



**Riverside County Office on Aging's**  
**2006 – 2007 Update**  
**of the 2005 – 2009 Strategic Plan**  
***STRENGTH IN AGING***



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# **TRANSMITTAL LETTER**

**AAA Name:** Riverside County Office on Aging

**PSA Number:** 21

**Check appropriate box for:**

2005-09 Area Plan    FY 06-07    FY 07-08    FY 08-09

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 assure compliance with the assurances set forth in this 2005-2009 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 families and caregivers in this planning and service area.

1. (Type Name)   Marion Ashley  
(Signed) \_\_\_\_\_  
                    Chair, Governing Board

\_\_\_\_\_  
Date

2. (Type Name)   Mark Moran  
(Signed) \_\_\_\_\_  
                    Chair, Area Agency on Aging

\_\_\_\_\_  
Date

3. (Type Name)   LuVerne M. Molberg  
(Signed) \_\_\_\_\_  
                    Director, Area Agency on Aging

\_\_\_\_\_  
Date

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<sup>1</sup> For the e-mailed version of the Area Plan, type in name and signatures. Original signatures are required on posted Area Plan.

## ACKNOWLEDGEMENT

We are pleased to put forth the 2005-2009 Office on Aging Strategic Plan, "Strength in Aging" as the guiding beacon for our next four years of activity.

The title of this Plan is powerful in that aging as we have known it is being redefined on every level. Individuals are retaining and increasing their individual strength as they age through a more vital lifestyle and with more informed choices. Families are gaining strength from their senior members who provide care giving support or are grandparents raising grandchildren. Communities are getting stronger and benefiting greatly from the contributions made by their older citizens through employment, volunteer leadership, and grass roots and neighborhood service activity. And society as a whole is becoming richer and stronger as it absorbs and builds upon the legacy it receives from its elders.

We celebrate *Strength in Aging* and acknowledge and appreciate the many individuals and multiple sources that made this plan possible:

- ❖ Participants of the various needs assessment focus groups, public forums and surveys who played a significant role in providing insight into the needs of seniors, caregivers, and adults with disabilities in Riverside County.
- ❖ Our Partners, on the frontline of service delivery, who contributed invaluable input regarding existing service delivery and suggestions for a more coordinated system of care.
- ❖ Office on Aging staff that contributed to the needs assessment activities, and provided suggestions/comments in relation to our Agency's philosophy, Plan objectives, and Plan name.
- ❖ Advisory Council on Aging members who tirelessly provided expertise, guidance and support to the development of this Plan. Thank you Advisory Council Member Toby Bushee for suggesting the name of this Plan.
- ❖ A special thank you for the valuable input and support provided by the Riverside County Board of Supervisors and their staff.



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Mark Moran  
Chair, Advisory Council on Aging

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LuVerne Molberg  
Director

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- Attachment A: Riverside County Office on Aging Needs Assessment Sources for the 2005 – 2009 Strategic Planning Process
- Attachment B: Riverside County Age 60+ Population Including Key Data Elements and Intrastate Funding Formula Points
- Attachment C: Maps of Key Data Elements for Riverside County’s Sub-Populations
- Attachment D: 2005 -2009 Strategic Plan on Aging Timeline

## **INTRODUCTION:**

### **Riverside County Office on Aging 2005 – 2009 Strategic Plan**

Office on Aging's 2005 – 2009 Strategic Plan, *Strength in Aging*, is a four-year living document that is the end product of over a year-long planning process mandated by the federal Older Americans Act (OAA) and the Older Californians Act. The planning activities are intended to help eliminate fragmentation of service systems, improve service delivery, and insure that maximum benefits are obtained through efficient delivery of services to those most in need. That includes, low income minority individuals; those who are frail, isolated, neglected, and exploited; those with limited English-speaking ability; and those dealing with the problems of dementia or cognitive impairment, as well as those with caregiver responsibilities. The Office on Aging views its Strategic Plan as an educational and marketing tool for seniors, families, caregivers, adults with disabilities, and the public at large, as well as an internal management tool.

*Strength in Aging* not only takes into consideration the needs of "aging boomers" but, as an offshoot from our last four-year Plan entitled, "Preparing for the Boom," it goes a step beyond with a focus on intergenerational aging and its effect on future aging.

This Plan was developed based on 2004 needs assessment activities, which included, but were not limited to: an in-depth analysis of the United States Bureau of the Census Population Data (2000), Demographic Population Estimates for Riverside County, a series of community planning forums, focus groups, public hearings and various community surveys/reports.

The **Six (6) priority areas** identified and agreed upon for the Riverside County Office on Aging are listed below, along with their respective goals:

#### **CAREGIVERS**

**Goal:** To sustain/improve support systems for all caregivers who are assisting seniors, adults with disabilities, or their grandchildren, so that family stability is enhanced and community resources are maximized.

#### **HEALTH CARE / WELLNESS**

**Goal:** To sustain/improve the health of seniors, and adults with disabilities, through appropriate health care, including expanded opportunities for wellness and healthy living activities.

#### **HOUSING**

**Goal:** To sustain and increase housing options to meet the needs and preferences of seniors, and adults with disabilities, residing in Riverside County.

#### **QUALITY LIFE CHOICES**

**Goal:** To cultivate an environment in Riverside County that is responsive to the diverse cultural, social, and economic needs of its seniors, and adults with disabilities.

## **TRANSPORTATION**

**Goal:** To ensure seniors, and adults with disabilities, have transportation choices to sustain an independent community based lifestyle.

## **ENSURING EFFECTIVE INFORMATION AND SERVICE DELIVERY SYSTEMS**

**Goal:** To provide opportunities to our employees and volunteers for growth and to maximize agency systems and programs for both compliance and change.

Implementation of this Strategic Plan relies on Riverside County receiving its fair share of Federal and State dollars under the Older American Act funding formula and assumes no decrease in County funding match. In addition, it relies on the attainment of new revenue sources. Moreover, the Strategic Plan is updated annually, or as circumstances dictate, in order to incorporate changing and emerging needs and to assure the most effective strategies for implementing change.

## **RIVERSIDE COUNTY**

Riverside County, founded in 1893, is one of the largest and most diverse counties in California. It spans 7,207 square miles of semi-arid to desert land and forms a shape similar to a rectangle. The County's eastern border is the Colorado River, which serves as a natural boundary separating California from Arizona. Its western borders are Orange and Los Angeles Counties; its northern border is San Bernardino County; its southern borders are San Diego and Imperial Counties. Riverside County's landscape features everything from lush, irrigated farms to desert sand dunes and has altitudes ranging from 200 feet below sea level, at the Salton Sea, to 10,804 feet above sea level at the top of Mt. San Jacinto. Its climate is generally mild, with temperatures ranging from 20 degrees to 117 degrees Fahrenheit. Large portions of Riverside County are agriculturally based.

Riverside County is composed of 24 incorporated cities and hosts the wealthiest community in California, Indian Wells, as well as pockets of extreme poverty. Rural communities are typically highly isolated, poverty stricken, and without access to services. New retirement communities are rapidly growing in the southern areas of the County and large concentrations of older persons remain in metropolitan areas, such as the Coachella Valley and Riverside and surrounding areas. Similar to other areas throughout California, each community has unique needs that far exceed the capabilities of the existing system.

Riverside County's population is as diverse as its geography. According to 2000 Census Data, Riverside County is home to 1,545,387 individuals, with a population density of approximately 214 persons per square mile. Of the total population, 250,010 individuals are older adults (aged 60 years and older), or approximately 16% of the total population, and 21,084 individuals are the oldest (aged 85 years and older) of the older adult, or 1.4% of the total population. Additionally, according to the 2000 Census there were 250,412 adults with disabilities (aged 21 years and older), representing approximately 16% of the total population.

Riverside County will continue to grow at an alarming rate. It is projected that by the year 2010 the County's total population will increase to 2,165,148 - a 40.1% increase; age 60+ population will rise to 381,875 - a 52.7% increase (compared to California at 35.2%), and age 85+ population will escalate to 36,912 - a 75.1% increase (compared to California at 47.8%)<sup>2</sup>. Such large increases can be attributed to the continued migration patterns found between Riverside County and its surrounding counties (e.g. San Diego County and Los Angeles County), the longevity of human life, and the Baby Boomers<sup>3</sup> reaching sixty plus years.

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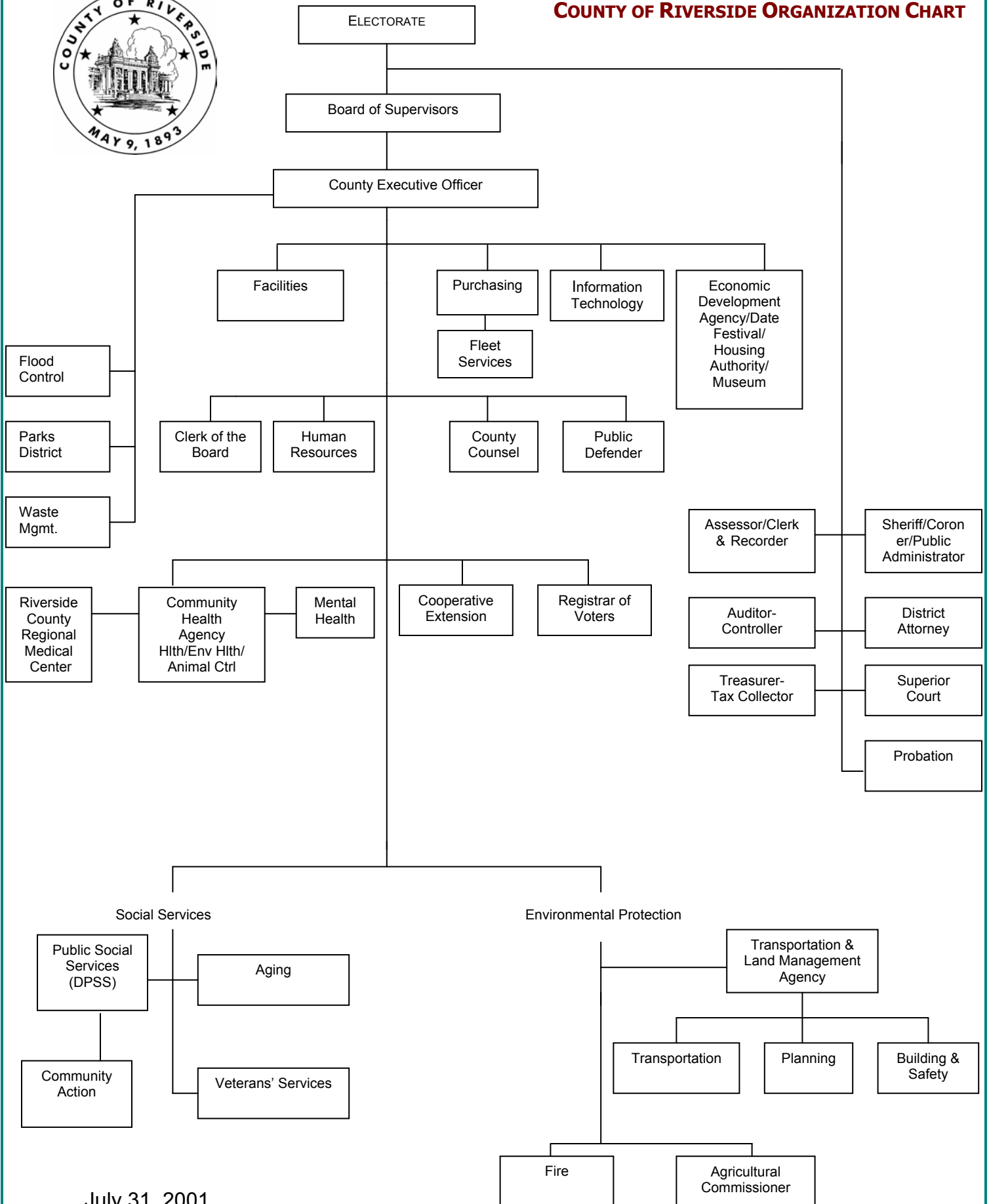
<sup>2</sup> According to the California Department of Finance – May 2004.

<sup>3</sup> Defined by persons born between the years of 1946 and 1964.





# COUNTY OF RIVERSIDE ORGANIZATION CHART



July 31, 2001

# **RIVERSIDE COUNTY BOARD OF SUPERVISORS**

## **DISTRICT 1**

### **Bob Buster, Vice Chairman**

District 1 includes areas within the City of Riverside (the La Sierra and Arlington communities), as well as the cities of Murrieta, Temecula, and Lake Elsinore. The District also comprises unincorporated communities including Lakeland Village, Lake Mathews, Mead Valley, Wildomar and Santa Rosa Rancho, as well as portions of Gavilan Hills and Woodcrest.

## **DISTRICT 2**

### **John F. Tavaglione**

District 2 includes the cities of Corona and Norco; approximately 1/3 of the City of Riverside, including the Magnolia Center and Municipal Airport areas, Casa Blanca and the East Side Community. Unincorporated communities within the Second District include Jurupa Valley (Rubidoux, Glen Avon, Sunnyslope, Pedley, Mira Loma); and Home Gardens, El Cerrito, Coronita, and Green River.

## **DISTRICT 3**

### **Jeff Stone**

District 3 includes the cities of Canyon Lake, Hemet, Murrieta, San Jacinto and Temecula. Unincorporated communities within the Third District include Aguanga, Anza, Idyllwild, Menifee Valley, Pinyon Pines, Valle Vista, Winchester and Wine Country.

## **DISTRICT 4**

### **Roy Wilson**

District 4 is geographically the largest, extending over the eastern two-thirds of the County. Within the Fourth District are the cities of Palm Springs, Cathedral City, Rancho Mirage, Palm Desert, Indian Wells, La Quinta, Indio, Coachella and Blythe. Major unincorporated areas in this district include Sky Valley, Thermal, Desert Center and the Palo Verde Valley.

## **DISTRICT 5**

### **Marion Ashley, Chairman**

District 5 includes the cities of Moreno Valley, Perris, Calimesa, Beaumont, Banning, Desert Hot Springs and northern Palm Springs. Unincorporated communities within the Fifth District include Nuevo, Lakeview, Juniper Flats, Meadowbrook, Good Hope, a portion 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 March Air Reserve Base.

## **RIVERSIDE COUNTY OFFICE ON AGING**

Riverside County Office on Aging was designated on June 18, 1974, by the Board of Supervisors, as a County Department on Aging for Planning and Service Area (PSA) 21. It serves as the official Area Agency on Aging for Riverside County, along with thirty-two (32) other Area Agencies on Aging throughout California.

The Office on Aging is one of thirty-four county departments and is located within the city boundaries of Riverside (West County Office), with satellite offices in Coachella Valley (Palm Desert Office) and in Hemet (Hemet Senior Service Center). Although there are three (3) community-based offices, each office can be contacted by calling one telephone number to handle all inquires and needs:

**1-800-510-2020**

The specific addresses for these locations are:

### **West County Office**

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



### **Hemet Senior Service Center**

1075 North State Street  
Hemet, California 92543-1474



### **Palm Desert Office**

73750 Catalina Way  
Palm Desert, California 92260-2906



The Riverside County Office on Aging, under the federal Older Americans Act and Older Californians Act, is charged to provide leadership in developing a home and community-based, consumer-directed system of care services for older persons and adults with disabilities in Riverside County. This challenging opportunity is accomplished under the governance of the Riverside County Board of Supervisors and a seventeen-member citizen advisory council, the Advisory Council on Aging, which develops policy and program recommendations. In addition, the Office on Aging is lead by an eight-member leadership team that shares responsibility to provide customer-centered services based on the vision, purpose, core value, and promise statement defined in this Strategic Plan.

All decisions are guided by this plan that analyzes demographic data, evaluates needs and resources, identifies those in greatest need, and sets policy direction and priorities in areas of advocacy, coordination, outreach/education, funding, planning, and program development.

The Riverside County Office on Aging administers over a ten million dollar budget comprised of public and private funds from federal, State, County and local sources, including direct, voluntary contributions from older persons who receive services. Funds are used to provide home and community-based services, including information and assistance, preventive health, material aid, employment, volunteer opportunities, outreach, transportation, adult day care, legal services, in-home support, ombudsman services, insurance counseling, congregate and home-delivered meals, and community elder abuse education. In addition, funds cover advocacy initiatives, forums, and technical assistance provided to the community on planning and program development.

## **ADVISORY COUNCIL ON AGING**

The Advisory Council on Aging is a mandatory body under both the Older Americans Act and the Older Californians Act.

The members are appointed to serve in an advisory capacity to the local Area Agency on Aging. The membership is comprised of 17 volunteer leaders, five of whom are appointed\* by the Board of Supervisors.

The Council considers demographic trends, unmet needs and emerging issues affecting seniors, caregivers, and adults with disabilities.

The Council also advises the Area Agency on Aging on all matters related to the development of the Strategic Plan, the administration of the plan, and operations conducted under the plan.

<b>OFFICERS</b>	<b>REPRESENTING</b>	<b>COUNCIL TERM</b>
Mark Moran, Chair *	District IV Representative	2001 - 2007
Betty Rogers, Vice Chair/Secretary *	District I Representative	1999 – 2008

<b>ADDITIONAL MEMBERS</b>	<b>REPRESENTING</b>	<b>COUNCIL TERM</b>
Barbara Affolter	Southern County	1998 – 2007
Mary Blankenship	Mid County	1998 - 2007
David Bray	Mid County	2000 – 2006
David Brostrom	Southern County	2000 – 2006
Toby Bushee *	District II Representative	2005 – 2008
Michael Carbine	Eastern County	2003 – 2006
Erwin Fromm	Coachella Valley	2000 – 2006
Morris Landers	Metropolitan Riverside	2005 – 2008
Lenwood W. Long *	District V Representative	1998 – 2007
Phyllis McGraw	Eastern County	2005 – 2008
Doris Morgan-Richards	Palo Verde Valley	1998 – 2008
Patrick Ramos	Metropolitan Riverside	2004 – 2007
Gloria J. Sanchez *	District III Representative	2002 – 2005
Carol Tong	Metropolitan Riverside	2005 – 2008
David Wilmon	At Large	2005 – 2008

“Youth is the gift of nature, but  
age is a work of art.”  
- Stanislaw Lec

## **ADVISORY COUNCIL ON AGING**

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<b>OFFICERS</b>	<b>REPRESENTING</b>	<b>COUNCIL TERM</b>
Mark Moran, Chair *	District IV Representative	2001 - 2007
Patrick Ramos, Vice Chair/Secretary	TAG 2	2004 - 2007

<b>ADDITIONAL MEMBERS</b>	<b>REPRESENTING</b>	<b>COUNCIL TERM</b>
Barbara Affolter	TAG 4	1998 - 2007
Mary Blankenship	TAG 5	1998 - 2007
Toby Bushee*	District II Representative	2005 - 2008
Michael Carbine	TAG 7	2003 - 2006
Erwin Fromm	TAG 8	2000 – 2006
Lenwood W. Long *	District V Representative	1998 – 2007
Holly Maag	TAG 6	2005-2008
Venetta Maiden	At Large	2005 – 2008
Phyllis McGraw	TAG 9	2005 – 2008
Doris Morgan-Richards	TAG 10	1998 – 2008
Betty Rogers *	District I Representative	1999 – 2008
Gloria J. Sanchez *	District III Representative	2002 – 2008
Ellis Swing	TAG 4	2005-2008
Carol Tong	TAG 2	2005 – 2008
David Wilmon	TAG 2	2005 – 2008

TAG = Target Area Grouping (Refer to page 28 for further information)

“Youth is the gift of nature, but  
age is a work of art.”

- Stanislaw Lec

# **OUR PHILOSOPHY**

## **OUR VISION**

**HOPE FOR TODAY WITH  
EXPANDED POSSIBILITIES AND  
CHOICES FOR TOMORROW.**

## **OUR CORE VALUE**

**THE RIGHT TO AGE WITH  
DIGNITY.**

## **OUR PURPOSE**

**TO SUSTAIN AND ENHANCE QUALITY  
OF LIFE ACROSS GENERATIONS  
THROUGH INNOVATION AND  
PARTNERSHIPS.**

## **OUR PROMISE**

**TO LISTEN WITH RESPECT, TO  
FOSTER TRUST, AND TO SERVE WITH  
COMPASSION AND COMMITMENT IN  
A TIMELY MANNER.**

## OTHER LEADING PRINCIPLES

The mission of the ***Administration on Aging (AoA)***, an agency in the U.S. Department of Health and Human Services, is to promote the dignity and independence of older people, and to help society prepare for an aging population.

The mission of the ***California Department of Aging (CDA)*** is 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.

The mission of the ***National Association of Area Agencies on Aging (n4a)*** is to build the capacity of its members to help older persons and persons with disabilities live with dignity and choices in their homes and communities for as long as possible.

