley	51,789	10%	8%	10%	32%	5%
92567	Nuevo/Lakeview	10,003	13%	6%	11%	34%	5%
92570	Perris/ Mead Valley	60,349	10%	14%	11%	42%	4%
92571	Perris/March ARB	55,814	6%	13%	9%	42%	6%
92587	Perris	17,095	15%	10%	10%	29%	3%

**AAA Service Area 4 - Menifee/Winchester/Lake Elsinore**

*(Homeland, Canyon Lake, Romoland, Lakeland Village, Warm Springs, Sun City, Quail Valley)*

Zip Code	City	Total Population	% of Population 65+	% of 65+ Population in Poverty	% of Total Population Disabled	% of 65+ Population Disabled	% of Total Population Grandparents Raising Grandchildren
92530	Lake Elsinore/Lakeland Village	57,204	7%	16%	11%	41%	4%
92532	Lake Elsinore	22,770	6%	8%	7%	37%	3%
92545	Winchester/Homeland/ Green Acres	41,738	27%	12%	20%	41%	3%
92548	Homeland/Juniper Springs	8,256	15%	10%	15%	46%	5%
92584	Menifee/Lake Elsinore	51,523	12%	6%	10%	36%	4%
92585	Menifee	21,077	12%	7%	11%	31%	4%
92586	Menifee	20,186	40%	12%	28%	45%	2%
92587	Lake Elsinore/Menifee/Canyon Lake	17,095	15%	10%	10%	29%	3%
92595	Lake Elsinore	32,647	12%	10%	13%	43%	4%
92596	Winchester/Menifee/Indian Oaks/Dutch Village	28,039	8%	5%	9%	31%	3%

**AAA Service Area 5 - Murrieta/Temecula/Wildomar**  
*(Aguanga, Anza, French Valley, Lake Riverside)*

Zip Code	City	Total Population	% of Population 65+	% of 65+ Population in Poverty	% of Total Population Disabled	% of 65+ Population Disabled	% of Total Population Grandparents Raising Grandchildren
92536	Aguanga	3,013	20%	3%	13%	31%	4%
92539	Anza/Cahuilla	4,726	18%	12%	19%	49%	6%
92562	Murrieta	63,032	14%	10%	10%	34%	3%
92563	Murrieta	64,686	10%	9%	10%	39%	3%
92584	Wildomar	51,523	12%	6%	10%	36%	4%
92590	Temecula	4,090	14%	8%	10%	22%	1%
92591	Temecula	40,601	12%	7%	9%	30%	3%
92592	Temecula	85,551	11%	4%	8%	34%	3%
92595	Wildomar	32,647	12%	10%	13%	43%	4%

**AAA Service Area 6 - Banning/Beaumont/Calimesa**  
*(Cabazon, Cherry Valley)*

Zip Code	City	Total Population	% of Population 65+	% of 65+ Population in Poverty	% of Total Population Disabled	% of 65+ Population Disabled	% of Total Population Grandparents Raising Grandchildren
92220	Banning/Beaumont	33,016	26%	14%	18%	37%	3%
92223	Banning/Beaumont/ Calimesa/ Cherry Valley	52,129	15%	10%	12%	34%	3%
92230	Cabazon	3,962	4%	1%	9%	38%	7%
92320	Calimesa	8,457	28%	9%	20%	41%	1%
92373	Calimesa	34,063	17%	8%	11%	31%	2%
92399	Cherry Valley	54,027	15%	15%	12%	38%	2%
92583	Beaumont	32,682	13%	12%	17%	50%	5%



**AAA Service Area 7- Hemet/San Jacinto**  
*(East Hemet, Idyllwild-Pine Cove, Mountain Center, Valle Vista)*

Zip Code	City	Total Population	% of Population 65+	% of 65+ Population in Poverty	% of Total Population Disabled	% of 65+ Population Disabled	% of Total Population Grandparents Raising Grandchildren
92543	Hemet	37,825	17%	16%	20%	51%	3%
92544	Hemet	47,880	16%	9%	20%	43%	4%
92545	San Jacinto/Hemet	41,738	27%	12%	20%	41%	3%
92549	Idyllwild	2,689	27%	8%	9%	16%	-
92561	Mountain Center	1,812	28%	15%	18%	32%	0.2%
92582	San Jacinto	16,437	9%	11%	12%	40%	5%
92583	San Jacinto/Gilman Hot Springs	32,682	13%	12%	17%	50%	5%

**AAA Service Area 8 - Desert Hot Springs/Palm Springs/Cathedral City**  
*(Desert Edge, Garnet, Sky Valley, Thousand Palms, Whitewater)*

Zip Code	City	Total Population	% of Population 65+	% of 65+ Population in Poverty	% of Total Population Disabled	% of 65+ Population Disabled	% of Total Population Grandparents Raising Grandchildren
92234	Cathedral City	53,717	15%	13%	12%	33%	4%
92240	Desert Hot Springs/Palm Springs/Cathedral City	35,434	13%	13%	13%	36%	4%
92241	Cathedral City/Sky Valley	7,936	34%	16%	20%	32%	2%
92258	Palm Springs	685	20%	12%	12%	17%	6%
92262	Palm Springs	28,377	25%	10%	16%	32%	2%
92264	Palm Springs	19,664	37%	9%	21%	35%	1%
92276	Thousand Palms	7,278	25%	14%	21%	41%	2%
92282	Desert Hot Springs/Palm Springs/Whitewater	1,498	12%	23%	16%	36%	2%



