

Riverside County Office on Aging

2020-2024

Area Plan on Aging

The Path Ahead

2023-2024 Update



MESSAGE FROM THE DIRECTOR

As a condition of state and federal funding, the Riverside County Office on Aging (RCOoA) is required to complete a community assessment and develop an Area Plan outlining specific service goals and objectives over a four-year period. The County of Riverside 2020-2024 Area Plan on Aging was developed through an 18-month assessment process that involved the combined efforts of over 30 partners including the Advisory Council on Aging, contracted providers, senior centers, and other community-based organizations. This four-year plan included an array of safety net services to address the timely and section emergent issues that were impacting older adults in Riverside County prior to the onset of the COVID-19 pandemic.

In compliance with the requirement to review and update on an annual basis, I am pleased to submit the Fiscal Year 2023/2024 Update to the Riverside County Four-Year Area Plan on Aging. RCOoA remains fully committed to the development of innovative strategies and opportunities, guided by key statewide initiatives and legislative priorities that include: the California Master Plan for Aging; 2020 Census results; and Assembly Bill 1287, which mandates streamlined assessment and enhanced access to services. A new and significant investment for FY 23-24 is the department's active participation in the countywide effort around Integrated Service Delivery (ISD), a strategy designed to achieve timely, seamless delivery of services across all health and social service departments by 2040.

In addition to alignment with the above priorities, the FY 2023-24 Update promotes enhanced engagement with county departments and new resource partners, in an effort to bolster community resilience and re-establish connections to health and economic resources for those who were most adversely impacted by the COVID-19 preventative measures. During this time of rebuilding, the department remains committed to seeking out new ways to re-engage and re-connect with older adults and vulnerable adults, as social isolation and behavioral health issues continue to be salient concerns across the different service spectrums and age generations. While the overall goals remain the same, changes to several of the strategies are reflected herein, based on survey feedback gathered by the department over the past twelve months. The Revised 2020-2024 Area Plan on Aging goals are:

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

The department would like to acknowledge and thank the many individuals and organizations who contributed to this year's evaluation and feedback processes including, but not limited to: the Riverside County Board of Supervisors; Advisory Council on Aging members; community partners and service consumers; county resident survey respondents; Aging and Disability Resource Connection core members; and the California Department of Aging staff. Your valuable time and insightful contributions are greatly appreciated!

Thank you!



Jewel Lee

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OVERVIEW

Purpose	Area Plan Guidance Part II: Format and Templates includes all forms referenced in Part I: Instructions and References.
Regulation	<p>In accordance with the Older Americans Act (OAA) Reauthorization Act of 2016, Sections 306(a) and 307(a)(1), Area Plans shall be submitted in a uniform format specified by the State Agency. The forms and templates contained in this Guidance constitute the required Area Plan format.</p> <p>In the event of an amendment to the OAA during the Fiscal Year (FY) 2020-2024 Area Plan cycle, CDA will issue a Program Memo (PM) describing the changes and provide relevant guidance and any necessary form and template changes pertaining to the Area Plan.</p>
Content	<p>The following components comprise the Area Plan:</p> <ul style="list-style-type: none">• Area Plan Required Components Checklist – found in Part II.• Transmittal Letter – found in Part II.• Sections 1 – 22 (The Area Plan) as delineated in Part II. <p>Additional Instructions, Information and Logistics are at the end of Part I.</p>

Area Plan Update (APU) Checklist**Check one:** ☐ FY21-22 ☐ FY22-23 ☒ FY23-24*Use for APUs only*

AP Guidance Section	APU Components (To be attached to the APU)	Check if Included	
	➤ Update/Submit A) through I) <u>ANNUALLY</u>:		
n/a	A) Transmittal Letter- (submit by email with electronic or scanned original signatures)	<input checked="" type="checkbox"/>	
n/a	B) APU- (submit entire APU electronically only)	<input checked="" type="checkbox"/>	
2, 3, or 4	C) Estimate- of the number of lower income minority older individuals in the PSA for the coming year	<input checked="" type="checkbox"/>	
7	D) Public Hearings- that will be conducted	<input checked="" type="checkbox"/>	
n/a	E) Annual Budget	<input checked="" type="checkbox"/>	
10	F) Service Unit Plan (SUP) Objectives and LTC Ombudsman Program Outcomes	<input checked="" type="checkbox"/>	
18	G) Legal Assistance	<input checked="" type="checkbox"/>	
	➤ Update/Submit the following only if there has been a CHANGE or the section was not included in the 2020-2024	Mark Changed/Not Changed (C or N/C)	
5	Minimum Percentage/Adequate Proportion	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5	Needs Assessment	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9	AP Narrative Objectives:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9	• System-Building and Administration	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9	• Title IIIB-Funded Programs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9	• Title IIIB-Transportation	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	• Title IIIB-Funded Program Development/Coordination (PD or C)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9	• Title IIIC-1	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9	• Title IIIC-2	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9	• Title IIID	<input checked="" type="checkbox"/>	<input type="checkbox"/>
20	• Title IIIE-Family Caregiver Support Program	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	• HICAP Program	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12	Disaster Preparedness	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14	Notice of Intent-to Provide Direct Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15	Request for Approval-to Provide Direct Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16	Governing Board	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17	Advisory Council	<input checked="" type="checkbox"/>	<input type="checkbox"/>
21	Organizational Chart(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

TRANSMITTAL LETTER

2020-2024 Four Year Area Plan/ Annual Update

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

AAA Name: Riverside County Office on Aging

PSA: 21

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

1. Kevin Jeffries
(Type Name)

Signature: Governing Board Chair *

Date

2. Cynthia Lemus
(Type Name)

Signature: Advisory Council Chair

3/8/23
Date

3. Jewel Lee
(Type Name)

Signature: Area Agency Director

03/08/2023
Date

* Original signatures or official signature stamps are required.

SECTION 1. MISSION STATEMENT

ALL AREA AGENCIES ON AGING:

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

RIVERSIDE COUNTY OFFICE ON AGING'S PHILOSOPHY:

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

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

OUR CORE VALUES

Older adults and persons with disabilities live with dignity

Respect for all

Collaboration

Honesty and Integrity

Innovation

Professionalism

Excellence

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

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

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

A. Physical Characteristics

Riverside County, founded in 1893, is one of 58 counties in the state of California. It covers 7,303 square miles (excluding bodies of water) in the southern part of the state.¹ It is the fourth largest county in California² and lies inland from Los Angeles County and is bordered by Orange County to the west, San Bernardino County to the north, San Diego, and Imperial Counties to the south, and the Colorado River and the state of Arizona to the east.

The County is approximately 180 miles from east to west and 40 miles from north to south, which is roughly the size of the state of New Jersey in total land area. The Colorado River town of Blythe is a three-hour drive from the county seat in the City of Riverside.

With altitudes ranging from 200 feet below sea level at the Salton Sea to 10,084 feet above sea level at the top of Mt. San Jacinto, the County's landscape features a combination of geographical facets, including deserts, forests, and mountain regions, all with rich biological resources. Additionally, there are growing industrial and urban/suburban population centers and productive agricultural lands.

B. Land Usage

Riverside County is comprised of 28 incorporated cities, 65 unincorporated communities and neighborhoods, and 12 federally recognized Native American reservations.³ Due to the vastness of its geography, over 89% of the County is unincorporated land.⁴ The following are additional uses of its geographical area:

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

C. Governmental Structure

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



¹ U.S. Census Bureau, "U.S. Census Bureau QuickFacts: Riverside County, California," U.S. Census Bureau, 2019, accessed October 2021, <https://www.census.gov/quickfacts/riversidecountycalifornia>.

² RivCoNOW, "County of Riverside," RivCo Now, accessed October 2021, <https://www.rivco.org>.

³ Office of the District Attorney County of Riverside, "Tribal Unit," Office of The District Attorney County of Riverside, accessed October 2021, <https://rivcoda.org/the-office/special-prosecutions/tribal-unit>.

⁴ Riverside County, Riverside County Transportation and Land Management Agency, accessed January 2022, <https://rctlma.org/>.

⁵ Riverside County, Transportation and Land Management.

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 340 persons per square mile.⁶ Servicing the entire county's population presents a unique challenge given the distance between urban settlements and the isolated nature of some areas.

E. Demographic Spread

The demographics for PSA 21 vary drastically by community. Identifying sub-divisions of the PSA help identify the different levels of services needed even within a city or unincorporated area. To better serve the population of Riverside County, RCOoA grouped the County into Service Areas.

F. Service Areas of PSA 21

Service Area	Locations	Unincorporated Areas/Census Designated Place (CDP)
1	Corona/Norco/Eastvale <i>Local Communities: Lake Hills</i>	<i>Coronita, El Cerrito, Home Gardens, Temescal Valley</i>
2	Riverside/Jurupa Valley <i>Local Communities: Indian Hills, Belltown</i>	<i>El Sobrante, Highgrove, Woodcrest</i>
3	Moreno Valley/Perris <i>Local Communities: Gavilan Hills, Box Springs, Pigeon Pass, Reche Canyon, San Timoteo Canyon, Spring Hills</i>	<i>Good Hope, Green Acres, March Air Reserve Base, Mead Valley, Nuevo, Lakeview, Lake Mathews</i>
4	Menifee/Winchester/Lake Elsinore <i>Local Communities: Canyon Lake City, Menifee Valley, Juniper Flats, Rancho Capistrano, Rancho Carrillo</i>	<i>El Cariso, Homeland, Lakeland Village, Warm Springs, Sun City, Quail Valley Meadowbrook, Winchester, Tenaja</i>
5	Murrieta/Temecula/Wildomar <i>Local Communities: La Cresta, Santa Rosa Plateau, Pinyon Pines, Wine Country</i>	<i>Aguanga, Anza, French Valley, Lake Riverside</i>
6	Banning/Beaumont/Calimesa <i>Local Communities: Oak Valley, Banning Bench, The Sovereign Nation of the Morongo Band of Mission Indians, Twin Pines</i>	<i>Cabazon, Cherry Valley</i>
7	Hemet/San Jacinto <i>Local Communities: Soboba Hot Spring</i>	<i>East Hemet, Idyllwild-Pine Cove, Mountain Center, Sage, Valle Vista</i>

⁶ U.S. Census Bureau, "QuickFacts: Riverside County, California," accessed October 2021, <https://www.census.gov/quickfacts/fact/table/riversidecountycalifornia/PST045221>.

8	<i>Desert Hot Springs/Palm Springs/Cathedral City</i> <i>Local Communities: Palm Springs Village, Palm Springs West, Agua Caliente Band of Cahuilla Indian, Snow Creek, Windy Point</i>	<i>Desert Edge, Garnet, Sky Valley, Thousand Palms, Whitewater</i>
9	<i>Rancho Mirage/Palm Desert/Indian Wells</i>	<i>Desert Palms</i>
10	<i>La Quinta/Indio/Coachella</i> <i>Local Communities: Chiriaco Summit</i>	<i>Bermuda Dunes, Mecca, North Shore, Oasis, Thermal, Vista Santa Rosa, Indio Hills</i>
11	<i>Blythe</i> <i>Local Communities: Lake Tamarisk, Eagle Mountain, Colorado River Communities</i>	<i>Desert Center, Ripley, Mesa Verde</i>

G. Riverside County Population

Due to its population size, Riverside County is the 10th largest county in the nation, with more residents than 16 of the country's states. It has a population estimate of 2,458,395, making it the fourth most populated county in California; only the counties of Los Angeles, San Diego, and Orange have larger populations.⁷

H. An Aging Nation

In 2019, the United States' population aged 65 and older was 54.1 million, representing 16% of the nation's population; the older adult population is expected to be 21.6% of the nation's population by the year 2040. Between 2009 and 2019, the older adult population increased by 14.4 million (36%), compared to a 3% increase in the under-65 population.⁸

The aging of the U.S. population is due to the increase in life expectancy and decrease in fertility; life expectancy at age 65 means that those who reach that age can expect to live an additional number of years.⁹ In 2019, older adults had an added life expectancy of 19.6 years; by 2060, older adults are projected to live an additional average of 23.05 years.^{12,14}

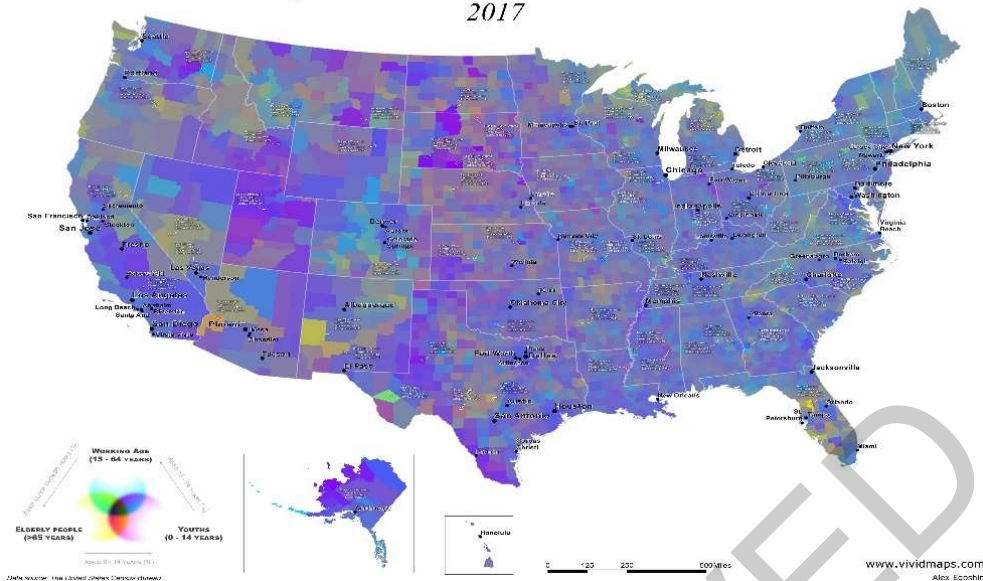
Riverside County is the 10th most populous county in the nation. With approximately 2.4 million residents, Riverside County is the 4th most populous county in California.

⁷ U.S. Census Bureau, "2020: DEC Redistricting Data (PL 94-171) Tables," U.S. Census Bureau, last modified September 2021, accessed October 2021, <https://data.census.gov/cedsci/table?q=Riverside%20county&tid=DECENNIALPL2020.P1>.

⁸ Administration for Community Living, 2020 Profile of Americans, May 2020, accessed October 2021, https://acl.gov/sites/default/files/Aging%20and%20Disability%20in%20America/2020ProfileOlderAmericans.Final_.pdf.

⁹ Medina, Lauren; Sabo, Shannon; and Vespa, Jonathan. "Living Longer: Historical and Projected Life Expectancy in the United States, 1960 to 2060," Report Number P25-1145, issued February 2020, accessed October 2021, <https://www.census.gov/content/dam/Census/library/publications/2020/demo/p25-1145.pdf>.

Age distribution in the United States 2017



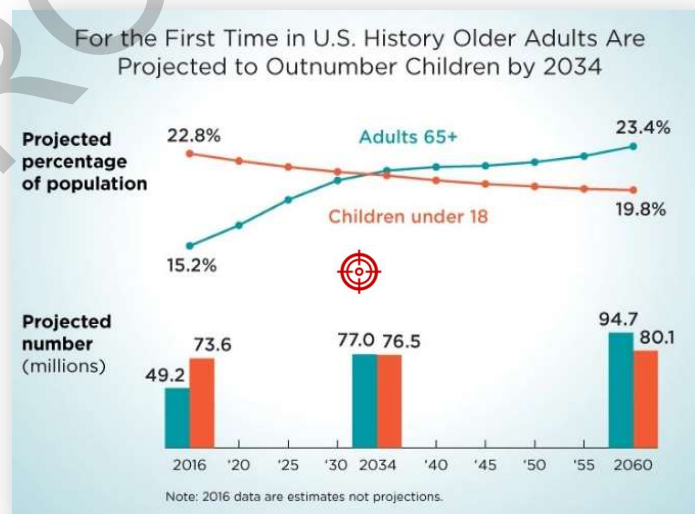
In the 15-64 age range, the purple color above represents adults closer to age 64 in 2017.¹⁰ In the next decade, the purple areas on this map will change to yellow, which indicates adults over the age of 65.

This massive shift is expected to occur in 2034.

I. The Importance of 2034

Although the year 2060 is normally used as a marker for comparative research on aging, the greatest shift in the American population is expected to take place in 2034 when older adults are projected to outnumber children by 3.6%.

According to the U.S. Census Bureau, when this shift occurs, there will be approximately 77 million older adults compared to 76.5 million children under the age of 18 in the United States.^{15, 11}



¹⁰ [www.vividmaps.com https://www.vividmaps.com/wp-content/uploads/2019/06/Age-distribution-1024x768.jpg](https://www.vividmaps.com/wp-content/uploads/2019/06/Age-distribution-1024x768.jpg) (Accessed June 2022)

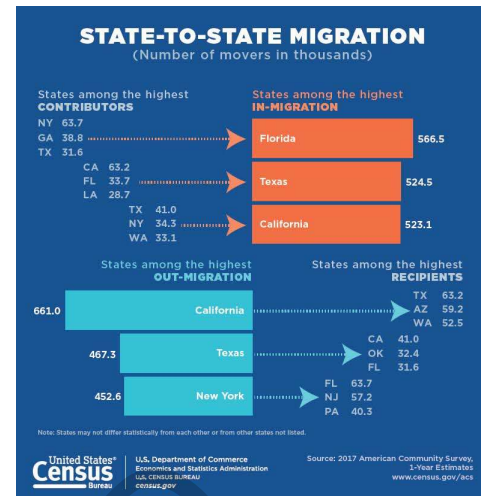
¹¹ U.S Census Bureau, "An Aging Nation: Projected Number of Children and Older Adults," U.S. Census Bureau, revised October 2019, accessed October 2021, <https://www.census.gov/library/visualizations/2018/cbm/historic-first.html>.

J. An Aging Golden State

According to the 2020 Decennial U.S. Census, approximately 39.5 million people reside in the state of California. 5.8 million, or 14.8%, of that population, are adults ages 65 and older; residents in the 65-69 age bracket total 1.9 million (14.7%) and make up the highest percentage of older adults in California.¹²

Despite its population growth, California experienced its slowest growth rate in the 2010s due to fewer births, higher mortality, and large amounts of migration out of California.¹³

In 2017, California had the highest out-migration in the nation with residents primarily moving to Texas, Arizona, and Washington. California was also the state with the third-highest in-migration with residents primarily moving in from Texas, New York, and Washington. The figure to the right outlines this data in the number of movers in thousands.¹⁴



From 2009 to 2019, California's older adult population increased by 40.9%.¹⁵ California's older adult population is projected to increase by an additional 166% between 2016 and 2060, with the highest increase occurring within the 85+ sub-group, which will increase by more than 489% during the same time period.¹⁶

Due to these population increases, the California State Plan on Aging 2017-2021¹⁷, anticipates that the state's older adult population will increase by more than 40 % between 2017 and 2030, shifting the demographic profile of California sooner than the rest of the nation.

K. Riverside County's Aging Population

Riverside County has a population of approximately 2.4 million people, making it the fourth most populated county in California. The older adult population makes up approximately 15% of Riverside County's population. The table on the following page breaks down the population into age ranges set up by the U.S. Census 2019 American Community Survey (ACS) data.¹⁸

Between 2010 and 2020, the Riverside County population increased by 250,000 residents (10%), totaling 2.4 million. By 2030, when California's population shift is expected, Riverside County's population will increase by another 300,000, reaching 2.7 million, and continuing to increase to a projected 3.1 million by 2060.¹⁹

¹² U.S. Census Bureau, "American Community Survey: S0101: Age and Sex," U.S. Census Bureau, accessed October 2021, <https://data.census.gov/cedsci/table?q=%20California%20age&tid=ACSS1Y2019.S0101>.

¹³ Johnson, Hans. "Who's Leaving California—and Who's Moving In?" Public Policy Institute of California, May 6, 2021, accessed October 2021, <https://www.ppic.org/blog/whos-leaving-california-and-whos-moving-in/>.

¹⁴ Kerns, Kristin and Locklear, L. Slagan. "Three New Census Bureau Products Show Domestic Migration at Regional, State, and County Levels," The U.S. Census Bureau, published April 2019, accessed October 2021, <https://www.census.gov/library/stories/2019/04/moves-from-south-west-dominate-recent-migration-flows.html>.

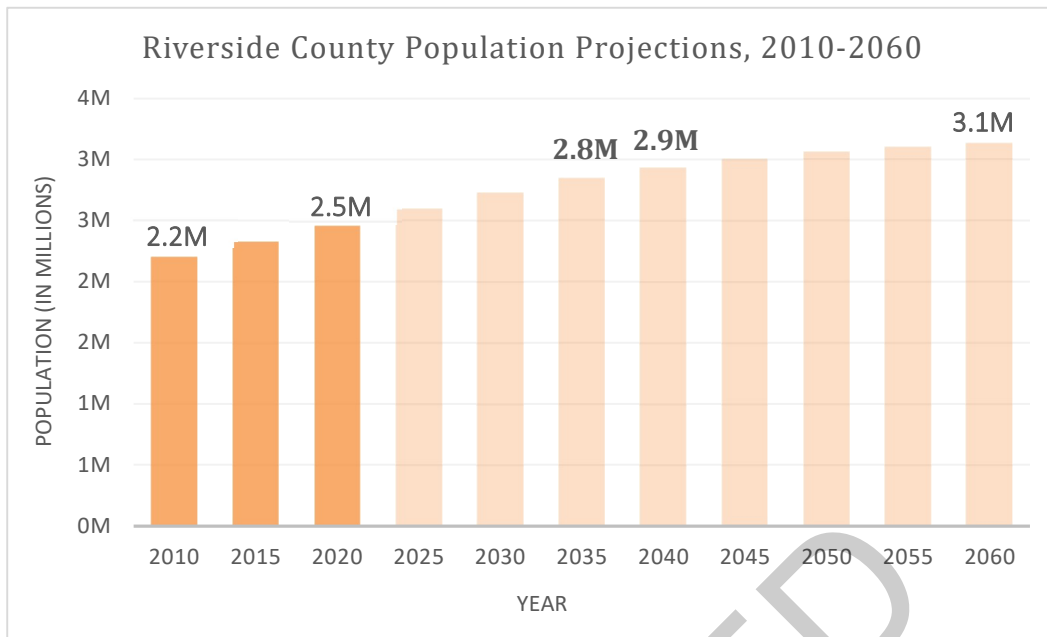
¹⁵ Administration for Community Living, "2020 Profile of Older Americans," U.S. Department of Health and Human Services, accessed October 2021, https://acl.gov/sites/default/files/Aging%20and%20Disability%20in%20America/2020ProfileOlderAmericans.Final_.pdf.

¹⁶ California Department of Aging, "Facts About California's Elderly," State of California, accessed October 2021, https://www.aging.ca.gov/Data_and_Reports/Facts_About_California's_Elderly/.

¹⁷ California Department on Aging. California State Plan on Aging 2017 to 2021. <https://aging.ca.gov/download.ashx?IE0rcNUV0zbUy1iwYmWKng%3D%3D> (Accessed June 2022)

¹⁸ U.S. Census Bureau, "Riverside County, California, 2019: American Community Survey S0101," U.S. Census Bureau, accessed October 2021, <https://data.census.gov/cedsci/table?q=Riverside%20County,%20California%20age&tid=ACSS1Y2019.S0101>.

¹⁹ California Department of Finance, "P-2: County Population Projections (2010-2060)," State of California Department of Finance, last modified 2019, accessed September 2021, <https://www.dof.ca.gov/Forecasting/Demographics/Projections/>.



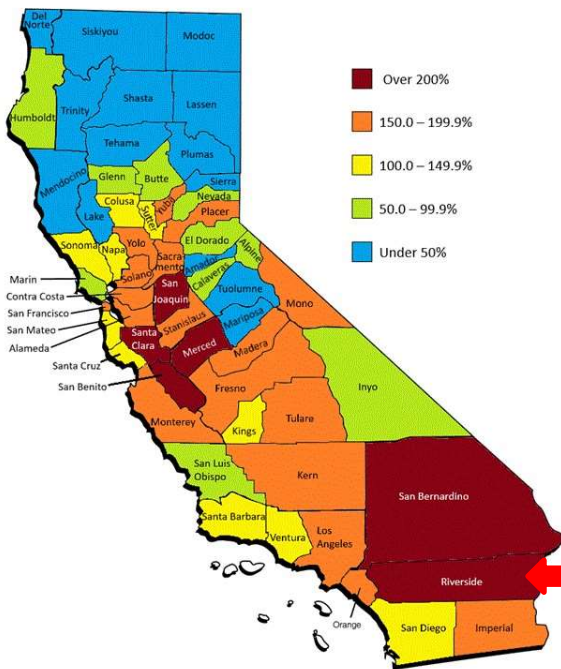
Riverside County's current population is approximately 2.4 million people, making it the fourth most populated county in California. The older adult population makes up 14.8% of Riverside County's population.²⁰ Riverside County is one of six California counties projected to experience a 248.2% increase 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 projections in California.²¹

²⁰ U.S. Census Bureau, "Riverside County, California, 2019: American Community Survey S0101," U.S. Census Bureau, accessed October 2021, <https://data.census.gov/cedsci/table?q=Riverside%20County,%20California%20age&tid=ACST1Y2019.S0101>.

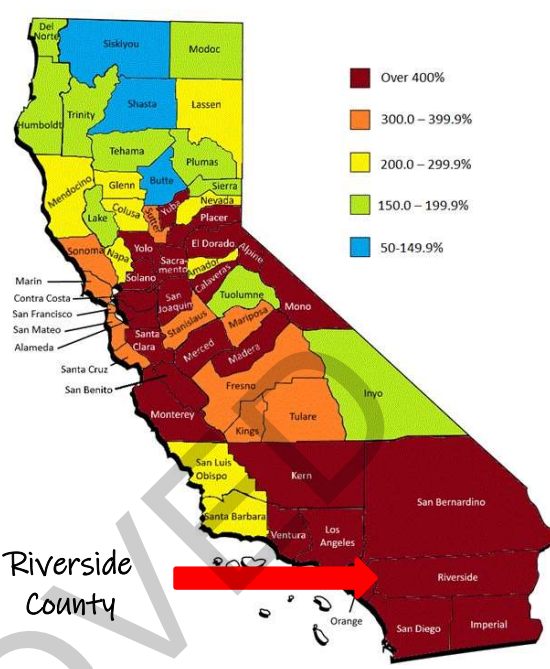
²¹ California Department of Aging, "Facts about California's Elderly," State of California, 2017, accessed October 2021, https://www.aging.ca.gov/Data_and_Reports/Facts_About_California's_Elderly/.

The figure below illustrates the percentage increases of older adults in counties across the state of California.²²

Map of Percentage Increase of Adults Aged 60 and Over (2016-2060)



Map of Percentage Increase of Adults Aged 85 and Over (2016-2060)



The table below provides a broader look at Riverside County's population projections per age group between year 2020 and 2060.²³

Age Group	Population in 2020	Population in 2030	Increase from 2020-2030	Population in 2060	Increase from 2030 to 2060
All Age Groups (Total Population)	2.4M	2.7M	11%	3.1M	13%
Working Age (25-49 years)	770,099	864,444	11%	887,521	2.6%
Pre-Retirement Age (50-64 years)	220,147	451,153	51.2%	575,213	21.6%
Young Retirees (65-74 years)	142,204	304,998	53.3%	374,290	18.5%
Mature Retirees (75-84 years)	120,847	194,719	38%	298,688	34%
Seniors (85 to 99 years)	49,722	77,330	35.7%	222,442	65.2%
Centenarians (100 years)²⁴	130	1,513	91.4%	11,441	86.8%

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. In addition, a new category of older adults, "supercentenarian," is emerging for those who are between 101 and 110 years of age. Since this is a very small percentage of the population, statistics are not yet available.

²² California Department of Aging, "Facts about California's Elderly."

²³ 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/>.

²⁴ A new category of older adults, "supercentenarian," is emerging for those who are between 101 and 110 years of age. Since this is a very small percentage of the population, statistics are not yet available.

L. Disabled Population

The Riverside County Office on Aging is also designated as an Aging and Disability Resource Connection (ADRC) that serves the County's disabled population regardless of age. In 2021, the U.S. Census reports that approximately 283,809 residents within Riverside County, who are non-institutionalized and have a disability, make up 11.7% of the population;²⁵ this is higher than the overall percentage for the State of California which is 11.2% of its total population.²⁶

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 65.³⁹

Total Population with a Disability: 283,809	
Age Group	Population Estimates
0-64 years	160,508
65-74 years	53,475
75 years and over	79,367

Older adults make up 45% of Riverside County's Disabled Population.

Disabled Population with a Hearing Difficulty: 79,024	
Age Group	Population Estimates
0-64 years	30,613
65-74 years	16,043
75 years and over	32,368

61%

Disabled Population with a Cognitive Difficulty: 108,223	
Age Group	Population Estimates
0-64 years	80,800
65-74 years	9,842
75 years and over	17,581

25%

Disabled Population with a Vision Difficulty: 54,273	
Age Group	Population Estimates
0-64 years	34,352
65-74 years	8,592
75 years and over	11,329

38%

Disabled Population with an Ambulatory Difficulty: 140,539	
Age Group	Population Estimates
0-64 years	62,110
65-74 years	32,456
75 years and over	45,973

56%

²⁵ U.S. Census Bureau, "Disability Characteristics, Riverside County, California," 2019 ACS 1-Year Estimates Subject Tables, U.S. Census Bureau, accessed October 2021, <https://data.census.gov/cedsci/table?q=Riverside%20county%20disability&tid=ACST1Y2019.S1810>.

²⁶ U.S. Census Bureau, "S1810: Disability Characteristics, California," 2019 ACS 1-year Estimates Subject Tables, U.S. Census Bureau, accessed October 2021, <https://data.census.gov/cedsci/table?q=California%20disability%20characteristics&tid=ACST1Y2019.S1810>

Disabled Population with a Self-Care Difficulty: 61,872	
Age Group	Population Estimates
0-64 years	33,335
65-74 years	10,165
75 years and over	18,372

46%

Disabled Population with an Independent Living Difficulty: 103,238	
Age Group	Population Estimates
0-64 years	52,731
65-74 years	17,040
75 years and over	33,467

49%

M. Ethnic and Cultural Diversity

<i>*Totals may not sum due to rounding.</i>		TOTAL POPULATION *	WHITE NON-LATINO	BLACK NON-LATINO	AMERICAN INDIAN/ALASKA NATIVE NON-LATINO	ASIAN NON-LATINO	MULTIRACIAL (2+ RACES), NON-LATINO	HISPANIC, ANY RACE
YEAR 2020		39.5M	13.7M	2.1M	156K	5.9M	1.6M	15.7M
YEAR 2034		42.6M	15.5M	2.5M	189K	5.4M	1.4M	17.5M
YEAR 2060		44.2M	15.2M	2.6M	199K	5.3M	1.8M	19M

The Latino population will increase by 41% between 2020 and 2034.

