



RIVERSIDE COUNTY
OFFICE ON AGING

Aging in Motion

Fiscal Years 2024 - 2028
Area Plan on Aging

TABLE OF CONTENTS PSA 21

Message from Director	3
2024-2028 4-year Area Plan Required Components Checklist	5
Transmittal Letter	6
Section 1. Mission Statement	7
Section 2. Description Of the Planning and Service Area (PSA)	8
Section 3. Description Of the Area Agency on Aging (AAA)	24
Section 4. Planning Process & Establishing Priorities	26
Section 5. Needs Assessment & Targeting	27
Section 6. Priority Services & Public Hearings	37
Section 7. Area Plan Narrative Goals & Objectives	41
Section 8. Service Unit Plan (SUP)	44
Section 9. Senior Centers & Focal Points	81
Section 10. Family Caregiver Support Program	90
Section 11. Legal Assistance	93
Section 12. Disaster Preparedness	99
Section 13. Notice Of Intent to Provide Direct Services	105
Section 14. Request For Approval to Provide Direct Services	106
Section 15. Governing Board	109
Section 16. Advisory Council	111
Section 17. Multipurpose Senior Center Acquisition or Construction	115
Compliance Review	115
Section 18. Organization Chart	117
Section 19. Assurances	121



Message From The Director

I am pleased to submit **“Aging in Motion” or AIM** -- the Riverside County Office on Aging’s (RCOoA) Area Plan on Aging for fiscal years 2024 to 2028. As a condition of state and federal funding, the department is required to complete a community assessment and develop an area plan outlining specific goals and objectives over a four-year period. The plan specifies the array of safety net services necessary to mitigate emergent issues that are impacting aged and vulnerable adults, their caregivers, and families.

The proposed 2024-28 Area Plan on Aging was developed through an 18-month engagement and assessment process that involved the combined efforts of core partners including: county services and health departments, Advisory Council on Aging, contracted service providers, senior and resource centers, and other community-based organizations. The strategies and opportunities outlined in the 2024-2028 Area Plan are guided by statewide initiatives and legislative priorities that include: the California Master Plan for Aging; 2020 Census results; and Assembly Bill 1287, which mandates streamline assessment and enhanced access to services. Last and most importantly, the Area Plan highlights the department’s ongoing investments in the critical bodies of work involving the County health system and human service partners to achieve countywide service integration, enhanced access, and improved service outcomes.

Riverside County is committed to proactive outreach and prevention strategies. In alignment with the County Board’s 2022 mandate to integrate health and human services as well as the initiatives highlighted below, the theme of this four-year plan is **“Aging in Motion” – our own approach to aging that emphasizes staying active, engaged, and dynamic as one grows older, promoting a lifestyle and community design focused on continuous movement and vitality.**

The department remains committed to seeking out new ways to (re-)engage and (re-)connect with older adults and vulnerable individuals as social isolation and behavioral health issues continue to be salient concerns across the different service spectrums and age generations. Additionally, our community’s caregivers often experience heightened stress, mental health strain, and reduced quality of life. Collaborative efforts to support both the vulnerable adults and their caregivers are essential to address these interconnected challenges effectively. The goals of the 2024-2028 Area Plan by the Riverside County Office on Aging (PSA 21) center on three main strategies listed below.

- **Building Age- & Ability-Friendly Communities:** The department is committed to efforts and activities that help build inclusive communities that support older adults and persons with disabilities to age comfortably in neighborhoods of their choice.

Message From The Director

- **Bolstering Community Connections:** The department will promote and uplift neighborhood programs that enhance social, virtual, and wellness connections to reduce isolation. Through collaborative initiatives, the aim is to foster a sense of belonging and interconnectedness between residents and neighborhood resources.
- **Bridging Resources:** The department will strategize and innovate to bridge partners and resources to people, with a relentless pursuit of enhancing access to a diverse range of services precisely when they are needed most.

To effectively address the mental health and isolation challenges faced by the elderly, individuals with disabilities, and community caregivers, collaboration with partners at all levels is essential. The department's network includes government agencies, healthcare providers, community organizations, and individuals working together to create comprehensive solutions and support networks.

We would like to acknowledge and thank the many individuals and organizations who committed their time, insights, and patience to the area plan's robust 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; local survey respondents; Aging and Disability Resource Connection core members; and the California Department of Aging staff.

Thank you!



Jewel Lee
Director of Office on Aging

**2024-2028 4-YEAR AREA PLAN
REQUIRED COMPONENTS CHECKLIST
PSA 21**

Section	Four-Year Area Plan Components	4-Year Plan
TL	Transmittal Letter – Can be electronically signed and verified, email signed letter or pdf copy of original signed letter can be sent to areaplan@aging.ca.gov.	<input checked="" type="checkbox"/>
1	Mission Statement	<input checked="" type="checkbox"/>
2	Description of the Planning and Service Area (PSA)	<input checked="" type="checkbox"/>
3	Description of the Area Agency on Aging (AAA)	<input checked="" type="checkbox"/>
4	Planning Process & Establishing Priorities & Identification of Priorities	<input checked="" type="checkbox"/>
5	Needs Assessment & Targeting	<input checked="" type="checkbox"/>
6	Priority Services & Public Hearings	<input checked="" type="checkbox"/>
7	Area Plan Narrative Goals and Objectives	<input checked="" type="checkbox"/>
7	Title IIIB Funded Program Development (PD) Objectives	<input checked="" type="checkbox"/>
7	Title IIIB Funded Coordination (C) Objectives	<input checked="" type="checkbox"/>
7	System-Building and Administrative Goals & Objectives	<input checked="" type="checkbox"/>
8	Service Unit Plan (SUP) and Long-Term Care Ombudsman Outcomes	<input checked="" type="checkbox"/>
9	Senior Centers and Focal Points	<input checked="" type="checkbox"/>
10	Title III E Family Caregiver Support Program	<input checked="" type="checkbox"/>
11	Legal Assistance	<input checked="" type="checkbox"/>
12	Disaster Preparedness	<input checked="" type="checkbox"/>
13	Notice of Intent to Provide Direct Services	<input checked="" type="checkbox"/>
14	Request for Approval to Provide Direct Services	<input checked="" type="checkbox"/>
15	Governing Board	<input checked="" type="checkbox"/>
16	Advisory Council	<input checked="" type="checkbox"/>
17	Multipurpose Senior Center Acquisition or Construction Compliance Review	<input checked="" type="checkbox"/>
18	Organizational Chart	<input checked="" type="checkbox"/>
19	Assurances	<input checked="" type="checkbox"/>

TRANSMITTAL LETTER

2024-2028 FOUR YEAR AREA PLAN / ANNUAL UPDATE

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

AAA Name: Riverside County Office on Aging

PSA: 21


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

1. **Chuck Washington**

Signature: Governing Board Chair

Date

2. **Mark Cox**


Mark Cox (Mar 25, 2024 08:49 PDT)

Signature: Advisory Council Chair

Mar 25, 2024

Date

3. **Jewel Lee**



Signature: Area Agency Director

Apr 5, 2024

Date

SECTION 1. MISSION STATEMENT

All Area Agencies on Aging are 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 (PSA 21)

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

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

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

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

RCOOA CORE VALUES

DIGNITY
RESPECT FOR ALL
COLLABORATION
INNOVATION
EXCELLENCE
HONESTY
INTEGRITY
PROFESSIONALISM



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

A. Physical Characteristics of the County

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

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

B. Land Usage

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

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

C. Governmental Structure

Planning and Service Area (PSA) 21 is comprised solely of Riverside County. The Riverside County Office on Aging, which serves as the Area Agency on Aging (AAA), is a stand-alone county department and governed by the Riverside County Board of Supervisors at the local level. The Board of Supervisors is made up of five members, each representing a different district within the County.

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

[2] RivCoNOW, "County of Riverside," RivCo Now, accessed 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 March 2024, <https://rivcoda.org/the-office/special-prosecutions/tribal-unit>.

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

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

D. Rural or Isolated Population Density

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

E. Demographic Spread

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

Service Areas of PSA 21

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

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

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

Service Areas of PSA 21 (cont.)

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

F. Riverside County Population

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

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

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

G. Riverside County's Aging Population

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

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

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

H. Disabled Population

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

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

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

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

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

[9] California Department of Aging, "Facts about California's Elderly," State of California, 2017, accessed March 2024, https://www.aging.ca.gov/Data_and_Reports/Facts_About_California's_Elderly/.

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

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

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

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

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

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

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

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

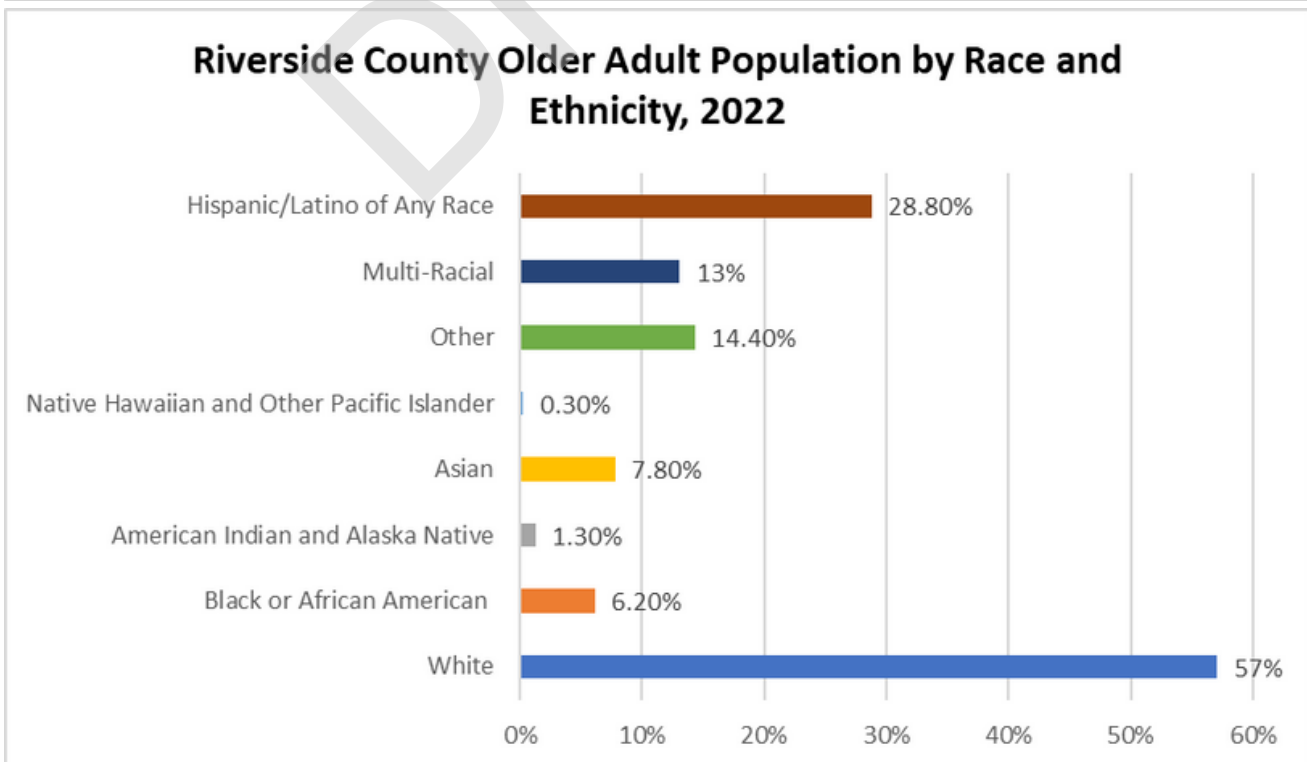
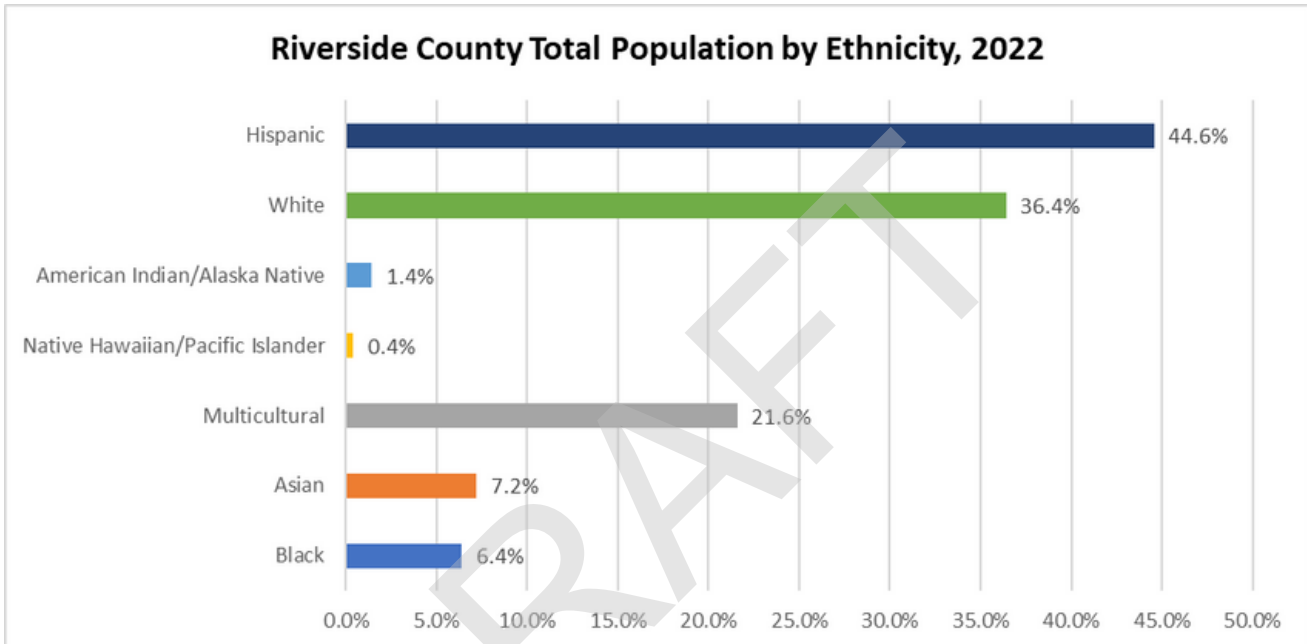
Disabled Population with a Self-Care Difficulty: 65,258	
Age Group	Population Estimates
65 - 74 years old	10,554
75 years old and older	20,326

