

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



**ITEM: 3.17**  
**(ID # 30391)**

**MEETING DATE:**  
Tuesday, May 12, 2026

**FROM :** OFFICE ON AGING

**SUBJECT:** OFFICE ON AGING: Approval of the FY 2026-2027 Area Plan on Aging Update for the Riverside County Office on Aging; all Districts. [\$0]

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

1. Approve the attached Area Plan on Aging Update for Fiscal Year 2026/2027, "Aging in Motion" for the Riverside County Office on Aging, for the 2024-2028 planning cycle;
2. Authorize the Chair of the Board to sign four (4) original transmittal letters; and
3. Direct the Clerk of the Board to return three (3) original transmittal letters to the Office on Aging after approval by the Board of Supervisors, with one (1) original transmittal letter to be retained by the Clerk of the Board.

**ACTION: Policy**


  
Rachelle Roman, Director of Office on Aging 5/1/2026

---

**MINUTES OF THE BOARD OF SUPERVISORS**

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

Ayes: Medina, Spiegel, Washington, Perez, and Gutierrez  
Nays: None  
Absent: None  
Date: May 12, 2026  
xc: OOA

Kimberly A. Rector  
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: 26/27</b>	

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

**BACKGROUND:**

**Summary**

In accordance with the requirements of the Older Americans Act and the Older Californians Act, Area Agencies on Aging must develop and submit a Four-Year Area Plan. As the designated Area Agency on Aging for Planning and Service Area 21, the Riverside County Office on Aging (RCOoA) is required to prepare an Area Plan on Aging that outlines its service area and population, as well as the programs, objectives, and goals it will pursue over the four-year planning cycle. The plan specifies the array of safety net services necessary to mitigate emergent issues that are impacting aged and vulnerable adults, their caregivers, and families. Each year, RCOoA is required to submit an annual update of its area plan to report on service targets for the upcoming fiscal year and progress toward its four-year goals.

RCOoA's process to develop the initial 2024-2028 Area Plan utilized focus groups with key stakeholders, surveys, input from public hearings, an in-depth analysis of data sources related to senior population projections, and a thorough review of current reports and assessments from a variety of Riverside County partners. The FY2026-2027 Area Plan Update incorporates revised demographic data and provides detailed descriptions of the programs and initiatives that will be maintained or strategically transitioned during FY2026-2027.

The goals identified in the 2024-2028 Area Plan continue to serve as a roadmap for RCOoA to initiate and participate in critical discussions and initiatives that are part of integrating and improving services to older adults and people with disabilities.

The proposed FY 2026-2027 Area Plan on Aging Update has updated the following sections of the 2024-2028 Area Plan on Aging in accordance with state guidance:

- **Section 2** – Description of the Planning and Service Area
- **Section 3** – Description of the Area Agency on Aging
- **Section 6** – Priority Services and Public Hearings
- **Section 7** – Area Plan Narrative Goals and Objectives
- **Section 8** – Service Unit Plan
- **Section 10** – Family Caregiver Support
- **Section 11** – Legal Assistance
- **Section 12** – Disaster Preparedness
- **Section 15** – Governing Board

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

- **Section 16** – Advisory Council
- **Section 18** – Organization Chart

To gather public input on the FY 2026–2027 Area Plan Update, the Riverside County Office on Aging conducted a public hearing on April 2, 2026. During the hearing, the department presented updates on its progress toward the four-year goals and objectives, as well as information on the allocation of funding for priority supportive services.

Below are highlights of updates RCOoA has provided in the FY 2026-2027 Area Plan on Aging Update:

- RCOoA will meet the needs of our community’s older adults, disabled adults, and caregivers by offering over 20 different programs and services including nutrition support, transportation assistance, case management, caregiver training and support, legal assistance, and more (**Section 2 – Description of the Planning and Service Area**);
- RCOoA will continue to promote programs that encourage healthy lifestyle choices, increase social connectedness, and reduce social isolation (**Section 7 - Area Plan Narrative Goals and Objectives**);
- RCOoA remains committed to expanding and streamlining access to services by broadening its presence at County Integrated Service Delivery Hubs and committing to the principles set by the County’s RivCoONE delivery model (**Section 7 - Area Plan Narrative Goals and Objectives**); and
- Guided by the Plan’s Goals and Objectives, and with deliberate consideration of the current fiscal environment, the Riverside County Office on Aging has established service unit targets for each service category that are both strategically aligned and operationally attainable for FY 2026–2027 (**Section 8 – Service Unit Plan**).

**Impact on Residents and Businesses**

The FY 2026–2027 Area Plan on Aging Update to the 2024–2028 Area Plan provides a comprehensive summary of RCOoA’s progress toward its four-year goals and objectives, outlines the service targets established for FY 2026–2027, describes planned program modifications or enhancements, and affirms continued compliance with the Older Americans Act and the Older Californians Act.

**ATTACHMENT:**

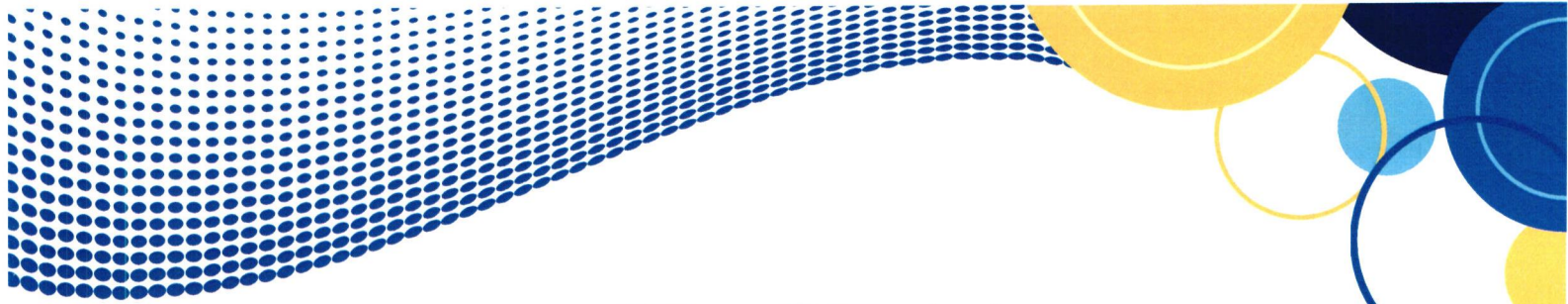
**ATTACHMENT A.** FY 2026–2027 Area Plan on Aging Update

  
Stacey Pena, EO Management Analyst 5/6/2026

Fiscal Years 2024 - 2028  
Area Plan on Aging Update  
FY 26 - 27

*Ageing in Motion*

RIVERSIDE COUNTY  
OFFICE ON AGING



## TABLE OF CONTENTS PSA 21

FY 26-27 Area Plan Update (APU) Checklist	3
Transmittal Letter	4
Message from the Director	5
Section 1. Mission Statement	6
Section 2. Description Of the Planning and Service Area (PSA) & 2026 Riverside County (PSA 21) Older Adult Population Estimates	7
Section 3. Description Of the Area Agency on Aging (AAA)	22
Section 4. Planning Process & Establishing Priorities	26
Section 5. Needs Assessment & Targeting	28
Section 6. Priority Services & Public Hearings	38
Section 7. Area Plan Narrative Goals & Objectives	42
Section 8. Service Unit Plan (SUP)	47
Section 9. Senior Centers & Focal Points	84
Section 10. Family Caregiver Support Program	93
Section 11. Legal Assistance	96
Section 12. Disaster Preparedness	102
Section 13. Notice Of Intent to Provide Direct Services	108
Section 14. Request For Approval to Provide Direct Services	109
Section 15. Governing Board	116
Section 16. Advisory Council	118
Section 17. Multipurpose Senior Center Acquisition or Construction	122
Compliance Review	123
Section 18. Organization Chart	123
Section 19. Assurances	128



## AREA PLAN UPDATE (APU) CHECKLIST

**CHECK ONE:**  FY25-26  FY 26-27  FY 27-28

Area Plan Section	APU Components (Submitted Annually):	Check if Included
N/A	A) Transmittal Letter	<input checked="" type="checkbox"/>
N/A	B) Area Plan Update	<input checked="" type="checkbox"/>
2	C) Estimate of the number of lower income minority older individuals in the PSA for the coming year	<input checked="" type="checkbox"/>
6	D) Priority Services and Public Hearings	<input checked="" type="checkbox"/>
8	E) Service Unit Plan (SUP) and LTC Ombudsman Program Outcomes	<input checked="" type="checkbox"/>
10	F) Title III E Family Caregiver Support Program	<input checked="" type="checkbox"/>
11	G) Legal Assistance	<input checked="" type="checkbox"/>

Area Plan Section	APU Sections	Mark if Changed	Mark if Not Changed
1	Mission Statement	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3	Description of the Area Agency on Aging	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4	Planning Process & Establishing Priorities	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5	Needs Assessment/Targeting	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7	AP Narrative Objectives:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7	• System-Building and Administration	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7	• Title IIIB-Funded Programs	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7	• Title IIIB-Program Development/Coordination (PD or C)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7	• Title IIIC-1 or Title IIIC-2	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7	• Title IIID-Evidence Based	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7	• HICAP Program	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	Senior Centers and Focal Points	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12	Disaster Preparedness	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13	Notice of Intent to Provide Direct Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14	Request for Approval to Provide Direct Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15	Governing Board	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16	Advisory Council	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17	Multipurpose Senior Center Acquisition or Construction	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18	Organizational Charts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19	Assurances	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## TRANSMITTAL LETTER

2024-2028 FOUR YEAR AREA PLAN / ANNUAL UPDATE

Check one:  FY 24-25  FY 25-26  FY 26-27  FY 27-28

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**

Karen S. Spiegel

Signature: Governing Board Chair  
CHAIR, BOARD OF SUPERVISORS

MAY 12 2026  
Date

ATTEST:  
KIMBERLY A. RECTOR, Clerk

By [Signature]  
DEPUTY

2. **Tyler Cobb**

[Signature]

Signature: Advisory Council Chair

4/8/26  
Date

3. **Rachelle Román**

Signature: Area Agency Director

Date

MAY 12 2026 3.17

# Message From The Director

Greetings,

In October 2025, I received the honor of being appointed as the Director of the Riverside County Office on Aging (RCOoA) and continue the department's mission of serving older adults and individuals with disabilities across Riverside County. With more than 23 years of public service with Riverside County, this opportunity is both meaningful and deeply personal to me.

My journey with the County of Riverside began with the Auditor-Controller's Office where I held several roles until 2013, when I joined RCOoA as Deputy Director of Administration. In this position, I was charged with overseeing budget and fiscal operations, contracts and grants, human resources, information technology, and senior nutrition programs. I held this role for eight years – but the experience was incredibly impactful and sparked in me a lasting passion for social service and the communities we serve. After four years with Riverside University Health System - Public Health, I had the pleasure of returning to RCOoA to continue the work in helping meet the needs of the county's vulnerable aging and disabled communities.

I would like to recognize and thank former RCOoA Director, Jewel Lee, for the exceptional leadership she provided over eight years. Under her direction, RCOoA developed a strong and innovative Area Plan on Aging for fiscal years 2024 to 2028 that guides our work today. I am grateful to inherit this roadmap and the solid foundation it provides.

As I step into this role, my commitment is to build upon the vision outlined in this document: carrying out the proactive strategies and priorities previously set, while ensuring our approach responds to the needs of our community. With a growing and diverse county population, our focus on providing accessible, community-based services that promote dignity, independence, and well-being for our vulnerable older adults, disabled adults, and caregivers is more important than ever.

I am humbled and honored to lead RCOoA, and to continue supporting our seniors who are a core foundation of our community. With our dedicated team and strong partnerships across the county, I am excited to meet the challenges ahead and make a meaningful difference in the lives of those we serve.

With appreciation,



Rachelle Román  
Director of Office on Aging

## SECTION 1. MISSION STATEMENT PSA 21

### 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.

**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.

### OUR CORE VALUES

DIGNITY  
RESPECT FOR ALL  
COLLABORATION  
INNOVATION  
PROFESSIONALISM  
HONESTY  
INTEGRITY  
EXCELLENCE



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

### A. Physical Characteristics of the County

Riverside County, founded in 1893, is one of 58 counties in the state of California. It covers 7,303 square miles (7,209 when excluding bodies of water) in the southern part of the state[1] and is the fourth most populous county in California[2]. The county is located inland from Los Angeles County and 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 spans approximately 180 miles from east to west and 40 miles from north to south. The City of Riverside serves as the county's administrative center.

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 comprised of 28 incorporated cities, 65 unincorporated communities, and 12 federally recognized Native American reservations[3]. Given its physical size, over 89% of the county is unincorporated land. The following are additional uses of its geographical area[4]:

- Residential: 58%
- Open space: 28%
- Agricultural: 5%
- Industrial/commercial: 2%
- Mining/recreation and public: 1% each
- Development, water, freeways, and other: 6%

### C. Governmental Structure

Planning and Service Area (PSA) 21 is comprised solely of Riverside County. The Riverside County Office on Aging, which serves as the Area Agency on Aging (AAA), is a stand-alone county department and 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 district within the county.

[1] U.S. Census Bureau, "U.S. Census Bureau QuickFacts: Riverside County, California," U.S. Census Bureau, 2023, accessed March 2024, <https://www.census.gov/quickfacts/riversidecountycalifornia>.

[2] RivCoNOW, "County of Riverside," RivCo Now, accessed March 2024, <https://www.rivco.org>.

[3] Office of the District Attorney County of Riverside, "Tribal Unit," Office of The District Attorney County of Riverside, accessed March 2024, <https://rivcoda.org/the-office/special-prosecutions/tribal-unit>.

[4] Riverside County, Riverside County Transportation and Land Management Agency, accessed March 2024, <https://rctlma.org/>.

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

### D. Rural or Isolated Population Density

Despite high population growth during the last decade, the county’s overall population density remains low at an estimated 335 persons per square mile[5]. The distance between the county’s urban regions and its more isolated, rural areas, present a unique challenge to the department in its efforts to service residents throughout the entire county.

### E. Demographic Spread

Population demographics can vary in communities throughout the PSA. Identifying subdivisions of the PSA can help narrow in on the gaps in services and the types of services needed within a city or community. To better serve the population of Riverside County, RCOoA grouped the county into Service Areas.

#### Service Areas of PSA 21

Service Area	Locations	Unincorporated Areas/Census Designated Places (CDP)
1	<b>Corona/Norco/Eastvale</b> Local Communities: Lake Hills	Coronita, El Cerrito, Home Gardens, Temescal Valley
2	<b>Riverside/Jurupa Valley</b> Local Communities: Indian Hills, Belltown	El Sobrante, Highgrove, Woodcrest
3	<b>Moreno Valley/Perris</b> Local Communities: Gavilan Hills, Box Springs, Pigeon Pass, Reche Canyon, San Timoteo Canyon, Spring Hills	Good Hope, Green Acres, March Air Reserve Base, Mead Valley, Nuevo, Lakeview, Lake Mathews
4	<b>Menifee/Winchester/ Lake Elsinore</b> Local Communities: Canyon Lake City, Menifee Valley, Juniper Flats, Rancho Capistrano, Rancho Carrillo	El Cariso, Homeland, Lakeland Village, Warm Springs, Sun City, Quail Valley Meadowbrook, Winchester, Tenaja
5	<b>Murrieta/Temecula/Wildomar</b> Local Communities: La Cresta, Santa Rosa Plateau, Pinyon Pines, Wine Country	Aguanga, Anza, French Valley, Lake Riverside

[5] U.S. Census Bureau, “U.S. Census Bureau QuickFacts: Riverside County, California,” U.S. Census Bureau, 2023, accessed March 2024, <https://www.census.gov/quickfacts/riversidecounty/california>.

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

### Service Areas of PSA 21 (cont.)

Service Area	Locations	Unincorporated Areas/Census Designated Places (CDP)
6	<b>Banning/Beaumont/Calimesa</b> Local Communities: Oak Valley, Banning Bench, The Sovereign Nation of the Morongo Band of Mission Indians, Twin Pines	Cabazon, Cherry Valley
7	<b>Hemet/San Jacinto</b> Local Communities: Soboba Hot Spring	East Hemet, Idyllwild-Pine Cove, Mountain Center, Sage, Valle Vista
8	<b>Desert Hot Springs/Palm Springs/Cathedral City</b> Local Communities: Palm Springs Village, Palm Springs West, Agua Caliente Band of Cahuilla Indian, Snow Creek, Windy Point	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> Local Communities: Chiriaco Summit	Bermuda Dunes, Mecca, North Shore, Oasis, Thermal, Vista Santa Rosa, Indio Hills
11	<b>Blythe</b> Local Communities: Lake Tamarisk, Eagle Mountain, Colorado River Communities	Desert Center, Ripley, Mesa Verde

### F. Riverside County Population

Given its population size, Riverside County is the 10th most populous county in the nation. As of 2022, the County's population is estimated to be at 2,473,902, making it the fourth most populated county in California with only the counties of Los Angeles, San Diego, and Orange having larger populations[6].

[6] U.S. Census Bureau, "2022: DEC Redistricting Data (PL 94-171) Tables," U.S. Census Bureau, last modified September 2021, accessed January 2024, [U.S. Census Bureau, "U.S. Census Bureau QuickFacts: Riverside County, California," U.S. Census Bureau, 2023, accessed March 2024, https://www.census.gov/quickfacts/riversidecountycalifornia.](https://www.census.gov/quickfacts/riversidecountycalifornia)

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

### G. Riverside County's Aging Population

Of its population exceeding 2.4 million people, Riverside County's older adults make up approximately 21.9% of the total[7].

Between 2010 and 2020, the Riverside County population increased by 250,000 residents (approximately 10%) to reach its current population estimate. By 2030, when California's next major population shift is expected, Riverside County's population is expected to increase by another 300,000. This will push it past 2.7 million individuals and is projected to grow to 3.1 million by 2060[8].

Riverside County is one of six California counties projected to experience a 248.2% increase in adults ages 65 and older between 2010 and 2060. During this time, the 85+ population sub-group is expected to increase by 712%, placing Riverside County amongst the six counties with the largest older adult population growth rates in California[9]. Between 2020 and 2030, the older adult population is expected to increase by 50% in the age groups of 50 to 64 years and 65 to 74 years, and by 91% for those over 100 years of age[10].

### H. Disabled Population

Along with serving as the county's AAA, the Riverside County Office on Aging is also the county's designated Aging and Disability Resource Connection (ADRC). As an ADRC, RCOoA is tasked with providing a single more coordinated system for people seeking reliable information and access to Long-Term Services and Supports (LTSS).

ADRCs are intended to act as a "No Wrong Door" system allowing individuals of all ages, incomes, and disabilities to connect with any local ADRC partner organization to gain access to service and support options in the community.

As of 2022, the American Community Survey 1-year estimate reports that approximately 292,563 non-institutionalized residents within Riverside County have some form of disability. The tables below highlight the overall disability characteristics for Riverside County across all age groups, however, the majority of the disabled population in most categories are over age 65[11].

[7] U.S. Census Bureau, "Riverside County, California, 2022: American Community Survey S0101," U.S. Census Bureau, accessed January 2024, <https://data.census.gov/table/ACSST1Y2022.S0101?q=Riverside%20County,%20California%20age&tid=ACSST1Y2019.S0101>.

[8] California Department of Finance, "P-2: County Population Projections (2010-2060)," State of California Department of Finance, last modified 2019, accessed March 2024, <https://www.dof.ca.gov/Forecasting/Demographics/Projections/>.

[9] California Department of Aging, "Facts about California's Elderly," State of California, 2017, accessed March 2024, [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/).

[10] Department of Finance Demographic Research Unit, "Total Estimated and Projected Population for California Counties by Age," State of California, 2019 Baseline, accessed October 2021, <https://www.dof.ca.gov/forecasting/demographics/projections/>.

[11] U.S. Census Bureau, "Disability Characteristics, Riverside County, California," 2022 ACS 1-Year Estimates Subject Tables, U.S. Census Bureau, accessed March 2024, Department of Finance Demographic Research Unit, "Total Estimated and Projected Population for California Counties by Age," State of California, 2019 Baseline, accessed October 2021, <https://www.dof.ca.gov/forecasting/demographics/projections/>.

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

<b>Total Estimated Residents with a Disability: 292,563</b>	
Age Group	Population Estimates
65 - 74 years old	52,375
75 years old and older	76,750

<b>Estimated Disabled Residents with a Hearing Difficulty: 75,506</b>	
Age Group	Population Estimates
65 - 74 years old	14,202
75 years old and older	32,286

<b>Estimated Disabled Residents with a Vision Difficulty: 57,163</b>	
Age Group	Population Estimates
65 - 74 years old	9,502
75 years old and older	14,581

<b>Estimated Disabled Residents with a Self-Care Difficulty: 65,258</b>	
Age Group	Population Estimates
65 - 74 years old	10,554
75 years old and older	20,326

<b>Estimated Disabled Residents with a Cognitive Difficulty: 112,807</b>	
Age Group	Population Estimates
65 - 74 years old	13,942
75 years old and older	21,347

<b>Estimated Disabled Residents with an Ambulatory Difficulty: 138,102</b>	
Age Group	Population Estimates
65 - 74 years old	33,803
75 years old and older	48,737

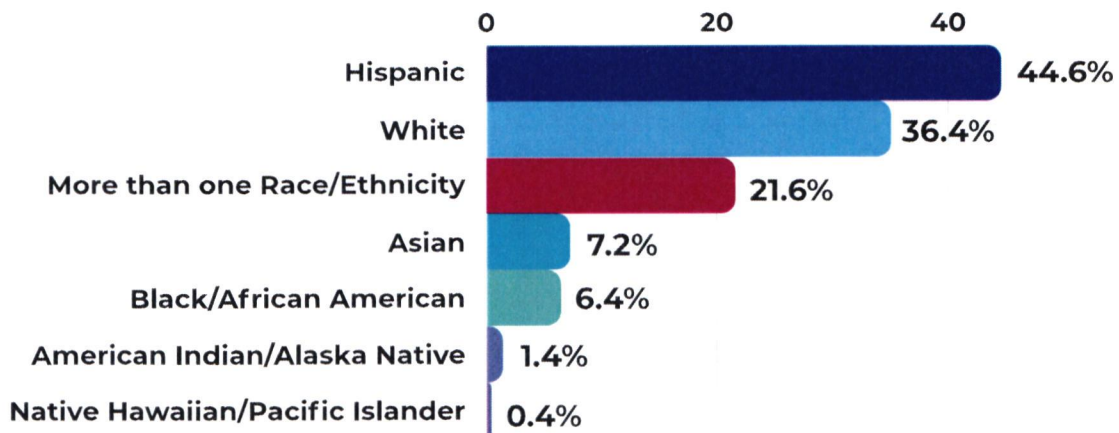
<b>Estimated Residents with an Independent Living Difficulty: 113,967</b>	
Age Group	Population Estimates
65 - 74 years old	19,999
75 years old and older	36,591

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

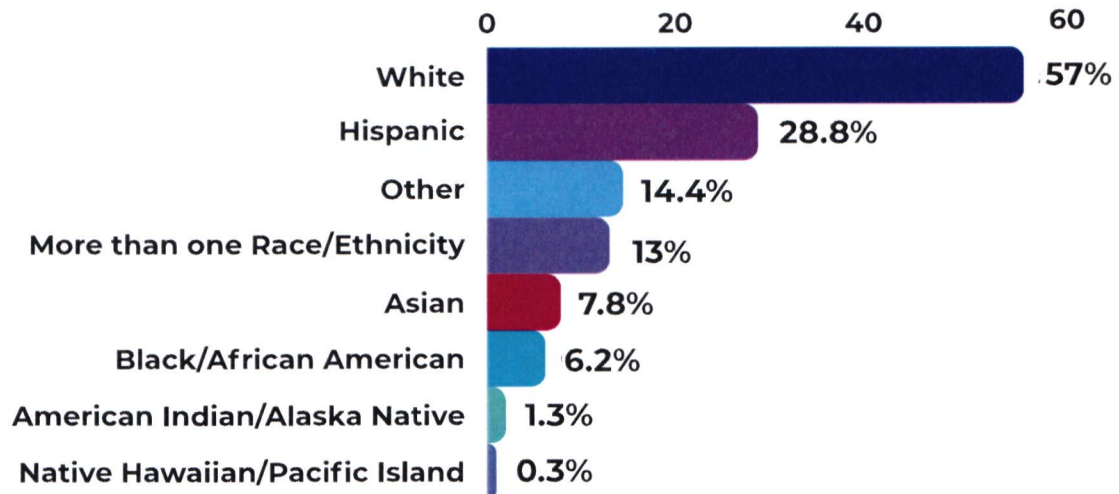
### I. Ethnic and Cultural Diversity

Riverside County is projected to experience a four percent increase between 2023 and 2024, where the population will increase from 523,370 older adults in 2023 to 537,690 in 2024. In addition, Riverside County's lower income older adult minority population is also projected to increase. The chart below provides a breakdown of racial and ethnic proportions as of the latest population estimate[12].