According to the 2020 Census, approximately 15.7 million Californians identify as Latino, making up 39.4% of California's population.²⁷ The Latino population is projected to increase by an additional 41% by 2034 (17.5 million), and by an additional 2% to 19 million people by 2060. The table above outlines these projections which are rounded up; "M" indicates millions, and "K" indicates thousands.

The charts on the following page highlight the total Riverside County population by ethnicity,²⁸ the ethnicity of adults over age 65,²⁹ and the percentage of older adults who speak a language other than English at home.³⁰

²⁷ U.S. Census Bureau, "Hispanic or Latino, and Not Hispanic or Latino by Race, California," 2020 DEC Redistricting Data, U.S. Census Bureau, accessed October 2021, <https://data.census.gov/cedsci/table?q=California%20race&tid=DECENNIALPL2020.P2>.

²⁸ U.S. Census Bureau, "Characteristics of People by Language Spoken at Home, Riverside County," 2019 ACS 1-Year Estimates Subject Tables, U.S. Census Bureau, accessed November 2021, <https://data.census.gov/cedsci/table?q=language%20spoken%20at%20home%20riverside%20county&tid=ACSST1Y2019.S1603>.

²⁹ Ibid. U.S. Census Bureau, "Characteristics of People by Language Spoken at Home, Riverside County," etc.

³⁰ U.S. Census Bureau, "Language Spoken at Home, Riverside County," 2019: ACS 1-Year Estimates Subject Tables, U.S. Census Bureau, accessed November 2021, <https://data.census.gov/cedsci/table?q=language%20spoken%20at%20home%20riverside%20county&tid=ACSST1Y2019.S1601>.

Estimated number of lower income minority older individuals (60+) in the PSA for the coming year.

Riverside County is projected to experience a four percent increase between 2022 and 2023, where the population will increase from 561,511 older adults in 2022 to 562,754 in 2023. In addition, Riverside County's lower income older adult minority population is projected to increase. The total poverty level within the older adult community will decrease by 1,243 residents in 2023. The chart below details the projected change in older adult population by race/ethnicity who are considered lower income in Riverside County.

Year	Actuals		Projected	
	2020	2021	2022	2023
Total 60+ Population	542,381	525,411	561,511	562,754
60+ Below Poverty Level	62,195	65,535	68,505	71,575
American Indian & Alaska Native	3,852	3,078	2,304	1,530
Asian	17,555	16,751	15,947	15,143
Black or African American	24,902	23,250	21,598	19,946
Native Hawaiian & Other Pacific Islander	766	1,145	1,524	1,903
White	147,584	128,062	108,540	89,018
Other Race	86,835	82,722	78,609	74,496
Hispanic	174,510	165,652	156,794	147,936

2020 California Intrastate Funding Formula (IFF) Data Factors Report. <https://aging.ca.gov/download.ashx?IE0rcNUV0zberZlvXUzP2g%3d%3d>

2021 California Department of Aging (CDA) Population Demographic Projections by County and PSA for Intrastate Funding Formula (IFF).

<https://aging.ca.gov/download.ashx?IE0rcNUV0zacjOqruYRqcg%3d%3d>

2022 California Department of Aging (CDA) Population Demographic Projections by County and PSA for Intrastate Funding Formula (IFF).

<https://aging.ca.gov/download.ashx?IE0rcNUV0zYSDQkxTL1zkg%3d%3d>

2023 California Department of Aging (CDA) Population Demographic Projections by County and PSA for Intrastate Funding Formula (IFF).

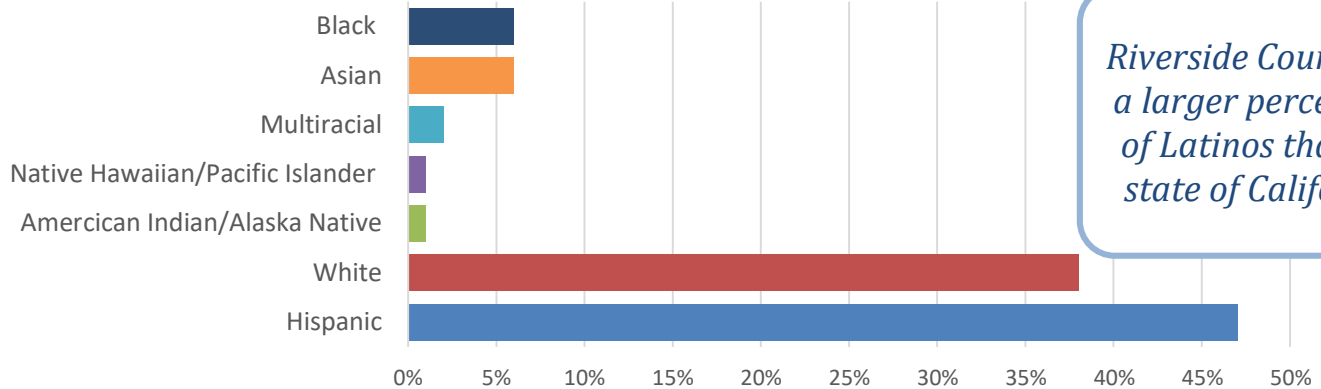
<https://aging.ca.gov/download.ashx?IE0rcNUV0zbcw7wwtVLPuA%3d%3d>

Projected Population. This method calculates the population in the target year by adding the % increase or decrease of the past two years to the previous year.

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

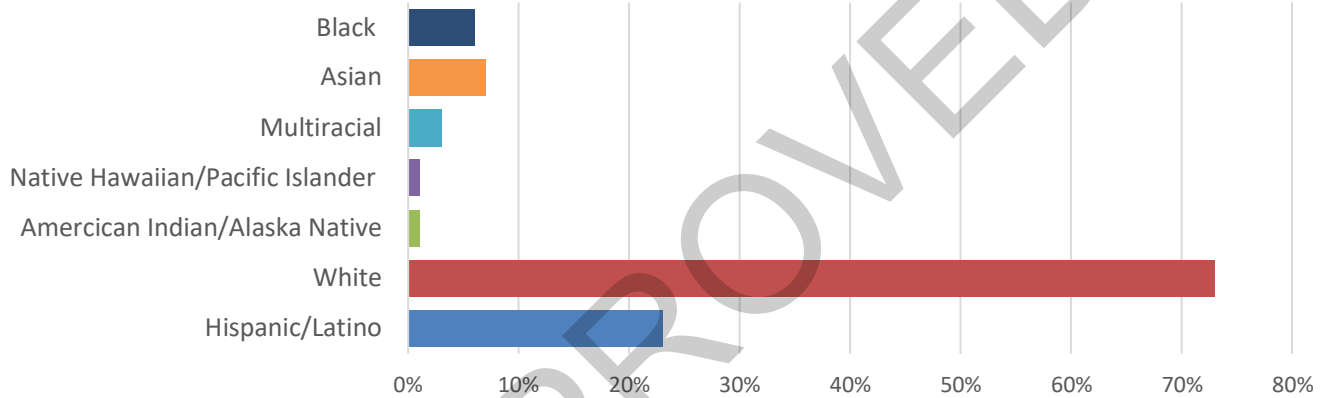
Census, American Community Survey 5-Year Estimates Detailed Table, Table ID: S17021

2020 Riverside County Total Population by Ethnicity

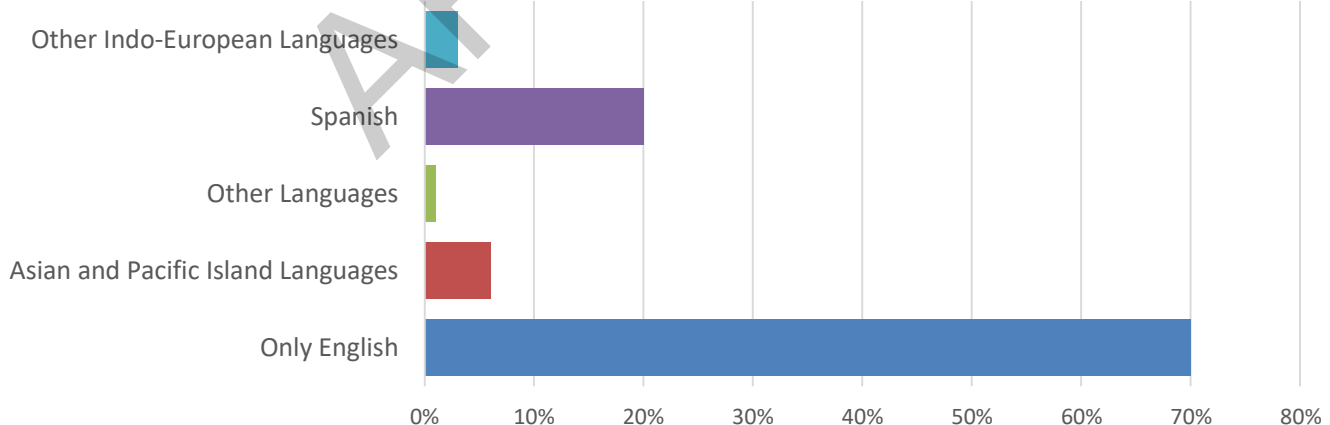


Riverside County has a larger percentage of Latinos than the state of California.

Riverside County Older Adult Population by Race and Ethnicity, 2020



Riverside County, Language Spoken at Home by Older Adults



N. American Indian Population

Currently, the state of California is home to 109 federally recognized Indian Tribes. Although non-federally recognized tribes exist, they must register with the U.S. Office of the Assistant Secretary-Indian Affairs of the Department of the Interior in order to be federally acknowledged and become eligible to receive federal services provided to members of recognized Indian Tribes.³¹

There are approximately 100 Indian reservations in the state of California, 12 of which are in Riverside County. About 52,000 people identify as American Indian within the county.

Amongst federally recognized tribes, there are approximately 100 individual reservations located throughout California, twelve of which are within Riverside County*.³² Approximately 720,000 California residents identify as American Indian; 52,000 reside in Riverside County. The map below identifies Tribal Lands within Riverside County³³.



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

The self-reported LGBTQ population is 5% in the United States and 5.3% in California, making it the 5th highest LGBTQ+ population in the nation, totaling approximately 1.8 million people.

California is one of twelve states with the highest percentage of same sex coupled households, 24% of which have children. Adults ages 65+ make up 7% of the United States' LGBTQ+ population. In California, older adults make up 8% of the LGBTQ+ population.³⁴ The chart on the following page breaks down California's LGBTQ+ population by race and ethnicity.³⁵

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 who primarily live in the

³¹ U.S. Department of the Interior Indian Affairs, "Office of Federal Acknowledgement (OFA)," U.S. Department of the Interior Indian Affairs, accessed November 2021, <https://www.bia.gov/as-ia/ofa>.

³² California Courts, "California Tribal Communities," The Judicial Branch of California, accessed November 2021, <https://www.courts.ca.gov/3066.htm>.

³³ United States Environmental Protection Agency, "California Tribal Lands and Reservations," U.S. Environmental Protection Agency, accessed November 2021, https://www3.epa.gov/region9/air/maps/ca_tribe.html.

³⁴ The Williams Institute, "LGBT Demographic Data Interactive," UCLA School of Law, January 2019, accessed November 2021, <https://williamsinstitute.law.ucla.edu/visualization/lgbt-stats/?topic=SS#about-the-data>.

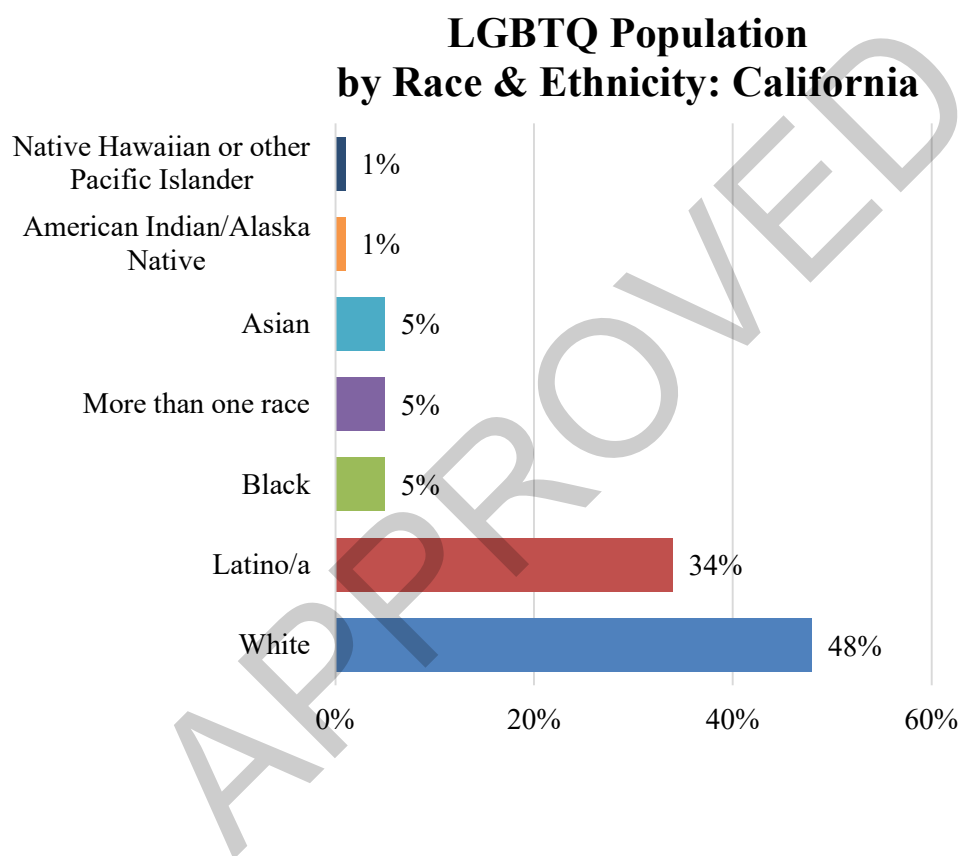
³⁵ The Williams Institute UCLA School of Law, "LGBT Demographic Data Interactive," January 2019, accessed November 2021, <https://williamsinstitute.law.ucla.edu/visualization/lgbt-stats/?topic=LGBT&area=6#density>.

areas of Palm Springs, Cathedral City, and Rancho Mirage.³⁶ The percent of people who identify as LGBTQ+ in the Coachella Valley is double that of California as a whole (15% compared to 7%).³⁷

The transgender population of Riverside County was estimated to be between 2,358 and 7,705 individuals.³⁸ Population estimates are likely underestimated because LGBTQ+ status is self-reported.^{39,40}

A majority of LGBTQ+ older adults have experienced stigma and discrimination that can compound social isolation, delays in seeking care, poor nutrition, and depression. 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.⁴¹

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 programing that is welcoming, culturally competent, and responsive to the community’s needs.



³⁶ HARC, Inc., "Coachella Valley Community Health Survey 2019," updated 2020, accessed February 2022, <https://harcdata.org/coachella-valley-community-health-survey/>.

³⁷ Ibid. HARC, Inc., "Coachella Valley Community Health Survey."

³⁸ Gardner, Aaron T. "Lesbian, Gay, Bisexual and Transgender Health and Wellness Profile," Riverside County Public Health, County of Riverside, 2014, accessed November 2021, http://www.rivcoph.org/Portals/0/LGBT_Health_Wellness_2014.pdf.

³⁹ 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>.

⁴⁰ 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 November 2021, <https://www.census.gov/library/working-papers/2011/demo/SEHSD-WP2011-26.html>.

⁴¹ 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 November 2021.

P. Older Adult Workforce and Volunteerism

The American Workforce

In October 2021, the American civilian labor force totaled 161 million people—154 million of which were employed and 7.4 million who were unemployed—making the unemployment rate almost 5%.⁴²

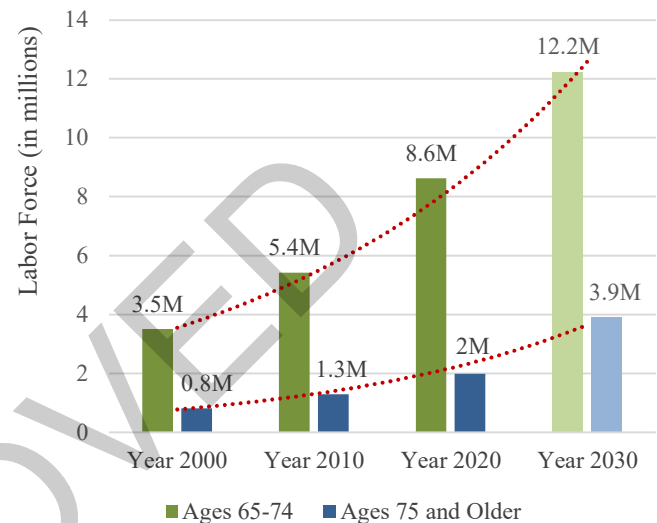
In 2020, 8.6 million adults ages 65 to 74 were part of the national workforce. In that same year, 2 million adults ages 75 and older were also employed. Projections for 2030 indicate that the older adult labor force will continue to grow.⁴³

Older adults are living longer and, therefore, choosing to work longer.⁴⁴ Other motivations include, but are not limited to, fewer comprehensive retirement offerings from employers, and rising costs of living like housing and medical expenses.

The number of older adults in the workforce today is at an all-time high and is only projected to increase by 2.5% from 2016 to 2026 for those age 65 to 74 and by 11% for workers 75 and older,

In Riverside County, adults over age 65 make up approximately 30% of the overall workforce.⁴⁵

U.S. Older Adult Labor Force, 2000, 2010, 2020, and Projected 2030



⁴² U.S. Bureau of Labor Statistics, "Labor Force Statistics from the Current Population Survey," accessed November 2021, <https://data.bls.gov/pdq/SurveyOutputServlet>.

⁴³ U.S. Bureau of Labor Statistics, "Civilian Labor Force, by age, sex, race, and ethnicity," U.S. Bureau of Labor Statistics, 2020, accessed November 2021, <https://www.bls.gov/emp/tables/civilian-labor-force-summary.htm>.

⁴⁴ Irby, Charlotte M. "What to do about our aging workforce—the employers' response," Monthly Labor Review, U.S. Bureau of Labor Statistics, August 2020, accessed November 2021, <https://www.bls.gov/opub/mlr/2020/beyond-bls/what-to-do-about-our-aging-workforce-the-employers-response.htm>.

⁴⁵ US Census Bureau, "S2301 Employment Status: 2020 ACS 1-year estimates Subject Tables," 2020, accessed April 2022, <https://data.census.gov/cedsci/table?q=employment%20status,%20riverside%20county&tid=ACST5Y2020.S2301>.

The Veteran Workforce

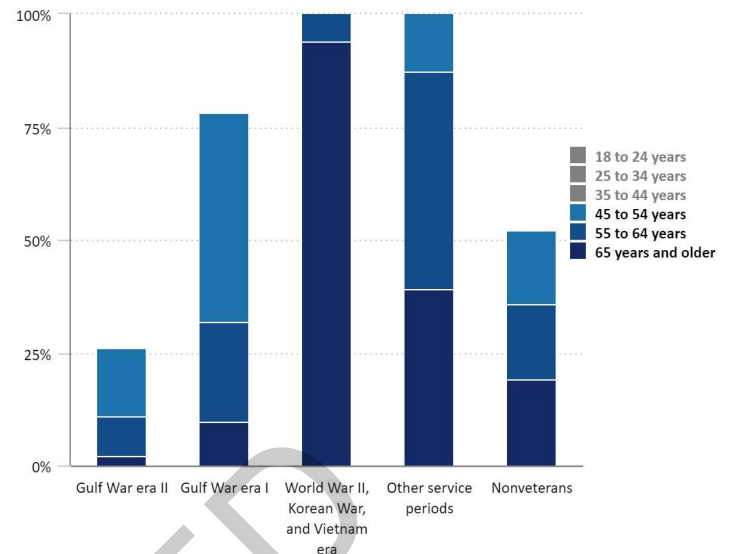
The veteran population is part of the current labor workforce in the United States. In 2019, there were approximately 18.8 million veterans, the majority of whom served during The Gulf War era that began in 1990.

Older adults made up 7% of veterans who served during Gulf War I (1990-1991). The majority of older adult veterans, however, fought during World War II, the Korean War, and the Vietnam eras. They make up 94% of veterans in 2019. The graph to the right depicts the percent of veterans by age and service period in 2019.⁴⁶

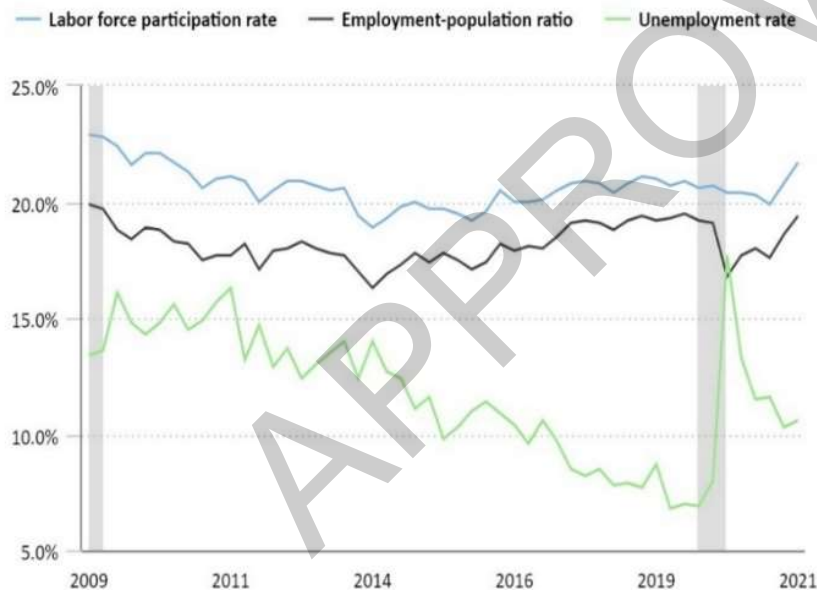
People with Disabilities in the Workforce⁴⁷

In 2021, Labor market indicators revealed an increase in labor force participation, meaning those looking for work, and employment of people with disabilities in the United States.

Percent of veterans and nonveterans by age and service period, 2019



Selected labor force indicators for people with a disability, 2009–2021 quarterly averages



As the adjacent graph illustrates, during the second quarter of 2020, the ratio of those employed with a disability decreased by 3%, while the labor force participation decreased slightly.

The unemployment rate for people with a disability (11%) is currently almost double that of people with no disability (6%). In the first two quarters of 2020, the unemployment rate for those with a disability skyrocketed from 7% to 18%.

Given 2019 data, the top three barriers to employment amongst those with a disability were (1) their own disability, (2) lack of training and education, and (3) lack of transportation. Amongst people who were employed in 2019, people with a disability were more likely to take on employment that involved production, transportation, and material moving than those without a disability.

⁴⁶ Williams, Jamie. "Spotlight on Statistics: Gulf War Era Veterans in the Labor Force," Spotlight on Statistics, U.S. Bureau of Labor Statistics, October 2020, accessed November 2021, <https://www.bls.gov/spotlight/2020/gulf-war-era-veterans-in-the-labor-force/home.htm>.

⁴⁷ U.S. Bureau of Labor Statistics, "Spotlight on Statistics: America's Recovery: Labor Market Characteristics of People with a Disability," U.S. Bureau of Labor Statistics, October 2021, accessed November 2021, <https://www.bls.gov/spotlight/2021/labor-market-characteristics-of-people-with-a-disability/home.htm>.

Volunteering Amongst Older Adults

While older adults are working at higher rates than ever, they're also volunteering at higher rates than previous generations. According to a 2016 AARP report, 3 in 4 adults ages 50 and older volunteered their time during 2014, representing a 13-point increase from a decade before (2003).⁴⁸ The most recent volunteering data from the U.S. Bureau of Labor and Statistics from the year 2015 shows a total of 11 million (24%) older adult volunteers nationally, about 24% of the population, and this number is increasing.⁴⁹

Research shows that volunteering leads to better health outcomes, with older volunteers most likely to experience the physical and mental health benefits from their volunteer activities.⁵⁰ On average, 84% of older adults report improved or stable health, and 88% of volunteers reported a decrease in feelings of isolation after two years.^{51,52,53}

Q. U.S. Poverty Measures

2022 POVERTY GUIDELINES	
Persons in Household*	Annual Income
1	\$13,590
2	\$18,310
3	\$23,030
4	\$27,750
5	\$32,470
6	\$37,190
7	\$41,910
8	\$46,630

The Federal Poverty Level (FPL) is a “one size fits all” approach to evaluating poverty that uses the same dollar amount across the country, regardless of the cost of living, and is based on the cost of food alone. The FPL is utilized to determine income eligibility for many public programs, allocate funding for other programs, and as an evaluative tool when determining program effectiveness. The adjacent table highlights the 2022 Federal Poverty Guidelines.⁵⁴

Among persons aged 65 and older in the United States, the poverty rate has declined by more than two-thirds since the mid-1970's; however, the relative number of older adults living in poverty has increased due to growth of the older adult population. In 2019, it is estimated that 4.9 million in the US aged 65 and older lived-in poverty.⁵⁵

Although the poverty rate amongst older adults has declined, the subgroup of people aged 80 and older has a higher poverty rate than those under the age of 80. Approximately 11% of people aged 80 and older live in poverty, compared with 9% among those aged 75-79, 7.4% among those aged 70-74, and 8.4% among those aged 65-69.⁵⁶

Adults over age 80 are more vulnerable to income volatility since they are more likely to have lower or no earnings, exhaust existing retirement resources, and incur higher medical expenses. The graph below illustrates the poverty

⁴⁸ Williams, Alicia. “Connecting, serving, and giving: Civic engagement among mid-life and older Adults,” AARP, updated July 2019, accessed November 2021, http://www.aarp.org/content/dam/aarp/research/surveys_statistics/life-leisure/2014-civic-engage-study.pdf.

⁴⁹ The U.S. Bureau of Labor and Statistics, “Economic News Release: Volunteering in the United States, 2015,” U.S. Bureau of Labor and Statistics, February 2016, accessed November 2021, <https://www.bls.gov/news.release/volun.nr0.htm>.

⁵⁰ Corporation for National and Community Service, Office of Research and Policy Development. “The Health Benefits of Volunteering: A Review of Recent Research”, 2007.

⁵¹ AmeriCorps, “Volunteering Helps Keep Seniors Healthy, New Study Suggests,” AmeriCorps, February 2019, accessed November 2021, <https://americorps.gov/newsroom/press-releases/2019/volunteering-helps-keep-seniors-healthy-new-study-suggests>.

⁵² Fri, Richard. “Baby Boomers are staying in the labor force at rates not seen in generations for people their age,” Pew Research Center, July 2019, accessed November 2021, <https://www.pewresearch.org/fact-tank/2019/07/24/baby-boomers-us-labor-force/>.

⁵³ Foster-Bay, John; Dietz, Nathan; Grimm, Jr. Robert. “Keeping Baby Boomers Volunteering.” AmeriCorps, March 2007, accessed November 2021, https://americorps.gov/sites/default/files/evidenceexchange/FR_2007_KeepingBabyBoomersVolunteering_1.pdf.

⁵⁴ Office of the Assistant Secretary for Planning and Evaluation, “HHS Poverty Guidelines for 2022”, Office of the Assistant Secretary for Planning and Evaluation, accessed February 2022, <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>.

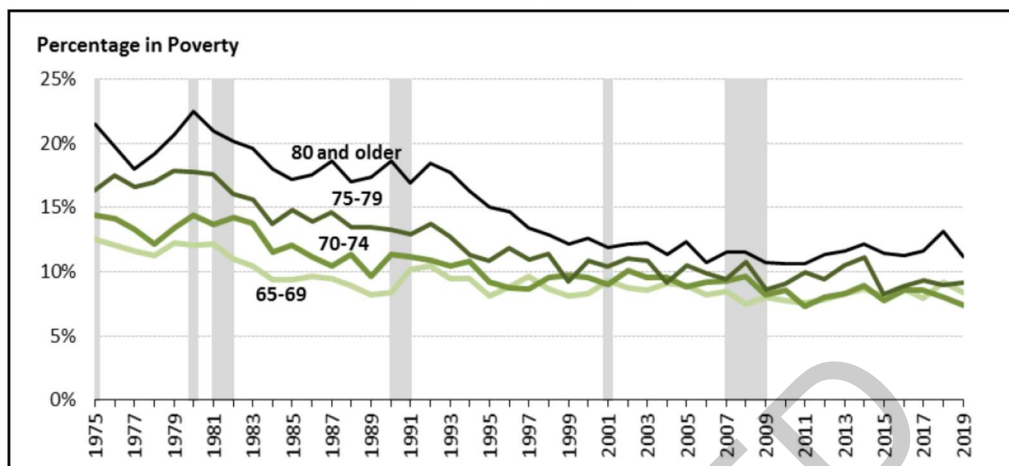
⁵⁵ Dalaker, Joseph and Li, Zhe. “Poverty Among the Population Aged 65 and Older,” Congressional Research Service, April 14, 2021, accessed November 2021, <https://sgp.fas.org/crs/misc/R45791.pdf>.

⁵⁶ Ibid. Dalaker and Li, “Poverty Among the Population Aged 65 and Older.”

status of individuals aged 65 and older, by age group.⁵⁷

Figure 3. Poverty Status of Individuals Aged 65 and Older, by Age Group, 1975-2019

Shaded bars indicate recessions.



Poverty rates for those living alone and for individuals who were not married were generally higher than those who were living with others or were married. This was also true for people who were widowed, divorced, or separated. Poverty rates for people living alone in 2019 doubled in comparison to older adults who lived with others with women aged 80 and older with the highest poverty rate among all age groups that year. Since women were more likely than men to have taken employment breaks to care for children or parents, women enter retirement with fewer resources; breaks in employment mean fewer contributions to Social Security and employer-sponsored pension plans.⁵⁸

Race and Hispanic Origin

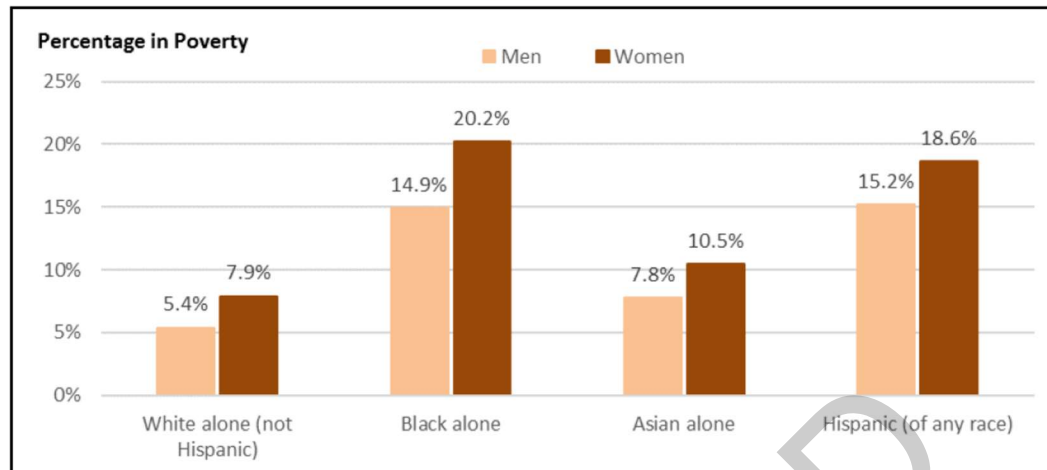
In 2019, the poverty rate was lowest among non-Hispanic White older adults; 5% for men and 8% for women. Poverty rates were highest for the Black older adult population. The chart below illustrates the poverty status of older adults by race, Hispanic origin, and sex.⁵⁹

⁵⁷ Ibid. Dalaker and Li, "Poverty Among the Population Aged 65 and Older."