Disabled Population with an Independent Living Difficulty: 113,967	
Age Group	Population Estimates
65 - 74 years old	19,999
75 years old and older	36,591

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

I. Ethnic and Cultural Diversity

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



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

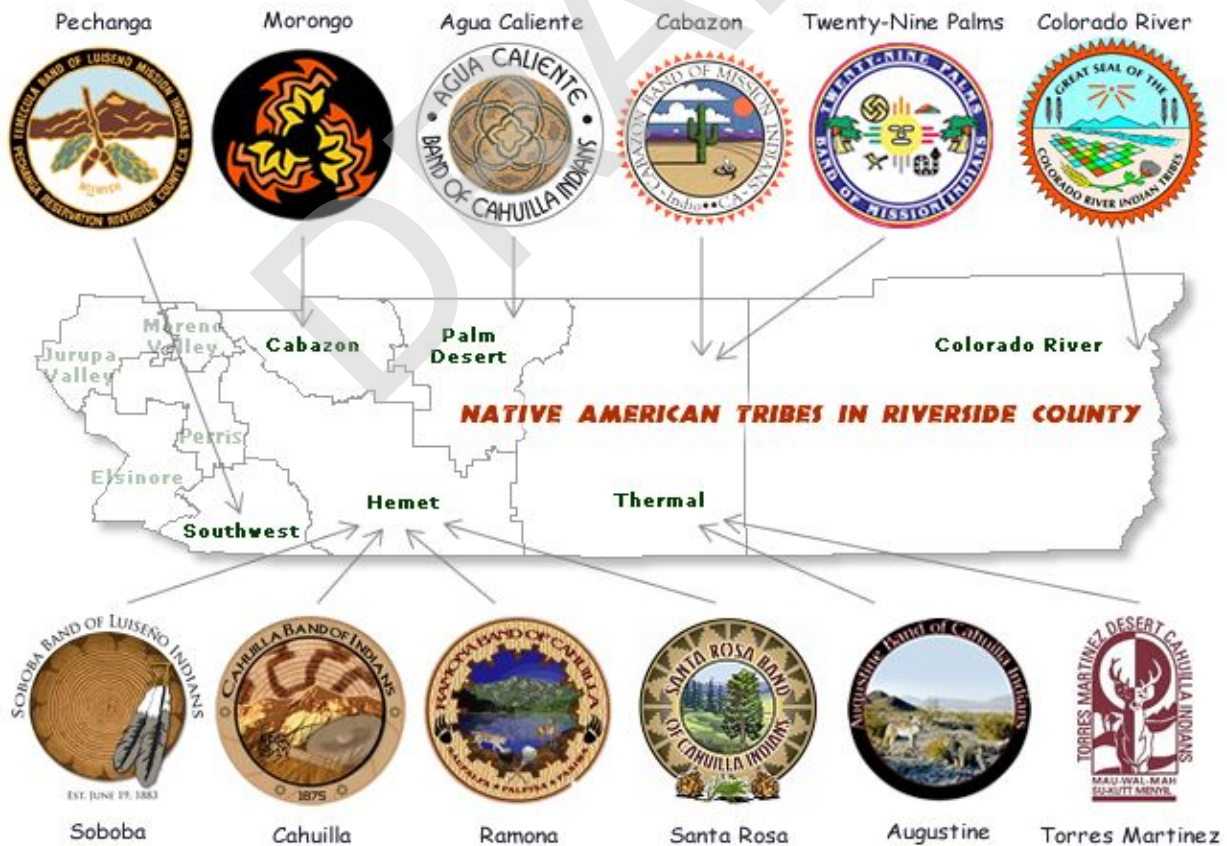
SECTION 2. DESCRIPTION OF THE PLANNING AND SERVICE AREA PSA 21

J. American Indian Population

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

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

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



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

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

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

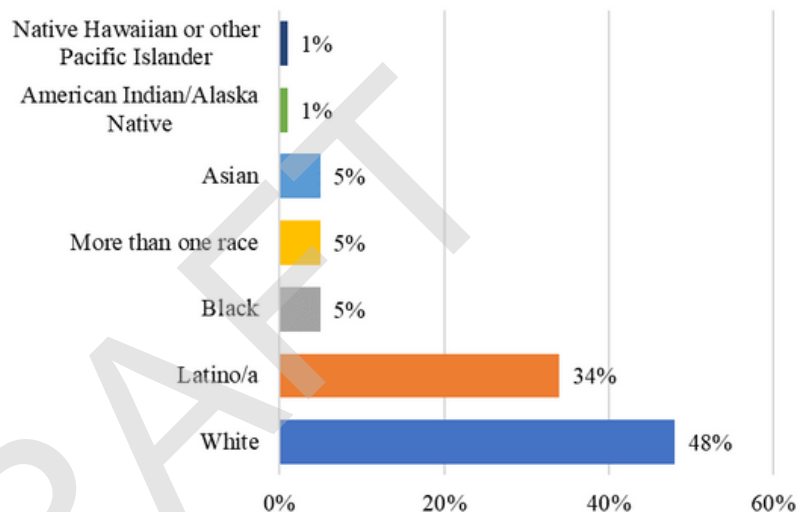
K. Lesbian, Gay, Bisexual, Transgender, and Queer/Questioning (LGBTQ+) Population

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

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

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

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



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

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

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

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

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

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

[19] Riverside University Health System. "Inland Empire Transgender Health & Wellness Profile." 2015, Accessed January 2024. https://www.ruhealth.org/sites/default/files/2020-08/Inland_Empire_Transgender_Health_and_Wellness_2015_Final.pdf

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

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

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

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

L. Programs and Services Provided

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, staff co-located at service delivery hubs and the Advisory Council on Aging. Program information is shared through RCOoA's outreach efforts and directly by HelpLink call center staff. The following is a summary of services and programs offered by RCOoA.

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

- **Integrated Service Delivery Hubs:** The County of Riverside selected RCOoA to develop an integrated service delivery model as the County projects to have a 248% increase in its adult population over age 60 and a 711% increase in adults over age 85, between 2010 and 2060. Through an integrated service delivery model, RCOoA seeks to solidify a plan to better meet the needs of the County's older adult community. This initiative aligns with California's Master Plan on Aging goals of Housing for All Ages, Health Reimagined, and Affordable Aging and coincides with the County's strategic plan to provide improved access and coordination of appropriate health care and social services. RCOoA will seek to increase consumer access to local resources through integrated partnerships and one-stop shops.
- **HelpLink Information and Assistance (I&A) Call Center:** In 2008, the Riverside County Office on Aging received an Aging and Disability Resource Connection (ADRC) designation and is part of a collaborative effort of the U.S. Administration on Aging and the Centers for Medicare and Medicaid Services. HelpLink is the ADRC entry point for consumers who need information and/or referrals to in-house, other county, and/or community-based services and programs through the toll-free number for Riverside County (1-877-932-4100). Consumers can speak with trained I&A Specialists who understand available programs and eligibility requirements, and current availability of services. I&A Specialists are also qualified to perform comprehensive assessments for those consumers who require more ongoing support through our case management services. These services are provided countywide by RCOoA staff and partners from throughout the County.

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

- **Network of Care:** RCOoA oversees and maintains the Network of Care website, a self-service, internet-based resource directory that provides current and detailed information about services for older adults, people with disabilities, their caregivers, and other service providers. Users can receive assistance with medications, search for services, use the health library, search for assistive devices, link to city, county, state and federal governments, track legislation and give feedback to legislators, complete and print a personalized emergency care card, use a password-protected personal folder to keep track of medical information and store personal medical information to share with providers who use the system. 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 and Advocacy Program (HICAP):** Through a contracted provider, RCOoA offers HICAP which 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.

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

2) Case Management: These services offer frail and vulnerable older adults, persons with disabilities, and their caregivers an alternative to more costly institutional and nursing home care by offering a variety of options for home-based care to help them remain in their homes. Trained social workers and public health nurses conduct comprehensive in-home evaluations and provide links to critical services including homemaking (assorted housecleaning duties, cooking, etc.), personal care (bathing, eating, medication management, etc.), emergency aid (utility bills, home repairs, durable equipment such as wheelchairs, etc.) and respite, training, and support groups for caregivers. Care coordination programs also assist older adults with care transitions from hospital to home and reduce the rate of costly readmissions. Specific programs include:

- **Helplink Plus:** Provides immediate assistance to clients who contact the RCOoA Call Center seeking assistance in multiple areas of need and provides short-term case management to stabilize and link clients to other resources or case management programs.
- **Access:** A Title IIIB funded program which provides short-term case management for adults 60 years of age or older who reside in their own home, regardless of income level, immigration status, and Medi-Cal eligibility. Access aims to prevent premature or unnecessary institutionalization of frail, at-risk, elderly, and functionally impaired adults by providing comprehensive care management and support.
- **Senior Homelessness Integrated Partnerships (SHIP) Program:** 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 level of intervention needed to prevent homelessness. Any immediate issues are addressed by RUHS-Behavioral Health and Adult Protective Services; once stabilized, clients are referred to RCOoA for ongoing case management. Acting as the primary case management resource, RCOoA ensures ongoing support, which guarantees that needed services are continuing, housing stabilization supports are in place, 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.
- **Multipurpose Senior Services Program (MSSP):** 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 provides vast resources of experience and knowledge through its comprehensive and coordinated community-based systems and services.

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

- **Behavioral Health Liaison Program:** Through a partnership with Riverside University Health System – Behavioral Health, counseling staff are embedded 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.

3) Care Transition:

- **Holistic Assessment, Resources, and Transitions for Seniors (HARTS) Program:** Provides hospital discharge planning, short- and long-term medical case management, and professional nursing services to older and vulnerable adult clients referred from the Department of Public Social Services Adult Protective Services (DPSS APS) or In-Home Supportive Services (IHSS). HARTS' primary objective is to utilize combined strategies and current RCOoA programs designed for transition care, care coordination through collaboration, and caregiver support, with the goal of improving overall health outcomes for DPSS ASD and IHSS clients. HARTS nursing staff provides general support to APS and IHSS social workers, including in-home medical assessments, prevention education on medical issues for clients and caregivers, and in-person and telephone-based consultations. HARTS is funded through a partnership with DPSS-APS.
- **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 patients both avoid repeat hospitalizations and unnecessary institutionalization. This service is provided directly by RCOoA staff. This program is funded through a partnership with RUHS.

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

4) Caregiver Support:

- **Family Caregiver Support Programs (FCSP):** Provides support and resources to caregivers, making it possible for them to provide vital care services to their family members. Services include advocacy, care management, education, counseling, respite services, in-home assistance, and supplemental services.
- **Care Pathways Program:** Provides a series of 12 weekly psychoeducational classes and 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. 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.

5) Social Engagement and Wellness: RCOoA provides an array of services and programs to assist older adults with maintaining their overall health and wellness as they age. Through a combination of physical fitness programs, congregate and home delivered meals, nutrition education, behavioral health screenings for depression, and activities that promote social engagement and connections with others, RCOoA assists older adults with understanding what a critical role good health plays in the quality of their lives. RCOoA also provides programs designed to encourage social connections and to keep older adults active in their communities through intergenerational activities and volunteerism. Specific programs include:

- **Congregate and Home Delivered Meals:** Congregate and home-delivered meals are provided to persons over age 60 and their spouses. Congregate services are available at over 30 sites throughout Riverside County and provide daily meals to over 6,000 older adults. The Home Delivered Meal Program serves homebound older adults over age 60, who are at the greatest nutritional risk and who are homebound by reason of illness or disability. Meal programs are administered directly by RCOoA to older adults in Blythe and in partnership with multiple contracted providers throughout the County.
 - **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.

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

- **Health & Nutrition Education:** RCOoA-contracted Senior Nutrition Providers offer Nutrition Education a minimum of four (4) times per year to participants in congregate and home-delivered meal programs. In addition, RCOoA staff provide general nutrition education at events, senior and community centers, and housing communities for older adults. The Registered Dietitian reviews and approves Senior Nutrition Provider menus.
- **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:** This evidence-based program operates at the Blythe WIC 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. Currently, classes are only facilitated by RCOoA staff in the City of Blythe.
- **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 clients' access to community resources, increase social connections and communication, and build self-confidence using new technology. RCOoA offers 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.
- **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 at public sector and community-based agencies allowing them the opportunity to continue contributing their skills and wisdom for the betterment of their communities and overall health and wellness. The program is grant-funded by the Corporation for National Community Service. RCOoA staff facilitate the program, which is only available in the eastern part of Riverside County.

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

6) Transportation Services:

- **Transportation Access:** 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.
- **Veteran Assisted Transportation:** RCOoA arranges transportation for veterans through contracted service providers. This service provides escort or other appropriate assistance for veterans who have difficulties (physical or cognitive) using regular vehicular transportation to attend medical appointments.
- **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.

DRAFT

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

RIVERSIDE COUNTY OFFICE ON AGING
An Aging & Disability Resource Center

2022-23 SERVICE REPORT

98,087 TOTAL LIVES IMPACTED BY NEW & ONGOING SERVICES

\$23.3 MIL TOTAL FUNDING FOR SERVICES IN 2022-23

07/01/2022 TO
06/30/2023



Call Center [ADRC]

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

Options Counseling

32,152 Calls Received
30,428 Answered **95%**

30,986 Completed Assessments

38,736 Services Offered

73,058 1-ON-1 OUTREACH/EDUCATION



846,912 Meals to **13,184** Clients

Transportation

18,108 One-Way Trips to **255** Clients

615 Caregiver Support Group Sessions

Care Management

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

1,697 Clients



1,208 Hours of Training & Education to **96** Family Caregivers & **6,774** IHSS Providers

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

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

Along with a roster of over 50 service providers, RCOoA has three offices located throughout the county, aiming to enhance accessibility for residents in need. The department’s central offices for programs and administration are located in Riverside, the most populous city in the Inland Empire; while two additional satellite offices -- located in Indio and Blythe -- lie in the most-eastern end of the county.