**AAA Service Area 9 – Rancho Mirage/Palm Desert/Indian Wells  
(Desert Palms)**

Zip Code	City	Total Population	% of Population 65+	% of 65+ Population in Poverty	% of Total Population Disabled	% of 65+ Population Disabled	% of Total Population Grandparents Raising Grandchildren
92210	Indian Wells	5,060	60%	4%	17%	27%	1%
92211	Palm Desert/Indian Wells	25,015	50%	7%	19%	29%	1%
92260	Palm Desert	34,091	32%	9%	14%	25%	1%
92270	Rancho Mirage	17,975	52%	9%	17%	26%	-

**AAA Service Area 10 – La Quinta/Indio/Coachella  
(Bermuda Dunes, Mecca, North Shore, Oasis, Thermal, Vista Santa Rosa)**

Zip Code	City	Total Population	% of Population 65+	% of 65+ Population in Poverty	% of Total Population Disabled	% of 65+ Population Disabled	% of Total Population Grandparents Raising Grandchildren
92201	Indio	64,283	14%	14%	11%	40%	3%
92203	Indio/Coachella/ Bermuda Dunes	30,945	20%	12%	10%	30%	3%
92210	La Quinta	5,060	60%	4%	17%	27%	1%
92211	Palm Desert	25,015	50%	7%	19%	29%	1%
92236	Coachella	44,523	6%	20%	9%	48%	4%
92241	Indio Hills/Hidden Palms	7,936	34%	16%	20%	32%	2%
92253	La Quinta	39,955	24%	7%	12%	26%	2%
92254	Mecca/North Shore	11,550	5%	40%	7%	55%	4%
92274	Salton Sea/Desert Shores/Thermal/ Martinez/Oasis	17,298	9%	18%	12%	44%	4%
92276	Thousand Palms	7,278	25%	14%	21%	41%	2%

**AAA Service Area 11 - Blythe  
(Desert Center/Ripley/Mesa Verde/Colorado River)**

Zip Code	City	Total Population	% of Population 65+	% of 65+ Population in Poverty	% of Total Population Disabled	% of 65+ Population Disabled	% of Total Population Grandparents Raising Grandchildren
92225	Blythe/Ripley/Mesa Verde	21,966	11%	20%	16%	51%	2%
92239	Desert Center	164	45%	5%	27%	33%	10%

**APPENDIX 2****Land Area, Population and Population Density per Area, 2018<sup>9</sup> <sup>10</sup>**

<b>Geography</b>	<b>Total Population</b>	<b>Land Area in Square Miles</b>	<b>Population Per Square Mile (Land Area)</b>
<b>California</b>	39,557,045	155,779.2	254
<b>Riverside County</b>	2,450,758	7,206.5	340
Aguanga CDP	830	13.6	61
Anza CDP	3,284	27.6	119
Banning (City of)	31,253	23.1	1,353
Beaumont (City of)	49,241	30.9	1,594
Bermuda Dunes CDP	7,243	2.9	2,498
Blythe (City of)	19,959	26.2	762
Cabazon CDP	3,928	4.9	802
Calimesa (City of)	8,937	14.8	604
Canyon Lake (City of)	11,267	3.9	2,889
Cathedral City	54,902	21.5	2,554
Cherry Valley CDP	7,924	8.1	978
Coachella (City of)	45,839	29	1,581
Corona (City of)	168,819	38.8	4,351
Coronita CDP	2,961	0.7	4,230
Crestmore Heights CDP (2010)	384	0.3	1,280
Desert Center CDP	156	30.4	5
Desert Edge CDP	3,156	2.3	1,372
Desert Hot Springs (City of)	28,885	23.6	1,224
Desert Palms CDP	6,949	2.7	2,574
East Hemet CDP	19,951	5.2	3,837
Eastvale (City of)	64,822	13.1	4,948
El Cerrito CDP	5,508	2.6	2,118
El Sobrante CDP	14,451	7.2	2,007
French Valley CDP	31,353	10.9	2,876
Garnet CDP	5,831	11.3	516
Good Hope CDP	9,369	11.2	837
Green Acres CDP	2,776	1.4	1,983
Hemet (City of)	85,275	27.8	3,067
Highgrove CDP	4,302	3.2	1,344
Home Gardens CDP	11,997	1.6	7,498
Homeland CDP	7,471	4.3	1,737
Idyllwild-Pine Cove CDP	2,590	13.7	189
Indian Wells (City of)	5,440	14.3	380

<sup>9</sup> U.S. Census Bureau. *Annual Estimates of the Resident Population; April 1, 2010 to July 1, 2018. 2018 population Estimates* [accessed August 2019]

<sup>10</sup> U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates [accessed August 2019]