⁵⁸ Ibid. Dalaker and Li. "Poverty Among the Population Aged 65 and Older."

⁵⁹ Ibid. Dalaker and Li. "Poverty Among the Population Aged 65 and Older."

Figure 10. Poverty Status of Individuals Aged 65 and Older in 2019, by Race, Hispanic Origin, and Sex



Source: CRS analysis of data from the 2020 CPS ASEC.

Older Adult Sources of Income

Social Security and Supplemental Security Income (SSI) are two main sources of cash assistance for older adults in the United States. Social Security accounts for 76.9% of an older adult's income living below 100% of the poverty threshold and 80.8% amongst those living 125% below the poverty threshold. SSI, on the other hand, makes up 9.8% and 6.3% of each group respectively. According to the 2020 Annual Social and Economic Supplement of the Current Population Survey (CPS ASEC), Social Security Income (SSI) accounted for 96% of total cash public assistance received by individuals aged 65 and older. The following chart further demonstrates the income sources for older adults living below the poverty threshold.

Table 1. Share of Total Money Income from Specified Sources for Poor Individuals Aged 65 and Older, 2019

	Below 100% of the Poverty Threshold ^a	Below 125% of the Poverty Threshold ^b
Total Percentage	100.0%	100.0%
Percentage of Income from—		
Earnings	4.3%	5.4%
Social Security	76.9%	80.8%
Pensions	4.0%	2.9%
Asset Income	2.3%	2.1%
SSI and Other Public Assistance	9.8%	6.3%
Other Income	2.6%	2.5%
Number of Observations^c	2,404	3,575
Population (thousands)	4,858	7,285

Source: CRS analysis of data from the 2020 CPS ASEC.

Supplemental Poverty Measure

The federal poverty measure (FPL)—used to calculate percentages of the sections above—was created in the 1960s and classified an individual as poor if their family's pre-tax income fell below the poverty threshold. This method, however, does not consider (a) government noncash benefits families might be receiving and (b) taxes paid to federal, state, or local governments.

In 2011, the U.S. Census Bureau released a new Supplemental Poverty Measure (SPM) adding variations in living costs, non-cash benefits received, and non-discretionary expenditures. The SMP—although imperfect—helps measure poverty more accurately and almost always reveals a higher percentage of persons living below the poverty threshold. In 2019, for instance, the SMP poverty rate for people 65 and older was almost 13% vs. 9% using the FPL. To go even further, if Social Security were removed as a cash resource for older adults while keeping other resources constant, the SMP for older adults would increase by about 32%.⁶⁰

In 2020, for the first time in SMP history, the poverty level amongst older adults was lower using the SMP vs. the FPL. It is normally the other way around.⁶¹

R. Poverty in California and Riverside County

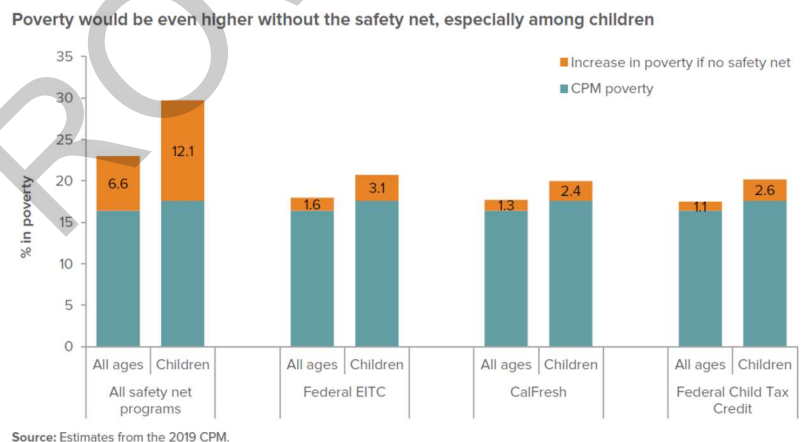
California's high cost of living also makes the FPL an inadequate measure of poverty for any resident, but when considering older adults, the FPL does not allow for the inclusion of expenses such as housing and health care, which are primary expenses for many older adults. If the poverty measure is recalculated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

In 2013, Stanford University released a new index of poverty in California which is more rigorous than the official poverty measure used by the U.S. Census Bureau. The *California Poverty Measure (CPM)* takes high housing costs into account. It also provides statistics at the county level, something the FPL does not include.⁶²

According to the CPM, more than a third of Californians are living in or near poverty. About 5% have less than the resources needed to meet basic needs, classifying them as the “deep poor.” In 2019, adults 65 and older (18%) and children (17.6%) had higher rates of poverty than adults 18-64 (16%).⁶³

The adjacent chart illustrates poverty rate increases if the federal safety net was non-existent.⁶⁴

In 2019, more than 21% of Latinos lived in poverty, compared to 17% of African Americans, 15% of Asian Americans/Pacific Islander, and 12% of Whites. The poverty rate for immigrant Californians was 22%, compared to 14% for non-immigrants, and poverty among undocumented immigrants was 36%.



The *Elder Economic Security Standard Index (Elder Index)*—developed by the Gerontology Institute at the University of Massachusetts, Boston is another measure created and used to determine rates of poverty amongst older adults. It not only takes into account different state's cost of living, but also attempts to measure income adequacy and economic security based on a basic standard of living for those who do not receive public welfare benefits.⁶⁵ According to the Elder Index, housing and medical costs account for two-thirds of monthly expenses for

⁶⁰ Ibid. Dalaker and Li, "Poverty Among the Population Aged 65 and Older."

⁶¹ Burns, Kalee and Fox, Liana E., "The Supplemental Poverty Measure: 2020," U.S. Census Bureau, September 2021, accessed November 2021, <https://www.census.gov/content/dam/Census/library/publications/2021/demo/p60-275.pdf>.

⁶² Stober, Dan. "Stanford releases new poverty index," Stanford News Service, October 2013, accessed November 2021, <https://news.stanford.edu/pr/2013/pr-poverty-index-california-100113.html>.

⁶³ Bohn, Sarah. Caroline Danielson, and Patricia Malagon, "Fact Sheet: Poverty in California," July 2021, accessed November 2021, <file:///C:/Users/cenava/Downloads/Poverty%20in%20CA.pdf>.

⁶⁴ Ibid. Bohn, Danielson, and Malagon, "Fact Sheet: Poverty in California."

⁶⁵ Padilla-Frausto, Imelda D.; Wallace, Susan E., and Wallace, Steven P. "Older Adults Need Twice the Federal Poverty Level to Make Ends Meet in California," UCLA Center for Health Policy Research, 2010, accessed November 2021, <https://escholarship.org/uc/item/99x9x37c>.

older adults in Riverside County. In total, single older adult renters living in Riverside County need approximately \$25,680 annually in order to live independently. This is 189% more than the annual Federal Poverty Level of \$13,590 for single older adults.⁶⁶

According to the CPM, an average of 388,300 individuals in Riverside County were in poverty between 2017-2020, an average rate of 12.5%⁶⁷ According to the FPL, however, 11.6% of Riverside County's population experienced poverty in 2021.⁶⁸ In 2020—the most recent data available—11.9% of older adults in Riverside County lived below the more accurate Elder Index poverty level, compared to 8.2% using the FPL.⁶⁹

S. Housing, Homelessness, and Grandparents Raising Grandchildren.

Older Adult Housing

According to the Journals of Gerontology, the home is the single largest asset amongst older adults in the United States, and it is central to the economic calculations that older adults make over time.⁷⁰ There are several reasons why a home is important for older adults, including:

1. An inheritance to their children.
2. Ensures they have enough assets at the end of their life to finance final major consumption needs.
3. Aging in place in a location that has more emotional meaning.⁷¹

⁶⁶ UMass Boston, "Elder Index," updated November 5, 2021, accessed November 2021, https://elderindex.org/elder-index?state_county%5B%5D=5991&fields_on_off_hidden_submitted=1.

⁶⁷ Public Policy Institute of California, "California Poverty by County and legislative district," Public Policy Institute of California, 2019, accessed November 2021, <https://www.ppic.org/interactive/california-poverty-by-county-and-legislative-district/>.

⁶⁸ U.S. Census Bureau, "California Quick Facts," U.S. Census Bureau, 2019, accessed November 2021, <https://www.census.gov/quickfacts/fact/table/CA/IPE120220?#IPE120220>.

⁶⁹ Ibid. Burns and Fox. "The Supplemental Poverty Measure."

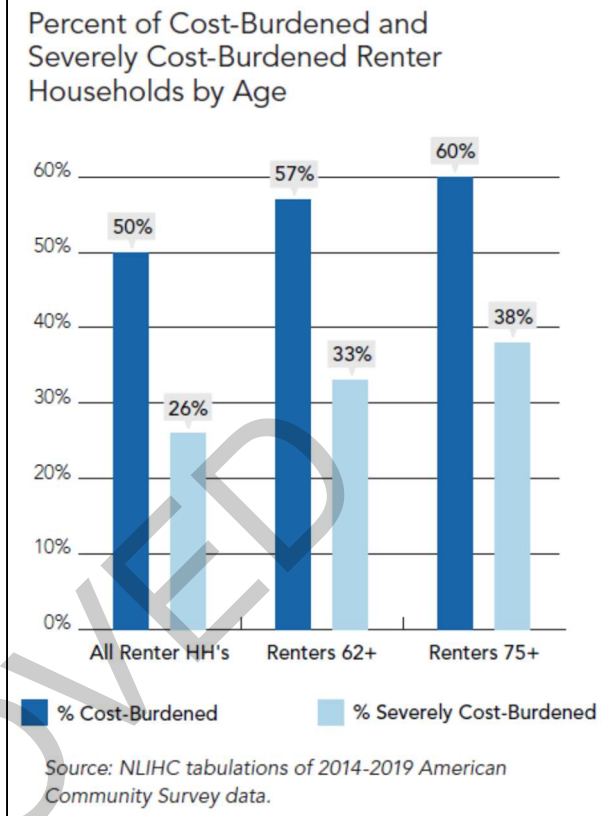
⁷⁰ Fisher, Jonathan D.; Johnson, David S.; Marchand, Joseph T.; Smeeding, Timothy M.; and Torrey, Barbara Boyle, "No Place Like Home: Older Adults and Their Housing," The Journals of Gerontology: Series B, Volume 62, Issue 2, March 2007, accessed December 2021, <https://doi.org/10.1093/geronb/62.2.S120>.

⁷¹ Ibid. Fisher et al., "No Place Like Home: Older Adults and Their Housing."

The ability to build equity puts homeowners far ahead of renters in terms of overall wealth. Even when their incomes are similar, older adult homeowners have far greater wealth than older adult renters. According to the U.S. Census Bureau, home equity and retirement accounts accounted for 68% of an older adult's wealth in 2017.

Interestingly, however, older homeowners with mortgages are more likely to be cost-burdened.⁷² According to the Joint Center for Housing Studies of Harvard University, the number of older adult households age 80 and over in the United States is projected to reach 10 million by 2038. Single-person older adult households are more likely to report difficulties with self-care, independent living, and mobility.⁷³

Single older adult households have lower median incomes than their married counterparts and single people 80 and over are more than twice as likely to face cost burdens as married couples the same age.⁷⁴ Older adults make up 24% of households in Riverside and San Bernardino counties combined. 35% of older adult homeowners are cost-burdened, compared to 67% of older adult renters.⁷⁵ Older adult renters are more likely to be cost-burdened because they tend to have lower incomes than the overall population. More specifically, Black older renters are most likely to struggle with rent affordability. The adjacent graph illustrates the percent of cost-burdened and severely cost-burdened (paying more than 50% of their income for housing) older adults in California.⁷⁶



In California, 57% of renters 62 and older are cost-burdened, and 33% are severely cost-burdened. For adults 75 and older, 60% are cost-burdened and 38% are severely cost-burdened. As older renters age, they face the likelihood that they have depleted their savings or lost a spouse; therefore, renters ages 75 and over face higher cost burdens than those 65 and older.⁷⁷

Given California's increasing cost of living, older adults are being forced to choose between paying rent, eating, or purchasing medications. This has led to an increase in older adult homelessness. Nearly half of those experiencing homelessness in the United States are 50 years and over. The age of 50 is the new marker for identifying older adults on the streets since they are not old enough to qualify for Medicare or Social Security; this makes them even more vulnerable than adults who can qualify for older adult services. Sadly, many 50+ homeless older adults do not make it to the age of 65 since their chronic conditions and cognitive functioning worsen when living on the streets. For many homeless older adults, their first time living on the street happens after the age of 50.⁷⁸

⁷² Scheckler, Samara. "Do Older Homeowners with Mortgages Cut Back on Health Spending?" Joint Center for Housing Studies of Harvard University, November 2021, accessed December 2021, <https://www.jchs.harvard.edu/blog/do-older-homeowners-mortgages-cut-back-health-spending>.

⁷³ Molinsky, Jennifer. "The number of people living alone in their 80s and 90s is set to soar," Joint Center for Housing Studies of Harvard University, March 2020, accessed December 2021, <https://www.jchs.harvard.edu/blog/the-number-of-people-living-alone-in-their-80s-and-90s-is-set-to-soar>.

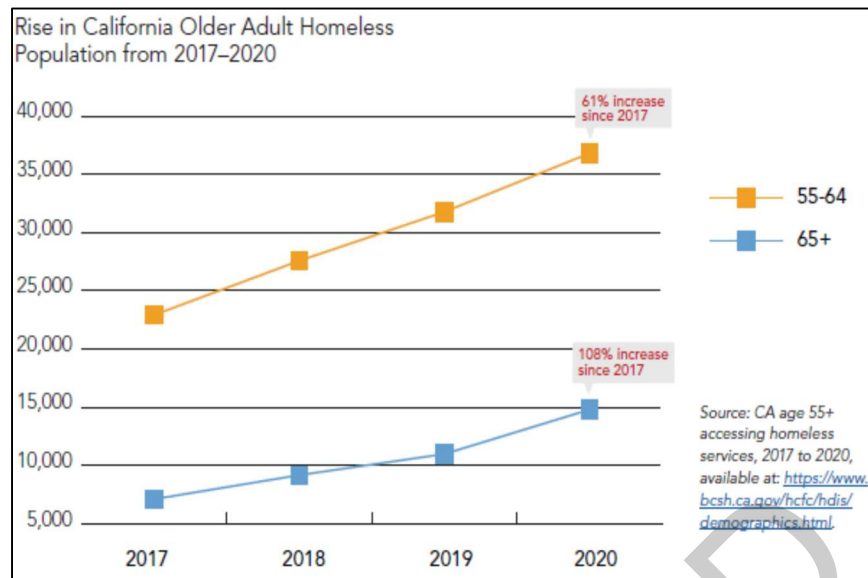
⁷⁴ Ibid. Molinsky. "The number of people living alone."

⁷⁵ Joint Center for Housing Studies of Harvard University, "Cost Burdens Among Older Adults Are at an All-Time High," Harvard University, accessed November 2021. <https://www.jchs.harvard.edu/cost-burdens-among-older-adults-are-all-time-high>

⁷⁶ Justice in Aging, "Fact Sheet: California's Older Low-Income Renters Face Unaffordable Rents, Driving Housing Instability & Homelessness," Justice in Aging, July 2021, accessed December 2021, <https://justiceinaging.org/wp-content/uploads/2021/07/CA-Older-Renters-Fact-Sheet.pdf>.

⁷⁷ Ibid. Justice in Aging, "Fact Sheet."

⁷⁸ National Health Care for the Homeless Council, "Profiles Bridging health and housing," November 2017, accessed November 2021. <https://nhchc.org>.



The graph above depicts the rise in the California older adult population experiencing homelessness from 2017 to 2020. California saw a 61% increase in older adult homelessness amongst the 55-64 age group, compared 108% amongst adults ages 65 and older. Given the upward trend during that period, older adult homelessness is expected to increase moving forward.

Grandparents Raising Grandchildren

Another factor when examining older adult cost-burdens is relative caregiving. According to Generations United 2021 State of Grandfamilies, 2.7 million children lived with grandparents in 2021; 990,000 of them had their grandparents as sole guardian who met their basic needs.⁷⁹ Even though Black American individuals represent just 14% of the U.S. population, they make up nearly 25% of all children in households where a grandparent is the sole caregiver.⁸⁰

According to the U.S. Census Bureau, states with higher rates of opioid prescribing also have higher rates of grandparents raising grandchildren and has contributed to the increase of kinship families and “grand-families”, especially amongst White Americans,⁸¹ but disparities exist among grand-families according to their community, state, tribe, racial/ethnic group, and other family and personal characteristics.⁸²

The average licensed foster care parent received \$511 in monthly maintenance in 2011. A grandparent, however, only received \$249 from the TANF child-only grant. Generations United’s data shows that 46% of grandparents have raised grandchildren for five years or more; 25% have a disability, and 17% live below the poverty line.

T. Healthcare and Caregiver Support

California’s Healthcare Workforce Crisis

As demand grows for quality health care and supportive services, California does not have enough of the right type of health workers, with the right skills, in the right places, to meet the needs of the state’s growing and increasingly diverse population. In 2016, California had over 80,000 licensed behavioral health professionals, but these professionals were unevenly spread across the state and did not reflect the racial/ethnic diversity of the state’s

⁷⁹ Generations United, “State of Grandfamilies: 2021,” Generations United, December 2021, accessed December 2021, <https://www.gu.org/resources/state-of-grandfamilies-report-2021/>.

⁸⁰ Ibid. Generations United, “State of Grandfamilies.”

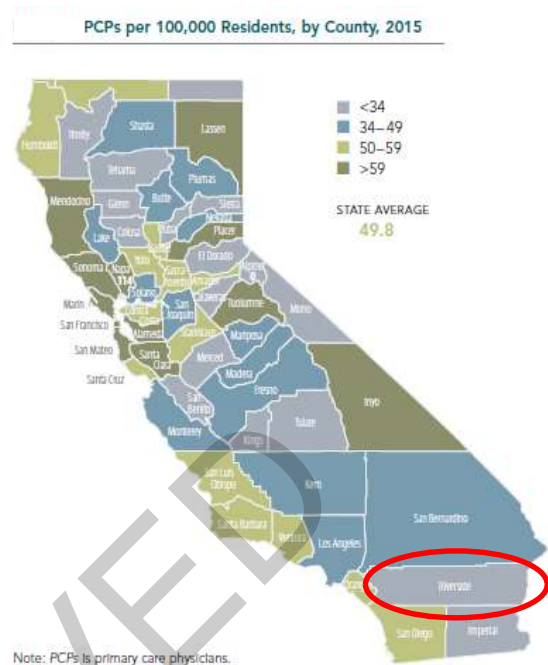
⁸¹ Ibid. Generations United, “State of Grandfamilies.”

⁸² Ibid. Generations United, “State of Grandfamilies.”

population.⁸³

According to the California Health Care Foundation (CHCF), only 5% of doctors identified as Latino, a group that constitutes 38% of California's general population.⁸⁴ The geographic maldistribution of physicians is most likely due to the aggregation of physicians in more affluent urban and suburban areas, leaving large populations, especially members of minority groups and rural residents, underserved.⁸⁵ According to CHCF, the Inland Empire and San Joaquin Valley regions have half as many physicians per 100,000 residents as the Greater Bay Area. Approximately 647,897 people in Riverside County live in an area that has a shortage of primary care providers.⁸⁶

Data also shows that a large proportion of healthcare workers will reach retirement age within the next 10 years, exacerbating the healthcare workforce crisis. There will be fewer physicians able to serve the growing older adult population.⁸⁷ The adjacent figure shows the amount of Primary Care Physicians (PCP) in California per 100,000 residents, by County, in 2015. Riverside County falls in the lowest tier, with 31 PCP's per 100,000 residents.⁸⁸



Homecare Workforce Crisis

Not only is California headed toward a shortfall of primary care providers, but there will also face a shortage of homecare workers. In 2020, the Bureau of Labor Statistics estimated job losses of 342,000 in the nation's direct care workforce—including nursing home and other residential and home care staff. Typically, employment in these categories rises each year.⁸⁹ Workforce losses were partly due to layoffs, people resigning because of health problems or fears related to the COVID-19 pandemic, and lack of childcare.⁹⁰

In 2018, the nation's estimated 4.6 million home care aides—most of who were women of color and about one-third immigrants—earned a median of \$12 an hour or \$17,200 annually. Very few received benefits and because their earnings were so low, more than half had to rely on food stamps, Medicaid, or other public assistance.^{91,92}

According to Paraprofessional Healthcare Institute (PHI), median wages for home health aides in 2018 were only \$12.27 an hour, pushing many potential workers to take more competitive entry-level positions in retail, fast-food,

⁸³ Timothy Bates, Coffman, Janet; Geyn, Igor; and Spetz, Joanne "California's Current and Future Behavioral Health Workforce," California Healthcare Foundation, February 2018, accessed January 2021, <https://www.chcf.org/publication/californias-current-future-behavioral-health-workforce/>.

⁸⁴ Coffman, Janet; Fix, Margaret; and Ko, Michelle. "California's Physician Supply and Distribution: Headed for a Drought?" California Health Care Foundation, June 2018, accessed January 2021, <https://www.chcf.org/publication/californias-physicians-headed-drought/>.

⁸⁵ Dorsey, E. Ray; Dorsey, E. Richard; and Dorsey, John A. "Higher Pay," AMA Journal of Ethics, 2009, accessed January 2022, <https://journalofethics.ama-assn.org/article/higher-pay/2009-05>.

⁸⁶ California Health Care Foundation, "Shortchanged: Health Workforce Gaps in California, Region by Region Maps," July 2020, accessed January 2022, <https://www.chcf.org/publication/shortchanged-health-workforce-gaps-california/>.

⁸⁷ Ibid. Bates et al, "California's Current and Future Behavioral Health Workforce."

⁸⁸ Coffman, Janet M.; Fix, Margaret; and Lee, Phillip R. Healthforce Center California Physician Supply and Distribution: Headed for a Drought?" Institute for Health Policy Studies, June 2018, accessed January 2022, <https://www.chcf.org/wp-content/uploads/2018/06/CAPhysicianSupply2018.pdf>.

⁸⁹ Span, Paula. "For Older Adults, Home Care Has Become Harder to Find," The New York Times, July 2021, accessed January 2022, <https://www.nytimes.com/2021/07/24/health/coronavirus-elderly-home-care.html>.

⁹⁰ Ibid. Span. "Home Care Has Become Harder to Find."

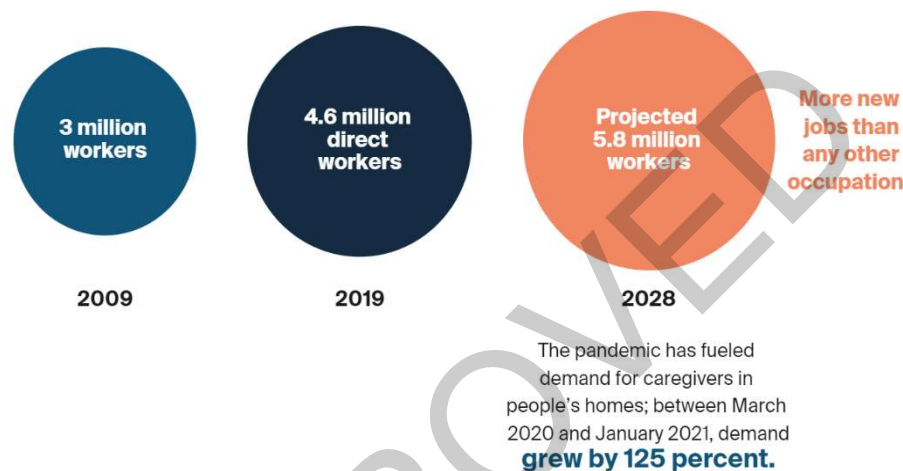
⁹¹ Ibid. Span. "Home Care Has Become Harder to Find."

⁹² Bernhardt, Annette and Thompson, Sarah. "California's Homecare Crisis: Raising Wages is Key to the Solution," UC Berkley Labor Center, November 2017, accessed January 2022, <https://laborcenter.berkeley.edu/pdf/2017/Californias-Homecare-Crisis.pdf>.

or other fields where the work is much less demanding. Adjusted for inflation, these wages have remained stagnant since 2008, when the median wage was \$12.24. This is in large part because payment for direct care workers is mainly determined by states through their Medicaid long-term services and supports (LTSS).⁹³

The following figure illustrates the direct care workforce employment numbers for 2009 and 2019, as well as the projection for 2028.⁹⁴ From 2009 to 2019, the workforce grew by half, from 3 million to almost 5 million. The long-term care sector is projected to grow to 6 million, which means is more new jobs than any other occupation in the U.S. economy. The COVID-19 pandemic has also given rise to the demand for home care workers. PHI estimates that between March 2020 and January 2021, the demand grew by 125%.⁹⁵

Direct Care Workforce Employment (2009, 2019) and Projections (2028)



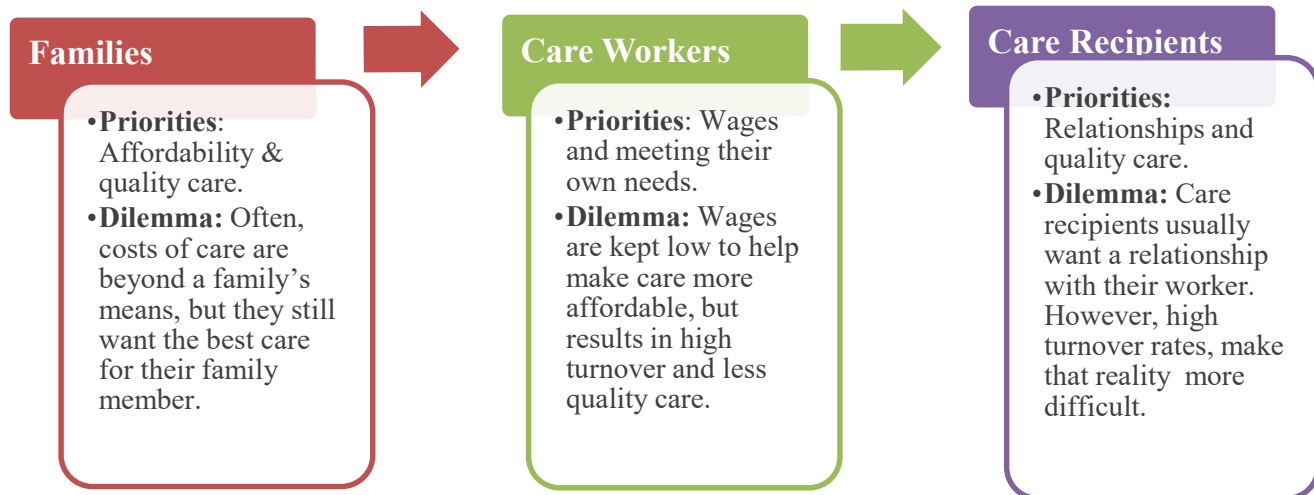
According to PHI, direct care workers' median wage in California in 2019 was \$1.11 less than the median wage for occupations with *lower* entry-level requirements. However, when comparing direct care median wage with that of other occupations with *similar* entry-level requirements, direct care workers made \$3.86 less. Given that direct care workers do not have competitive wages, workers find it easier to work in similar-paying lower-stress jobs, resulting in high turnover rates. Although 75% of seniors say they would prefer to age in place, the high turnover rate of homecare workers makes that more difficult. The figure on the following page outlines the key concerns of each group in the adult care continuum including families, care workers, and care recipients.⁹⁶ While families desire the highest quality care, such costs are typically beyond their means.

⁹³ Campbell, Stephen; Del Rio Drake, Angelina; Espinoza, Robert; and Scales, Kezia. "Caring for the Future: The Power and Potential of America's Direct Care Workforce (Executive Summary)," PHI, January 2021, accessed January 2022, <http://www.phinational.org/caringforthefuture/#:~:text=care%20they%20need,-Caring%20for%20the%20Future%3A%20The%20Power%20and%20Potential%20of%20America's,the%20long%2Dterm%20care%20system>

⁹⁴ Ibid. Campbell et al. "Caring for the Future."

⁹⁵ Ibid. Campbell et al. "Caring for the Future."

⁹⁶ Austin, Lea; Bernhardt, Annette; Jacobs, Ken; Thomason, Sarah; and Whitebook, Marcy. "At the Wage Floor: Covering Homecare and Early Care and Education Workers in the New Generation of Minimum Wage Laws," UC Berkeley Labor Center for Labor Research and Education, May 2018, accessed January 2022, <https://laborcenter.berkeley.edu/at-the-wage-floor/>



U. Health and Wellness

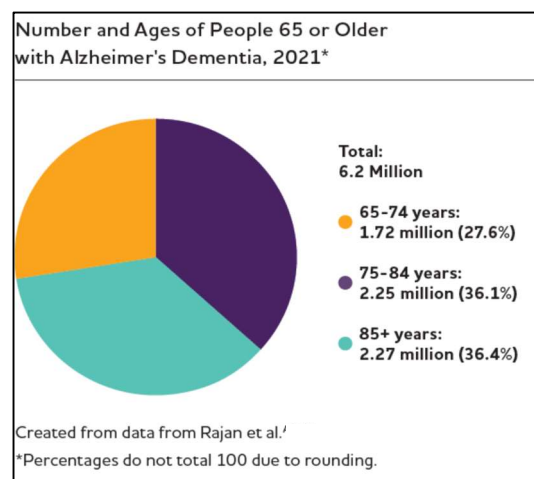
According to the California Department of Public Health, Riverside County ranks in the top half of counties in California for deaths involving coronary heart disease and Alzheimer's Disease. The following table details the top five (5) causes of death in Riverside County from 2015-2017, the years of most updated information.⁹⁷ The following sub-sections highlight the top two health issues negatively affecting older adults in Riverside County, including Alzheimer's Disease and falls, as well as the COVID-19 pandemic's impact on older adults.