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

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

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

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

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

Administrative Office:
3610 Central Avenue,
Suite 102
Riverside, CA 92506

Programs Office:
7894 Mission Grove
Parkway South
Riverside, CA 92508

Programs Office:
3610 Central Avenue,
Suite 300
Riverside, CA 92506

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

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

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

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

Temecula WIC:
41002 County Center
Drive B,
Temecula, CA 92591

**Coming soon!
Blythe WIC:**
1293 W Hobsonway,
Blythe, CA 92225

**Coming Soon!
Hemet WIC:**
1055 N State St,
Hemet, CA 92543

SECTION 4. PLANNING PROCESS & ESTABLISHING PRIORITIES PSA 21

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

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

- Demographic data from the U.S. Census and other related surveys.
- Community surveys aimed at gaining an understanding the needs of our vulnerable adults and their caregivers.
- RCOoA program and service trend data, in particular, to set adequate proportions for priority Title III B services.
- Research information related to demographic projections and policy trends.

PSA 21 also considered available funding, regulatory guidelines, partnerships, and local, state, and federal legislative priorities as critical components of establishing Area Plan priorities. The 2024-2028 Area Plan “Aging in Motion”, and its subsequent annual updates, will serve as a guiding document for Riverside County’s older adults, families, caregivers, adults with disabilities, local leaders legislators, and the public at large.

Under the governance of the Riverside County Board of Supervisors, RCOoA will provide services based on the goals and objectives in this 2024-2028 Area Plan on Aging.

The goals contained in the 2024-2028 Area Plan have been developed with consideration from the following:

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

SECTION 5. NEEDS ASSESSMENT & TARGETING PSA 21

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

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

As guided by the Older Americans and Older Californians acts, RCOoA works to include input and consider the needs of "Target Populations" in its evaluation of the community's needs, our advocacy efforts, and coordinating the delivery of services. The Older Americans and Older Californians acts define a number of "Target Populations" to include:

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

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

SECTION 5. NEEDS ASSESSMENT & TARGETING PSA 21

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

- Cultural diversity training for all staff.
- Outreach, educational events, support groups, focus groups, and services for limited English speakers.
- Employing fulltime bilingual staff in our call center and every one of our programs or services.
- Translating all surveys, program and information materials as needed.
- Providing reasonable alternative communication services at key points of contact. (telephone, office visits, and in-home visits) to non-English speaking individuals or those with limited English proficiency.
- Focus meetings special interest groups and “design thinking” sessions with partner providers, county department leaders, and stakeholders.
- Developing culturally and linguistically appropriate services and making appropriate referrals.
- Conducting surveys in partnership with community organizations that provide services to these communities.
- Providing direct service delivery in isolated areas, such as Blythe, where contracted providers are not available.
- Participating in events and conferences that seek to identify the needs of current and future older adults.
- Serving as an Aging and Disability Resource Connection (ADRC) to provide a one-stop resource for information, assistance, and referrals throughout Riverside County.
- Conducting free on-going evidence-based and health promotion programming that fosters prolonged health and independence.
- Conducting and participating in disaster preparedness and elder justice initiatives.
- Participating in state-level service integration discussions and providing leadership in county level service integration initiatives.

2023 Survey Data

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

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

SECTION 5. NEEDS ASSESSMENT & TARGETING PSA 21

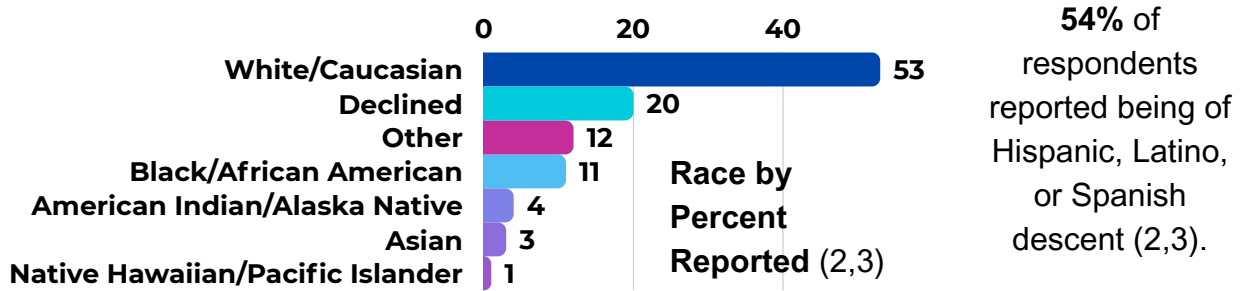
- RCOoA's Community Needs Assessment survey, which gives us insight into the needs and quality of life of older adults, disabled adults, and their caregivers, as well as identifying any potential barriers to obtaining services. Questions focus on an individual's general health and well-being, care they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

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

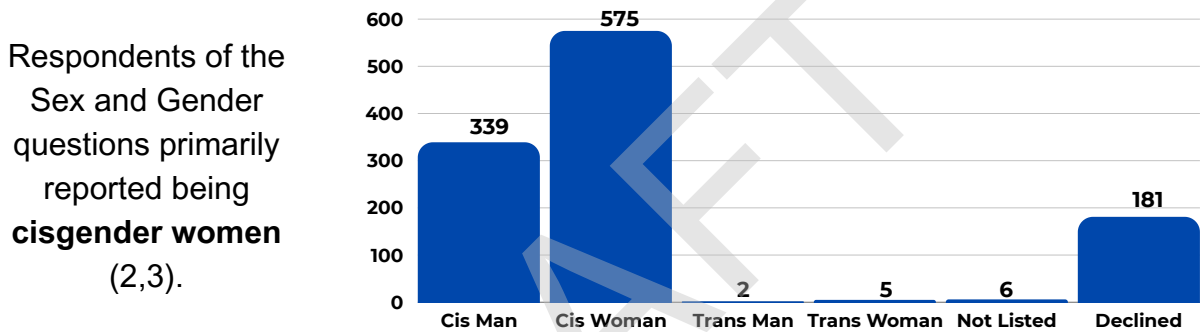
SECTION 5. NEEDS ASSESSMENT & TARGETING

SURVEY RESPONDENT DEMOGRAPHICS

RACE & ETHNICITY

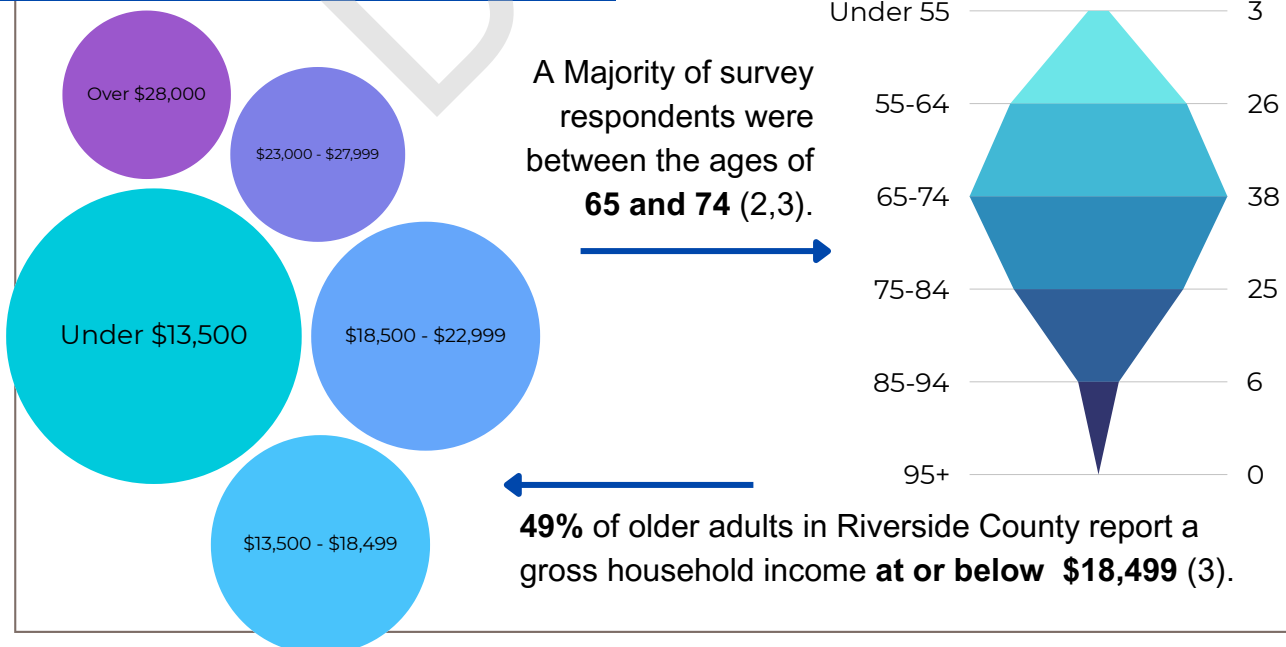


SEX, GENDER & SEXUALITY



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

AGE & INCOME



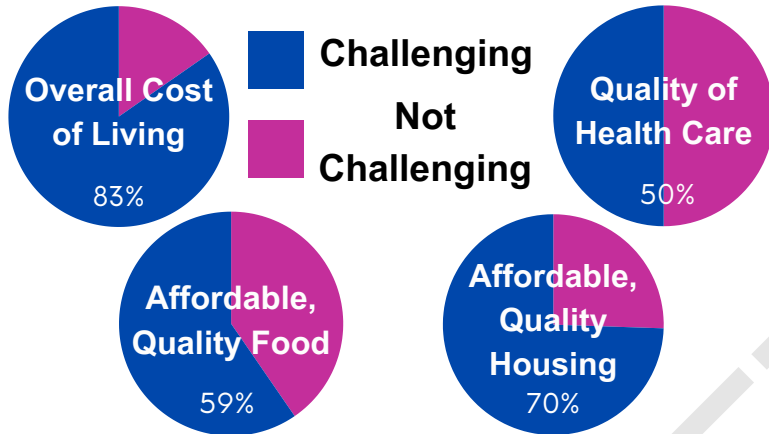
REFERENCES

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

SECTION 5. NEEDS ASSESSMENT & TARGETING RIVERSIDE COUNTY COMMUNITY ASSESSMENT

QUALITY OF LIFE & NEEDS

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

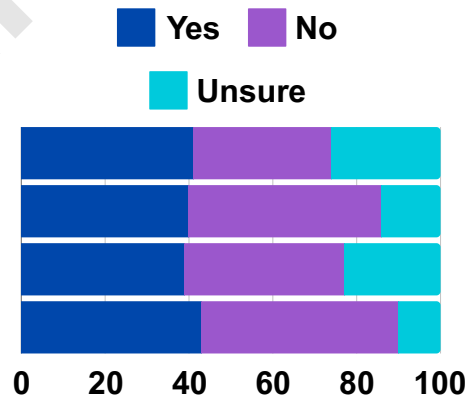


48% of older adults reported difficulty finding information on **senior resources**, and **59%** reported this for **public assistance programs**.

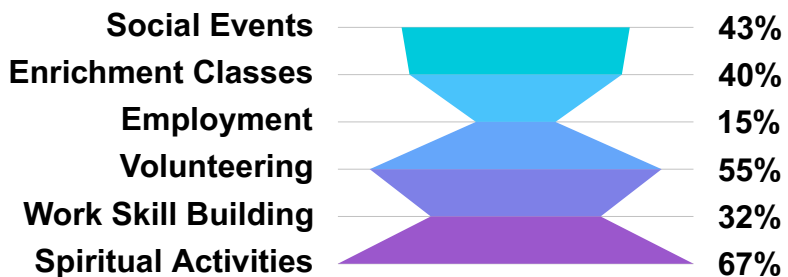
SOCIALITY & CONNECTIVITY

Respondents generally **agreed** that Riverside County is an **open and accepting community** (1,2):

Diversity is Accepted
Residents Feel Welcome
Older Residents are Valued
Community is Neighborly



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



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

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

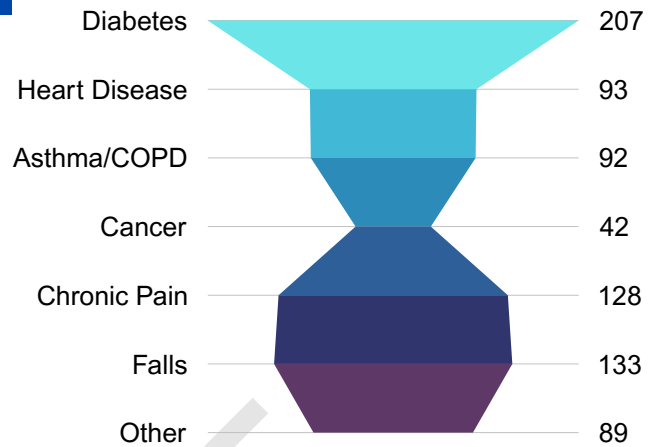
SECTION 5. NEEDS ASSESSMENT & TARGETING

RIVERSIDE COUNTY OLDER ADULT HEALTH & WELLNESS

FALLS & CHRONIC ILLNESS

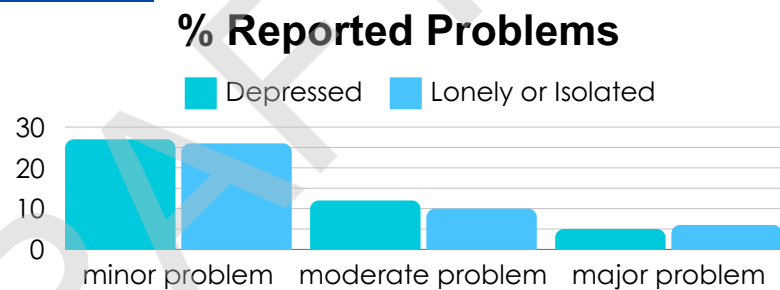
59% of older adults in Riverside County reported having a **chronic health condition (2)**.