Indio (City of)	91,240	29.2	3,062
Indio Hills CDP	973	21.5	45
Jurupa Valley (City of)	108,393	44	2,463
Lake Elsinore (City of)	68,183	36.2	1,884
Lakeland Village CDP	13,343	8.7	1,534
Lake Mathews CDP	6,402	15.9	403
Lake Riverside CDP	984	7.2	137
Lakeview CDP	2,399	3.3	727
La Quinta (City of)	41,535	35.1	1,183
March ARB CDP	1,065	12	89
Meadowbrook CDP	2,656	6.9	385
Mead Valley CDP	20,402	19.2	1,063
Mecca CDP	7,893	7	1,128
Menifee (City of)	92,595	46.5	1,991
Mesa Verde CDP	644	4.3	150
Moreno Valley (City of)	209,050	51.3	4,075
Mountain Center CDP	85	1.9	45
Murrieta (City of)	114,985	33.6	3,422
Norco (City of)	26,610	14	1,901
North Shore CDP	3,349	11.2	299
Nuevo CDP	7,017	6.8	1,032
Oasis CDP	3,240	19.6	165
Palm Desert (City of)	53,185	26.8	1,985
Palm Springs (City of)	48,375	94.1	514
Perris (City of)	79,133	31.4	2,520
Rancho Mirage (City of)	18,336	24.4	751
Ripley CDP	493	1.7	290
Riverside (City of)	330,063	81.1	4,070
Romoland CDP	2,081	2.6	800
San Jacinto (City of)	48,867	25.7	1,901
Sky Valley CDP	2,430	24.3	100
Temecula (City of)	114,742	30.2	3,799
Temescal Valley CDP	25,411	19.3	1,317
Thermal CDP	2,166	9.5	228
Thousand Palms CDP	7,356	23.6	312
Valle Vista CDP	16,672	6.9	2,416
Vista Santa Rosa CDP	3,318	16.1	206
Warm Springs CDP	1,417	2	709
Whitewater CDP	989	9.9	100
Wildomar (City of)	37,280	23.7	1,573
Winchester CDP	2,721	7.7	353
Woodcrest CDP	16,527	11.4	1,450



### **APPENDIX 3**

#### **Federally Recognized Native American Reservations in Riverside County<sup>36 37</sup>**

<b>Reservation</b>	<b>Size</b>	<b>Population</b>	<b>Other Information</b>
<i>Agua Caliente Band of Mission Indians of the Agua Caliente Indian Reservation</i>	31,610 acres	21,358	6,700 acres of the reservation lands spread across the city of Palm Springs, making the Band the city's largest landowner.
<i>Augustine Reservation (Cahuilla Indians)</i>	500 acres (one sq. mile)	1	Established by congress December 29, 1891. In 1996, the Chairperson of the Band became the first member to establish residency on the reservation since the mid-1950's.
<i>Cabazon Reservation (of the Mission Indian)</i>	1,610 acres	806	Defined as three parcels of raw desert totaling 2,400 acres. Southern Pacific Railroad later claimed 700 acres to create a railroad interstate right-of-way.
<i>Cahuilla Band of Indians</i>	Approx. 20,000 acres	154	Only 2,000 acres belong to the tribe in common, the rest of the land is divided amongst the individual members of the Cahuilla Band.
<i>Morongo Reservation (of the Mission Indians)</i>	+35,000 acres	954	Set at the foot of the San Gorgonio and San Jacinto Mountains
<i>Pechanga Band of Luiseno Indians</i>	4,394 acres	467	An additional 305 tribal members reside in the adjacent communities.
<i>Ramona Band of Cahuilla Indians</i>	560 acres	Unknown	Located at the base of the Thomas Mountains, in Anza, California.
<i>Soboba Band of Luiseno Indians</i>	5,915 acres	522	Tribal lands of the Luiseño Indians in eastern Riverside County, near the town of San Jacinto.
<i>Santa Rosa Band of Cahuilla Indians</i>	11,021 acres	65	Comprised of 4 non-contiguous parcels between the cities of Palm Springs and Anza.
<i>Torres-Martinez Desert Cahuilla Indians</i>	24,024 acres	4,146	Tribal lands of the Torres-Martinez Band of Mission Indians (Cahuilla) in Imperial and Riverside counties.
<i>Colorado River Indian Tribes</i>	286,691 acres in both Arizona and in California	4,277	Tribal lands of the Mohave, Chemehuevi, Hopi and Navajo tribes. Land encompasses three counties along the Colorado River.
<i>Twenty-Nine Palms Band of Mission Indians</i>	640 acres	More than 1000	Tribal lands of the Chemehuevi people. Reservation is in both Riverside and San Bernardino counties.

<sup>36</sup> White, Phillip. "California Indians and Their Reservations: An Online Dictionary." SDSU Library and Information Access. San Diego State University, 2015. <<http://library.sdsu.edu/guides/sub2.php?id=195>>. [accessed February 2016]

<sup>37</sup> "About Us." Twenty-Nine Palms Band of Mission Indians. The Official Tribal Government Website. <<http://29palmstribes.com/history.html>>. [accessed March 2016].

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