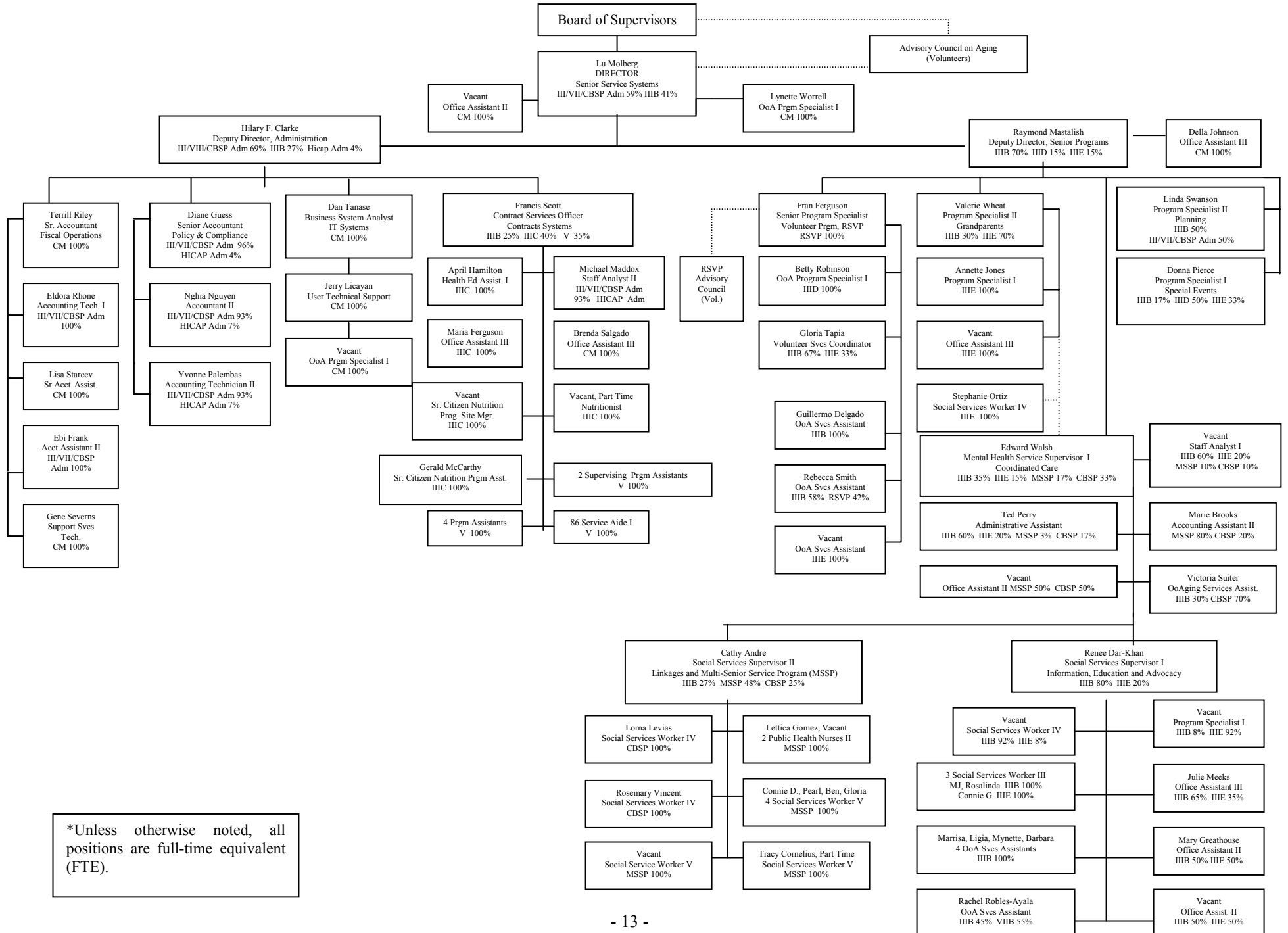
The mission of the ***California Association of Area Agencies on Aging (c4a)*** is to develop a statewide system of comprehensive and integrated home and community-based services for older persons and adults with disabilities through Advocacy, Coordination, and Education.

“Success seems to be largely a matter of hanging on after others have let go.”  
-William Feather



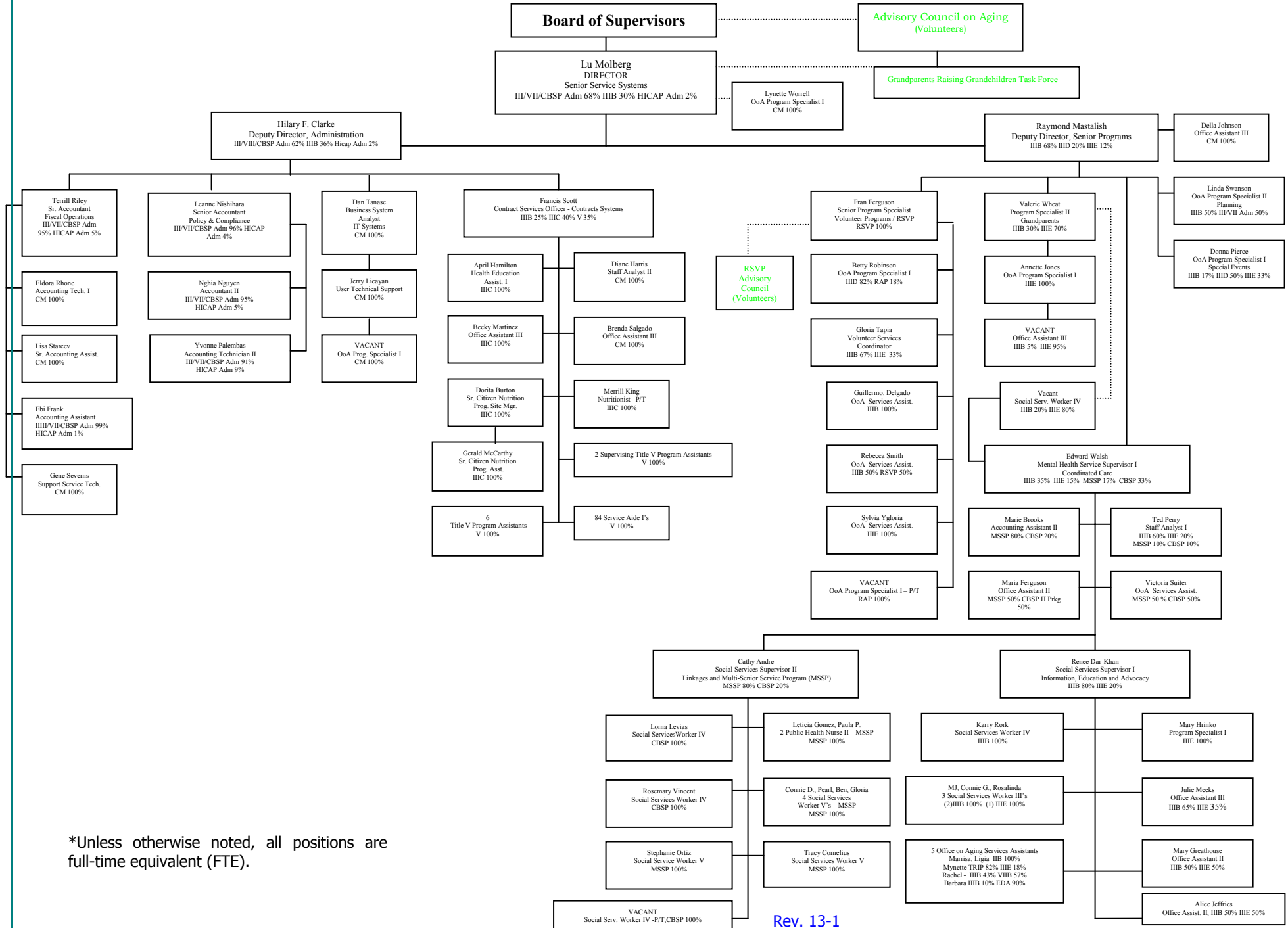


# Riverside County Office on Aging Organization Chart



\*Unless otherwise noted, all positions are full-time equivalent (FTE).

# Riverside County Office on Aging Organization Chart – FY 2006-2007



\*Unless otherwise noted, all positions are full-time equivalent (FTE).



**LuVerne (Lu) Molberg**  
Director



**Hilary Clarke, Deputy Director**  
Administrative Services



**Ray Mastalish, Deputy Director**  
Senior Programs

**OFFICE ON AGING  
LEADERSHIP TEAM**



**Francis Scott**  
Senior Employment /  
Contract Systems



**Ed Walsh**  
Coordinated Care



**Fran Ferguson**  
Volunteer Programs / RSVP



**Renee Dar-Khan**  
Information, Education and  
Advocacy

# **NEEDS ASSESSMENT, TARGETING, AND IDENTIFICATION OF PRIORITIES**

## **I. DATA GATHERING PROCESS**

### **A. Identifying Needs Through Past, Present and Future Needs Assessment Activities**

#### **1. Method Used**

Numerous detailed needs assessment activities over the past number of years were completed in preparation for the 2001-2005 Strategic Plan on Aging, and as part of a Robert Wood Johnson Foundation Grant in connection with the Long Term Care Integration Pilot Project. In addition, 42 other needs assessments, forums, and data sources were tapped for input into the data gathering process for the 2005-2009 Plan. See Attachment A "Riverside County Office on Aging Needs Assessment Sources for the 2005-2009 Strategic Planning Process".

#### **2. Characteristics of Those Providing Input**

Representation/characteristics of these wide-ranging sources included, grandparents raising grandchildren, housing, transportation, nutrition, health, long term care, intergenerational, disabled, staff, local employers, and culturally diverse specific targeted sources. Information from these sources was then aggregated and ranked.

### **B. Review of Demographic Data**

The 2000 census data was compiled and analyzed county-wide and down to census tract level within Target Area Groupings (TAGs). See Attachment B "Riverside County Age 60+ Population Including Key Data Elements and Intrastate Funding Formula Points. A separate analysis was completed of various sub-populations, such as disabled, caregivers, et cetera; the results of that analysis were mapped out (See Attachment C "Maps of Key Data Elements for Riverside County's Sub-Populations"). Due to the size of the data tables "Key Data Elements for Riverside County's Sub-Populations" related to the maps, are not included in this Plan; however, they can be downloaded from the Publications section of our Agency Web Site at [www.rcaging.org](http://www.rcaging.org).

### **C. Types and Extent of Existing and Potential Needs**

Thirty-eight (38) major categories of existing and potential needs were identified with additional forty-five (45) sub-categories. These were then

ranked by frequency that they were identified in the needs assessment process. Emerging issues were also identified for 36 items, including such issues as ageism, focus on healthy lifestyles, deinstitutionalization under Olmstead, consumer driven service delivery systems, grandparents raising grandchildren, affordable and accessible housing, alternatives to driving, and culturally diverse caregiver support.

## **II. PROCESS FOR IDENTIFYING PRIORITIES, GOALS, OBJECTIVES, TIMELINE**

Because our 2001-2005 Strategic Plan on Aging, titled "Preparing for the Boom" focused on aging boomers and related issues later identified in the California Long Range Strategic Plan on Aging, the objectives included in this 2005-2009 are an extension of those efforts and that focus. This plan is designed to be responsive to positioning Riverside County to not only meet the growing need for certain support services, i.e., care management, nutrition, medication management, but to build on the positive aspects aging boomers will bring with them in their aging process, i.e., focus on intergenerational ageism, health and wellness through active aging, employment opportunities, and those systems of services that sustain one's ability to remain in their homes and communities.

An overriding philosophy of the Office on Aging reflected in our staff orientation and daily customer service is reflected in our Vision, Core Value, Purpose, Promise and numerous discretionary objectives in Priority Issue area #6: "SD" – "Ensuring Effective Information and Service Delivery Systems". Consumer choice, listening to consumers, the right to age with dignity, and collaborating with partner stakeholders are all pillars to the foundation of our office.

### **A. Needs to Priority Areas**

Considering the 83 total need areas identified, the challenge was to group them and narrow the field to realistically reflect existing and potential resources, both fiscal and personnel. The Riverside County Advisory Council on Aging (AC) and the Office on Aging Leadership Team (LT) (see pages 10 and 14), ranked the needs into six (6) priority issue areas.

### **B. Priority Areas to Goals**

Goal statements were developed for each priority area; both approved by the AC.

### **C. Goals to Discretionary Objectives**

#### **1. Matching Needs, Objectives and Resources**

Objectives reflecting issues identified in the needs assessment process, emerging issues, and creative thinking by the AC and all Office on Aging staff were then developed in each priority area. Taking into consideration current and projected fiscal and personnel resources, an initial list of 100+ objectives was honed down to 63, which are included in this plan. Utilization of the recently created Riverside County Foundation on Aging (RCFA), which is a 501(c) (3) organization to expand available resources to achieve certain objectives, is also built heavily into the plan. Again, the AC and LT approved the final list of objectives.

## 2. Identifying and Filling Gaps

Service unit plan objectives (those for which we must report units of service to qualify for Older Americans Act funding) are in addition to the above-mentioned discretionary objectives and are identified beginning on page 49. These reflect our ability to fill the gaps between identified need and current available resources as well as meet minimum funding requirements imposed by the Older Americans Act.

## 3. Exceeding Minimum Funding Requirements

The Office on Aging currently exceeds the minimum funding requirements for all three priority service areas: Access, In-Home Services and Legal Assistance.

## 4. Integration of Coordinated Service Delivery System for Seniors, and Adults with Disabilities

The entire plan reflects, where appropriate, an integrated approach to serving both the senior and adults with disabilities communities. Telemedicine, and promoting the use of **Network of Care**, are major discretionary objectives in this plan. In addition, Priority Issue #6 includes numerous objectives designed to address the move toward an integrated service delivery system for seniors and adults with disabilities.

## 5. Barriers to Service Delivery and System Development

Barriers to an integrated system of information access and service delivery continued to be identified as a major concern to consumers, caregivers, provider agencies, community leaders and the general public. Unfortunately, there is minimal progress that can be achieved at the local level without action alleviating barriers to integration at the state and federal levels. See "Potential

Barriers to Long Term Care Integrated Service Delivery System” beginning on page 19.

6. Stakeholder Involvement

Collaborative and coordinated stakeholder involvement is included in the discretionary objectives as appropriate. Our philosophical approach to addressing gaps in needed services is through building partnerships with community stakeholders.

7. Service System Standards Maintenance/Development

Regular consumer review/multi-disciplinary team meetings provide an opportunity to ensure that uniform service standards are being maintained within the guidelines set by the State.

8. Quality Standards

Several discretionary objectives address quality control for both service activities provided in-house as well as under contract. In addition, the County Executive Office requires all County Departments to submit an annual Customer Satisfaction report, which in our case, is based on service satisfaction forms requested of our customers.

**D. Objectives to Timelines**

Finally, a timeline for start and completion of each objective was developed and approved by the LT and AC. These timelines will be used as the internal LT management-tracking tool throughout the agency during the 2005-2009 Plan period. See Attachment D “2005 – 2009 Strategic Plan on Aging Timeline

**POTENTIAL BARRIERS TO LONG TERM CARE INTEGRATED  
SERVICE DELIVERY SYSTEM**  
**Riverside County Office on Aging**  
**April, 2005**

The feasibility of integrating the administration and funding of all medical, social and supportive services for disabled adults and seniors has been a long-range goal of the Riverside County Office on Aging.

**Identification of Potential Barriers to LTCI**

Stakeholders were asked to identify potential barriers to integration. The responses were captured in the attached "Potential Barriers" list which might be used as a tool by any entity pursuing long term care integration. While individual potential barriers might not exist in each area working toward an integrated service delivery system, several appear to apply across the board and require broader state and federal intervention. These are elaborated upon in the tool.

**Past and Current State Opportunities to Support Initiatives for Change that Could Overcome Potential Barriers**

**1. AB-1040**

Expand this legislation to include the opportunity to test other service integration approaches beyond capitation to maximize and build upon the planning grant investments already made at the local level. The continued work on these Long Term Care Integration Pilot Projects could prove beneficial in removing barriers in the future.

**2. Challenge Grants – Aging With Dignity**

The results of several challenge grants funded by the California Department of Aging (CDA) could have been used to effect policy changes and potential system redesign at the state level which would obtain maximum leverage from these funds over time.

**3. Long Term Care Council (LTCC)**

The LTCC could develop a shared vision for a statewide integrated system of home and community based services that will guide future policy and funding initiatives.



The LTCC could develop a state level plan and technology strategy to achieve integration of case management and client tracking systems across state administered programs and departments that serve seniors and adults with disabilities, including acceptable strategies for dealing with the identified issues of confidentiality at the local level.

The LTCC could evaluate the impact of existing Medi-Cal waivers in programs serving seniors and adults with disabilities. Develop a comprehensive policy and statewide strategy for the use of waivers to build a cost effective home and community based service system that is responsive to the changing demographics in California.

### **Local Opportunities to Support Initiatives for Change that Could Overcome Potential Barriers**

Pursue legislative and regulatory changes through the established process that already exists in Riverside County:

1. Submit proposed legislative and regulatory changes to the county administrative office for pursuit by county lobbyists in Sacramento and Washington, DC.
2. Work through various State aging and adults with disabilities organizations in pursuit of legislative and regulatory changes.
3. Work with the six county members of the California Senior Legislature (CSL) to submit proposals that would alleviate identified barriers to building integrated service delivery systems at the local level.
4. Work with the other stakeholder entities to jointly pursue these changes.

## POTENTIAL BARRIERS

### A. BROAD BASED POTENTIAL BARRIERS WITH STATE IMPLICATIONS:

#### 1. Confidentiality

With County Counsel review and input, many aspects of confidentiality were identified:

- a. Myriad and conflicting laws to interpret
- b. Myriad and conflicting regulations to interpret
- c. Numerous studies and task forces convened by state departments without consistent interpretation of applicable laws and regulations, nor sharing of findings with local level
- d. Impact on professional licensing
- e. Lack of clarity on degree and aspects of confidentiality:
  - i. Is each agency/program protecting confidentiality of the same information for the same customer(s).
  - ii. Piecemeal legislative requirements create fragmented service categories and inhibit/prevent a team approach at the local level.
- f. Threats of law suits for divulging information overrides what is in the best interest of customer service

#### Future Strategies:

Implement recommendations from a UC Berkeley report "Confidentiality and Data Sharing Study" and other HIPPA related studies.

#### 2. Fragmented Case Management and Client Tracking Across Funding Streams

Many aspects of this potential barrier were identified:

- a. No single intake process across state and local departments and funding streams
- b. No existing state policy on sharing client data
- c. Conflicting eligibility requirements across funding streams

- d. Fragmented and duplicative reporting requirements across multiple (local, state and federal) funding sources and programs.
- e. Inability to track total costs/client and outcomes across multiple funding sources
- f. Diverse professional training and protocols regarding customer data sharing
- g. Separate tracking systems for services for seniors and for adults with disabilities
- h. Potential conflicts in HIPAA requirements for confidentiality and data sharing to improve customer service
- i. Implementation of state and federal mandates at local level may result in administrative policies which inhibit movement toward integration/coordination
- j. Multiple case management programs under separate funding streams may overlap or leave gaps, i.e., MCM, MSSP

### **Future Strategies:**

Activities are already underway to address these potential barriers through efforts of the Long Term Care Council, particularly in the APS, IHSS, MSSP, Linkages and Title III-B programs.

### **3. Changing Circumstances and New Understandings Regarding Capitation**

Numerous aspects of capitation were identified that could evolve into potential barriers:

- a. Need for critical mass of funded home and community based services to be in place
- b. Limited feasibility/higher risk with low population density in large geographic areas
- c. Increasing consumer suspicion and lower support for capitation
- d. Reduced or non-existent willingness of existing managed care plans to participate in capitation
- e. More research needed on future state policy direction/vision on waivers
- f. Critical need for core case management to be in place to control costs
- g. Need for expanded utilization data to adequately project risks and costs
- h. Potential for capitation approach to work in certain areas diminishes without ideal conditions
- i. Local waivers that are not conceived and implemented under an umbrella State plan or strategy can result in favoring portions of the state over other areas, eventually leading to inequities and missed opportunities for statewide leverage of federal monies
- j. Pursuing individual county waivers versus a statewide waiver appears to be uneconomical from a local perspective, as well as strategically more challenging when dealing with the Health Finance Administration (HCFA)

### **Future Strategies:**

Analysis of data provided by the LTCI Unit may be used to address this potential barrier. The "Medicaid Waivers: California's Use of a Federal Option" report issued in March, 2000 by the Medi-Cal Policy Institute, also a valuable resource, includes recommendations for further study of this potential barrier area. In addition, expanded flexible options under AB-1040 could allow exploration of new administrative opportunities other than capitation (see Attachment 1 "Five Steps to Integration").

### **4. Technology Applications and Cost**

Numerous aspects of this potential barrier were identified:

- a. Prohibitive start up costs at the local level to experiment with new technology systems and software to integrate service systems
- b. Wasteful fragmented and duplicative technology investments locally that could have been designed to address statewide system design
- c. Financial disincentive at the local level to invest in systems that may not meet future state mandates
- d. Concern about amount and type of information in electronic resource data bank (VRDB).
- e. Original customer signature requirements on documents
- f. Incompatible and insufficient computer equipment and software within and between state/county departments
- g. Technology application – cost today and in the future, versus doing things the way we have always done them.
- h. Unrealistic concern about impact of change on customer, i.e., utilization of laptop computer while conducting customer intake.