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



SOCIAL ISOLATION

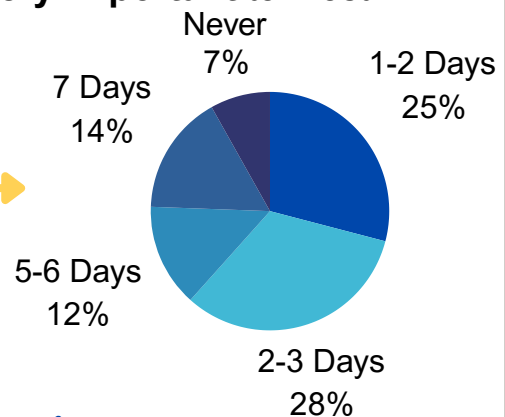
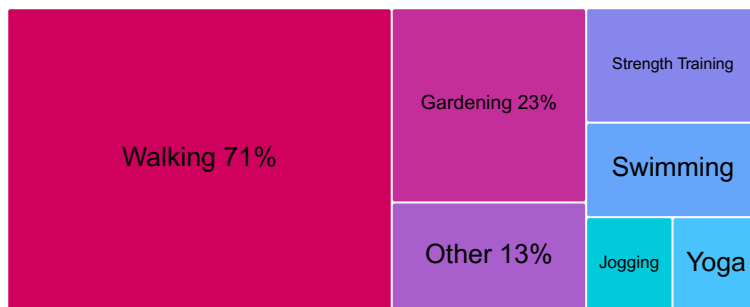
42% of senior respondents reported **feeling lonely or isolated (1)**. **44%** of older adults reported feeling **depressed (1)**:



ABILITY & MOBILITY

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

How often are older adults active (2)?



Which physical activities are older adults performing (2)?

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

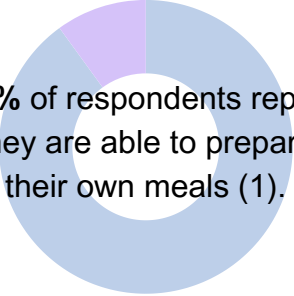
REFERENCES

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

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

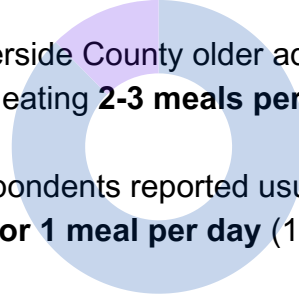
DAILY MEALS

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



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

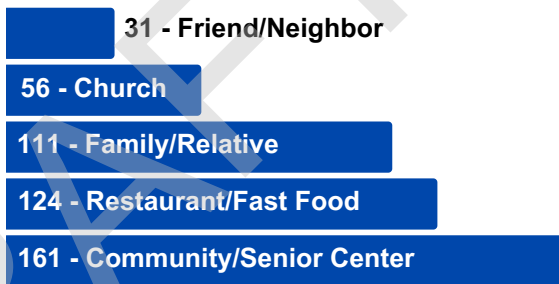
11% of respondents reported usually eating **0 or 1 meal per day** (1).



OBTAINING NECESSITIES

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

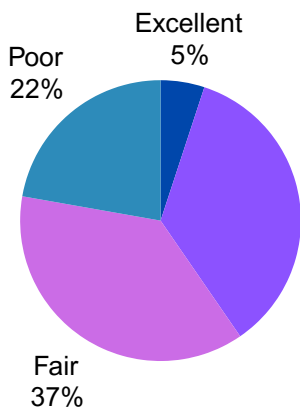
Where are older adults getting their meals (1)?



AFFORDABILITY

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

Between buying food OR:
buying medication (1/10) paying bills (2/10)



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

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

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

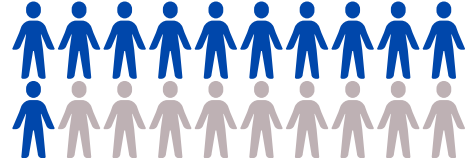
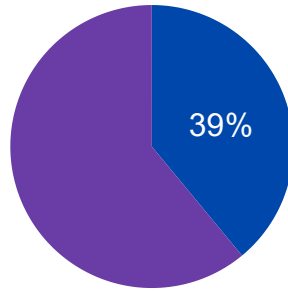
REFERENCES (1) 2023 Riverside County Health and Nutrition Survey.
(2) 2023 Polco Community Assessment Survey for Older Adults in Riverside County.

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

VOLUNTEERING

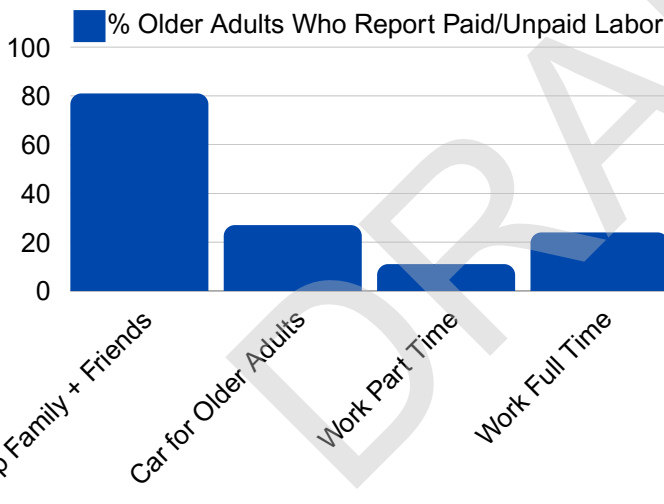
Volunteering is an important part of many Riverside County seniors' lives.

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



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

ECONOMIC CONTRIBUTIONS

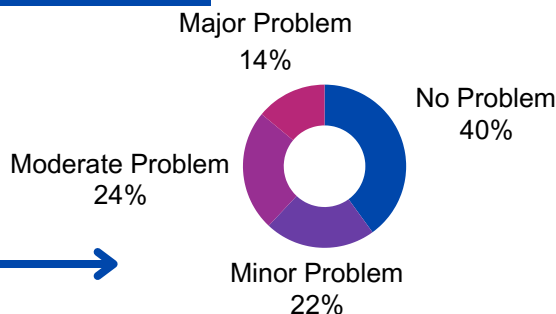


Older residents contribute an estimated **\$14.8 BILLION** annually to Riverside County through paid and unpaid work (1).

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

FINANCIAL STABILITY

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



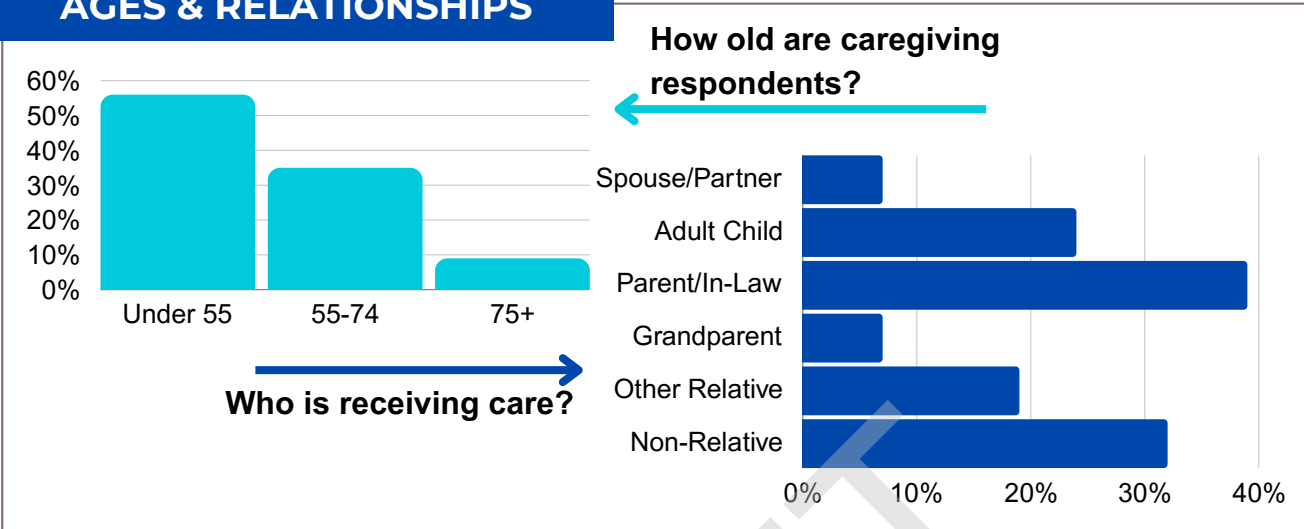
Only **17%** of older adults reported a belief that the economy will positively impact their finances (1).

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

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

SECTION 5. NEEDS ASSESSMENT & TARGETING RIVERSIDE COUNTY CAREGIVERS

AGES & RELATIONSHIPS



BARRIERS & RESOURCES

Older adults shared their biggest caregiving barriers and resources needed.

Barriers to Caregiving:

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

Resources Needed:

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

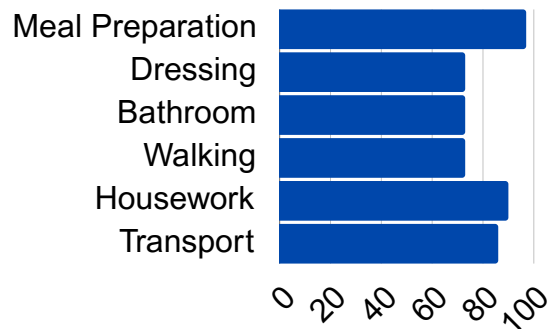
CARE & PERSONAL BURDENS

Caregivers reported that providing care is:

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

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

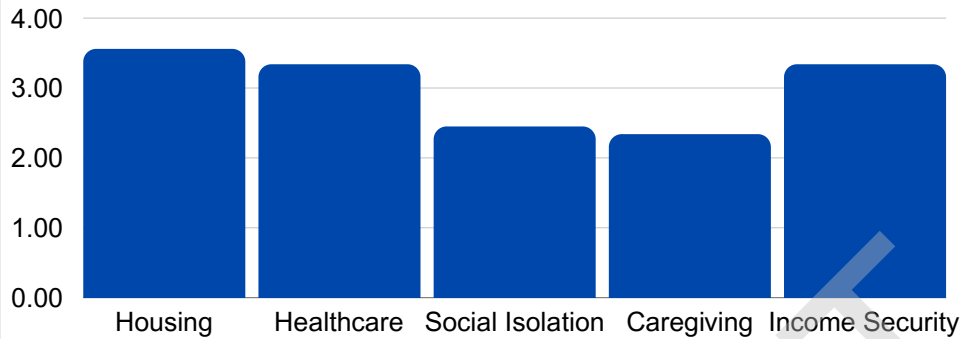
Types of Care Provided (%)



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

CHALLENGES

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



Housing was ranked as the most important issue on average, followed closely by income security and healthcare (1).

GAPS IN CARE

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

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

"Transportation and mental health."

"Service to unincorporated areas."

"More funding."

"Transportation needs."

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

PROVIDER RECOMMENDATIONS

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

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

SECTION 6. PRIORITY SERVICES & PUBLIC HEARINGS PSA 21

2024-2028 Four-Year Planning Cycle Funding for Access, In-Home Services, and Legal Assistance

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

Category of Service and the Percentage of Title III B Funds expended in/or to be expended in FY 2024-25 through FY 2027-2028

Access:

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

2024 - 25 25.9 % 25 - 26 _____ % 26 - 27 _____ % 27 - 28 _____ %

In-Home Services:

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

2024 - 25 6 % 25 - 26 _____ % 26 - 27 _____ % 27 - 28 _____ %

Legal Assistance Required Activities:**

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

2024 - 25 3.5 % 25 - 26 _____ % 26 - 27 _____ % 27 - 28 _____ %

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

Allocations based on our target population figures, outcomes of our community needs assessment, and prior fiscal year usage trends.

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

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

SECTION 6. PRIORITY SERVICES & PUBLIC HEARINGS PSA 21

PUBLIC HEARING: At least one public hearing must be held each year of the four-year planning cycle. CCR Title 22, Article 3, Section 7302(a)(10) and Section 7308, Older Americans Act Reauthorization Act of 2020, Section 314(c)(1).

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

SECTION 6. PRIORITY SERVICES & PUBLIC HEARINGS PSA 21

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

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

Needs assessment activities were completed throughout the county between 2022 and 2023. Activities included focus groups, vendor-facilitated “design thinking,” and administration of local and state-level feedback surveys. Responses and feedback provided through these surveys were incorporated into our area plan. A public hearing notice was posted in the largest local newspaper and the RCOoA website 30 days ahead of the hearing date. In addition, the notice was mailed to all service providers and shared with Board of Supervisors offices for distribution.

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

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

Yes. Go to question #5

No, Explain:

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

No comments regarding the minimum percentages of Title IIIB funds to meet the adequate proportion of funding for priority services were received.

SECTION 6. PRIORITY SERVICES & PUBLIC HEARINGS PSA 21

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

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

- A question was raised regarding the anticipated growth percentage of older adults in the county during the plan's timeframe.
- An attendee inquired as to how the department's budget is calculated and whether the budget is federally funded.
- A follow up comment was made on whether enough funding will be available to the department to meet the needs of the growing older adult population.
- An attendee asked how the RCOoA's Area Plan ties into the Master Plan for Aging.
- Several questions and comments were made regarding the emphasis on conducting outreach through technology, closing the technology gap for older adults, and reaching clients in remote areas of the county.
- Several attendees expressed their desire to collaborate with RCOoA in the near future.

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

No changes were made as a result of feedback received during the public hearing.