<i>Cause of Death</i>	<i>Avg. Deaths, 2015-2017</i>
<i>All Cancers</i>	3,676
<i>Coronary Heart Disease</i>	2,796
<i>Chronic Lower Respiratory Disease</i>	1,053
<i>Alzheimer's Disease</i>	1,003
<i>Accidents (Unintentional Injuries)</i>	921

Alzheimer's Disease

According to Alzheimer's Association, in 2021, an estimated 6.2 million Americans 65 and older are living with Alzheimer's dementia. By 2050, that number is projected to reach almost 13 million.⁹⁸ Of the total number of people living with Alzheimer's Dementia, approximately 28% are adults ages 65-74 and 73% are age 75 and older. Although there are more Whites living with Alzheimer's and other dementias than any other racial or ethnic group in the U.S., older Black and Hispanic Americans are disproportionately more likely than older White Americans to have Alzheimer's or other dementias.⁹⁹

The number of people with Alzheimer's in California is projected to increase from 690,000 in 2020, to 840,000 by 2050 – a 22% increase.¹⁰⁰ One in six Californians over the age of 65 will develop Alzheimer's, and one in five will develop



⁹⁷ Center for Health Statistics and Informatics, "Riverside County's Health Status Profile for 2019," California Department of Public Health, 2019, accessed January 2022, https://www.cdph.ca.gov/Programs/CHSI/CDPH%20Document%20Library/ICS_RIVERSIDE2019.pdf.

⁹⁸ Alzheimer's Association Public Policy Office, "2021 Alzheimer's Disease Facts and Figures," Alzheimer's Association, 2021, accessed January 2022, <https://www.alz.org/media/Documents/alzheimers-facts-and-figures.pdf>.

⁹⁹ Ibid. Alzheimer's Association Public Policy Office, "2021 Alzheimer's Disease Facts and Figures"

¹⁰⁰ Ibid. Alzheimer's Association Public Policy Office, "2021 Alzheimer's Disease Facts and Figures"

dementia. Californians who identify as lesbian, gay, or bisexual living with Alzheimer's will more than double, growing to 74,522 in 2040. The number of deaths in California due to Alzheimer's Disease in 2019 was 16,859, which represents a 43% mortality rate.¹⁰¹

Of California's largest counties, Riverside County will see an 141% increase of people living with Alzheimer's by 2040.¹⁰² To put this data into perspective, California is expected to see a population increase of 16% by 2040.

Alzheimer's Caregiving & Costs

California has the highest number of caregivers for those who have Alzheimer's disease in the country. In 2020, more than 1.6 million Californians provided unpaid care for a person living with Alzheimer's, amounting to 1,849 million hours of care valued at over \$24 billion.¹⁰³ Most unpaid caregivers—60% of whom are female—provide 20 or more hours of care per week to a friend or family member living with Alzheimer's. Total unpaid care costs were estimated at \$47 billion in 2008 and are projected to exceed \$103.8 billion by 2040.¹⁰⁴

Fall Prevention

According to the Center for Disease Control (CDC), falls are the leading cause of injury-related death among persons aged 65 and above.¹⁰⁵ In 2019, there were approximately 34,000 deaths in the U.S. among adults 65 years who fell. Each year, 3 million older adults are treated in emergency departments for fall-related injuries, costing \$50 billion in medical costs annually.¹⁰⁶

In 2018, one in four older adults reported falling, equaling 36 million falls amongst older adults. Many falls do not cause injuries, but one in five do cause a serious injury such as a broken bone or head injury.¹⁰⁷ Falls amongst older adults are projected to increase from 52 million people in 2018 to 73 million people by 2030.

¹⁰¹ Ibid. Alzheimer's Association Public Policy Office, "2021 Alzheimer's Disease Facts and Figures"

¹⁰² Boesch, Janelle. "Number of Californians Living with Alzheimer's Projected to Double by 2040," Alzheimer's Association, October 2021, accessed January 2022, https://www.alz.org/media/cacentral/CA-Facts-and-Figures_StatewideRelease_1.pdf.

¹⁰³ Ibid. Boesch, "Number of Californians Living with Alzheimer's."

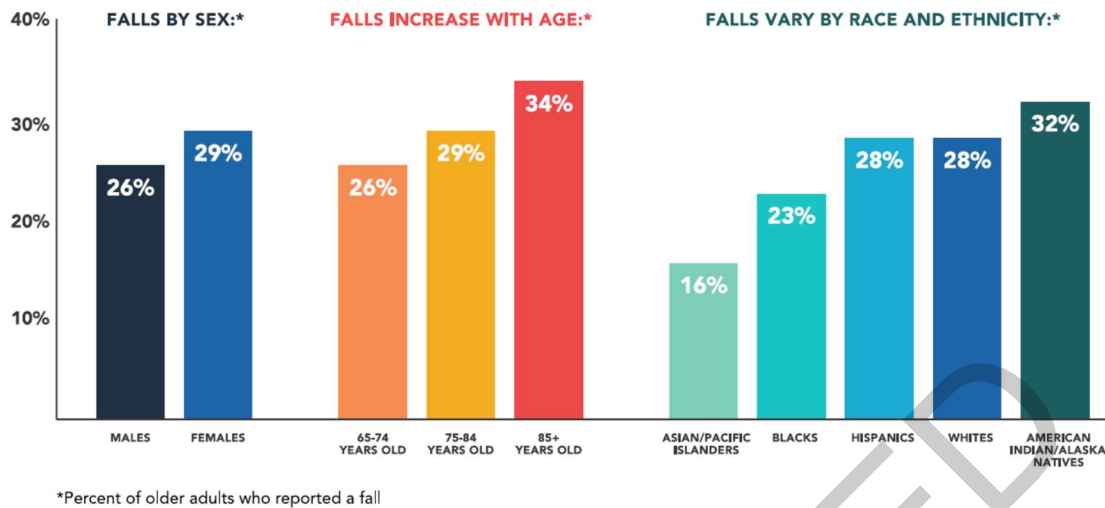
¹⁰⁴ Ibid. Boesch, "Number of Californians Living with Alzheimer's."

¹⁰⁵ Burns, Elizabeth and Kakara, Ramakrishna. "Deaths from Falls Among Persons Aged ≥65 Years — United States, 2007–2016," Morbidity and Mortality Weekly Report (MMWR), Centers for Disease Control, May 2018, accessed January 2022, <http://dx.doi.org/10.15585/mmwr.mm6718a1>.

¹⁰⁶ Ibid. Burns and Kakara, "Deaths from Falls Among Persons Aged ≥65 Years — United States, 2007–2016."

¹⁰⁷ Centers for Disease Control, "Older Adult Fall Prevention," Centers for Disease Control, reviewed August 2021, accessed January 2022, <https://www.cdc.gov/falls/facts.html>.

Older adults more likely to fall include females, those 85 and older, and American Indian and Alaska Natives. The chart below illustrates the percentages of adults who reported a fall by age, sex, and race.¹⁰⁸



Although falls are common amongst older adults, they are preventable. Fall prevention programs train both providers and older adult clients about fall prevention. The CDC developed the STEADI (Stopping Elderly Accidents, Death & Injuries) initiative to help healthcare providers incorporate fall prevention into routine care for older adults. Programs such as STEADI can reduce fall rates from between 30% to 55%, which can save up to \$530 in direct medical costs per participant.

Novel Coronavirus Disease 2019 (COVID-19)

In March 2020, COVID-19 impacted the state of California on multiple levels. The national and state-wide response to the COVID-19 outbreak evolved and expanded rapidly over several days, resulting in senior center closures and warnings for those over age 65 and the immunocompromised to self-isolate immediately to avoid exposure to the virus.

On March 16, 2020, a state-wide shelter-in-place order was issued by the Governor of California, leaving older adults and persons with disabilities isolated and vulnerable. Many were unable to secure basic necessities in their local communities due to food and commodity shortages.

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

- Congregate meals were immediately shifted to “Grab and Go” sites across the county.
- Home-delivered meals increased three times (3x) in just a few weeks.
- Over 6,000 pantry boxes filled with two weeks of non-perishable, paper products were delivered.
- Fresh fruit and vegetables were added to the pantry boxes through a partnership with local growers.
- Over 600 ‘patch meals’ were provided for those who needed immediate food assistance.

¹⁰⁸ Ibid. Centers for Disease Control, “Older Adult Fall Prevention.”

- Approximately 3,500 clients and 80 restaurants participated in the Great Plates Delivered program initiated by the Governor of California for older adults and persons with disabilities.

COVID-19 Infection Update

According to the Center for Disease Control (CDC), from January 3, 2022, to January 9, 2022, unvaccinated people were four times more likely to get COVID-19 than fully vaccinated people.¹⁰⁹ As of January 15, 2023, California had 10 million cases of COVID-19, resulting in 98,800 deaths. From March, 2022, to January 15, 2023, Riverside County has 727,487 cases, 6,788 of which resulted in death.¹¹⁰

The distribution of confirmed COVID-19 cases reveals significant disparities with California's overall racial and ethnic demographics, with Latino and Native Hawaiian and Pacific Islander groups having a disproportionate number of cases relative to their population in the state.¹¹¹ Latino people comprise 39% of the total California population and account for 49% of confirmed COVID-19 cases. American Indian and Alaska Native account for 0.4% of confirmed cases and 0.5% of the total California population.¹¹²

Riverside County Vaccination Status

Out of 2.4 million people residing in Riverside County, approximately 1.6 million (68.4%) have received at least one dose against COVID-19 and 1.4 million (53%) have been fully vaccinated. Adults ages 65 and older make up 95% of the population who have received at least one dose and 87.3% who are fully vaccinated.¹¹³

Riverside County 2021 Vaccine Registration Effort

In January 2021, the Riverside County Office on Aging established an interdepartmental COVID Vaccine call center to assist seniors and adults with disabilities to navigate an initially complex vaccine registration process. The goal of this Aging and Disability partnership was to assist with access to vaccination. This effort was led by Riverside University Health System (RUHS) - Public Health Department, with Riverside County Office on Aging (PSA 21) acting as lead coordinator for key stakeholder partnerships.

This collaboration included the Department of Public Social Services (DPSS) and grew to include over 400 county staff (including staffing and other logistical resources from Adult Protective Services, In-Home Supportive Services, Public Authority, and Self-Sufficiency). In addition, community partners included 2-1-1, Inland Empire Health Plan (IEHP), and Community Access Center.

The immediate challenges addressed were:

- The digital divide resulting from a web-based registration process.
- Press announcements that were primarily digital or through social media.
- A registration system that was challenging for seniors to navigate without internet access.
- A massive influx of calls to county call centers seeking vaccine information and hands-on assistance with vaccine registration.

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

¹⁰⁹ California for All, "Tracking COVID-19 in California," State of California, Updated January 2022, accessed January 2022, <https://covid19.ca.gov/state-dashboard/#postvax-status>.

¹¹⁰ Ibid. California for All, "Tracking COVID-19 in California."

¹¹¹ Ibid. California for All, "Tracking COVID-19 in California."

¹¹² Ibid. California for All, "Tracking COVID-19 in California."

¹¹³ Centers for Disease Control and Prevention, "COVID Data Tracker," updated daily in 2022, accessed January 2022, https://covid.cdc.gov/covid-data-tracker/#county-view?list_select_state=California&data-type=Risk&list_select_county=6065.

As further supplement to this effort, RCOoA led the partnership in several outreach efforts to targeted high-risk client populations and geographic areas. A multi-media approach (including robocalls, text messages, and distribution of flyers and other materials) was utilized to quickly capitalize on vaccine appointments as they became available, with focused outreach to those who did not have access to the internet to register. Between October 2020 and March 2021, this effort received 160,790 incoming calls, made contact with 55,419 clients, and made 20,282 vaccine registration appointments for older adults and individuals with disabilities across Riverside County.

COVID-19 Booster Vaccine, a Continued Effort

RCOoA collaborated with County Public Health to reach over 110,000 seniors who are 65 years and older to receive a booster shot at least 6 months after their second dose of the Pfizer-BioNTech vaccine. As of January 2023, approximately 749,983 boosters have been administered to the Riverside County population. 61.6% of the fully vaccinated population have received a booster dose; that number increases to 87.4% for those 65 and older who are fully vaccinated, totaling 319,821.¹¹⁴ As the pandemic continued, services shifted permanently to account for social distancing and other preventative measures, which will continue into the future. RCOoA is committed to working with the aging network to rethink the provision of services; to integrate technology, with education and training, into the daily operations; and to provide alternative services in place of traditional, in-person services to older adults and people with disabilities throughout Riverside County.

Programs and Services Provided

The Riverside County Office on Aging 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, community partners, and the Advisory Council on Aging. Program information is provided through the agency's Information Vans, which are available at events and activities in the community, and through direct calls to the HelpLink call center hotline. The following is a brief summary of services and programs offered by RCOoA.

- 1) **Care Coordination:** These services offer frail and vulnerable older adults, persons with disabilities, and their caregivers an alternative to more costly institutional and nursing home care by offering a variety of options for home-based care. Trained social workers and public health nurses conduct comprehensive in-home evaluations and provide links to critical services including homemaker (*assorted housecleaning duties, cooking, etc.*), personal care (*bathing, eating, medication management, etc.*), emergency aid (*utility bills, home repairs, durable equipment such as wheelchairs, etc.*) and respite, training, and support groups for caregivers. Care coordination programs also assist older adults with care transitions from hospital to home and reduce the rate of costly readmissions. Specific programs include:
 - **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 of 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 services. RCOoA will seek to increase consumer access to local resources through integrated partnerships and promote 'No Wrong Door' service provisions. To achieve this goal, Simpler Consulting was contracted to work with County stakeholders to examine current

¹¹⁴ Ibid. Centers for Disease Control and Prevention, "COVID Data Tracker."

processes and develop potential solutions toward building an ideal integrated service delivery model.

- *Multipurpose Senior Services Program (MSSP)*: MSSP is a Medi-Cal waiver program that provides long-term case management to eligible adults over age 65 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. MSSP continues to be an integral part of the agency's case management continuum of care and has provided rich experience for the agency to become a California Advancing and Innovating Medi-Cal (CalAIM) Enhanced Care Management provider.
- *CareLink and Healthy IDEAS*: CareLink and Healthy IDEAS are case management services for older adults and disabled adults who do not reside in an assisted living or long-term care facility. Individuals are eligible for CareLink if they are determined to be at risk of institutionalization and not receiving case management from another organization. CareLink recipients receive short-term case management, typically three to nine months, with regular home visits and material aid assistance, if needed. CareLink recipients are screened for Healthy IDEAS at the time of their enrollment. Healthy IDEAS (*Identifying Depression, Empowering Activities for Seniors*) is an evidence-based program that integrates depression awareness and management into RCOoA's CareLink program and ensures older adults get the help they need to manage symptoms of depression and live full lives. Case managers provide education on depression, explore treatment options, and focus on increasing behaviors that lead to positive outcomes. These services are provided directly by RCOoA.
- *Access*: Access is a Title IIIB funded program which provides short-term case management for adults over age 60 who reside in their own home, regardless of income level, immigration status, and Medi-Cal eligibility. Clients are eligible for services if case management is required in three or more areas of need, and they are not receiving case management services from another organization. Designed to be a gap filler by avoiding duplication of service, Access aims to prevent premature or unnecessary institutionalization of frail, at-risk, elderly, and functionally impaired adults by providing comprehensive care management and information. To maximize the impact of available resources, case managers incorporate their client's informal support system and identify appropriate community programs before utilizing County-funded services. This service is provided directly by RCOoA.
- *Assistance at Home*: Assistance at Home provides referrals to support services that assist individuals not enrolled in In Home Supportive Services (IHSS), to remain independent in their homes. Services may include shopping, cooking, cleaning, bathing, and other services in the home. Services are available throughout the PSA and are provided by various vendors, depending on the service.
- *Family Caregiver Support Programs (FCSP)*: FCSP programs provide support and resources to caregivers, making it possible for them to provide vital care services to their loved ones. To qualify for services, the care recipient must be over age 60 and the caregiver must be over age 18. Services include advocacy, care management, education, counseling, care assistance, respite services, in-home assistance and supplemental services. The Care Pathways program provides training and 12 weekly support groups for caregivers, Care management services are provided directly by the AAA; Care Pathways support group sessions are conducted by RCOoA staff and are conducted at various community locations throughout the PSA. In response to the COVID-19 pandemic, the Care Pathways program and support groups have been modified to integrate virtual and online program options.
- *Grandparents Raising Grandchildren (GRG) Program*: GRG is a unique program that provides assessment, advocacy, case management and other links to critical services for grandparents over 55 who are (formally and informally) raising their grandchildren up to age 18. The case management program has no income requirements. The GRG program has been used as a model program for AAAs throughout the United States.

Case management services are provided directly by RCOoA.

- *Holistic Assessment, Resources, and Transitions for Seniors (HARTS) Program:* The HARTS program provides hospital discharge planning, short- and long-term medical case management, and professional nursing services to older and vulnerable adult clients referred from the Department of Public Social Services' Adult Protective Services (DPSS APS) or In-Home Supportive Services (IHSS). 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.
- *Hospital Liaison Program:* Via the evidence-based Care Transitions Intervention (CTI) program, social workers from RCOoA are embedded in the Riverside University Health System (RUHS) County Hospital to partner with hospital social workers and discharge planners to assist older adult patients who are returning home after an acute care admission, with issues related to that transition. The CTI program helps both patients avoid repeat hospitalizations and unnecessary institutionalization. This service is provided directly by RCOoA staff. This program is funded through a partnership with RUHS.
- *Senior Homelessness Integrated Partnerships (SHIP) Program:* RCOoA's SHIP program is delivered in partnership with several County departments: Riverside University Health Systems – Behavioral Health, Department of Public Social Services - Adult Protective Services, and the Riverside County Housing Authority. Through this program, homeless adults (age 55 and older) are engaged and assessed for immediate risk and case severity. Any immediate issues are addressed by RUHS-Behavioral Health and Adult Protective Services; once stabilized, clients are referred to RCOoA for ongoing case management, including referral to Section 8 expedited housing, Project RoomKey, or other available housing placement resources. Acting as the primary case management resource, RCOoA ensures ongoing support, which guarantees that needed services are continuing, housing placement occurs, and any issues that partners and clients may face are being addressed. This program is funded through a partnership with Housing, Homelessness Prevention, and Workforce Solutions.
- *Access to Technology (ATT) Program:* In alignment with the California Master Plan for Aging's goal to close the digital divide, RCOoA's Access to Technology (ATT) program utilizes funding from the California Department of Aging (CDA) to provide older and disabled adults with digital devices and access to affordable internet plans. The goal of the program is to improve client's access to community resources, increase social connections and communication, and build self-confidence using new technology. RCOoA will offer digital devices including laptops, tablets, and smart home monitors, Wi-Fi hotspots, and technical training to introduce basic functions, common apps, and accessing web-based support services.
- *Career Pathways Program:* As part of a statewide effort to grow and educate the direct care provider workforce, RCOoA has partnered with the Riverside County Public Authority (PA) to train In-Home Supportive Services (IHSS) providers, consumers, and applicants with a goal of increasing the quality of care for recipients. RCOoA's training program builds care provider knowledge and skills to manage IHSS recipients, promote meaningful communication between recipients and providers, and improve care outcomes. RCOoA trainers deliver a robust curriculum that emphasizes equity, identifying cultural differences, and treating recipients with dignity. Training courses include Caregiver Basics, Older Adult Sensitivity Training, Caregiver Stress and Burnout, and Living with Dementia.

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

- **HelpLink Information and Assistance (I&A) Call Center:** HelpLink is the entry point for consumers who need information and/or referrals to in-house, other county, and/or community-based services and programs through the main 800 number for Riverside County (1-877-932-4100). Consumers can speak with trained and certified I&A Specialists who understand available programs and eligibility requirements, and current availability. I&A Specialists are also qualified to perform comprehensive assessments for those consumers who require more comprehensive case management services. These services are provided countywide by RCOoA staff.
- **Network of Care:** RCOoA oversees and maintains the Network of Care website, a comprehensive, internet-based resource for older adults, people with disabilities, their caregivers, and other service providers. Users can receive assistance with medications, search for services, use the health library, search for assistive devices, link to city, county, state and federal governments, track legislation and give feedback to legislators, complete and print a personalized emergency care card, use a password protected personal folder to keep track of medical information and store personal medical information to share with providers who use the system. The Network of Care website is maintained by RCOoA staff and can be accessed from anywhere in the PSA.
- **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:** Through a contracted provider, RCOoA offers the Health Insurance Counseling and Advocacy Program (HICAP) that provides free information and assistance with Medicare, managed care, long-term care insurance and other related health insurance issues. Trained volunteer counselors offer educational presentations and objective information to help older adults and other Medicare beneficiaries. Services are provided throughout the County.
- **Long-Term Care Ombudsman Program:** Through a contracted provider, RCOoA offers Ombudsman services to assist older adults with their effort to seek resolution to problems and to advocate for the rights of residents in long term care facilities. Services are provided throughout the PSA.
- **Elder Abuse Prevention Education:** RCOoA provides ongoing public education and training sessions to older adults, professionals, and caregivers on elder justice and abuse issues. RCOoA also produces and distributes educational materials and participates in coordinated activities that address elder abuse prevention, investigation, and prosecution, such as the County's World Elder Abuse event held each June. Services and information are provided by RCOoA staff throughout the County.
- **Transportation Access:** The Transportation Access Program provides information on available transportation options and referrals to accessible transportation services. Free bus tickets are offered to qualifying individuals. Services are provided by RCOoA staff and are offered throughout the County.
- **Transportation Reimbursement & Information Program (TRIP):** Through a partnership with the Independent Living Partnership, the Transportation Reimbursement & Information Project (TRIP) provides mileage reimbursement to volunteer drivers, who are identified by an older adult, to assist the older adult

with various errands such as doctor visits, grocery shopping, etc. Services are provided throughout the PSA.

3) **Healthy Lifestyle and Wellness Programs:** RCOoA provides an array of services and programs to assist older adults with maintaining their overall health and wellness as they age. Through a combination of physical fitness programs, congregate and home delivered meals, nutrition education, behavioral health screenings for depression, and activities that promote social engagement and connections with others, RCOoA assists older adults with understanding what a critical role good health plays in the quality of their lives. Specific programs include:

- **Congregate and Home Delivered Meals:** Congregate and home-delivered meals are provided to persons over age 60 (and their spouses). Congregate services are available at over 30 sites throughout Riverside County and provide daily meals to over 6,000 (mostly low income) older adults. The Home Delivered Meal Program serves home bound older adults over age 60, who are at the greatest nutritional risk and who are unable to access the nutrition sites. Meals are provided directly by RCOoA to older adults in Blythe and through contracted providers throughout the rest of the County.
 - **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 ASD to deliver meals to those in need.
- **Health & Nutrition Education:** RCOoA provides quarterly health and nutrition education at all congregate meal sites and along home delivered meal routes in the County through contracted providers and directly to the residents of Blythe. In addition, RCOoA staff provide general nutrition education at events, senior and community centers, and housing communities for older adults. The Nutritionist oversees site menus and trains meal providers about proper food preparation and storage procedures.
 - **Supplemental Nutrition Assistance Program Education (SNAP-Ed):** RCOoA participates in a county-wide SNAP Ed initiative to improve the likelihood that persons eligible for SNAP will make healthy choices within a limited budget and choose active lifestyles. The program offers nutrition classes and information to low-income older adults, who may qualify for the benefit, and encourages them to apply for food assistance. SNAP-Ed is provided by RCOoA staff at designated community sites throughout the County.
 - **Bingocize:** Bingocize is an evidence-based program that will be offered at the City of Blythe Community Center twice a week. The program combines the game of bingo with physical exercise by having participants use resistance bands, walk in place, and gently stretch. The program focuses on improving cardiovascular/cardiorespiratory fitness, muscular strength, flexibility, and balance. Classes will be facilitated by RCOoA staff in the City of Blythe Community Center.
- **Behavioral Health Liaison Program:** Through a partnership with Riverside University Health System – Behavioral Health, counseling staff are imbedded in RCOoA to assist older adults with navigating the behavioral health system and providing pre-depression screenings at community events, health fairs and other community-based locations. Services are provided by Behavioral Health staff and are available throughout the County.

- 4) **Social Engagement and Community Activation:** RCOoA provides specific programs and services designed to encourage social connections and to keep older adults active in their communities through employment, intergenerational activities, and volunteerism.
- **Coachella Valley RSVP Program:** For the past 25 years, RCOoA has sponsored the RSVP Program in the Coachella Valley and Blythe. RSVP is a volunteer program that places adults over the age of 55 in volunteer positions in public sector and community-based agencies allowing them the opportunity to continue contributing their skills and wisdom for the betterment of their communities and overall health and wellness. The program is grant funded by the Corporation for National Community Service. RCOoA staff facilitate the program, which is only available in the eastern part of Riverside County.
- 5) **Advocacy and Coordination:**
- **Aging & Disability Resource Connection (ADRC):** In 2008, the Riverside County Office on Aging received an Aging and Disability Resource Connection (ADRC) designation and is part of a collaborative effort of the U.S. Administration on Aging and the Centers for Medicare and Medicaid Services. The collaboration initiative is designed to streamline access to long-term services and supports by creating a “no wrong door” approach to assisting all individuals, regardless of age, ability or income. ADRC partners work together to help consumers with planning for their current and future long-term care needs and to advocate for consumers and clients. The ADRC is coordinated by RCOoA staff and includes partners from throughout the County.
- 6) **Outreach and Community Education:** RCOoA offers information and education through a variety of innovative programs and services including:
- **InfoVan:** RCOoA staff utilize two general information vans to travel throughout the County to attend community events, visit senior and community centers, and provide information about programs and services available throughout the County for older and disabled adults.
 - **Healthy Lifestyle Van:** The Healthy Lifestyle Van is an Info Van dedicated to health and wellness information. Staffed by RCOoA’s Nutrition Educator, the van also travels throughout the County attending health-related events, visiting senior and community centers, and other places where older adults congregate, to provide information about RCOoA’s health and wellness programs and initiatives.
 - **Planning Services:** The Planning team is responsible for research, legislative analysis, developing and analyzing community assessments, tracking, and evaluating program performance, developing public education information (such as presentations, publications, reports, etc.), and drafting and updating the four-year Riverside County Area Plan on Aging. These activities help to determine the current and future needs of older adults in the county.

2021/2022 Older Americans Act Services Provided:



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

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

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

1-877-932-4100

The specific addresses for the three locations are:

Administrative Office:

3610 Central Ave. 1st Floor

Riverside, CA 92506

(951) 867-3800

Programs Office:

7894 Mission Grove Parkway South

Riverside, CA 92508

East County Office:

44-199 Monroe Street, Suite B

Indio, CA 92201



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

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

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

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

SECTION 4. PLANNING PROCESS / ESTABLISHING PRIORITIES

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

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

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

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

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

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

The strategic goals contained in the 2020-2024 Area Plan have been developed from the following activities and emergent situations:

- **Community Assessments and Focus Groups**, which measured the current and future needs of local communities and various constituencies.
- **Advocacy Efforts**, which raised the visibility of emerging issues and recommended changes in local, state, and national public policies and regulations.
- **Educational Activities**, which addressed emerging issues and brought key stakeholders together to discuss and suggest system changes.
- **Systems Coordination**, which suggested redesigning services to improve customer access and satisfaction.
- **Program Development**, in which new programs will be piloted to address changing and/or emerging needs.
- **COVID-19 Pandemic**, which required the use of innovative technology, outreach, and service provision solutions to shift from traditional, in-person programming to virtual, online, or electronic programming.
- **Integrated Service Delivery Efforts**, which are happening across the human services spectrum at both the state and county level, and which represent significant improvements in the efficient delivery of appropriate services to constituents.

SECTION 5 - NEEDS ASSESSMENT

To inform the development of our original four-year plan, RCOoA conducted a community needs assessment to gauge the needs of older adults, disabled adults, and their caregivers and determine potential service gaps. This process involved analyzing population projections from the U.S. Census and other similar demographic data sources, administering surveys (in person, by phone, and by mail), holding public hearings, conducting focus groups, and reviewing reports, assessments, and current research on issues impacting our client populations. Below is a summary of sources and activities involved in each main component of our community needs assessment for the 2020-2024 Area Plan on Aging:

1. *Demographic Data* – Secondary data was obtained from: the U.S. 2020 Census; the 2019 American Community Surveys; California Department of Finance’s Demographic reporting; U.S. Bureau of Labor Statistics; Public Policy Institute of California; Riverside University Health System; Public Health; California Employment Development Department; California Health Care Foundation; Joint Center for Housing Studies of Harvard University; Health Assessment and Research for Communities; UCLA Williams Institute; and the California Department of Aging.
2. *Review of Existing Data* – RCOoA reviewed existing data compiled by the county, state, national networks, and communities related to aging. RCOoA also reviewed information from the National Council on Aging, AARP, Gay and Lesbian Medical Association, Center for Disease Control, UCLA Health Policy Publications, UC Berkley Health and Policy Publications, the Alzheimer’s Association, and peer reviewed journals.
3. *Focus Groups and Discussions* – Through interactive discussions, surveys conducted throughout the community, and focus groups, the priorities identified on the following pages were discussed with:
 - Senior center directors and staff
 - The LGBTQ+ community
 - Caregivers
 - RCOoA contracted service providers.
4. *Public Hearings and Assessment Surveys* – Information was compiled from surveys completed by Riverside County older adults and care providers. Our surveys focused on individual health, wellness, nutrition, and service needs. Public hearings were held to share outcomes and obtain public feedback and input.

RCOoA also conducted a cultural and linguistic assessment to identify the language needs of the county’s older and disabled adult population and determine what adjustments our agency should make to provide equitable access to services and activities. To better reach and serve the monolingual Spanish speaking population, PSA 21 performs the following: employ fulltime bilingual staff in our call center and every one of our programs or services; translate all program and information materials; translate and make all surveys available in Spanish; develop and add culturally and linguistically appropriate services; and make appropriate referrals.