**Riverside County Total Population by Race and Ethnicity, 2022**



**Riverside County Older Adult (60+) Population by Race and Ethnicity, 2022**



[12] U.S. Census Bureau, "Demographic and Housing Estimates, Riverside County, California," 2022 ACS 1-Year Estimates Subject Tables, U.S. Census Bureau, accessed March 2024, <https://data.census.gov/table/ACSDP1Y2022.DP05?q=Riverside%20county%20population>.

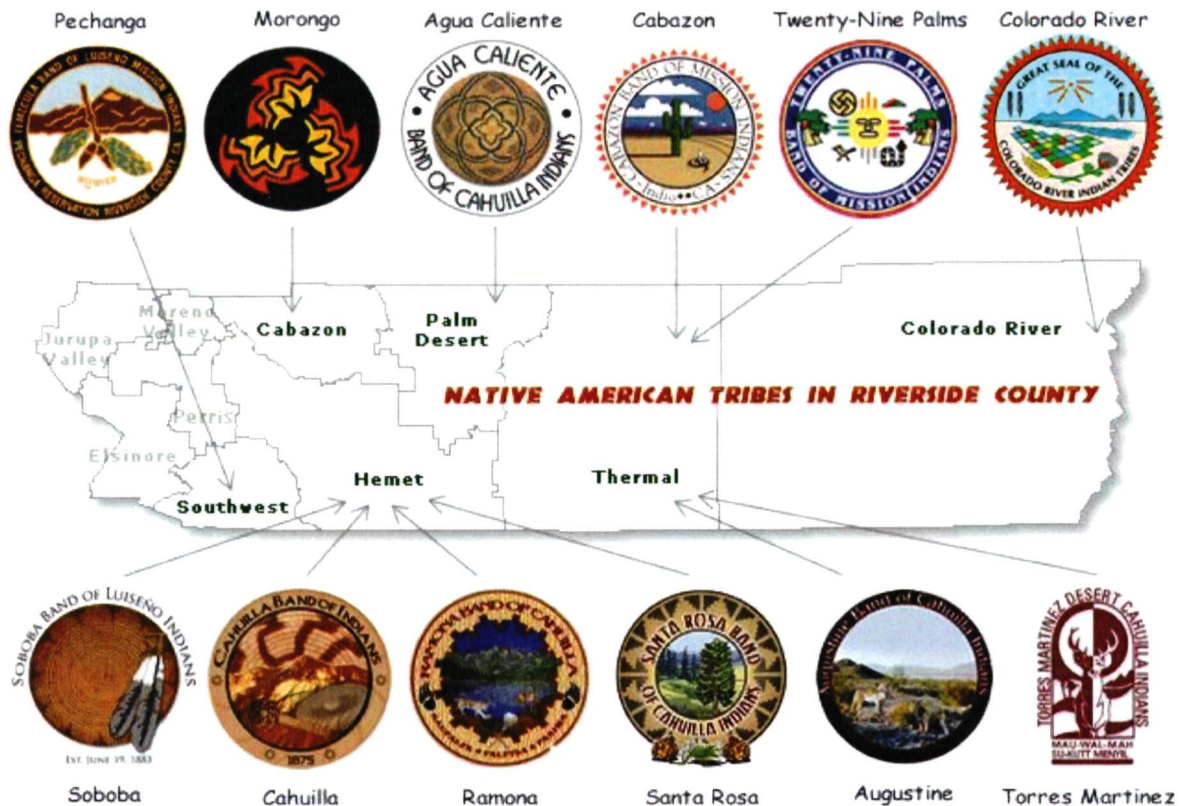
## SECTION 2. DESCRIPTION OF THE PLANNING AND SERVICE AREA PSA 21

### J. American Indian Population

The state of California is home to 109 federally recognized Indian Tribes. According to the most recent U.S. Census, California also has a higher Native American and Alaskan Native population than any other state in the Country[13]. Although non-federally recognized tribes exist in California, they must register with the U.S. Bureau of Indian Affairs in order to be federally acknowledged and become eligible to receive Federal services provided to members of recognized Indian Tribes.

There are nearly 100 individual reservations located throughout California, twelve of which are within Riverside County. Approximately 720,000 California residents identify as American Indian with 52,000 in Riverside County. According to the Riverside County Health and Nutrition survey, 3% of survey respondents ages 55+ identified as American Indian or Alaskan Native.

The map below identifies Tribal Lands within Riverside County[14].



[13] California Courts, "California Tribal Communities," The Judicial Branch of California, accessed January 2024, <https://www.courts.ca.gov/3066.htm>.

[14] Riverside County. Tribal Liaison Unit. Riverside County Sheriff. <https://www.riversidesheriff.org/807/Tribal-Liaison-Unit>.

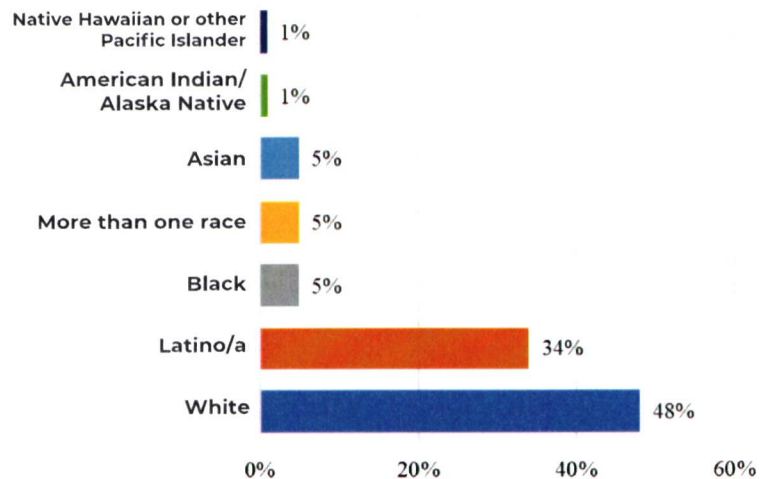
## SECTION 2. DESCRIPTION OF THE PLANNING AND SERVICE AREA PSA 21

### K. Lesbian, Gay, Bisexual, Transgender, and Queer/Questioning (LGBTQ+) Population

The self-reported LGBTQ+ population is recorded between 5.5 and 7.2% in the United States[15][16]. With 5.1% of adults reporting their LGBTQ+ status, California has the highest LGBTQ+ population in the nation, totaling over 1.5 million people. Adults age 65 and up make up 7% of the LGBTQ+ population in the United States, and 8% in California.

This chart breaks down California's LGBTQ+ population by race and ethnicity[17].

**LGBTQ+ Population  
by Race & Ethnicity: California**



According to the Health Assessment and Research for Communities (HARC), nearly 15% of people living in the Coachella Valley in Riverside County identify as LGBTQ+. This equates to nearly 50,000 people who primarily live in the areas of Palm Springs, Cathedral City, and Rancho Mirage. The percentage of people who identify as LGBTQ+ in the Coachella Valley is nearly triple that of California as a whole (15% compared to 5.1%)[18].

The transgender population of Riverside County is estimated to be between 2,358 and 7,705 individuals[19]. However, this figure is likely underestimated because LGBTQ+ status is self-reported. A majority of LGBTQ+ older adults have experienced stigma and discrimination that can result in social and familial isolation, delays in seeking care, poor nutrition, uninformed healthcare treatment, and depression[20][21]. Research suggests that LGBTQ+ older adults are less likely to access aging services, meal programs, and other critical services given their fear of harassment and/or discrimination[22].

Understanding the needs of the older adult LGBTQ+ population improves the ability of the Riverside County Office on Aging to identify and coordinate with outside agencies to design programming that is welcoming, culturally competent, and responsive to the community's needs.

[15] William's Institute. "Adult LGBT Populations in the United States." December 2023, accessed January 2024. <https://williamsinstitute.law.ucla.edu/publications/adult-lgbt-pop-us/>

[16] Jones, Jeffrey. "What Percentage of Americans Are LGBT?" Gallup. March 2022, accessed January 2024. <https://news.gallup.com/poll/332522/percentage-americans-lgbt.aspx>

[17] The Williams Institute UCLA School of Law, "LGBT Demographic Data Interactive," January 2019, accessed January 2024, <https://williamsinstitute.law.ucla.edu/visualization/lgbt-stats/?topic=LGBT&area=6#density>.

[18] HARC, Inc., "Coachella Valley Community Health Survey 2019," updated 2020, accessed January 2024, <https://harcdata.org/coachella-valley-community-health-survey/>.

[19] Riverside University Health System. "Inland Empire Transgender Health & Wellness Profile." 2015, Accessed January 2024. [https://www.ruhealth.org/sites/default/files/2020-08/Inland\\_Empire\\_Transgender\\_Health\\_and\\_Wellness\\_2015\\_Final.pdf](https://www.ruhealth.org/sites/default/files/2020-08/Inland_Empire_Transgender_Health_and_Wellness_2015_Final.pdf)

[20] Meyer, Ilan H. and Northridge, Mary, The health of sexual minorities, public health perspectives on lesbian, gay, bisexual, and transgender populations (New York: 2007), <https://nyuscholars.nyu.edu/en/publications/the-health-of-sexual-minorities-public-health-perspectives-on-les>.

[21] Feliz, Sarah and O'Connell, Martin. "Same-sex Couple Household Statistics from the 2010 Census. Working paper no. 2011-26," US Census Bureau, September 2011, accessed January 2024, <https://www.census.gov/library/working-papers/2011/demo/SEHSD-WP2011-26.html>.

[22] National Research Center on LGBT Aging, "Inclusive Questions for Older Adults: A Practical Guide to Collecting Data on Sexual Orientation and Gender Identity," Services and Advocacy for GLBT Elders (SAGE), 2016, accessed January 2024.

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

### L. Programs and Services Provided For FY 2026-2027

The Riverside County Office on Aging (RCOoA) provides over 20 different programs and services, either directly or through contracted providers, which support older adults and adults with disabilities 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 and by community partners, staff co-located at service delivery hubs, and our Advisory Council on Aging. Program information is shared through RCOoA's outreach efforts and directly by HelpLink call center staff. The following is a summary of services and programs offered by RCOoA.

**1) Options Counseling and Service Delivery Hubs:** RCOoA provides interactive decision support and option counseling to consumers, family members, and 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:

- **Integrated Service Delivery Hubs:** The County of Riverside selected RCOoA to develop an integrated service delivery model as the county projects to have a 248% increase in its adult population over age 60 and a 711% increase in adults over age 85, between 2010 and 2060. Through an integrated service delivery model, RCOoA seeks to solidify a plan to better meet the needs of the county's older adult community. This initiative aligns with California's Master Plan on Aging goals of Housing for All Ages, Health Reimagined, and Affordable Aging and coincides with the county's strategic plan to provide improved access and coordination of appropriate health care and social services. RCOoA will seek to increase consumer access to local resources through integrated partnerships and one-stop shops.
- **HelpLink Information and Assistance (I&A) Call Center:** 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. HelpLink is the ADRC entry point for consumers who need information and/or referrals to in-house, other county, and/or community-based services and programs through the toll-free number for Riverside County (1-877-932-4100). Consumers can speak with trained I&A Specialists who understand available programs and eligibility requirements, and current availability of services. I&A Specialists are also qualified to perform comprehensive assessments for those consumers who require more ongoing support through our case management services. These services are provided countywide by RCOoA staff and partners from throughout the county.

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

- **Network of Care:** RCOoA oversees and maintains the Network of Care website, a self-service, internet-based resource directory that provides current and detailed information about services 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.
- **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 county.
- **Health Insurance Counseling and Advocacy Program (HICAP):** RCOoA HICAP offers 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 Medicare beneficiaries. Services are provided by a contracted provided throughout the county.
- **Medicare Improvements for Patients & Providers Act (MIPPA):** Provides funding to the Health Insurance Counseling and Advocacy Program (HICAP) to support expanded enrollment of Medicare beneficiary in the Prescription Drug Low-Income Subsidy (LIS) Program, the Medicare Savings Program (MSP), and Medicare Part D, and to conduct outreach on available Medicare-covered preventive services. Outreach is conducted by a contracted service provider throughout the county.
- **Long-Term Care Ombudsman Program (LTCO):** RCOoA's contracted LTCO provider offers Ombudsman services to assist residents in long-term care facilities with issues related to day-to-day care, health, safety, and personal preferences and to advocate for their rights while in these facilities. Services are provided throughout the county.

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

**2) Case Management:** 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 home-based care to help them remain in their homes. Trained social workers and nurses conduct comprehensive in-home evaluations and provide links to critical services including homemaking (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:

- **Helplink Plus:** Provides immediate assistance to clients with multiple areas of need who contact the RCOoA Call Center and provides short-term case management to stabilize and link these clients to additional resources and case management programs.
- **Access:** A Title IIIB funded program which provides short-term case management for adults 60 years of age or older who reside in their own home, regardless of income level, immigration status, and Medi-Cal eligibility. Access aims to prevent premature or unnecessary institutionalization of frail, at-risk, elderly, and functionally impaired adults by providing comprehensive care management and support.
- **Multipurpose Senior Services Program (MSSP):** A Medi-Cal waiver program that provides long-term case management to eligible adults over age 60 who have complex medical and psychosocial needs, and who require specialized medical and social support services to postpone or eliminate the need for institutional care. Participants receive a comprehensive, in-home assessment to develop an individualized care plan. Services can include case management, adult day care, in-home chores/personal care, minor home repairs (e.g., grab bars, ramps), protective supervision, and transportation.

### 3) Care Transition:

- **Holistic Assessment, Resources, and Transitions for Seniors (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). HARTS' primary objective 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.

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

- **Care Transitions Intervention (CTI) Program:** Through the evidence-based Care Transitions Intervention (CTI) program, social workers from RCOoA are embedded at a Riverside University Health System (RUHS) County Hospital where they collaborate with hospital social workers and discharge planners to support older adult patients transitioning home after an acute care stay. The CTI program helps patients avoid preventable hospital readmissions and unnecessary institutionalization. Services are delivered directly by RCOoA staff and funded through a partnership with RUHS.

### 4) Caregiver Support:

- **Family Caregiver Support Programs (FCSP):** FCSP seeks to provide a local, multifaceted system of support services to family caregivers of older adults. Support and resources are provided to caregivers to help them deliver vital care services to their family members. Services include advocacy, care management, education, counseling, respite services, in-home assistance, and supplemental services.
- **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 GRG program has been used as a model program for AAAs throughout the United States. Case management services are provided directly by RCOoA.

**5) Social Engagement and Wellness:** 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. RCOoA also provides programs designed to encourage social connections and to keep older adults active in their communities through intergenerational activities and volunteerism. Specific programs include:

- **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 older adults. The Home Delivered Meal Program serves homebound older adults over age 60, who are at the greatest nutritional risk and who are homebound because of illness or disability. Meal programs are administered directly by RCOoA to older adults in Blythe and in partnership with multiple contracted providers throughout the county.

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

- **Freezer Meal Program:** In partnership with the Department of Public Social Services (DPSS), RCOoA's Freezer Meal Program provides supportive nutrition services to seniors and medically compromised adults in their home environment with a goal of promoting independence and dignity. Through this program, RCOoA maintains freezers throughout Riverside County and coordinates with DPPS Adult Services Division to deliver meals to those in need.
- **Health & Nutrition Education:** RCOoA contracted Senior Nutrition Providers offer Nutrition Education a minimum of four (4) times per year to participants in congregate and home-delivered meal programs. In addition, RCOoA staff provide general nutrition education at events, senior and community centers, and housing communities for older adults.
- **CalFresh Outreach:** CalFresh Outreach raises awareness about CalFresh Food benefits and provides application assistance and support for individuals who may be eligible.
- **Bingocize:** This evidence-based program combines Bingo games with exercise and health information twice a week, for ten weeks. Participants use resistance bands, walk in place and gently stretch while learning and using health information to improve cardiovascular/cardiorespiratory fitness, muscular strength, flexibility, and balance.
- **Retired and Senior Volunteer Program (RSVP):** For nearly three decades, 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 at 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 AmeriCorps and facilitated by RCOoA staff.

### 6) Transportation Services:

- **Transportation Access:** Provides information on available transportation options and referrals to accessible transportation services to assist individuals with attending medical appointments and completing necessary errands. Free bus tickets are offered to qualifying individuals. Services are provided by RCOoA staff and are offered throughout the county.
- **Veteran Assisted Transportation:** RCOoA arranges transportation for veterans through contracted service providers. This service provides escort or other appropriate assistance for veterans who have physical or cognitive difficulties using regular vehicular transportation to attend medical appointments.
- **Transportation Reimbursement & Information Project (TRIP):** Through a partnership with the Independent Living Partnership, TRIP provides mileage reimbursement to volunteer drivers who assist older adult family members, friends or neighbors with transportation to complete errands such as doctor visits, grocery shopping, etc. Services are provided throughout the county.

# FY 2024-25 Service Report

**73,361** total lives have been impacted by new and ongoing services.

## Aging and Disability Resource Center

Resource agents provide referrals and direct coordination of free services within the department's partner network.



**35,672** Calls Received ➡ **95%** Calls Answered  
**57,907** Services Offered



## Care Management: 2,827 Participants

Social service and clinical practitioners provide free assessments and follow-up to access food, material aid, medical appointments, public benefit applications, and other resources.



**773,063 meals** were served to **11,468 residents** across the county - from Corona to Blythe!



**1,674 hours** of training and education were provided to **578 dedicated family caregivers.**



**417 participants** were provided **30,918 rides** to medical care and essential needs.

## SECTION 2: DESCRIPTION OF THE PLANNING AND SERVICE AREA

### Riverside County (PSA 21) Older Adult Population Estimates

Riverside County is projected to experience a 2.95% increase in its older adult population between 2025 and 2026, in which the population will increase from 569,605 older adults to 586,390. Additionally, Riverside County's lower income older adult population is also projected to rise across all demographic backgrounds. The chart below illustrates the projected changes in the overall older adult population, as well as total and minority older adult populations living below the poverty level.

	Actual	Actual	Projected	Projected
Year	2023	2024	2025*	2026*
<b>Total 60+ Population</b> <sup>1</sup>	530,707	553,301	569,605	586,390
<b>60+ Below Poverty Level</b> <sup>2</sup>	64,015	61,619	66,827	72,475
<b>American Indian &amp; Alaska Native</b> <sup>3</sup>	660	897	1,039	1,202
<b>Asian</b> <sup>4</sup>	3,542	5,341	6,032	6,812
<b>Black or African American</b> <sup>5</sup>	5,345	5,424	6,351	7,436
<b>Native Hawaiian &amp; Other Pacific Islander</b> <sup>6</sup>	158	181	196	212
<b>White</b> <sup>7</sup>	34,095	29,366	30,185	31,026
<b>Other Race</b> <sup>8</sup>	10,220	10,634	12,081	13,724
<b>Hispanic</b> <sup>9</sup>	20,713	22,200	25,365	28,982

\* The figures in this column were calculated by projecting population growth based on the average yearly rate change of 2.95% from 2021 through 2024.

1 Census, American Community Survey 1-Year Estimates Detailed Table, Table ID: S0102

2 Census, American Community Survey 1-Year Estimates Detailed Table, Table ID: S1701

3 Census, American Community Survey 1-Year Estimates Detailed Table, Table ID: B17020C

4 Census, American Community Survey 1-Year Estimates Detailed Table, Table ID: B17020D

5 Census, American Community Survey 1-Year Estimates Detailed Table, Table ID: B17020B

6 Census, American Community Survey 1-Year Estimates Detailed Table, Table ID: B17020E

7 Census, American Community Survey 1-Year Estimates Detailed Table, Table ID: B17020A

8 Census, American Community Survey 1-Year Estimates Detailed Table, Table ID: B17020F

9 Census, American Community Survey 1-Year Estimates Detailed Table, Table ID: B17020I

## SECTION 3. DESCRIPTION OF THE AREA AGENCY ON AGING PSA 21

On June 18, 1974, the Riverside County Board of Supervisors designated the “Office on Aging” as the Area Agency on Aging for the Planning and Service Area (PSA) 21. The **Riverside County Office on Aging (RCOoA)** is one of more than forty county departments charged with developing a network of resources that offer supports for vulnerable older adults, persons with disabilities, and their caregivers.

Along with a roster of over 50 service partners, RCOoA has two offices located throughout the county, aiming to enhance accessibility for residents in need. The department’s central office for programs and administration is located in Riverside, the most populous city in the Inland Empire. RCOoA programs staff are also based in a county office located in Indio and the department offers programming at the Blythe Senior Center. Both of these respective cities lie in the most-eastern end of the county to expand the department’s reach.

RCOoA continuously strives to enhance the delivery system of PSA 21 through active participation in meetings, events, and conversations that center around advocacy, strategic planning, coordination, inter-agency linkages, information sharing, program monitoring, and evaluation. RCOoA performs the following core functions, with a focus on our mission to support a life of dignity, well-being, and independence:

- Advocate for development of community-based resources that effectively address the needs of older individuals and adults with disabilities.
- Design and offer flexible supportive services that bolster one’s ability to live independently for as long as possible, in the community of their choice.
- Collect relevant data and develop clear strategies to inform the various service delivery systems the county that cater to the needs of older individuals, adults with disabilities, and their caregivers.
- Actively engage clients, advocacy groups for special needs, community leaders, collaborators, and partner providers to guide and uplift endeavors aimed at improving service delivery systems for vulnerable adults.

PSA 21 administers an annual budget comprised of public and private funds from Federal, State, County and local sources. All funds are allocated to directly offer or support home- and community-based services, following the guidance of the Area Plan. Up-to-date demographic data, trend analysis, community assessments, partner feedback, and third-party resources were compiled to help focus engagement efforts on groups and communities with the greatest needs.

## **SECTION 3. DESCRIPTION OF THE AREA AGENCY ON AGING PSA 21**

Riverside County Office on Aging (RCOoA) is a stand-alone county department, locally governed by the Riverside County Board of Supervisors. The Board of Supervisors is made up of five members, each representing a different area/district within the county (See Section 16 – Governing Board).

RCOoA is one of over forty departments within the County of Riverside clustered under the “Human Services Portfolio”, which includes the Departments of Social Services, Child Support Services, Housing and Workforce Solutions, Veteran Services, and the First 5 Riverside County Children & Families Commission. The Human Services Portfolio departments are overseen by County Executive Officer, Jeff Van Wagenen, and Assistant County Executive Officer, Kimberly Britt.

As a county department head, the RCOoA director reports to the Assistant County Executive Officer and is responsible for administering and guiding the execution of all title programs specified in the Area Plan contract agreement.

In recent years, the RCOoA has invested heavily in service integration in alignment with the stated goals of the California Masterplan for Aging 2030. Approved by the County Board of Supervisors in 2022, the county’s RivCoONE Integrated Services Delivery (ISD) Model aims to connect residents to its various health and human resources upon initial engagement. The targeted outcome is to elevate the person’s overall encounter with a county service agency, establish meaningful connections, and address the factors that affect health and resource isolation.