SECTION 7. AREA PLAN NARRATIVE GOALS AND OBJECTIVES PSA 21

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

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

Goal #1	Participate in activities that help build inclusive communities, supporting older and disabled adults to age comfortably and remain in the communities of their choice. The RCOoA will expand the reach of its programs by building partnerships with community organizations that support our older and disabled adults' ability to age in place. [Refer to CCR Article 3, Section 7300 (c)]			
Rationale:	Sixty percent of respondents to our needs assessment survey experienced not having enough money to meet daily expenses within the past year. The rise of household expenses and the growing prevalence of chronic health conditions along with physical, mental, and cognitive impairments means that older and disabled adults require assistance with services that will allow them to remain stable in their homes and communities.			
#	Objective	Projected Start and End Dates	Type of Activity and Funding Source	Update Status
1.1	Expand meal service providers to improve access to under-served and rural areas (e.g., Brown Bag, Congregate, Freezer, Grab-and-Go, and Home Delivered Meals).	2024 - 2028	Administrative	New
1.2	Expand non-traditional partnerships to enhance access and delivery of health and human services programs and services that cater to the needs of older and disabled adults (e.g., universities, faith based organizations, hospitals, etc.).	2024 - 2028	Administrative	New
1.3	Lead key county efforts to develop, modernize, and integrate services for older and disabled adults (e.g., homeless, veterans, emergency services, etc.).	2024 - 2028	Administrative	New

SECTION 7. AREA PLAN NARRATIVE GOALS AND OBJECTIVES PSA 21

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

SECTION 7. AREA PLAN NARRATIVE GOALS AND OBJECTIVES PSA 21

Goal #3	Improve community awareness of public benefits and resources through the use of technology, partnerships, and a person-centered approach. The RCOoA aims to foster meaningful connections to elevate the service experience of those who have complex needs. [Refer to CCR Article 3, Section 7300 (c)]			
Rationale:	Forty-eight percent of surveyed residents described "the availability of information about older adult resources" as being fair or poor with another 26% of respondents having no knowledge of such resources. The department is committed to proactive outreach and prevention strategies.			
#	Objective	Projected Start and End Dates	Type of Activity and Funding Source	Update Status
3.1	Participate as a core partner and advocate in community hubs designed to streamline and simplify the delivery of services. The aim is to engage at least 100 individuals each month who state an increase in knowledge of older adult services between July 2024 and June 2025.	2024 - 2028	Administrative	New
3.2	Establish Mobile ADRC to provide tailored access to programs and supports from any location or neighborhood through the use of technology, mobile devices, and one-stop resource vans. Particular emphasis will be to assist those with great economic and social needs, including 911 non-emergency callers, hospital discharges, and individuals with special medical conditions.	2024 - 2028	Administrative	New
3.3	Promote programs that provide social connectedness, self-care, and supports for caregivers of vulnerable adults. Services include: support groups, training, case management, overnight and in-home respite, material aid, outreach, information and assistance, as well as public information and community education on caregiving.	2024 - 2028	Administrative	New

SECTION 8. SERVICE UNIT PLAN (SUP) PSA 21

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

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

For services not defined in OAAPS, refer to the **Service Categories and Data Dictionary**.

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

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	8,365	1	1.2
2025-2026			
2026-2027			
2027-2028			

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

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

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

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

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

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

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

Care Management (Access); Unit of Service = 1 hour

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

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

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	9,245	1,2	1.2, 2.1
2025-2026			
2026-2027			
2027-2028			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	13,221	1,2	1.2, 2.1
2025-2026			
2026-2027			
2027-2028			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	38,237	2,3	2.1, 3.2
2025-2026			
2026-2027			
2027-2028			

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

Outreach (Access); Unit of Service = 1 contact

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	15,000	3	3.2
2025-2026			
2026-2027			
2027-2028			

Legal Assistance; Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	6,070	1	1.3
2025-2026			
2026-2027			
2027-2028			

Congregate Meals; Unit of Service = 1 meal

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	391,678	1	1.1
2025-2026			
2026-2027			
2027-2028			

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

Home-Delivered Meals; Unit of Service = 1 meal

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	576,676	1	1.1
2025-2026			
2026-2027			
2027-2028			

Nutrition Counseling; Unit of Service = 1 hour

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

Nutrition Education; Unit of Service = 1 session

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	2,668	2	2.2
2025-2026			
2026-2027			
2027-2028			

SECTION 8. SERVICE UNIT PLAN (SUP) PSA 21

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

- Each **Title IIIB** “Other” service must be an approved OAAPS Program service listed on the “Schedule of Supportive Services (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 Device, 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

Cash/ Material Aid Unit of Service = 1 assistance

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

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

Community Education; Unit of Service = 1 activity

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

Comprehensive Assessment; Unit of Service = 1 activity

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	2,876	2,3	2.1, 3.2
2025-2026			
2026-2027			
2027-2028			

Public Information; Unit of Service = 1 activity

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

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

Senior Center Activities; Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	480	2	2.2
2025-2026			
2026-2027			
2027-2028			

Disaster Preparedness Material; Unit of Service = 1 product

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	1200	2	2.2
2025-2026			
2026-2027			
2027-2028			

Housing; Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	435	1,3	1.2, 1.3, 3.1
2025-2026			
2026-2027			
2027-2028			

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

Interpretation/Translation; Unit of Service = 1 contact

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

Mental Health; Unit of Service = 1 hour

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

Residential Repairs/Modification; Unit of Service = 1 modification

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

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

Senior Center Staffing; Unit of Service = N/A

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

**3. Title IIID/Health Promotion—Evidence-Based: Bingocize
Health Promotion; Unit of Service = 1 contact**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers (if applicable)
2024-2025	75	2	2.2
2025-2026			
2026-2027			
2027-2028			

SECTION 8. SERVICE UNIT PLAN (SUP) PSA 21

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

As mandated by the Older Americans Act Reauthorization Act of 2020, the mission of the LTC Ombudsman Program is to seek resolution of problems and advocate for the rights of residents of LTC facilities with the goal of ensuring their dignity, quality of life, and quality of care.

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

The AAA will establish targets each year in consultation with the local LTC Ombudsman Program Coordinator. Use the yearly baseline data as the benchmark for determining yearly targets. Refer to your local LTC Ombudsman Program's last three years of AoA data for historical trends. Targets should be reasonable and attainable based on current program resources. Complete all Measures and Targets for Outcomes 1-3.

Outcome 1.

The problems and concerns of long-term care residents are solved through complaint resolution and other services of the Ombudsman Program. Older Americans Act Reauthorization Act of 2020, Section 712(a)(3), (5)]

Measures and Targets:

A. Complaint Resolution Rate (NORS Element CD-08) (Complaint Disposition).

The average California complaint resolution rate for FY 2017-2018 was 73%.

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

SECTION 8. SERVICE UNIT PLAN (SUP) PSA 21

Program Goals and Objective Numbers: 1 - 1.3

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

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

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

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

SECTION 8. SERVICE UNIT PLAN (SUP) PSA 21

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

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

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

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

SECTION 8. SERVICE UNIT PLAN (SUP) PSA 21

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

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

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

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

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

SECTION 8. SERVICE UNIT PLAN (SUP) PSA 21

FY 2024-2025
FY 2024-2025 Systems Advocacy Effort(s): RCOoA is currently in the process of identifying a service provider for the Ombudsman program.
FY 2025-2026
FY 2025-2026 Systems Advocacy Effort(s): (Provide one or more new systems advocacy efforts)
FY 2026-2027
FY 2026-2027 Systems Advocacy Effort(s): (Provide one or more new systems advocacy efforts)
FY 2027-2028
FY 2027-2028 Systems Advocacy Effort(s): (Provide one or more new systems advocacy efforts)

Outcome 2.

Residents have regular access to an Ombudsman. [(Older Americans Act Reauthorization Act of 2020), Section 712(a)(3)(D), (5)(B)(ii)]

Measures and Targets:

A. Routine Access: Nursing Facilities (NORS Element S-58) Percentage of nursing facilities within the PSA that were visited by an Ombudsman representative at least once each quarter not in response to a complaint. The percentage is determined by dividing the number of nursing facilities in the PSA that were visited at least once each quarter not in response to a complaint by the total number of nursing facilities in the PSA.

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

SECTION 8. SERVICE UNIT PLAN (SUP) PSA 21

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

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

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

4. FY 2025-2026 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint: ___ divided by the total number of Nursing Facilities ____ = Baseline ____%.
FY 2027-2028 Target: _____

Program Goals and Objective Numbers: 1 - 1.3

B. Routine access: Residential Care Communities (NORS Element S-61) Percentage of RCFEs within the PSA that were visited by an Ombudsman representative at least once each quarter during the fiscal year not in response to a complaint. The percentage is determined by dividing the number of RCFEs in the PSA that were visited at least once each quarter not in response to a complaint by the total number of RCFEs in the PSA. NOTE: This is not a count of visits but a count of facilities. In determining the number of facilities visited for this measure, no RCFE can be counted more than once.

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

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

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

SECTION 8. SERVICE UNIT PLAN (SUP) PSA 21

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

Program Goals and Objective Numbers: 1 - 1.3

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

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

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

3. FY 2024-2025 Baseline: ___ FTEs
FY 2026-2027 Target: ___ FTEs

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

Program Goals and Objective Numbers: 1 - 1.3

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

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

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

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

SECTION 8. SERVICE UNIT PLAN (SUP) PSA 21

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

Program Goals and Objective Numbers: 1 - 1.3

Outcome 3.

Ombudsman representatives accurately and consistently report data about their complaints and other program activities in a timely manner. [Older Americans Act Reauthorization Act of 2020, Section 712(c)].

Measures and Targets:

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

Some examples could include:

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

RCOoA is currently in the process of identifying a service provider for the Ombudsman program. Upon awarding a contract to the selected provider, RCOoA will request that the selected provider identify the specific efforts they will undertake to increase the accuracy, consistency, and timeliness of the National Ombudsman Reporting System (NORS) data reporting.

SECTION 8. SERVICE UNIT PLAN (SUP) PSA 21

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

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

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

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

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

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

AAAs must provide one or more of the service categories below.

NOTE: The number of sessions refers to the number of presentations and not the number of attendees

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

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

SECTION 8. SERVICE UNIT PLAN (SUP) PSA 21

- **Training Sessions for Caregivers Served by Title III E** –Indicate the total number of projected training sessions for unpaid family caregivers who are receiving services under Title III E of the Older Americans Act (OAA) on the identification, prevention, and treatment of elder abuse, neglect, and exploitation. Older Americans Act Reauthorization Act of 2020, Section 302(3) ‘Family caregiver’ means an adult family member, or another individual, who is an informal provider of in-home and community care to an older individual or to an individual with Alzheimer’s disease or a related disorder with neurological and organic brain dysfunction.

- **Hours Spent Developing a Coordinated System to Respond to Elder Abuse** –Indicate the number of hours to be spent developing a coordinated system to respond to elder abuse. This category includes time spent coordinating services provided by the AAA or its contracted service provider with services provided by Adult Protective Services, local law enforcement agencies, legal services providers, and other agencies involved in the protection of elder and dependent adults from abuse, neglect, and exploitation.

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

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

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

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

The agency receiving Title VII Elder Abuse Prevention funding is: _____

Total # Of:	2024- 2025	2025-2026	2026-2027	2027-2028
Individuals Served	5,816			
Public Education Sessions	2			
Training Sessions for Professionals	232			
Training Sessions for Caregivers Served by Title III E	54			
Hours Spent Developing a Coordinated System	138			

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

SECTION 8. SERVICE UNIT PLAN (SUP) PSA 21

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

This Service Unit Plan (SUP) uses the federally mandated service categories. Refer to the [CDA Service Categories and Data Dictionary](#) for eligible activities and service unit measures. Specify proposed audience size or units of **service for ALL budgeted funds**. Providing a goal with associated objectives is mandatory. The goal states the big picture and the objectives are the road map (specific and measurable activities) for achieving the big picture goal.

For example, Goal 3: Provide services to family caregivers that will support them in their caregiving role, thereby allowing the care receiver to maintain a healthy, safe lifestyle in the home setting.

- Objective 3.1: Contract for the delivery of virtual self-paced caregiver training modules. Review data monthly to strategize how to increase caregiver engagement in these modules.
- Objective 3.2: Facilitate a monthly in person support group for caregivers where they can share success stories and challenges, share information regarding experiences with HCBS. Respite day care will be available for their loved one if needed.
- Objective 3.3: Do caregiver assessments every 6 months to stay connected to the caregiver and knowledgeable about their needs.