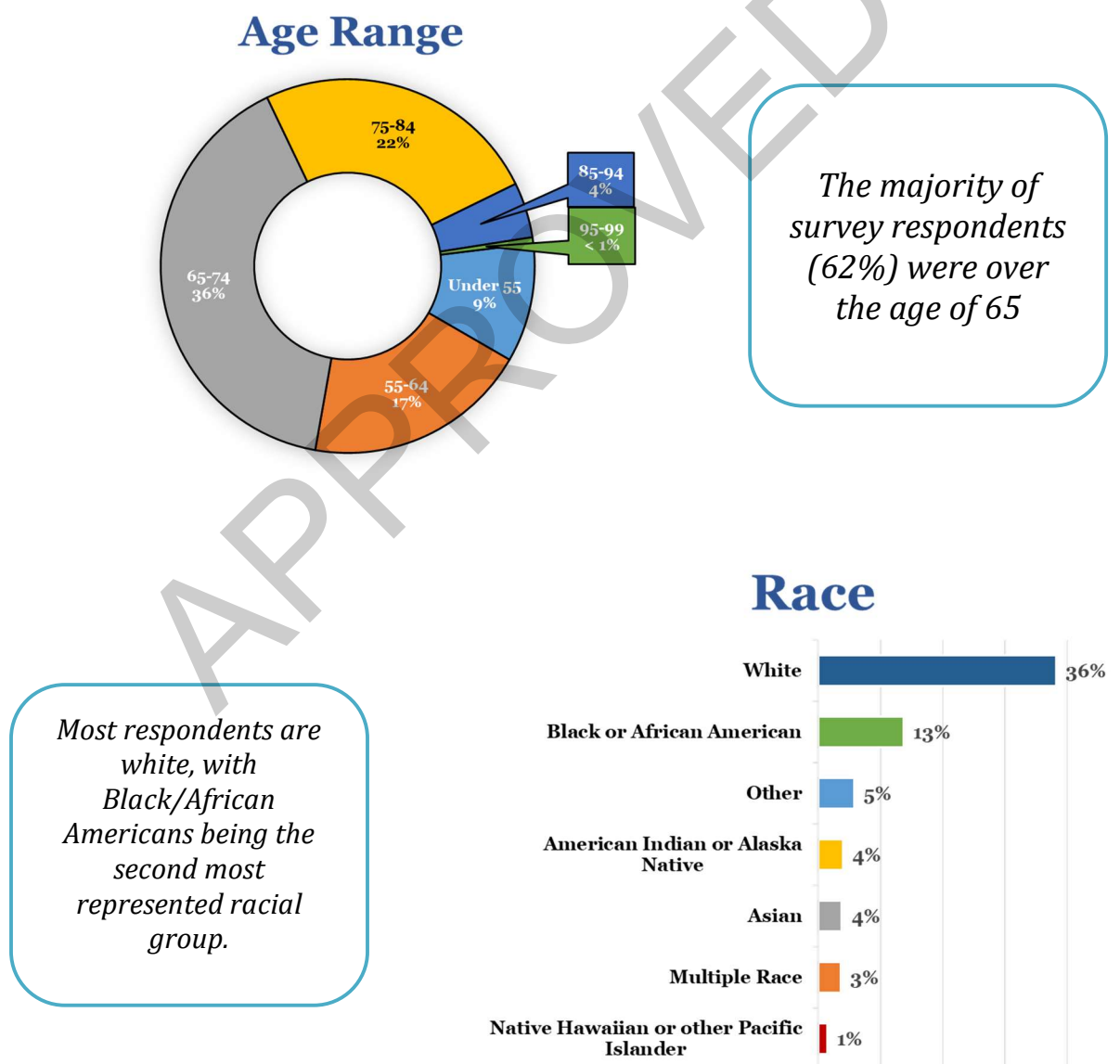
A full summary of the Community Needs Assessment completed to develop the original Area Plan on Aging can be found in previous versions of our Area Plan which are located on our website, www.rcaging.org

A. 2022 Survey Demographic Data

RCOoA collected a total of 1,246 surveys across four primary surveys in 2022. The surveys administered in 2022, along with the individual response totals, are as follows:

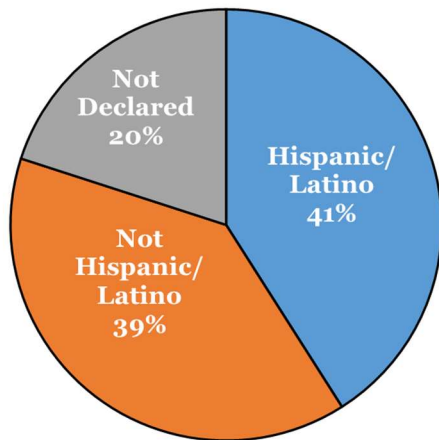
- Community Needs Assessments – **995**
- Health and Nutrition Assessments¹¹⁵ - **69**
- Multipurpose Senior Services Program (MSSP) Satisfaction Surveys – **78**
- Care Pathways Program Satisfaction Surveys – 104

To get a sense of the demographic backgrounds of our survey respondents, the charts below detail compiled data from our two most wide-reaching surveys, our Community Assessment and Health and Nutrition Assessment surveys:



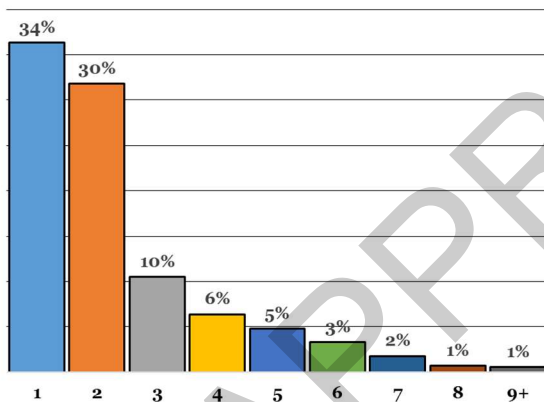
¹¹⁵ Health and Nutrition Assessments collected in 2022 were an updated version of the 2021 Nutrition Assessment but the same demographic questions were asked.

Ethnicity

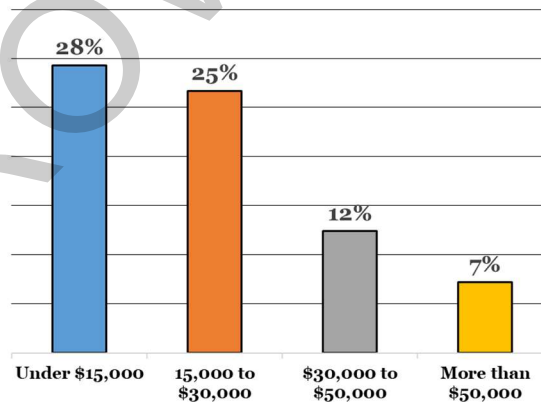


Survey responses were represented by a near even split between Hispanic and Non-Hispanic respondents, at close to 40% each.

Household Size



Household Income



Most surveys were completed by smaller and lower-income households with nearly two-thirds of participants coming from a 1- or 2-person household, and more than 50% of respondents earning less than \$30,000 per year.

B. Community Needs Assessment Survey

Our Community Needs Assessment is a survey that 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 their current perspectives on their lives.

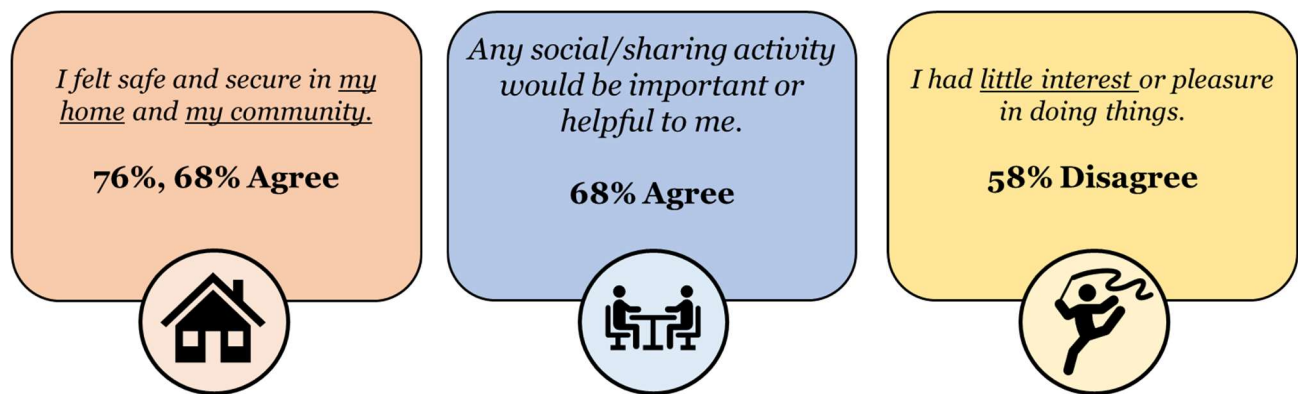
Surveys from three of the four years in this planning cycle included a question asking respondents to indicate if they agreed or disagreed with statements/circumstances to describe their lives in the past six months. A year-by-year comparison of results is shown in the chart below:

STATEMENT	2019		2021		2022	
	AGREE	DISAGREE	AGREE	DISAGREE	AGREE	DISAGREE
I had little interest or pleasure in doing things.	28%	61%	23%	29%	31%	51%
Someone in my life encouraged me to be healthy.	77%	14%	42%	10%	68%	15%
My friends and family gave me positive energy every day.	78%	13%	41%	9%	68%	14%
I had a life event that continues to worry me.	41%	47%	28%	26%	28%	26%
I felt safe and secure in my home.	84%	8%	39%	4%	76%	7%
I felt safe and secure in my community.	76%	14%	42%	8%	68%	13%
I had a utility shut off due to my inability to pay the bill.	14%	73%	9%	29%	13%	65%
I did not have enough money to pay my rent or mortgage.	18%	70%	12%	29%	19%	58%
I had to choose between my basic needs (housing, food, medication) because I did not have enough money to pay for it all.	23%	70%	15%	27%	24%	54%
Any social or sharing activity would be important or helpful to me.	70%	19%	41%	10%	63%	16%
I did not have transportation to get to medical appointments or treatments.	20%	66%	11%	30%	17%	61%

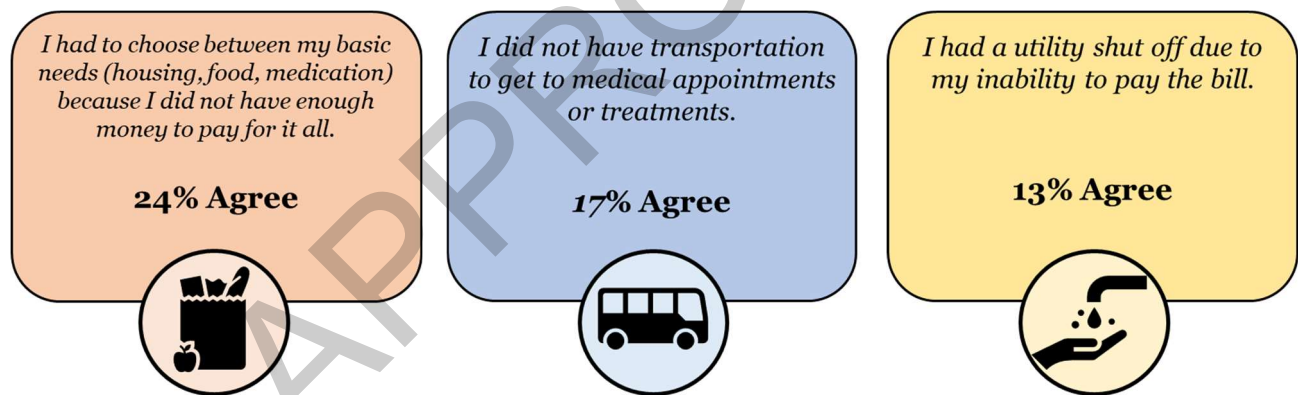
*Surveys were not collected in 2020 due to the COVID-19 Pandemic.

B. Community Needs Assessment Survey (cont.)

Some of the trends that stood out from this question are detailed below:



As a whole, responses to each of the statements featured in this question resembled pre-covid sentiments when comparing results from 2019 with those from surveys collected in 2022. In each of the statements shown in the graphics above, there was an increase in the percentage of respondents agreeing/disagreeing with the statements in 2022 as compared to 2021. People seem to be feeling safer in their communities, they seem to be looking to engage and connect with their peers, friends, and family, and are maintaining positive sentiments. It may be too early to connect this to the transition away from the heavy COVID pandemic periods of 2020 and 2021, but it is a trend RCOoA will monitor as surveys are conducted in 2023.



On the contrary, we noted an increase in the proportion of respondents struggling with meeting or balancing their basic needs. With some of the subsidies and assistance that characterized the pandemic periods ending, it falls on agencies like ours to deliver solutions for those in need. Seeing these types of trends materialize in survey responses provides our agency with some direction on how we should consider expanding existing programs or developing new ones.

B. Community Needs Assessment Survey (cont.)

Our Community Needs Assessment is an essential survey as it gives us an understanding of the needs of two important sets of clients, care recipients and care providers. About 1/5th of individuals indicated that they receive care from another person and Meal Preparation, Housework, and Transportation were the most frequent responses to our question asking about types of assistance received.

Do you receive assistance from someone?

15% - Family Member
6% - Non-Family Member

Top 3 types of assistance:

58% Meal Preparation
52% Housework
50% Transportation



Similarly, about 18% of survey takers indicated they provide care with Meal Preparation, Transportation, Housework as the most provided forms of assistance. These responses are notable as our agency offers several programs to address these three service needs that consistently rank amongst the most requested forms of assistance.

Do you provide assistance to someone?

10% Spouse/Partner
4% Adult Child/Dependent
4% Parent/In-Law

Top 3 types of assistance:

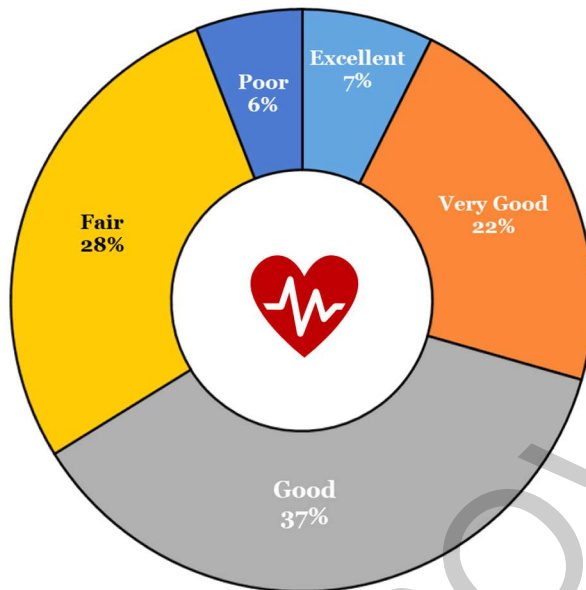
57% Meal Preparation
43% Transportation
43% Housework



C. Health and Nutrition Assessment Survey

Questions in our Health and Nutrition Assessment survey center on learning about the respondent's physical health, diet, and access to nutrition resources. Highlights of the response data are displayed below:

How would you rate your physical health?



For the most part, respondents felt positive about their physical health as 66% rated it from good to excellent.

Do you use any aids?

Grab Bar,
Shower Chair,
Shower Bench

38%



38%

Cane, Crutches,
or a Walker

Hearing
Aid
14%

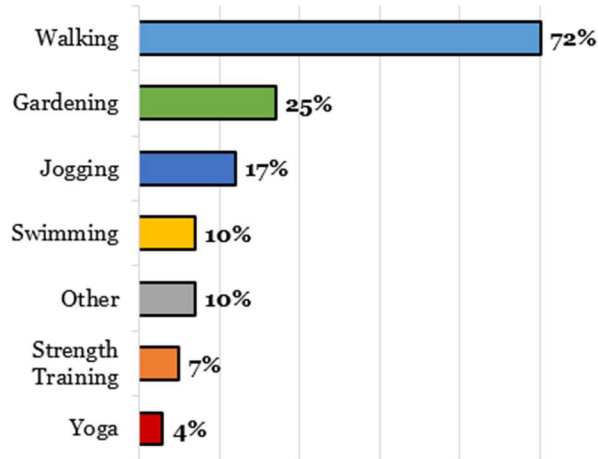
10%

Wheelchair or
Electric Scooter,

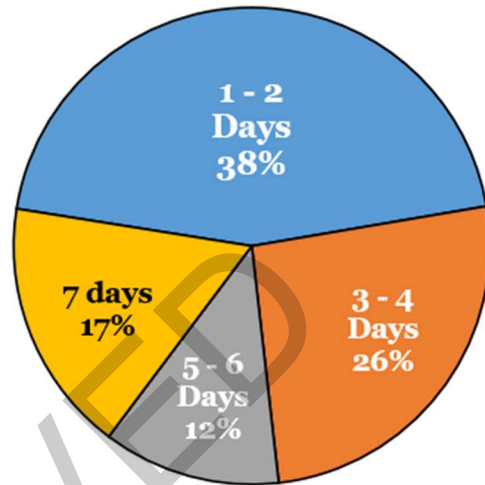
45% of respondents indicated they use an adaptive device.

C. Health and Nutrition Assessment Survey (cont.)

What types of physical activities do you participate in?

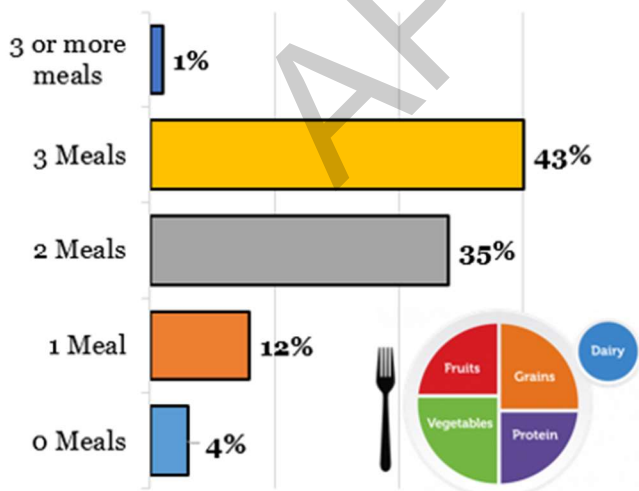


How often do you participate in physical activities?

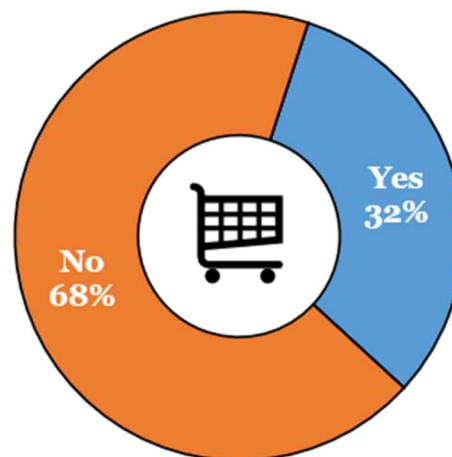


Most persons surveyed are trying to stay active by mixing in physical activities like walking, gardening, and jogging into their daily routines in between 1 – 4 days of their week.

How many meals do you usually eat in one day?



Do you receive assistance to buy your food?



C. Health and Nutrition Assessment Survey (cont.)

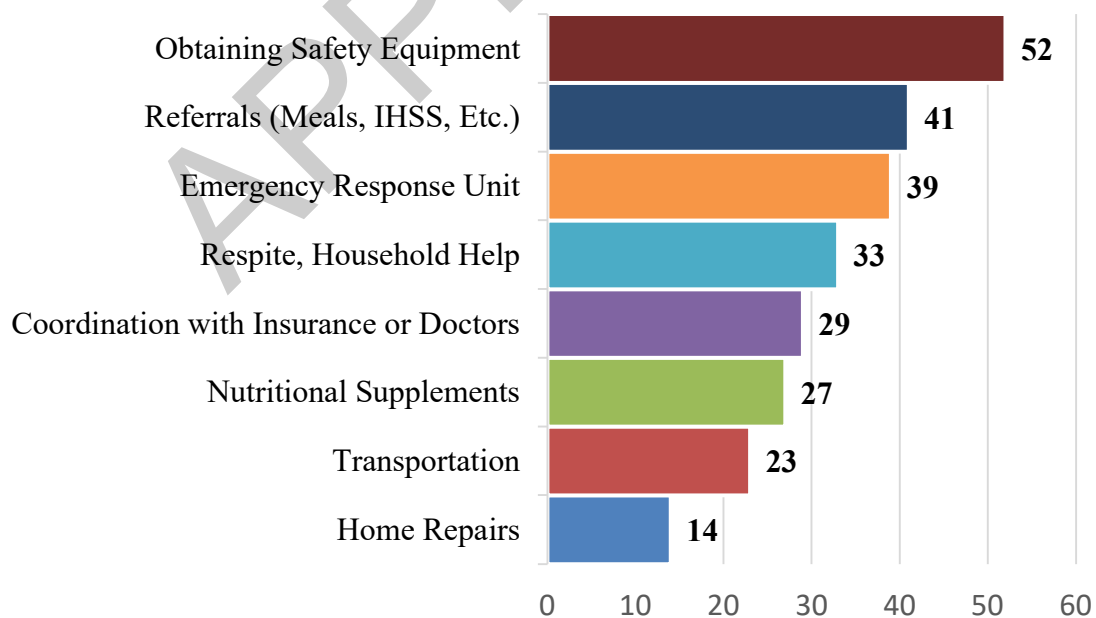
Response data from questions on an individual's diet and access to food, as with the two featured in the charts above, is particularly important to us as our home delivered and congregate meal programs reach more than 10,000 clients per year. As noted above, 51% of respondents are getting two or fewer full meals per day, which is defined by the U.S. Department of Agriculture (USDA) as a meal containing four of the five major food groups. Additionally, most are not receiving any form of assistance to obtain their food or meals. Keeping in mind that most respondents were from smaller, lower-income households, there remains a gap in directly providing full meals to individuals that need them, providing information on or helping individuals access available resources to reduce food insecurity, and in providing nutrition education to stress the importance of eating a full, balanced diet.

D. Multipurpose Senior Services Program (MSSP) Satisfaction Survey

MSSP provides comprehensive care coordination services to Medi-Cal beneficiaries and their families to help adults aged 65 years and older remain in their own homes. Social workers and nurse care managers provide an in-home assessment to develop an individualized plan of care to address identified problems and unique service needs. MSSP participants are some of the most vulnerable individuals that RCOoA serves and the MSSP Satisfaction Survey allows these clients to provide RCOoA with valuable input on how they have benefited from MSSP.

In 2022, 78 MSSP participants completed our survey and 97% of those surveyed indicated that they found the program to be helpful.

Participants were asked to indicate which MSSP services were most useful to them:



Open-ended feedback from surveyed participants included the following:

- *“At 68 and grieving important people in my life...the MSSP program has been a blessing to me.”*
- *“MSSP was very helpful with my needs.”*
- *“All the MSSP Staff and my case manager have been amazing.”*

E. Care Pathways Satisfaction Survey

Care Pathways is a program designed for family caregivers who face challenges managing their caregiving responsibilities for a senior in their lives by offering training and group support. The program provides twelve, weekly, two-hour workshops with a goal of creating a group therapy atmosphere and decreasing the risk of depression among caregivers.

In 2022, 104 Care Pathways participants completed our post-program satisfaction survey and responses were overwhelmingly positive:

- 99% of those surveyed felt that their support group helped them reduce some of the stress associated with being a caregiver.
- 96% of those surveyed felt that their support group helped them cope more effectively as a caregiver.
- All participants felt that their support group gave them problem-solving methods in their role as a caregiver.

Open-ended feedback from surveyed participants included the following:

- *“I took this class with my mom as we are both caregivers for my dad. Being able to share with other women my mom's age has been beneficial. I am so grateful to have had this class to help guide us both in our roles.*
- *“This course has helped in so many ways. Eye opening as knowing I am not the only one going through this. I truly appreciate this class, students, material, and support throughout this course. Knowing we are not alone in this journey is a blessing.”*

SECTION 6. TARGETING

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

- *Low-income individuals with special emphasis on those who are frail, isolated, neglected, and/or exploited*
- *Ethnic minorities*
- *Limited English speakers*
- *Those residing in rural or isolated areas*
- *Lesbian, Gay, Bisexual, Transgender, Queer/Questioning (LGBTQ+) older adults*
- *Those living with HIV*



The needs of each of these populations must be included in an evaluation of the community’s needs, the PSA’s advocacy efforts, and plans for coordinating services. Ways in which PSA 21 works to meet these needs include:

- *Ongoing cultural diversity training for all staff*
- *Outreach, educational events, support groups, focus groups, and services for limited English speakers*
- *Presence at specific LGBTQ+ events, such as annual participation in annual local Pride events, and collaboration and partnership with LGBTQ+-specific organizations*
- *Presence at events and emerging partnerships with organizations that provide services to those living with HIV*
- *Direct service delivery in isolated areas, such as Blythe, where contracted providers are not available*
- *Ongoing educational events that identify the needs of current and future older adults*
- *Serving as an Aging and Disability Resource Connection (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*
- *Provide reasonable alternative communication services at key points of contact (telephone, office visits, and in-home visits) to non-English speaking individuals or those with limited English proficiency in order to meet the linguistic needs of those populations*
- *Participation in state-level integration discussions and provide leadership in service integration initiatives at the local level*

SECTION 7. PUBLIC HEARINGS

PSA **21**

At least one public hearing must be held each year of the four-year planning cycle. CCR Title 22, Article 3, Section 7302(a)(10) and Section 7308, Older Americans Act Reauthorization Act of 2016, Section 314(c)(1).

Fiscal Year	Date	Location	Number of Attendees	Presented in languages other than English? ² Yes or No	Was hearing held at a Long- Term Care Facility? ³ Yes or No
2020-2021	2/6/2020	Riverside County Office on Aging 44-199 Monroe St. Room 402 Indio, CA 92201	13	No	No
	2/18/2020	Riverside County Department of Public Social Services Public Authority—IHSS 1111 Spruce St. Mt. Rubidoux Room Riverside, CA 92507	4	No	No
2021-2022	3/10/21	Riverside County Office on Aging Via Zoom ONLY due to COVID-19 Pandemic	18	No	No
2022-2023	3/9/2022	Riverside County Office on Aging Via Zoom only due to ongoing COVID-19 pandemic	15	No (Presenter was bilingual English/Spanish)	No
2023-2024	3/8/2022	Riverside County Office on Aging 3610 Central Ave Ste 102, Riverside, CA 92506 and via Zoom	23	No (Presenter was bilingual English/Spanish)	No

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

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

Community Assessment surveys were collected throughout the county by our programs and outreach team throughout the year. A Public Hearing notice was posted in local newspapers and the RCOoA website prior to the meeting date. In addition, the shared via email with all service providers and Board of Supervisors offices for distribution to their contact and email lists.

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

☒ Yes. Go to question #3

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

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

None.

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

☒ Yes. Go to question #5

☐ No, Explain:

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

None.

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

- *An attendee raised concerns about the need to increase focus on mental and behavioral health issues among our older adult population, as well as resources to support this concern.*
- *An attendee suggested the creation of more “pro-active goals” that capture the needs of the LGBTQ+ community.*
- *A few attendees expressed the difficulty “to get around” and agreed that transportation is as general need for older adults, whether it is for medical appointments or social events.*

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

None.

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

APPROVED

SECTION 8 - IDENTIFICATION OF PRIORITIES

PSA 21

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

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

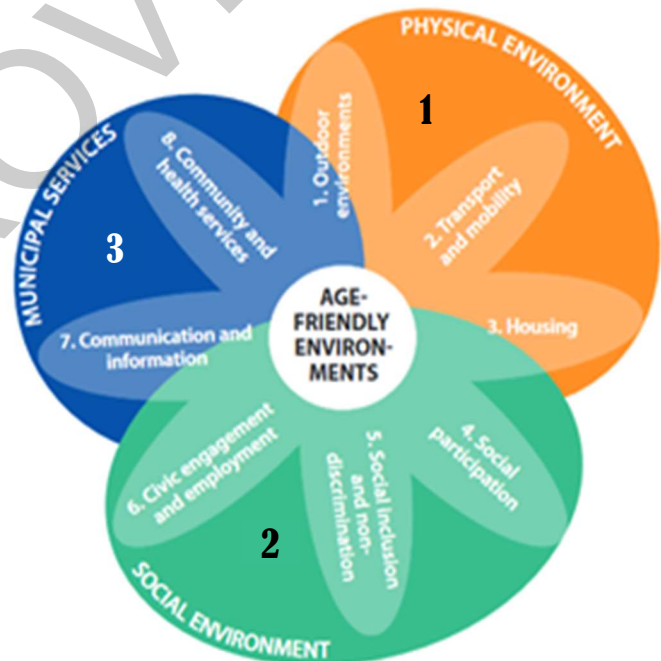
A. WHO Age-Friendly Topic Areas¹¹⁶

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

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

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

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



¹¹⁶ World Health Organization, "Global Age-Friendly Cities: A Guide," World Health Organization, 2007, accessed March 2022, https://apps.who.int/iris/bitstream/handle/10665/43755/9789241547307_eng.pdf;jsessionid=20803A0259BB113441064140BD8474BF?sequence=1.

B. California Master Plan for Aging¹¹⁷

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



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

1. Housing for All Ages and Stages

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

Target: Millions of new housing options to age well

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

2. Health Reimagined

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

Target: Close the equity gap and increase life expectancy

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

3. Inclusion & Equity, Not Isolation

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

Target: Keep increasing life satisfaction as we age

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

4. Caregiving That Works

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

Target: One million high-quality caregiving jobs

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

¹¹⁷ California Department of Aging, “California Master Plan for Aging,” California Department of Aging, January 2021, accessed March 2022. <https://mpa.aging.ca.gov/>.

5. Affordable Aging

"We will have economic security for as long as we live"

Target: Close the equity gap and increase elder economic sufficiency

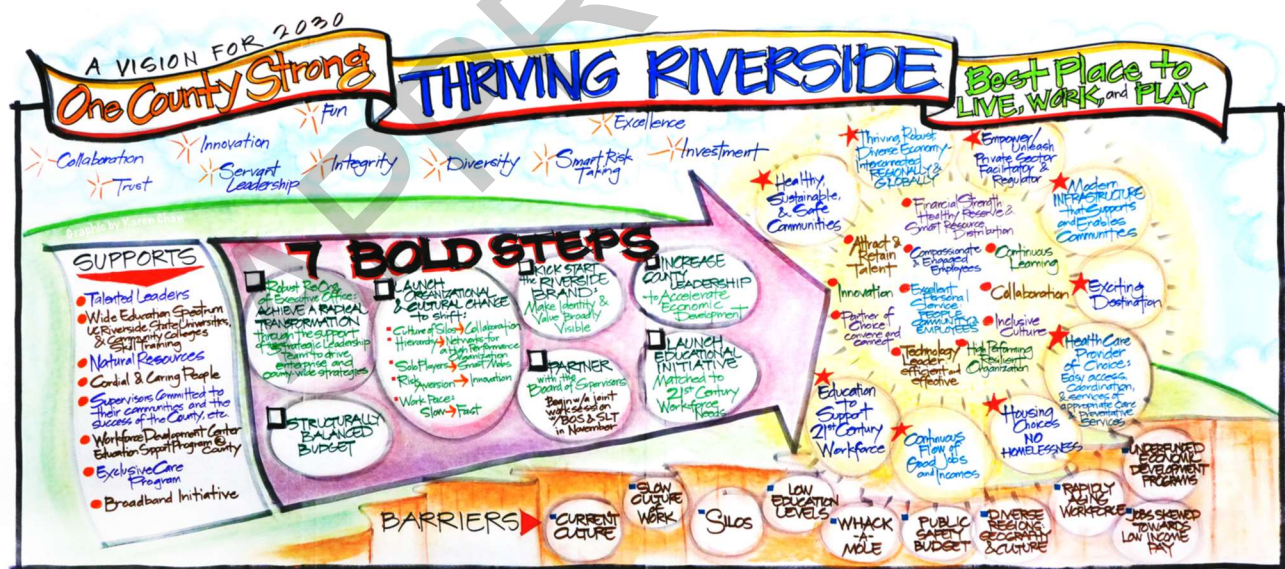
Strategies: End homelessness for older adults; income security as we age; and protection from poverty and hunger.