### **Future Strategies:**

Under leadership and planning efforts of the Long Term Care Council, the State should provide the framework of minimum compliance parameters related to client tracking, consolidated reporting, integrated intake, etc., within which local Information Technology (IT) efforts could explore options that satisfy both local, state and federal needs. This could also include the application of shared ADL minimums across programs, and a mix of senior and adults with disabilities data.

## **5. Diverse Philosophy/Professional Practice**

Individual and professional philosophies as well as regulatory and licensure requirements influence approaches toward:

- a. Integration
- b. Record keeping
- c. Collecting customer information
- d. Electronic customer information exchange
- e. How customer is viewed:
  - i. Individual program clients versus county clients
  - ii. Whole person versus person segmented into program pieces

### **Future Strategies:**

Consistent and on-going education is needed for professionals in order that there is uniformity within and between, as to how programs are applied to individual customers with multiple needs. For example, individual interpretation of confidentiality issues are due in part to fears of legal repercussions and sanctions by professional licensing organizations as well as inconsistencies in regulatory requirements, interpretation, and licensing, i.e., Federal Privacy Act vis-à-vis using Social Security numbers in record keeping.

## **B. POTENTIAL BARRIERS OF LIMITED SCOPE**

1. Lack of commitment for employee training:
  - a. Emphasizing customer service
  - b. Legal requirements
  - c. Current confidentiality requirements
  - d. County-wide goals and objectives
  
2. State and local Department Directors need to resolve certain issues which cannot be dealt with at the task group/work team level.
  - a. Overlapping responsibilities between state/local departments/programs
  - b. Reluctance in the ranks to change

- c. Threatened by anything which might imply departments are not doing a good job
  - d. Trust must be established between individual workers and between departments to break down turf
  - e. Ownership of customer:
    - i. My client
    - ii. Funding head counts
  - f. Lack of information flow from task group/work team members to upper level administration
  - g. Limited knowledge of what is happening statewide/countywide
3. Suspicion of other state and local departments' products/motives, therefore, hesitant to share information about internal department operations, i.e., data bases, computer systems, and special initiatives.
  4. Time needed to get consensus on components of an integrated system due to inability/unwillingness to commit staff resources to work on non-mandated change.
  5. Inconsistent and inequitable distribution of program funding and implementation across the state/county.
  6. Fear of reduction or loss of categorical program funding under integrated system.
  7. Stigmatization/perception of aging and adults with disabilities which does not reflect the impact of longevity and changing needs of seniors and adults with disabilities.
  8. Union response to organization restructuring which may result in staffing changes or working out of classification.
  9. The perception and lack of confidence that integration is a priority with legislators/policy makers.

10. Lack of customer understanding of complexity of current system results in customer disgruntlement with provider agencies and government administered programs.
11. Customer provided information may not always be accurate and needs to be verified.

## **FIVE STEPS TO INTEGRATION**

### **INTEGRATED HOME AND COMMUNITY BASED LONG TERM CARE LONG TERM CARE SYSTEM**

**Riverside County Office on Aging**

**April, 2005**

- ❖ **Coordination of Program Components** – County departments work together to identify and integrate certain aspects of service delivery such as: Uniform intake forms, single entry point case management that deals with eligibility and evaluation of outcomes, and computerized customer referral, tracking and cross referral between public and private service providers.
- ❖ **Consolidation of Funding Streams** – A team of county department representatives would together identify all public home and community based funding streams, move to eliminate administrative and program duplication, ease access for the consumer, and reduce fragmentation.
- ❖ **Integration of Programs and Funding Streams Within an Existing Administrative Structure** – All public funding streams that support a comprehensive home and community based care system would be integrated and administered by one or more existing county department(s) or partnership between departments.
- ❖ **Integration of Programs and Funding Streams Within a New Administrative Structure** – All public funding streams that support a comprehensive home and community based care system would be integrated and administered by one newly designed county department.
- ❖ **Integration of Health and Social Service Through a Capitated Model** – This model would pool all funding, and services would be provided through shared risk contractual arrangements. Such a capitated service delivery system could be administered by a newly structure county entity or become part of an existing capitated plan.



## **TARGET AREA GROUPINGS**

Target Area Groupings, or TAGs, were developed in order to analyze the diverse needs and resources of each unique community within Riverside County. Each TAG was formulated based upon current community boundaries, population characteristics, service utilization, geography, and resource distribution. For a breakdown of the TAGs, and Riverside County's older adult population characteristics, refer to Attachment B, "Riverside County Age 60+ Population Including Key Data Elements and Intrastate Funding Formula Points."

## **TARGET POPULATIONS**

The Older Americans Act requires that funds be targeted to older adults aged sixty and over who are in the greatest social and economic need, with special emphasis on isolated, low-income minorities. In response to this policy, the California Department of Aging (CDA) has developed a cumulative formula, the Intrastate Funding Formula, to distribute funding to Area Agencies on Aging.

Intrastate Funding Formula:

- 1 point for each non-minority older adult (sixty years and older<sup>4</sup>)
- 2 points for each ethnic minority older adult
- 2 points for each low-income older adult
- 1.5 points for each older adult residing in a rural area<sup>5</sup>

The Office on Aging also utilizes this formula to allocate funding throughout the County.

Riverside County has one of the lowest per capita funding rates in California at \$14.71 (per capita funding rates in California range from \$11.97 to \$119.31).

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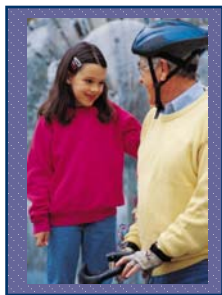
<sup>4</sup> Except for the National Family Caregiver Support Program where funds are allocated under a seventy years and older population-based Intrastate Funding Formula.

<sup>5</sup> Rural areas are defined by the Federal Government during the United States Census process.

## PRIORITY ISSUE "C" – CAREGIVERS

**GOAL: To sustain / improve support systems for all caregivers who are assisting seniors, adults with disabilities, or their grandchildren, so that family stability is enhanced and community resources are maximized.**

### RATIONALE



There is a lack of multiple funding stream coordination to address complex needs of caregivers and grandparents raising grandchildren.

Increasingly grandparents are being called upon to provide full-time parental care to minor grandchildren, and in many cases require the same type of support network provided to foster parents.

Current respite services are inadequate to address the growing need for specialized care such as over weekends or long periods of time.

Adult day care services continue to provide essential services at the community level to reduce caregiver exhaustion.

There is a need for a greater awareness and support by employers pertaining to the unique needs of working family caregivers.

### OBJECTIVES

**C.1** The **Advisory Council on Aging** and **Office on Aging staff** will **advocate** with federal, state, and local officials and key community stakeholders to expand information and assistance and care management services for caregivers of seniors or adults with disabilities, and grandparents raising grandchildren (See also new Objective HW14.)

**Lead Staff:** Molberg/Mastalish/Walsh/Advisory Council Committee Chair/Dar-Khan/Grandparents Raising Grandchildren Task Force Chair (GRG TF)

**Start/End Dates:** July 2005 – June 2009

**Funding Source:** Title III-B, Title III-E, Linkages, MSSP, First 5 Riverside Grant

**Status:** Revised to add connection to new objective and additions to lead staff and funding source

**C.2** **Office on Aging staff** and **Advisory Council on Aging** will convene a county-wide **forum** and launch an awareness campaign to educate employers, including Riverside County Human Resources, on the unique issues/needs of employees providing care for

seniors and/or adults with disabilities, and the caregiver resources available through the Network of Care web site. (See also Objectives QL.6 and QL.7)

**Lead Staff:** Mastalish/Dar-Khan/Advisory Council Committee Chair

**Start/End Dates:** July 2005 – ~~September~~ November 2005

**Funding Source:** Title III-E and/or other available funding sources

**Status:** Revised to add lead staff left off in error and timeline changed--  
Completed

- C.3 Office on Aging staff** and the **Advisory Council on Aging** will collaborate with local officials, **Grandparents Raising Grandchildren Task Force (GRGTF)**, the Riverside County Youth Commission, Child Protective Services, Adult Protective Services, and key stakeholders to reconfigure the GRGTF to address changing/emerging needs and make appropriate influences on the service delivery system, including a countywide public social worker and mental health worker education campaign on issues of ageism related to grandparents raising grandchildren.

**Lead Staff:** Mastalish/GRGTF Chair

**Start/End Dates:** July 2005 – June 2009

**Funding Source:** Title III-E, First 5 Riverside Grant

**Status:** Revised funding source

- C.4a Office on Aging staff, Grandparents Raising Grandchildren Task Force,** and **Advisory Council on Aging** will convene **two forums** for grandparents raising grandchildren, Riverside County department personnel, service providers, and grandchildren being raised by grandparents to address priority issues confronted by grandparents raising grandchildren. (Refer to III-E Service Unit Plan, Community Education – 630 units projected. See also Objective C.4b)

**Lead Staff:** Mastalish/GRGTF Chair

**Start/End Dates:** January 2006 – September 2006; October 2007 – September 2008

**Funding Source:** Title III-E, Title III-B and other available funding sources

**Status:** Revised funding source

- C.4b Office on Aging staff** will develop and issue a **Blue Ribbon Grandparents Raising Grandchildren Report** identifying recommendations for resolving issues identified in the grandparents raising grandchildren forums, with updates. (See also Objective C.4a)

**Lead Staff:** Mastalish/GRGTF Chair

**Start/End Dates:** September 2006 – December 2006; September 2008 – December 2008

**Funding Source:** Title III-E and First Five

**Status:** Revised funding source

- C.5 Office on Aging staff** and **Grandparents Raising Grandchildren Task Force** will produce and disseminate a quarterly grandparents raising grandchildren newsletter to

grandparents raising grandchildren, service providers, and community leaders, addressing issues in the forums, resources, and current initiatives.

**Lead Staff:** Mastalish/GRGTF Chair

**Start/End Dates:** On-going with publications in August September, November December, February March, and May June of each year (during 2005 – 2009)

**Funding Source:** Title III-B, Title III-E and First 5 Riverside Grant

**Status:** Revised timeline

- C.6 Office on Aging staff and Grandparents Raising Grandchildren Task Force** will undertake **new program development** together with community organizations, Department of Public Social Services, Child Protective Services, other provider agencies, First 5 Riverside, and Grandparents Raising Grandchildren volunteers, to establish a Grandparents Raising Grandchildren One-Stop-Center in Riverside County and use data collected through the Center to support system design change. (See also Objective C.7)

**Lead Staff:** Molberg/Mastalish/GRGTF Chair

**Start/End Dates:** July 2005 – July 2006 June 2007

**Funding Source:** Title III-B Program Development, Title III-B, Title III-E, other available funding sources

**Status:** Revised for more clarity of objective, revised timeline and additions to funding source

- C.7 Office on Aging staff and Grandparents Raising Grandchildren Task Force** will **coordinate** with the **Riverside County Foundation on Aging (RCFA)** to research and apply for private sector funding to educate community leaders and officials on the needs of grandparents raising grandchildren and to establish, expand, and sustain the One-Stop-Center. (See also Objective C.6)

**Lead Staff:** Mastalish/GRGTF Chair

**Start/End Dates:** July 2005 – June 2009

**Funding Source:** Title III-B Coordination, Title III-B, Title III-E

**Status:** Revised for more clarity of objective and funding source additions

**Note:** Refer to "Title III-E Service Unit Plan Objectives" #'s 1, 2, 3, 4, 5, 8, 9, 10, 11 (beginning on page 58); "Community Based Services Program Service Unit Plan (CBSP) Objective," Alzheimer's Day Care Resource Center (ADCRC) (page 66), and (CBSP) Respite Purchase of Services – RPOS (page 67) for additional objectives with service units attached.

## PRIORITY ISSUE "HW" – HEALTH CARE / WELLNESS

**GOAL: To sustain / improve the health of seniors, and adults with disabilities, through appropriate health care, including expanded opportunities for wellness and healthy living activities.**

### RATIONALE

Research has identified that strength building can reduce frailty and increase self-reliance.

Demand for home and community based services and for those who provide such services will increase rapidly as the populations of seniors, and adults with disabilities rise in total numbers and in life span over the next decade.



The need to coordinate utilization of services between acute care and chronic care and medical care and home and community based care will reduce fragmentation and increase efficiencies and effectiveness.

Nutrition services continue to be a primary avenue for socialization for many seniors.

There continues to be a large segment of seniors, and adults with disabilities who are unaware of essential community services available to caregivers, seniors, and adults with disabilities.

### OBJECTIVES

**HW.1** The **Advisory Council on Aging** and **Office on Aging staff** will **advocate** with acute care facilities to build a strong care management interface with community based care by locating a liaison from community based care management systems in their facilities.

**Lead Staff: Molberg/Walsh/Advisory Council Committee Chair**

**Start/End Dates: October 2006 – May 2008**

**Funding Source: Title III-B, Title III-E, Linkages, MSSP**

**Status: Continued**

**HW.2** **Office on Aging staff** will collaborate with the **RCFA** to research and seek funding opportunities for the liaisons that would be placed in the acute care facilities.

**Lead Staff: Mastalish/Walsh/C.E.O., RCFA**

**Start/End Dates: January 2007 – January 2008**

**Funding Source: Based upon available funding opportunities**

**Status: Revised lead staff**

**HW.3 Office on Aging staff and Advisory Council on Aging, along** will **coordinate** with **RCFA**, community agencies, such as, the Regional County Medical Center, Community Access Center, and local telephone companies to explore the application of computer technology telemedicine and web MD to assist with overall senior health promotion and wellness issues with the focus being on prevention, including the delivery of medical/dental services to frail homebound seniors.

**Lead Staff:** **Walsh/Mastalish/Advisory Council Committee Chair, C.E.O., RCFA**

**Start/End Dates:** **July 2005 – June 2006 2007**

**Funding Source:** **Title III-B, Title III-B Coordination, Title III-E, Linkages, MSSP**

**Status:** **Revised lead staff and timeline**

**HW.4 Office on Aging** will **coordinate** with local officials and key community stakeholders such as the County Regional Medical Center, Community Access Center, and local telephone companies, to develop a countywide advocacy strategy for Advisory Council on Aging to address how to fund and implement computer technology, telemedicine, and web MD applications that can assist with overall senior and adult with disabilities health and wellness issues.

**Lead Staff:** **Molberg/Mastalish/Advisory Council Committee Chair**

**Start/End Dates:** **July 2006 – June 2007**

**Funding Source:** **Title III-B, Title III-B Coordination**

**Status:** **Continued**

**HW.5 Office on Aging staff** with community leaders, faith based organizations, and diverse cultural groups, will expand the Active Aging Community Task Force (AACTF) by a minimum of three new members and five new program sites (one per supervisorial district).

**Lead Staff:** **Mastalish/Ferguson**

**Start/End Dates:** **July 2005 – June 2006**

**Funding Source:** **Title III-B, Title III-D**

**Status:** **Completed**

**HW.5a Office on Aging staff** with community leaders, faith based organizations, and diverse cultural groups will maintain the AACTF membership and sites for the Active Aging Program *Fit After Fifty*, which provides strength training and mobility exercises for older adults.

**Lead Staff:** **Mastalish/Ferguson**

**Start/End Dates:** **July 2006 – June 2009**

**Funding Source:** **Title III-B, Title III-D**

**Status:** **New**

**HW.6 Office on Aging staff** will provide ~~1,296~~ **1,300** hours of physical fitness sessions **per fiscal year** for seniors through the Active Aging Program *Fit After Fifty* to improve

strength and mobility. (Refer to Title III/VII Service Unit Plan Objectives *Disease Prevention – Physical Fitness* and Objective **HW.5a**)

**Lead Staff:** Ferguson

**Start/End Dates:** July 2005 – June 2006 2009

**Funding Source:** Title III-D, Regional Access Project Grant, and other available funding

**Status:** Revised objective number referenced, timeline and funding source

**HW.7 Office on Aging staff** and the **Advisory Council on Aging** will collaborate with the Older Adult System of Care Committee of the Riverside County Department of Mental Health to identify unique mental health issues and needs of seniors, and adults with disabilities in relation to resource allocations granted under the Mental Health Services Act (Proposition 63) or other funding sources.

**Lead Staff:** Molberg/Walsh/Advisory Council Committee Chair

**Start/End Dates:** July 2005 – December 2005

**Funding Source:** Title III-B, Title III-E, Linkages, MSSP

**Status:** Completed

**HW.8 Office on Aging staff** will collaborate with the **RCFA** to research and seek funding opportunities for the convening of an intergenerational forum on health promotion/wellness and the myths of aging. (See also Objective **HW.9a**)

**Lead Staff:** Molberg/Mastalish

**Start/End Dates:** ~~May~~ January 2007 – September 2007

**Funding Source:** Title III-B, Title III-D

**Status:** Revised timeline and added objective reference

**HW.9a Office on Aging staff** and **Advisory Council on Aging** will **coordinate** with key health, academic and senior constituents to convene a health awareness intergenerational **forum** “**Aging as a Lifelong Process**” to educate the youth community, aging boomers, and seniors on the myths of aging, economic, cultural, and health promotion/wellness issues. (See also Objectives **HW.9b** and **QL.5a**)

**Lead Staff:** Molberg/Mastalish/Advisory Council Committee Chair

**Start/End Dates:** May 2007 – May 2008

**Funding Source:** Title III-B, Title III-B Coordination, Title III-D

**Status:** Continued

**HW.9b Office on Aging staff** and the **Advisory Council on Aging** will develop and issue a **Blue Ribbon Ageism Report** on “**Aging as a Lifelong Process**” which will be used to frame the Advisory Council’s advocacy strategy for the following year. (See also Objective **HW.9a**)

**Lead Staff:** Mastalish/Advisory Council Committee Chair

**Start/End Dates:** ~~April~~ May 2008 – July 2008

**Funding Source:** Title III-D, Title III-B

**Status:** Revised timeline and funding source

**HW.10 Office on Aging HELPLINK staff** in collaboration with Health Insurance Counseling and Advocacy Program (HICAP), Center for Medical Services (CMS), and National Council on Aging (NCOA) will provide outreach and education on access to benefits under Medicare Part D to seniors throughout Riverside County.

**Lead Staff:** Dar-Khan/~~Scott~~

**Start/End Dates:** July 2005 – ~~June~~ December 2006

**Funding Source:** ABC Grant, Title III-B

**Status:** Revised lead staff, timeline and funding source

**HW.11 Office on Aging staff** will **coordinate** the HELPLINK information and referral services with those provided by the Volunteer Center 211 program to achieve a seamless information and assistance consumer friendly service system as established in a formal Memorandum of Understanding, with periodic review/update.

**Lead Staff:** ~~Molberg~~/Mastalish/Dar-Khan

**Start/End Dates:** July 2005 – ~~December 2005~~ June 2009

**Funding Source:** Title III-B, Title III-B Coordination

**Status:** Revised for more clarity of objective and timeline change

**HW.12 Office on Aging staff** will ~~outreach to a minimum of 150 seniors~~ provide a minimum of 25 presentations for seniors throughout Riverside County (5 per Supervisorial District), including a focus on reaching diverse populations, on the use of the medication SMART Card as a means of sound medication management practices. (Refer to Service Unit Plan Objectives Title III-D Disease Prevention/Health Promotion-Community Education/Advocacy and ~~Medication Management—Outreach Medication Management-Community Education/Advocacy~~)

**Lead Staff:** Mastalish

**Start/End Dates:** October 2005 – August 2008

**Funding Source:** Title III-D

**Status:** Revised for more clarity of objective and to more accurately identify service unit category

**HW.13 Office on Aging staff** will **coordinate** with RCFA, local officials and key community stakeholders to develop a countywide strategy for the Advisory Council on Aging (A.C.) to advocate for implementation of recommendations included in the Blue Ribbon Nutrition Report issued in August 2004, A.C. Ad Hoc Food Bank Report, and other relevant reports. (See also Objective SD.10)

**Lead Staff:** Molberg/Advisory Council Committee Chair

**Start/End Dates:** July 2005 – ~~June 2006~~ 2007

**Funding Source:** Title III-B Coordination

**Status:** Revised for more clarity of objective and timeline change

**HW.14 Office on Aging staff** in collaboration with HICAP will provide Medicare Part D information/education to Title V participants through quarterly workshops, and Senior Employment processes Benefits Checkup applications to include information on drug



discount programs and eligibility and availability of other social service and entitlement programs.

**Lead Staff:** Scott

**Start/End Dates:** July 2005 – June 2007

**Funding Source:** Title V and other available funding

**Status:** New (Separated out from HW.10 as the activities of this objective are Title V Program specific)

**HW.15 Office on Aging staff** and the **Advisory Council on Aging** will collaborate with the Older Adult System of Care Committee of the Riverside County Department of Mental Health to identify unique mental health issues and needs of seniors, and adults with disabilities, along with the implementation of services in relation to resource allocations granted under the Mental Health Services Act (Proposition 63) or other funding sources (See also Objective C.1).