CATEGORIES (16 total)	1	2	3
Family Caregivers- Caregivers of Older Adults and Adults who are caring for an individual of any age with Alzheimer’s disease or a related disorder with neurological and organic brain dysfunction.	Proposed Units of Service	Required Goal #(s)	Required Objective #(s)
Caregiver Case Management	Total hours	Required Goal #(s)	Required Objective #(s)
2024-2025	2,957	2	2.3
2025-2026			
2026-2027			
2027-2028			

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

Caregiver Counseling	Total Hours	Required Goal #(s)	Required Objective #(s)
2024-2025	257	3	2.3
2025-2026			
2026-2027			
2027-2028			
Caregiver Information and Assistance	Total Contacts	Required Goal #(s)	Required Objective #(s)
2024-2025	13,973	2	2.3
2025-2026			
2026-2027			
2027-2028			
Caregiver Information Services	# Activities and Total est. Attendance	Required Goal #(s)	Required Objective #(s)
2024-2025	Activities: 25 Audience: 14,980	2	2.3
2025-2026			
2026-2027			
2027-2028			

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

Caregiver Respite In-Home	Total Hours	Required Goal #(s)	Required Objective #(s)
2024-2025	5,005	2	2.3
2025-2026			
2026-2027			
2027-2028			
Caregiver Respite Other	Total Hours	Required Goal #(s)	Required Objective #(s)
2024-2025			
2025-2026			
2026-2027			
2027-2028			
Caregiver Respite Out-of-Home Day Care	Total Hours	Required Goal #(s)	Required Objective #(s)
2024-2025	1,344	2	2.3
2025-2026			
2026-2027			
2027-2028			

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

Caregiver Respite Out-of-Home Overnight Care	Total Hours	Required Goal #(s)	Required Objective #(s)
2024-2025	124	2	2.3
2025-2026			
2026-2027			
2027-2028			
Caregiver Supplemental Services Assistive Technologies	Total Occurrences	Required Goal #(s)	Required Objective #(s)
2024-2025	25	2	2.3
2025-2026			
2026-2027			
2027-2028			
Caregiver Supplemental Services Caregiver Assessment	Total Hours	Required Goal #(s)	Required Objective #(s)
2024-2025	1,018	2	2.3
2025-2026			
2026-2027			
2027-2028			

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

Caregiver Supplemental Services Caregiver Registry	Total Hours	Required Goal #(s)	Required Objective #(s)
2024-2025	-	-	-
2025-2026			
2026-2027			
2027-2028			
Caregiver Supplemental Services Consumable Supplies	Total Occurrences	Required Goal #(s)	Required Objective #(s)
2024-2025	25	2	2.3
2025-2026			
2026-2027			
2027-2028			
Caregiver Supplemental Services Home Modification	Total Occurrences	Required Goal #(s)	Required Objective #(s)
2024-2025	5	2	2.3
2025-2026			
2026-2027			
2027-2028			
Caregiver Supplemental Services Legal Consultation	Total Hours	Required Goal #(s)	Required Objective #(s)
2024-2025	-	-	-
2025-2026			
2026-2027			
2027-2028			

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

Caregiver Support Groups	Total Hours	Required Goal #(s)	Required Objective #(s)
2024-2025	457	2	2.3
2025-2026			
2026-2027			
2027-2028			
Caregiver Training	Total Occurrences	Required Goal #(s)	Required Objective #(s)
2024-2025	986	2	2.3
2025-2026			
2026-2027			
2027-2028			

Direct and/or Contracted III E Services - Older Relative Caregivers

CATEGORIES (16 total)	1	2	3
Older relative Caregivers	Proposed Units of Service	Required Goal #(s)	Required Objective #(s)
Caregiver Case Management	Total Hours	Required Goal #(s)	Required Objective #(s)
2024-2025	708	3	A.6
2025-2026			
2026-2027			
2027-2028			

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

Caregiver Counseling	Total Hours	Required Goal #(s)	Required Objective #(s)
2024-2025	-	-	-
2025-2026			
2026-2027			
2027-2028			
Caregiver Information and Assistance	Total Contacts	Required Goal #(s)	Required Objective #(s)
2024-2025	841	2	2.3
2025-2026			
2026-2027			
2027-2028			
Caregiver Information Services	# Activities and Total est. Attendance	Required Goal #(s)	Required Objective #(s)
2024-2025	Activities: 36 Audience: 312	2	2.3
2025-2026			
2026-2027			
2027-2028			

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

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

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

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

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

Caregiver Supplemental Services Caregiver Registry	Total Hours	Required Goal #(s)	Required Objective #(s)
2024-2025	-	-	-
2025-2026			
2026-2027			
2027-2028			
Caregiver Supplemental Services Consumable Supplies	Total Occurrences	Required Goal #(s)	Required Objective #(s)
2024-2025	10	2	2.3
2025-2026			
2026-2027			
2027-2028			
Caregiver Supplemental Services Home Modification	Total Occurrences	Required Goal #(s)	Required Objective #(s)
2024-2025	5	2	2.3
2025-2026			
2026-2027			
2027-2028			

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

Caregiver Supplemental Services Legal Consultation	Total Hours	Required Goal #(s)	Required Objective #(s)
2024-2025	-	-	-
2025-2026			
2026-2027			
2027-2028			
Caregiver Support Groups	Total Hours	Required Goal #(s)	Required Objective #(s)
2024-2025	72	2	2.3
2025-2026			
2026-2027			
2027-2028			
Caregiver Training	Total Occurrence	Required Goal #(s)	Required Objective #(s)
2024-2025	-	-	-
2025-2026			
2026-2027			
2027-2028			

SECTION 8. SERVICE UNIT PLAN (SUP) PSA 21

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

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

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

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

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

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

https://www.aging.ca.gov/Providers_and_Partners/Area_Agencies_on_Aging/Planning/

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

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

SECTION 8. SERVICE UNIT PLAN (SUP) PSA 21

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

SECTION 1: STATE PERFORMANCE MEASURES

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

SECTION 2: FEDERAL PERFORMANCE MEASURES

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

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

HICAP FY	PM 2.2 PAM Outreach (Interactive)	Goal Numbers
2024-2025	1,624	1
2025-2026		
2026-2027		
2027-2028		
HICAP FY	PM 2.3 Medicare Beneficiaries <65	Goal Numbers
2024-2025	967	1
2025-2026		
2026-2027		
2027-2028		

HICAP FY	PM 2.4 Hard to Reach (Total)	PM 2.4a Low-Income Subsidy	PM 2.4b Rural	PM 2.4c ESL	Goal Numbers
2024-2025	1,482	0	0	271	1
2025-2026					
2026-2027					
2027-2028					

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

HICAP FY	PM 2.5 Qualifying Enrollment Contacts	Goal Numbers
2024-2025	0	N/A
2025-2026		
2026-2027		
2027-2028		

SECTION 3. HICAP LEGAL SERVICES UNITS OF SERVICE

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

HICAP FY	PM 3.1 Estimated Number of Clients Represented per FY (Unit of Service)	Goal Numbers
2024-2025	0	N/A
2025-2026		
2026-2027		
2027-2028		

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

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

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

DRAFT

SECTION 9. SENIOR CENTERS & FOCAL POINTS PSA 21

COMMUNITY SENIOR CENTERS AND FOCAL POINTS LIST

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

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

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

SECTION 9. SENIOR CENTERS & FOCAL POINTS PSA 21

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

SECTION 9. SENIOR CENTERS & FOCAL POINTS PSA 21

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

SECTION 9. SENIOR CENTERS & FOCAL POINTS PSA 21

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

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

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

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

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

SECTION 9. SENIOR CENTERS & FOCAL POINTS PSA 21

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

SECTION 9. SENIOR CENTERS & FOCAL POINTS PSA 21

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

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

Senior Center	Address
Ysmael Villegas Community Center	3091 Esperanza St., Riverside, CA 92504

DRAFT

SECTION 10. FAMILY CAREGIVER SUPPORT PSA 21

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

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

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

Family Caregiver Services:

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

SECTION 10. FAMILY CAREGIVER SUPPORT PSA 21

Older Relative Caregiver Services:

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

SECTION 10. FAMILY CAREGIVER SUPPORT PSA 21

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

1. Provider name and address:

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

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

Riverside County Office of Education (RCOE) offers caregiver respite services for care recipients of older adults. From fiscal years 2024 through 2028, child care respite for grandparents who are raising grandchildren ages 0-5 will be referred to RCOE. Those older adults who do not fall into this category are referred to other agencies that provide this service, such as First 5 Riverside County and Community Mission of Hope Rancho Damacitas. Caregiver Supplemental services are offered and available to older relative caregivers through services and programs with RCOoA. The Grandparents Raising Grandchildren program social worker can make referrals for these services if needed and if the grandparents qualify for this type of assistance.

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

Caregiver respite services are provided throughout the PSA (Riverside County).

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

PSA 21 refers older relative caregivers to alternative agencies that offer caregiver respite.

Note: The AAA is responsible for ensuring that the information listed for these organizations is up to date. Please include any updates in the Area Plan Update process.

SECTION 11. LEGAL ASSISTANCE PSA 21

2024-2028 Four-Year Area Planning Cycle

This section must be completed and submitted annually. The Older Americans Act Reauthorization Act of 2020 designates legal assistance as a priority service under Title III B [42 USC §3026(a)(2)]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 2024-2025. RCOoA has used non-title funding sources in the past to provide additional funding to our contracted Legal Services providers. Allocating a higher percentage of IIIB funding in future fiscal years will be dependent on community needs and the capacity of RCOoA service providers.

2. How have your local needs changed in the past year(s)? Please identify any changes (include whether the change affected the level of funding and the difference in funding levels in the past four years). **Discuss:**

Our community's legal assistance needs have remained similar in recent years based on feedback RCOoA has received from residents. In the most recent community assessment survey, 30% of respondents indicated that they had been a victim of fraud or a scam within the past year. From the same survey, 46% of respondents described the availability of legal services as either fair or poor, while 35% of respondents were unsure about the availability of these services. For FY 2024 - 2025, RCOoA's funding level will remain the same as the previous fiscal year, though the department will re-evaluate should there be a shift in the types of legal issues encountered by individuals or an increase in the number of requests for legal assistance.

SECTION 11. LEGAL ASSISTANCE PSA 21

3. How does the AAA's contract/agreement with the Legal Services Provider(s) (LSPs) specify and ensure that the LSPs are expected to use the California Statewide Guidelines in the provision of OAA legal services? **Discuss:**

The contract with the chosen Legal Service Provider will utilize the California Statewide Guidelines in the provision of OAA legal services as stated below in Exhibit D, Article II Assurances, Section A, Law, Policy and Procedure, Licenses, and Certificates

"The Service Provider agrees to administer this Agreement in accordance with the terms and conditions set forth in this Agreement, and with all applicable local, State, and federal laws and regulations including, but not limited to, discrimination, wages and hours of employment, occupational safety, and to fire, safety, health, and sanitation regulations, directives, guidelines, and/or manuals related to this Agreement and resolve all issues using good administrative practices and sound judgement. The Service Provider shall keep in effect all licenses, permits, notices, and certificated that are required by law."

4. How does the AAA collaborate with the Legal Services Provider(s) to jointly establish specific priority issues for legal services? What are the top four (4) priority legal issues in your PSA? **Discuss:**

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

SECTION 11. LEGAL ASSISTANCE PSA 21

5. How does the AAA collaborate with the Legal Services Provider(s) to jointly identify the target population? What is the targeted senior population and mechanism for reaching targeted groups in your PSA? **Discuss:**

As a baseline, individuals aged sixty or older are the department’s target population and RCOoA places an emphasis on assisting those identified as having great economic and social need such as low-income minority individuals, individuals with Limited English Proficiency (LEP), and individuals residing in rural and isolated areas.

In order to reach the target population, the contracted Legal Services Provider will be expected to have extensive experience providing legal services for older adults. The provider will need to have an established office with set hours to meet with clients, an accessible website, and reliable phone service with set customer service procedures to respond to clients in a timely manner. The Legal Services Provider will be required to conduct community outreach to provide services and information to potential clients at local events. Additionally, the contracted provider must be willing to provide services at locations where potential clients congregate including community centers, senior centers, libraries, and other similar public points of interest.

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

Fiscal Year	# of Legal Assistance Service Providers	Did the number of service providers change? If so, please explain
2024 - 2025	Inland County Legal Services (ICLS)	No
2025 - 2026		
2026 - 2027		
2027 - 2028		

SECTION 11. LEGAL ASSISTANCE PSA 21

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

Typically, the Legal Services Provider has conducted outreach at local events that have included community, health, and resource fairs. Along with events at public locations, the provider has also conducted outreach at locations where potential clients reside, such as senior apartment complexes and/or mobile home parks.

The provider has also, in the past, conducted in person and online presentations in partnership with community organizations whose focus is providing services to older adults. Legal presentation topics have included estate planning, mobile home law, health law, along with other civil legal areas of law.

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

Fiscal Year	Name of Provider	Geographic Region covered
2024 - 2025	Inland County Legal Services (ICLS)	All of Riverside County
2025 - 2026		
2026 - 2027		
2027 - 2028		

SECTION 11. LEGAL ASSISTANCE PSA 21

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

Along with in person services, the contracted service provider has been able to provide older adults with legal services via teleconference apps (Zoom, Microsoft Teams, etc.) and directly from their website. Typically, the contracted service provider has been able to assist clients with in-person and virtual appointments, physical and online applications, and dedicated phone lines to meet their needs. Along with providing services at their office locations, the contracted provider has made their services available by regularly hosting staff at senior and community centers.

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

During FY 2024 - 2025, RCOoA anticipates that the contracted provider will continue to focus on legal issues most often requested by clients, per historical trends. These issues include: Housing; Family Legal; Elder Abuse; Consumer; Benefits; Health; Simple Wills and Guardianship.

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

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

SECTION 11. LEGAL ASSISTANCE PSA 21

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

Organizations that RCOoA's contracted Legal Service Provider has partnered with have included the following:

Riverside County Superior Courts as well as the San Bernardino County Superior Courts; Inner City Law Center; Western Center for Law and Poverty; OneJustice; 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 Cenicerros 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.

We anticipate that the contracted provider for FY 2024 - 2025 will collaborate with similar organizations.

SECTION 12. DISASTER PREPAREDNESS PSA 21

Disaster Preparation Planning Conducted for the 2024-2028 Planning Cycle Older Americans Act Reauthorization Act of 2020, Section 306(a)(17); 310, CCR Title 22, Sections 7529 (a)(4) and 7547, W&I Code Division 8.5, Sections 9625 and 9716, CDA Standard Agreement, Exhibit E, Article 1, 22-25, Program Memo 10-29(P).

1. Describe how the AAA coordinates its disaster preparedness plans, policies, and procedures for emergency preparedness and response as required in OAA, Title III, Section 310 with:

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

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

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

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

RCOoA is one of several County departments designated under the Care and Shelter Operations unit. This unit is responsible for providing 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 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.