C. Riverside County Strategic Plan 2030¹¹⁸

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

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

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



¹¹⁸ County of Riverside, RivCoNow, "Executive Office," accessed March 2022, <https://rivco.org/about-county/executive-office>.

D. Focus Groups

2018-2019 – Area Plan Development (Pre-COVID-19):

Between 2018 and 2019, the Riverside County Office on Aging conducted five (5) focus groups county-wide to better understand the needs of residents across the County. Service providers and senior centers identified the following key issues:

- Isolation
- Community-Based Supports/Aging in Place
- Transportation
- Meals & Nutrition
- Funding
- Caregiver Support

Additional issues raised by **service providers** were person-centered care, future planning, and cultural/language barriers.

Senior centers raised additional issues related to physical education, technology education, and intergenerational activities.

2021 – Area Plan Update:

In September 2021, the Riverside County Office on Aging held a focus group to check in with providers and senior centers about the effects of COVID-19 on their work and communities. Participants shared that although the key issues discussed in the initial focus groups were still relevant to their service areas, **COVID-19 increased the urgency of some issues and added others across the service spectrum:**



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

The Riverside County Office on Aging, with Independent Living Center (ILC) partner Community Access Center, is also a designated ADRC for coordination of services for consumers and families. During 2020-2021, the ADRC Call Center (HelpLink) fielded over 177,000 calls from consumers and provided them with direct services or referrals to other county or community services within the PSA.



Almost half (48%) of all callers requested at least one of the following three (3) main services, with most callers requesting three or more services:

	Meals & Food	22%
	Vaccine Registration	20%
	Transportation Assistance	6%

Additional requests included referrals for the following services:

SERVICE REQUESTED	REFERRAL RATE
In-Home Care	5%
Housing Options, RCOoA Case Management programs	3%
Financial Assistance, Residential Home Repair/Modifications	2%
Referral for Utility Assistance, Legal Services, HICAP, Adult Protective Services, Medical Services, GRG Caregiver Support	1%

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

FOCUS AREA 1: Age-Friendly Environments

WHO STRATEGY FOR AGE-FRIENDLY COMMUNITIES	Integrate existing strategies and develop new strategies to improve the <u>Physical Environment</u> for older adults. <ul style="list-style-type: none"> ○ <i>Outdoor Spaces</i> ○ <i>Transportation</i> ○ <i>Housing</i>
CALIFORNIA MASTER PLAN ON AGING	Goal 1: Housing for All Ages Goal 5: Affordable Aging
RIVERSIDE COUNTY STRATEGIC PLAN 2030	Housing choices [that] eliminate homelessness Modern infrastructure that supports and enables communities
FOCUS GROUP INPUT	2019: No applicable comments 2021: Fear of going out due to COVID-19

FOCUS AREA 2: Engaging Communities

WHO STRATEGY FOR AGE-FRIENDLY COMMUNITIES	Develop and expand community-based programs and interventions focused on the factors of the <u>Social Environment</u> and culture that affect participation and mental wellbeing of older adults such as: <ul style="list-style-type: none"> ○ <i>Social inclusion</i> ○ <i>Social participation</i> ○ <i>Civic participation, employment, and Volunteerism</i>
CALIFORNIA MASTER PLAN ON AGING	Goal 2: Health Reimagined Goal 4: Caregiving the Works Goal 3: Inclusion & Equity, Not Isolation
RIVERSIDE COUNTY STRATEGIC PLAN 2030	N/A
FOCUS GROUP INPUT	2019: <ul style="list-style-type: none"> • Data collection to reach the homebound (Social Inclusion) • Outreach & Networking: Including intergenerational activities, volunteer <i>opportunities, advocacy, and caretaking</i> 2021: <ul style="list-style-type: none"> • Increase in older adult isolation • Food insecurity • Digital divide • Caregivers under high stress

FOCUS AREA 3: Service Access

WHO STRATEGY FOR AGE-FRIENDLY COMMUNITIES	<p>Improve, enhance, and integrate Municipal Services:</p> <ul style="list-style-type: none"> ○ <i>Communication and information</i> ○ <i>Community support and health services</i> ○ <i>Health and social services determinants of health</i>
CALIFORNIA MASTER PLAN ON AGING	<p>Goal 1: Housing for All Ages Goal 2: Health Reimagined Goal 5: Affordable Aging</p>
RIVERSIDE COUNTY STRATEGIC PLAN 2030	Easy access and coordination and services of appropriate health care including preventative services
FOCUS GROUP INPUT	<p>2019:</p> <ul style="list-style-type: none"> • Outreach & Networking <ul style="list-style-type: none"> ○ Advocacy • Innovation (and funding)—new ways of providing services <ul style="list-style-type: none"> ○ Accessible care & Integrated services ○ Balanced accessible care ○ Holistic approach to person centered care ○ Accessible case management ○ Navigator services ○ Transportation ○ “No Wrong Door” Access ○ Prevention & Early Intervention ○ Resources for caregivers <p>2021:</p> <ul style="list-style-type: none"> • Caregivers under high stress

FOCUS AREA 4: Many municipalities have added **Security and Safety** strategies to their scope of work. PSA 21 has chosen to add this area to the scope of work for this Area Plan.

WHO STRATEGY FOR AGE-FRIENDLY COMMUNITIES	<p>Improve services and community-based solutions to assist older adults in developing strategies for Economic Security and Safety</p> <ul style="list-style-type: none"> ○ <i>Elder justice</i> ○ <i>Disaster preparedness</i>
CALIFORNIA MASTER PLAN ON AGING	Goal 3: Inclusion & equity, Not Isolation
RIVERSIDE COUNTY STRATEGIC PLAN 2030	Healthy, sustainable, and safe communities
FOCUS GROUP INPUT	<p>2019: No applicable comments 2021: Increases in abuse and neglect</p>

SECTION 9 - AREA PLAN NARRATIVE GOALS AND OBJECTIVES

PSA 21

1. SUPPORTING THE DEVELOPMENT OF AGE-FRIENDLY COMMUNITIES

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

Rationale:

WHO STRATEGY FOR AGE-FRIENDLY COMMUNITIES

CALIFORNIA MASTER PLAN ON AGING

RIVERSIDE COUNTY STRATEGIC PLAN 2030

FOCUS GROUP FEEDBACK

Integrate existing strategies and develop new strategies to improve the **Physical Environment** for older adults.

- Outdoor Spaces
- Transportation
- Housing

Goal 1: Housing for All Ages

Goal 5: Affordable Aging

Housing choices [that] eliminate homelessness

Modern infrastructure that supports and enables communities

2019: No applicable comments

2021: Fear of going out due to COVID-19

Objective A: Assist with providing safe and affordable housing solutions to keep older adults and persons with disabilities in the homes and communities of their choice.

[Refer to CCR Article 3, Section 7300 (c)]

Projected Start and End Dates

Title IIIB Funded PD or C⁴

Update Status⁵

1. Provide emergency assistance in the form of housing, rental, utility, transportation, home repairs and modifications, falls prevention, and mobility management assistance.

2020-2024

Continued

2. Through a partnership with the Riverside University Health System – Behavioral Health, Department of Public Social Services - Adult Services Division, and the Riverside County Housing Authority, provide stabilization and wraparound supportive services for older adults who are homeless or have unstable housing. *This is a non-OAA funded program.*

2020-2024

Continued

Objective B: Participate in existing age-friendly and disability-friendly initiatives occurring within the planning and service area.

Projected Start and End Dates

Title IIIB Funded PD or C⁴

Update Status⁵

1. Identify ongoing initiatives in the PSA and initiate participation.

2020-2024

Continued

2. DEVELOPING ENGAGING PROGRAMS AND ENVIRONMENTS FOR OLDER ADULTS

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

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

Rationale:

WHO STRATEGY FOR AGE-FRIENDLY COMMUNITIES

CALIFORNIA MASTER PLAN ON AGING

RIVERSIDE COUNTY STRATEGIC PLAN 2030

FOCUS GROUP FEEDBACK

Develop and expand community-based programs and interventions focused on the factors of the Social Environment and culture that affect participation and mental wellbeing of older adults such as:

- *Social inclusion*
- *Social participation*
- *Civic participation, employment, and Volunteerism*

Goal 2: Health Reimagined

Goal 4: Caregiving the Works

Goal 3: Inclusion & Equity, Not Isolation

N/A

2019:

- Data collection to reach the homebound (Social Inclusion)
- Outreach & Networking: Including intergenerational activities, volunteer opportunities, advocacy, and caretaking

2021:

- Increase in older adult isolation
- Food insecurity
- Digital divide
- Caregivers under high stress

Objective A: Provide opportunities for individuals to engage in social and civic engagement, employment, and volunteerism.
[Refer to CCR Article 3, Section 7300 (c)]

Projected Start and End Dates

Title IIIB Funded PD or C⁴

Update Status⁵

1. Advocate for mature worker programs via the Riverside County Workforce Innovation and Opportunity Act board and other local networks.

2020-2022

Completed

2. Identify and provide opportunities for individuals to volunteer in the community as a way of increasing social interaction and engagement.

2020-2024

Continued

3. Expand existing Coachella Valley (East County) RSVP program into West County and South County areas with additional funding.

2020-2024

Continued

4. Support the California Friendship Line through distribution of information to volunteers and interested seniors to encourage participation and connect local volunteers to support established Riverside County-focused friendly caller programs.	2020-2024		Revised*
5. Encourage older adults to complete the Census 2020 survey.	2020-2021		Completed

**Revision Update: A formal Friendly Caller Program began development in FY 21/22 and wellness check calls were piloted with OOA volunteers from the RSVP program to clients throughout the PSA in FY 22/23. While wellness check calls are anticipated to continue with the help of RSVP program volunteers in FY 23/24, a formal, standalone Friendly Caller Program will not be developed by RCOoA. Title IIIB Program Development funding will not be used to support these efforts.*

Objective B: Assist the community, senior centers, non-profit organizations, and those who serve older adults over age 60 with modified services due to COVID-19. [Refer to CCR Article 3, Section 7300 (c)]	Projected Start and End Dates	Title IIIB Funded PD or C⁴	Update Status⁵
1. Seek out and assist with the development of specific programs/projects designed to increase technology access and usage, including the provision of technical support to decrease loneliness and isolation among older adults.	2020-2024		Continued

Objective C: Conduct community assessments to obtain critical information from the community and key constituencies. [Refer to CCR Article 3, Section 7300 (c)]	Projected Start and End Dates	Title IIIB Funded PD or C⁴	Update Status⁵
1. Conduct community assessments from community events and activities.	2020-2024		Continued
2. Conduct nutrition assessment surveys from congregate and home delivered meal clients.	2020-2024		Continued
3. Conduct surveys with specific constituencies and target communities (non-English speaking, LGBTQ+, etc. and/or on specific topics (housing, transportation, caregiving, etc.).	2020-2024		Continued
4. Develop and/or implement alternative, user-friendly mechanisms for information gathering including online platforms.	2020-2024		Continued

Objective D. Provide information, education, and programming that encourage individuals to remain active, social, and engage in activities that promote healthy aging. [Refer to CCR Article 3, Section 7300 (c)]	Projected Start and End Dates	Title IIIB Funded PD or C⁴	Update Status⁵
1. Offer alternative exercise and fitness programs for online and virtual platforms.	2020-2024		Revised

2. Implement the exercise program, Bingocize, at the Blythe Community Center.	2023-2024		Revised
Offer the Walk with Ease program to all focal points.	2020-2024		Deleted
Offer the current <i>Arthritis Foundation Exercise Program (known locally as the Fit After 50 program)</i> to all focal points.	2020-2024		Deleted

Objective E. Conduct outreach and provide educational presentations on available programs and services. [Refer to CCR Article 3, Section 7300 (c)]	Projected Start and End Dates	Title IIIB Funded PD or C⁴	Update Status⁵
1. Conduct outreach in all areas of the PSA via the Info Van.	2020-2024		Continued
2. Provide nutrition education to low-income older adults in local community and senior centers via the RCOoA Nutrition Education Program and SNAP-Ed.	2020-2024		Continued
3. Conduct community education presentations via online and virtual formats.	2020-2024		Continued
4. Partner with community-based organizations to explore and implement alternative outreach methodologies that do not require face-to-face contact.	2020-2023		Completed
5. Partner with community-based organizations to conduct outreach and promote resources online and in-person in all areas of the PSA.	2023-2024		New

3. INCREASED ACCESS TO SUPPORTIVE SERVICES

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

Rationale:

WHO STRATEGY FOR AGE-FRIENDLY COMMUNITIES

Improve, enhance, and integrate Municipal Services:

- *Communication and information*
- *Community support and health services*
- *Health and social services determinants of health*

CALIFORNIA MASTER PLAN ON AGING

Goal 1: Housing for All Ages

Goal 2: Health Reimagined

Goal 5: Affordable Aging

RIVERSIDE COUNTY STRATEGIC PLAN 2030

Easy access and coordination and services of appropriate health care including preventative services

FOCUS GROUP FEEDBACK

2019:

- Outreach & Networking
 - Advocacy
- Innovation (and funding)—new ways of providing services
 - Accessible care & Integrated services
 - Balanced accessible care
 - Holistic approach to person centered care
 - Accessible case management
 - Navigator services
 - Transportation
 - “No Wrong Door” Access
 - Prevention & Early Intervention
 - Resources for caregivers

2021:

- Caregivers under high stress

Objective A: Improve access to community-based services and supports. *[Refer to CCR Article 3, Section 7300 (c)]*

Projected Start and End Dates

Title IIIB Funded PD or C⁴

Update Status⁵

1. Coordinate with county departments and local health care providers to implement a system of person-centered care that eliminates duplication, improves services, and resolves client problems related to service delivery, in order to address the specific needs of frail elderly clients. Specific initiatives include the Countywide Integrated Services Delivery development process, enhanced care management (ECM) initiatives, and Joint Operations Collaborative efforts. *This is a non OAA funded effort.*

2020-2024

Continued

2. Participate in discussions, coalitions, and collaborations that seek to develop a modern, age-friendly infrastructure that supports older adults and allows them to remain in their homes and communities.

2020-2024

Continued

3. Through the efforts of the ADRC, coordinate with community partners to provide information to individuals related to the kinds of services and supports available within the local community with special emphasis on rural and isolated areas.

2020-2024

Continued

4. Educate individuals and organizations about RCOoA and available ADRC services and supports.	2020-2024		Continued
5. Through a contracted provider, RCOoA offers Ombudsman services to assist older adults with their effort to seek resolution to problems and to advocate for the rights of residents in long term care facilities. Services are provided throughout the PSA.	2020-2024		Continued
6. Provide FCSP caregiver services including, but not limited to, support group, training, case management, overnight and in-home respite, material aid, outreach, information, and assistance, as well as provide public information and community education on caregiving.	2020-2024		Continued
7. Expand outreach to include social media (e.g., Facebook) and email newsletters/updates for announcements and reminders.	2020-2024		Continued
8. Participate in the Inland Empire Long Term Services and Supports Coalition Advisory Committee to develop regional plans to support local implementation of the Master Plan for Aging. The Committee includes collaboration between The Alzheimer's Association, San Bernardino County Department of Aging & Adult Services, Community Access Center of Riverside County, IEHP, and Housing, Homelessness Prevention, and Workforce Solutions.	2022-2024	C	Deleted

Objective B: Explore funding opportunities to enhance and expand existing services and to facilitate new services. <i>[Refer to CCR Article 3, Section 7300 (c)]</i>	Projected Start and End Dates	Title IIIB Funded PD or C⁴	Update Status⁵
1. Research and apply for additional funding for aging services programs to increase coordinated care services and supports.	2020-2024		Continued

Objective C: Develop new policies, procedures, programs, and initiatives that improve access to community-based services for targeted populations. <i>[Refer to CCR Article 3, Section 7300 (c)]</i>	Projected Start and End Dates	Title IIIB Funded PD or C⁴	Update Status⁵
1. Through a partnership with the Riverside County Department of Public Social Services Adult Services Division, conduct needs assessments with 200 clients currently receiving emergency COVID services via the new COVID CARES program. <i>This is a non OAA funded program.</i>	2020-2024		Completed
2. Purchase and distribute supportive technology solutions to enhance access of older adults and disabled persons to services and supports including, telehealth, support groups, connection with friends and family, and other web-based support services.	2020-2024		Continued
3. Facilitate the ongoing involvement of the LGBTQ+ community in the valuation, development, and expansion of aging services.	2020-2024		Continued

4. Advocate for the needs of low-income individuals, to bridge the gap between the “hidden poor”, and those who are not eligible for Older American Act services (due to age or income) in Riverside County.	2020-2024		Continued
5. Provide service linkages and financial assistance to older adults, persons with disabilities, and their caregivers.	2020-2024		Continued
<p>6. As part of the efforts of Riverside County’s Integrated Service Delivery (ISD) initiative, which works across multiple county departments to establish policies, procedures, and feedback systems to enhance integrated services that are in alignment with the County Strategic Plan, the Jurupa Valley Community Health Center (JVCHC) will be established as an integrated service delivery hub to house Riverside County staff from Human and Health Services departments. With an ISD hub in place, OOA anticipates that 80% of clients referred via the hub will indicate satisfaction with the assistance they receive from OOA and in an improvement in their health, safety, or wellbeing. The target date for full operation of the new hub is December 2023. ISD partners include the Riverside County Departments of Public Social Services, Public Health, First Five, Behavioral Health, RCOoA, and the County Medical Center. Each are non-OAA funded agencies.</p> <p>Annual Update: Beginning in FY 23 and through FY 24, between one to two RCOoA staff will maintain an on-site presence at JVCHC each day of the work week to provide JVCHC clients linkage to RCOoA services.</p>	2022-2024	C	Continued

4. EDUCATE, REPORT, AND REDUCE ELDER ABUSE & NEGLECT

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

Rationale:

WHO STRATEGY FOR AGE-FRIENDLY COMMUNITIES

Improve services and community-based solutions to assist older adults in developing strategies for Economic Security and Safety

- *Elder justice*
- *Disaster preparedness*

CALIFORNIA MASTER PLAN ON AGING

Goal 3: Inclusion & equity, Not Isolation

RIVERSIDE COUNTY STRATEGIC PLAN 2030

Healthy, sustainable, and safe communities

FOCUS GROUP FEEDBACK

2019: No applicable comments
2021: Increases in abuse and neglect

Objective A: Provide individuals with the information and resources available to assist with economic security, self-sufficiency, and safety. [Refer to CCR Article 3, Section 7300 (c)]	Projected Start and End Dates	Title IIIB Funded PD or C⁴	Update Status⁵
1. Provide ongoing sensitivity training for staff, caregivers, and providers through the use of virtual reality technology.	2020-2024		Continued
2. Educate individuals in the community about the importance of emergency and disaster preparedness.	2020-2024		Continued
3. Conduct targeted outreach regarding available services to vulnerable/isolated older adults, persons with disabilities, and their caregivers.	2020-2024		Continued
4. Participate in community collaborations that increase awareness of and address elder abuse issues including prevention, fraud, and neglect.	2020-2024		Continued
5. Educate individuals about the many forms of elder abuse.	2020-2024		Continued
6. Provide individuals with the information and tools to protect against economic fraud.	2020-2024		Continued
7. Conduct targeted outreach regarding available services to vulnerable/isolated older adults, persons with disabilities and their caregivers.	2020-2024		Delete

⁴ Indicate if Program Development (PD) or Coordination (C) is the objective (cannot be both). If a PD objective is not completed in the timeline required and is continuing in the following year, any objective revision must state additional tasks.

⁵ Use for the Area Plan Updates only to indicate if the objective is New, Continued, Revised, Completed, or Delete

SECTION 10 - SERVICE UNIT PLAN (SUP) OBJECTIVES*

PSA 21

TITLE III/VIIA SERVICE UNIT PLAN OBJECTIVES

CCR Article 3, Section 7300(d)

The Service Unit Plan (SUP) uses the 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 and the National Ombudsman Reporting System \(NORS\) Instructions](#).

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

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

Personal Care (In-Home)

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	4,254	3	
2021-2022	4,254	3	
2022-2023	3,829	3	
2023-2024	3,999	3	

Homemaker (In-Home)

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	3,378	3	
2021-2022	3,378	3	
2022-2023	3,040	3	
2023-2024	3,299	3	

Home-Delivered Meal

Unit of Service = 1 meal

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	336,738	3	
2021-2022	336,738	3	
2022-2023	336,738	3	
2023-2024	353,346	3	

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	9,168	3	
2021-2022	9,168	3	
2022-2023	8,251	3	
2023-2024	9,179	3	

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	2,170	3	
2021-2022	2,170	3	
2022-2023	1,953	3	
2023-2024	1,925	3	

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	21,336	3	
2021-2022	21,336	3	
2022-2023	13,500	3	
2023-2024	18,037	3	

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	274,888	3	
2021-2022	274,888	3	
2022-2023	274,888	3	
2023-2024	285,070	3	

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	1,550	1,2,3	
2021-2022	1,550	1,2,3	
2022-2023	1,395	1,2,3	
2023-2024	10,752	1,2,3	

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	2,734	3,4	
2021-2022	2,734	3,4	
2022-2023	2,734	3,4	
2023-2024	2,782	3,4	

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	21,359	3	
2021-2022	21,359	3	
2022-2023	19,223	3	
2023-2024	19,732	3	

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	30,767	1,3	
2021-2022	30,767	1,3	
2022-2023	30,767	1,3	
2023-2024	35,914	1,3	

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	37,659	1,2,3,4	
2021-2022	37,659	1,2,3,4	
2022-2023	37,659	1,2,3,4	
2023-2024	42,503	1,2,3,4	

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

- Each **Title IIIB** “Other” service must be an approved OAAPS Program service listed above on the “Schedule of Supportive Services (III B)” page of the Area Plan Budget (CDA 122) and the CDA Service Categories and Data Dictionary.
- Identify **Title IIIB** services to be funded that were not reported in 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 include: Alzheimer's Day Care, Comprehensive Assessment, Health, Mental Health, Public Information, Residential Repairs/Modifications, Respite Care, Telephone Reassurance, and Visiting*
- *Other Non-Priority Supportive Services include: Cash/Material Aid, Community Education, Disaster Preparedness Materials, Emergency Preparedness, Employment, Housing, Interpretation/Translation, Mobility Management, Peer Counseling, Personal Affairs Assistance, Personal/Home Security, Registry, Senior Center Activities, and Senior Center Staffing*

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

Other Supportive Service Category: Senior Center Activities

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	1,562*	2	
2021-2022	1,562*	2	
2022-2023	1,562*	2	
2023-2024	1,543*	2	

**Based on previously contracted amount for this service.*

Other Supportive Service Category: Comprehensive Assessment

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	2,967	3	
2021-2022	2,967	3	
2022-2023	2,670	3	
2023-2024	3,399	3	

Other Supportive Service Category: Cash/Material Aid

Unit of Service = 1 assistance

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	136	3	
2021-2022	136	3	
2022-2023	136	3	
2023-2024	168	3	

Other Supportive Service Category: Community Education

Unit of Service = 1 contact

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	19	1,2,4	
2021-2022	19	1,2,4	
2022-2023	19	1,2,4	
2023-2024	17	1,2,4	

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	6	1,2,4	
2021-2022	6	1,2,4	
2022-2023	6	1,2,4	
2023-2024	12	1,2,4	

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	200	4	
2021-2022	200	4	
2022-2023	180	4	
2023-2024	3,742	4	

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	130	1,2	
2021-2022	130	1,2	
2022-2023	117	1,2	
2023-2024	89	1,2	

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	5,000	2,3	
2021-2022	5,000	2,3	
2022-2023	4,500	2,3	
2023-2024	14,659	2,3	

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	500	1,2,3	
2021-2022	500	1,2,3	
2022-2023	450	1,2,3	
2023-2024	1,681	1,2,3	

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	500	1,2	
2021-2022	500	1,2	
2022-2023	450	1,2	
2023-2024	10	1,2	

Other Supportive Service Category: Telephone Reassurance**Unit of Service = 1 contact**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	500	1,2	
2021-2022	500	1,2	
2022-2023	450	1,2	
2023-2024	400	1,2	

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2020-2021	300	1,2	
2021-2022	300	1,2	
2022-2023	270	1,2	
2023-2024	243	1,2	

3. Title IIID/ Health Promotion

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

Service Category: Health Promotion**Unit of Service = 1 contact**

- Title IIID/ Health Promotion:
 - Bingocize

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (Required)
2020-2021	46,071	2	1, 2, 3, 4
2021-2022	46,071	2	1, 2, 3, 4
2022-2023	41,464	2	1, 2, 3, 4
2023-2024	75	2	D – 2

* Proposed number of service units have been reduced for FY 23/24 as programming for Title IIID services is being newly implemented.

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

2020-2024 Four-Year Planning Cycle

As mandated by the Older Americans Act Reauthorization Act of 2016, the mission of the LTC Ombudsman Program is to seek resolution of problems and advocate for the rights of residents of LTC facilities with the goal of ensuring their dignity, quality of life, and quality of care.

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

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

Complete all Measures and Targets for Outcomes 1-3;

Outcome 1.

The problems and concerns of long-term care residents are solved through complaint resolution and other services of the Ombudsman Program. *Older Americans Act Reauthorization Act of 2016, Section 712(a)(3), (5)]*

Measures and Targets:

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

1. FY 2018-2019 Baseline Resolution Rate:
Number of complaints resolved 251 + number of partially resolved complaints 74 divided by the total number of complaints received 531 = Baseline Resolution Rate 61.2 %

2. FY 2019-2020 Baseline Resolution Rate:
Number of complaints partially or fully resolved 577 divided by the total number of complaints received 817 = Baseline Resolution Rate: 68 %
FY 2021-2022 Target Resolution Rate 50 %

3. FY 2020 - 2021 Baseline Resolution Rate:
Number of complaints partially or fully resolved 585 divided by the total number of complaints received 978 = Baseline Resolution Rate 60 %
FY 2022-2023 Target Resolution Rate 65 %

4. FY 2021-2022 Baseline Resolution Rate:
Number of complaints partially or fully resolved 554 divided by the total number of complaints received 1,047 = Baseline Resolution Rate 53 %
FY 2023-2024 Target Resolution Rate 60 %

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

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

1. FY 2018-2019 Baseline: Number of Resident Council meetings attended <u>163</u> FY 2020-2021 Target: <u>150</u>
2. FY 2019-2020 Baseline: Number of Resident Council meetings attended <u>44</u> FY 2021-2022 Target: <u>5</u>
3. <i>FY 2020-2021 Baseline: Number of Resident Council meetings attended</i> <u>32</u> <i>FY 2022-2023 Target:</i> <u>75</u>
4. <i>FY 2021-2022 Baseline: Number of Resident Council meetings attended</i> <u>55</u> <i>FY 2023-2024 Target:</i> <u>60</u>
Program Goals and Objective Numbers: Goal 3. A.5.

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

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

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

1. FY 2018-2019 Baseline: Number of Instances <u>479</u> FY 2020-2021 Target: <u>500</u>
2. <i>FY 2019-2020 Baseline: Number of Instances</i> <u>3044</u> <i>FY 2021-2022 Target:</i> <u>3050</u>
3. <i>FY 2020-2021 Baseline: Number of Instances</i> <u>2002</u> <i>FY 2022-2023 Target:</i> <u>2005</u>
4. <i>FY 2021-2022 Baseline: Number of Instances</i> <u>506</u> <i>FY 2023-2024 Target:</i> <u>550</u>
Program Goals and Objective Numbers: Goal 3. A.5.

- E. Information and Assistance to Individuals** (NORS Element S-55) Count of instances of Ombudsman representatives' interactions with residents, family members, friends, and others in the community for the purpose of providing general information and assistance unrelated to a complaint. Information and Assistance may be accomplished by: telephone, letter, email, fax, or in person.

1. FY 2018-2019 Baseline: Number of Instances <u>1,379</u> FY 2020-2021 Target: <u>1,500</u>
2. FY 2019-2020 Baseline: Number of Instances: <u>1,428</u> FY 2021-2022 Target: <u>1,500</u>
3. FY 2020-2021 Baseline: Number of Instances <u>1007</u> FY 2022-2023 Target: <u>1100</u>
4. FY 2021-2022 Baseline: Number of Instances <u>1,140</u> FY 2023-2024 Target: <u>1,250</u>
Program Goals and Objective Numbers: Goal 3. A.5.

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

1. FY 2018-2019 Baseline: Number of Sessions <u>21</u> FY 2020-2021 Target: <u>25*</u> *Program will utilize Zoom or other web-based programming to facilitate this
2. FY 2019-2020 Baseline: Number of Sessions <u>19</u> FY 2021-2022 Target: <u>8</u>
3. FY 2020-2021 Baseline: Number of Sessions <u>17</u> FY 2022-2023 Target: <u>25</u>
4. FY 2021-2022 Baseline: Number of Sessions <u>35</u> FY 2023-2024 Target: <u>36</u>
Program Goals and Objective Numbers: Goal 3. A.5.

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.

FY 2020-2021
FY 2020-2021 Systems Advocacy Effort(s): (Provide one or more new systems advocacy efforts) <ul style="list-style-type: none"> • Coordination with inter-disciplinary teams in order to better serve residents in LTC. • Participation in developing disaster preparedness plans for residents of LTC facilities and their families.
FY 2021-2022: Coordination with Public Guardian to improve response to residents and Ombudsman.
Outcome of FY 2020-2021 Efforts: <ol style="list-style-type: none"> 1. Substantiated and resolved allegations of suspected abuse and neglect of LTC residents due to collaboration with multi-disciplinary team members. 2. In collaboration with Community Care Licensing (CDSS-CCL), Ombudsmen worked to ensure that LTC facilities have an established disaster preparedness plan.
FY 2021-2022 Systems Advocacy Efforts: <ol style="list-style-type: none"> 1. Collaborate with Adult Protective Services (APS) to delineate the respective jurisdictions of APS and the Ombudsman Program. 2. Establish a protocol for investigating complaints in unlicensed facilities by collaborating with multi-disciplinary team members to ensure a joint visit, when appropriate.
FY 2022-2023: Focus on unrepresented residents to ensure the Inter-Disciplinary Team process is being correctly followed.
FY 2023-2024: Increase advocacy for residents by providing education and support for the establishment of new Resident Council's amongst the 55 skilled nursing facilities in the PSA.
Outcome of 2022-2023 Efforts: FY 2023-2024 Systems Advocacy Effort(s): 1. Educated all LTC Ombudsman on the new Office of the Patient Representative that will assist unrepresented residents regarding questions of medical necessity in Skilled Nursing Facilities. Re-educated all LTC Ombudsman on procedures for advocating for unrepresented residents in matters of care and resident's rights.