In collaboration with county health and human service departments, RCOoA has established integrated service delivery hubs in the cities of Jurupa Valley and Temecula with additional sites targeted in the coming years. These hubs provide individuals in need the opportunity to receive multi-disciplinary care coordination.

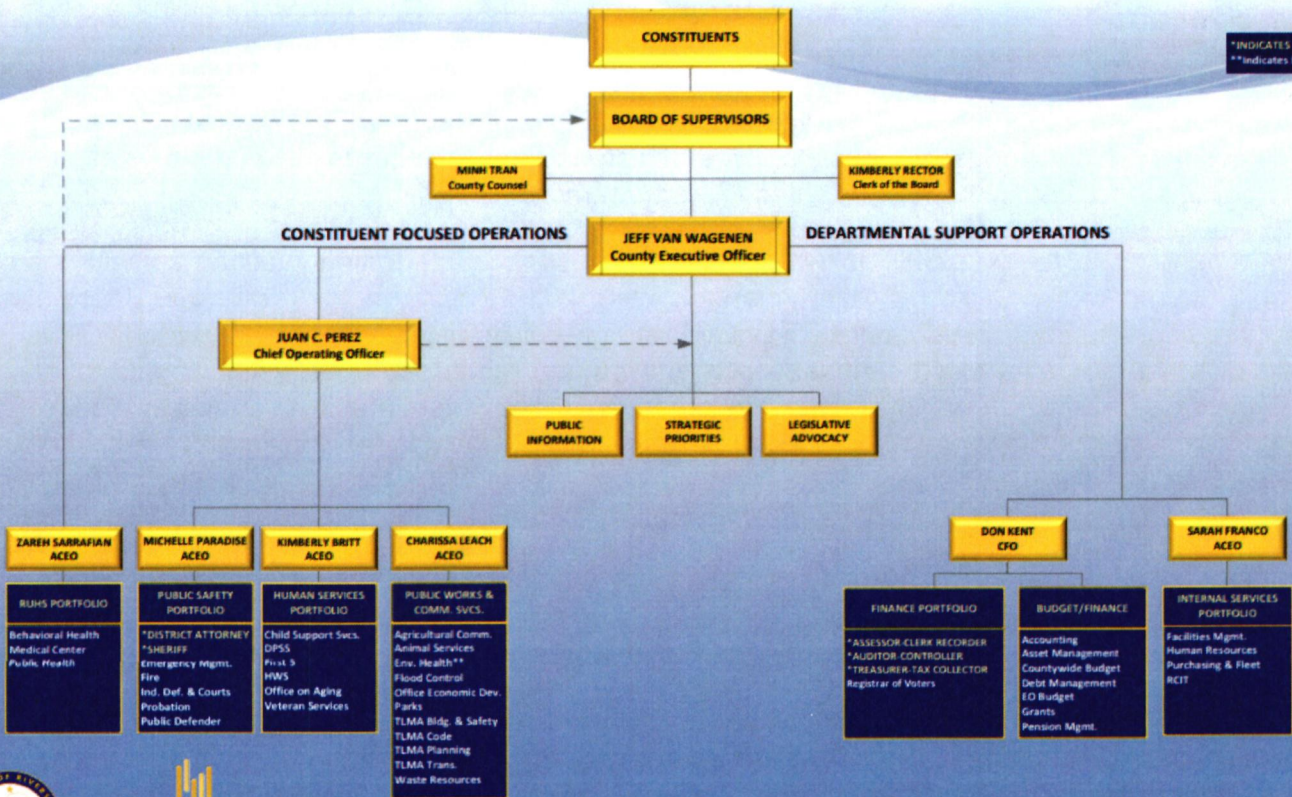
Interagency collaboration with other county departments, health care systems, and health plans occur in a number of standardized ways:

- Memorandums of Understanding (MOUs) and formal agreements to define roles, responsibilities, and funding opportunities.
- Joint case management from different departments share information with RCOoA and work together on cases that require services from multiple departments, such as housing, healthcare, and protection concerns.
- Information sharing through joint case management, multi-disciplinary team (MDT) meetings, and/or MOUs allow for information to flow for the benefit of mutual clientele.

Recently, the Riverside County Office on Aging has partnered with local healthcare plan agencies to expand and enhance support services to our community’s older and disabled adults. The department and these organizations share a mutual clientele, and individuals are routinely referred to services and programs offered by one another. RCOoA has provided material aid, transportation, and nutrition service assistance to clients referred from healthcare plan agencies. RCOoA has also been awarded competitive grants by local healthcare organizations to supplement Title-funded programs.

### SECTION 3. DESCRIPTION OF THE AREA AGENCY ON AGING PSA 21

\*INDICATES ELECTED OFFICIAL  
\*\*Indicates Reso. 2019 196



Revised July 22, 2025  
County Global Chart

### **SECTION 3. DESCRIPTION OF THE AREA AGENCY ON AGING PSA 21**

The Riverside County Office on Aging has offices at each of the following locations:

**Administration and  
Programs Office:**  
3610 Central Avenue,  
Riverside, CA 92506

**East County Office:**  
44-199 Monroe Street,  
Suite B  
Indio, CA 92201

**Blythe Community  
Center:**  
445 N Broadway,  
Blythe, CA 92225

Riverside County Office on Aging staff are also co-located at each of the following  
**Integrated Services Delivery** hubs:

**Jurupa Valley  
Community Health Clinic:**  
8876 Mission Blvd,  
Jurupa Valley, CA 92509

**Temecula WIC:**  
41002 County Center Dr.,  
Bldg. B,  
Temecula, CA 92591

## SECTION 4. PLANNING PROCESS & ESTABLISHING PRIORITIES PSA 21

The planning process for developing the 2024-2028 Area Plan on Aging “Aging in Motion” sought to involve as many key stakeholders and members of the general public as possible.

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

- Demographic data from the U.S. Census and other related surveys.
- Community surveys aimed at gaining an understanding the needs of our vulnerable adults and their caregivers.
- RCOoA program and service trend data, in particular, to set adequate proportions for priority Title IIIB services.
- Research information related to demographic projections and policy trends.
- Service design thinking sessions with county department leaders and stakeholders.

Considering the results of our needs assessment, the Riverside County Office established three main priorities for the coming Area Plan cycle:

- **Build Age- & Ability-Friendly Communities**
- **Bolster Community Connections**
- **Bridge Resource Gaps**

Along with our needs assessment, RCOoA also considered available funding, regulatory guidelines, partnerships, and local, state, and federal legislative priorities as critical factors when establishing our Area Plan priorities.

Using our four-year priorities as a basis, RCOoA developed its goals for our 2024-2028 Area Plan ensuring consideration of the following:

- Community needs assessment survey data, which measured the current and future needs of local communities and various constituencies.
- Ongoing advocacy efforts focused on raising the awareness of emerging issues and recommended changes in local, state, and national public policies and regulations.
- County integrated service delivery efforts, aimed at redesigning the County’s service delivery systems to improve efficiency, customer access, and satisfaction - efforts being led by RCOoA and partner County human services departments.
- Program development in response to the community’s changing and emerging needs.

## SECTION 4. PLANNING PROCESS & ESTABLISHING PRIORITIES PSA 21

Each set of goals and objectives directly ties into advancing one of our three main priorities. As is detailed in Section 7 of our Area Plan, our four-year Area Plan goals seek to **Build Age- and Ability-Friendly Communities, Bolster Community Connections, and Bridge Resource Gaps** through the following activities:

- Identifying new service provider partners to address needs of client in remote areas of the county.
- Partnering with county agencies to streamline service delivery and improve client outcomes.
- Establishing new community and mobile service hubs to improve access to needed resources and supports.
- Promoting programs that encourage healthy choices, mobility, and social engagement, and increase connections to care and support services, while reducing social isolation.
- Maintaining a community presence to conduct ongoing assessment of needs.

The Older Americans Act (OAA) stipulates that AAAs across the U.S. target their services to older adults who are most in need of support, particularly those who are low-income, members of minority communities, or living in rural areas. The Older Californians Act broadens this definition to include individuals with a physical or mental disability, language barriers, and cultural or social isolation caused by, among other things, racial and ethnic status, sexual orientation, human immunodeficiency virus (HIV) status, gender identity, or gender expression. Through our priorities, goals, and objectives, RCOoA has positioned itself to address the needs of these target populations by implementing targeted initiatives that promote inclusivity, enhance accessibility, and ensure equitable support for all individuals, regardless of their specific challenges or backgrounds.

As part of every Area Plan and Area Plan Update, RCOoA must identify the minimum percentages of applicable Title III B funds that it plans for annual expenditure throughout our four-year plan period for each of the following service categories:

- **Access:** Transportation, Assisted Transportation, Case Management, Information and Assistance, Outreach, Comprehensive Assessment, Health, Mental Health, and Public Information.
- **In-Home:** Personal Care, Homemaker, Chore, Adult Day Care / Adult Day Health, Alzheimer's Day Care, Residential Repairs/Modifications, Respite Care, Telephone Reassurance, and Visiting.
- **Legal Assistance:** Legal Advice, Representation, Assistance to the Ombudsman Program and Involvement in the Private Bar.

To determine the adequate proportion of federal funds it intends to allocate to these services, RCOoA has based its the percentage allocations for our 2024-2028 Area Plan period on our available budget as provided by CDA, target population figures, outcomes of our community needs assessment, and prior fiscal year usage trends.

## SECTION 5. NEEDS ASSESSMENT & TARGETING PSA 21

The Riverside County Office on Aging applied various approaches to thoroughly understand the community's requirements and challenges to services. Up-to-date demographic data, trend analysis, community assessments, partner feedback, and third-party resources were compiled to help focus engagement efforts on groups and communities with the greatest needs. Insights regarding the needs of older adults, persons with disabilities, and family caregivers were gathered as described below:

- Reviewing population projections from the U.S. Census, the 2022 American Community Surveys, Riverside University Health System - Public Health Strategic Health Alliance Pursuing Equity (SHAPE) data and other similar demographic data sources.
- Administering surveys to older adults, disabled adults, their care providers and RCOoA contracted service providers in person, online, and by mail.
- Hosting a public hearing to shared data compiled from our community surveys to demonstrate trends, their influence on our Area Plan goals and objectives, along with providing an opportunity to gain public feedback and input.
- Reviewing reports, assessments, and current research on issues impacting our County's vulnerable adult population.

Guided by the Older Americans and Older Californians acts, RCOoA works to include input and consider the needs of "Target Populations" in its evaluation of the community's needs, our advocacy efforts, and coordinating the delivery of services. RCOoA also seeks to tailor its department and program policies to align with requirements set by those respective acts. To that end, RCOoA places high priority in conducting outreach to these populations and ensuring individuals from these groups qualify and receive services and supports to address their needs. The Older Americans and Older Californians acts define "Target Populations" to include:

- Low-income individuals with special emphasis on those who are frail, isolated, neglected, and/or exploited
- Ethnic minorities
- Limited English speakers
- Individuals residing in rural or isolated areas
- Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, Asexual (LGBTQIA+) older adults
- Individuals living with human immunodeficiency virus (HIV) or Acquired Immunodeficiency Syndrome (AIDS) or other chronic conditions

Active and open dialogue are cornerstones for gathering insights to the multifaceted needs of each community.

## SECTION 5. NEEDS ASSESSMENT & TARGETING PSA 21

RCOoA sought to engage the populations listed above and include their input in our needs assessment process through each, but not limited to, the following:

- Cultural diversity training for all staff.
- Outreach, educational events, support groups, focus groups, and services for limited English speakers.
- Employing fulltime bilingual staff in our call center and every one of our programs or services.
- Translating all surveys, program and information materials as needed.
- Providing 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.
- Focus meetings special interest groups and “design thinking” sessions with partner providers, county department leaders, and stakeholders
- Developing culturally and linguistically appropriate services and making appropriate referrals.
- Conducting surveys in partnership with community organizations that provide services to these communities.
- Providing direct service delivery in isolated areas, such as Blythe, where contracted providers are not available.
- Participating in events and conferences that seek to identify the needs of current and future older adults.
- Serving as an Aging and Disability Resource Connection (ADRC) 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.
- Participating in state-level service integration discussions and providing leadership in county level service integration initiatives.

### 2023 Survey Data

RCOoA collected over 1400 responses across five different surveys in 2023. The surveys administered in 2023, along with the individual response totals, are as follows:

- The POLCO Community Assessment Survey for Older Adults (CASOA), delivered in partnership with CDA and POLCO, a community engagement and polling organization, older adult residents in Riverside County were surveyed to gain insight on service needs and the strengths of our community. Along with assessing overall community quality, questions were based around six aspects: Community Design, Employment and Finances, Equity and Inclusivity, Health and Wellness, Information and Assistance, and Productive Activities. (387)



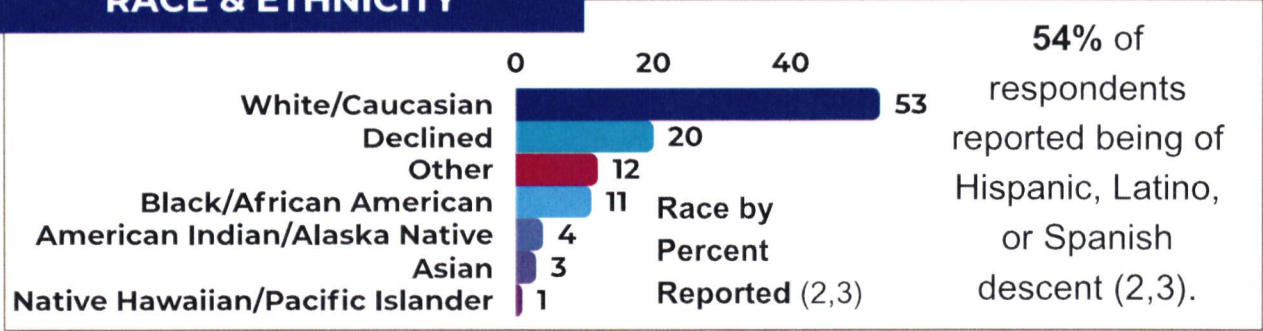
## **SECTION 5. NEEDS ASSESSMENT & TARGETING PSA 21**

- RCOoA's Community Needs Assessment survey, which gives us insight into the needs and quality of life of older adults, disabled adults, and their caregivers, as well as identifying any potential barriers to obtaining services. Questions focus on an individual's general health and well-being, care they may receive or provide, and current sentiments on their lives. (279)
- RCOoA's Health and Nutrition survey, which centers on learning about the respondent's physical health, diet, and access to nutrition resources. (736)
- RCOoA's Caregiver Experience survey, which sought feedback from caregivers on their role as a care provider, their needs and those of their clients, and the challenges they encounter. (59)
- RCOoA's OOA Service Provider Survey, which was completed by our contracted service providers, as these are organizations in a significant position to obtain feedback from the community we collectively serve and provide insight on how service delivery can improve. (9)

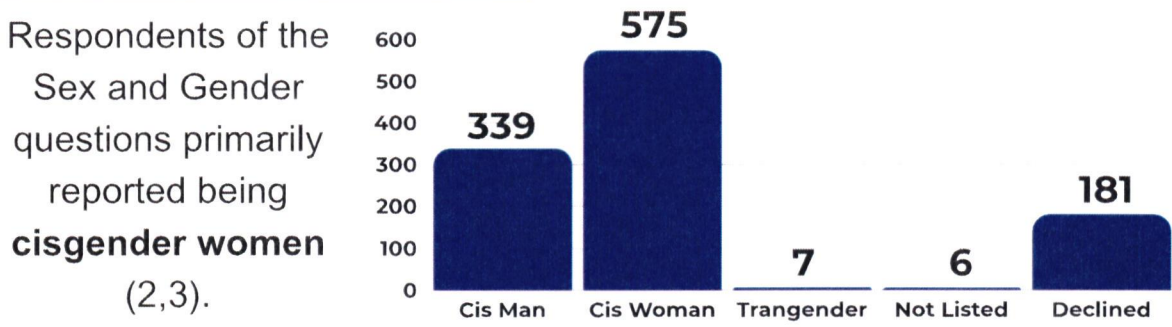
Findings and trends from each of our surveys are shared in the infographics on the following pages.

## SECTION 5. NEEDS ASSESSMENT & TARGETING SURVEY RESPONDENT DEMOGRAPHICS

### RACE & ETHNICITY



### SEX, GENDER & SEXUALITY

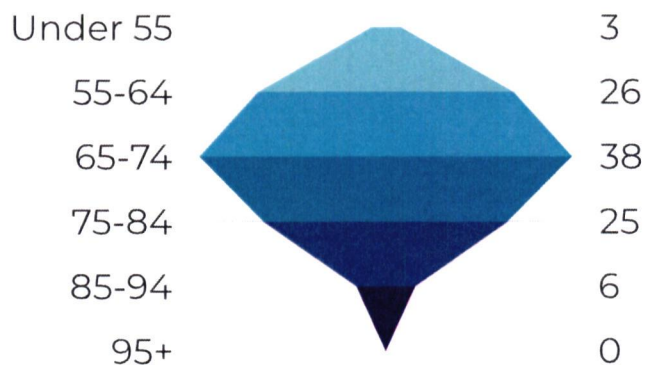


8% of respondents identified as Gay, Lesbian, Bisexual, or Asexual. The national average of LGBTQ+ seniors 50+ is reported to be 7% (1,2,3).

### AGE & INCOME

**49%** of older adults in Riverside County report a gross household income **at or below \$18,499** (3).

A Majority of survey respondents were between the ages of **65 and 74** (2,3).



REFERENCES (1) Pew Research Center, 5 Key Findings About LGBTQ+ Americans. June 2023.  
 (2) 2023 Polco Community Assessment Survey for Older Adults in Riverside County.  
 (3) 2023 Riverside County Office on Aging Health and Nutrition Survey.

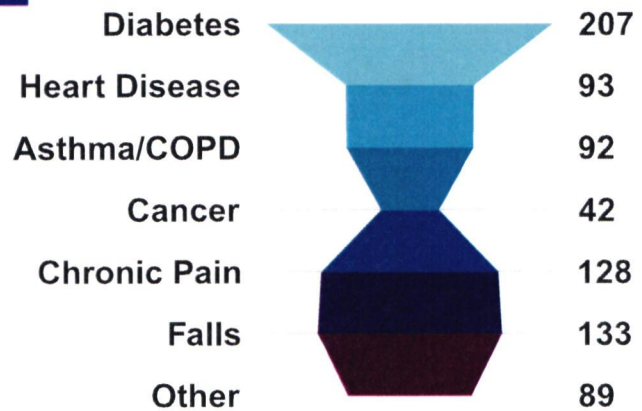
## SECTION 5. NEEDS ASSESSMENT & TARGETING RIVERSIDE COUNTY OLDER ADULT HEALTH & WELLNESS

### FALLS & CHRONIC ILLNESS

59% of older adults in Riverside County reported having a **chronic health condition** (2).

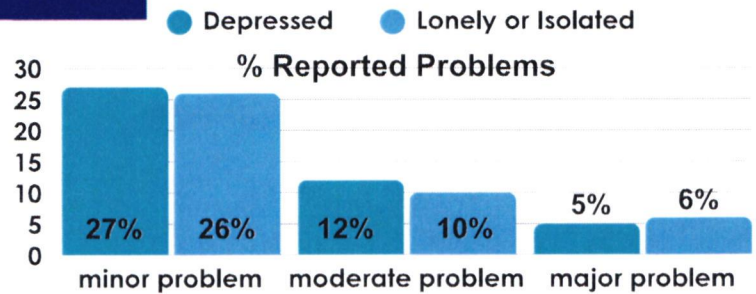
—————>

**1 in 3 older adults report falling at least once** in the previous 12 months (1).



### SOCIAL ISOLATION

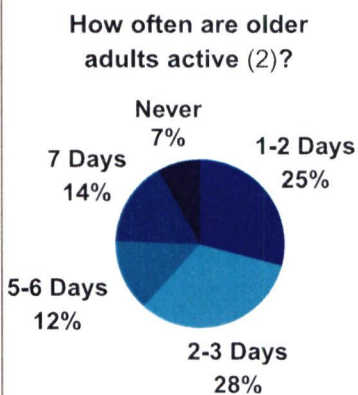
42% of older adult respondents reported **feeling lonely or isolated** (1). 44% of older adults reported feeling **depressed** (1):



### ABILITY & MOBILITY

Physical activities and wellness appear to be **very important** to most Riverside County older adults.

Which physical activities are older adults performing (2)?



**67% of older adults report confidence that they can have a positive impact on their own health (2).**

#### REFERENCES

- (1) 2023 Polco Community Assessment Survey for Older Adults in Riverside County.
- (2) 2023 Riverside County Health and Nutrition Survey.

## SECTION 5. NEEDS ASSESSMENT & TARGETING RIVERSIDE COUNTY OLDER ADULT NUTRITION & NECESSITIES

### DAILY MEALS

**81% of respondents report they are able to prepare their own meals (1).**

**78% of Riverside County older adults reported usually eating 2-3 meals per day (1).**

**11% of respondents reported usually eating 0 or 1 meal per day (1).**

### OBTAINING NECESSITIES

**1 in 5** respondents report lacking transportation to the grocery store, to get meals from a senior center, or attend medical appointments (1).

**Where are older respondents getting their meals (1)?**

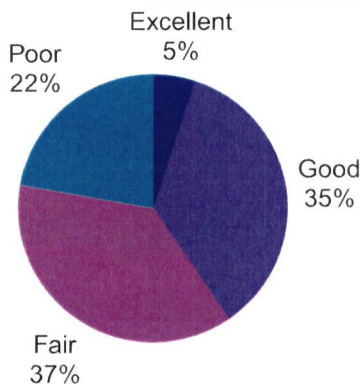


### AFFORDABILITY

Some Riverside County older adults reported making **tough choices between important necessities.**

**1 in 10** respondents report choosing between buying food or medication.

**2 in 10** report choosing between food or paying bills.



**Ratings on the availability of affordable, quality food (2).**

**One quarter** of respondents report receiving food assistance from CalFresh (1).

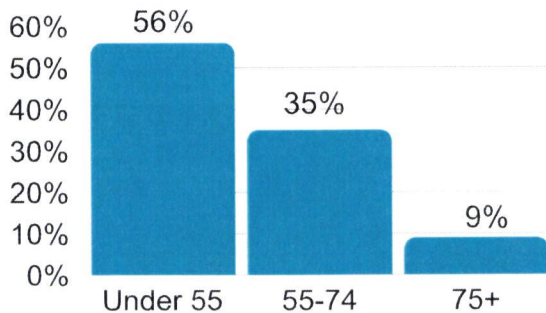
**One fifth** of respondents report help affording food from **food banks, family, or friends** (1).

REFERENCES (1) 2023 Riverside County Health and Nutrition Survey.  
(2) 2023 Polco Community Assessment Survey for Older Adults in Riverside County.

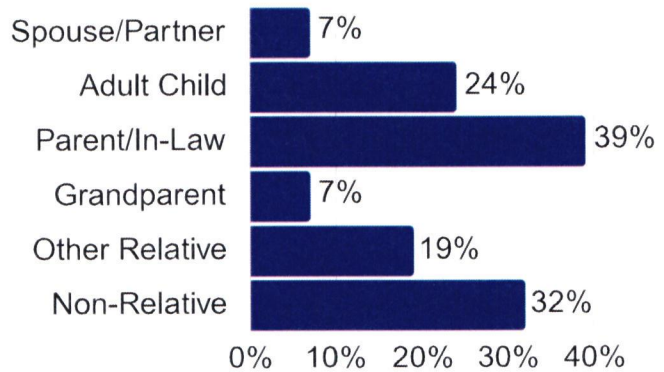
## SECTION 5. NEEDS ASSESSMENT & TARGETING RIVERSIDE COUNTY CAREGIVERS

### AGES & RELATIONSHIPS

**How old are caregiving respondents?**



**Who is receiving care?**



### BARRIERS & RESOURCES

**Older adults shared their biggest caregiving barriers and resources needed.**

**Barriers to Caregiving:**

- Balancing caregiving responsibilities with other responsibilities.
- Lack of time to care for self.
- Lack of pay/income for providing care.