SECTION 12. DISASTER PREPAREDNESS PSA 21

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

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

Name	Title	Telephone	Email
Jose Ortega	Emergency Services Coordinator, CalOES Southern Region	(562) 795-2910	ortegaj@caloes.ca.gov

3. Identify the Disaster Response Coordinator within the AAA:

Name	Title	Telephone	Email
Maile Haynes	Assistant Director of Office on Aging	(951) 867-3893	mhaynes@rivco.org

SECTION 12. DISASTER PREPAREDNESS PSA 21

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

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

SECTION 12. DISASTER PREPAREDNESS PSA 21

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

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

SECTION 12. DISASTER PREPAREDNESS PSA 21

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

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

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

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

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

8. Describe how the AAA will:

Identify vulnerable populations:

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

Identify possible needs of the participants before a disaster event (PSPS, Flood, Earthquake, ETC):

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

SECTION 12. DISASTER PREPAREDNESS PSA 21

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

9. How is disaster preparedness training provided?

AAA to participants and caregivers

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

To staff and subcontractors

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

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

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

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

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

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

Check applicable direct services:

Check each applicable fiscal year:

Title IIIB	24-25	25-26	26-27	27-28
<input checked="" type="checkbox"/> Information and Assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Outreach	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Program Development	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Coordination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Long Term Care Ombudsman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Title IIID	24-25	25-26	26-27	27-28
<input checked="" type="checkbox"/> Health Promotion, Evidence- Based	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Title IIIE	24-25	25-26	26-27	27-28
<input checked="" type="checkbox"/> Information Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Access Assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Support Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Respite Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Supplemental Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Title VII	24-25	25-26	26-27	27-28
<input checked="" type="checkbox"/> Long Term Care Ombudsman	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Title VII	24-25	25-26	26-27	27-28
<input checked="" type="checkbox"/> Prevention of Elder Abuse, Neglect, and Exploitation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

RCOoA has been the direct service provider of the services indicated above and will continue to do so during the next planning cycle (2024-2028). RCOoA will serve its target populations through outreach efforts and partnerships with community-based service organizations throughout the county, as detailed in the Area Plan Narrative Goals and Objectives section. RCOoA will periodically review its efforts and programs to ensure that the targeted populations are reached and their needs are adequately met. RCOoA staff and Advisory Council members regularly attend community events and meetings to promote services.

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

Complete and submit for CDA approval each direct service not specified previously. The request for approval may include multiple funding sources for a specific service.

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

Identify Service Category: Senior Center Activities

Check applicable funding service:

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

Request for Approval Justification:

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

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

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

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

The senior center in Blythe, CA, historically a hard-to-reach area for the county, offers a range of social and recreational activities to the community. This site not only prepares congregate and home-delivered meals for other senior community centers but also serves as a vital resource hub. By extending assistance to this center, the AAA has the opportunity to ensure development of new volunteer opportunities and creation of additional services and programs to remedy gaps and deficiencies in existing services, particularly in an area known for its challenges in service provision and eliminate gaps in service delivery. This support will enable the center to continue providing vital services to seniors in the community while enhancing the overall comprehensiveness of our services.

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

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

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

Complete and submit for CDA approval each direct service not specified previously. The request for approval may include multiple funding sources for a specific service.

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

Identify Service Category: Caregiver Supplemental Services Assistive Technology

Check applicable funding service:

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

Request for Approval Justification:

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

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

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

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

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

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

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

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

Complete and submit for CDA approval each direct service not specified previously. The request for approval may include multiple funding sources for a specific service.

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

Identify Service Category: Caregiver Supplemental Services Consumable Supplies

Check applicable funding service:

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

Request for Approval Justification:

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

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

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

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

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

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

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

SECTION 15. GOVERNING BOARD PSA 21

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

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

Total Number of Board Members: 5

Name and Title of Officers:

Office Term Expires:

Chuck Washington, Chairman, District 3	January 6, 2025
V. Manuel Perez, Vice Chairman, District 4	January 4, 2027

Name and Title of All Members:

Office Term Expires:

Kevin Jeffries, District 1	January 6, 2025*
Karen Spiegel, District 2	January 4, 2027
Yxstian Gutierrez, District 5 January 4, 2027	January 4, 2027

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

*Kevin Jeffries, Supervisor for District 1, announced his intention to retire from the Riverside County Board of Supervisors effective at the end of his current term. Supervisor Jeffries did not seek re-election for his seat. A primary election was held on March 5, 2024, with a general election to be held on November 5, 2024 to elect his replacement. The elected candidate is expected to be sworn in on January 7, 2025.

District 1 Includes: Lake Elsinore, Perris, Wildomar, Canyon Lake and most of the City of Riverside. 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: Canyon Lake, Corona, Norco, Eastvale, Jurupa Valley, and the western half of the City of Riverside. The district also includes the unincorporated areas of Canyon Ridge, Coronita, El Cariso, El Cerrito, Gavilan Hills, Lake Hills, Lake Mathews, Lakeland Village, Rancho Capistrano, Rancho Carrillo, Temescal Valley, Victoria Grove, Warm Springs, Woodcrest, Highgrove and Home Gardens.

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

SECTION 15. GOVERNING BOARD PSA 21

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

District 5 Includes: Moreno Valley, City of San Jacinto, Calimesa, Hemet, Beaumont, and Banning. The district also includes the unincorporated areas of Nuevo, Lakeview, Juniper Flats, Meadowbrook, and portions of Mead Valley, Romoland, Homeland, Green Acres, Highgrove, Box Springs, Pigeon Pass, Reche Canyon, San Timoteo Canyon, Oak Valley, Cherry Valley, Banning Bench, Cabazon, Palm Springs Village, and Palm Springs West. The district also includes the Tribal Governments from the Sovereign Nations of the Morongo Band of Mission Indians and the Agua Caliente Band of Cahuilla Indians as well as a portion of the March Air Reserve Base.

DRAFT

SECTION 16. ADVISORY COUNCIL PSA 21

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

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

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

Number and Percent of Council Members over age 60: **9; 53% Council 60+**

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

Race/Ethnic Composition:	% of PSA's 60+ Population:	% on Advisory Council:
White	36.1	29.4
Hispanic	51.6	17.7
Black	6.4	35.3
Asian/Pacific Islander	7.1	0
Native American or Alaska Native	7.1	0
Other or Multiracial	49.3	0

Name and Title of Officers:

Office Term Expires:

Mark Cox, Chair	June 30, 2024
Debbie Franklin, Vice Chair, District 5 Appointee	June 30, 2024
Cynthia Lemus, Parliamentarian	June 30, 2024

SECTION 16. ADVISORY COUNCIL PSA 21

Name and Title of Other Members:	Office Term Expires:
Sterlon Sims, District 1 Appointee	June 30, 2026
Barbara Christian, District 2 Appointee	June 30, 2026
Barbara Adams, District 3 Appointee	June 30, 2026
Milissa Meyer, District 4 Appointee	June 30, 2025
Don Brock, Member	June 30, 2024
Barbara Mitchell, Member	June 30, 2024
Javier Lopez, Member	June 30, 2025
Teresa Chappell, Member	June 30, 2026
Steve Mehlman, Member	June 30, 2026
Leezett Casal, Member	June 30, 2026
Tyler Cobb, Member	June 30, 2026
VACANT	June 30, 2024
VACANT	June 30, 2024
VACANT	June 30, 2026

SECTION 16. ADVISORY COUNCIL PSA 21

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

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

Explain any “No” answer(s):

Current applicants under review for vacant seats include at least one potential candidate that identifies as representing the LGBTQ community. With no current members representing the Tribal Representative, LGBTQ Identification, and Local Elected Official categories, our membership committee will work to perform outreach and recruit individuals from these communities to apply for a council seat in the coming FY. In particular, our membership committee will engage our local city councils, our local Bureau of Indian Affairs office, and communities within the county that have larger populations of individuals identifying as LGBTQ.

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

Expiring terms are either renewed prior to their expiration date or become vacant and filled as soon as possible. Our Membership Committee meets to review candidates and conduct interviews as needed to fill vacant seats.

SECTION 16. ADVISORY COUNCIL PSA 21

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

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

DRAFT

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

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

- No. Title IIIB funds not used for Acquisition or Construction.
- Yes. Title IIIB funds used for Acquisition or Construction.

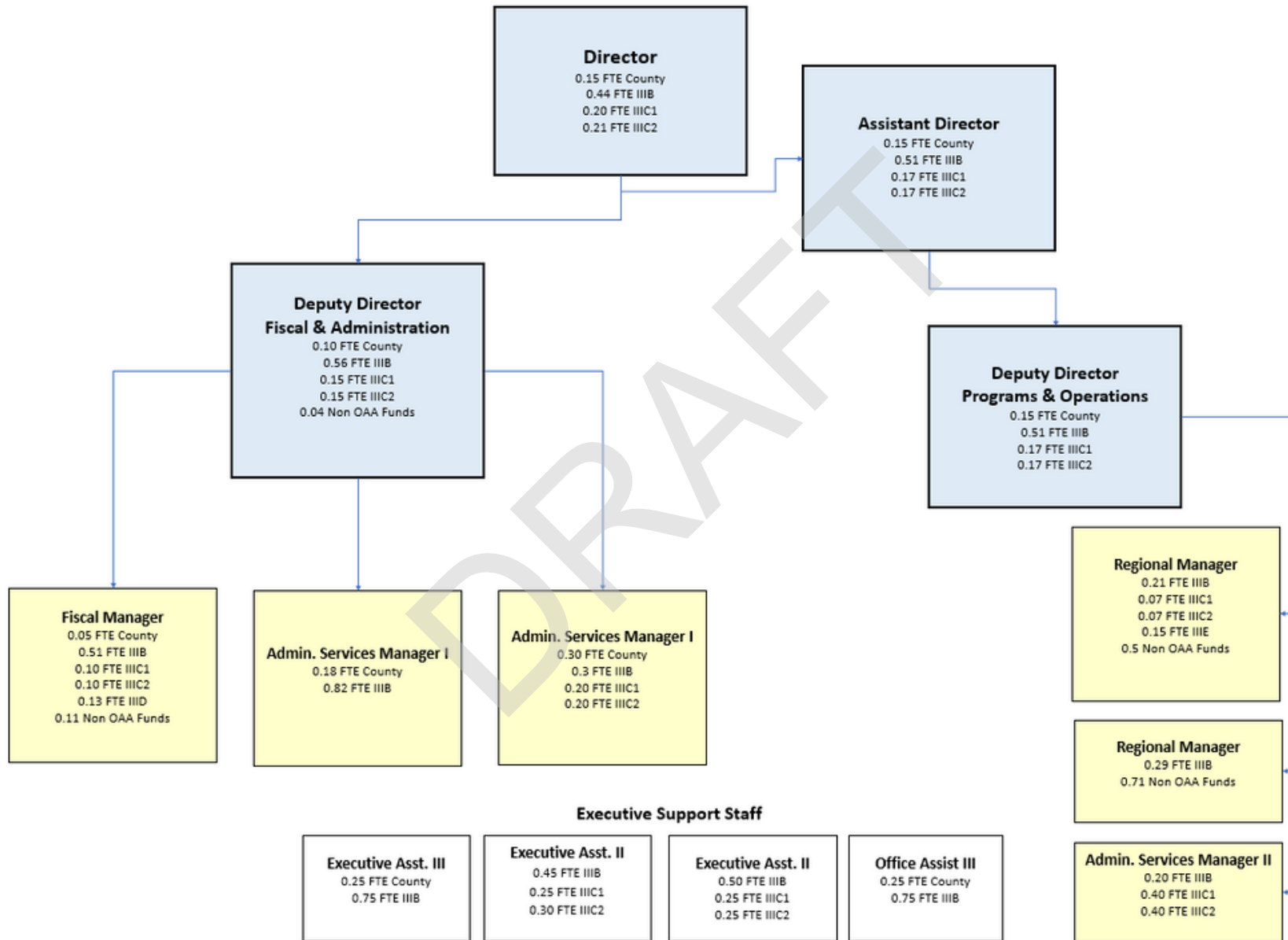
Title III Grantee and/or Senior Center (complete the chart below):

