

Inland Coalition on Aging

INLAND EMPIRE *Master Plan for Aging* 2025–2028



Vision

A community where older adults, adults with disabilities, and caregivers age well



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A LETTER FROM THE BOARD CHAIR OF THE INLAND COALITION ON AGING (ICA)

By 2035, the Inland Empire's older adult population will see unprecedented growth, fundamentally reshaping our region's social fabric and economic landscape. Our communities will welcome an increasingly diverse population of older adults who will live longer and contribute to our region's vitality in new and meaningful ways. This demographic transformation brings both opportunities and challenges. We'll see more older adults remaining in the workforce, an increase in individuals living independently, growing concerns about economic security, and a need for increased caregiving support. Each trend requires thoughtful, coordinated responses to ensure all Inland Empire residents can thrive throughout their lives, regardless of age, ability, or circumstance.



The Inland Empire Master Plan for Aging (IE-MPA) addresses these challenges through coordinated, regional action to support older adults, adults with disabilities, and caregivers. By combining bold vision with practical strategies and strong partnerships, we aim to promote healthy and equitable aging for all residents of San Bernardino and Riverside Counties.

Success requires collaboration across multiple sectors—local government, healthcare systems, community organizations, businesses, and philanthropic partners. By harnessing our region's innovative spirit and directing resources to areas of greatest need, we can create inclusive, age-friendly communities throughout the Inland Empire.

(Continued on next page)





A LETTER FROM THE BOARD CHAIR OF THE INLAND COALITION ON AGING (ICA)

The initiatives outlined in this plan—spanning housing; transportation; caregiving, Alzheimer’s, and related dementias; behavioral health and social supports; and safety, respect, and equity—reflect extensive community input gathered through stakeholder engagement. This plan represents not just a strategy document, but a call to action with clear objectives.

This is designed to be a living document, evolving with our region's needs. The Inland Coalition on Aging will track progress and provide annual reports detailing achievements, challenges, and necessary adjustments to our strategies. Ongoing community input will remain central to our work, and we encourage continued engagement from all stakeholders.

Together, we can build an age-friendly Inland Empire where older adults, adults with disabilities, and caregivers have the opportunity to age with dignity, purpose, and security. The Inland Empire Master Plan for Aging provides our roadmap for achieving this vision.

In partnership,

Ben Jáuregui, DSW, MPA

Founding Board Chair

Inland Coalition on Aging





THE INLAND COALITION ON AGING

The Inland Coalition on Aging stands at the forefront of transforming aging services in the Inland Empire. **Established in 2023, the ICA brings together**

leaders from key organizations—Inland Caregiver Resource Center, Community Access Center, Inland Empire Health Plan, Riverside County Office of Aging, and the San Bernardino County Department of Aging and Adult Services-Public Guardian—to guide the region's Master Plan for Aging.

This coalition builds upon a rich history of collaboration in our region. Its immediate predecessor, revitalized in 2020 by Inland Empire Health Plan (IEHP) and Community Access Center, hosted a landmark Master Plan for Aging Convening that attracted leaders from organizations serving older adults, adults with disabilities, and caregivers. Throughout 2022, the group deepened its community engagement through regional stakeholder sessions and relationship building.

The roots of this work trace back to 2008, when the Riverside County Office on Aging formed the original Inland Empire Long-Term Services and Supports (IE-LTSS) Coalition to advance integrated care and service delivery. That initial collaboration united county agencies, social service organizations, and healthcare providers from both Riverside and San Bernardino Counties.

The Inland Empire Master Plan for Aging was created with support from the SCAN Foundation, the California Department of Aging, Inland Empire Health Plan, and Inland Caregiver Resource Center. **This plan will help the ICA lead efforts to facilitate systems change across networks and develop improved integrated care and service delivery of long-term services and supports.**





ICA BOARD OF DIRECTORS

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THE INLAND EMPIRE



San Bernardino and Riverside Counties make up the geographic area historically named “the Inland Empire” due to the region’s rich diversity and agricultural history. The Inland Empire of San Bernardino and Riverside Counties encompasses an area of 27,277 square miles. Situated approximately 60 miles east from the Los Angeles metropolitan area and the Pacific Ocean, the Inland Empire is home to over 4.5 million people and is the 3rd most populous metropolitan area in the State of California and the 13th most populous metropolitan area in the United States (Daly & Somaiya, 2019). Additionally, the Inland Empire region continues to be home to 13 Native American nations.