**Lead Staff:** Walsh/Advisory Council Committee Chair

**Start/End Dates:** January 2006 – June 2009

**Funding Source:** Title III-B, Linkages, MSSP

**Status:** New

**HW.16** In the spirit of Olmsted, the **Office on Aging** will enter into a Memorandum of Understanding with the Community Access Center to address objectives in this Strategic Plan.

**Lead Staff:** Molberg/Mastalish/Walsh/Dar-Khan

**Start/End Dates:** July 2006 – June 2009

**Funding Source:** Title III-B, Linkages, MSSP

**Status:** New

**Note:** Refer to "Title III/VII Service Unit Plan Objectives" - #'s 1, 2, 4, 5, 6, 7, 12, 13, 14, (beginning on page 49), 15 "Other" Title III-D Services (beginning on page 52) Long-Term Care Ombudsman (page 56), Elder Abuse Prevention Services (page 57); "Community Based Services Unit Plan (CBSP) Objective" - Brown Bag (page 67) and Linkages (page 68); and "Health Insurance Counseling and Advocacy Program (HICAP) Service Unit Plan Objectives" (page 69) for additional objectives with service units attached.

## PRIORITY ISSUE "H" – HOUSING

**GOAL: To sustain and increase housing options to meet the needs and preferences of seniors, and adults with disabilities, residing in Riverside County.**

### RATIONALE

Housing is a serious problem for seniors, and adults with disabilities and will increase in importance as efforts are made to reduce institutionalization and provide support to individuals living in community settings.



Innovative financing, design, and development approaches and partnerships will be essential to meet the growing need for increased housing options and preferences.

Local governments, financiers, and developers must work together to address the multiple political, planning and funding barriers to senior, and adult with disability housing that exist, and to advance both traditional and non-traditional options and models to meet the needs.

The demand for senior home repair and modification continues to grow, but the funding is stagnant.

### OBJECTIVES

**H.1 Office on Aging staff** will **coordinate** with local and state officials, housing developers, Community Access Center, the Department of Public Social Services (DPSS) Housing and Homeless Coalition, the Department of Mental Health Continuum of Care Housing and Homeless Task Force, key community stakeholders, and other housing related advisory bodies/committees to develop an advocacy strategy for Advisory Council on Aging regarding the need for affordable and accessible housing options for special populations including seniors, grandparents raising grandchildren, and adults with disabilities.

**Lead Staff: Molberg/Mastalish/Walsh/Advisory Council Committee Chair**

**Start/End Dates: July 2005 – June 2009**

**Funding Source: Title III-B, Title III-B Coordination**

**Status: Continued**

**H.2 The Advisory Council on Aging and Office on Aging staff** will provide input into statewide **advocacy** efforts to promote implementation of the housing recommendations in the California Long Range Strategic Plan on Aging (LRSPA).

**Lead Staff: Molberg/Mastalish/Advisory Council Committee Chair**

**Start/End Dates: July 2005 – March 2007**

**Funding Source: Title III-B**

**Status: Continued**

**H.3a Office on Aging staff** and the **Advisory Council on Aging** will **coordinate** with the Economic Development Agency, American Planner's Association-Inland Empire Section, Coachella Valley Association of Governments, League of California Cities-Riverside Division, and key decision makers to convene **two forums** for city/county officials, planners, developers, architects, and others with a role in the area of affordable/accessible senior housing to identify key elements that should be incorporated into the City/County General Plans in order that they be responsive to the senior and adults with disabilities housing needs throughout Riverside County, including zoning, easements, and dual dwelling on site. (Refer to Objectives H.3b, H.4, and H.5)

**Lead Staff: Mastalish/Advisory Council Committee Chair**

**Start/End Dates: July 2005 – ~~December 2005~~ February 2006; October 2006 – September 2007**

**Funding Source: Title III-B, Title III-B Coordination and other available funding sources**

**Status: Revised to include additional coordination entities and timeline change**

**H.3b Office on Aging staff** and **Advisory Council on Aging** will develop and issue a **Blue Ribbon Housing Report** identifying recommendations for sustaining and increasing housing options to meet the needs and preferences of seniors, and adults with disabilities. (See also Objective H.3a)

**Lead Staff: Mastalish/Advisory Council Committee Chair**

**Start/End Dates: ~~December 2005 – March 2006~~ February 2006 – May 2006**

**Funding Source: Title III-B**

**Status: Revised timeline to coincide with timeline change to H.3a**

**H.4 Office on Aging staff** will **coordinate** with local officials, local housing providers and housing authorities, California Coalition for Rural Housing, California Housing Law Project, Housing California, and the California Housing Partnership Corporation, to develop a countywide advocacy strategy for Advisory Council on Aging to address recommendations included in the Blue Ribbon Housing Report that is published as a result of a forum. (See also Objective H.3b).

**Lead Staff: Molberg/Mastalish/Advisory Council Committee Chair**

**Start/End Dates: ~~March 2006 – July 2006~~ July 2006 – December 2006**

**Funding Source: Title III-B Coordination**

**Status: Revised timeline**

**H.5 Office on Aging staff, and Advisory Council on Aging, and RCFA** will **coordinate** with city officials and planners—and zoning officials in 24 cities in Riverside County to follow-up on the incorporation of key elements identified at the

housing-related forum in their city general plans and to identify other senior-related issues. (See also Objective H.3a)

**Lead Staff:** Mastalish/Advisory Council Committee Chair, C.E.O., RCFA

**Start/End Dates:** July 2006 – July 2007

**Funding Source:** Title III-B Coordination and other available funding

**Status:** Revised for more clarity, lead staff and funding source additions

**H.6 Office on Aging staff** will explore with the County Economic Development Agency the expansion of the existing senior home repair information and assistance intake program.

**Lead Staff:** Dar-Khan

**Start/End Dates:** July 2005 – June 2007

**Funding Source:** Title III-B

**Status:** Continued

~~**H.7 Office on Aging staff** will **coordinate** with city and county Economic Development Agencies and faith-based organizations, the use of youth training programs for senior home repairs and home modification.~~

~~**Lead Staff:** Molberg/Mastalish~~

~~**Start/End Dates:** December 2005 – June 2006~~

~~**Funding Source:** Title III-B Coordination~~

~~**Status:** Deleted as it has been determined that these activities fall within Objective H.3b activities.~~

~~**H.8 Office on Aging staff** will collaborate with the **RCFA** to research and apply for Community Development Block Grant (CDBG) and other funding sources to expand housing options for the county's seniors and adults with disabilities.~~

~~**Lead Staff:** Molberg/Mastalish~~

~~**Start/End Dates:** July 2006 – June 2007~~

~~**Funding Source:** Title III-B~~

~~**Status:** Deleted as it has been determined that these activities will fall within Objective H.3b activities.~~

**Note:** There are no additional objectives with service units attached.

## PRIORITY ISSUE "QL" – QUALITY LIFE CHOICES

**GOAL: To cultivate an environment in Riverside County that is responsive to the diverse cultural, social, and economic needs of its seniors, and adults with disabilities populations.**

### RATIONALE

Barriers still exist for seniors, and adults with disabilities who are seeking employment.

A lack of knowledge of diverse cultural populations continues to be a barrier to providing services to those populations.



Outreach and targeting to socio-economically at risk and isolated communities remain a challenge due to the diversity inherent in Riverside County.

The distribution of federal and state funding has not kept pace with Riverside County's population growth.

### OBJECTIVES

**QL.1** The **Advisory Council on Aging** and **Office on Aging staff** will **advocate** with the state legislature, local officials, the media, and the community, for the addition of a death certificate fee or other funding stream dedicated for **the implementation of an Area Agency on Aging's administered-aging services- strategic plan.**

**Lead Staff: Molberg/Mastalish/Advisory Council Committee Chair**

**Start/End Dates: ~~July November 2005 – October 2005~~ June 2007**

**Funding Source: Title III-B**

**Status: Revised for more clarity, lead staff and timeline changes**

**QL.2** **Office on Aging staff** will **coordinate** with federal, state, and local officials, the California Commission on Aging, California Departments of Social Services and Aging, and County departments to develop a strategy for the Advisory Council on Aging to include a recommendation to the 2005 White House Conference on Aging in support of an integrated and coordinated statewide system of service access and delivery with local flexibility, which is culturally sensitive and linguistically appropriate, including the integration of In-Home Supportive Services (IHSS) and other care management programs.

**Lead Staff: Molberg/Mastalish/Advisory Council Committee Chair**

**Start/End Dates: July 2005 – ~~October~~ December 2005**

**Funding Source: Title III-B Coordination**

**Status: Completed**

**QL.3 Office on Aging staff** will collaborate with other County departments **and other stakeholders** to develop an advocacy strategy **for with** the Advisory Council on Aging to advocate with federal and state officials for equitable distribution of funds based on a county's population growth in order to keep funding in pace with changes in need.

**Lead Staff: Molberg/Advisory Council Committee Chair**

**Start/End Dates: July 2005 – June 2009**

**Funding Source: Title III-B**

**Status: Revised for more clarity**

~~**QL.4 Office on Aging staff** and the **Advisory Council on Aging** in collaboration with the **RCFA**, service providers, school board officials, universities/colleges, and the Youth Commission, will develop a countywide intergenerational **public relations campaign** on "aging" and "longevity" ***You're Going to Age, You're Going to Live Longer – Plan on It*** that would raise public awareness and motivate individual civic awareness and stimulate communitywide planning for intergenerational friendly communities. (See also Objectives QL.5a, QL.5b, and SD.4)~~

~~**Lead Staff: Molberg/Mastalish/Advisory Council Committee Chair**~~

~~**Start/End Dates: July 2005 – April 2006**~~

~~**Funding Source: Title III-B**~~

~~**Status: Revised – see below**~~

**QL.4 Office on Aging staff** and the **Advisory Council on Aging** in collaboration with the **RCFA** will collaborate with service providers, school board officials, universities/colleges, and the Riverside County Youth Commission, to identify countywide intergenerational issues including economic, cultural, and health issues in preparation for the aging and longevity forum ***You're Going to Age, You're Going to Live Longer – Plan on It***. (See also Objectives QL.5a, QL.5b, and SD.4)

**Lead Staff: Molberg/Mastalish/Advisory Council Committee Chair**

**Start/End Dates: July 2005 – April May 2006**

**Funding Source: Title III-B**

**Status: Revised as it was determined that the intergenerational issues needed to be more clearly identified prior to the forum (see QL.5a)**

**QL.5a Office on Aging staff** in collaboration with the **Advisory Council on Aging, RCFA**, school districts, the **Riverside County** Youth Commission, universities/colleges, sororities/fraternities, and service providers, will convene a ~~2-day~~ **an aging and longevity forum *You're Going to Age, You're Going to Live Longer – Plan on It***, which will include economic, cultural, and health issues for youth, aging boomers, and seniors to ~~introduce and launch an *Aging and Longevity across the Generations* public relations campaign to include economic, cultural, and health issues~~ **raise awareness and motivate individual civic awareness and stimulate communitywide planning for intergenerational friendly communities**. (Refer to Title III/VII Service Unit Plan Objectives: *Disease Prevention – Community Education/Advocacy* (1,500 units))

and *Title III-B, Health-Community Education* (1,500 units) – estimating 300 attendees at 10 hours. (See also Objectives QL.4, QL.5b and SD.4, HW.9a, and HW.9b)

**Lead Staff:** Mastalish/Advisory Council Committee Chair

**Start/End Dates:** July 2005 – May June 2006

**Funding Source:** Title III-B, Title III-D, and/or other available funding

**Status:** Revised objective to coincide with revision to Objective QL.4 and timeline change

~~QL.5b Office on Aging staff and the Advisory Council on Aging will conduct an *Aging and Longevity across the Generations* public relations campaign. (See also Objectives QL.4, QL.5a, and SD.4)~~

~~**Lead Staff:** Molberg/Mastalish/Advisory Council Committee Chair~~

~~**Start/End Dates:** May 2006 – April 2007~~

~~**Funding Source:** Title III-B~~

~~**Status:** Revised see below~~

**QL.5b Office on Aging staff** and the **Advisory Council on Aging** will develop and issue a Blue Ribbon Intergenerational Report identifying recommendations from the Forum to raise awareness and motivate individual civic awareness and stimulate communitywide planning for intergenerational friendly communities, including economic, cultural, and health issues. (See also Objectives QL.4, QL.5a, and SD.4)

**Lead Staff:** Molberg/Mastalish/Advisory Council Committee Chair

**Start/End Dates:** June 2006 – September 2006

**Funding Source:** Title III-B

**Status:** Revised to be consistent with revised Objective QL.5a

**QL.6 Office on Aging staff** will produce a Network of Care Promotional Guide that is responsive to cultural diversity and linguistically appropriate, for distribution to the public at large as part of the outreach and education campaign to promote access to, and utilization of, the Network of Care web site. (See also Objectives C.2 and QL.7)

**Lead Staff:** Walsh/Ferguson/Mastalish

**Start/End Dates:** July 2005 - September 2005

**Funding Source:** Title III-E

**Status:** Completed

**QL.7** The **Office on Aging staff** will launch a program to implement an on-going outreach and education campaign and “train-the-trainer” program to promote access to the Network of Care and its use to assist seniors, caregivers, adults with disabilities, provider agencies, and the general public, as a means of reducing barriers to life choice options due to cultural diversity and language. (See also Objective QL.6)

**Lead Staff:** Molberg/Clarke/Mastalish/Walsh/Dar-Khan

**Start/End Dates:** September 2005 – March 2006

**Funding Source:** Title III-E and other available funding sources

**Status:** Completed

**QL.8 Office on Aging staff** will collaborate with Jewish Family Services and other faith based organizations to expand the availability of volunteers to work with isolated seniors.

**Lead Staff:** Dar-Khan

**Start/End Dates:** July 2005 – June 2006

**Funding Source:** Title III-B

**Status:** Completed

**QL.9 Office on Aging staff** will **advocate** for expanded community outreach and education for senior employment opportunities through community service partners, public service agencies, and business associations and networks.

**Lead Staff:** Scott

**Start/End Dates:** July 2005 – June 2009

**Funding Source:** Title V

**Status:** New

**QL.10 Office on Aging staff** will collaborate with Family Care America to provide a resource library of articles, checklists, and links for family caregivers, employers and the general public.

**Lead Staff:** Dar-Khan

**Start/End Dates:** July 2006 – June 2007

**Funding Source:** Title III-E and other available funding

**Status:** New

**Note:** Refer to "Title III/VII Service Unit Plan Objectives" - #'s 11, 13, & 14 (pages 51 & 52), Other Supportive Services - Community Services/Senior Center Support: Income Support/Material Aid, and Senior Center Staffing and Other Supportive Services — Health-Community Education (page 55 56); and "Title V/SCSEP Service Unit Plan Objectives" (page 64) for additional objectives with service units attached.



## PRIORITY ISSUE "T" – TRANSPORTATION

**GOAL: To ensure seniors, and adults with disabilities, have transportation choices to sustain an independent community based lifestyle.**

### RATIONALE

According to CA Department of Finance **2005 projection**, the total population for Riverside County is 1,871,587 with 317,113 or 16.9% of the total population being older adults (age 60+). The **2010 projection** of total population is 2,165,148 with 381,875 or 17.6% of the total population being older adults. The projections between 2005 and 2010 represent an increase of 16% in the total population and, more significantly, an increase of 20% in the older adult population.



The recent, significant increase in the aging population and people living longer with disabilities has prompted an escalation in demand for alternative, supportive transportation systems without adequate funding or staff.

Present transportation systems are ill equipped to provide transportation services for those seniors, and adults with disabilities with severe mobility limitations or chronic illnesses.

Current transportation systems in Riverside County are fragmented, and often do not transport across city boundaries or regional areas (i.e., eastern versus western).

Seniors, and adults with disabilities living in rural areas typically do not have access to public, fixed route transportation services, and Dial-A-Ride systems are slow and unreliable, leaving these individuals isolated and at risk of more expensive supportive care services.

### OBJECTIVES

**T.1** The **Advisory Council on Aging** and **Office on Aging staff** will **advocate** with Community Access Center, local transportation providers, and transportation authorities to expand on-demand and door-to-door public transportation services/options for frail seniors and adults with disabilities.

**Lead Staff: Molberg/Mastalish/Advisory Council Committee Chair**

**Start/End Dates: July 2006 – April 2007**

**Funding Source: Title III-B**

**Status: Continued**

**T.2** **Office on Aging staff** and the **Advisory Council on Aging** will **coordinate** with California Association for Coordinated Transportation (CalAct), California Alliance for Advanced Transportation Systems, California Department of Transportation, California

Transit Association, Community Access Center, local transportation entities, Department of Motor Vehicles, community transportation planners and transportation authorities, **two forums** to: (Refer to III/VII Service Unit Objectives "Outreach" 100 units projected. See also Objectives T.3 and T.4)

- A. Identify key elements that should be incorporated into the City/County General Plans and Transportation Plans in order that they be responsive to the transportation needs of seniors, and adult with disabilities throughout Riverside County,
- B. Initiate a volunteer transportation assistance program whereby volunteers would accompany first-time users of public transportation to assist them on how to use such services, and
- C. Initiate a program whereby seniors and adults with disabilities who are denied renewal of his/her drivers license, be provided detailed information on alternative transportation resources.

**Lead Staff:** Molberg/Mastalish/Advisory Council Committee Chair  
**Start/End Dates:** June 2006 – May 2007; June 2008 – May 2009  
**Funding Source:** Title III-B, **III-B Coordination**, and other available funding  
**Status:** Revised to correct funding source

**T.3 Office on Aging staff** and the **Advisory Council on Aging** will **coordinate** with local transportation providers, transportation authorities, and other key stakeholders to develop a **Blue Ribbon Transportation Report** as a result of the transportation forum. (See also Objective T.2)

**Lead Staff:** Mastalish/Advisory Council Committee Chair  
**Start/End Dates:** May 2007 – August 2007  
**Funding Source:** Title III-B, Title III-B Coordination  
**Status:** Continued

**T.4 Office on Aging staff** will **coordinate** with the Riverside County Transportation and Land Management Agency, Riverside County Transit Authority, Riverside City Transportation Commission, Riverside County Integrated Plan, Sunline Transit Agency, Desert Roadrunner, and CalAct to develop a countywide advocacy strategy for the Advisory Council on Aging to address transportation recommendations included in a Blue Ribbon Committee Report on Transportation. (See also Objective T.3)

**Lead Staff:** Molberg/Mastalish/Advisory Council Committee Chair  
**Start/End Dates:** September 2007 – February 2008  
**Funding Source:** Title III-B Coordination  
**Status:** Continued

**Note:** Refer to "Title III/VII Service Unit Plan Objectives" - #'s 9 & 14 (beginning page 51) for additional objective with service units attached.

## PRIORITY ISSUE "SD" – ENSURING EFFECTIVE INFORMATION AND SERVICE DELIVERY SYSTEMS

**GOAL: To provide opportunities to our employees and volunteers for growth and to maximize agency systems and programs for both compliance and change.**

### RATIONALE

Employees and volunteers are the backbone of the agency, and are essential resources to assure effective planning and service systems development.



Changing and emerging needs in the senior, and adult disabled communities require ongoing learning for all staff.

Customer satisfaction remains a high priority for this agency.

Acting as catalyst, the Office on Aging brings to the table key stakeholders who can shape and fund critical components of a coordinated, consumer responsive service delivery system.

### OBJECTIVES

**SD.1 Office on Aging staff** will facilitate each Leadership Team member's participation in the County-sponsored leadership development program offered by Human Resources and strive to implement new leadership concepts and strategies throughout the organization.

**Lead Staff: Clarke**

**Start/End Dates: July 2005 – December 2005; December 2005 - June 2006; June 2006 - December 2006; December 2006 - July 2007; July, 2007 – December 2007**

**Funding Source: Title III/VII, County General Fund**

**Status: Continued**

**SD.2 ~~Advisory Council on Aging and Retired Senior Volunteer Program (RSVP) Advisory Council~~** with **Office on Aging staff** will convene an annual Leadership Development Day(s) or in-service trainings to enhance the Advisory Council on Aging's and the ~~RSVP Advisory Council's~~ ability to provide leadership and advocacy consistent with current political and financial dynamics.

**Lead Staff: ~~Molberg/Ferguson/Advisory Council Chair/RSVP Advisory Council Chair~~**

**Start/End Dates: August 2005 - October 2005; August 2006 -October 2006; August 2007 - October 2007; August 2008 - October 2008**

**Funding Source: Title III-B**

**Status:** Revised to identify a separate development day(s) or in-service trainings for RSVP Advisory Council – see new Objective SD.2a

**SD.2a Retired Senior Volunteer Program (RSVP) Advisory Council** with **Office on Aging staff** will convene an annual Leadership Development Day(s) or in-service trainings to enhance the RSVP Advisory Council’s ability to provide leadership and advocacy consistent with current political and financial dynamics.