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

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

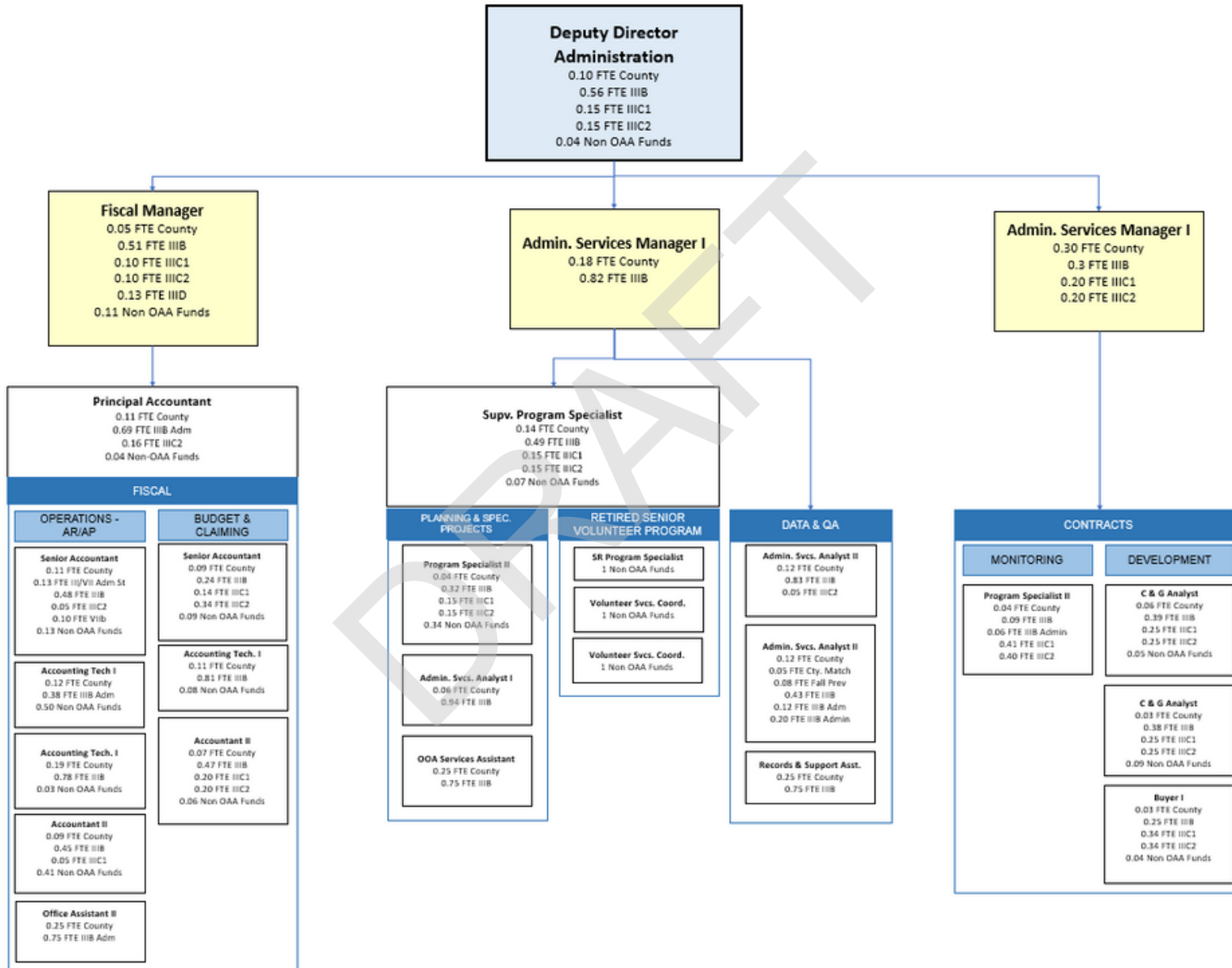
SECTION 18: ORGANIZATION CHART

EXECUTIVE LEADERSHIP AND MANAGEMENT TEAM



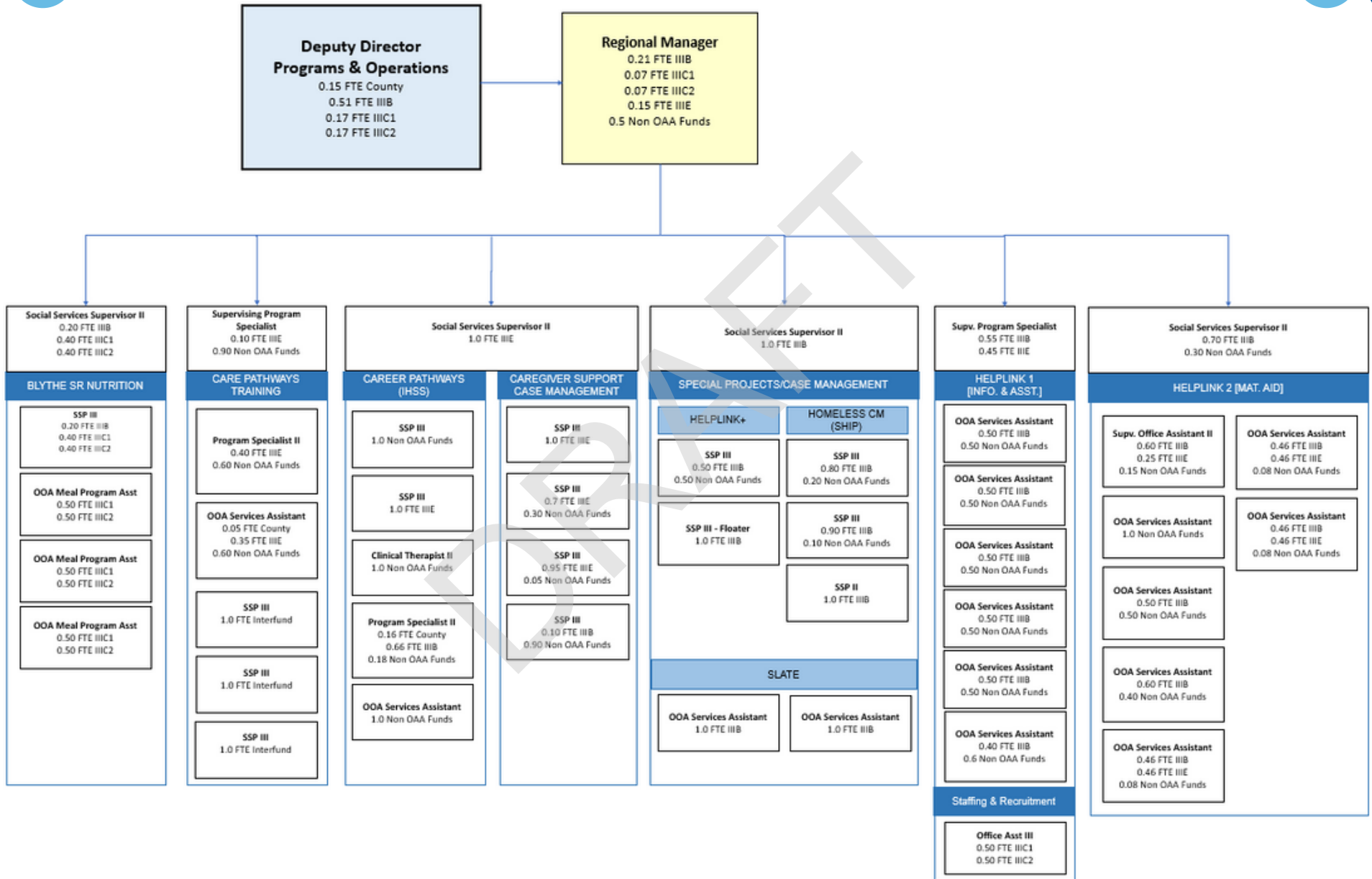
SECTION 18: ORGANIZATION CHART

FISCAL, CONTRACTS, AND DATA & OUTCOMES



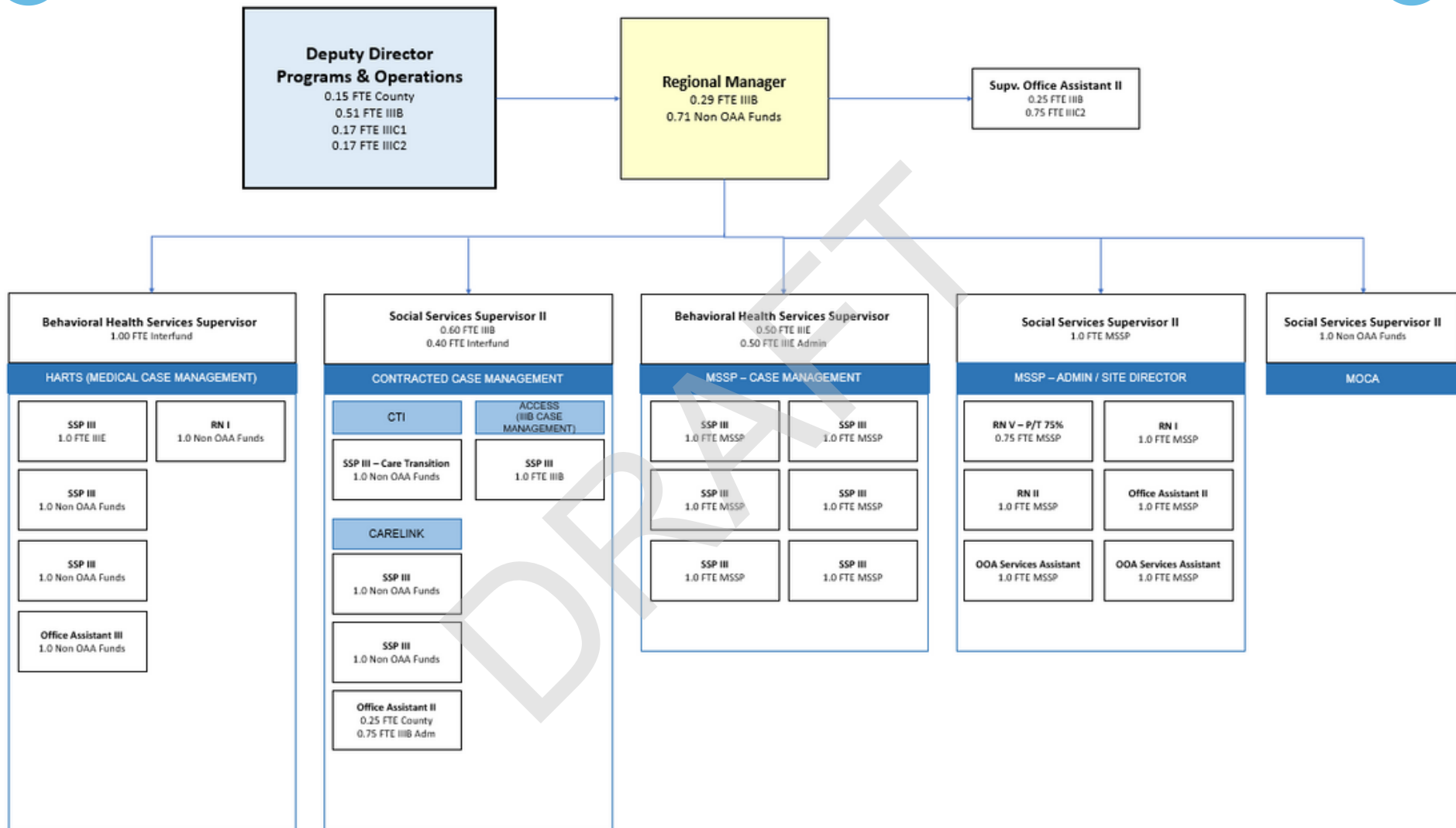
SECTION 18: ORGANIZATION CHART

PROGRAMS & SERVICES



SECTION 18: ORGANIZATION CHART

PROGRAMS & SERVICES

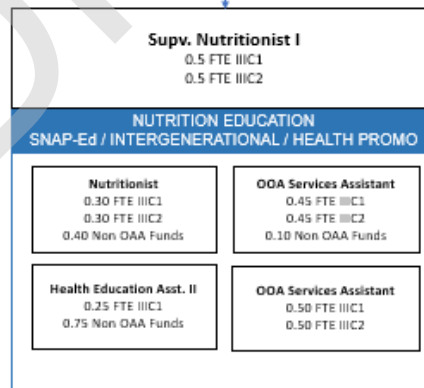


SECTION 18: ORGANIZATION CHART

NUTRITION & COMMUNITY DEVELOPMENT

**Deputy Director
Programs & Operations**
0.15 FTE County
0.51 FTE III B
0.17 FTE III C1
0.17 FTE III C2

Admin. Services Manager II
0.20 FTE III B
0.40 FTE III C1
0.40 FTE III C2



SECTION 19. ASSURANCES

PSA 21

Pursuant to the Older Americans Act Reauthorization Act of 2020, (OAA), the Area Agency on Aging assures that it will:

A. Assurances

1. OAA 306(a)(2)

Provide an adequate proportion, as required under Older Americans Act Reauthorization Act of 2020 Section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services—

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

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

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

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

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

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

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

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

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

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

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

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

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

SECTION 19. ASSURANCES

PSA 21

4. OAA 306(a)(4)(A)(iii)(I-III)

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

(I) identify the number of low-income minority older individuals in the planning and service area.

(II) describe the methods used to satisfy the service needs of such minority older individuals; and

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

5. OAA 306(a)(4)(B)(i-ii)

Use outreach efforts that—

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

(I) older individuals residing in rural areas.

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

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

(IV) older individuals with severe disabilities.

(V) older individuals with limited English proficiency.

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

(VII) older individuals at risk for institutional placement, specifically including survivors of the Holocaust; and

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

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

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

7. OAA 306(a)(5)

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

8. OAA 306(a)(6)(I)

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

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

(A) Provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2019 in carrying out such a program under this title;

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

SECTION 19. ASSURANCES

PSA 21

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

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

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

(B) An assurance that the area agency on aging will to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and

(C) An assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.

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

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

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

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

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

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

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

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

12. 306(a)(14)

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

13. 306(a)(15)

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

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

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

14. OAA 305(c)(5)

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

SECTION 19. ASSURANCES

PSA 21

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

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

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

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

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

i. enter into contracts with providers of legal assistance, which can demonstrate the experience or capacity to deliver legal assistance;

ii. include in any such contract provisions to assure that any recipient of funds under division (i) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and

iii. attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis.

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

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

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

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

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

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

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

Any area agency on aging, in carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for -

i. public education to identify and prevent abuse of older individuals.

SECTION 19. ASSURANCES

PSA 21

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

21. OAA 307(a)(15)

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

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

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

i. taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and

ii. providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effective linguistic and cultural differences.

22. OAA 307(a)(18)

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

(A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;

(B) are patients in hospitals and are at risk of prolonged institutionalization; or

(C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

23. OAA 307(a)(26)

Area agencies on aging will provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care.

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

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

(a) The Older Americans Act intends that the area agency on aging shall be the leader relative to all aging issues on behalf of all older persons in the planning and service area. This means that the area agency shall proactively carry out, under the leadership and direction of the State agency, a wide range of functions related to advocacy, planning, coordination, inter-agency linkages, information sharing, brokering, monitoring and evaluation, designed to lead to the development or enhancement of comprehensive and coordinated community-based systems in, or

SECTION 19. ASSURANCES PSA 21

(b) serving, each community in the planning and Service area. These systems shall be designed to assist older persons in leading independent, meaningful and dignified lives in their own homes and communities as long as possible.

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

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

(2) Provide a range of options:

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

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

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

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

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

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

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

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

25. CFR [1321.53(c)]

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

26. CFR [1321.53(c)]

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

27. CFR [1321.53(c)]

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

28. CFR [1321.53(c)]

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

29. CFR [1321.53(c)]

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

SECTION 19. ASSURANCES PSA 21

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

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

31. CFR [1321.61(d)]

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

32. CFR [1321.69(a)]

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

DRAFT



RIVERSIDE COUNTY
OFFICE ON AGING

**3610 Central Ave., Suite 102,
Riverside, CA 92506
1-877-932-4100
www.rcaging.org**