Hispanic populations represent the majority of the population within the region. While the population growth has experienced some of the highest rates in the nation over the past decade, a report by the United States Conference of Mayors found that this trend will continue: the Riverside San Bernardino-Ontario metro area is expected to grow from 4.5 million to 7.2 million people in the next 30 years, making it one of the top 10 largest metro areas by 2046 (Daly & Somaiya, 2019, p. 14). With this growth, older adults make up 12% of those living in poverty in the IE, and of all age groups, are the only age group that is experiencing an increase in poverty (Daly & Somaiya, 2019).

Demographics based on U.S. Census Bureau

2020 Decennial Census and American Community Survey and
AARP's 2023 Livability Index

Riverside County

Total Population: 2,418,185
Median Age: 36.6 years old
Age 50+: 32%
Age 65+: 14%
Non-Hispanic White: 41%
African American: 7%
Asian: 7%
Native American: 1.8%
Hispanic or Latinx: 49%
Households' w/ Disabilities: 12%
Life Expecancy: 79 years old
Median Income: \$74,217
Poverty: 11.6%

San Bernardino County

Total Population: 2,418,185
Median Age: 36.6 years old
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Life Expecancy: 79 years old
Median Income: \$74,217
Poverty: 11.6%



The Inland Empire

In terms of long-term population dynamics, it is projected that between 2010 and 2060, San Bernardino County will experience a 202.4% increase in the population of individuals over age 60 and a 604.5% increase in adults over age of 85. Riverside County will experience a 248.2% increase (California Department of Aging Facts about California's Elderly, 2023). Both of these percentages are higher than the state averages and such increases place the counties in the top 5 counties with the largest older adult population in California (2019 Community Health Needs Assessment, 2019, p. 6).¹



A Plan for All Ages & Abilities in the Inland Empire

The Inland Empire Master Plan for Aging represents our commitment to ensuring that all residents of Riverside and San Bernardino Counties can thrive at every stage of life. This plan brings together the voices and commitments of community organizations, universities, elected officials, and government agencies to create a unified approach to serving our diverse community. This plan, spanning three years, is the first step in a longer-term vision to create an age- and disability-friendly Inland Empire that serves all residents with dignity and respect.



OUR VISION

We envision an Inland Empire where all residents are engaged, valued, and have equal opportunities to live healthy, fulfilling lives. Our plan reimagines how programs, policies, and services can work together to support this vision.



Background: Building on California's Leadership

In 2021, Governor Newsom launched California's first Master Plan for Aging – a groundbreaking 10-year blueprint for supporting healthy aging and quality of life across the state. Recognizing that meaningful change happens at the local level, leaders in Riverside and San Bernardino Counties took action. With support from The SCAN Foundation, the Inland Coalition on Aging formed the Inland Empire Master Plan for Aging (IE-MPA) Advisory Committee in 2022 to develop its own local MPA. This committee brought together experts and community leaders to develop recommendations tailored to our region's unique needs.

Throughout 2022-2023, the IE-MPA Advisory Committee:

- *Conducted extensive community engagement*
- *Completed a comprehensive needs assessment*
- *Gathered input from diverse stakeholders*
- *Published and presented preliminary findings and recommendations*
- *Secured additional funding from the California Department of Aging*

In 2023, the IE-MPA Advisory Committee, along with key regional partners, released a preliminary report of the IE-MPA to guide Riverside and San Bernardino Counties to better serve older adults, adults with disabilities, and caregivers within their communities. This report focused on dozens of key recommendations provided by community stakeholders and the IE-MPA Advisory Committee, which were based on the findings from a rigorous stakeholder engagement and needs assessment process. For details and information about this process and the preliminary report, including the needs assessment results, please view InlandAging.org/mpa.

Following the release of the preliminary MPA, the Inland Coalition on Aging successfully garnered further funding from the California Department of Aging's Local Aging & Disability Action Planning Grant Program (LADAP) to support the development of the ICA's IE-MPA.