**Lead Staff:** Molberg/Ferguson/RSVP Advisory Council Chair

**Start/End Dates:** July 2006 – June 2009

**Funding Source:** Title III-B, Corporation for National and Community Service Grant, other available funding

**Status:** New (previously included in Objective SD.2)

**SD.3** Resources permitting, the **Advisory Council on Aging** will explore having on-site advocacy training for all Advisory Council members and other community advocates.

**Lead Staff:** Molberg/Advisory Council Chair

**Start/End Dates:** January 2007 – June 2007

**Funding Source:** Title III-B

**Status:** Continued

**SD.4 Office on Aging staff** and the **Advisory Council on Aging** will develop a [public relations outreach packet](#) and strategy for use by the Advisory Council on Aging members to promote the work of the Office on Aging and programs supported by the Older Americans and Older Californians Acts. (See also ~~QL.4, QL.5a, and QL.5b~~ SD.4a)

**Lead Staff:** Molberg/Mastalish/Advisory Council Chair

**Start/End Dates:** July 2005 – April 2006

**Funding Source:** Title III-B

**Status:** Completed

**SD.4a Office on Aging staff** and the **Advisory Council on Aging** will promote throughout Riverside County the work and accomplishments of the Advisory Council on Aging and the Office on Aging. (See also SD.4)

**Lead Staff:** Molberg/Mastalish/Advisory Council Chair

**Start/End Dates:** May 2006 – June 2007

**Funding Source:** Title III-B, other available funding

**Status:** New

**SD.5 Office on Aging staff** in their **coordination** role will serve on the Regional Access Project Foundation Board, **RCFA Board**, Workforce Development Board, Visiting Nurses Association Board, and committees, and convene key stakeholders on specific issues including the bi-monthly Roundtable Leadership Forum, in order to influence aging service funding and service system redesign.

**Lead Staff:** Molberg/Mastalish/Clarke

**Start/End Dates:** July 2005 – June 2009

**Funding Source:** Title III-B Coordination  
**Status:** Continued

**SD.6 Office on Aging Leadership Team** representatives will participate in monthly meetings of the employee Morale and Motivation Team (M and M Team) to enhance employee leadership and effectiveness in the organization.

**Lead Staff:** Molberg/~~Scott~~ Clarke

**Start/End Dates:** Monthly meetings during 2005 - 2009

**Funding Source:** Title III/VII, County General Funds

**Status:** Revised lead staff and more accurately identified funding source

**SD.7 Office on Aging Leadership Team** will develop a more coordinated system for measurement of customer satisfaction and service outcomes that is consistent between internal programs and contract agencies.

**Lead Staff:** Clarke/Mastalish

**Start/End Dates:** July 2005 – ~~December 2005~~ June 2007

**Funding Source:** Title III/VII, County General Funds

**Status:** Revised timeline and more accurately identified funding source

**SD.8 Office on Aging staff** will implement the Q system to consolidate data from programs administered within and outside the Office on Aging, which will enhance timely and accurate on-line reporting.

**Lead Staff:** Clarke

**Start/End Dates:** July 2005 – December 2006

**Funding Source:** Title III/VII, County General Funds

**Status:** Revised to more accurately identify funding source

**SD.9 Office on Aging staff** will convene ongoing informal roundtable staff discussions to identify and address cultural diversity issues as they may apply in their work settings and in dealing with customers.

**Lead Staff:** Clarke/Scott

**Start/End Dates:** July 2005 – June ~~2006~~ 2009

**Funding Source:** Title III/VII, County General Funds

**Status:** Revised timeline and more accurately identified funding source

**SD.10 Office on Aging staff** in addition to required ongoing monitoring and technical assistance, will provide a minimum of one contractor training session each year, which will include: models of converting home delivered meals into congregate site programs; steps to implement recommendations of the Blue Ribbon Reports; overview of the Older Americans and Older Californians Acts; and diverse cultural issues as they apply in their work settings and in dealing with customers. (See also Objective HW.13)

**Lead Staff:** Clarke/Scott

**Start/End Dates:** July 2005 – June 2009 (~~with a minimum of one session each December~~)

**Funding Source:** Title III/VII, County General Funds  
**Status:** Revised for more clarity

**SD.11 Office on Aging staff** will publish a quarterly Agency newsletter, which will include a summary of "bragging" items that identifies successful initiatives and client satisfaction examples for dissemination to the County Executive Office, Board of Supervisors, community partners, and public at large.

**Lead Staff:** Molberg

**Start/End Dates:** Quarterly – July and October 2005; January, April, July and October 2006; January, April, July and October 2007; January, April, July and October 2008; January and April 2009

**Funding Source:** Title III-B

**Status:** Continued

**SD.12 Office on Aging staff** will **coordinate** with county departments, contract agencies ~~together with~~ social service, and faith based organizations to develop an innovative, coordinated public/private disaster response system to effectively leverage financial, volunteer, and service resources across agencies and geographic areas in the event of a disaster.

**Lead Staff:** Scott/Clarke

**Start/End Dates:** July 2005 – June ~~2006~~ 2007

**Funding Source:** Title III-B Coordination, Title III-B, County General Funds

**Status:** Revised timeline and funding source

**SD.13 Office on Aging staff** and the **Advisory Council on Aging** will participate in local, state, and national meetings and conferences to remain informed on changing and emerging issues and to represent the needs and concerns of Riverside County residents as they age.

**Lead Staff:** Molberg/Mastalish/Advisory Council Committee Chair

**Start/End Dates:** July 2005 – June 2009

**Funding Source:** Title III-B

**Status:** Continued

**SD.14 Office on Aging staff** and the **Advisory Council on Aging** will convene stakeholders to consider the impact of state/federal restructuring on seniors, caregivers, and adults with disabilities and recommend alternative strategies for Board of Supervisor consideration.

**Lead Staff:** Molberg/Mastalish/Advisory Council Committee Chair

**Start/End Dates:** July 2005 – June 2009

**Funding Source:** Title III-B

**Status:** Revised to include federal level

**SD.15 Office on Aging staff** will work toward certification of all **HELPLINK** workers through the California Association of Information and Referral Systems (CAIRS)

program as a means of enhancing staff's capability of providing information and assistance.

**Lead Staff:** Dar-Khan

**Start/End Dates:** 2005 – 2009 as needed

**Funding Source:** Title III-B

**Status:** Continued

**SD.16 Office on Aging staff** with the **Advisory Council on Aging's** input will produce annual reports of the Advisory Council's activities.

**Lead Staff:** Molberg/Advisory Council Committee Chair

**Start/End Dates:** July 2005 – August 2005; July 2006 – August 2006; July 2007 – August 2007; July 2008 – August 2008

**Funding Source:** Title III-B

**Status:** Continued

**SD.17 Office on Aging staff** will produce annual agency-wide year-end reports to be submitted to the California Department of Aging.

**Lead Staff:** Mastalish/Advisory Council Chair

**Start/End Dates:** July 2005 – August 2005; July 2006 – August 2006; July 2007 – August 2007; July 2008 – August 2008

**Funding Source:** Title III-B

**Status:** Continued

**SD.18 Office on Aging staff** will produce and submit to the California Department of Aging annual Strategic Plan updates.

**Lead Staff:** Mastalish/Advisory Council Chair

**Start/End Dates:** January 2006 – April 2006; January 2007 – April 2007; January 2007 – April 2007; January 2008 – April 2008; January 2009 – April 2009

**Funding Source:** Title III-B

**Status:** Revised lead staff

**SD.19 Office on Aging staff** and **RSVP Advisory Council** will convene an annual RSVP Recognition Event to recognize contributions made by volunteers during the year.

**Lead Staff:** Ferguson

**Start/End Dates:** July 2005 – November 2006

**Funding Source:** Corporation for National and Community Service Grant and other available funding

**Status:** New

**SD.20 Office on Aging staff** will collaborate with professional schools of higher education to promote workforce development to address an acute shortage of professionals trained in the field of aging.

**Lead Staff:** Walsh

**Start/End Dates: July 2005 – June 2009**  
**Funding Source: Title III-B, MSSP, Linkages**  
**Status: New**

**Note: Refer to “Title III/VII Service Unit Plan Objectives” #14 (page 52), Other Supportive Services - Community Services/Senior Center Support: Volunteer Recruitment and Volunteer Opportunities (page 54) for additional objectives with service units attached.**



## **TITLE III/VII SERVICE UNIT PLAN OBJECTIVES**

**PSA #21**

**2005 – 2009 Four Year Planning Period**

**CCR Article 3, Section 7300(d)**

The Service Unit Plan (SUP) uses the National Aging Program Information System (NAPIS) Categories and units of service, as defined in PM 97-02. For services not defined in NAPIS, refer to Division 4000 of the Management Information Systems (MIS) Manual. Report units of service to be provided with **ALL funding sources**.

Related funding is reported in the annual Area Plan Budget (CDA 122) for Titles III B, III C-1, III C-2, III D, VII (a) and VII (b). This SUP does **not** include Title III E services.

For discretionary services that will not be provided, check the Not Applicable box .

### TITLE III/VII

**1. Personal Care (In-Home)\***

**Units of Service = (1-Hour)  
Not Applicable:  (check)**

■	1	2	3
Fiscal Year	<b>Proposed</b> Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	10,000	"HW"	
2006-2007	5,974	"HW"	
2007-2008			
2008-2009			

**2. Homemaker (In-Home)\***

**Units of Service = (1-Hour)  
Not Applicable:  (check)**

■	1	2	3
Fiscal Year	<b>Proposed</b> Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	4,300	"HW"	
2006-2007	3,713	"HW"	
2007-2008			
2008-2009			

**3. Chore (In-Home)\***

**Units of Service = (1-Hour)  
Not Applicable:  (check)**

■	1	2	3
Fiscal Year	<b>Proposed</b> Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			
2008-2009			

\* Indicates Title III-B Priority Services

**4. Home Delivered Meals**

**Units of Service = (1-Meal)**

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	421,421	"HW"	
2006-2007	373,051	"HW"	
2007-2008			
2008-2009			

**5. Adult Day Care/Health\***

**Units of Service = (1-Hour)  
Not Applicable:  (check)**

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	11,828	"HW"	
2006-2007	11,102	"HW"	
2007-2008			
2008-2009			

**6. Case Management (Access) \***

**Units of Service = (1-Hour)  
Not Applicable:  (check)**

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	3,500	"HW"	
2006-2007	3,945		
2007-2008			
2008-2009			

**7. Congregate Meals**

**Units of Service = (1-Meal)**

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	177,752	"HW"	
2006-2007	143,469	"HW"	
2007-2008			
2008-2009			

**8. Nutrition Counseling**

**Units of Service = (1-Hour)  
Not Applicable:  (check)**

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			
2008-2009			

\* Indicates Title III-B Priority Services

**9. Assisted Transportation (Access)♦**

**Units of Service = (One 1-way trip)  
Not Applicable:  (check)**

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	4,571	"T"	
2006-2007	6,021		
2007-2008			
2008-2009			

**10. Transportation (Access)♦**

**Units of Service = (One 1-way trip)  
Not Applicable:  (check)**

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			
2008-2009			

**11. Legal Assistance♦**

**Units of Service = (1-Hour)**

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	2,636	"QL"	
2006-2007	2,291	"QL"	
2007-2008			
2008-2009			

**12. Nutrition Education**

**Units of Service = (1-Session)**

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	1,500	"HW"	
2006-2007	1,500 (104 actual sessions and 1,396 handouts to clients)	"HW"	
2007-2008			
2008-2009			

**13. Information and Assistance (Access)♦**

**Units of Service = (1-Contact)  
Not Applicable:  (check)**

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	20,000	"HW"	

♦ Indicates Title III-B Priority Services

2006-2007	27,132	"HW" & "QL"	
2007-2008			
2008-2009			

**14. Outreach (Access)\***

**Units of Service = (1-Contact)**  
**Not Applicable:  (check)**

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	18,150 18,000	"HW" & "QL"	
2006-2007	17,617	"HW" "QL" & "T"	
2007-2008			
2008-2009			

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

- In this section, identify **Title III D** services (required); and also identify all **Title III B** services (discretionary) to be funded that were not reported in NAPIS categories 1–14 above. (Identify the specific activity under the Service Category on the "Units of Service" line when applicable.)
- Specify what activity constitutes a unit of service (1 hour, 1 session, 1 contact, etc.). (Reference Division 4000 of the MIS Operations Manual, January 1994.)
- Each **Title III B** "Other" service must be an approved NAPIS Program 15 service listed on the "Schedule of Supportive Services (III B)" page of the Area Plan Budget (CDA 122). [**Title III B Example:** Service Category: Community Services/Senior Center Support. Units of Service: 1 hour – Activity Scheduling.]

**Title III D, Disease Prevention/Health Promotion**

**Service Activity:** Physical Fitness

**Units of Service<sup>E</sup> (1 hour)**

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers (Required for Title III D)
2005-2006	1,296	"HW"	HW.6 and HW.5
2006-2007	1,300	"HW"	Hw.5a and HW.6
2007-2008			
2008-2009			

**Title III D, Disease Prevention/Health Promotion**

**Service Activity:** Community Education/Advocacy

**Units of Service<sup>E</sup> (1 hour)**

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers (Required for Title III D)
2005-2006	1,500	"QL"	QL.5a
2006-2007	125	"HW"	HW.12
2007-2008			
2008-2009			

<sup>E</sup> Entry Required

**Title III D, Disease Prevention/Health Promotion**

Service Activity: \_\_\_\_\_

Units of Service <sup>E</sup> ( \_\_\_\_\_ )

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers (Required for Title III D)
2005-2006			
2006-2007			
2007-2008			
2008-2009			

**Title III D, Disease Prevention/Health Promotion**

Service Activity: \_\_\_\_\_

Units of Service <sup>E</sup> ( \_\_\_\_\_ )

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers (Required for Title III D)
2005-2006			
2006-2007			
2007-2008			
2008-2009			

**Title III D, Medication Management**

Service Activity: Outreach

Units of Service <sup>E</sup> (1 contact)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers (Required for Title III D)
2005-2006	150	"HW"	HW.12
2006-2007	0 (Revised as "Community Education" service activity- see below)		
2007-2008			
2008-2009			

**Title III D, Medication Management**

Service Activity: Community Education

Units of Service <sup>E</sup> (1 hour)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers (Required for Title III D)
2005-2006	0		
2006-2007	75	"HW"	HW.12
2007-2008			
2008-2009			

---

<sup>E</sup> Entry Required

**Title III D, Medication Management**

Service Activity: \_\_\_\_\_

Units of Service <sup>E</sup> ( \_\_\_\_\_ )

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers (Required for Title III D)
2005-2006			
2006-2007			
2007-2008			
2008-2009			

**Title III D, Medication Management**

Service Activity: \_\_\_\_\_

Units of Service <sup>E</sup> ( \_\_\_\_\_ )

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers (Required for Title III D)
2005-2006			
2006-2007			
2007-2008			
2008-2009			

**Title III B, "Other Supportive Services"**

Service Category: Community Services/Senior Center Support - Volunteer Recruitment

Units of Service and Activity <sup>E</sup> (1 hour)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	1,500	"SD"	
2006-2007	2,000	"SD"	
2007-2008			
2008-2009			

**Title III B, "Other Supportive Services"**

Service Category: Community Services/Senior Center Support - Volunteer Opportunities

Units of Service and Activity <sup>E</sup> (1 placement)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	650	"SD"	
2006-2007	150	"SD"	
2007-2008			
2008-2009			

---

<sup>E</sup> Entry Required

**Title III B, "Other Supportive Services"**

**Service Category:** Community Services/Senior Center Support - Income Support/Material Aid

**Units of Service and Activity**<sup>E</sup> ( )

■	1	2	3
Fiscal Year	<b>Proposed</b> Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	33,333	"HW" and "T"	
2006-2007	31,389	"HW" and "T"	
2007-2008			
2008-2009			

**Title III B, "Other Supportive Services"**

**Service Category:** Community Services/Senior Center Support - Senior Center Staffing

**Units of Service and Activity**<sup>E</sup> (1 staff hour )

■	1	2	3
Fiscal Year	<b>Proposed</b> Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	1,441	"QL"	
2006-2007	1,236	"QL"	
2007-2008			
2008-2009			

**Title III B, "Other Supportive Services"**

**Service Category:** Health – Community Education

**Units of Service and Activity**<sup>E</sup> (1 hour)

■	1	2	3
Fiscal Year	<b>Proposed</b> Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	1,500	"QL"	QL.5a
2006-2007	0		
2007-2008			
2008-2009			

**Title III B, "Other Supportive Services"**

**Service Category:** \_\_\_\_\_

**Units of Service and Activity**<sup>E</sup> (\_\_\_\_)

■	1	2	3
Fiscal Year	<b>Proposed</b> Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			
2008-2009			

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<sup>E</sup> Entry Required

**LONG-TERM CARE OMBUDSMAN**  
**(Title III B and Title VII a)**

**Note: For completion of this section, see Instructions for SUP Objective Guidelines**

**Total number of cases to be closed:** Units of Service = (one closed case)

<b>■</b> Fiscal Year	<b>1</b> Proposed Units of Service	<b>2</b> Goal Numbers	<b>3</b> Associated Program Goal and Objective Numbers
2005-2006	1,000	"HW"	
2006-2007	1,000	"HW"	
2007-2008			
2008-2009			

**Training for Ombudsman staff and volunteers**

(Includes 36-hour Certification Training and 12-Hour Required Annual Training)

Fiscal Year	Number of Sessions
2005-06	14
2006-07	14
2007-08	
2008-09	

Fiscal Year	Number of Hours
2005-06	264
2006-07	264
2007-08	
2008-09	

Fiscal Year	Total Number of Trainees
2005-06	50
2006-07	50
2007-08	
2008-09	

**Visits**

Fiscal Year	Number of Visits to SNFs (Unduplicated Count)
2005-06	216
2006-07	946
2007-08	
2008-09	

Fiscal Year	Number of Visits to RCFEs (Unduplicated Count)
2005-06	1,672
2006-07	1,672
2007-08	
2008-09	

**Visits, cont.**

Fiscal Year	Projected Number of Volunteers needed
2005-06	16
2006-07	16
2007-08	
2008-09	

Fiscal Year	Number of Existing Volunteers
2005-06	34
2006-07	34
2007-08	
2008-09	



**ELDER ABUSE PREVENTION SERVICES (TITLE VII b)**

**Actual Units of Service for the tables below will be reported in NAPIS Service Category 15**

**The services provided with the units of service will be reported in the Year End Report.**

**Activities that support the coordination of elder abuse prevention, investigation, and/or prosecution.**

**Units of Service = (1 Hour)**

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	1,354	"HW"	
2006-2007	1,447	"HW"	
2007-2008			
2008-2009			

**Other Title VII b activities from Division 4000.**

**Service Category: \_\_\_\_\_**

**Units of Service <sup>E</sup> ( \_\_\_\_\_ )**

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			
2008-2009			

**Service Category: \_\_\_\_\_**

**Units of Service <sup>E</sup> ( \_\_\_\_\_ )**

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			
2008-2009			

**Other Program Accomplishments**

Fiscal Year	Total # of Public Education Sessions
2005-06	
2006-07	
2007-08	
2008-09	

Fiscal Year	Total # of Training Sessions for Professionals
2005-06	
2006-07	
2007-08	
2008-09	

Fiscal Year	Total # of Educational Materials Developed (Products)
2005-06	
2006-07	
2007-08	
2008-09	

Fiscal Year	Total # of Educational Materials Distributed (Documents)
2005-06	
2006-07	
2007-08	
2008-09	

<sup>E</sup> **Entry Required**

## **TITLE III E SERVICE UNIT PLAN OBJECTIVES**

**PSA #21**

**2005 – 2009 Four Year Planning Period**

**CCR Article 3, Section 7300(d)**

The Service Unit Plan (SUP) utilizes the service categories defined in PM 03-10. Related Title III E funding is reported in the Area Plan Budget (CDA 122). This SUP is for the reporting of Title III E services **only**.

Report units of service to be provided with **ALL funding sources**.