**Resources Needed:**

- Payment for services.
- Education/training on providing care.
- Time off to care for self.
- Information on caring for others

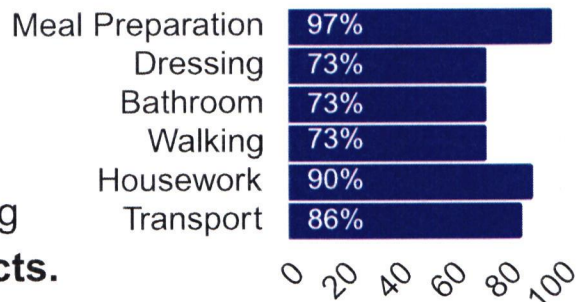
### CARE & PERSONAL BURDENS

Caregivers reported that providing care is:

- Physically Difficult - 51%
- Emotionally Difficult - 41%
- Financially Difficult - 41%

**25% of respondents felt providing care was difficult in all three aspects.**

**Types of Care Provided (%)**

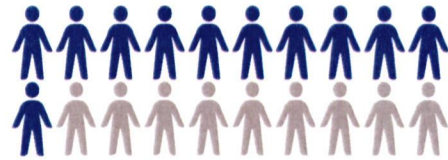
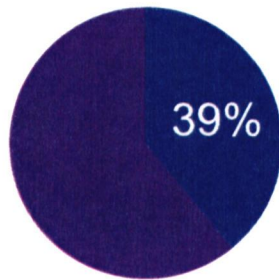


## SECTION 5. NEEDS ASSESSMENT & TARGETING RIVERSIDE COUNTY OLDER ADULT CONTRIBUTIONS & FINANCES

### VOLUNTEERING

Volunteering is an important part of many Riverside County older adults' lives.

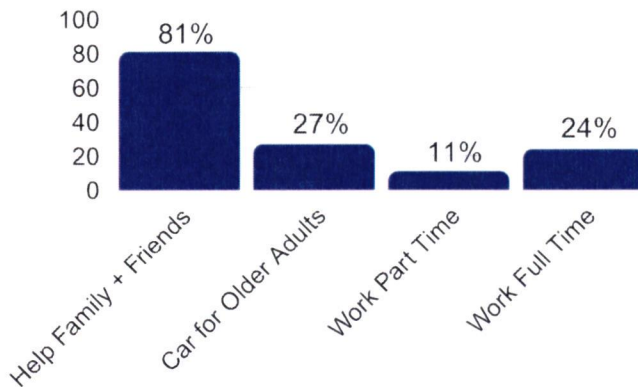
**39%** of older adults report participating in **volunteer work** (1).



**55%** of older adults reported they had **“excellent” or “good”** volunteer opportunities (1).

### ECONOMIC CONTRIBUTIONS

% of Older Adults Who Report Paid/Unpaid Labor:

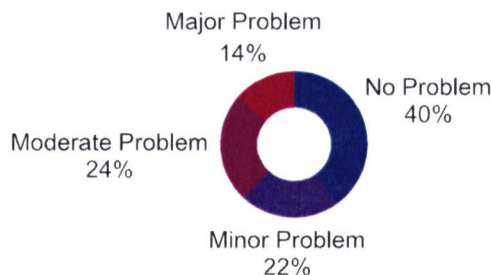


Older residents contribute an estimated **\$14.8 BILLION** annually to Riverside County through paid and unpaid work (1).

Much of this work involves helping others, and nearly **a quarter of older adults report working full time** (1).

### FINANCIAL STABILITY

**60%** of older adults in Riverside County reported having a minor to major problem meeting daily expenses (1).



Only **17%** of older adults reported a belief that the economy will positively impact their finances (1).

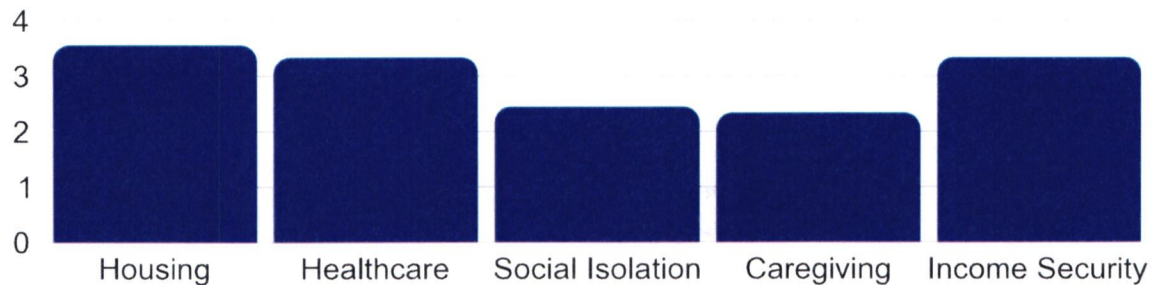
**1 in 4 older adults report trouble getting enough food to eat (1,2).**

REFERENCES (1) 2023 Polco Community Assessment Survey for Older Adults in Riverside County.  
(2) 2023 Riverside County Health and Nutrition Survey.

## SECTION 5. NEEDS ASSESSMENT & TARGETING RIVERSIDE COUNTY SENIOR SERVICE PROVIDERS

### CHALLENGES

Service Providers ranked several key challenges faced by older adults they serve on a scale of 1-5. These are the top issues (1):



### GAPS IN CARE

**Service Providers gave direct feedback on the gaps in service they've noticed (1).**

"Remote areas are not easy for food vendors to reach."

"Transportation and mental health."

"Service to unincorporated areas."

"More funding."

"Transportation needs."

**"They all intertwine in some way and affect one another."**

### PROVIDER RECOMMENDATIONS

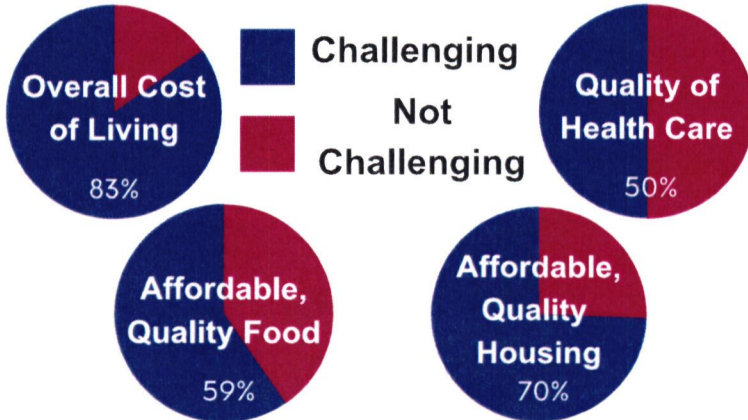
**Service Providers gave suggestions on how programs for older and disabled adults can improve:**

- Clear Eligibility Guidelines
- More Support Professionals
- Telehealth Options
- Improved Senior Centers
- Better Transportation
- Coordination and Collaboration
- More Housing Options
- Increased Funding

## SECTION 5. NEEDS ASSESSMENT & TARGETING RIVERSIDE COUNTY COMMUNITY ASSESSMENT

### QUALITY OF LIFE & NEEDS

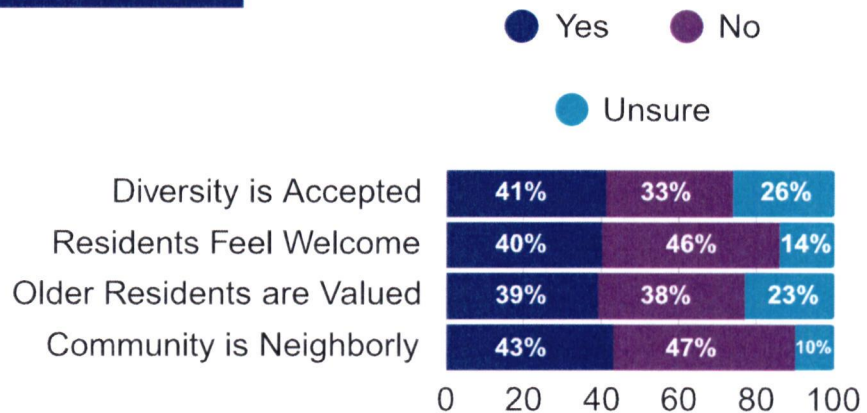
Older adults in Riverside County reported facing **challenges** obtaining several community needs (1,2).



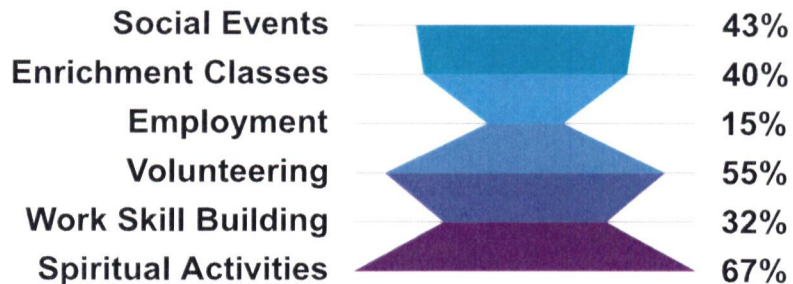
**48%** of older adults reported difficulty finding information on **senior resources**, and **59%** reported this for **public assistance programs**.

### SOCIALITY & CONNECTIVITY

Respondents generally **agreed** that Riverside County is an **open and accepting community (1+)**:



What **opportunities** do older adults feel are available to them (2)?



**68%** of respondents **WOULD RECOMMEND** living in Riverside County to other older adults (2).

REFERENCES (1) 2023 Riverside County Health and Nutrition Survey.  
(2) 2023 Polco Community Assessment Survey for Older Adults in Riverside County.

## SECTION 6. PRIORITY SERVICES & PUBLIC HEARINGS PSA 21

### 2024-2028 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\* 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 2024-25 through FY 2027-2028

#### Access:

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

2024 - 25 25.9 %      25 - 26 25.9 %      **26 - 27 25.9** %      27 - 28 \_\_\_\_\_ %

#### In-Home Services:

Personal Care, Homemaker, Chore, Adult Day / Health Care, Alzheimer's Day Care Services, Residential Repairs/Modifications

2024 - 25 6 %      25 - 26 6 %      **26 - 27 6** %      27 - 28 \_\_\_\_\_ %

#### Legal Assistance Required Activities:\*\*

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

2024 - 25 3.5 %      25 - 26 3.5 %      **26 - 27 3.5** %      27 - 28 \_\_\_\_\_ %

**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 our target county resident figures, outcomes of our community needs assessment, and prior fiscal year usage trends.

\*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.

\*\*Legal Assistance must include all the following activities: Legal Advice, Representation, Assistance to the Ombudsman Program and Involvement in the Private Bar.

## SECTION 6. PRIORITY SERVICES & PUBLIC HEARINGS PSA 21

**PUBLIC HEARING:** 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 2020, Section 314(c)(1).

Fiscal Year	Date	Location	Number of Attendees	Presented in languages other than English?*	Was hearing held at a Long-Term Care Facility? **
				Yes or No	Yes or No
2024-2025	March 13, 2024	<b>In person:</b> 3610 Central Avenue, Suite 102, Riverside, CA 92506  <b>Online:</b> Via Zoom	16	No	No
2025-2026	March 11, 2025	<b>In person:</b> 3610 Central Avenue, Suite 102, Riverside, CA 92506  <b>Online:</b> Via Zoom	8	No	No
2026-2027	April 2, 2026	<b>In person:</b> 3610 Central Avenue, Suite 102, Riverside, CA 92506  <b>Online:</b> Via Zoom	8	No	No
2027-2028					

## SECTION 6. PRIORITY SERVICES & PUBLIC HEARINGS PSA 21

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.

A public hearing notice was posted in the largest local newspaper and on the RCOoA website 30 days ahead of the hearing date. In addition, the notice was shared with our Advisory Council members for outreach and distribution to our Focal Points.

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

No comments were received regarding proposed expenditures for Program Development and Coordination objectives of our Area Plan in FY 2026-2027.

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

**Yes. Go to question #5**

No, Explain:

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

No comments were received regarding proposed minimum percentages of Title IIIB funds to be allocated in FY 2026-2027.



## SECTION 6. PRIORITY SERVICES & PUBLIC HEARINGS PSA 21

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

The following is a summary of comments received during the public hearing:

- One member of the public (Debbie Franklin) asked for clarification on how the Office on Aging identified its target cities for integrated service deliver hubs and whether the department is participating in any local Blue Zones projects.
- A second member of the public (Jax Kelly, Aging and HIV Institute) urged the Office on Aging to include older adults living with HIV and LGBTQ+ older adults in needs assessments, outreach strategies, and program design by improving data collection, strengthening cross-system coordination, and supporting community-based models. He encouraged the department to ensure that these communities are visible in its Area Plans, that their needs are considered, and that services are designed with their realities in mind.
- A third member of the public (Antonia Amaya) asked about the department's plans to assist seniors with the lack of available caregivers.

6. Note any changes to the Area Plan that were a result of input by attendees.

No changes were made to the Area Plan as a result of input by attendees. However, RCOoA will take into consideration the aforementioned comments as we conduct future research and analysis in how to strategically serve all aspects of the community.

## SECTION 7. AREA PLAN NARRATIVE GOALS AND OBJECTIVES PSA 21

**Goals and Objectives are required per California Code of Regulations Title 22 Section 7300 (c).** Goals are statements of ideal conditions that the AAA wishes to achieve through its planned efforts. Objectives are measurable statements of action to meet the goals. Objectives indicate all of the following:

- (1) The nature of the action.
- (2) The party responsible for the action.
- (3) How the action will be accomplished.
- (4) The anticipated outcome of that action.
- (5) How the outcome of the action will be measured.
- (6) The projected dates for starting and completing the action.
- (7) Any program development and coordination activities, as specified in Section 9400, Welfare and Institutions Code, that are associated with the objective.

<b>Goal #1</b>	Participate in activities that help build inclusive communities, supporting older adults and disabled adults to age comfortably and remain in the communities of their choice. The RCOoA will expand the reach of its programs by building partnerships with community organizations that support our older and disabled adults' ability to age in place. [Refer to CCR Article 3, Section 7300 (c)]			
<b>Rationale:</b>	Sixty percent of respondents to our needs assessment survey experienced not having enough money to meet daily expenses within the past year. The rise of household expenses and the growing prevalence of chronic health conditions along with physical, mental, and cognitive impairments means that older and disabled adults require assistance with services that will allow them to remain stable in their homes and communities.			
#	Objective	Projected Start and End Dates	Type of Activity and Funding Source	Update Status
1.1	Expand meal service providers to improve access to under-served and rural areas (e.g., Congregate Meals, Freezer Meals, and Home Delivered Meals).	2024 - 2028	Administrative	Revised

## SECTION 7. AREA PLAN NARRATIVE GOALS AND OBJECTIVES PSA 21

<b>Goal #1</b>	Participate in activities that help build inclusive communities, supporting older adults and disabled adults to age comfortably and remain in the communities of their choice. The RCOoA will expand the reach of its programs by building partnerships with community organizations that support our older and disabled adults' ability to age in place. [Refer to CCR Article 3, Section 7300 (c)]			
<b>Rationale:</b>	Sixty percent of respondents to our needs assessment survey experienced not having enough money to meet daily expenses within the past year. The rise of household expenses and the growing prevalence of chronic health conditions along with physical, mental, and cognitive impairments means that older and disabled adults require assistance with services that will allow them to remain stable in their homes and communities.			
#	Objective	Projected Start and End Dates	Type of Activity and Funding Source	Update Status
1.2	Enhance access and delivery of health and human service programs and services that cater to the needs of older adults and disabled adults through non-traditional partnerships (e.g., universities, faith-based organizations, hospitals, etc.) and staff presence at community integrated service delivery hubs. Beginning in FY 25 through FY 28, RCOoA staff will co-locate at integrated service delivery hubs located in four different cities. By having an increased presence at these community sites, RCOoA anticipates that 25% of encounters will result in a service linkage to RCOoA programs or county partners.	2024 - 2028	Program Development	Revised
<b>FY 2025 - 2026 Update</b>				
RCOoA staff are co-located at integrated service delivery hubs in the cities of Jurupa Valley and Temecula and maintain a presence in the target cities of Hemet and Blythe.				

## SECTION 7. AREA PLAN NARRATIVE GOALS AND OBJECTIVES PSA 21

<b>Goal #1</b>	Participate in activities that help build inclusive communities, supporting older adults and disabled adults to age comfortably and remain in the communities of their choice. The RCOoA will expand the reach of its programs by building partnerships with community organizations that support our older and disabled adults' ability to age in place. [Refer to CCR Article 3, Section 7300 (c)]
<b>Rationale:</b>	Sixty percent of respondents to our needs assessment survey experienced not having enough money to meet daily expenses within the past year. The rise of household expenses and the growing prevalence of chronic health conditions along with physical, mental, and cognitive impairments means that older and disabled adults require assistance with services that will allow them to remain stable in their homes and communities.

#	Objective	Projected Start and End Dates	Type of Activity and Funding Source	Update Status
1.3	In alignment with Riverside County’s Integrated Service Delivery (ISD) initiative, RCOoA will partner with county Human Service departments to modernize and integrate service delivery for older adults and disabled adults (e.g., homeless, veterans, emergency services, etc.). Between FY 25 and FY 28, four integrated service delivery hubs will be established to co-locate county staff from Human Service departments in target cities. Once ISD hubs have been established, RCOoA anticipates that 80% of clients engaged will complete an assessment and 60% of clients are referred to a service they need. ISD partners include the Riverside County Departments of Public Social Services, Public Health, First Five, Behavioral Health, and the County Medical Center. Each are non-OAA funded agencies.	2024 - 2028	Coordination	Revised

**FY 2025 - 2026 Update**

As of FY 2026, two hubs have been established in Jurupa Valley and Temecula with staff present each week to engage with clients. During the third quarter of FY 2024–2025, system and workflow changes refined outcome measurement to include only eligible and actively engaged recipients. As a result, 98% of engaged recipients completed assessments. Additionally, 80% of unduplicated recipients who completed WPHS were referred to needed services - exceeding the 60% goal, though slightly below the FY 2024-2025 benchmark of 99%.

## SECTION 7. AREA PLAN NARRATIVE GOALS AND OBJECTIVES PSA 21

<b>Goal #2</b>	Provide individuals with resources and programs to encourage mobility, security, self-sufficiency, and social engagement. The RCOoA will seek cost effective solutions to increase social connections, reduce isolation, and link clients to information and community resources. [Refer to CCR Article 3, Section 7300 (c)]			
<b>Rationale:</b>	Forty-two percent of surveyed Riverside County residents experienced feeling lonely or isolated within the past 12 months. This is consistent with national research which has shown that one out of every three adults feels lonely and nearly a quarter of adults aged 65 and older are considered socially isolated. The impacts of social isolation and loneliness can have significant health and economic ramifications to individuals and communities.			
#	Objective	Projected Start and End Dates	Type of Activity and Funding Source	Update Status
2.1	Reduce social, physical, and medical isolation by promoting one-stop shops and public services and benefits through a No-Wrong-Door approach (e.g., ADRC, ISD Hubs, 911/EMS, ER/Hospitals, community clinics).	2024 - 2028	Administrative	Continued
2.2	Promote programs that encourage healthy nutrition, movement, and social engagement amongst older adults and disabled adults within their communities (e.g., Bingocize, resource centers, access to technology programs, Retired Senior Volunteer Program).	2024 - 2028	Administrative	Continued
2.3	Promote programs that provide social connectedness, self-care, and supports for caregivers of vulnerable adults. Services include: support groups, training, case management, overnight and in-home respite, material aid, outreach, information and assistance, as well as public information and community education on caregiving.	2024 - 2028	Administrative	Continued

## SECTION 7. AREA PLAN NARRATIVE GOALS AND OBJECTIVES PSA 21

<b>Goal #3</b>	Improve community awareness of public benefits and resources through the use of technology, partnerships, and a person-centered approach. The RCOoA aims to foster meaningful connections to elevate the service experience of those who have complex needs. [Refer to CCR Article 3, Section 7300 (c)]			
<b>Rationale:</b>	Forty-eight percent of surveyed residents described "the availability of information about older adult resources" as being fair or poor with another 26% of respondents having no knowledge of such resources. The department is committed to proactive outreach and prevention strategies.			
#	Objective	Projected Start and End Dates	Type of Activity and Funding Source	Update Status
3.1	Participate as a core partner and advocate in community hubs designed to streamline and simplify the delivery of services. The aim is to engage at least 100 individuals each month who state an increase in knowledge of older adult services between July 2024 and June 2028.	2024 - 2028	Administrative	Revised
3.2	Establish <b>Mobile ADRC</b> to provide tailored access to programs and supports from any location or neighborhood through the use of technology, mobile devices, and one-stop resource vans. Particular emphasis will be to assist those with great economic and social needs, including 911 non-emergency callers, hospital discharges, and individuals with special medical conditions.	2024 - 2028	Administrative	Continued
3.3	Conduct ongoing needs assessment surveys using varied methods of engagement through department staff and community partners.	2024 - 2028	Administrative	Continued

## SECTION 8. SERVICE UNIT PLAN (SUP) PSA 21

### TITLE III/VII SERVICE UNIT PLAN CCR Article 3, Section 7300(d) 2024-2028 Four-Year Planning Cycle

The Service Unit Plan (SUP) uses the Older Americans Act Performance System (OAAPS) Categories and units of service. They are defined in the OAAPS State Program Report (SPR).

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

1. Reported below are the units of service to be provided with **ALL regular AP funding sources**. Related funding is reported in the annual Area Plan Budget (CDA 122) for Titles IIIB, IIIC-1, IIIC-2, IIID, and VII. Only report services provided; others may be deleted.