Key Priority Areas

In February 2024, the Inland Coalition on Aging (ICA) established four specialized workgroups led by local experts. For a list of workgroup chairs and participants, refer to Appendix B. These groups spent six months developing concrete actions to transform our vision into reality.

This plan outlines their work through five IE-MPA goals, each supported by strategies and objectives to drive action over the next several years:

- 1 Housing as Home & Healthcare**
- 2 Transportation for all Ages, Abilities & Regions**
- 3 Caregiving, Alzheimer's Disease & Related Dementias**
- 4 Age- and Disability-Friendly Behavioral Health & Social Support**
- 5 Safety, Respect & Equity in Aging**

The five priority areas focus on social determinants of health—non medical factors influencing health. Social determinants of health are the conditions under which people are born, grow, live, work, and age.

Social determinants of health can include access to:


- *Medical care, nutritious foods, and functioning utilities*
- *Education and health literacy*
- *Ethnicity and cultural orientation*
- *Family and social support networks*
- *Gender*
- *Housing and transportation resources*
- *Linguistic and communication capabilities*
- *Access to safe communities and recreational facilities*
- *Job security*
- *Social stressors*
- *Socioeconomic status²*

Social determinants of health often occur “upstream” and can be complex causal pathways that link health with social disadvantage, risk exposure, and social inequalities.³ Downstream determinants of an individual's health, such as health behaviors, do not occur in a vacuum and are also impacted by social determinants of health.




Ensuring Equity & Inclusion from Planning through Implementation

Aging experiences vary significantly across populations.



Our MPA assessment and development process revealed fundamental intersectional themes spanning social, economic, and health equity in aging. Health and well-being are shaped by complex factors that often create persistent disparities throughout life.



When people who have faced long-term discrimination—particularly people of color, adults with disabilities, and LGBTQ+ individuals—enter their later years, they often do so from a more vulnerable position, while simultaneously confronting the added burden of ageism.

Geographic location can also significantly influence service delivery across the Inland Empire's aging populations. Each sub-region presents distinct characteristics, cultural patterns, and resource availability. **Rural older adults face particular challenges**, often lacking access to essential services including caregiver support, transportation, and internet connectivity.

The IE-MPA recognizes that no single approach can adequately serve our diverse communities. Making aging equitable does not mean treating everyone the same way, but to recognize differences and provide extra support where it is needed most. Examples include considering cultural and linguistic differences in service delivery, addressing the digital divide that affects many older adults, ensuring healthcare providers are culturally competent, and creating inclusive spaces that welcome diverse older populations.

Our commitment is to ensure that all Inland Empire residents can age with dignity, support, and security—regardless of age, income, ability, sexual orientation, gender identity, religion, geographic location, race, ethnicity, or culture.

While the plan explicitly includes actions to address equity and inclusion in Goal Five, we collectively commit to implementing all initiatives through an equity lens that actively combats discrimination in all its forms. Every action within our plan will be evaluated for its impact on dismantling ageism, ableism, racism, and homophobia, ensuring our resources advance true equity for all Inland Empire residents.



Moving to Action

The ICA understands that transforming how we prepare for and serve our growing aging population requires sustained, long-term commitment.

While the Inland Empire Master Plan for Aging sets forth an ambitious long-term vision that will require years of coordinated cross-sector collaboration, we recognize the urgency to act now in creating an age- and disability-friendly Inland Empire. This plan establishes our initial priorities and actions for the next three years.



The plan encompasses more than 100 specific actions, yet remains flexible and inclusive. **The ICA welcomes new partnerships and initiatives that align with our mission and we acknowledge the valuable work already underway through existing programs and ongoing efforts throughout the region.**

Our immediate focus in pursuit of many of these actions is on building strong foundations through:

- *Identifying and building strategic partnerships*
- *Cataloging and leveraging existing resources and initiatives*
- *Strengthening person-centered systems of care and support*

Through this coordinated approach, we will begin transforming our region's capacity to support healthy, dignified aging for all residents.

If you are interested in partnering on any of this work, please send an email to info@inlandaging.org.



JOIN THE COALITION!