For services that will not be provided, check the Not Applicable box

### TITLE III E

**1. Outreach**

Units of Service = (1-Contact)

Not Applicable:  (check)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	<del>49,530</del> 24,530	"C"	
2006-2007	19,530	"C"	
2007-2008			
2008-2009			

**2. Community Education**

Units of Service = (1-Hour)

Not Applicable:  (check)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	960	"C"	
2006-2007	1,590	"C"	
2007-2008			
2008-2009			

**3. Information and Assistance**

Units of Service = (1-Contact)

Not Applicable:  (check)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	7,000	"C"	
2006-2007	3,877		
2007-2008			
2008-2009			

**4. Comprehensive Assessment**

**Units of Service = (1-Hour)  
Not Applicable:  (check)**

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	N/A		
2006-2007	420	"C"	
2007-2008			
2008-2009			

**5. Case Management**

**Units of Service = (1-Hour)  
Not Applicable:  (check)**

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	2,842	"C"	
2006-2007	2,257	"C"	
2007-2008			
2008-2009			

**6. Transportation**

**Units of Service = (One 1-way trip)  
Not Applicable:  (check)**

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			
2008-2009			

**7. Assisted Transportation**

**Units of Service = (One 1-way trip)  
Not Applicable:  (check)**

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			
2008-2009			

**8. Counseling**

**Units of Service = (1-Hour)  
Not Applicable:  (check)**

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	431	"C"	
2006-2007	468	"C"	
2007-2008			
2008-2009			

**9. Caregiver Support Group**

**Units of Service = (1-Hour Meeting)  
Not Applicable:  (check)**

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	132	"C"	
2006-2007	156	"C"	
2007-2008			
2008-2009			

**10. Caregiver Training**

**Units of Service = (1-Contact)  
Not Applicable:  (check)**

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	931	"C"	
2006-2007	1,507	"C"	
2007-2008			
2008-2009			

**11. Respite Care Services**

**Units of Service = (1-Hour)  
Not Applicable:  (check)**

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006	4,657	"C"	
2006-2007	11,542	"C"	
2007-2008			
2008-2009			

**12. Minor Home Modifications**

**Units of Service = (1-Occurrence)  
Not Applicable:  (check)**

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			
2008-2009			

**13. Placement**

**Units of Service = (1-Placement)  
Not Applicable:  (check)**

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			
2008-2009			

**14. Homemaker**Units of Service = (1-Hour)  
Not Applicable:  (check)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			
2008-2009			

**15. Chore**Units of Service = (1-Hour)  
Not Applicable:  (check)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			
2008-2009			

**16. Home Security & Safety**Units of Service = (1-Occurrence)  
Not Applicable:  (check)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			
2008-2009			

**17. Assistive Devices**Units of Service = (1-Single Occurrence)  
Not Applicable:  (check)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			
2008-2009			

**18. Visiting**Units of Service = (1-Hour)  
Not Applicable:  (check)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			
2008-2009			

**19. Congregate Meals**Units of Service = (1-Meal)  
Not Applicable:  (check)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			
2008-2009			

**20. Home Delivered Meals**Units of Service = (1-Meal)  
Not Applicable:  (check)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			
2008-2009			

**21. Legal Assistance**Units of Service = (1-Hour)  
Not Applicable:  (check)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			
2008-2009			

**22. Peer Counseling**Units of Service = (1-Hour)  
Not Applicable:  (check)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			
2008-2009			

**23. Translation/Interpretation**Units of Service = (1-Hour)  
Not Applicable:  (check)

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			
2008-2009			

**24. Income Support/Material Aid**

**Units of Service = (1-Occurrence)  
Not Applicable:  (check)**

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			
2008-2009			

**25. Money Management**

**Units of Service = (1-Hour)  
Not Applicable:  (check)**

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			
2008-2009			

**26. Registry**

**Units of Service = (1-Match)  
Not Applicable:  (check)**

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			
2008-2009			

**Other – Specify:**

**Service Category: \_\_\_\_\_  
Requires PRIOR CDA Approval**

**Units of Service: <sup>E</sup> \_\_\_\_\_ entry required  
Not Applicable:  (check)**

■	1	2	3
Fiscal Year	Proposed Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			
2008-2009			

<sup>E</sup> Entry required

## **TITLE V/SCSEP SERVICE UNIT PLAN OBJECTIVES**

**PSA #21**

**2005 – 2009 Four Year Planning Period  
CCR Article 3, Section 7300(d)**

The Service Unit Plan (SUP) utilizes the new Data Collection System developed by the U.S. Department of Labor (DOL), which captures the new performance measures per the Older Americans Act of 1965 as amended in 2000, and the Federal Register 20 CFR Part 641. The related funding is reported in the annual Title V/SCSEP Budget.

Please list your performance measures in the table below. Each AAA must achieve at least the DOL's minimum required performance measures, unless lower measures have been negotiated and approved by the DOL. AAAs may indicate higher performance measures as well.

### Title V/SCSEP

■	■	■	■	■
Fiscal Year (FY)	Goal Number	Objective Number	CDA Authorized Slots	National Authorized Slots (If applicable)
2005-06	"QL"		92	
2006-07	"QL"		92	
2007-08				
2008-09				

#### DOL's Minimum Required Performance Measures

##### 1. Placement Rate – DOL's Minimum Unsubsidized Placement Goal is ~~25%~~ **26% ef. FY 06/07**

FY	Estimated Unsubsidized Placement Goal %
2005-06	<del>23</del> <b>25%</b> (23 placements)
2006-07	26% (24 placements)
2007-08	
2008-09	

##### 2. Service Level – DOL's Minimum Service Level is ~~140%~~ **167% ef. FY 06/07**

FY	Estimated Service Level %
2005-06	<del>129</del> <b>140%</b> (129)
2006-07	167% (154)
2007-08	
2008-09	

##### 3. Service to the Most in Need – DOL's Minimum Goal to Serve the Most in Need is ~~68%~~ **71% ef. FY 06/07**

FY	Estimated % Service to the Most in Need
2005-06	70
2006-07	71%
2007-08	
2008-09	



**4. Community Service Hours Provided – DOL’s Minimum Goal for Community Serve Hours Provided is 999,400 hours, which is 91% (approximately 950 hours per authorized slot)**

FY	Estimated Community Service Hours Provided
2005-06	87,400
2006-07	N/A
2007-08	
2008-09	

**5. Employment Retention Rate – DOL’s Minimum Employment Retention Rate is 70% 67% ef. FY 06/07**

FY	Estimated Employment Retention Rate %
2005-06	70%
2006-07	67%
2007-08	
2008-09	

**6. Customer Satisfaction for Employers, Participants, and Host Agencies – DOL’s Combined Minimum Customer Satisfaction Rate for Employers, Participants, and Host Agencies is 80% 86% ef. FY06/07**

FY	Estimated % Combined Customer Satisfaction Rate
2005-06	80%
2006-07	87%
2007-08	
2008-09	

**7. Earnings Increase –  
DOL’s Minimum Goal for Earnings Increase 1 is 25% Higher than the Pre-Program Earnings  
DOL’s Minimum Goal for Earnings Increase 2 is 5% Higher than Earnings Increase 1**

FY	Estimated Earnings Increase 1	Estimated Earnings Increase 2
2005-06	25%	5%
2006-07	Not Established	
2007-08		
2008-09		

**COMMUNITY BASED SERVICES PROGRAMS  
SERVICE UNIT PLAN (CBSP) OBJECTIVES:**

**PSA #21**

**2005 – 2009 Four Year Planning Period  
CCR Article 3, Section 7300(d)**

The Service Unit Plan (SUP) follows the instructions for layouts provided in PM 98-26 (P) and updated in PM 00-13 (P). The related funding is reported in the annual Area Plan Budget (CDA 122). Report units of service to be provided with **ALL funding sources.**

**For services that will not be provided, check the Not Applicable box**

**CBSP**

**Alzheimer’s Day Care Resource Center (ADCRC)**

**Not Applicable:  (check)**

■ Fiscal Year	■ Goal Numbers
2005-2006	"C"
2006-2007	"C"
2007-2008	
2008-2009	

■ Fiscal Year	■ Caregiver Group Support Sessions
2005-2006	168
2006-2007	168
2007-2008	
2008-2009	

■ Fiscal Year	■ In-Service Training Sessions
2005-2006	127
2006-2007	127
2007-2008	
2008-2009	

■ Fiscal Year	■ Public/Community Education Training Sessions
2005-2006	44
2006-2007	44
2007-2008	
2008-2009	

■ Fiscal Year	■ Professional/Intern Educational Training Sessions
2005-2006	227
2006-2007	227
2007-2008	
2008-2009	

**Brown Bag**

Not Applicable:  (check)

Fiscal Year	Goal Numbers
2005-2006	"HW"
2006-2007	"HW"
2007-2008	
2008-2009	

Fiscal Year	Estimated # of Unduplicated Persons to be Served
2005-2006	78
2006-2007	123
2007-2008	
2008-2009	

Fiscal Year	Estimated Pounds of Food to be Distributed
2005-2006	480,171
2006-2007	480,171
2007-2008	
2008-2009	

Fiscal Year	Estimated # of Volunteers
2005-2006	1,708
2006-2007	1,520
2007-2008	
2008-2009	

Fiscal Year	Estimated # of Volunteer Hours
2005-2006	6,548
2006-2007	6,548
2007-2008	
2008-2009	

Fiscal Year	Estimated # of Distribution Sites
2005-2006	17
2006-2007	17
2007-2008	
2008-2009	

**(CBSP) Respite Purchase of Services – RPOS**

Not Applicable:  (check)

Fiscal Year	Goal Numbers
2005-2006	"C"
2006-2007	"C"
2007-2008	
2008-2009	

Fiscal Year	Respite Hours Purchased
2005-2006	1,097
2006-2007	1,000
2007-2008	
2008-2009	

**CBSP) Respite Purchase of Services – RPOS, cont.DELETE**

Fiscal Year	Purchase of Service Transportation (# of one-way trips)
2005-2006	
2006-2007	
2007-2008	
2008-2009	

Fiscal Year	Alzheimer's Day Care Resource Center (# of days)
2005-2006	
2006-2007	
2007-2008	
2008-2009	

**Linkages**

Not Applicable:  (check)

Fiscal Year	Goal Numbers
2005-2006	"HW"
2006-2007	"HW"
2007-2008	
2008-2009	

Fiscal Year	Number of Unduplicated Clients Served (Include Targeted Case Management and Handicapped Parking Revenue)
2005-2006	176
2006-2007	176
2007-2008	
2008-2009	

Fiscal Year	Active Monthly Caseload (Include Targeted Case Management and handicapped parking revenue)
2005-2006	110
2006-2007	110
2007-2008	
2008-2009	

**Senior Companion**

Not Applicable:  (check)

Fiscal Year	Goal Numbers
2005-2006	
2006-2007	
2007-2008	
2008-2009	

Fiscal Year	Volunteer Service Years (VSYs)
2005-2006	
2006-2007	
2007-2008	
2008-2009	

Fiscal Year	Volunteer Hours
2005-2006	
2006-2007	
2007-2008	
2008-2009	

Fiscal Year	Senior Volunteers
2005-2006	
2006-2007	
2007-2008	
2008-2009	

Fiscal Year	Seniors Served
2005-2006	
2006-2007	
2007-2008	
2008-2009	

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

**PSA #21  
2005 – 2009 Four Year Planning Period  
CCR Article 3, Section 7300 (d)**

The Service Unit Plan (SUP) utilizes definitions that can be found at [www.aging.ca.gov](http://www.aging.ca.gov). After connecting with the home web page, select “AAA Partners,” then “Reporting Instructions,” then select “HICAP Reporting Instructions as of July 1, 2004.” HICAP reporting instructions, forms, and definitions are centralized there.

The related funding is reported in the HICAP Budget. Indicate the estimated service performance units provided with federal and state HICAP funds.

## **HICAP Services**

**References to Plan Goal(s) and Objective(s) related to HICAP Services without Legal Services Component**

■	1	2	3
Fiscal Year	<b>Proposed</b> Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			
2008-2009			

### **1. HICAP Budget without HICAP Legal Services Budget**

Fiscal Year	<b>Estimated</b> State & Federal Budget Amount
2005-06	\$234,362
2006-07	\$356,885
2007-08	\$
2008-09	\$

### **2. Community Education**

Fiscal Year	Estimated # of Interactive Presentations in SFY. Unit of Service = (1 Presentation)
2005-06	120
2006-07	120
2007-08	
2008-09	

### **3. Community Education**

Fiscal Year	# of Attendees reached at Interactive Presentations in SFY. Unit of Service = (1 Attendee Reached)
2005-06	4,500
2006-07	4,500
2007-08	
2008-09	

### **4. Counseling**

Fiscal Year	<b>Estimated</b> # of Clients Counseled in SFY. Unit of Service = (1 Client Counseled)
2005-06	1,300
2006-07	1,300
2007-08	
2008-09	

**5. Counselors**

Fiscal Year	<b>Estimated # of Registered Counselors for SFY.</b> Unit of Service = (1 Unduplicated Registered Counselor)
2005-06	30
2006-07	30
2007-08	
2008-09	

**6. Counselors**

Fiscal Year	<b>Estimated # of Volunteer Registered Counselors for SFY.</b> Unit of Service = (1 Volunteer Registered Counselor)
2005-06	30
2006-07	30
2007-08	
2008-09	

**7. Counselors**

Fiscal Year	<b>Estimated # of Active Counselors for SFY.</b> Unit of Service = (1 Unduplicated Active Counselor)
2005-06	30
2006-07	30
2007-08	
2008-09	

**8. Counselors**

Fiscal Year	<b>Estimated # of Volunteer Active Counselors for SFY.</b> Unit of Service = (1 Unduplicated Volunteer Active Counselor)
2005-06	30
2006-07	30
2007-08	
2008-09	

**HICAP Legal Services (if funded and available through HICAP)**

**References to Plan Goal(s) and Objective(s) related to HICAP Legal Services Component**

■	1	2	3
Fiscal Year	<b>Proposed</b> Units of Service	Goal Numbers	Associated Program Goal and Objective Numbers
2005-2006			
2006-2007			
2007-2008			
2008-2009			

**9. HICAP Legal Services Budget Only**

Fiscal Year	Estimated State & Federal Budget Amount
2005-06	\$
2006-07	\$
2007-08	\$
2008-09	\$

**10. Clients**

Fiscal Year	<b>Estimated</b> Clients Served for SFY Unit of Service = (1 Client Served)
2005-06	
2006-07	
2007-08	
2008-09	

**11. Representation**

Fiscal Year	<b>Estimated</b> Hours of <u>Legal Representation</u> for SFY. Unit of Service = (1 Hour of Legal Representation)
2005-06	
2006-07	
2007-08	
2008-09	

**12. Representation**

Fiscal Year	<b>Estimated</b> Hours of <u>Legal Backup Support</u> to Staff for SFY. Unit of Service = (1 Hour of Legal Backup Support)
2005-06	
2006-07	
2007-08	
2008-09	

## **APPENDIX IA - PSA #21**

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### **NOTICE OF INTENT TO PROVIDE DIRECT SERVICES**

CCR Article 3, Section 7320 (a) (b)

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If an AAA plans to directly provide any of the following services, it is required to provide a description of the methods that will be used to assure that target populations throughout the PSA will be served. If not providing any of the direct services below, check this box .

Check applicable direct services

Check each applicable Fiscal Year(s)

Title III B

Information and Assistance

FY 2005-06  FY 06-07  FY 07-08  FY 08-09

Title III B

Case Management

FY 2005-06  FY 06-07  FY 07-08  FY 08-09

Title III B

Outreach

FY 2005-06  FY 06-07  FY 07-08  FY 08-09

Title III B

Program Development

FY 2005-06  FY 06-07  FY 07-08  FY 08-09

Coordination

FY 2005-06  FY 06-07  FY 07-08  FY 08-09

Title III D

Disease Prevention  
and Health Promotion

FY 2005-06  FY 06-07  FY 07-08  FY 08-09

Title III E

Outreach to Caregivers

FY 2005-06  FY 06-07  FY 07-08  FY 08-09

Title III E

Information and Assistance to  
Caregivers

FY 2005-06  FY 06-07  FY 07-08  FY 08-09

Title III E

Comprehensive Assessment of  
Caregivers

FY 2005-06  FY 06-07  FY 07-08  FY 08-09

Title III E

Case Management for Caregivers

FY 2005-06  FY 06-07  FY 07-08  FY 08-09

Title VII b

Prevention of Elder Abuse,  
Neglect, and Exploitation

FY 2005-06  FY 06-07  FY 07-08  FY 08-09

**Describe the methods that will be used to assure that target populations will be served throughout the PSA. Refer to objectives under section "Priority Goals".**

## **APPENDIX IB - PSA #21**

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### **REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES**

Older Americans Act, Section 307(a)(8)

CCR Article 3, Section 7320(c), W& I Code Section 9533(f)

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If an AAA plans to provide direct services **other** than those specified in Appendix IA, a **separate Appendix IB must be completed for each type of service provided**. The submission for CDA approval may be for multiple funding sources for a specific service. If not requesting approval to provide any direct services in Appendix IB, check this box .

**Identify Service Category:** Meals

Check applicable funding source:<sup>6</sup>

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

CBSP (Identify the specific CBSP program or service on the "Service Category" line above)

HICAP

Basis of Request for Waiver:

Necessary to Assure an Adequate Supply of Service, OR

More economical if provided by the AAA than comparable services purchased from a service provider.

**Check each applicable Fiscal Year(s)**

FY 2005-06

FY 2006-07

FY 2007-08

FY 2008-09

**Justification:** In the space below and/or through additional documentation, AAAs must provide a cost-benefit analysis that substantiates any requests for direct delivery of the above stated service.<sup>7</sup> Unable to establish a contract provider for the Blythe area.

---

<sup>6</sup> Appendix IB does not apply to Title V (SCSEP)

<sup>7</sup> For a HICAP direct services waiver, the managing AAA of HICAP services must also document that all affected AAAs are in agreement



## **APPENDIX IB - PSA #21**

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### **REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES**

Older Americans Act, Section 307(a)(8)

CCR Article 3, Section 7320(c), W& I Code Section 9533(f)

---

If an AAA plans to provide direct services **other** than those specified in Appendix IA, a **separate Appendix IB must be completed for each type of service provided**. The submission for CDA approval may be for multiple funding sources for a specific service. If not requesting approval to provide any direct services in Appendix IB, check this box .

**Identify Service Category:** Meals

Check applicable funding source:<sup>8</sup>

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

CBSP (Identify the specific CBSP program or service on the "Service Category" line above)

HICAP

Basis of Request for Waiver:

Necessary to Assure an Adequate Supply of Service, OR

More economical if provided by the AAA than comparable services purchased from a service provider.

**Check each applicable Fiscal Year(s)**

FY 2005-06

FY 2006-07

FY 2007-08

FY 2008-09

**Justification:** In the space below and/or through additional documentation, AAAs must provide a cost-benefit analysis that substantiates any requests for direct delivery of the above stated service.<sup>9</sup> Unable to establish a contract provider for the Blythe area.

---

<sup>8</sup> Appendix IB does not apply to Title V (SCSEP)

<sup>9</sup> For a HICAP direct services waiver, the managing AAA of HICAP services must also document that all affected AAAs are in agreement

## **APPENDIX IB - PSA #21**

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### **REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES**

Older Americans Act, Section 307(a)(8)

CCR Article 3, Section 7320(c), W& I Code Section 9533(f)

---

If an AAA plans to provide direct services **other** than those specified in Appendix IA, a **separate Appendix IB must be completed for each type of service provided**. The submission for CDA approval may be for multiple funding sources for a specific service. If not requesting approval to provide any direct services in Appendix IB, check this box .

**Identify Service Category:** Community Services/Senior Center Support - Volunteer Recruitment

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

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

CBSP (Identify the specific CBSP program or service on the "Service Category" line above)

HICAP

Basis of Request for Waiver:

Necessary to Assure an Adequate Supply of Service, OR

More economical if provided by the AAA than comparable services purchased from a service provider.

**Check each applicable Fiscal Year(s)**

FY 2005-06

FY 2006-07

FY 2007-08

FY 2008-09

**Justification:** In the space below and/or through additional documentation, AAAs must provide a cost-benefit analysis that substantiates any requests for direct delivery of the above stated service.<sup>11</sup> These services are currently not offered countywide; affords the opportunity to create systems to enhance the current community infrastructure.

---

<sup>10</sup> Appendix IB does not apply to Title V (SCSEP)

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

## **APPENDIX IB - PSA #21**

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### **REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES**

Older Americans Act, Section 307(a)(8)

CCR Article 3, Section 7320(c), W& I Code Section 9533(f)

---

If an AAA plans to provide direct services **other** than those specified in Appendix IA, a **separate Appendix IB must be completed for each type of service provided**. The submission for CDA approval may be for multiple funding sources for a specific service. If not requesting approval to provide any direct services in Appendix IB, check this box .

**Identify Service Category:** Community Services/Senior Center Support - Volunteer Opportunities

Check applicable funding source:<sup>12</sup>

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

CBSP (Identify the specific CBSP program or service on the "Service Category" line above)

HICAP

Basis of Request for Waiver:

Necessary to Assure an Adequate Supply of Service, OR

More economical if provided by the AAA than comparable services purchased from a service provider.

**Check each applicable Fiscal Year(s)**

FY 2005-06

FY 2006-07

FY 2007-08

FY 2008-09

**Justification:** In the space below and/or through additional documentation, AAAs must provide a cost-benefit analysis that substantiates any requests for direct delivery of the above stated service.<sup>13</sup> These services are currently not offered countywide; affords the opportunity to create systems to enhance the current community infrastructure.

---

<sup>12</sup> Appendix IB does not apply to Title V (SCSEP)

<sup>13</sup> For a HICAP direct services waiver, the managing AAA of HICAP services must also document that all affected AAAs are in agreement

## **APPENDIX IB - PSA #21**

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### **REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES**

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

---

If an AAA plans to provide direct services **other** than those specified in Appendix IA, a **separate Appendix IB must be completed for each type of service provided**. The submission for CDA approval may be for multiple funding sources for a specific service. If not requesting approval to provide any direct services in Appendix IB, check this box .