#### Personal Care (In Home); Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	8,365	1	1.2
2025-2026	2,250	1	1.2
<b>2026-2027</b>	<b>2,445</b>	<b>1</b>	<b>1.2</b>
2027-2028			

#### Homemaker (In Home); Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	5,889	1	1.2
2025-2026	1,400	1	1.2
<b>2026-2027</b>	<b>1,690</b>	<b>1</b>	<b>1.2</b>
2027-2028			

## SECTION 8. SERVICE UNIT PLAN (SUP) PSA 21

**Chores (In Home); Unit of Service = 1 hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	-	-	-
2025-2026	-	-	-
2026-2027	-	-	-
2027-2028			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	1,810	1	1.2
2025-2026	964	1	1.2
2026-2027	2,108	1	1.2
2027-2028			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	4,310	1,3	1.2, 3.1
2025-2026	2,427	1,3	1.2, 3.1
2026-2027	2,418	1,3	1.2, 3.1
2027-2028			

**SECTION 8. SERVICE UNIT PLAN (SUP)  
PSA 21**

**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>
2024-2025	9,245	1,2	1.2, 2.1
2025-2026	7,189	1,2	1.2, 2.1
<b>2026-2027</b>	<b>8,190</b>	<b>1,2</b>	<b>1.2, 2.1</b>
2027-2028			

**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>
2024-2025	13,221	1,2	1.2, 2.1
2025-2026	17,930	1,2	1.2, 2.1
<b>2026-2027</b>	<b>13,960</b>	<b>1,2</b>	<b>1.2, 2.1</b>
2027-2028			

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

<b>Fiscal Year</b>	<b>Proposed Units of Service</b>	<b>Goal Numbers</b>	<b>Objective Numbers (if applicable)</b>
2024-2025	38,237	2,3	2.1, 3.2
2025-2026	41,702	2,3	2.1, 3.2
<b>2026-2027</b>	<b>30,842</b>	<b>2,3</b>	<b>2.1, 3.2</b>
2027-2028			

## SECTION 8. SERVICE UNIT PLAN (SUP) PSA 21

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	15,000	3	3.2
2025-2026	12,595	3	3.2
<b>2026-2027</b>	<b>5,350</b>	<b>3</b>	<b>3.2</b>
2027-2028			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	6,070	1	1.3
2025-2026	2,512	1	1.3
<b>2026-2027</b>	<b>1,738</b>	<b>1</b>	<b>1.3</b>
2027-2028			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	235,287	1	1.1
2025-2026	363,193	1	1.1
<b>2026-2027</b>	<b>249,036</b>	<b>1</b>	<b>1.1</b>
2027-2028			

**SECTION 8. SERVICE UNIT PLAN (SUP)  
PSA 21**

**Home-Delivered 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>
2024-2025	309,398	1	1.1
2025-2026	319,321	1	1.1
<b>2026-2027</b>	<b>211,478</b>	<b>1</b>	<b>1.1</b>
2027-2028			

**Nutrition Counseling; Unit of Service = 1 hour - *This service will no longer be offered after FY 25***

<b>Fiscal Year</b>	<b>Proposed Units of Service</b>	<b>Goal Numbers</b>	<b>Objective Numbers (if applicable)</b>
2024-2025	260	2	2.2
2025-2026	-	-	-
2026-2027	-	-	-
2027-2028			

**Nutrition Education; Unit of Service = 1 session**

<b>Fiscal Year</b>	<b>Proposed Units of Service</b>	<b>Goal Numbers</b>	<b>Objective Numbers (if applicable)</b>
2024-2025	44	2	2.2
2025-2026	44	2	2.2
<b>2026-2027</b>	<b>24</b>	<b>2</b>	<b>2.2</b>
2027-2028			

## SECTION 8. SERVICE UNIT PLAN (SUP) PSA 21

### 2. OAAPS Service Category – “Other” Title III Services

- Each **Title IIIB** “Other” service must be an approved OAAPS Program service listed on the “Schedule of Supportive Services (IIIB)” 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 OAAPS 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 can 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 can include:** Cash/Material Aid, Community Education, Disaster Preparedness Materials, Emergency Preparedness, Employment, Housing, Interpretation/Translation, Mobility Management, Peer Counseling, Personal Affairs Assistance, Personal/Home Device, Registry, Senior Center Activities, and Senior Center Staffing.

All “Other” services must be listed separately.

#### Other Supportive Service Category

Cash/ Material Aid Unit of Service = 1 assistance

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	6,283	2,3	2.1, 3.2
2025-2026	364	2,3	2.1, 3.2
<b>2026-2027</b>	<b>185</b>	<b>2,3</b>	<b>2.1, 3.2</b>
2027-2028			

## SECTION 8. SERVICE UNIT PLAN (SUP) PSA 21

### Community Education; Unit of Service = 1 activity

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	20	2,3	2.1, 2.2, 3.2
2025-2026	18	2,3	2.1, 2.2, 3.2
<b>2026-2027</b>	<b>10</b>	<b>2,3</b>	<b>2.1, 2.2, 3.2</b>
2027-2028			

### Comprehensive Assessment; Unit of Service = 1 activity

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	2,876	2,3	2.1, 3.2
2025-2026	2,940	2,3	2.1, 3.2
<b>2026-2027</b>	<b>1,250</b>	<b>2,3</b>	<b>2.1, 3.2</b>
2027-2028			

### Public Information; Unit of Service = 1 activity

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	35	2,3	2.1, 2.2, 3.1
2025-2026	374	2,3	2.1, 2.2, 3.1
<b>2026-2027</b>	<b>316</b>	<b>2,3</b>	<b>2.1, 2.2, 3.1</b>
2027-2028			

## SECTION 8. SERVICE UNIT PLAN (SUP) PSA 21

### Senior Center Activities; Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	480	2	2.2
2025-2026	139	2	2.2
<b>2026-2027</b>	<b>111</b>	<b>2</b>	<b>2.2</b>
2027-2028			

### Disaster Preparedness Material; Unit of Service = 1 product

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	1,200	2	2.2
2025-2026	500	2	2.2
<b>2026-2027</b>	<b>1,000</b>	<b>2</b>	<b>2.2</b>
2027-2028			

### Housing; Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	60	1,3	1.2, 1.3, 3.1
2025-2026	90	1,3	1.2, 1.3, 3.1
<b>2026-2027</b>	<b>50</b>	<b>1,3</b>	<b>1.2, 1.3, 3.1</b>
2027-2028			

## SECTION 8. SERVICE UNIT PLAN (SUP) PSA 21

Interpretation/Translation; Unit of Service = 1 contact

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	10,917	1,2,3	1.3, 2.1, 2.2, 3.1, 3.3
2025-2026	4,867	1,2,3	1.3, 2.1, 2.2, 3.1, 3.3
<b>2026-2027</b>	<b>2,000</b>	<b>1,2,3</b>	<b>1.3, 2.1, 2.2, 3.1, 3.3</b>
2027-2028			

Mental Health; Unit of Service = 1 hour *This service will not be offered in FY 27.*

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	575	2	2.1, 2.2
2025-2026	430	2	2.1, 2.2
<b>2026-2027</b>	<b>-</b>	<b>-</b>	<b>-</b>
2027-2028			

Residential Repairs/Modification; Unit of Service = 1 modification

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	28	1,2,3	1.2, 2.1, 3.2
2025-2026	17	1,2,3	1.2, 2.1, 3.2
<b>2026-2027</b>	<b>5</b>	<b>1,2,3</b>	<b>1.2, 2.1, 3.2</b>
2027-2028			

## SECTION 8. SERVICE UNIT PLAN (SUP) PSA 21

Senior Center Staffing; Unit of Service = N/A

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	-	-	-
2025-2026	-	-	-
2026-2027	-	-	-
2027-2028			

### 3. Title IIID/Health Promotion - Evidence-Based: Bingocize

Health Promotion; Unit of Service = 1 session

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	240	2	2.2
2025-2026	1,391	2	2.2
2026-2027	320	2	2.2
2027-2028			

## SECTION 8. SERVICE UNIT PLAN (SUP) PSA 21

### TITLE IIIB and TITLE VII: LONG-TERM CARE (LTC) OMBUDSMAN PROGRAM OUTCOMES 2024-2028 Four-Year Planning Cycle

As mandated by the Older Americans Act Reauthorization Act of 2020, 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 2020, 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 2021-2022 was 57%.

Fiscal Year Baseline Resolution Rate	# Of Complaints Resolved	+ # of partially resolved complaints	Divided by the total number of Complaints	= Baseline Resolution Rate	Fiscal Year Target Resolution Rate
2022-2023	613	0	1025	60%	<u>70%</u> 2024-2025
2023-2024	355	0	652	54%	<u>60%</u> 2025-2026
2024-2025	257	0	532	48%	<b>55%</b> 2026-2027
2026-2027					

## SECTION 8. SERVICE UNIT PLAN (SUP) PSA 21

**Program Goals and Objective Numbers:** 1 - 1.3

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

1. FY 2022-2023 Baseline: Number of Resident Council meetings attended <u>73</u> FY 2024-2025 Target: <u>98</u>
2. FY 2023-2024 Baseline: Number of Resident Council meetings attended <u>85</u> FY 2025-2026 Target: <u>105</u>
3. FY 2024-2025 Baseline: Number of Resident Council meetings attended <b><u>80</u></b> FY 2026-2027 Target: <b><u>87</u></b>
4. FY 2025-2026 Baseline: Number of Resident Council meetings attended ___ FY 2027-2028 Target: ___
Program Goals and Objective Numbers: <u>1 - 1.3</u>

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

1. FY 2022-2023 Baseline: Number of Family Council meetings attended <u>0</u> FY 2024-2025 Target: <u>1</u>
2. FY 2023-2024 Baseline: Number of Family Council meetings attended <u>1</u> FY 2025-2026 Target: <u>3</u>
3. FY 2024-2025 Baseline: Number of Family Council meetings attended <b><u>10</u></b> FY 2026-2027 Target: <b><u>12</u></b>
4. FY 2025-2026 Baseline: Number of Family Council meetings attended ___ FY 2027-2028 Target: ___
Program Goals and Objective Numbers: <u>1 - 1.3</u>

## SECTION 8. SERVICE UNIT PLAN (SUP) PSA 21

**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 2022-2023 Baseline: Number of Instances <u>511</u> FY 2024-2025 Target: <u>516</u>
2. FY 2023-2024 Baseline: Number of Instances <u>379</u> FY 2025-2026 Target: <u>450</u>
3. FY 2024-2025 Baseline: Number of Instances <u>223</u> FY 2026-2027 Target: <u>375</u>
4. FY 2025-2026 Baseline: Number of Instances ___ FY 2027-2028 Target: ___
Program Goals and Objective Numbers: <u>1 - 1.3</u>

**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 2022-2023 Baseline: Number of Instances <u>1812</u> FY 2024-2025 Target: <u>2,880</u>
2. FY 2023-2024 Baseline: Number of Instances <u>2,238</u> FY 2025-2026 Target: <u>2,500</u>
3. FY 2024-2025 Baseline: Number of Instances <u>1,919</u> FY 2026-2027 Target: <u>1,950</u>
4. FY 2025-2026 Baseline: Number of Instances ___ FY 2027-2028 Target: ___
Program Goals and Objective Numbers: <u>1 - 1.3</u>

## SECTION 8. SERVICE UNIT PLAN (SUP) PSA 21

**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 2022-2023 Baseline: Number of Sessions <u>6</u> FY 2024-2025 Target: <u>15</u>
2. FY 2023-2024 Baseline: Number of Sessions <u>13</u> FY 2025-2026 Target: <u>13</u>
3. FY 2024-2025 Baseline: Number of Sessions <u>12</u> FY 2026-2027 Target: <u>12</u>
4. FY 2025-2026 Baseline: Number of Sessions <u>  </u> FY 2027-2028 Target: <u>  </u>
Program Goals and Objective Numbers: <u>1 - 1.3</u>

**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.

## SECTION 8. SERVICE UNIT PLAN (SUP) PSA 21

FY 2024-2025
FY 2024-2025 Systems Advocacy Effort(s): RCOoA is currently in the process of identifying a service provider for the Ombudsman program.
FY 2025-2026
FY 2025-2026 Systems Advocacy Effort(s): Educate and advocate for the rights of residents and/or their family representatives to establish regular Family Council meetings in skilled nursing and assisted living facilities.
<b>FY 2026-2027</b>
<p><b>FY 2025-2026 System Advocacy Efforts Update:</b> The Ombudsman program made a deliberate investment of time and effort in partnering with facility administrators to initiate and strengthen Family Council meetings. Through outreach, guidance, and collaboration, staff supported administrators in understanding the value of Family Councils, establishing effective meeting structures, and encouraging meaningful participation. This focused approach helped foster open communication, empower family members, and promote a more resident-centered environment within facilities.</p> <p><b>FY 2026-2027 Systems Advocacy Effort(s):</b> Ombudsman Program will focus efforts on providing education, information, and assistance to staff at skilled nursing facilities (SNF's) and RCFE's. Additional efforts will be made to ensure that these communications are documented appropriately. Staff that are better educated regarding the rights of residents can better support an environment of better care and quality of life for LTC residents.</p>
FY 2027-2028
FY 2027-2028 Systems Advocacy Effort(s): (Provide one or more new systems advocacy efforts)

**Outcome 2.**

Residents have regular access to an Ombudsman. [(Older Americans Act Reauthorization Act of 2020), 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.

## SECTION 8. SERVICE UNIT PLAN (SUP) PSA 21

1. FY 2022-2023 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint: 39 divided by the total number of Nursing Facilities 54 = Baseline 72%.  
FY 2024-2025 Target: 41

2. **FY 2023-2024 Baseline:** Number of Nursing Facilities visited at least once a quarter not in response to a complaint: 44 divided by the total number of Nursing Facilities 55 = Baseline **80%**.  
**FY 2024-2025 Target: 80%**

3. FY 2024-2025 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint: 53 divided by the total number of Nursing Facilities 55 = Baseline **96%**.  
FY 2026-2027 Target: **96%**

4. FY 2025-2026 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 2027-2028 Target:    

Program Goals and Objective Numbers: 1 - 1.3

**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.

1. FY 2022-2023 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint 236 divided by the total number of RCFEs 476 = Baseline 49%.  
FY 2024-2025 Target: 56%

2. FY 2023-2024 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint 370 divided by the total number of RCFEs 511 = Baseline 72%.  
FY 2025-2026 Target: 75%

3. FY 2024-2025 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint 418 divided by the total number of RCFEs 547 = Baseline 76%.  
FY 2026-2027 Target: 76%

## SECTION 8. SERVICE UNIT PLAN (SUP) PSA 21

4. FY 2025-2026 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint \_\_\_ divided by the total number of RCFEs \_\_\_ = Baseline \_\_%.  
FY 2027-2028 Target: \_\_\_

Program Goals and Objective Numbers: 1 - 1.3

**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.

1. FY 2022-2023 Baseline: 9.06 FTEs  
FY 2024-2025 Target: 10.5 FTEs

2. FY 2023-2024 Baseline: 7.15 FTEs  
FY 2025-2026 Target: 10.5 FTEs

3. FY 2024-2025 Baseline: **6.15** FTEs  
FY 2026-2027 Target: **9.0** FTEs

4. FY 2025-2026 Baseline: \_\_\_ FTEs  
FY 2027-2028 Target: \_\_\_ FTEs

Program Goals and Objective Numbers: 1 - 1.3

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

1. FY 2022-2023 Baseline: Number of certified LTC Ombudsman volunteers: 14  
FY 2024-2025 Projected Number of certified LTC Ombudsman volunteers: 17

2. FY 2023-2024 Baseline: Number of certified LTC Ombudsman volunteers: 11  
FY 2025-2026 Projected Number of certified LTC Ombudsman volunteers: 17

3. FY 2024-2025 Baseline: Number of certified LTC Ombudsman volunteers: **9**  
FY 2026-2027 Projected Number of certified LTC Ombudsman volunteers: **17**

## SECTION 8. SERVICE UNIT PLAN (SUP) PSA 21

4. FY 2025-2026 Baseline: Number of certified LTC Ombudsman volunteers: \_\_\_  
FY 2027-2028 Projected Number of certified LTC Ombudsman volunteers: \_\_\_

Program Goals and Objective Numbers: 1 - 1.3

### 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 2020, Section 712(c)].

### Measures and Targets:

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.

Ombudsman Program hired one additional staff (FY 2025-2026) to enter data, to ensure consistency and timeliness of data reporting. Data entry training was initiated and will continue into fiscal year 2026-2027, so staff become knowledgeable and proficient in NORS. Computer equipment was also upgraded to ensure compliance with security measures in entering resident data.

## SECTION 8. SERVICE UNIT PLAN (SUP) PSA 21

### TITLE VII ELDER ABUSE PREVENTION SERVICE UNIT PLAN 2024-2028 Four-Year Planning Period

The program conducting the Title VII Elder Abuse Prevention work is:

<b>X</b>	Ombudsman Program
	Legal Services Provider
	Adults Protective Services
<b>X</b>	Other, Explain or List: RCOOA provides this as a direct service.

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

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

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



## SECTION 8. SERVICE UNIT PLAN (SUP) PSA 21

- **Training Sessions for Caregivers Served by Title III E** –Indicate the total number of projected training sessions for unpaid family caregivers who are receiving services under Title III E of the Older Americans Act (OAA) on the identification, prevention, and treatment of elder abuse, neglect, and exploitation. Older Americans Act Reauthorization Act of 2020, 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.

**SECTION 8. SERVICE UNIT PLAN (SUP)  
PSA 21**

**TITLE VII ELDER ABUSE PREVENTION SERVICE UNIT PLAN  
2024-2028 Four-Year Planning Period**

The agency receiving Title VII Elder Abuse Prevention funding is:  
**Riverside County Office on Aging and Council on Aging - Southern California**

<b>Total # Of:</b>	<b>2024- 2025</b>	<b>2025-2026</b>	<b>2026-2027</b>	<b>2027-2028</b>
Individuals Served	5,816	2,900	1,951	
Public Education Sessions	2	2	2	
Training Sessions for Professionals	232	118	4	
Training Sessions for Caregivers Served by Title III E	54	27	2	
Hours Spent Developing a Coordinated System	138	69	383	

<b>Fiscal Year</b>	<b>Total # of Copies of Educational Materials to be Distributed</b>	<b>Description of Educational Materials</b>
2024-2025	1,447	Office on Aging Elder Abuse Prevention Flyers
2025-2026	729	Office on Aging Elder Abuse Prevention Flyers
2026-2027	842	Office on Aging Elder Abuse Prevention Flyers
2027-2028		

## SECTION 8. SERVICE UNIT PLAN (SUP) PSA 21

### TITLE III E SERVICE UNIT PLAN CCR Article 3, Section 7300(d) 2024-2028 Four-Year Planning Period

The Title III E Service Unit Plan (SUP) uses the five federally mandated service categories below that encompass 16 subcategories. Refer to the [CDA Service Categories and Data Dictionary](#) for eligible activities and service unit measures:

1. Access Services
2. Information Services
3. Respite Services
4. Supplemental Services
5. Support Services

At least one sub-service category will be provided for each of the five federally mandated service categories. The availability of services for Older Relative Caregivers (ORC) are dependent upon the AAAs individual needs assessment and public hearings.

#### **Direct and/or Contracted III E Services – Caregivers of Older Adults (COA)**

Provided to family caregivers of adults aged 60 and older or of individuals of any age with Alzheimer’s diseases or a related disorder.

CATEGORIES (16 total)	1	2	3
Caregivers of Older Adults (COA)	Proposed Units of Service	Required Goal #(s)	Required Objective #(s)
<b>COA Caregiver Access Case Management</b>	Total Hours	Required Goal #(s)	Required Objective #(s)
2024-2025	2,957	2	2.3
2025-2026	2,355	2	2.3
<b>2026-2027</b>	<b>3,228</b>	<b>2</b>	<b>2.3</b>
2027-2028			

**SECTION 8. SERVICE UNIT PLAN (SUP)  
PSA 21**

<b>COA Caregiver Support Counseling</b>	Total Hours	Required Goal #(s)	Required Objective #(s)
2024-2025	257	3	2.3
2025-2026	100	3	2.3
<b>2026-2027</b>	<b>171</b>	<b>3</b>	<b>2.3</b>
2027-2028			
<b>COA Caregiver Access Information and Assistance</b>	Total Contacts	Required Goal #(s)	Required Objective #(s)
2024-2025	13,973	2	2.3
2025-2026	6,693	2	2.3
<b>2026-2027</b>	<b>4,462</b>	<b>2</b>	<b>2.3</b>
2027-2028			
<b>COA Caregiver Information Services</b>	# Activities and Total est. Attendance	Required Goal #(s)	Required Objective #(s)
2024-2025	Activities: 25 Audience: 14,980	2	2.3
2025-2026	Activities: 98 Audience: 58,722	2	2.3
<b>2026-2027</b>	<b>Activities: 39 Audience: 29,360</b>	<b>2</b>	<b>2.3</b>
2027-2028			

**SECTION 8. SERVICE UNIT PLAN (SUP)  
PSA 21**

<b>COA Caregiver Respite In-Home</b>	Total Hours	Required Goal #(s)	Required Objective #(s)
2024-2025	5,005	2	2.3
2025-2026	1,519	2	2.3
<b>2026-2027</b>	<b>1,661</b>	<b>2</b>	<b>2.3</b>
2027-2028			
<b>COA Caregiver Respite Other</b>	Total Hours	Required Goal #(s)	Required Objective #(s)
2024-2025	-	-	-
2025-2026	-	-	-
<b>2026-2027</b>	<b>-</b>	<b>-</b>	<b>-</b>
2027-2028			
<b>COA Caregiver Respite Out-of-Home Day Care</b>	Total Hours	Required Goal #(s)	Required Objective #(s)
2024-2025	1,344	2	2.3
2025-2026	172	2	2.3
<b>2026-2027</b>	<b>349</b>	<b>2</b>	<b>2.3</b>
2027-2028			

**SECTION 8. SERVICE UNIT PLAN (SUP)  
PSA 21**

<b>COA Caregiver Respite Out-of-Home Overnight Care</b>	Total Hours	Required Goal #(s)	Required Objective #(s)
2024-2025	-	-	-
2025-2026	-	-	-
<b>2026-2027</b>	<b>-</b>	<b>-</b>	<b>-</b>
2027-2028			
<b>COA Caregiver Supplemental Services Assistive Technologies</b>	Total Occurrences	Required Goal #(s)	Required Objective #(s)
2024-2025	25	2	2.3
2025-2026	10	2	2.3
<b>2026-2027</b>	<b>3</b>	<b>2</b>	<b>2.3</b>
2027-2028			
<b>COA Caregiver Supplemental Services Caregiver Assessment</b>	Total Hours	Required Goal #(s)	Required Objective #(s)
2024-2025	1,018	2	2.3
2025-2026	530	2	2.3
<b>2026-2027</b>	<b>598</b>	<b>2</b>	<b>2.3</b>
2027-2028			

**SECTION 8. SERVICE UNIT PLAN (SUP)  
PSA 21**

<b>COA Caregiver Supplemental Services Caregiver Registry</b>	<b>Total Hours</b>	<b>Required Goal #(s)</b>	<b>Required Objective #(s)</b>
2024-2025	-	-	-
2025-2026	-	-	-
<b>2026-2027</b>	<b>-</b>	<b>-</b>	<b>-</b>
2027-2028			
<b>COA Caregiver Supplemental Services Consumable Supplies</b>	<b>Total Occurrences</b>	<b>Required Goal #(s)</b>	<b>Required Objective #(s)</b>
2024-2025	25	2	2.3
2025-2026	44	2	2.3
<b>2026-2027</b>	<b>37</b>	<b>2</b>	<b>2.3</b>
2027-2028			
<b>COA Caregiver Supplemental Services Home Modifications</b>	<b>Total Occurrences</b>	<b>Required Goal #(s)</b>	<b>Required Objective #(s)</b>
2024-2025	5	2	2.3
2025-2026	5	2	2.3
<b>2026-2027</b>	<b>3</b>	<b>2</b>	<b>2.3</b>
2027-2028			
<b>COA Caregiver Supplemental Services Legal Consultation</b>	<b>Total Hours</b>	<b>Required Goal #(s)</b>	<b>Required Objective #(s)</b>
2024-2025	-	-	-
2025-2026	-	-	-
<b>2026-2027</b>	<b>-</b>	<b>-</b>	<b>-</b>
2027-2028			

**SECTION 8. SERVICE UNIT PLAN (SUP)  
PSA 21**

<b>COA Caregiver Support Groups</b>	Total Sessions	Required Goal #(s)	Required Objective #(s)
2024-2025	457	2	2.3
2025-2026	389	2	2.3
<b>2026-2027</b>	<b>138</b>	<b>2</b>	<b>2.3</b>
2027-2028			
<b>COA Caregiver Support Training</b>	Total Hours	Required Goal #(s)	Required Objective #(s)
2024-2025	986	2	2.3
2025-2026	275	2	2.3
<b>2026-2027</b>	<b>769</b>	<b>2</b>	<b>2.3</b>
2027-2028			

**Direct and/or Contracted IIIIE Services - Older Relative Caregivers**

<b>CATEGORIES (16 total)</b>	<b>1</b>	<b>2</b>	<b>3</b>
Older Relative Caregivers (ORC)	Proposed Units of Service	Required Goal #(s)	Required Objective #(s)
<b>ORC Caregiver Access Case Management</b>	Total Hours	Required Goal #(s)	Required Objective #(s)
2024-2025	708	3	2.3
2025-2026	605	3	2.3
<b>2026-2027</b>	<b>378</b>	<b>3</b>	<b>2.3</b>
2027-2028			