The Inland Coalition on Aging brings together the expertise of diverse health care entities, community-based organizations, public officials, and stakeholders to better serve older adults, adults with disabilities, and caregivers in San Bernardino and Riverside Counties.



JOIN THE COALITION TODAY TO STAY INFORMED AND ENGAGED.

Membership is free to professionals who work with older adults, adults with disabilities, and/or caregivers.



We welcome your support!

Learn more about the Coalition and how to join at:

InlandAging.org





GOAL ONE: **HOUSING AS HOME & HEALTHCARE**

Housing as a Social Determinant of Health

Housing is one of the most researched social determinants of health. Lack of adequate housing more heavily impacts vulnerable populations, perpetuating health inequities across gender, race, ethnicity, dispossession, and disability. Unhealthy housing conditions correlate with poor health outcomes.⁴

The Foundation for Aging with Dignity

Safe, accessible housing is essential for aging in place and maintaining independence throughout our lives. When combined with quality home and community-based services, appropriate housing enables residents to live independently for as long as possible within their chosen communities.

Current Housing Challenges

The Inland Empire faces significant housing challenges that particularly affect older adults, adults with disabilities, and caregivers. The AARP Livability Index assessments show both Riverside and San Bernardino Counties score just over 50% for housing policies promoting affordability, availability, and accessibility. The situation is particularly dire when it comes to subsidized housing, with Riverside County offering just 84 units per 10,000 residents and San Bernardino County providing 77 units per 10,000 residents. Rising housing costs are pushing fixed-income residents toward housing instability at unprecedented rates, while long waitlists for subsidized housing create additional barriers to accessible, affordable options.

Home Maintenance and Support Needs

Our homes are crucial components of our health and social support systems. Recent research highlights the challenges many older adults face in maintaining their independence. In the recent 2024-2028 Riverside County Office On Aging Area Plan on Aging, it was noted that 70% of older adults face challenges obtaining affordable housing.



GOAL 1

Home Maintenance and Support Needs

48%
REPORTED
DIFFICULTIES
FINDING HELP FOR
ESSENTIAL TASKS

According to the 2020-2024 San Bernardino County Area Agency on Aging Area Plan, residents aged 60 and older revealed that 56% struggle with home maintenance, while 44% find housework challenging. Perhaps most concerning, 48% of respondents reported difficulties finding reliable help for these essential tasks.⁵

Long-term care (LTC) services are vital for many residents to age in place successfully. These services help manage daily activities when independent living becomes challenging, responding to both sudden health changes and gradual decline in mobility. Long-term care encompasses a spectrum of support, from home-based services to community care and residential facilities. These services, also known as long-term services and supports (LTSS), form a crucial safety net for our aging population.

Supporting Caregivers

Housing stability for caregivers represents a critical but often overlooked challenge in our community. Many living arrangements include both care recipients and their caregivers, creating complex housing needs. When a care recipient passes away, caregivers may face housing instability or homelessness, as current housing policies often fail to protect their right to continue residency. The lack of affordable housing options for caregivers compounds this vulnerability, creating a cycle of housing insecurity that affects both caregivers and those they support.



Throughout the IE-MPA development process, several themes related to housing, long-term care, and home and community-based services emerged, including:

- *The need for alternative housing models, including shared and multi-generational homes*
- *Housing stability can be obtained through affordable housing, home modifications, repairs, and other housing-related assistance*
- *Housing affordability includes preservation and access, as well as the costs associated with housing, including HOA fees, insurance, utilities, and upkeep costs*
- *The need for appropriate housing for later stages in life, including upkeep and access to services and resources*
- *There is an increase and threat of home loss, including following the death of the care recipient*
- *Navigating long-term care facilities and long-term care is challenging*

GOAL 1

HOUSING AS HOME & HEALTHCARE

This complex intersection of housing, long-term care, and caregiver support requires comprehensive solutions to ensure all residents can age with dignity in their chosen communities.



To support older adults, adults with disabilities, and caregivers in finding and maintaining affordable and stable housing, as well as the appropriate home and community supports, **the Inland Empire Master Plan for Aging and partners commit to pursuing the following actions in the years 2025-2028.**

The IE-MPA action teams will determine the inputs required for completing each objective. Activities that are currently in progress are listed in Appendix D.