**Identify Service Category:** Health - Community Education/Advocacy

Check applicable funding source:<sup>14</sup>

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

- CBSP (Identify the specific CBSP program or service on the "Service Category" line above)  
 HICAP

Basis of Request for Waiver:

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

**Check each applicable Fiscal Year(s)**

FY 2005-06    FY 2006-07    FY 2007-08    FY 2008-09  
N/A This Fiscal Year

**Justification:** In the space below and/or through additional documentation, AAAs must provide a cost-benefit analysis that substantiates any requests for direct delivery of the above stated service.<sup>15</sup> These services are currently not offered countywide; affords the opportunity to create systems to enhance the current community infrastructure.

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<sup>14</sup> Appendix IB does not apply to Title V (SCSEP)

<sup>15</sup> For a HICAP direct services waiver, the managing AAA of HICAP services must also document that all affected AAAs are in agreement

## **APPENDIX IB - PSA #21**

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### **REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES**

Older Americans Act, Section 307(a)(8)

CCR Article 3, Section 7320(c), W& I Code Section 9533(f)

---

If an AAA plans to provide direct services **other** than those specified in Appendix IA, a **separate Appendix IB must be completed for each type of service provided**. The submission for CDA approval may be for multiple funding sources for a specific service. If not requesting approval to provide any direct services in Appendix IB, check this box .

**Identify Service Category:** Elder Abuse Prevention Services

Check applicable funding source:<sup>16</sup>

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

CBSP (Identify the specific CBSP program or service on the "Service Category" line above)

HICAP

Basis of Request for Waiver:

Necessary to Assure an Adequate Supply of Service, OR

More economical if provided by the AAA than comparable services purchased from a service provider.

**Check each applicable Fiscal Year(s)**

FY 2005-06

FY 2006-07

FY 2007-08

FY 2008-09

**Justification:** In the space below and/or through additional documentation, AAAs must provide a cost-benefit analysis that substantiates any requests for direct delivery of the above stated service.<sup>17</sup> These services are currently not offered countywide; affords the opportunity to create systems to enhance the current community infrastructure.

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<sup>16</sup> Appendix IB does not apply to Title V (SCSEP)

<sup>17</sup> For a HICAP direct services waiver, the managing AAA of HICAP services must also document that all affected AAAs are in agreement

## **APPENDIX IB - PSA #21**

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### **REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES**

Older Americans Act, Section 307(a)(8)

CCR Article 3, Section 7320(c), W& I Code Section 9533(f)

---

If an AAA plans to provide direct services **other** than those specified in Appendix IA, a **separate Appendix IB must be completed for each type of service provided**. The submission for CDA approval may be for multiple funding sources for a specific service. If not requesting approval to provide any direct services in Appendix IB, check this box .

**Identify Service Category:** Community Education

Check applicable funding source:<sup>18</sup>

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

CBSP (Identify the specific CBSP program or service on the "Service Category" line above)

HICAP

Basis of Request for Waiver:

Necessary to Assure an Adequate Supply of Service, OR

More economical if provided by the AAA than comparable services purchased from a service provider.

**Check each applicable Fiscal Year(s)**

FY 2005-06

FY 2006-07

FY 2007-08

FY 2008-09

**Justification:** In the space below and/or through additional documentation, AAAs must provide a cost-benefit analysis that substantiates any requests for direct delivery of the above stated service.<sup>19</sup> These services are currently not offered countywide; affords the opportunity to create systems to enhance the current community infrastructure.

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<sup>18</sup> Appendix IB does not apply to Title V (SCSEP)

<sup>19</sup> For a HICAP direct services waiver, the managing AAA of HICAP services must also document that all affected AAAs are in agreement

## **APPENDIX IB - PSA #21**

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### **REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES**

Older Americans Act, Section 307(a)(8)

CCR Article 3, Section 7320(c), W& I Code Section 9533(f)

---

If an AAA plans to provide direct services **other** than those specified in Appendix IA, a **separate Appendix IB must be completed for each type of service provided**. The submission for CDA approval may be for multiple funding sources for a specific service. If not requesting approval to provide any direct services in Appendix IB, check this box .

#### **Identify Service Category:** Linkages

Check applicable funding source:<sup>20</sup>

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

CBSP (Identify the specific CBSP program or service on the "Service Category" line above)

HICAP

#### Basis of Request for Waiver:

Necessary to Assure an Adequate Supply of Service, OR

More economical if provided by the AAA than comparable services purchased from a service provider.

#### **Check each applicable Fiscal Year(s)**

FY 2005-06

FY 2006-07

FY 2007-08

FY 2008-09

**Justification:** In the space below and/or through additional documentation, AAAs must provide a cost-benefit analysis that substantiates any requests for direct delivery of the above stated service.<sup>21</sup> These services are currently not offered countywide; affords the opportunity to create systems to enhance the current community infrastructure.

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<sup>20</sup> Appendix IB does not apply to Title V (SCSEP)

<sup>21</sup> For a HICAP direct services waiver, the managing AAA of HICAP services must also document that all affected AAAs are in agreement

## **APPENDIX II – PSA #21**

**Check each applicable planning cycle:**

FY 2005-06     FY 2006-07     FY 2007-08     FY 2008-09

### **PUBLIC HEARINGS**

**Conducted for the 2005-2009 Planning Period**

CCR Article 3, Section 7302(a)(10) and Section 7308

Date	Location	Number Attending	Area Plan presented with Translator: <sup>22</sup> Yes/No	Hearing Held at Long-Term Care Facility: <sup>23</sup> Yes/No
<b>3/1/05</b>	<b>Riverside</b>	<b>6</b>	<b>No</b>	<b>No</b>
<b>3/4/05</b>	<b>Blythe</b>	<b>8</b>	<b>No</b>	<b>No</b>
<b>3/10/05</b>	<b>Banning</b>	<b>11</b>	<b>No</b>	<b>Yes</b>
<b>3/16/05</b>	<b>Indio</b>	<b>28</b>	<b>No</b>	<b>No</b>

**All of the items below must be discussed at each planning cycle's Public Hearings**

1. Discuss outreach efforts used in seeking input into the Area Plan from institutionalized, homebound, and/or disabled older individuals. The Banning Public Hearing was at a Long-Term care facility. A notice of the 4 Public Hearings was placed in the Legal section of the Press Enterprise and a flyer was distributed countywide.

2. Proposed expenditures for Program Development (PD) and Coordination (C) must be discussed at a public hearing. Did the AAA discuss PD and C activities at a public hearing?

Yes                       Not Applicable (check only if PD and C funding is not being used)  
 No

If No, Explain:

3. Summarize the comments received concerning proposed expenditures for PD and C, if applicable.  
None received

4. Were all interested parties in the PSA notified of the public hearing and provided the opportunity to testify regarding setting of minimum percentages of Title III B program funds to meet the adequate proportion funding for Priority Services? *(See Appendix V)*

Yes  
 No

If No, Explain:

5. Summarize the comments received concerning minimum percentages of Title III B funds to meet the adequate proportion funding for priority services. *(See Appendix V)*  
None

6. Summarize other major issues discussed or raised at the public hearings.  
See Next Page for Public Hearing Comments

7. List major changes in the Area Plan resulting from input by attendees at the hearings. None

<sup>17</sup> A Translator is not required unless the AAA determines that a significant number of attendees require translation services.

<sup>18</sup> AAAs are encouraged to include individuals in LTC facilities in the planning process, but hearings are not required to be held in facilities.



## **2005 – 2009 STRATEGIC PLAN PUBLIC HEARING COMMENTS**

### **Riverside Location:**

No comments

### **Banning Location (Long Term Care Facility):**

- A public swimming pool is needed in the Banning/Beaumont area for seniors to use
- We need to stress "active aging" and support more programs in this area
- Advocacy is needed for support for the nutrition program for seniors
- The food at the senior nutrition program is not very good in this area – it is better in San Bernardino County
- A planning survey will be conducted by the County Department of Mental Health as they prepare their plan for the use of funds under Proposition 63

### **Blythe Location:**

- No senior housing options for middle income seniors in Blythe
- No evening or weekend transportation available to seniors
- No out-of-town transportation available to doctors, particularly to the Coachella Valley hospitals or County Medical Center in Moreno Valley
- Legal assistance for seniors is needed in Blythe area
- The Office on Aging 800# - Can't ever get an answer was the concern of one individual. Other individuals indicated they had no problem getting an answer
- No home health service available in Blythe area
- County Health Care Mobile Unit use to be available but is no longer
- There were problems getting flu shots in the senior center, however, several individuals indicated they had no problem getting their shots elsewhere
- Concern was raised about seniors having gas stoves in their homes – some felt this should not be allowed, or that gas should not be used when building new senior housing
- Universal building codes should prohibit use of gas stoves in senior housing – someone countered that this should be left up to the individuals as to the type of stove they can have

### **Indio Location:**

- The equity issue for Riverside County was discussed at length – expressions of concern that we were getting a little over \$14.00 per senior capita where other counties were getting up to over \$100 per senior capita.
- There needs to be education for seniors and the general public regarding Social Security – what to expect, what not to expect.
- We should expand information about Social Security that we have in our Info Vans
- More information is needed about widow's benefits under Social Security
- We need to look more closely at how people get their information about senior programs – Linkages, Care Access, etc.

- Hospital staff need to know about how to access appropriate information and services for discharged patients
- More I & R is needed
- Respite services are not reflected in our plan – they should be. It was pointed out those services are included in a separate portion of the plan where units of service are reported.
- We need to do more to spread the word about the Medicare changes and prescription drug coverage (or lack thereof)
- CMS received \$100 million to disseminate information about the Medicare changes – what happened to it and what impact is it having at the local level
- The Info Vans are a great way to disseminate information but we should also look to use our contracted service providers
- Transportation continues to be a critical need throughout Coachella Valley
- Barbara Mitchell, County Department of Mental Health, spoke about the three year plan that they will need to develop and submit to the state in order to receiving funding under Proposition 63. She will hold public hearings on their plan in April and would like to use the next Advisory Council as one of the hearing sites.

Refer to the Priority Goals/Objectives – a number of the comments above were already considered in the planning process and incorporated to some extent into the Plan.

## **APPENDIX II – PSA #21**

**Check each applicable planning cycle:**

FY 2005-06     FY 2006-07     FY 2007-08     FY 2008-09

### **PUBLIC HEARINGS**

**Conducted for the 2005-2009 Planning Period**

CCR Article 3, Section 7302(a)(10) and Section 7308

Date	Location	Number Attending	Area Plan presented with Translator: <sup>24</sup> Yes/No	Hearing Held at Long-Term Care Facility: <sup>25</sup> Yes/No
4/5/06	Riverside	6	No	No

**All of the items below must be discussed at each planning cycle's Public Hearings**

1. Discuss outreach efforts used in seeking input into the Area Plan from institutionalized, homebound, and/or disabled older individuals. Legal Notice was placed in the Press Enterprise (full circulation), fliers were distributed via e-mail and by the Info Van.

2. Proposed expenditures for Program Development (PD) and Coordination (C) must be discussed at a public hearing. Did the AAA discuss PD and C activities at a public hearing?

Yes                       Not Applicable (check only if PD and C funding is not being used)  
 No

If No, Explain:

3. Summarize the comments received concerning proposed expenditures for PD and C, if applicable. N/A

4. Were all interested parties in the PSA notified of the public hearing and provided the opportunity to testify regarding setting of minimum percentages of Title III B program funds to meet the adequate proportion funding for Priority Services? (*See Appendix V*)

Yes  
 No

If No, Explain:

5. Summarize the comments received concerning minimum percentages of Title III B funds to meet the adequate proportion funding for priority services. No comments received.

6. Summarize other major issues discussed or raised at the public hearings.

The only comments received pertained to missing senior centers on the revised Focal Point list – we reviewed/revised to include the senior centers mentioned, and a question/comment about involvement of volunteers in our disaster planning (the comment was directed to our Disaster Coordinator).

7. List major changes in the Area Plan resulting from input by attendees at the hearings. None

<sup>17</sup> A Translator is not required unless the AAA determines that a significant number of attendees require translation services.

<sup>18</sup> AAAs are encouraged to include individuals in LTC facilities in the planning process, but hearings are not required to be held in facilities.

**APPENDIX III – PSA #21**

**Check each applicable planning cycle:**

FY 2005-06

FY 2006-07

FY 2007-08

FY 2008-09

**GOVERNING BOARD**

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

**Number of Members on the Board:**    5 Board of Supervisors

**Names/Titles of Officers:**

**Term in Office Expires:**  
Annually

Marion Ashley, Chairman	Term on Board Expires 1/1/07
Bob Buster, Vice Chairman	Term on Board Expires 1/5/09

**Names/Titles of All Members:**

**Term on Board Expires:**

John F. Tavaglione	1/1/07
Jeff Stone	1/5/09
Roy Wilson	1/1/07

Refer to page 7 for details of districts supervised by each Board Member.

## **APPENDIX IV – PSA #21**

**Check each applicable planning cycle:**

2005-06

FY 2006-07

FY 2007-08

FY 2008-09

### **ADVISORY COUNCIL**

45 Code of Federal Regulations (CFR), Section 1321.57  
CCR Article 3, Section 7302 (a) (12)

**Total Council Membership (including vacancies)** 17  
Number of Council Members 60+                      FY 05/06 11    **FY 06/07 12**

Race/Ethnic Composition (Based on  
Table 108 - 2004 Projection by Dept. of Finance)

	<u>% of PSA's 60+Population</u>	<b>FY 05/06</b> <u>% on Advisory Council</u>	<b>FY 06/07</b> <u>% on Advisory Council</u>
White	<u>76%</u>	<u>76%</u>	<u>64.7%</u>
Hispanic	<u>15.2%</u>	<u>11.8%</u>	<u>11.8%</u>
Black	<u>4%</u>	<u>5.9%</u>	<u>11.8%</u>
Asian/Pacific Islander	<u>3.4%</u>	<u>5.9%</u>	<u>5.9%</u>
Native American/Alaskan Native	<u>.59%</u>	<u>0</u>	<u>0</u>
Other	<u>.76%</u>	<u>0</u>	<u>5.9%</u>

**Attach a copy of the current advisory council membership roster that includes:**

- Names/Titles of officers and date term expires    Refer to Page 8
- Names/Titles of other Advisory Council members and date term expires

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

	<b>FY 05/06</b>		<b>FY 06/07</b>	
	<u>Yes</u>	<u>No</u>	<u>Yes</u>	<u>No</u>
Low Income Representative	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Disabled Representative	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Supportive Services Provider Representative	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health Care Provider Representative	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Local Elected Officials	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Individuals with Leadership Experience in the Private and Voluntary Sectors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Explain any "No" answer.** \_\_\_\_\_

Briefly describe the process designated by the local governing board to appoint Advisory Council members.  
**Each Board of Supervisor appoints one member for a total of five, and the remainder members are appointed by the Advisory Council on Aging.**

## **APPENDIX V – PSA #21**

**Check each applicable planning cycle:**

2005-06

FY 2006-07

FY 2007-08

FY 2008-09

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### **PRIORITY SERVICES:**

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

The CCR, Article 3, Section 7312, requires that the AAA allocate an “adequate proportion” of federal funds to provide Access, In-Home Services, and Legal Assistance in the PSA. The annual minimum allocation is determined by the AAA through the planning process. The minimum percentages of applicable Title III B funds<sup>26</sup> listed below have been identified for annual expenditure throughout the four-year planning period. These percentages are based on needs assessment findings, resources available within the PSA, and discussions at public hearings on the Area Plan.

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### **Category of Service & Percentage of Title III B Funds Expended in/or To Be Expended in FY 2005-06 through FY 2008-09**

#### **Access:**

Case Management, Assisted Transportation, Transportation,  
Information and Assistance, and Outreach

05-06 25.9% 06-07 25.9% 07-08       % 08-09       %

#### **In-Home Services:**

Personal Care, Homemaker and Home Health Aides, Chore, In-Home Respite, Daycare as respite services for families,  
Telephone Reassurance, Visiting, and Minor Home Modification

05-06 6% 06-07 6% 07-08 \_\_\_\_\_% 08-09 \_\_\_\_\_%

#### **Legal Assistance Required Activities<sup>27</sup>:**

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

05-06 3.5% 06-07 3.5% 07-08 \_\_\_\_\_% 08-09 \_\_\_\_\_%

1. Explain how allocations are justified and how they are determined to be sufficient to meet the need for the service within the PSA. Based on target populations and prior year usage.
2.  Appendix V must be updated if the minimum percentages change from the initial year of the four-year plan.
3. Provide documentation that prior notification of the Area Plan public hearing(s) was provided to all interested parties in the PSA and that the notification indicated that a change was proposed, the proposed change would be discussed at the hearing, and all interested parties would be given an opportunity to testify regarding the change. \_\_\_\_\_
4. Submit a record (e.g., a transcript of that portion of the public hearing(s) in which adequate proportion is discussed) documenting that the proposed change in funding for this category of service was discussed at Area Plan public hearings. \_\_\_\_\_

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<sup>26</sup> Minimum percentages of applicable funds are calculated on the annual Title III B baseline allocation, minus Title III B administration and minus Ombudsman. At least one percent of the final Title III B calculation must be allocated for each “Priority Service” category or a waiver must be requested for the Priority Service category(s) that the AAA does not intend to fund.

<sup>27</sup> Legal Assistance must include all of the following activities: Legal Advice, Representation, Assistance to the Ombudsman Program and Involvement in the Private Bar.

## **APPENDIX VI – PSA #21**

**See Pages Rev. 86-1 and Rev. 87-1 for 2006-2007 Revised Focal Points List**

**Check each applicable planning cycle:**

FY 2005-06

FY 2006-07

FY 2007-08

FY 2008-09

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### **COMMUNITY FOCAL POINTS LIST**

CCR Article 3, Section 7302(a)(14)

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Provide an updated list of designated community focal points and their addresses. This information must match the National Aging Program Information System (NAPIS) SPR 106. \_\_\_\_\_

Banning Senior Center  
769 North San Gorgonio Avenue  
PO Box 998  
Banning, CA 92220

Beaumont Senior Center  
550 East Sixth Street  
Beaumont, CA 92223

Blythe Senior Center  
445 North Broadway  
Bythe, CA 92225

Cabazon Community Center  
14580 South Broadway  
Cabazon, CA 92230

Cathedral City Senior Center  
68-727 East Palm Canyon Drive  
Cathedral City, CA 92234

Coachella Valley Senior Center  
1540 Seventh Street  
Coachella, CA 92236

Colorado River Senior / Community Center  
HCR 20, PO Box 3408 – Rio Loco  
Blythe, CA 92225

Corona Senior Center / Parks and Recreation  
921 South Belle Street  
Corona, CA 92882-4132

Dales Senior Center  
3936 Chestnut Street  
Riverside, CA 92501

Desert Hot Springs Senior Center  
11-777 West Drive  
Desert Hot Springs, CA 92240

Eddie D. Smith Senior Center  
5888 Mission Boulevard  
Rubidoux, CA 92509

Hemet Senior Services Center  
1075 North State Street  
Hemet, CA 92543

Idyllwild Community Center  
25380 Franklin Drive  
Idyllwild, CA 92549

Indian Health / Morongo Indian Senior Center  
11555 ½ Potrero Road  
Banning, CA 92220

Indio Senior Center  
45222 Towne Drive  
Indio, CA 92201

James Simpson Neighborhood Center  
305 East Devonshire  
Hemet, CA 92543

Janet Goeske Senior Center  
5257 Sierra Street  
Riverside, CA 92504

Joslyn Cove Senior Center  
73-750 Catalina Way  
Palm Desert, CA 92260

Kay Cenicerros Senior Center  
29995 Evans Road  
Sun City, CA 92586

La Quinta Senior Center  
PO Box 1504  
La Quinta, CA 92253

Lake Elsinore Senior Center  
420 East Lakeshore Drive  
Lake Elsinore, CA 92530

Mary Phillips Senior Center  
41845 Sixth Street  
Temecula, CA 92590

Mead Valley Community Center  
21091 Rider Street  
Perris, CA 92570

Mizell Senior Center  
480 South Sunrise Way  
Palm Springs, CA 92262

Moreno Valley Senior Center  
25075 Fir Avenue  
Moreno Valley, CA 92553

Norco Senior Center  
2690 Clark Avenue  
PO Box 428  
Norco, CA 91760

Norton Younglove Senior Center  
908 Park Street  
PO Box 1190  
Calimesa, CA 92320-0919

Perris Senior Center  
100 North "D" Street  
Perris, CA 92570

San Jacinto Community Center  
625 South Pico  
San Jacinto, CA 92583

Temecula Senior Service Center  
27537 Jefferson  
Temecula, CA 92591

Thermal Senior Center  
87-225 Church Street  
PO Box 284  
Thermal, CA 92274



## **APPENDIX VI – PSA #21**

**Check each applicable planning cycle:**

FY 2005-06

FY 2006-07

FY 2007-08

FY 2008-09

*Revised based on a more clear definition of Focal Points from 2005 CDA monitoring visit*

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### **COMMUNITY FOCAL POINTS LIST**