**SECTION 8. SERVICE UNIT PLAN (SUP)  
PSA 21**

<b>ORC Caregiver Support Counseling</b>	Total Hours	Required Goal #(s)	Required Objective #(s)
2024-2025	-	-	-
2025-2026	-	-	-
<b>2026-2027</b>	<b>-</b>	<b>-</b>	<b>-</b>
2027-2028			
<b>ORC Caregiver Information and Assistance</b>	Total Hours	Required Goal #(s)	Required Objective #(s)
2024-2025	841	2	2.3
2025-2026	556	2	2.3
<b>2026-2027</b>	<b>95</b>	<b>2</b>	<b>2.3</b>
2027-2028			
<b>ORC Caregiver Information Services</b>	# Activities and Total est. Attendance	Required Goal #(s)	Required Objective #(s)
2024-2025	Activities: 36 Audience: 312	2	2.3
2025-2026	Activities: 75 Audience: 650	2	2.3
<b>2026-2027</b>	<b>Activities: 6 Audience: 54</b>	<b>2</b>	<b>2.3</b>
2027-2028			

**SECTION 8. SERVICE UNIT PLAN (SUP)  
PSA 21**

<b>ORC Caregiver Respite In-Home</b>	Total Hours	Required Goal #(s)	Required Objective #(s)
2024-2025	-	-	-
2025-2026	-	-	-
<b>2026-2027</b>	-	-	-
2027-2028			
<b>ORC Caregiver Respite Other</b>	Total Hours	Required Goal #(s)	Required Objective #(s)
2024-2025	-	-	-
2025-2026	-	-	-
<b>2026-2027</b>	-	-	-
2027-2028			
<b>ORC Caregiver Respite Out-of-Home Day Care</b>	Total Hours	Required Goal #(s)	Required Objective #(s)
2024-2025	-	-	-
2025-2026	-	-	-
<b>2026-2027</b>	-	-	-
2027-2028			

**SECTION 8. SERVICE UNIT PLAN (SUP)  
PSA 21**

<b>ORC Caregiver Respite Out-of-Home Overnight Care</b>	Total Hours	Required Goal #(s)	Required Objective #(s)
2024-2025	-	-	-
2025-2026	-	-	-
<b>2026-2027</b>	<b>-</b>	<b>-</b>	<b>-</b>
2027-2028			
<b>ORC Caregiver Supplemental Services Assistive Technologies</b>	Total Occurrences	Required Goal #(s)	Required Objective #(s)
2024-2025	10	2	2.3
2025-2026	5	2	2.3
<b>2026-2027</b>	<b>5</b>	<b>2</b>	<b>2.3</b>
2027-2028			
<b>ORC Caregiver Supplemental Services Caregiver Assessment</b>	Total Hours	Required Goal #(s)	Required Objective #(s)
2024-2025	62	2	2.3
2025-2026	87	2	2.3
<b>2026-2027</b>	<b>143</b>	<b>2</b>	<b>2.3</b>
2027-2028			

**SECTION 8. SERVICE UNIT PLAN (SUP)  
PSA 21**

<b>ORC Caregiver Supplemental Services Caregiver Registry</b>	Total Occurrences	Required Goal #(s)	Required Objective #(s)
2024-2025	-	-	-
2025-2026	-	-	-
<b>2026-2027</b>	<b>-</b>	<b>-</b>	<b>-</b>
2027-2028			
<b>ORC Caregiver Supplemental Services Consumable Supplies</b>	Total Occurrences	Required Goal #(s)	Required Objective #(s)
2024-2025	10	2	2.3
2025-2026	5	2	2.3
<b>2026-2027</b>	<b>5</b>	<b>2</b>	<b>2.3</b>
2027-2028			
<b>ORC Caregiver Supplemental Services Home Modifications</b>	Total Occurrences	Required Goal #(s)	Required Objective #(s)
2024-2025	5	2	2.3
2025-2026	5	2	2.3
<b>2026-2027</b>	<b>5</b>	<b>2</b>	<b>2.3</b>
2027-2028			

**SECTION 8. SERVICE UNIT PLAN (SUP)  
PSA 21**

<b>ORC Caregiver Supplemental Services Legal Consultation</b>	Total Hours	Required Goal #(s)	Required Objective #(s)
2024-2025	-	-	-
2025-2026	-	-	-
<b>2026-2027</b>	-	-	-
2027-2028			
<b>ORC Caregiver Support Groups</b>	Total Sessions	Required Goal #(s)	Required Objective #(s)
2024-2025	72	2	2.3
2025-2026	4	2	2.3
<b>2026-2027</b>	<b>36</b>	<b>2</b>	<b>2.3</b>
2027-2028			
<b>ORC Caregiver Training</b>	Total Occurrences	Required Goal #(s)	Required Objective #(s)
2024-2025	-	-	-
2025-2026	-	-	-
<b>2026-2027</b>	-	-	-
2027-2028			

## SECTION 8. SERVICE UNIT PLAN (SUP) PSA 21

### HEALTH INSURANCE COUNSELING AND ADVOCACY PROGRAM (HICAP) SERVICE UNIT PLAN

CCR Article 3, Section 7300(d)  
WIC § 9535(b)

**MULTIPLE PLANNING AND SERVICE AREA HICAPs (multi-PSA HICAP):** Area Agencies on Aging (AAA) that are represented by a multi-PSA, HICAPs must coordinate with their “Managing” AAA to complete their respective PSA’s HICAP Service Unit Plan.

CDA contracts with 26 AAAs to locally manage and provide HICAP services in all 58 counties. Four AAAs are contracted to provide HICAP services in multiple Planning and Service Areas (PSAs). The “Managing” AAA is responsible for providing HICAP services in a way that is equitable among the covered service areas.

**HICAP PAID LEGAL SERVICES:** Complete this section if HICAP Legal Services are included in the approved HICAP budget.

**STATE & FEDERAL PERFORMANCE TARGETS:** The HICAP is assessed based on State and Federal Performance Measures. AAAs should set targets in the service unit plan that meet or improve on each PM displayed on the HICAP State and Federal Performance Measures tool located online at:

[https://www.aging.ca.gov/Providers\\_and\\_Partners/Area\\_Agencies\\_on\\_Aging/Planning/](https://www.aging.ca.gov/Providers_and_Partners/Area_Agencies_on_Aging/Planning/)

HICAP PMs are calculated from county-level data for all 33 PSAs. HICAP State and Federal PMs, include:

- 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.

## SECTION 8. SERVICE UNIT PLAN (SUP) PSA 21

HICAP service-level data are reported in CDA's Statewide HICAP Automated Reporting Program (SHARP) system per reporting requirements.

### SECTION 1: STATE PERFORMANCE MEASURES

HICAP FY	PM 1.1 Clients Counseled (Estimated)	Goal Numbers
2024-2025	1,515	1
2025-2026	1,515	1
<b>2026-2027</b>	<b>1,346</b>	<b>1</b>
2027-2028		
HICAP FY	PM 1.2 Public and Media Events (Estimated)	Goal Numbers
2024-2025	140	1
2025-2026	140	1
<b>2026-2027</b>	<b>91</b>	<b>1</b>
2027-2028		

### SECTION 2: FEDERAL PERFORMANCE MEASURES

HICAP FY	PM 2.1 Client contacts (Interactive)	Goal Numbers
2024-2025	3,235	1
2025-2026	3,235	1
<b>2026-2027</b>	<b>3,050</b>	<b>1</b>
2027-2028		

**SECTION 8. SERVICE UNIT PLAN (SUP)  
PSA 21**

HICAP FY	PM 2.2 PAM Outreach (Interactive)	Goal Numbers
2024-2025	1,708	1
2025-2026	1,708	1
<b>2026-2027</b>	<b>3,727</b>	<b>1</b>
2027-2028		
HICAP FY	PM 2.3 Medicare Beneficiaries <65	Goal Numbers
2024-2025	1,002	1
2025-2026	1,002	1
<b>2026-2027</b>	<b>306</b>	<b>1</b>
2027-2028		

HICAP FY	PM 2.4 Hard to Reach (Total)	PM 2.4a Low-Income Subsidy	PM 2.4b Rural	PM 2.4c ESL	Goal Numbers
2024-2025	1,482	1,200	0	282	1
2025-2026	1,350	1,100	0	250	1
<b>2026-2027</b>	<b>1,350</b>	<b>1,100</b>	<b>0</b>	<b>250</b>	<b>1</b>
2027-2028					

**SECTION 8. SERVICE UNIT PLAN (SUP)  
PSA 21**

HICAP FY	PM 2.5 Qualifying Enrollment Contacts	Goal Numbers
2024-2025	3,175	1
2025-2026	3,175	1
<b>2026-2027</b>	<b>3,036</b>	<b>1</b>
2027-2028		

**SECTION 3. HICAP LEGAL SERVICES UNITS OF SERVICE**

(IF APPLICABLE. Requires a contract for using HICAP funds to pay for HICAP Legal Services.)

HICAP FY	PM 3.1 Estimated Number of Clients Represented per FY (Unit of Service)	Goal Numbers
2024-2025	0	N/A
2025-2026	0	N/A
<b>2026-2027</b>	<b>0</b>	<b>N/A</b>
2027-2028		
HICAP FY	PM 3.2 Estimated Number of Legal Representation Hours per FY (Unit of Service)	Goal Numbers
2024-2025	0	N/A
2025-2026	0	N/A
<b>2026-2027</b>	<b>0</b>	<b>N/A</b>
2027-2028		

**SECTION 8. SERVICE UNIT PLAN (SUP)  
PSA 21**

HICAP FY	PM 3.3 Estimated Number of Program Consultation Hours per FY (Unit of Service)	Goal Numbers
2024-2025	0	N/A
2025-2026	0	N/A
<b>2026-2027</b>	<b>0</b>	<b>N/A</b>
2027-2028		

## SECTION 9. SENIOR CENTERS & FOCAL POINTS PSA 21

### COMMUNITY SENIOR CENTERS AND FOCAL POINTS LIST

CCR Title 22, Article 3, Section 7302(a)(14), 45 CFR Section 1321.53(c), Older Americans Act Reauthorization Act of 2020, Section 306(a) and 102(21)(36)

In the form below, provide the current list of designated community senior centers and focal points with addresses. This information must match the total number of senior centers and focal points reported in the Older Americans Act Performance System (OAAPS) State Performance Report (SPR) module of the California Aging Reporting System.

Designated Community Focal Point	Address
Albert A. Chatigny Senior Community Recreation Center	1310 Oak Valley Pkwy., Beaumont, CA 92223
Anza Community Hall	56630 CA-371, Anza CA 92539
Arlanza Community Center – Bryant Park	7950 Philbin Ave., Riverside, CA 92503
Banning Senior Center	769 N. San Gorgonio Ave., Banning, CA 92220
Cathedral City Senior Center	37-171 W. Buddy Rogers Ave., Cathedral City, CA 92234
Mead Valley Community Center	21091 Rider St., Perris, CA 92570
Coachella Senior Center	1540 Seventh St. Coachella, CA 92236
Colorado River Senior Community Center	Hidden Valley Rd, Blythe, CA 92225

## SECTION 9. SENIOR CENTERS & FOCAL POINTS PSA 21

Designated Community Focal Point	Address
Corona Senior Center	921 S. Belle St., Corona, CA 92882
Dales Senior Center	3936 Chestnut St., Riverside, CA 92501
Desert Hot Springs Senior Center	11-777 West Dr., Desert Hot Springs, CA 92240
Doris Morgan Blythe Community Center	445 N. Broadway, Blythe, CA 92225
Eddie Dee Smith Senior Center	5888 Mission Blvd., Rubidoux, CA 92509
Idyllwild HELP Center	26330 CA-243, Idyllwild-Pine Cove, CA 92549
Idyllwild Community Center	25925 Cedar St., Idyllwild, CA 92549
Indio Hills Community Center (Desert Recreation District)	80-400 Dillon Rd. Indio, CA 92201
Indio Senior Center	45-700 Aladdin St., Indio, CA 92201
James A. Venable Community Center	50-390 Carmen Ave., Cabazon, CA 92230
Janet Goeske Center	5257 Sierra St., Riverside, CA 92504

## SECTION 9. SENIOR CENTERS & FOCAL POINTS PSA 21

Designated Community Focal Point	Address
Jerry Rummonds Senior & Community Center (Desert Recreation District)	87-229 Church St., Thermal, CA 92274
The Joslyn Center	73-750 Catalina Way, Palm Desert, CA 92260
Jurupa Valley Community Health Center	8876 Mission Blvd., Jurupa Valley, CA 92509
Kay Cenicerros Senior Center	29995 Evans Rd., Sun City, CA 92586
La Quinta Wellness Center	78-450 Avenida La Fonda, La Quinta, CA 92247
La Sierra Senior Center	5215 La Sierra Ave., Riverside, CA 92505
Lake Elsinore Senior Activity Center	420 E. Lakeshore Dr., Lake Elsinore, CA 92530
The LGBTQ Community Center of the Desert	1301 N. Palm Canyon Dr., Palm Springs, CA 92262
Marion V. Ashley Community Center	25625 Briggs Rd., Menifee, CA 92585
Mary Phillips Senior Center	41845 Sixth St., Temecula, CA 92590
Mecca Community Center (Desert Recreation District)	65-250 Coahuilla St., Mecca, CA 92254
Mizell Center	480 S. Sunrise Way, Palm Springs, CA 92262

## SECTION 9. SENIOR CENTERS & FOCAL POINTS PSA 21

Designated Community Focal Point	Address
Moreno Valley Senior Center	25075 Fir Ave., Moreno Valley, CA 92553
Morongo Community Center	13000 Malki Rd., Banning, CA 92220
Moses Schaffer Community Center	21565 Steele Peak Dr., Perris, CA 92570
Murrieta Senior Center	5 Town Square, Murrieta, CA 92562
North Shore Beach & Yacht Club (Desert Recreation District)	99155 Sea View Dr., Mecca, CA 92254
Norton Younglove Community Center – Calimesa	908 Park St., Calimesa, CA 92320
Norton Younglove Community Center – Riverside	459 Center St., Riverside, CA 92507
Perris Senior Center	100 N. D St., Perris, CA 92570
Riverside-San Bernardino County Indian Health	11555 ½ Potrero Rd., Banning, CA 92220
Rose M. Eldredge Senior Center	2690 Clark Ave., Norco, CA 92860
Ruth H. Lewis Community Center at Reid Park	701 N. Orange St., Riverside, CA 92501

**SECTION 9. SENIOR CENTERS & FOCAL POINTS  
PSA 21**

<b>Designated Community Focal Point</b>	<b>Address</b>
San Jacinto Community Center	625 S. Pico Ave., San Jacinto, CA 92583
Silver Feather Hall (Pechanga Band of Luiseño Indians)	P.O. Box 1477, Temecula, CA 92593
Stratton Community Center at Bordwell Park	2008 Martin Luther King Blvd., Riverside, CA 92507
Temecula WIC	41002 County Center Dr. B, Temecula, CA 92591
Torres Martinez Senior Center (Torres Martinez Desert Cahuilla Indians)	66-725 Martinez Rd., Thermal, CA 92274
Ysmael Villegas Community Center	3091 Esperanza St., Riverside, CA 92504

**SECTION 9. SENIOR CENTERS & FOCAL POINTS  
PSA 21**

Senior Center	Address
Albert A. Chatigny Senior Community Recreation Center	1310 Oak Valley Pkwy., Beaumont, CA 92223
Banning Senior Center	769 N. San Geronio Ave., Banning, CA 92220
Cathedral City Senior Center	37-171 W. Buddy Rogers Ave., Cathedral City, CA 92234
Mead Valley Community Center	21091 Rider St., Perris, CA 92507
Coachella Senior Center	1540 Seventh St. Coachella, CA 92236
Colorado River Senior Community Center	Hidden Valley Rd, Blythe, CA 92225
Corona Senior Center	921 S. Belle St., Corona, CA 92882
Dales Senior Center	3936 Chestnut St., Riverside, CA 92501
Desert Hot Springs Senior Center	11-777 West Dr., Desert Hot Springs, CA 92240
Doris Morgan Blythe Community Center	445 N. Broadway, Blythe, CA 92225
Eddie Dee Smith Senior Center	5888 Mission Blvd., Rubidoux, CA 92509
Indio Hills Community Center (Desert Recreation District)	80-400 Dillon Rd. Indio, CA 92241

## SECTION 9. SENIOR CENTERS & FOCAL POINTS PSA 21

Senior Center	Address
Indio Senior Center	45-700 Aladdin St., Indio, CA 92201
James A. Venable Community Center	50-390 Carmen Ave Cabazon, CA 92230
Janet Goeske Center	5257 Sierra St Riverside, CA 92504
Jerry Rummonds Senior & Community Center (Desert Recreation District)	87-229 Church St., Thermal, CA 92274
The Joslyn Center	73-750 Catalina Way. Palm Desert, CA 92260
Kay Cenicerros Senior Center	29995 Evans Rd., Sun City, CA 92586
La Quinta Wellness Center	78-450 Avenida La Fonda, La Quinta, CA 92247
La Sierra Senior Center	5215 La Sierra Ave., Riverside, CA 92505
Lake Elsinore Senior Activity Center	420 E. Lakeshore Dr., Lake Elsinore, CA 92530
Marion V. Ashley Community Center	25625 Briggs Rd., Menifee, CA 92585
Mary Phillips Senior Center	41845 Sixth St., Temecula, CA 92590
Mecca Community Center (Desert Recreation District)	65-250 Coahuilla St., Mecca, CA 92254

**SECTION 9. SENIOR CENTERS & FOCAL POINTS  
PSA 21**

Senior Center	Address
Mizell Center	480 S. Sunrise Way, Palm Springs, CA 92262
Moreno Valley Senior Center	25075 Fir Ave., Moreno Valley, CA 92553
Moses Schaffer Community Center	21565 Steele Peak Dr., Perris, CA 92570
Murrieta Senior Center	5 Town Square, Murrieta, CA 92562
North Shore Beach & Yacht Club (Desert Recreation District)	99155 Sea View Dr., Mecca, CA 92254
Norton Younglove Community Center – Calimesa	908 Park St., Calimesa, CA 92320
Norton Younglove Community Center – Riverside	459 Center St., Riverside, CA 92507
Perris Senior Center	100 N. D St., Perris, CA 92570
Rose M. Eldredge Senior Center	2690 Clark Ave., Norco, CA 92860
San Jacinto Community Center	625 S. Pico Ave., San Jacinto, CA 92583
Stratton Community Center at Bordwell Park	2008 Martin Luther King Blvd., Riverside, CA 92507
Torres Martinez Senior Center	66-725 Martinez Rd., Thermal, CA 92274

**SECTION 9. SENIOR CENTERS & FOCAL POINTS  
PSA 21**

<b>Senior Center</b>	<b>Address</b>
Ysmael Villegas Community Center	3091 Esperanza St., Riverside, CA 92504

## SECTION 10. FAMILY CAREGIVER SUPPORT PSA 21

### Notice of Intent for Non-Provision of FCSP Multifaceted Systems of Support Services Older Americans Act Reauthorization Act of 2020, Section 373(a) and (b) 2024-2028 Four-Year Planning Cycle

Based on the AAA's needs assessment and subsequent review of current support needs and services for **family caregivers**, indicate what services the AAA **intends** to provide using Title III-E and/or matching FCSP funds for both.

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 at least one service subcategory for each of the five main categories, a justification for services not provided is required in the space below.**

#### Family Caregiver Services:

Category	2024-2025	2025-2026	2026-2027	2027-2028
<b>Caregiver Access</b> <input checked="" type="checkbox"/> Case Management <input checked="" type="checkbox"/> Information and Assistance	<input checked="" type="checkbox"/> Yes, Direct <input checked="" type="checkbox"/> Yes, Contract <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes, Direct <input checked="" type="checkbox"/> Yes, Contract <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes, Direct <input checked="" type="checkbox"/> Yes, Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes, Direct <input type="checkbox"/> Yes, Contract <input type="checkbox"/> No
<b>Caregiver Information Services</b> <input checked="" type="checkbox"/> Information Services	<input checked="" type="checkbox"/> Yes, Direct <input type="checkbox"/> Yes, Contract <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes, Direct <input type="checkbox"/> Yes, Contract <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes, Direct <input type="checkbox"/> Yes, Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes, Direct <input type="checkbox"/> Yes, Contract <input type="checkbox"/> No
<b>Caregiver Support</b> <input checked="" type="checkbox"/> Training <input checked="" type="checkbox"/> Support Groups <input checked="" type="checkbox"/> Counseling	<input checked="" type="checkbox"/> Yes, Direct <input checked="" type="checkbox"/> Yes, Contract <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes, Direct <input checked="" type="checkbox"/> Yes, Contract <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes, Direct <input checked="" type="checkbox"/> Yes, Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes, Direct <input type="checkbox"/> Yes, Contract <input type="checkbox"/> No
<b>Caregiver Respite</b> <input checked="" type="checkbox"/> In Home <input checked="" type="checkbox"/> Out of Home (Day) <input type="checkbox"/> Out of Home (Overnight) <input type="checkbox"/> Other:	<input checked="" type="checkbox"/> Yes, Direct <input checked="" type="checkbox"/> Yes, Contract <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes, Direct <input checked="" type="checkbox"/> Yes, Contract <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes, Direct <input checked="" type="checkbox"/> Yes, Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes, Direct <input type="checkbox"/> Yes, Contract <input type="checkbox"/> No
<b>Caregiver Supplemental</b> <input type="checkbox"/> Legal Consultation <input checked="" type="checkbox"/> Consumable Supplies <input checked="" type="checkbox"/> Home Modifications <input checked="" type="checkbox"/> Assistive Technology <input checked="" type="checkbox"/> Other (Assessment) <input type="checkbox"/> Other (Registry)	<input checked="" type="checkbox"/> Yes, Direct <input checked="" type="checkbox"/> Yes, Contract <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes, Direct <input checked="" type="checkbox"/> Yes, Contract <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes, Direct <input checked="" type="checkbox"/> Yes, Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes, Direct <input type="checkbox"/> Yes, Contract <input type="checkbox"/> No

## SECTION 10. FAMILY CAREGIVER SUPPORT PSA 21

### Older Relative Caregiver Services:

Category	2024-2025	2025-2026	2026-2027	2027-2028
<b>Caregiver Access</b> <input checked="" type="checkbox"/> Case Management <input checked="" type="checkbox"/> Information and Assistance	<input checked="" type="checkbox"/> Yes, Direct <input type="checkbox"/> Yes, Contract <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes, Direct <input type="checkbox"/> Yes, Contract <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes, Direct <input type="checkbox"/> Yes, Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes, Direct <input type="checkbox"/> Yes, Contract <input type="checkbox"/> No
<b>Caregiver Information Services</b> <input checked="" type="checkbox"/> Information Services	<input checked="" type="checkbox"/> Yes, Direct <input type="checkbox"/> Yes, Contract <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes, Direct <input type="checkbox"/> Yes, Contract <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes, Direct <input type="checkbox"/> Yes, Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes, Direct <input type="checkbox"/> Yes, Contract <input type="checkbox"/> No
<b>Caregiver Support</b> <input type="checkbox"/> Training <input checked="" type="checkbox"/> Support Groups <input type="checkbox"/> Counseling	<input type="checkbox"/> Yes, Direct <input type="checkbox"/> Yes, Contract <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes, Direct <input type="checkbox"/> Yes, Contract <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes, Direct <input type="checkbox"/> Yes, Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes, Direct <input type="checkbox"/> Yes, Contract <input type="checkbox"/> No
<b>Caregiver Respite</b> <input type="checkbox"/> In Home <input type="checkbox"/> Out of Home (Day) <input type="checkbox"/> Out of Home (Overnight) <input type="checkbox"/> Other:	<input type="checkbox"/> Yes Direct <input type="checkbox"/> Yes Contract <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes, Direct <input type="checkbox"/> Yes, Contract <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes, Direct <input type="checkbox"/> Yes, Contract <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes, Direct <input type="checkbox"/> Yes, Contract <input type="checkbox"/> No
<b>Caregiver Supplemental</b> <input type="checkbox"/> Legal Consultation <input checked="" type="checkbox"/> Consumable Supplies <input checked="" type="checkbox"/> Home Modifications <input checked="" type="checkbox"/> Assistive Technology <input checked="" type="checkbox"/> Other (Assessment) <input type="checkbox"/> Other (Registry)	<input checked="" type="checkbox"/> Yes, Direct <input type="checkbox"/> Yes, Contract <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes, Direct <input type="checkbox"/> Yes, Contract <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes, Direct <input type="checkbox"/> Yes, Contract <input type="checkbox"/> No	<input type="checkbox"/> Yes, Direct <input type="checkbox"/> Yes, Contract <input type="checkbox"/> No

## SECTION 10. FAMILY CAREGIVER SUPPORT PSA 21

**Justification:** If any of the five main categories are **NOT** being provided please explain how the need is already being met in the PSA. If the justification information is the same, multiple service categories can be grouped in the justification statement. The justification must include the following:

### 1. Provider name and address:

Riverside County Office of Education  
3939 13th Street  
Riverside, CA 92501

### 2. Description of the service(s) they provide (services should match those in the CDA Service Category and Data Dictionary):

The Riverside County Office of Education (RCOE) Early Care and Education Unit (ECE) provides child care and development services for Riverside County families. For fiscal years 2024 through 2028, child care respite for grandparents who are raising grandchildren ages 0-5 will be referred to RCOE. Those older adults who do not fall into this category will be referred to other agencies that may provide this service, such as First 5 Riverside County. Caregiver Supplemental services are offered and available to older relative caregivers through RCOoA services and programs. The Grandparents Raising Grandchildren Program social worker can make referrals for these services if needed and if the grandparents qualify for this type of assistance.