Outcome 2.

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

Measures and Targets:

- A. **Routine Access: Nursing Facilities** (NORS Element S-58) Percentage of nursing facilities within the PSA that were visited by an Ombudsman representative at least once each quarter **not** in response to a complaint. The percentage is determined by dividing the number of nursing facilities in the PSA that were visited at least once each quarter not in response to a complaint by the total number of nursing facilities in the PSA. *NOTE: This is not a count of visits but a count of facilities. In determining the number of facilities visited for this measure, no nursing facility can be counted more than once.*

1. FY 2018-2019 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint <u>37</u> divided by the total number of Nursing Facilities <u>52</u> = Baseline: <u>71%</u> FY 2020-2021 Target: <u>50%</u>
2. FY 2019-2020 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint divided by the total number of Nursing Facilities 28 = Baseline <u>54 %</u> FY 2021-2022 Target : <u>25%</u>
3. FY 2020-2021 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint divided by the total number of Nursing Facilities <u>3</u> =Baseline <u>5%</u> FY 2022-2023 Target: <u>25%</u>
4. FY 2021-2022 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint divided by the total number of Nursing Facilities = Baseline <u>42 %</u> FY 2023-2024 Target: <u>50</u> %
Program Goals and Objective Numbers: Goal 3. A.5.

- 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 2018-2019 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint <u>113</u> divided by the total number of RCFEs <u>369</u> = Baseline <u>30%</u> FY 2020-2021 Target: <u>30%</u>
2. FY 2019-2020 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint <u>0</u> divided by the total number of RCFEs <u>490</u> = Baseline <u>0%</u> FY 2021-2022 Target: <u>10%</u>
3. FY 2020-2021 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint <u>29</u> divided by the total number of RCFEs <u>500</u> = Baseline <u>6%</u> FY 2022-2023 Target: <u>30%</u>

4. FY 2021-2022 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint divided by the total number of RCFEs = Baseline **34%**
FY 2023-2024 Target: **45 %**

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

- 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 2018-2019 Baseline: **7.26** FTEs

FY 2020-2021 Target: **2** FTEs

2. FY 2019-2020 Baseline: **8.68**

FTEs FY 2021-2022 Target: **3** FTEs

3. FY 2020-2021 Baseline: **6.78** FTEs

FY 2022-2023 Target: **9.0 total** FTEs

4. FY 2021-2022 Baseline: **7.84** FTEs

FY 2023-2024 Target: **8.0** FTEs

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

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

1. FY 2018-2019 Baseline: Number of certified LTC Ombudsman volunteers: **21**

FY 2020-2021 Projected Number of certified LTC Ombudsman volunteers: **15**

2. FY 2019-2020 Baseline: Number of certified LTC Ombudsman volunteers **13**

FY 2021-2022 Projected Number of certified LTC Ombudsman volunteers **10**

3. FY 2020-2021 Baseline: Number of certified LTC Ombudsman volunteers **17**

FY 2022-2023 Projected Number of certified LTC Ombudsman volunteers **20**

4. FY 2021-2022 Baseline: Number of certified LTC Ombudsman volunteers **11**

FY 2023-2024 Projected Number of certified LTC Ombudsman volunteers **13**

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

Outcome 3.

Ombudsman representatives accurately and consistently report data about their complaints and other program activities in a timely manner. *[Older Americans Act Reauthorization Act of 2016, Section 712(c)]*

Measures and Targets:

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

Some examples could include:

- *Hiring additional staff to enter data*
- *Updating computer equipment to make data entry easier*
- *Initiating a case review process to ensure case entry is completed in a timely manner*

1. *Initiate a program of offering Master of Social Work Interns (unpaid) to become certified as LTC Ombudsman and assist in meeting the needs of residents.*
2. *Coordinate and calendar monthly skill-building workshops. Content will include LTC Ombudsmen Curriculum review and complaint resolution strategies.*
3. *Utilize staff in new position that ensures cases/complaints are completed accurately, and in a timely manner.*
4. *Revise LTC Ombudsman facility coverage based on scheduled hours and assessed needs of residents in facility (as determined by number of case/complaints received).*
5. *Explore and identify new/creative methods to attract Volunteers (like MSW internship opportunity).*

TITLE VIIA ELDER ABUSE PREVENTION SERVICE UNIT PLAN OBJECTIVES

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

<input type="checkbox"/>	Ombudsman Program
<input type="checkbox"/>	Legal Services Provider
<input type="checkbox"/>	Adult Protective Services
<input checked="" type="checkbox"/>	Other (explain/list): PSA 21 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 IIIIE Family Caregiver Support Program, educational materials distributed, and hours of activity spent developing a coordinated system which addresses elder abuse prevention, investigation, and prosecution.

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

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

- **Public Education Sessions** –Indicate the total number of projected education sessions for the general public on the identification, prevention, and treatment of elder abuse, neglect, and exploitation.
- **Training Sessions for Professionals** –Indicate the total number of projected training sessions for professionals (service providers, nurses, social workers) on the identification, prevention, and treatment of elder abuse, neglect, and exploitation.
- **Training Sessions for Caregivers Served by Title IIIIE** –Indicate the total number of projected training sessions for unpaid family caregivers who are receiving services under Title IIIIE of the Older Americans Act (OAA) on the identification, prevention, and treatment of elder abuse, neglect, and exploitation. Older Americans Act Reauthorization Act of 2016, Section 302(3) 'Family caregiver' means an adult family member, or another individual, who is an informal provider of in-home and community care to an older individual or to an individual with Alzheimer's disease or a related disorder with neurological and organic brain dysfunction.
- **Hours Spent Developing a Coordinated System to Respond to Elder Abuse** –Indicate the number of hours to be spent developing a coordinated system to respond to elder abuse. This category includes time spent coordinating services provided by the AAA or its contracted service provider with services provided by Adult Protective Services, local law enforcement agencies, legal services providers, and other agencies involved in the protection of elder and dependent adults from abuse, neglect, and exploitation.
- **Educational Materials Distributed** –Indicate the type and number of educational materials to be distributed to the general public, professionals, and caregivers (this may include materials that have been developed by others) to help in the identification, prevention, and treatment of elder abuse, neglect, and exploitation.
- **Number of Individuals Served** –Indicate the total number of individuals expected to be reached by any of the above activities of this program.

TITLE VIIA ELDER ABUSE PREVENTION SERVICE UNIT PLAN OBJECTIVES

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

Fiscal Year	Total # of Public Education Sessions
2020-2021	25
2021-2022	23
2022-2023	21
2023-2024	21

Fiscal Year	Total # of Training Sessions for Professionals
2020-2021	500
2021-2022	455
2022-2023	410
2023-2024	410

Fiscal Year	Total # of Training Sessions for Caregivers served by Title III E
2020-2021	0
2021-2022	0
2022-2023	4
2023-2024	4

Fiscal Year	Total # of Hours Spent Developing a Coordinated System
2020-2021	0
2021-2022	0
2022-2023	1,300
2023-2024	1,300

Fiscal Year	Total # of Copies of Educational Materials to be Distributed	Description of Educational Materials
2020-2021	4,907	“When Trust is a Weapon” booklet
		“Elder Abuse” booklet
2021-2022	4,465	“When Trust is a Weapon” booklet
		“Elder Abuse” booklet
2022-2023	4,019	“When Trust is a Weapon” booklet
		“Elder Abuse” booklet
2023-2024	5,000	“When Trust is a Weapon” booklet,

Fiscal Year	Total Number of Individuals Served
2020-2021	4,907
2021-2022	4,469
2022-2023	4,022
2023-2024	5,000

TITLE IIIE SERVICE UNIT PLAN OBJECTIVES

CCR Article 3, Section 7300(d)

2020-2024 Four-Year Planning Period

This Service Unit Plan (SUP) uses the five broad federally mandated service categories. Refer to the CDA Service Categories and Data Dictionary Revisions Effective July 2018 for eligible activities and service unit measures. Specify proposed audience size or units of service for ALL budgeted funds.

Direct and/or Contracted IIIE Services

CATEGORIES	1	2	3
Family Caregiver Services	<i>Proposed</i> Units of Service	<i>Required</i> Goal #(s)	<i>Optional</i> Objective #(s)
Caregivers of Older Adults			
Information Services	# of activities and Total est. audience for above		
2020-2021	# of activities: 47 Total est. audience for above: 108,362	3	
2021-2022	# of activities: 43 Total est. audience for above: 98,609	3	
2022-2023	# of activities: 39 Total est. audience for above: 88,748	3	
2023-2024	# of activities: 41 Total est. audience for above: 93,298	3	
Access Assistance	Total contacts		
2020-2021	8,678	3	
2021-2022	7,897	3	
2022-2023	7,107	3	
2023-2024	7,278	3	
Support Services	Total hours		
2020-2021	4,465	3	
2021-2022	4,063	3	
2022-2023	3,657	3	
2023-2024	4,494	3	
Respite Care	Total hours		
2020-2021	7,242	3	
2021-2022	6,590	3	
2022-2023	5,931	3	
2023-2024	6,943	3	
Supplemental Services	Total occurrences		
2020-2021	21	3	
2021-2022	19	3	
2022-2023	17	3	
2023-2024	19	3	

Direct and/or Contracted IIIE Services

Older Relative Caregivers	<i>Proposed</i> Units of Service	<i>Required</i> Goal #(s)	<i>Optional</i> Objective #(s)
Information Services	# of activities and Total est. audience for above		
2020-2021	# of activities: 67 Total est. audience for above: 80,175	3	
2021-2022	# of activities: 61 Total est. audience for above: 72,959	3	
2022-2023	# of activities: 55 Total est. audience for above: 65,663	3	
2023-2024	# of activities: 64 Total est. audience for above: 145,638	3	
Access Assistance	Total contacts		
2020-2021	3,650	3	
2021-2022	3,321	3	
2022-2023	2,989	3	
2023-2024	3,134	3	
Support Services	Total hours		
2020-2021	1,363	3	
2021-2022	1,240	3	
2022-2023	1,116	3	
2023-2024	1,238	3	
Respite Care	Total hours		
2020-2021	0		
2021-2022	0		
2022-2023	25	3	
2023-2024	0	3	
Supplemental Services	Total Occurrences		
2020-2021	0		
2021-2022	0		
2022-2023	25	3	
2023-2024	10	3	

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

MULTIPLE PSA HICAPs: *If you are a part of a multiple-PSA HICAP where two or more AAAs enter into an agreement with one “Managing AAA,” to deliver HICAP services on their behalf to eligible persons in their AAA, then each AAA is responsible for providing HICAP services in the covered PSAs in a way that is agreed upon and equitable among the participating parties.*

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

STATE & FEDERAL PERFORMANCE TARGETS: *The Administration for Community Living (ACL) establishes targets for the State Health Insurance Assistance Program (SHIP)/HICAP performance measures (PMs). ACL introduced the current PMs in conjunction with the SHIP Annual Resource Report, used to inform Congress. The SHIP PMs are comprised of five (5) base elements, with one multilayered category. The PMs are not used in performance-based funding scoring methodology, but instead are assessed to determine Likert scale comparison model for setting National PM Targets that define proportional penetration rates needed for statewide improvements.*

Using ACL’s approach, CDA HICAP provides State and Federal Performance Measures with goal-oriented targets for each AAA’s Planning and Service Area (PSA). The PMs are calculated at the county-level data, then displayed under each Planning Service Area. In general, the State and Federal Performance Measures include the following:

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

AAA's should demonstrate progress toward meeting or improving on the Performance requirements established by CDA and ACL as is displayed annually on the HICAP State and Federal Performance Measures tool located online at:

https://www.aging.ca.gov/Providers_and_Partners/Area_Agencies_on_Aging/Planning/. (Reference CDA PM 17-11 for further discussion, including current HICAP Performance Measures and Definitions).

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

HICAP Legal Services Units of Service (if applicable) ⁶

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

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

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

COMMUNITY FOCAL POINTS LIST

CCR Title 22, Article 3, Section 7302(a)(14), 45 CFR Section 1321.53(c),
(Older Americans Act Reauthorization Act of 2016, Section 306(a))

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

Designated Community Focal Point	Address	Contact Information
Albert A. Chatigny Senior Community Recreation Center	1310 Oak Valley Pkwy Beaumont, CA 92223	(951) 796-8524
Anza Community Hall	56630 CA-371, Anza CA 92539	(951) 282-4267
Arlanza Community Center – Bryant Park	7950 Philbin Ave Riverside, CA 92503	(951) 351-6135
Banning Senior Center	769 N. San Geronio Ave Banning, CA 92220	(951) 922-3250
Cathedral City Senior Center	37-171 W. Buddy Rogers Ave Cathedral City, CA 92234	(760) 321-1548
Charles Meigs Community Center	21091 Rider St. Perris, CA 92507	(951) 210-1580
Coachella Senior Center	1540 Seventh St. Coachella, CA 92236	(760) 398-0104
Colorado River Senior Community Center	33000 US-95 Blythe, CA 92225	(760) 922-6133
Corona Senior Center	921 S. Belle St Corona, CA 92882	(951) 736-2363
Dales Senior Center – White Park	3936 Chestnut St Riverside, CA 92501	(951) 826-5303
Desert Hot Springs Senior Center	11-777 West Dr Desert Hot Springs, CA 92240	(760) 329-0222
Doris Morgan Community Center* (See page 95)	445 N. Broadway Blythe, CA 92225	(760) 922-8801
Eddie Dee Smith Senior Center	5888 Mission Blvd Rubidoux, CA 92509	(951) 275-9975
Idyllwild HELP Center	Mail: P.O. Box 660 26330 Hwy 243	(951) 659-2110
Idyllwild Town Hall	25925 Cedar St Idyllwild, CA 92549	(951) 659-2638
Indio Hills Sr. Program (Desert Recreation District)	Site: 80-400 Dillon Rd. Indio, CA 92201	(951) 943-9126
Indio Senior Center	45-700 Aladdin St Indio, CA 92201	(760) 391-4170
James A. Venable Community Center	50-390 Carmen Ave Cabazon, CA 92230	(951) 922-1097
Janet Goeske Foundation and Senior Center	5257 Sierra St Riverside, CA 92504	(951) 351-8800
Jerry Rummond’s Senior & Community Center (Desert Recreation District)	87-229 Church St Thermal, CA 92274	(760) 347-3484

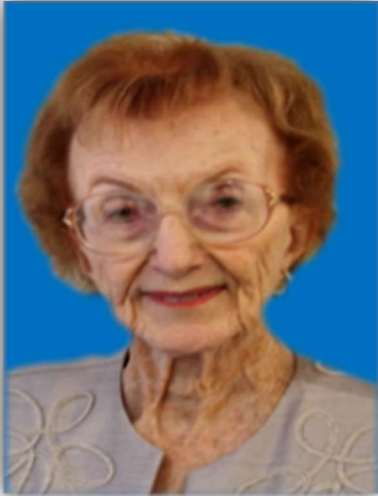
Designated Community Focal Point	Address	Contact Information
Joslyn Senior Center	73-750 Catalina Way Palm Desert, CA 92260	(760) 340-3220
Kay Cisneros Senior Center	29995 Evans Rd Sun City, CA 92586	(951) 672-9673
La Quinta Wellness Center	78-450 Avenida La Fonda La Quinta, CA 92247	(760) 564-0096
La Sierra Senior Center	5215 La Sierra Riverside, CA 92505	(951) 351-6435
Lake Elsinore Senior Activity Center	420 E. Lakeshore Dr Lake Elsinore, CA 92530	(951) 674-2526
The LGBTQ Community Center of the Desert	1301 N. Palm Canyon Dr Palm Springs, CA 92262	(760) 416-7790
Marion Ashley Community Center	25625 Briggs Rd Menifee, CA 92585	(951) 928-2700
Mary Phillips Senior Center	41845 Sixth St Temecula, CA 92590	(951) 694-6464
Mecca Community Center (<i>Desert Recreation District</i>)	91275 66th Ave. Mecca, CA 92262	(760) 347-3484
Mizell Center	480 S. Sunrise Way Palm Springs, CA 92262	(760) 323-5689
Moreno Valley Senior Center	25075 Fir Ave Moreno Valley, CA 92553	(951) 413-3430
Morongo Community Center	13000 Malki Road Banning, CA 92220	(951) 849-4761 x1899
Moses Schaffer Community Center	21565 Steele Peak Dr Perris, CA 92570	(951) 943-9126
Murrieta Senior Center	41717 Juniper St Murrieta, CA 92562	(951) 304-7275
North Shore Beach & Yacht Club (<i>Desert Recreation District</i>)	99155 Sea View Dr, Mecca, CA 92254	(760) 393-0602
Norton Younglove Community Center – Riverside	459 W. Center St Riverside, CA 92507	(951) 241-7221
Norton Younglove Community Center – Calimesa	908 Park St Calimesa, CA 92320	(909) 795-2287
Perris Senior Center	100 N. D St Perris, CA 92570	(951) 657-7334
Riverside-San Bernardino County Indian Health	11555 ½ Potrero Rd Banning, CA 92220	(951) 849-4761
Rose M. Eldredge Senior Center/Norco Senior Center	2690 Clark Avenue PO Box 428 Norco, CA 92860	(951) 270-5647
Ruth H. Lewis Community Center at Reid Park	701 N. Orange St Riverside, CA 92501	(951) 826-5654
San Jacinto Community Center	625 S. Pico Ave San Jacinto, CA 92583	(951) 654-2054
Silver Feather Hall (<i>Pachanga Band of Luiseño Indians</i>)	P.O. Box 1477 Temecula, CA 92593	(800) 732-8805, Ext. 1799

Designated Community Focal Point	Address	Contact Information
Stratton Community Center at Bordwell Park	2008 Martin Luther King Blvd Riverside, CA 92507	(951) 826-5355
Torrez Martinez Senior Center <i>(Torrez Martinez Desert Cahuilla Indians)</i>	66-725 Martinez Road Thermal, CA 92274	(760) 397-0300
Ysmael Villegas Community Center	3091 Esperanza St Riverside, CA 92504	(951) 351-6142

APPROVED

Doris Morgan Community Center • Blythe, CA*

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



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

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

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



Doris was known for her humility and grace. Always shying away from praise and admiration, Doris preferred to quietly go about what she did best – helping others. Doris specifically asked that no one “*make a big deal*” about her years of public service and dedication to the community, so instead we simply thank her on behalf of the Advisory Council on Aging, RCOoA, the City of Blythe, the County of Riverside, every future community leader she took under her wing, and all those she helped across the County, for her tireless advocacy; her resolute support; her willingness to sacrifice for the greater good of the community; her ability to inspire and uplift others; her kindness; and for the indelible legacy she leaves behind.

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



SECTION 12 - DISASTER PREPAREDNESS

PSA **21**

Disaster Preparation Planning Conducted for the 2020-2024 Planning Cycle Older Americans Act Reauthorization Act of 2016, Section 306(a)(17); 310, CCR Title 22, Sections 7529 (a)(4) and 7547, W&I Code Division 8.5, Sections 9625 and 9716, CDA Standard Agreement, Exhibit E, Article 1, 22-25, Program Memo 10-29(P)

Describe how the AAA coordinates its disaster preparedness plans and activities with local emergency response agencies, relief organizations, state and local governments, and other organizations responsible for emergency preparedness and response as required in OAA, Title III, Section 310: RCOoA, in its role as Area Agency on Aging, is responsible for creating a disaster plan that will ensure the provision of critical direct and contracted services that will meet the emergency needs of its consumers in the event of a natural disaster, such as an earthquake, fire, or flood.

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

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

RCOoA is represented under the Care and Shelter Operations unit, which provides basic human needs and relocation of those in need, along with specific services targeted to the older adults and individuals with disabilities. RCOoA's Disaster Response Coordinator is responsible to execute activation of RCOoA's Disaster Plan's policies and procedures, following an agency emergency/disaster and/or an official activation by the Emergency Operations Center. In the absence of the Disaster Response Coordinator, the designated alternate or the Director shall execute activation. In the absence of all three persons, the highest-level supervisor available is authorized to execute activation of these policies and procedures.

In the event the emergency/disaster occurs during non-working hours, staff must report to the nearest operating RCOoA site and assume normal operating duties unless designated or assigned otherwise. Information and Assistance staff have been provided with written emergency procedures on how to provide services during and after a disaster. Earthquake and fire evacuation procedures occur twice a year as required by Riverside County Safety. In addition, the Disaster Response Coordinator participates in the Riverside County Operations Committee meetings and trains quarterly with Riverside County Public Health, Bioterrorism Branch, Riverside County Environmental Health, Riverside County Office of Emergency Services, and Riverside County Emergency Medical Services Agency.



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

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

2. Identify the Disaster Response Coordinator within the AAA:

Name	Title	Telephone	email
Dr. Gary Robbins	Deputy Director for Administration	Office: 951-867-3800	grobbins@rivco.org

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

Critical Services	How Delivered?
<ol style="list-style-type: none"> Information and Referral Services, for such services as transportation, disaster assistance, etc. Work with local OES, CDA, FEMA to provide accessible disaster aid Connect food, water, and other supplies to consumers Advocate and assist in providing seniors with government disaster assistance. 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. 	<ol style="list-style-type: none"> Through trained Information & Assistance staff on site or at designated location In person or via call center; assistance in completion of forms for federal or state emergency assistance Through contracted congregate meal sites or home delivered meals, or through emergency services as appropriate Through trained staff and volunteers Coordinated through the Disaster Preparedness Coordinator or the Director of the RCOoA.

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

Formal emergency preparation or response agreements will be included in our contracted meal service providers' agreements. As RCOoA is currently in the RFP process, the contractor may change dependent on the results of the bidding process.

5. Describe how the AAA will:

- *Identify vulnerable populations.*

Riverside County's vulnerable older adult population is identified through an existing client database system that is accessible to our social workers and other trained staff via the internet at any location. In addition, our Disaster Preparedness Coordinator and assigned staff will work closely with other County departments to prioritize and identify additional vulnerable populations.

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

In coordination with the local OES, FEMA, and CDA, RCOoA will follow-up with these vulnerable populations based on the prioritization. The follow-up will be telephonic or home visits of identified clients through the first responders that are coordinating the responses.

2020-2024 Four-Year Planning Cycle

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

The CCR, Article 3, Section 7312, requires the AAA to allocate an “adequate proportion” of federal funds to provide Access, In-Home Services, and Legal Assistance in the PSA. The annual minimum allocation is determined by the AAA through the planning process. The minimum percentages of applicable Title III B funds⁷ listed below have been identified for annual expenditure throughout the four-year planning period. These percentages are based on needs assessment findings, resources available within the PSA, and discussions at public hearings on the Area Plan.

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

Access:

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

2020-21 25.9% 21-22 25.9 % 22-23 25.9 % 23-2425.9 %

In-Home Services:

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

2020-21 6% 21-22 6% 22-23 6% 23-246%

Legal Assistance Required Activities:⁸

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

2020-21 3.5% 21-22 3.5% 22-23 3.5% 23-243.5%

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

- Allocations based on target population and prior year usage.

² 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.

³ Legal Assistance must include all the following activities: Legal Advice, Representation, Assistance to the Ombudsman Program and Involvement in the Private Bar.

SECTION 14 - NOTICE OF INTENT TO PROVIDE DIRECT SERVICES**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 if not providing any of the below listed direct services.

Check applicable direct services**Check each applicable Fiscal Year****Title III B****20-21****21-22****22-23****23-24**☒ Information and Assistance☒☒☒☒☒ Case Management☒☒☒☒☒ Outreach☒☒☒☒☒ Program Development☒☒☒☒☒ Coordination☒☒☒☒☐ Long Term Care Ombudsman☐☐☐☐**Title III D****20-21****21-22****22-23****23-24**☒ Disease Prevention and Health Promo.☒☒☒☒**Title III E⁹****20-21****21-22****22-23****23-24**☒ Information Services☒☒☒☒☒ Access Assistance☐☒☒☒☒ Support Services☐☒☒☒☒ Respite Services☐☐☒☒☒ Supplemental Services☒☒☒☒**Title VIII A****20-21****21-22****22-23****23-24**☐ Long Term Care Ombudsman☐☐☐☐**Title VII****20-21****21-22****22-23****23-24**☒ Prevention of Elder Abuse, Neglect,
and Exploitation.☒☒☒☒**Describe methods to be used to ensure target populations will be served throughout the PSA.**

RCOoA has been the direct service provider of the services indicated in the preceding list and will continue to do so during the next planning cycle (2020-2024). RCOoA is confident that the targeted populations will be served through various outreach efforts and partnerships with community-based service organizations throughout the county, as detailed in the Objectives/Actions under the Goals section of the Plan. RCOoA and its Advisory Council will constantly review programs to ensure that our targeted populations are reached. RCOoA staff and Advisory Council members will attend community events and collaborative meetings to promote services.

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

SECTION 15 - REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES

PSA 21

*Older Americans Act Reauthorization Act of 2016 Section 307(a)(8)
CCR Article 3, Section 7320(c), W&I Code Section 9533(f)*

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

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

Identify Service Category:

Check applicable funding source.¹⁰

- ☐ 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.

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

Provide: documentation below that substantiates this request for direct delivery of the above stated service¹¹

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

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

¹¹ For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs agree.

SECTION 16 - GOVERNING BOARD

PSA 21

GOVERNING BOARD MEMBERSHIP

2020-2024 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:

Kevin Jeffries , Chairman, District 1	January 6, 2025
Chuck Washington , Vice-Chairman, District 3	January 6, 2025

Names and Titles of All Members:

Board Term Expires:

Karen Spiegel , District 2	January 4, 2027
V. Manuel Perez , District 4	January 4, 2027
Yxstian Gutierrez , District 5	January 4, 2027

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

Yxstian Gutierrez replaced Jeff Hewitt as District 5 Supervisor on January 2, 2023, after being elected to represent the district in the 2022 General Election.

District 1: *Includes the Cities of Perris, Riverside, and Wildomar. The district also includes the unincorporated areas of Good Hope, Mead Valley, Meadowbrook, Tenaja, DeLuz, LaCresta, Highgrove and March Air Reserve Base.*

District 2: *Includes the Cities of Canyon Lake, Corona, Eastvale, Jurupa Valley, Lake Elsinore, and Norco. The district also includes the unincorporated areas 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, and Warm Springs.*

District 3: *Includes the Cities of Menifee, Murrieta, and Temecula. The district also includes the unincorporated areas of Aguanga, Anza Valley, East Hemet, French Valley, Green Acres, Homeland, Lake Riverside, Romoland, Sage, Winchester, and parts of Valle Vista.*

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, Chiriaco Summit, Colorado River Communities, Desert Center, Lake Tamarisk, Eagle Mountain, Desert Edge, Desert Palms, Fern Valley, Garner Valley, Idyllwild, Indio Hills, Mecca, Mesa Verde, Mountain Center, North Shore, Oasis, Pine Cove, Pinyon Pines, Ripley, Sky Valley, Thermal, Thousand Palms, and Vista Santa Rosa.*

District 5: *Includes the Cities of Banning, Beaumont, Calimesa, Hemet, Moreno Valley, and San Jacinto. The district includes the unincorporated areas of Banning Bench, Cherry Valley, Cabazon, Nuevo, Lakeview, Reche Canyon, and San Timoteo. The district also includes the Tribal Governments from the Sovereign Nations of the Morongo Band of Mission Indians and the Agua Caliente Band of Cahuilla.*

SECTION 17 - ADVISORY COUNCIL

PSA 21

ADVISORY COUNCIL MEMBERSHIP 2020-2024 Four-Year Planning Cycle

*Older Americans Act Reauthorization Act of 2016 Section 306(a)(6)(D)
45 CFR, Section 1321.57 CCR Article 3, Section 7302(a)(12)*

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

Number of Council Members over age 60: **6**

	<u>% of PSA's 60+ Population</u>	<u>% on Advisory Council</u>
Race/Ethnic Composition		
White	57.9%	24%
Hispanic	28.1%	12%
Black	6.3%	29%
Asian/Pacific Islander	7.4%	0%
Native American/Alaskan Native	0.4%	0%
Two or More Races	12.3%	0%

Name and Title of Officers:

Office Term Expires:

Chair: Cynthia Lemus, Perris	6/30/2024
Vice-Chair Mark Cox, Yucaipa	6/30/2024
Parliamentarian: Javier Lopez, District 4 Appointee, La Quinta	6/30/2024

Name and Title of other members:

Office Term Expires:

Debbie Franklin, District 5 Appointee, Banning	6/30/2023
Steve Mehlman, Beaumont	6/30/2023
Donald Brock, Hemet	6/30/2024
Barbara Mitchell, Riverside	6/30/2024
Teresa Chappell, San Jacinto	6/30/2024
VACANT , District 1 Appointee	
VACANT , District 2 Appointee	
VACANT , District 3 Appointee	
VACANT	
VACANT	
VACANT	
VACANT	
VACANT	
VACANT	

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

Yes No

- | | | |
|-------------------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Low Income |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Representative Disabled |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Supportive Services |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Provider Representative |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Health Care Provider |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Family Caregiver |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Representative Local |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Elected Officials |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Individuals with Leadership Experience in Private and Voluntary Sectors |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Individuals with HIV |

Explain any "No" answer(s):

The former **health care** and **provider representatives** resigned the council in 2021 and 2022. These seats are being recruited in anticipation of the 2023/24 program year. The members who met the **Leadership Experience in Private and Voluntary Sectors** qualification resigned the council in 2021 and 2022. These seats are being recruited in anticipation of the 2023/24 program year. Per CDA Program Memo 21-29, HIV status has been added to the Welfare and Institutions Code section 901 regarding targeting services to older adults who face the “*greatest social need*”. This addition is consistent with “Objective D: Equitable Access for All” contained in the 2021-2025 Older Americans Act State Plan, which emphasizes the importance of advancing equity by working to ensure that those individuals living with HIV have the services and supports they need. As such, PSA 21 will attempt to add representation for those living with HIV to the Advisory Council, if possible.

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

Expiring terms scheduled for 6/30/2023, will either be renewed prior to July 1, 2023, or become vacant and filled as soon as possible.