CCR Article 3, Section 7302(a)(14)

---

Provide an updated list of designated community focal points and their addresses. This information must match the National Aging Program Information System (NAPIS) SPR 106. \_\_\_\_\_

Banning Senior Center  
769 North San Gorgonio Avenue  
PO Box 998  
Banning, CA 92220

Beaumont Senior Center  
550 East Sixth Street  
Beaumont, CA 92223

Coachella Valley Senior Center  
1540 Seventh Street  
Coachella, CA 92236

Dales Senior Center  
3936 Chestnut Street  
Riverside, CA 92501

Desert Hot Springs Senior Center  
11-777 West Drive  
Desert Hot Springs, CA 92240

Eddie D. Smith Senior Center  
5888 Mission Boulevard  
Rubidoux, CA 92509

Hemet Senior Services Center  
1075 North State Street  
Hemet, CA 92543

Idyllwild Community Center  
25380 Franklin Drive  
Idyllwild, CA 92549

Morongo Indian Senior Center  
11555 ½ Potrero Road  
Banning, CA 92220

James Simpson Neighborhood Center  
305 East Devonshire  
Hemet, CA 92543

Janet Goeske Senior Center  
5257 Sierra Street  
Riverside, CA 92504

Joslyn Cove Senior Center  
73-750 Catalina Way  
Palm Desert, CA 92260

Kay Cenicerros Senior Center  
29995 Evans Road  
Sun City, CA 92586

La Quinta Senior Center  
78-450 Avenida La Fonda  
La Quinta, CA 92253

Lake Elsinore Senior Center  
420 East Lakeshore Drive  
Lake Elsinore, CA 92530

Mary Phillips Senior Center  
41845 Sixth Street  
Temecula, CA 92590

Mizell Senior Center  
480 South Sunrise Way  
Palm Springs, CA 92262

Norco Senior Center  
2690 Clark Avenue  
Norco, CA 92860

Norton Younglove Senior Center  
908 Park Street  
PO Box 1190  
Calimesa, CA 92320-0919

Perris Senior Center  
100 North "D" Street  
Perris, CA 92570

San Jacinto Community Senior Center  
625 South Pico  
San Jacinto, CA 92583

Temecula Senior Citizens Service Center and Food  
Bank  
41538 Eastman Drive  
Murrieta, CA 92562

Thermal Senior Center  
87-229 Church Street  
PO Box 284  
Thermal, CA 92274

## **APPENDIX VII – PSA #21**

**Check each applicable planning cycle:**

FY 2005-06  
  FY 2006-07  
  FY 2007-08  
  FY 2008-09

**MULTIPURPOSE SENIOR CENTER (MPSC)  
 ACQUISITION<sup>28</sup> AND CONSTRUCTION<sup>29</sup> COMPLIANCE REVIEW**  
 CCR Title 22, Article 3, Section 7302(a) (15)  
**(This has a 20-year tracking requirement.)**

- No, Title III B funds have not been used for MPSC Acquisition or Construction.  
 Yes, Title III B funds have been used for MPSC Acquisition or Construction.  
**If yes, complete the chart below.**

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

<sup>28</sup> Acquisition is defined as obtaining ownership of an existing facility (in fee simple or by lease for 10 years or more) for use as an MPSC.

<sup>29</sup> Construction is defined as building a new facility, including the costs of land acquisition, architectural and engineering fees, or making modifications to, or in connection with an existing facility, which more than doubles the square footage of that original facility and all physical improvements.

**APPENDIX VIII – PSA #21**

**Check each applicable planning cycle:**

FY 2005-06 FY 2006-07 FY 2007-08 FY 2008-09

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**FAMILY CAREGIVER SUPPORT PROGRAM  
Notice of Intent for Non-Expenditure of Funds  
Older Americans Act Section 373 (b)**

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Based on review of current family caregiver support needs and services, does the AAA **intend** to fund the following federal support service(s)?

Check YES or NO for each of the services identified below.

**Support Service**

Service Information YES NO  
(Information to caregivers about available services)

Access YES NO  
(Assistance to caregivers in gaining access to services)

Caregiver Support Services YES NO

Respite YES NO  
(Respite care to enable caregivers to be temporarily relieved from their care giving responsibilities)

Supplemental Services YES NO  
(Supplemental services, on a limited basis, to complement the care provided by the caregivers)

**Justification:** For any of the five support services the AAA does not intend to fund, explain why each service will not be funded and how each service is being addressed in the PSA:

## **APPENDIX X – PSA #21**

**Check each applicable planning cycle:**

FY 2005-06     FY 2006-07     FY 2007-08     FY 2008-09

### **Legal Assistance<sup>Ⓣ</sup>**

This section must be completed and submitted with the Four-Year Area Plan. Any changes to this Appendix must be documented on this form and remitted with Area Plan Updates. This Appendix is to be completed electronically.

1. Specific to Legal Services, what is your AAA’s Mission Statement or Purpose Statement? Statement must include Title III B requirements. **Please refer to “Our Philosophy” on page 11.**
2. Based on your local needs assessment, what percentage of Title IIIB funding is allocated to Legal Services? **3.5%**
3. Specific to Legal Services, what is the targeted senior population and mechanism for reaching targeted groups in your PSA? Discussion: **The targeted senior population is 60+ with a disability and/or who are minority of color and/or individuals who have income below the poverty level and/or live alone. Additionally, seniors 75 and over fall into the targeted senior population, regardless of disability, minority, poverty, or residential status. These populations are identified through U.S. Census Bureau data and Department of Finance data tabulated into Targeted Area Groupings.**
4. How many legal assistance providers are in your PSA? Complete table below.

Fiscal Year	# Legal Services Providers
2005-2006	1
2006-2007	1
2007-2008	
2008-2009	

5. What methods of outreach are providers using? Discuss: **The Provider’s outreach method is via on site appointments at 16 senior or community centers throughout the County, Western County Riverside office walk-in or appointments, and Eastern County walk-in or appointments in Indio or Blythe.**
6. What geographic regions are covered by each provider? Complete table below.

Fiscal Year	Name of Provider	Geographic Region covered
2005-2006	a. Inland Counties Legal Services (ICLS)	a. All 10 Target Area Groupings (TAG’s) in Riverside County (Refer to “Attachment B” for TAG/ demographic information)
	b.	b.
	c.	c.
2006-2007	a. Inland Counties Legal Services (ICLS)	a. All 10 Target Area Groupings (TAG’s) in Riverside County (Refer to “Attachment B” for TAG/ demographic information)
	b.	

<sup>Ⓣ</sup> For information related to Legal Services, contact Chisorom Okwuosa at ~~916-327-6849~~ (916) 419-7500 or COkwuosa@aging.ca.gov

	c.	b. c.
2007-2008	a. b. c.	a. b. c.
2008-2009	a. b. c.	a. b. c.

7. How do older adults access Legal Services in your PSA? Discuss: Seniors access legal services by making phone calls to Inland Counties Legal Services offices for eligibility pre-screening, phone or office appointments, appointments at senior or community centers as well as responses to letters. Minimal contact is made from seniors through internet access. Senior intake is by phone in Western Riverside County Mondays and Tuesdays from 8:30a.m.-11:30a.m.. In Eastern Riverside County calls are taken and responded to or called back throughout the week.
8. What are the major legal issues in your PSA? Include new trends of legal problems in your area: Discuss: Financial elder abuse and access to low income housing.
9. What are the barriers to accessing legal assistance in your PSA? Include proposed strategies for overcoming such barriers. Discuss: The barriers to accessing legal assistance include language, geography, and lack of transportation. ICLS has bilingual (Spanish/English) staff in each office as well as telephone access to Language Line services. If a client is homebound and unable to get to an office or outreach site, ICLS will make a home visit as resources are available.
10. What other organizations or groups does your legal service provider coordinate services with? Discuss: Inland Empire Latino Lawyers Association (IELLA); Public Service Law Corporation (PSLC); Lawyer Referral Services (LRS); Center on Deafness in the Inland Empire (CODIE); Ombudsman Program; Adult Protective Services (APS); Curtailing Abuse Related to the Elderly (CARE); Alternatives to Domestic Violence; Code Enforcement; HICAP; Inland Regional Center; Social Security Administration; Community Action; Family Justice Center and the Superior Court of California, County of Riverside among others.

## **APPENDIX XI – PSA #21**

**Check each applicable planning cycle:**

FY 2005-06

FY 2006-07

FY 2007-08

FY 2008-09

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**Disaster Preparation Planning  
Conducted for the 2005-2009 Planning Period**

OAA Title III, Sec. 310, CCR Article 2, Section 7529(a) (4) and Section 7547

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**All of the items below must be discussed at each planning cycle's Public Hearings**

**Please provide narrative answers to the following questions. The text boxes following the questions have been formatted to type your answers.**

1. Describe AAA's disaster plan. The plan shall ensure the provision of critical services that will meet the emergency needs of consumers the AAA is charged to serve during medical or natural disaster, such as earthquakes or floods.

Riverside County Office on Aging's (OoA) Disaster Plan has been developed to coordinate with the County of Riverside's disaster plan, which includes five Standardized Emergency Management System (SEMS) functional units which may be activated at anytime following an official activation by the Emergency Operations Center in a major disaster. The five SEMS are as follows:

- 1) Care and Shelter Operations
- 2) Resources and Support Operations
- 3) Mental Health Operations
- 4) Disaster Assistance Centers
- 5) Radiological Protection

OoA is represented under the Care and Shelter Operations unit, which provides basic human needs and re-location of those in need, along with specific services targeted to the elderly.

2. Describe how AAA would coordinate its disaster response with the local Office of Emergency Services.

OoA's Emergency Coordinator (a.k.a., Disaster Response Coordinator) is responsible to execute activation of OoA's Disaster Plan's policies and procedures, following an agency emergency/disaster and/or an official activation by the Emergency Operations Center. In the Emergency Coordinator's absence, the designated alternate (a.k.a. Back-up Disaster Response Coordinator) or the Director shall execute activation. In the absence of all three persons, the highest level supervisor available is authorized to execute activation of these policies and procedures.

In the event the emergency/disaster occurs during non-working hours, staff must report to the nearest operating OoA site and assume normal operating duties unless designated or assigned otherwise.

3. Identify the local Office of Emergency Services contact person your AAA would coordinate with in the event of a disaster:

name: Bonnie Reed  
telephone number: (951) 955-4700  
e-mail address: bonnie.reed@fire.ca.gov  
address: Riverside County Fire Department  
County Administrative Center  
4080 Lemon Street, Basement Floor  
Riverside, CA 92501

4. Identify your:

**AAA Disaster Response Coordinator**

name: Eugene Severns  
telephone number: office (951) 867-3800 cell (909) 261-1245  
e-mail address: eseverns@co.riverside.ca.us  
address: 6296 River Crest Drive, Suite K  
Riverside, CA 92507

**AAA Back-up Disaster Response Coordinator**

name: Hilary Clarke  
telephone number: (951) 867-3800  
e-mail address: hclarke@co.riverside.ca.us  
address: 6296 River Crest Drive, Suite K  
Riverside, CA 92507

5. Has your Information and Assistance staff been provided written emergency procedures on how to provide services during and after a disaster?

- Yes  
 No

If No, Explain:

6. Describe your emergency and disaster training curriculum and the frequency this training is provided to AAA staff that work directly with older individuals.

Earthquake and fire evacuation procedures occur twice a year as required by Riverside County Safety. In addition, OoA's Emergency Coordinator participates in monthly Riverside County Operations Committee meetings and trains quarterly with Riverside County Public Health, Bioterrorism Branch, Riverside County Environmental Health, Riverside County Office of Emergency Services, and Riverside County Fire.



## **APPENDIX XII – PSA #21**

Check each applicable planning cycle:

FY 2005-06

FY 2006-07

FY 2007-08

FY 2008-09

### **Baby Boomer Information**

**To provide an understanding of how AAAs are planning to meet the challenges of the increasingly growing and diverse aging population identified as “Baby Boomers” AAAs are required to answer the following questions:**

Please refer to section, “Potential Barriers to Long Term Care Integrated Service Delivery System (pages 19 – 26) and section, “Five Steps to Integration (page 27) in response to the following questions. In addition, refer to Priority Goals /Objectives beginning on page 29.

1. How can we best integrate service systems for the elderly and adults with disabilities while, at the same time, acknowledging and responding to differences between these population groups? (Examples might include use of telemedicine, Internet technology, computer access for communication purposes, etc.)
2. Who are the key stakeholders whose commitment and partnership are essential? (Examples might include health care providers, education and training institutions, major employers, etc.)
3. How can we assure we help empower individuals to remain as independent and engaged as possible for as long as possible? (Examples might include consumer surveys, customer friendly access to services, education, information sharing, etc.)
4. How can the arrangement of services be delivered to the consumer in a seamless, coordinated manner, regardless of program administration and jurisdiction? (Examples might include suggestions from consumers, stakeholders, program providers, program administrators, etc.)
5. What administrative hurdles and barriers to change need to be overcome at both the state and county/local level? (Examples might include an inability to “think outside the box,” poor communication, lack of awareness, etc.)
6. How do we provide a leadership and advocacy role in the development of service system standards that are uniform and not dependent upon income? In other words, how do we avoid having separate (and unequal) systems of care for low, moderate, and upper-income persons? (Examples might include using existing association organization meetings to review standards, consumer review, etc.)
7. How do we assure quality standards are maintained or developed across services regardless of the funding source and/or the service provider? (Examples may include consumer determination of quality, focused monitoring of service provision including consumers, testing new service delivery methods before finalizing standards, etc.)

**APPENDIX XIII – PSA #21**

**Check each applicable planning cycle:**

FY 2005-06     FY 2006-07     FY 2007-08     FY 2008-09

**REQUIRED SERVICES PROVIDED WITHOUT  
THE USE OF STATE AND/OR FEDERAL FUNDS**

**Some AAAs provide required services using funding sources other than State and/or Federal funds. Complete the chart below indicating the services your AAA provides not using State or Federal funds.**

Program	Funding
Example: Title III B Information and Assistance	Example: County funds used to provide program.
Information and Assistance	Grant: Transportation Reimbursement Information Project (TRIP)

**How will the AAA assure that these services are coordinated within the Planning and Service Area?**

The AAA's Senior HelpLink unit coordinates intake of this program.

**ASSURANCES – PSA #21**  
**Assurances Required by the Older Americans Act of 1965,  
as amended in 2000**

**A. The Area Agency agrees that it shall:**

**Requirement: OAA 306(a)(2)**

Assurance: Provide assurances that an adequate proportion, as required under 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, outreach, information and assistance, and case management services);
- (B) in-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and
- (C) legal assistance;

and assurances that the AREA AGENCY ON AGING will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded.

**Requirement: OAA 306(a)(4)(A)(i)**

Assurance: Provide assurances that will set specific objectives for providing services to older individuals with greatest economic need and older individuals with greatest social need, include specific objectives for providing services to low-income minority individuals and older individuals residing in rural areas, and include proposed methods of carrying out the preference in the area plan.

**Requirement: OAA 306(a)(4)(ii)**

Assurance: Provide assurances that in each agreement made with a provider of any service under this title, a requirement that such provider:

- (A) specify how the provider intends to satisfy the service needs of low-income minority individuals and older individuals residing in rural areas in the area served by the provider;
- (B) to the maximum extent feasible, provide services to low-income minority individuals and older individuals residing in rural areas in accordance with their need for such services; and
- (C) meet specific objectives established by the AREA AGENCY ON AGING, for providing services to low income minority individuals and older individuals residing in rural areas within the planning and service area.

**Requirement: OAA 306(a)(4)(A)(iii)**

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

- (A) identify the number of low-income minority older individuals in the planning and service area;
- (B) describe the methods used to satisfy the service needs of such minority older individuals; and
- (C) provide information on the extent to which the AREA AGENCY ON AGING met the objectives described in clause (a)(4)(A)(i).

**Requirement: OAA 306(a)(4)(B)**

Assurance: Provide assurances that outreach efforts will identify individuals eligible for assistance under this Act, with special emphasis on:

- (A) older individuals residing in rural areas;
- (B) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
- (C) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
- (D) older individuals with severe disabilities;
- (E) older individuals with limited English-speaking ability; and
- (F) older individuals with Alzheimer's disease or related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals);

and inform the older individuals referred to in (A) through (F), and the caretakers of such individuals, of the availability of such assistance.

**Requirement: OAA 306(a)(4)(C)**

Assurance: Provide assurance 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.

**Requirement: OAA 306(a)(5)**

Assurance: Provide assurances that it will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, with agencies that develop or provide services for individuals with disabilities.

**Requirement: OAA 306(a)(9)**

Assurance: Provide assurances that in carrying out the State Long-Term Care Ombudsman Program under Section 307(a)(9), it will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title.

**Requirement: OAA 306(a)(11)**

Assurance: 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.

**Requirement: OAA 306(a)(13)(A)**

Assurance: Provide assurances that it will maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships.

**Requirement: OAA 306(a)(13)(B)**

Assurance: Provide assurances that it will disclose to the Assistant Secretary and the State agency:

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

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

**Requirement: OAA 306(a)(13)(C)**

Assurance: Provide assurances that it will 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 contracts or such commercial relationships.

**Requirement: OAA 306(a)(13)(D)**

Assurance: Provide assurances that it will 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 contracts or such relationships.

**Requirement: OAA 306(a)(13)(E)**

Assurance: Provide assurances that it will, 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.

**Requirement: OAA 306(a)(14)**

Assurance: Provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the AREA AGENCY ON AGING to carry out a contract or commercial relationship that is not carried out to implement this title.

**Requirement: OAA 306(a)(15)**

Assurance: 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.

**Code of Federal Regulations Requirements:**

[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 individuals in the planning and service area. This means that the area agency shall proactively carry out, under the leadership and direction of the State agency, a wide range of functions related to advocacy, planning, coordination, interagency linkages, information sharing, brokering, monitoring and evaluation, designed to lead to the development or enhancement of comprehensive and coordinated community based systems in, or serving, each community in the Planning and Service Area. These systems shall be designed to assist older individuals in leading independent, meaningful and dignified lives in their own homes and communities as long as possible.

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

shall: {1} Have a visible focal point of contact where anyone can go or call for help, information or referral on any aging issue; {2} Provide a range of options; {3} Assure that these options are readily accessible to all older individuals: 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 individuals, those in danger of losing their independence; {7} Provide effective referral from agency to agency to assure that information or assistance is received, no matter how or where contact is made in the community; {8} Evidence sufficient flexibility to respond with appropriate individualized assistance, especially for the vulnerable older person; {9} Have a unique character which is tailored to the specific nature of the community; {10} Be directed by leaders in the community who have the respect, capacity, and authority necessary to convene all interested individuals, assess needs, design solutions, track overall success, stimulate change, and plan community responses for the present and for the future. CFR [1321.53(a)(b)] Use the resources made available to the area agency on aging under the OAA to finance those activities necessary to achieve elements of a community-based system set forth in paragraph (b) of section 1321.53. [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. [1321.53(c)]

Assure access from designated focal points to services financed under the Older Americans Act. [1321.53(c)]

Work with, or work to assure that community leadership works with, other applicable agencies and institutions in the community to achieve maximum collocation at, coordination with, or access to other services and opportunities for the elderly from the designated community focal points. CFR [1321.53(c)] Consult with and support the State's Long Term Care Ombudsman Program. [1321.61(b)(4)] [Not deem any] requirement in Section 1321.61 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. [1321.61(d)]

Assure that individuals age 60 and over 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. [1321.69(a)]

## **B. The California Department of Aging (CDA) assures through the area agencies on aging:**

### **Requirement: OAA 305(c)(5)**

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

### **Requirement: OAA 307(a)(7)(B)**

Assurance:

(A) 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;

(B) 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

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

### **Requirement: OAA 307(a)(11)(A)**

Assurance: That AREA AGENCY ON AGING will:

(A) enter into contracts with providers of legal assistance, which can demonstrate the experience or capacity to deliver legal assistance;

(B) include in any such contract provisions to assure that any recipient of funds under division (A) 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  
(C) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis.

**Requirement: OAA 307(a)(11)(B)**

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

**Requirement: OAA 307(a)(11)(D)**

Assurance: 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.

**Requirement: OAA 307(a)(11)(E)**

Assurance: That AREA AGENCY ON AGING will give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

**Requirement: OAA 307(a)(12)**

Assurance: Whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals, that any area agency on aging carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for:

- (A) public education to identify and prevent abuse of older individuals;
- (B) receipt of reports of abuse of older individuals;
- (C) 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
- (D) referral of complaints to law enforcement or public protective service agencies where appropriate.

**Requirement: OAA 307(a)(14)**



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

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

(B) To designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include: (i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and (ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effective linguistic and cultural differences.

**Requirement: OAA 306(a)(15)**

Assurance: 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.

**Requirement: OAA 307(a)(18)**

Assurance: That AREA AGENCY ON AGING will conduct efforts to facilitate the coordination of community based, long-term care services, pursuant to Section 306(a)(7), for older individuals who:

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

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

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

**Requirement: OAA 307(a)(26)**

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