### 3. Where is the service provided (entire PSA, certain counties)?

These services are provided throughout the PSA (Riverside County).

### 4. How does the AAA ensure that the service continues to be provided in the PSA without the use of Title III E funds?

RCOoA will ensure that older relative caregivers in PSA 21 are referred to alternative agencies that offer caregiver respite.

## SECTION 11. LEGAL ASSISTANCE PSA 21

### 2024-2028 Four-Year Area Planning Cycle

This section must be completed and submitted annually. The Older Americans Act Reauthorization Act of 2020 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. Based on your local needs assessment, what percentage of Title IIIB funding is allocated to Legal Services?**

A minimum of 3.5% of Title IIIB funding will be allocated to Legal Services for FY 2026-2027. Allocating a higher percentage of IIIB funding in future fiscal years will be dependent on community needs and the capacity of RCOoA service providers.

#### **2. Does the LSP(s) in your area solicit voluntary contributions or donations from recipients? If yes, considering 42 U.S.C. § 3030c-2(b), please describe the manner in which the funds are solicited, and describe how the funds support the expansion of legal services in your PSA.**

Yes, per our service agreement and in adherence with the CDA Program Guide, our contracted LSP will solicit voluntary contributions and donations from service recipients. Our LSP will provide each recipient with an opportunity to voluntarily contribute to the cost of the service, while informing them that there is no obligation to contribute and that the contribution is purely voluntary. Our LSP will ensure that the recipient's privacy and confidentiality is protected with respect to their contribution or lack thereof. Our LSP will also be expected to safeguard and account for all contributions received and use all collected contributions to expand the particular services for which the contributions were made.



## **SECTION 11. LEGAL ASSISTANCE PSA 21**

**3. Please indicate whether the AAA provides the LSP(s) a copy or link to the California Statewide Guidelines for Legal Assistance. How does the AAA monitor and/or support the LSP's implementation of the statewide guidelines?**

Included within our Legal Services Provideservice agreement is a link to the California Statewide guidelines. The contract with the chosen LSP will state that the LSP shall comply with the Program Guide regulations defined by the California Department of Aging for providing OAA assistance and/or related support services to eligible older adults, adults with disabilities, family caregivers, and residents in long-term care facilities. Specifically, the contract states the following:

“The Service Provider agrees to administer this Agreement in accordance with the terms and conditions set forth in this 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, and to fire, safety, health, and sanitation regulations, directives, guidelines, and/or manuals related to this Agreement and resolve all issues using good administrative practices and sound judgement. The Service Provider shall keep in effect all licenses, permits, notices, and certificated that are required by law.”

Our LSP will be expected to participate in monthly Joint Operations Meetings with RCOoA staff to review and discuss adherence to the California Statewide Guidelines for the provision of OAA legal services. The LSP will also undergo bi-annual monitoring to ensure continued compliance with these standards.

**4. Please describe the partnership work between the AAA and the LSP(s) (e.g., quarterly meetings, coordinated outreach efforts, etc.)? Please identify any topics, priorities, and/or trainings addressed in your discussions.**

As previously mentioned, our LSP will be expected to participate in monthly Joint Operations Meetings with RCOoA staff to review and discuss topics to include: programmatic trends, issues, and concerns; California Statewide Guidelines; service units progress and targets; budget expenditures; and necessary trainings including the State's Privacy and Information Security Awareness training. The LSP will also undergo bi-annual monitoring to ensure continued compliance with program standards.



## **SECTION 11. LEGAL ASSISTANCE PSA 21**

### **5. What are the top four (4) legal areas the LSP(s) prioritizes in your PSA? Do the AAA and LSP(s) jointly work to identify the priority areas?**

RCOoA requires our contracted Legal Service Provider to submit monthly reports indicating total clients served, case types, categories of services rendered, and the frequency of requests. Using this information, the department can work with the contracted provider to set new legal service priorities based on the needs of residents. Based on historical trends, the top four legal priorities are consumer law, consumer health law, IHSS assistance, and financial abuse in the form of frauds and scams.

### **6. Please describe any trends or changes in your local needs over the past year(s). What resources (e.g., funding, education, training, etc.) have been allocated to accommodate any changes in the local needs or trends?**

Our community's legal assistance needs have remained similar in recent years based on feedback RCOoA has received from residents. In the most recent community assessment survey, 30% of respondents indicated that they had been a victim of fraud or a scam within the past year. From the same survey, 46% of respondents described the availability of legal services as either fair or poor, while 35% of respondents were unsure about the availability of these services. For FY 2026 - 2027, RCOoA's funding level will remain the same as the previous fiscal year, though the department will evaluate should there be a shift in the types of legal issues encountered by individuals or an increase in the number of requests for legal assistance.

## **SECTION 11. LEGAL ASSISTANCE**

### **PSA 21**

#### **7. What are the target groups in your PSA? Do the AAA and LSP(s) jointly work to identify the target groups?**

As a baseline, our department's target population consists of individuals sixty (60) years of age or older, with a particular emphasis on those facing the greatest economic and social need. This includes low-income individuals, minorities, residents of rural areas, individuals with Limited English Proficiency (LEP), those with severe disabilities (physical and/or mental), individuals who are isolated for reasons such as sexual orientation or gender identity, and those at risk for institutional placement. RCOoA will utilize monthly joint operations meetings with our Legal Services Provider to discuss and refine this target population. By regularly discussing this topic, we hope to ensure that we are effectively addressing any emerging needs and identifying any additional vulnerable groups within the community. Additionally, we can jointly assess any gaps in services, and adjust as needed.

In order to effectively connect seniors and persons with disabilities, the contracted Legal Services Provider will be expected to have extensive experience providing legal services for these populations. The provider will have established office locations with set hours to meet with clients, an accessible website, and a dedicated phone line with set customer service procedures to respond to clients in a timely manner. The Legal Services Provider is required to conduct community outreach to provide services and information to potential clients at local centers and events. Additionally, the contracted provider must provide services at locations where potential clients congregate, including community centers, senior centers, libraries, and other similar public points of interest.

#### **8. What methods of outreach is the LSP(s) using to reach the target groups?**

Typically, the Legal Services Provider conduct outreach at community establishments (community centers, senior centers, libraries, etc.) and local events (including community, health, and resource fairs).

The LSP will also conduct workshops and clinics in partnership with community organizations whose focus is providing services to older adults. Legal presentation topics can include family law, probate, housing rights, and bankruptcy assistance.

## SECTION 11. LEGAL ASSISTANCE PSA 21

**9. Discuss how older adults access legal services in your PSA and whether they can receive assistance remotely (e.g., virtual legal clinics, phone, U.S. Mail, etc.).**

Along with in person services, our LSP will be expected to provide older adults with over-the-phone legal services. The LSP will accommodate clients with in-person and phone appointments. Furthermore, the LSP will extend their service reach by regularly hosting staff at community sites throughout the county.

**10. What are the barriers to accessing legal services in your PSA? Include proposed strategies for overcoming such barriers.**

Based on feedback RCOoA has received from our LSP in years past, the barriers to accessing legal services include a lack of adequate transportation for clients to reach legal services, a lack of electronic devices (laptops, computers, tablets) to complete online forms, a lack of sufficient legal staffing, and limited funding. As mentioned previously, the LSP has made efforts to bring services directly into our community through targeted outreach at senior and community centers, and in-person and online presentations about available services. If grant opportunities present themselves in the upcoming fiscal year, RCOoA will work with the contracted service provider to apply for additional funds to supplement and expand on their title funding.

**11. How many LSPs are in your PSA? Complete table below.**

Fiscal Year	# of Legal Assistance Service Providers	Did the number of service providers change? If so, please explain
2024 - 2025	1	No
2025 - 2026	1	No
<b>2026 - 2027</b>	<b>1</b>	<b>No</b>
2027 - 2028		

## SECTION 11. LEGAL ASSISTANCE PSA 21

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

Fiscal Year	Name of Provider	Geographic Region covered
2024 - 2025	Inland County Legal Services (ICLS)	All of Riverside County
2025 - 2026	<i>PENDING</i>	All of Riverside County
<b>2026 - 2027</b>	<b><i>PENDING</i></b>	<b>All of Riverside County</b>
2027 - 2028		

*\*An LSP for FY 26-27 has been identified and is pending formal approval by the Riverside County Board of Supervisors. We expect this process to be completed before the end of FY 25-26.*

**13. What other organizations or groups does your LSP(s) coordinate services with? Please also address the AAA's coordination efforts with the Ombudsman program, the local Legal Services Corporation program, and the local Health Insurance Counseling and Advocacy program (HICAP).**

To ensure that the requirements of 22 CCR § 7579 are met, the Legal Services Provider will coordinate services with RCOoA's HICAP and Long-Term Care Ombudsman provider along with the local Legal Service Corporation. RCOoA's anticipates that its contracted Legal Services Provider will have partnerships with community organizations including the following:

- Adult Protective Services
- Elder Abuse Forensic Center
- Local law enforcement agencies
- Inland SoCal United Way
- Lift to Rise
- Inland Coalition on Aging
- Senior advocacy organizations
- Other legal service providers statewide
- Riverside County Housing and Workforce Solutions
- Riverside County Board of Supervisors and other elected officials

## SECTION 12. DISASTER PREPAREDNESS PSA 21

Disaster Preparation Planning Conducted for the 2024-2028 Planning Cycle Older Americans Act Reauthorization Act of 2020, 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, policies, and procedures for emergency preparedness and response as required in OAA, Title III, Section 310 with:

- Local emergency response agencies
- Relief organizations
- State and local governments, and
- Other responsible organizations

RCOoA, in its role as Riverside County's Area Agency on Aging, is responsible for creating a disaster plan that will ensure that the provision of direct and contracted services for older and disabled adults will not be interrupted in the event of an emergency or natural disaster, such as an earthquake, fire, flood, or other similar climate event.

RCOoA's disaster plan has been developed in coordination with the Riverside County Emergency Management Department (EMD) Agency to coordinate with the County of Riverside's disaster plan. The county's Emergency Operations Plan (EOP) includes five Standardized Emergency Management System (SEMS) functional units which may be officially activated at any time by the Emergency Operations Center (EOC) should a major disaster occur. The five SEMS are as follows:

- Management and Command
- Operations
- Planning and Intelligence
- Logistics
- Finance and Administration

The EOP provides a framework for emergency management and includes management staff and employees, federal, state and city governments, tribal governments, partner agencies, special districts, and school districts that serve residents, and private and volunteer organizations involved in emergencies. This plan provides the structure for activation and use of the EOC during incidents. RCOoA is one of several county departments designated under the Operations unit. This unit is responsible for providing basic human needs and relocation of those in need, along with specific services targeted to older adults and individuals with disabilities. RCOoA's Disaster Response Coordinator is responsible for executing the activation of RCOoA's Disaster Plan's policies and procedures, following an agency emergency/disaster or an official activation by the Emergency Operations Center.

## SECTION 12. DISASTER PREPAREDNESS PSA 21

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 the activation of these policies and procedures. execute activation of these policies and procedures. In the event the emergency occurs during non-working hours, staff will report to the nearest operating RCOoA site and assume normal operating duties unless assigned to a designated Reception and Care site or shelter. 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 quarterly with Riverside County Public Health, Bioterrorism Branch, Riverside County Environmental Health, Riverside County Office of Emergency Services, and Riverside County Emergency Management Department 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
Jose Ortega	Emergency Services Coordinator, CalOES Southern Region	(562) 795-2910	ortegaj@caloes.ca.gov

3. Identify the Disaster Response Coordinator within the AAA:

Name	Title	Telephone	Email
Daniel G. Vejar	Assistant Director of Office on Aging	(951) 867-3854	dgvejar@rivco.org

## SECTION 12. DISASTER PREPAREDNESS PSA 21

4. List critical services the AAA will continue to provide to the participants after a disaster and describe how these services will be delivered (i.e., Wellness Checks, Information, Nutrition programs):

Critical Services	How Will They Be Delivered?
A. Information and Referral Services, for such services as transportation, disaster assistance, etc.	A. Through trained Information & Assistance staff on site, remotely, or at designated locations.
B. Work with local OES, CDA, FEMA to provide accessible disaster aid.	B. In person or via call center; assistance in completion of forms for federal or state emergency assistance.
C. Connect food, water, and other supplies to consumers.	C. Through contracted congregate meal sites, home delivered meals, our freezer van program, or through emergency services as appropriate.
D. Advocate and assist in providing seniors with government disaster assistance.	D. Through trained staff and volunteers.
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.	E. Coordinated through the Disaster Preparedness Coordinator or the Director of the RCOoA.

## SECTION 12. DISASTER PREPAREDNESS PSA 21

5. List critical services the AAA will provide to its operations after a disaster and describe how these services will be delivered (i.e., Cyber Attack, Fire at your building, Evacuation of site, Employee needs):

Critical Services	How Will They Be Delivered?
A. Communication to staff to provide updates on impacts of the disaster on departmental operations	A. RCOoA can utilize automated text and phone call services, along with email, to ensure staff have timely, updated information.
B. Transportation assistance for continuity personnel in the event of facility relocation.	B. Accessible transportation will be procured for staff with disabilities or functional needs. Department vehicles will be made available for staff as needed.
C. Access to vital records.	C. RCOoA maintains updated primary and secondary systems of records to ensure that the most current contact information is made available.
D. Access to resources to provide services during the event of an emergency.	D. RCOoA has a standard agreement in place with the California Department of Aging (CDA) that incorporates provision of services during emergencies. Designated staff have access to county procurement cards to purchase necessary supplies, equipment, and services. Additionally, emergency kits are available on site that contains supplies of water, First Aid kits, and flashlights.

## SECTION 12. DISASTER PREPAREDNESS

### PSA 21

6. List critical resources the AAA needs to continue operations:

In the event of an emergency or disaster, RCOoA anticipates it will need the following resources to maintain its operations and continue to provide services to its clients:

- Access to our computer hardware and software
- Access to our servers and the internet
- Telecommunication devices and cellular service
- Departmental vehicles
- Access to funding/financial resources

7. List any agencies or private/non-government organizations with which the AAA has formal or non-formal emergency preparation or response agreements. (Contractual or MOU)

RCOoA has emergency preparation or response agreements with the Riverside County Emergency Management Department, the Riverside County Department of Public Social Services, and each of our contracted service providers.

8. Describe how the AAA will:

#### **Identify vulnerable populations:**

In the event of an emergency/disaster, RCOoA call center staff will perform risk assessments of existing and potential clients and potential clients to determine their level of need and the type(s) of assistance our department can provide. This assessment process allows us to prioritize clients at greatest risk in the event of an emergency. RCOoA case management clients also have a three-letter disaster preparedness code that identifies them as individuals who require contact in the event of a disaster or work stoppage. RCOoA coordinated care programs use the coding system to triage clients. RCOoA then links these clients to other resources based on their needs.

#### **Identify possible needs of the participants before a disaster event (PSPS, Flood, Earthquake, etc.):**

RCOoA has created Geographic Information System (GIS) maps which allow us to see areas most vulnerable to different types of disasters (e.g., floods, extreme temperatures, public safety power shutoffs, etc.). As much as possible, outreach to clients in these vulnerable areas is performed to provide information on potential disasters through automated calls and texts and connect them to resources within their communities, such as to local shelters and resources in the event of an evacuation. The department will also ensure that its website is kept up to date with pertinent information. Following a disaster event and to ensure a safe recovery, RCOoA will follow up with clients to assist them with supportive services so they may remain safely in their homes and in their community whenever possible.

## SECTION 12. DISASTER PREPAREDNESS PSA 21

In coordination with the local OES, FEMA, EMD, and CDA, RCOoA will follow up with these vulnerable populations based on the prioritization. The follow-up is by telephone or home visits based on high-need clients who reside in the targeted impacted areas identified by the county's Emergency Operations Center.

9. How is disaster preparedness training provided?

### **AAA to participants and caregivers**

RCOoA provides information and materials on disaster preparedness during community outreach events.

### **To staff and subcontractors**

RCOoA holds weekly training meetings with staff on topics related to the work performed by the department and will target at least one meeting per fiscal year to focus on disaster preparedness. RCOoA's safety coordinator will also present information on disaster preparedness at new employee orientation and during quarterly All Staff meetings, along with distributing monthly county-produced safety newsletters.

RCOoA holds an annual service provider meeting at the start of each fiscal year and will aim to include information on disaster preparedness in future instances.

## SECTION 13. NOTICE OF INTENT TO PROVIDE DIRECT SERVICES PSA 21

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

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

**Check applicable direct services:**

**Check each applicable fiscal year:**

<b>Title IIIB</b>	<b>24-25</b>	<b>25-26</b>	<b>26-27</b>	<b>27-28</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 IIID</b>	<b>24-25</b>	<b>25-26</b>	<b>26-27</b>	<b>27-28</b>
<input checked="" type="checkbox"/> Health Promotion, Evidence- Based	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Title IIIE</b>	<b>24-25</b>	<b>25-26</b>	<b>26-27</b>	<b>27-28</b>
<input checked="" type="checkbox"/> Information Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Access Assistance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Respite Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Supplemental Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Title VII</b>	<b>24-25</b>	<b>25-26</b>	<b>26-27</b>	<b>27-28</b>
<input checked="" type="checkbox"/> Long Term Care Ombudsman	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Title VII</b>	<b>24-25</b>	<b>25-26</b>	<b>26-27</b>	<b>27-28</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 above and will continue to do so during the next planning cycle (2024-2028). RCOoA will serve its target populations through outreach efforts and partnerships with community-based service organizations throughout the county, as detailed in the Area Plan Narrative Goals and Objectives section. RCOoA will periodically review its efforts and programs to ensure that the targeted populations are reached and their needs are adequately met. RCOoA staff and Advisory Council members regularly attend community events and meetings to promote services.

## SECTION 14. REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES PSA 21

Complete and submit for CDA approval each direct service not specified previously. 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:** Senior Center Activities

Check applicable funding service:

- III B
- III C-1
- III C-2
- III E
- VII
- 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:

- FY 24-25
- FY 25-26
- FY 26-27
- FY 27-28

**Provide:** documentation below that substantiates this request for direct delivery of the above stated service:

The senior center in Blythe, CA, historically a hard-to-reach area for the county, offers a range of social and recreational activities to the community. This site not only prepares congregate and home-delivered meals for other senior community centers but also serves as a vital resource hub. Recent staffing shortages have hampered the center's ability to operate effectively, necessitating resources and time to recruit and train additional help. By extending assistance to this center, the AAA has the opportunity to ensure uninterrupted operations, particularly in an area known for its challenges in service provision and eliminate gaps in service delivery. This support will enable the center to continue providing vital services to seniors in the community while enhancing the overall comprehensiveness of our services.

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

\*\*For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs agree.

## SECTION 14. REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES PSA 21

Complete and submit for CDA approval each direct service not specified previously. 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:** Congregate Meals

Check applicable funding service:

- IIIB
- IIIC-1
- IIIC-2
- IIIE
- VII
- 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:

- FY 24-25     FY25-26     FY 26-27     FY 27-28

**Provide:** documentation below that substantiates this request for direct delivery of the above stated service:

Congregate meals will be provided directly by RCOoA at the City of Blythe Community Center. The City of Blythe lacks a local service provider to address the needs of more than 2,800 older adults (60+) in this remote area of the county.

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

\*\*For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs agree.

## SECTION 14. REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES PSA 21

Complete and submit for CDA approval each direct service not specified previously. 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:** Home Delivered Meals

Check applicable funding service:

- IIIB
- IIIC-1
- IIIC-2
- IIIE
- VII
- 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:

- FY 24-25
- FY25-26
- FY 26-27
- FY 27-28

**Provide:** documentation below that substantiates this request for direct delivery of the above stated service:

Home Delivered meals will be provided directly by RCOoA through the City of Blythe Community Center. The City of Blythe lacks a local service provider to address the needs of more than 2,800 older adults (60+) in this remote area of the county.

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

\*\*For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs agree.

## SECTION 14. REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES PSA 21

Complete and submit for CDA approval each direct service not specified previously. 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:** Nutrition Counseling

Check applicable funding service:

- IIIB
- IIIC-1
- IIIC-2
- IIIE
- VII
- 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:

- FY 24-25    FY25-26    FY 26-27    FY 27-28

**Provide:** documentation below that substantiates this request for direct delivery of the above stated service:

Office on Aging call center agents frequently conduct nutrition screenings that identify many seniors at high nutrition risk. With the addition of a registered dietitian (RD) to our team, we will now be in capacity to provide a small but viable level of service around nutrition support services such as nutrition counseling for those deemed to be at high nutrition risk through these screenings.

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

\*\*For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs agree.

## SECTION 14. REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES PSA 21

Complete and submit for CDA approval each direct service not specified previously. 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:** Nutrition Education

Check applicable funding service:

- IIIB
- IIIC-1
- IIIC-2
- IIIE
- VII
- 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:

- FY 24-25
- FY25-26
- FY 26-27
- FY 27-28

**Provide:** documentation below that substantiates this request for direct delivery of the above stated service:

As part of our direct C-1 and C-2 services, RCOoA will provide nutrition education to residents of the City of Blythe who participate in the congregate and home delivered meal programs.

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

\*\*For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs agree.

## SECTION 14. REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES PSA 21

Complete and submit for CDA approval each direct service not specified previously. 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:** Caregiver Supplemental Services Assistive Technology

Check applicable funding service:

- III B
- III C-1
- III C-2
- III E
- VII
- 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:

- FY 24-25    FY 25-26    FY 26-27    FY 27-28

**Provide:** documentation below that substantiates this request for direct delivery of the above stated service:

Assistive technology services are not offered in all areas of the county by any other vendor or subcontractor. By providing this service directly, RCOoA has the opportunity to provide a more efficient and comprehensive service delivery to clients with the intention to eliminate service gaps in facilitating and fulfilling caregiving responsibilities.

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

\*\*For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs agree.

## SECTION 14. REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES PSA 21

Complete and submit for CDA approval each direct service not specified previously. 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:** Caregiver Supplemental Services Consumable Supplies

Check applicable funding service:

- III B
- III C-1
- III C-2
- III E
- VII
- 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:

- FY 24-25
- FY 25-26
- FY 26-27
- FY 27-28

**Provide:** documentation below that substantiates this request for direct delivery of the above stated service:

RCOoA currently provides 'Caregiving Material Aid' and is requesting to add this category as the current services provided align with the new FCSP category and definition.

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

\*\*For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs agree.