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

- Twelve members of the Advisory Council are selected by the Council members. Vacancies are advertised in the local papers, on the agency’s website, and through an email blast to the collaborative partner networks and local senior organizations. Applications are accepted and screened by the Membership Committee of the Advisory Council. The accepted applicants are then interviewed by the Membership Committee. Once selected, the proposed member is presented to the Advisory Council and the application is voted on as an action item on the agenda. After approval by the Advisory Council, a request for approval is submitted to the Riverside County Board of Supervisors. Once approved by the Board, the applicant becomes a member of the Advisory Council. The five remaining members of the Advisory Council are selected by each member of the Board of Supervisors to represent their district. Each Board Supervisor completes his/her applicant’s application, interview, and selection process. Once a member has been selected, the Board Supervisor informs RCOoA of the selection.*

2020-2024 Four-Year Area Planning Cycle

This section must be completed and submitted annually. The Older Americans Act Reauthorization Act of 2016 designates legal assistance as a priority service under Title III B [42 USC §3026(a)(2)]¹²

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

1. Based on your local needs assessment, what percentage of Title IIIB funding is allocated to Legal Services? **Discuss:**

A minimum of 3.5% of Title IIIB funding will be allocated to Legal Services for FY 23-24. The AAA has used other funding sources in the past to allocate additional funding to Legal Services; a higher percentage of IIIB allocations is dependent on community needs and the capacity of service providers.

2. Specific to Legal Services, has there been a change in your local needs in the past four years? If so, please identify the change (include whether the change affected the level of funding and the difference in funding levels in the past four years). **Yes/No, Discuss:**

The most recent Community Assessment Surveys and Focus Group feedback indicate that elder justice issues such as physical and financial abuse in the form of direct threat, theft, and fraud continue to be the primary focus both nationally and, in the PSA. Between FY 20-21, there was a 27% increase in calls to the AAA's call center seeking legal assistance. There has been no change to the level of funding as our communities' needs were met with the same level of funding over the past four years.

3. Specific to Legal Services, does the AAA's contract/agreement with the Legal Services Provider(s) (LSPs) specify that the LSPs are expected to use the California Statewide Guidelines in the provision of OAA legal services? **Yes/No, Discuss:**

Yes. During the 2023-2024 planning period, PSA 21's contract/agreement with the chosen Legal Service Provider(s) (LPS) will utilize the California Statewide Guidelines in the provision of OAA legal services as stated below in Article II Section E Law, Policy and Procedure, Licenses and Certificates.

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

4. Does the AAA collaborate with the Legal Services Provider(s) to jointly establish specific priority issues for legal services? If so, what are the top four (4) priority legal issues in your PSA? **Yes/No, Discuss:**

Yes. During the 2023-2024 planning period, PSA 21 and the chosen legal service provider will collaborate on the establishment of priorities through monthly reports related to the types of

services provided and the frequency of specific requests. As stated above, the top four (4) legal priorities continue to be family and consumer law, consumer health law, IHSS assistance, and financial abuse in the form of frauds and scams.

Yes. During 2023-2024 planning period, the targeted populations of PSA 21 who will receive priority service continue to be:

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

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

5. Specific to Legal Services, does the AAA collaborate with the Legal Services Provider(s) to jointly identify the target population? **Yes/No, Discuss:**

The AAA currently collaborates with the Legal Service Provider to jointly identify the target population which are individuals sixty (60) years of age or older, with an emphasis on those in the greatest economic and social need with particular attention to low-income minority individuals, older individuals with Limited English Proficiency (LEP) and older individuals residing in rural and isolated areas.

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

During the 2023-2024 planning period, the targeted older adult population continues to include those with the greatest economic need and who do not have the support or resources to assist with personal business matters, such as insurance disputes, and any forms of financial abuse. Initial eligibility will be determined via phone then followed up with an additional contact with a legal advocate or an appointment is scheduled at a local senior or community center.

During the 2023-2024 planning period, the mechanisms that will be used to reach the targeted populations will continue to be:

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

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

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

8. What methods of outreach are Legal Services Providers using? **Discuss:**

Pre-pandemic, Inland Counties Legal Services provided outreach at approximately 100 events that included community fairs, health fairs, and annual targeted community legal education on various areas of law. As communities reopen, ICLS staff are again attending in-person community, health, and senior fairs to provide community legal education on various areas of the law. These events are held at senior apartment complexes and/or mobile home parks.

ICLS is available and seeks opportunities to schedule specific presentations as requested with partner organizations who provide services to seniors or senior organizations on multiple legal topics that include, but are not limited to, estate planning, mobile home law, health law (Covered California, etc.), and a multitude of other civil legal areas of law. These can be scheduled as in-person or as Zoom meetings/presentations. All events include targeted legal information as well as general information about ICLS services that are available.

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

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

10. 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.). **Discuss:**

In FY 23-24, older adults will be able to access legal services via Zoom, Microsoft Teams, and the Inland Counties Legal Services (ICLS) website (www.inlandlega.org) in addition to the following in-person services:

- **Office Walk-In** – Currently ICLS has offices in Riverside, Ontario, San Bernardino, Indio, and Victorville. Clients can visit offices in-person Monday through Friday between the hours of 8:30 a.m. and 5:00 p.m (appointments may be required at certain locations).
- **Dedicated Senior Phone Line** – ICLS provides a dedicated Senior Line (1-800-977-4257) that can be called Monday through Friday between the hours of 8:45 am and 4:45 pm for information, eligibility screening or scheduling an appointment.
- **Online Application** – A preliminary application can be filled out online at www.inlandlegal.org and the applicant will be called back for further information for eligibility screening and fully identifying their legal issue.
- **Appointments** – ICLS offers virtual appointments through Zoom, in-person office appointments, or in-person appointments at senior or community centers located throughout Riverside and San Bernardino Counties.

- **Senior or Community Center Walk-In** – ICLS offers walk-in appointments (schedule permitting) at senior or community centers on the days and hours listed on the Senior Outreach Schedule available at the www.inlandlegal.org.
- **Via Phone** – Older adults will access legal services through outreach intake at senior centers as well as through the AAA's 877 number.

11. Identify the major types of legal issues that are handled by the Title IIB legal provider(s) in your PSA (please include new legal problem trends in your area). Discuss:

During FY 2023/24, the selected Legal Service Provider will continue to focus on the following major legal issues: Housing; Family Legal; Elder Abuse; Consumer; Benefits; Health; Simple Wills and Guardianship.

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

During FY 2023/24, the barriers to accessing legal services continue to include a lack of adequate transportation for clients to reach legal services and/or a lack of computer access for signatures, a lack of sufficient legal staffing, and limited funding. Strategies to overcome these barriers will continue to include targeted outreach at senior and community centers, via Info Van outreach, and presentations about RCOoA services. In addition, the PSA welcomes the additional funding to support legal assistance services.

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

As of August 2023, ICLS currently has collaborative relationships with the Riverside County Superior Courts as well as the San Bernardino County Superior Courts; Inner City Law Center; Western Center for Law and Poverty; OneJustice; Riverside County Office on Aging; San Bernardino County Department of Aging and Adult Services; Health Consumer Alliance; Legal Aid Society of San Diego; Coachella Valley Association of Governments; Step Up on Second; San Bernardino County "211"; San Bernardino County Behavioral Health Department; San Bernardino County Coordinated Entry System (CES); Riverside County SAFE Family Justice Centers; Riverside Area Rape Crisis Center; Desert Sanctuary/Haley House; California Department of Housing & Community Development; REACH the Valley Human Trafficking Victim Assistance Program; Riverside County Library System; Kaiser Community Foundation; Rose M. Eldridge Senior Center; Moreno Valley Senior Center; Perris Senior Center; Lake Elsinore Senior Center; Kay Cisneros Senior Center; Banning Senior Center; Albert A. Chatigny Senior Community Recreation Center; San Jacinto Community Center; Desert Hot Springs Multi-Service Center; Redlands Community Senior Center; Scherer Senior Center in Yucaipa; Twentynine Palms Senior Center; Yucca Valley San Bernardino County Building; Montclair Community Center; Fontana Community Senior Center; Ontario Senior Center; Grace Vargas Senior Center; Barstow Senior Center; Lucerne Valley Outreach Center; Needles Housing Authority; Trona Senior Center; Rialto Senior Center; and Bonnie Baker Senior Center.

SECTION 19 - MULTIPURPOSE SENIOR CENTER ACQUISITION OR CONSTRUCTION COMPLIANCE REVIEW

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/Const	IIIB Funds Awarded	% Total Cost	Recapture Period		Compliance Verification State Use Only
				Begin	End	
Name: Address:						
Name: Address:						
Name: Address:						
Name: Address:						

Note: PSA 21 is exploring using available IIIB funds to lease a building to service the Blythe community as a senior nutrition location and senior services hub/senior center. This process is also expected to include some construction costs related to building out the location for service provision.

⁴ Acquisition is defined as obtaining ownership of an existing facility (in fee simple or by lease for 10 years or more) for use as a Multipurpose Senior Center.

SECTION 20. FAMILY CAREGIVER SUPPORT PROGRAM

Notice of Intent for Non-Provision of FCSP Multifaceted Systems of Support Services Older Americans Act Reauthorization Act of 2016,

Section 373(a) and (b)

2020-2024 Four-Year Planning Cycle

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

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

Caregivers of Older Adults

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

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

Older Relative Caregiver

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

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

- **Provider name and address of agency**

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

- **Description of the service**

From fiscal years 2020 through 2024, Childcare respite for grandparents who are raising grandchildren ages 0-5 will be referred to Riverside County Office of Education (RCOE). Those grandparents who do not fall into this category are referred to other agencies that provide this service. Supplemental services are offered and available to grandparents through services and programs with RCOoA. The social worker with the Grandparents Raising Grandchildren program is able to make referrals for these services if needed and if the grandparents qualify for this type of assistance.

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

Services are provided throughout the PSA (Riverside County).

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

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

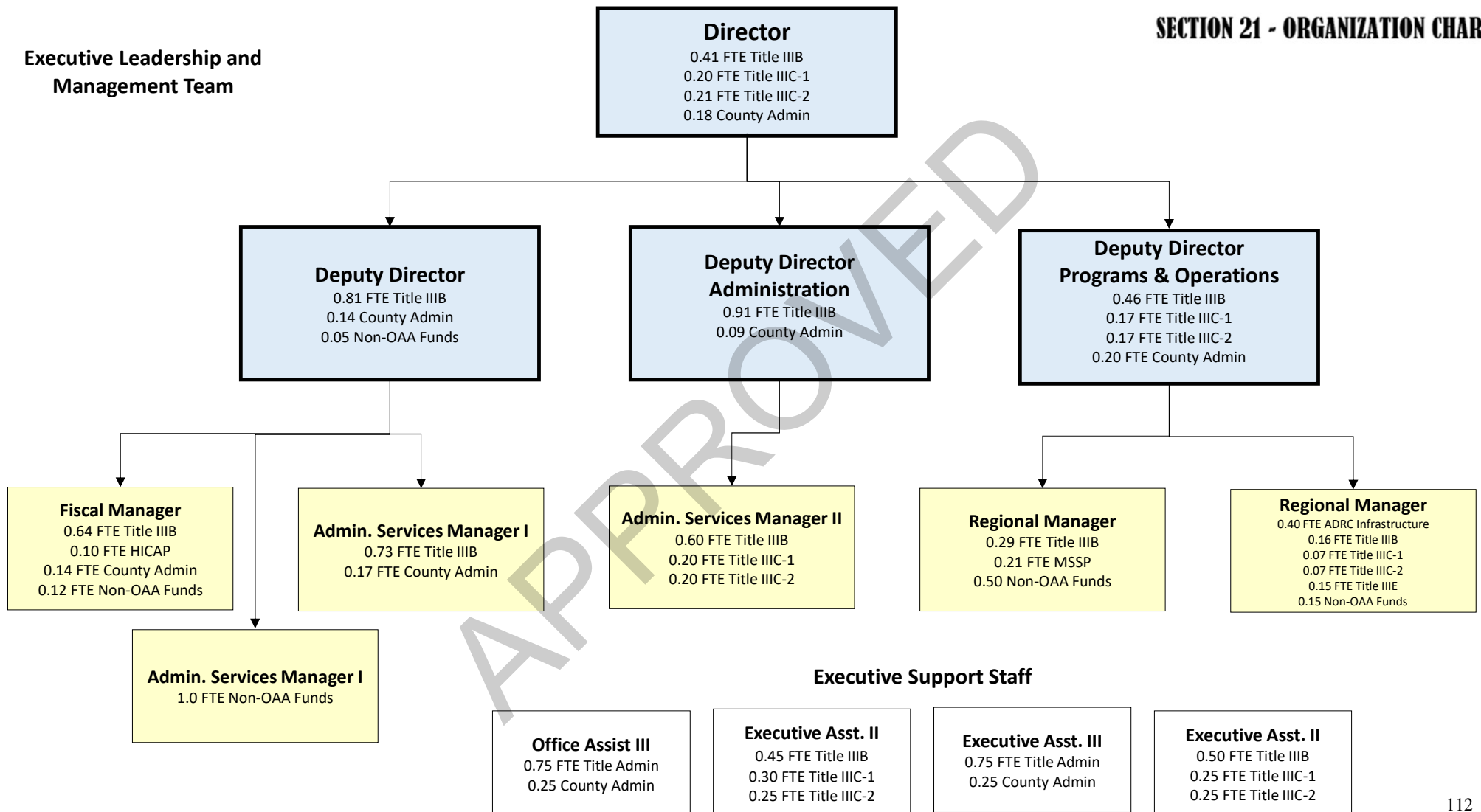
- **How the AAA ensures the service continues to be provided in the PSA without the use of Title III E funds**

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

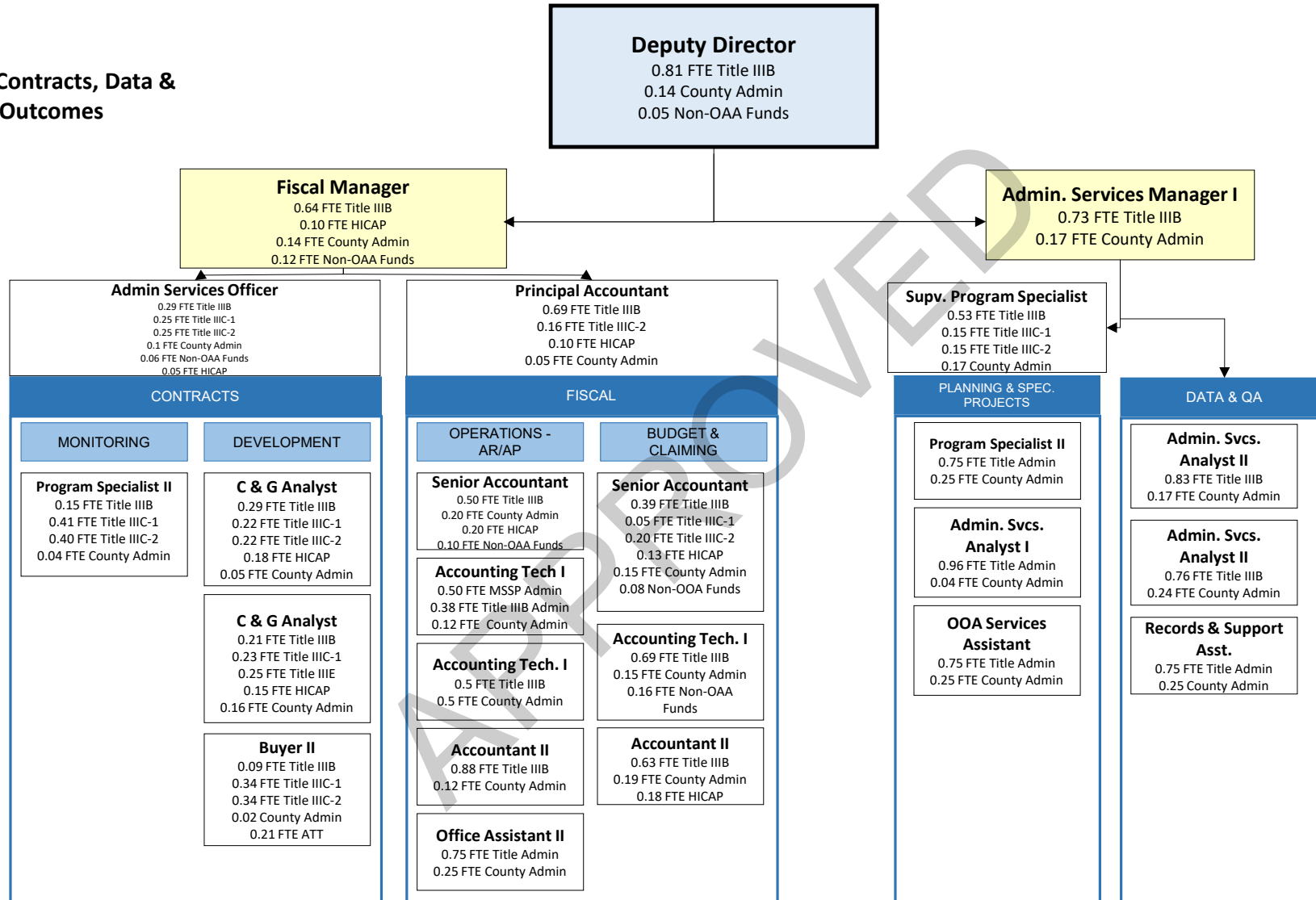
APPROVED

SECTION 21 - ORGANIZATION CHART

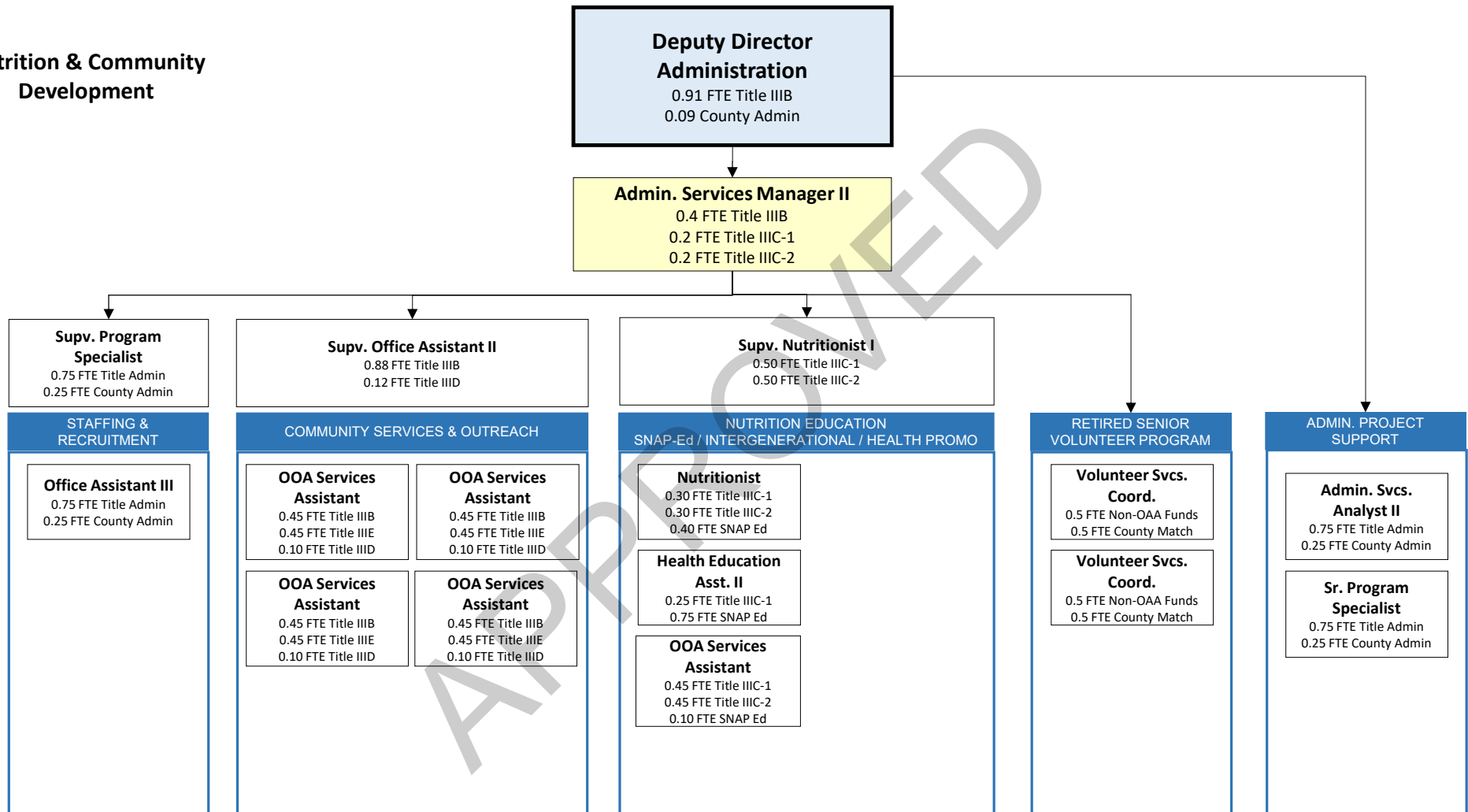
Executive Leadership and Management Team



Fiscal, Contracts, Data & Outcomes



**Nutrition & Community
Development**



**Deputy Director
Programs & Operations**

0.46 FTE Title IIIB
0.17 FTE Title IIIC-1
0.17 FTE Title IIIC-2
0.20 FTE County Admin

Regional Manager
0.29 FTE Title IIIB
0.21 FTE MSSP
0.50 Non-OAA Funds

Programs & Services

Behavioral Health Services Supervisor
1.0 FTE Non-OAA Funds

HARTS (MEDICAL CASE MANAGEMENT)

SSP III 1.0 FTE Non-OAA Funds	RN I 1.0 FTE Non-OAA Funds
SSP III 1.0 FTE Non-OAA Funds	RN I 1.0 FTE Non-OAA Funds
SSP III – HARTS Desert 1.0 FTE Non-OAA Funds	
Office Assistant III 1.0 FTE Non-OAA Funds	

Social Services Supervisor II
0.75 FTE Title IIIB
0.25 FTE Non-OAA Funds

CONTRACTED CASE MANAGEMENT

CTI	ACCESS (IIIB CASE MANAGEMENT)
SSP III – Care Transition 1.0 FTE Non-OAA Funds	SSP III 1.0 FTE Title IIIB
CARELINK	SSP III 1.0 FTE Non-OAA Funds
SSP III 1.0 FTE Non-OAA Funds	Office Assistant II 0.75 FTE Title Admin 0.25 FTE Admin
SSP III 1.0 FTE Non-OAA Funds	

Behavioral Health Services Supervisor
1.0 FTE Non-OAA Funds

MSSP – CASE MANAGEMENT

SSP III 1.0 FTE MSSP	SSP III 1.0 FTE MSSP
SSP III 1.0 FTE MSSP	SSP III 1.0 FTE MSSP
SSP III 1.0 FTE MSSP	SSP III – Desert 1.0 FTE MSSP

POSITIONS PENDING ASSIGNMENT

SSP II 0.5 FTE Title IIIC-1 0.5 FTE Title IIIC-2	Clinical Therapist 1.0 FTE Title IIIB
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Social Services Supervisor II
1.0 FTE MSSP

MSSP – ADMIN / SITE DIRECTOR

RN I – P/T 75% 0.75 FTE MSSP	RN I 1.0 FTE MSSP
RN I 1.0 FTE MSSP	Office Assistant II 1.0 FTE MSSP
OOA Services Assistant 1.0 FTE MSSP	OOA Services Assistant 1.0 FTE MSSP

**Deputy Director
Programs & Operations**

0.46 FTE Title IIIB
0.17 FTE Title IIIC-1
0.17 FTE Title IIIC-2
0.20 FTE County Admin

Regional Manager

0.40 FTE ADRC Infrastructure
0.16 FTE Title IIIB
0.07 FTE Title IIIC-1
0.07 FTE Title IIIC-2
0.15 FTE Title IIIE
0.15 Non-OAA Funds

Programs & Services

Social Services Supervisor II
0.30 FTE Title IIIB
0.35 FTE Title IIIC-1
0.35 FTE Title IIIC-2

Supervising Program Specialist
1.0 FTE Non-OAA Funds

Social Services Supervisor II
1.0 FTE Title IIIE

Social Services Supervisor II
1.0 FTE Title IIIB

Social Services Supervisor II
0.70 FTE Title IIIB
0.30 FTE ADRC Infrastructure

BLYTHE SR NUTRITION

SSP III

0.20 FTE Title IIIB
0.40 FTE Title IIIC-1
0.40 FTE Title IIIC-2

**OOA Meal Program
Asst**

0.50 FTE Title IIIC-1
0.50 FTE Title IIIC-2

**OOA Meal Program
Asst**

0.50 FTE Title IIIC-1
0.50 FTE Title IIIC-2

**OOA Meal Program
Asst**

0.5 FTE Title IIIC-1
0.5 FTE Title IIIC-2

**CAREER PATHWAYS
(IHSS)**

Clinical Therapist II
1.0 FTE Non-OAA Funds

SSP III - BRI

1.0 FTE Non-OAA Funds

Program Specialist II

0.66 FTE Title IIIB
0.18 Non-OAA Funds
0.16 County Admin

OOA Services Assistant

1.0 FTE Non-OAA Funds

Clinical Therapist II
1.0 FTE Non-OAA Funds

**CARE PATHWAYS
TRAINING**

SSP III

1.0 FTE Non-OAA Funds

Program Specialist II

0.90 FTE Non-OAA Funds
0.10 FTE Title IIIE

OOA Services Assistant

0.35 FTE Title IIIE
0.60 FTE Non-OAA Funds
0.05 FTE County Admin

SSP III

1.0 FTE Non-OAA Funds

**CAREGIVER SUPPORT
CASE MANAGEMENT**

SSP III

0.95 FTE Title IIIE
0.05 FTE Non-OAA Funds

SSP III

0.95 FTE Title IIIE
0.05 FTE Non-OAA Funds

SSP III - GRG

1.0 FTE Title IIIE

SPECIAL PROJECTS/CASE MANAGEMENT

HELPLINK+

SSP III

0.50 FTE Title IIIB
0.50 FTE ADRC Infrastructure

SSP III

1.0 FTE Title IIIB

**HOMELESS CM
(SHIP)**

SSP III

0.80 FTE Title IIIB
0.20 FTE ADRC Infrastructure

SSP III

0.90 FTE Title IIIB
0.10 FTE ADRC Infrastructure

SSP II

1.0 FTE Title IIIB

**SHIP +
TECH ACCESS**

OOA Services Assistant
1.0 FTE Title IIIB

OOA Services Assistant
1.0 FTE Title IIIB

**HELPLINK 1
[INFO. & ASST.]**

Supv. Office Assistant II

0.50 FTE Title IIIB
0.50 FTE ADRC Infrastructure

OOA Services Assistant

0.50 FTE Title IIIB
0.50 FTE ADRC Infrastructure

OOA Services Assistant

0.50 FTE Title IIIB
0.50 FTE ADRC Infrastructure

OOA Services Assistant

0.50 FTE Title IIIB
0.50 FTE ADRC Infrastructure

OOA Services Assistant

0.50 FTE Title IIIB
0.50 FTE ADRC Infrastructure

HELPLINK 2 [MAT. AID]

OOA Services Assistant

0.50 FTE Title IIIB
0.50 FTE ADRC Infrastructure

OOA Services Assistant

0.30 FTE Title IIIB
0.50 FTE ADRC Infrastructure
0.20 Non-OAA Funds

OOA Services Assistant

0.50 FTE Title IIIB
0.50 FTE ADRC Infrastructure

OOA Services Assistant

1.0 FTE ADRC Infrastructure

OOA Services Assistant

0.50 FTE Title IIIB
0.50 FTE ADRC Infrastructure

SECTION 22 - ASSURANCES

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

A. Assurances

1. OAA 306(a)(2)

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

- (A) services associated with access to services (transportation, health services (including mental health services) outreach, information and assistance, (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible) and case management services).
- (B) in-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and
- (C) legal assistance: and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded.

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

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

- (aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement.
- (bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and;

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

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

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

- (I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider.
- (II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and
- (III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area.

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

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

- (I) identify the number of low-income minority older individuals in the planning and service area.
- (II) describe the methods used to satisfy the service needs of such minority older individuals; and
- (III) provide information on the extent to which the area agency on aging met the objectives

described in assurance number 2.

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

Use outreach efforts that —

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

- (I) older individuals residing in rural areas;
- (II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
- (III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
- (IV) older individuals with severe disabilities;
- (V) older individuals with limited English proficiency;
- (VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
- (VII) older individuals at risk for institutional placement; and

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

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

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

7. OAA 306(a)(5)

Provide assurances that the Area Agency on Aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement with agencies that develop or provide services for individuals with disabilities;

8. OAA 306(a)(9)

Provide assurances that the Area Agency on Aging will carry out the State Long-Term Care Ombudsman program under 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title;

9. OAA 306(a)(11)

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

- (A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;
- (B) An assurance that the Area Agency on Aging will to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and
- (C) An assurance that the Area Agency on Aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.

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

- (A) maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships;
- (B) disclose to the Assistant Secretary and the State agency—
 - (i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and
 - (ii) the nature of such contract or such relationship;
- (C) demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such contract or such relationship;
- (D) demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such contract or such relationship; and
- (E) on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals;

11. 306(a)(14)

Provide assurances that preference in receiving services under this Title shall not be given to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title;

12. 306(a)(15)

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

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

13: OAA 305(c)(5)

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

14. OAA 307(a)(7)(B)

- (i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;
- (ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and
- (iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

15. OAA 307(a)(11)(A)

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

16. OAA 307(a)(11)(B)

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

17. OAA 307(a)(11)(D)

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

18. OAA 307(a)(11)(E)

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

19. OAA 307(a)(12)(A)

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

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

20. OAA 307(a)(15)

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

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

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

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

21. OAA 307(a)(18)

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

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

provided to them.

22. OAA 307(a)(26)

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

23. OAA 307(a)(27)

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

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

24. CFR [1321.53(a)(b)]

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

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

(1) Have a visible focal point of contact where anyone can go or call for help, information or referral on any aging issue;

(2) Provide a range of options;

(3) Assure that these options are readily accessible to all older persons: The independent, semi-dependent and totally dependent, no matter what their income;

(4) Include a commitment of public, private, voluntary and personal resources committed to supporting the system;

(5) Involve collaborative decision-making among public, private, voluntary, religious and fraternal organizations and older people in the community;

(6) Offer special help or targeted resources for the most vulnerable older persons, those in danger of losing their independence;

(7) Provide effective referral from agency to agency to assure that information or assistance is received, no matter how or where contact is made in the community;

(8) Evidence sufficient flexibility to respond with appropriate individualized assistance, especially for the vulnerable older person;

(9) Have a unique character which is tailored to the specific nature of the community;

(10) Be directed by leaders in the community who have the respect, capacity and authority necessary to convene all interested individuals, assess needs, design solutions, track overall success, stimulate change and plan community responses for the present and for the future.

25. CFR [1321.53(c)]

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

26. CFR [1321.53(c)]

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

27. CFR [1321.53(c)]

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

CFR [1321.53(c)]

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

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

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

29. CFR [1321.61(d)]

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

30. CFR [1321.69(a)]

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

APPROVED

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