## SECTION 15. GOVERNING BOARD PSA 21

GOVERNING BOARD MEMBERSHIP  
2024-2028 Four-Year Area Plan Cycle

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

Total Number of Board Members: 5

Name and Title of Officers:	Office Term Expires:
Karen Spiegel, District 2	January 4, 2027
Yxstian Gutierrez, District 5	January 4, 2027

Name and Title of All Members:	Office Term Expires:
Jose Medina, District 1	January 8, 2029
Chuck Washington, District 3	January 8, 2029
V. Manuel Perez District 4	January 4, 2027

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

Board seats for Districts 2, 4, and 5 are scheduled for elections in 2026, for four-year terms that will begin in 2027.

For reference, the information below lists cities and communities represented by each Board District.

District 1 includes the City of Riverside, City of Perris, and portions of the City of Jurupa Valley, along with unincorporated communities including Good Hope, Mead Valley, Meadowbrook, Highgrove, and the March Air Reserve Base.

District 2 includes the cities of Corona, Eastvale, Norco, Lake Elsinore, Canyon Lake, and western portions of Jurupa Valley, alongside unincorporated communities of Canyon Ridge, Coronita, El Cariso, El Cerrito, Gavilan Hills, Home Gardens, Lake Hills, Lake Mathews, Lakeland Village, Rancho Capistrano, Rancho Carrillo, Temescal Valley, Victoria Grove, Warm Springs, and Woodcrest.

District 3 includes the cities of Murrieta, Temecula, Wildomar, and Menifee. It also spans across the unincorporated communities of Aguanga, Anza Valley, De Luz, East Hemet, French Valley, Green Acres, Homeland, La Cresta, Lake Riverside, Romoland, Sage, Tenaja and Winchester, as well as parts of Valle Vista.



## **SECTION 15. GOVERNING BOARD PSA 21**

District 4 includes the cities of Blythe, Cathedral City, Coachella, Desert Hot Springs, Indian Wells, Indio, La Quinta, Palm Desert, Palm Springs, and Rancho Mirage. The district also includes the unincorporated areas of Bermuda Dunes, Cahuilla Hills, Carver Tract, Chiriaco Summit, Colorado River communities, Desert Center, Lake Tamarisk, Eagle Mountain, Desert Edge, Desert Palms, Fern Valley, Garner Valley, Garnet, Idyllwild, Indio Hills, Mecca, Mesa Verde, Mountain Center, North Palm Springs, North Shore, Oasis, Pine Cove, Pinyon Pines, Ripley, Sky Valley, Thermal, Thousand Palms, Vista Santa Rosa, Whitewater and Windy Point.

District 5 the cities of Moreno Valley, San Jacinto, Calimesa, Hemet, Beaumont, and Banning. The district also covers the unincorporated communities of Banning Bench, Cherry Valley, Cabazon, Nuevo, Lakeview, Reche Canyon, Potts Flats and San Timoteo.

## SECTION 16. ADVISORY COUNCIL PSA 21

### ADVISORY COUNCIL MEMBERSHIP 2024-2028 Four-Year Area Plan Cycle

Older Americans Act Reauthorization Act of 2020 Section 306(a)(6)(D)  
45 CFR, Section 1321.57 CCR Article 3, Section 7302(a)(12)

Total Council Membership (including vacancies): **17**

Number and Percent of Council Members over age 60: **11; 65% Council 60+**

#### **Race and Ethnic Compositions of PSA's 60+ Population and Advisory Council:**

Race/Ethnic Composition:	% of PSA's 60+ Population:	% on Advisory Council:
White	54.6	35.71
Hispanic	30.7	21.42
Black	6.7	42.85
Asian/Pacific Islander	8.4	0
Native American or Alaska Native	1.3	0
Other or Multiracial	29.1	0

#### **Name and Title of Officers:**

#### **Office Term Expires:**

Tyler Cobb, Chair	June 30, 2026
Candice Nichols, Vice Chair	June 30, 2027
Debbie Franklin, Parliamentarian	June 30, 2027

**SECTION 16. ADVISORY COUNCIL  
PSA 21**

<b>Name and Title of Other Members:</b>	<b>Office Term Expires:</b>
Patricia Reynolds, District 1 Appointee	June 30, 2026
Barbara Christian, District 2 Appointee	June 30, 2026
Milissa Meyer, District 4 Appointee	June 30, 2026
Don Brock, Member	June 30, 2027
Leezett Casal, Member	June 30, 2026
Teresa Chappell, Member	June 30, 2026
Linda Harding-Hicks, Member	June 30, 2027
David Kelly, Member	June 30, 2027
Michael Levitt, Member	June 30, 2026
Javier Lopez, Member	June 30, 2028
Barbara Mitchell, Member	June 30, 2027
VACANT	
VACANT	
VACANT	

## SECTION 16. ADVISORY COUNCIL PSA 21

Indicate representation for each of the “Other Representation” categories listed below:

<b>YES</b>	Low Income Representative
<b>YES</b>	Disabled Representative
<b>YES</b>	Supportive Services Provider Representative
<b>YES</b>	Health Care Provider Representative
<b>NO</b>	Local Elected Officials
<b>YES</b>	Individuals with Leadership Experience in Private and Voluntary Sectors
<b>YES</b>	Family Caregiver, including older relative caregiver
<b>NO</b>	Tribal Representative
<b>YES</b>	LGBTQ Identification
<b>YES</b>	Veteran Status
<b>YES</b>	Other: Individuals Living with HIV

**Explain any “No” answer(s):**

With no current members representing the Tribal Representative and Local Elected Officials categories, our Membership and Outreach committees will work to perform outreach and recruit individuals from these communities to apply for a council seat in the coming FY. In particular, our membership committee will engage our local city councils and our local Bureau of Indian Affairs offices to draw applicants from these groups.

**Explain what happens when term expires, for example, are the members permitted to remain in their positions until reappointments are secured? Have they been replaced, renewed or other?**

Expiring terms are either renewed prior to their expiration date or become vacant and filled as soon as possible. Our Membership Committee meets annually to review incumbent members for re-appointment and on an as needed basis to review prospective candidates to fill vacant seats.



## SECTION 16. ADVISORY COUNCIL PSA 21

**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 on the agency's website and shared with community partner organizations, vendors, and local senior and community centers. Applications are reviewed by the Membership Committee of the Advisory Council. All applicants are invited to interview with the Membership Committee. Once interviewed, the Membership Committee presents their recommended candidates to the council at-large during regularly scheduled meetings. The Advisory Council reviews the committee's recommendations and votes on submitting candidates for approval by the Riverside County Board of Supervisors. Per our Advisory Council bylaws, only the Board of Supervisors has the authority to appoint Advisory Council members. Once submitted and approved by the Board of Supervisors, the applicant is officially appointed as a member of the Advisory Council. Five members of the Advisory Council are directly selected by each member of the Board of Supervisors to represent their respective district. Each Board Supervisor completes his/her applicant's application, interview, and selection process. Once a member has been selected, the Board Supervisor informs the RCOoA of their appointment.

## SECTION 17. MULTIPURPOSE SENIOR CENTER ACQUISITION OR CONSTRUCTION COMPLIANCE REVIEW\* PSA 21

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.

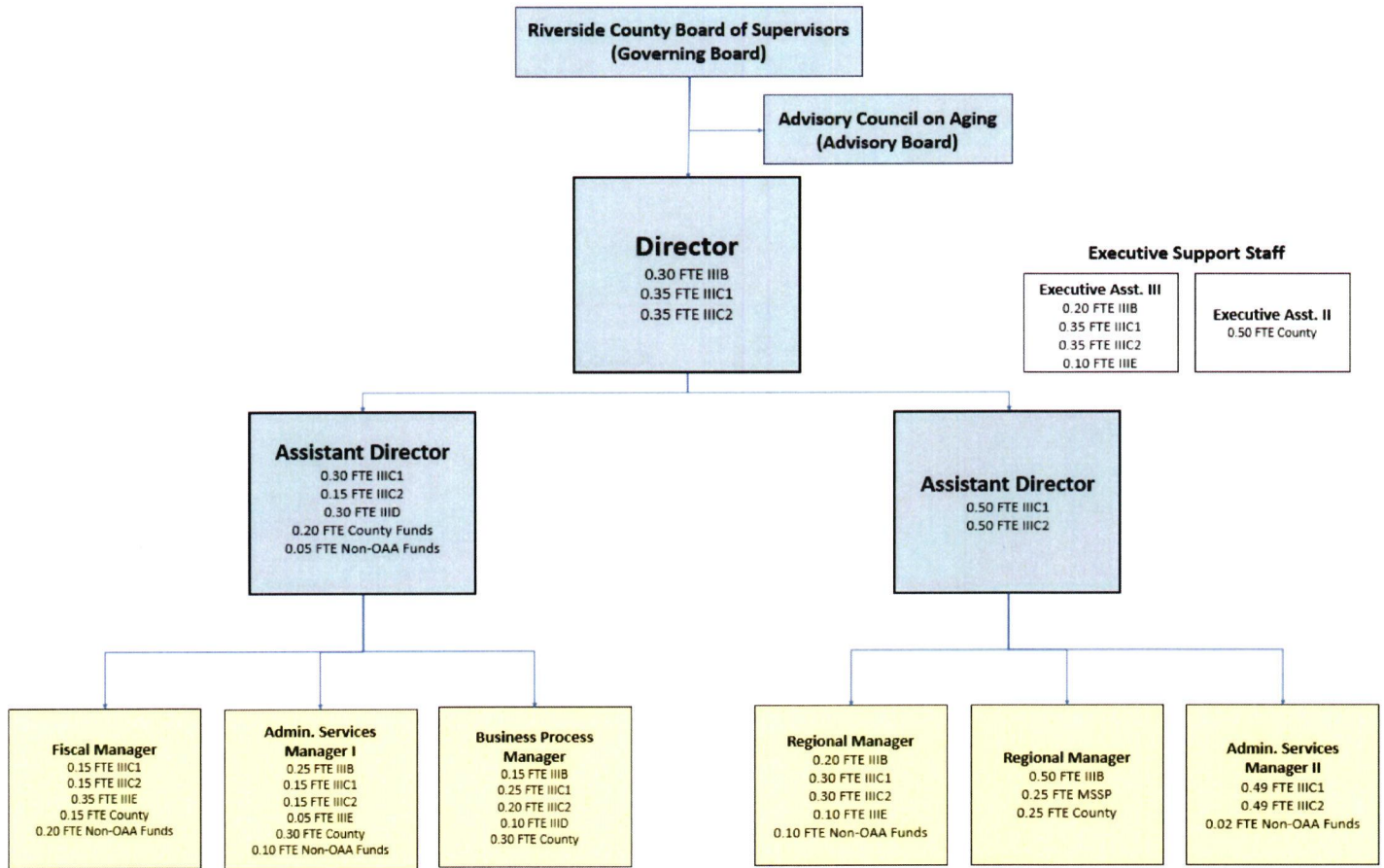
Title III Grantee and/or Senior Center (complete the chart below):

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

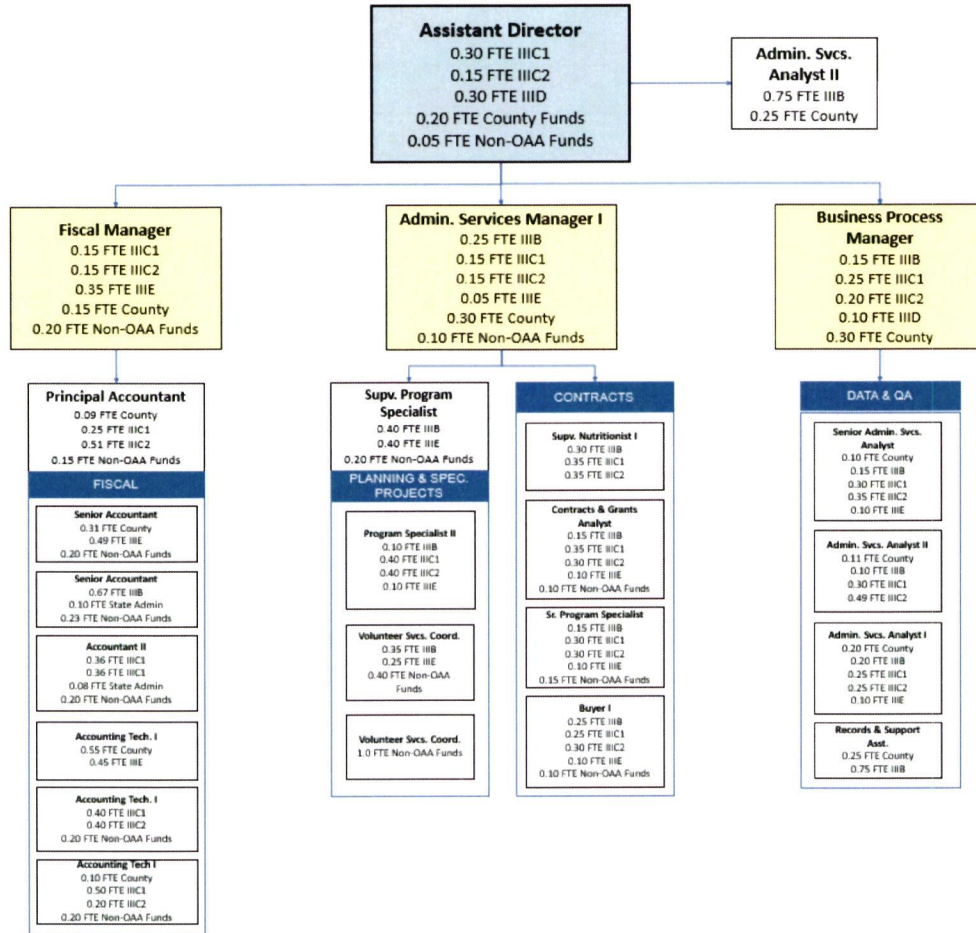
\*Acquisition is defined as obtaining ownership of an existing facility (in fee simple or by lease for 10 years or more) for use as a Multipurpose Senior Center.

## SECTION 18: ORGANIZATION CHART

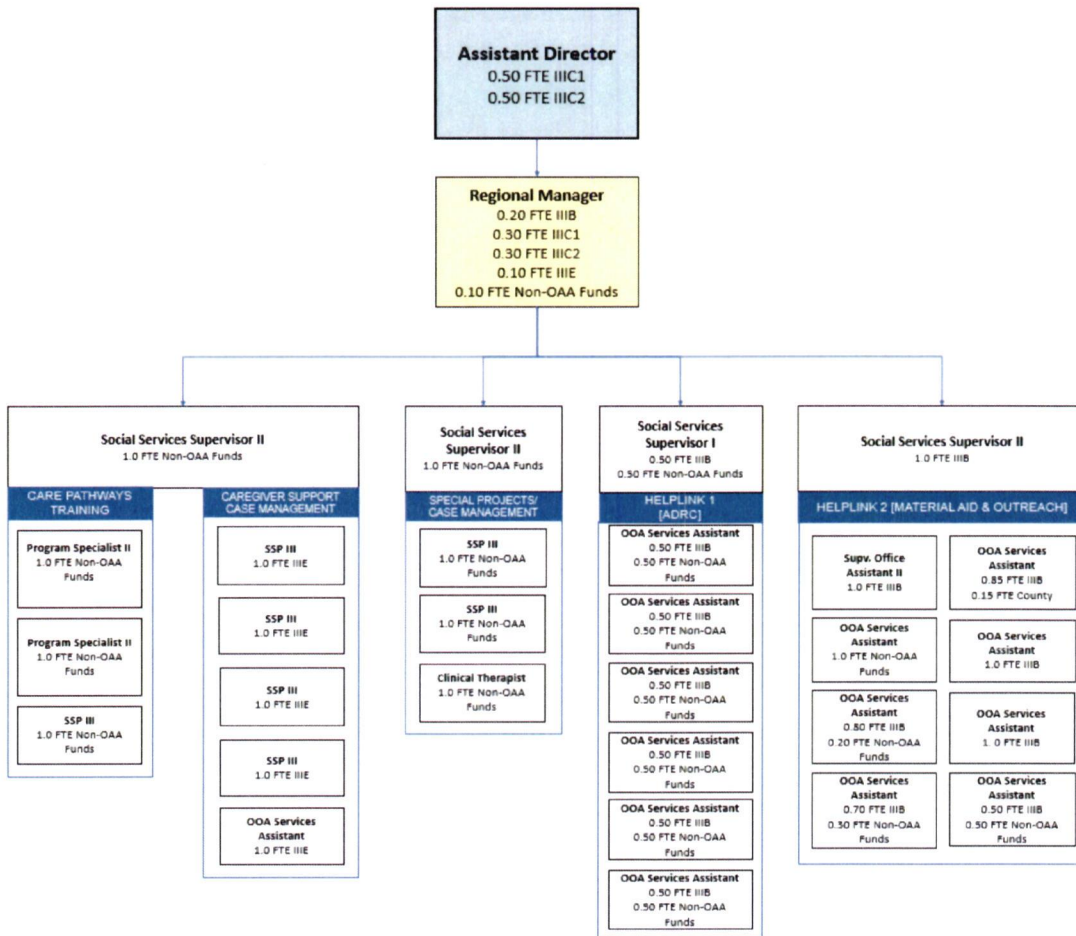
### EXECUTIVE LEADERSHIP AND MANAGEMENT TEAM



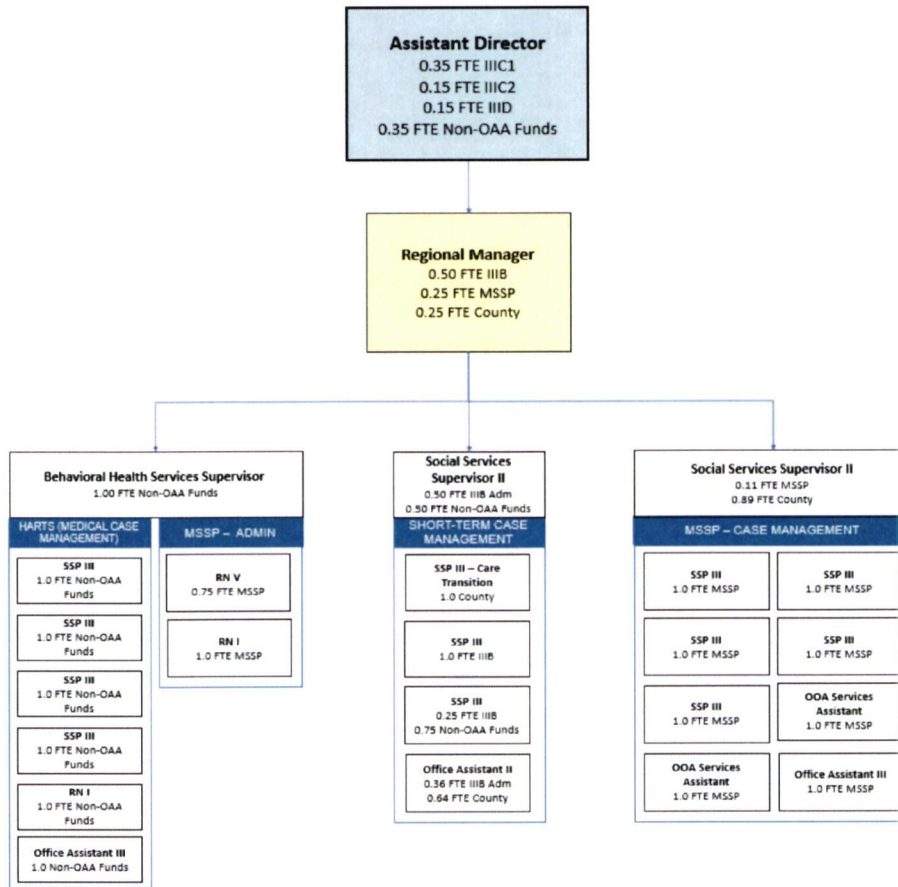
## SECTION 18: ORGANIZATION CHART FISCAL, CONTRACTS, AND DATA



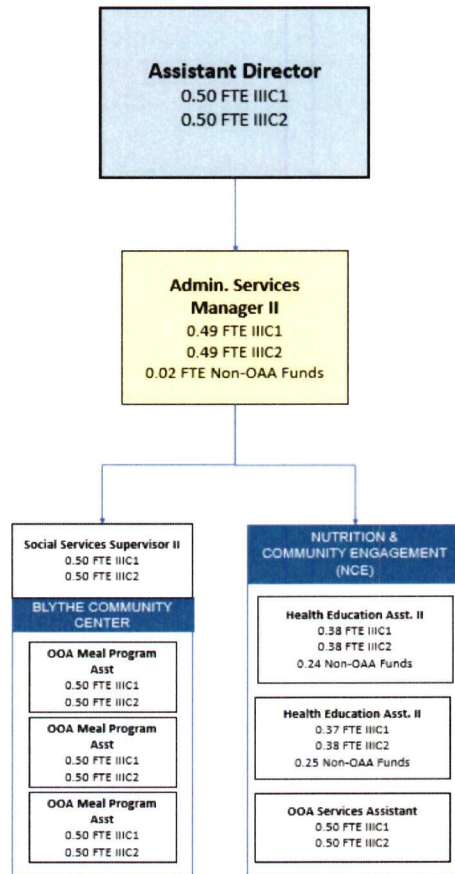
## SECTION 18: ORGANIZATION CHART PROGRAMS & SERVICES



## SECTION 18: ORGANIZATION CHART PROGRAMS & SERVICES



**SECTION 18: ORGANIZATION CHART**  
**NUTRITION & COMMUNITY ENGAGEMENT**



## SECTION 19. ASSURANCES

### PSA 21

Pursuant to the Older Americans Act Reauthorization Act of 2020, (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 2020 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 and behavioral 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 with 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 sub-clause (I);

##### 3. OAA 306(a)(4)(A)(ii)(I-III)

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.

## SECTION 19. ASSURANCES

### PSA 21

#### 4. OAA 306(a)(4)(A)(iii)(I-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)(i-ii)

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, specifically including survivors of the Holocaust; 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)(6)(I)

Describe the mechanism(s) for assuring that each area plan will include information detailing how the area agency will, to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals.

#### 9. OAA 306(a)(9)(A)-(B)

(A) Provide assurances that the area agency on aging, in carrying 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 2019 in carrying out such a program under this title;

(B) funds made available to the area agency on aging pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712;

## SECTION 19. ASSURANCES

### PSA 21

#### 10. OAA 306(a)(11)(A-C)

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, an assurance that 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.

#### 11. 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;

#### 12. 306(a)(14)

Provide assurances that preference in receiving services under this title will not be given by the area agency on aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title;

#### 13. 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 Section 306(a)(4)(A)(i); and

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

#### 14. OAA 305(c)(5)

In the case of a State specified in subsection (b)(5), the State agency 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.

## SECTION 19. ASSURANCES

### PSA 21

#### 15. 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.

#### 16. 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.

#### 17. 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.

#### 18. 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

#### 19. 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.

#### 20. OAA 307(a)(12)(A)(i-iv)

Any area agency on aging, in carrying out such services will 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.

## SECTION 19. ASSURANCES

### PSA 21

- 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.

#### 21. 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.

#### 22. 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.

#### 23. OAA 307(a)(26)

Area agencies on aging will 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, inter-agency linkages, information sharing, brokering, monitoring and evaluation, designed to lead to the development or enhancement of comprehensive and coordinated community-based systems in, or

## SECTION 19. ASSURANCES

### PSA 21

(b) 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.

(c) 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 persons, 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 that services financed under the Older Americans Act in, or on behalf of, the community will be either based at, linked to or coordinated with the focal points designated.

#### 28. CFR [1321.53(c)]

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

#### 29. 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.



## SECTION 19. ASSURANCES PSA 21

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

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

31. 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.

32. 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.



RIVERSIDE COUNTY  
**OFFICE ON AGING**

**3610 Central Ave. Suite 102**  
**Riverside, CA 92506**  
**1-877-932-4100**  
**[www.rcaging.org](http://www.rcaging.org)**