Short-Term
6 months - 1 year



Medium-Term
1-2 years



Long-Term
1-3 years

STRATEGY ONE: Affordable Housing Options & Access

OBJECTIVE A: Increase Affordable Housing Options for older adults and adults with disabilities.

- 1 Advocate for Riverside and San Bernardino County housing authorities to set preferences with developers for older adults and provide recommendations for increasing preferences.
- 2 Conduct presentations or workshops with city and county leadership on ways to meet the housing needs of the growing older adult population, including village-style/mutual aid models.
- 3 Encourage Riverside and San Bernardino Counties housing authorities to include fixed route transportation in the affordable housing Request for Applications processes.
- 4 Encourage Riverside and San Bernardino Counties' housing authorities and elected leadership to identify mechanisms for stabilizing rent and preserving affordable housing.



GOAL 1

HOUSING AS HOME & HEALTHCARE



Short-Term
6 months - 1 year



Medium-Term
1-2 years



Long-Term
1-3 years

STRATEGY ONE: Affordable Housing Options & Access

OBJECTIVE B: Simplify navigation of affordable housing options.

- 1** Conduct an inventory of existing information and resources and develop accessible user-centered communications in collaboration with housing organizations.
- 2** Identify funding to support user-centered affordable housing navigation services.
- 3** Identify and promote “affordable housing locator” tools and resources for older adults, adults with disabilities, and caregivers.
- 4** Host trainings with navigation organizations, to build staff’s capacity to provide referrals and navigation support.



OBJECTIVE C: Support caregivers in need of affordable housing.

- 1** Advocate for federal, state, and county housing support for family and friend caregivers who are in financial need.
- 2** Advocate to provide caregivers with financial and housing support after their care recipient passes away.



GOAL 1

HOUSING AS HOME & HEALTHCARE



Short-Term
6 months - 1 year



Medium-Term
1-2 years



Long-Term
1-3 years

STRATEGY TWO: Home & Community Supports

OBJECTIVE A: Ensure older adults experiencing housing transitions have access to Long-Term Services and Supports (LTSS).

- 1 Work towards establishing an integrated LTSS system or network that coordinates housing services with regional LTSS providers.
- 2 Coordinate trainings with the goal of reaching older adults and adults with disabilities on LTSS and other resources to ensure access to supportive housing.
- 3 Advocate for policies and initiatives that support the integration of housing and LTSS systems, improve affordability and accessibility of services, and protect the rights of older adults and adults with disabilities during housing transitions.

OBJECTIVE B: Improve the quality of care at Adult Residential Care Facilities (ARFs), Residential Care Facilities for the Elderly (RCFEs) and other Home & Community-Based Services (HCBS).

- 1 Advocate for increased Home & Community-Based Services, including RCFE's.
- 2 Identify training to help improve quality of care and share these resources with facilities and service providers.
- 3 Research, identify, and engage the local administrative entities that oversee planning, coordinating, and monitoring of care in ARFs, RCFEs and HCBS.

OBJECTIVE C: Expand Access to Advocacy Programs & Services

- 1 Encourage the development and delivery of training to provider organizations and consumers to increase understanding of housing, transportation, and behavioral health advocacy programs.
- 2 Unite and mobilize advocacy organizations to join the Inland Coalition on Aging's advocacy efforts.

GOAL 1

Partners Committed to Advancing Goal One Include:

- *Aging and Disability Resource Connection of San Bernardino County*
- *All Hours Adult Care, SPC*
- *Arosa*
- *Black America Resource Directory*
- *Cathedral City Senior Center*
- *City of Menifee Senior Advisory Committee*
- *Community Access Center*
- *Community Health Systems Inc.*
- *County of Riverside Department of Public Social Services Adult Services Division*
- *GRID Alternatives*
- *Healthy Valley Foundation*
- *Inland Caregiver Resource Center*
- *Inland Empire Health Plan*
- *Inland Housing Solutions*
- *Inland SoCal United Way*
- *InnovAge PACE*
- *Kaiser Permanente*
- *Mary Erickson Community Housing*
- *Mountain Homeless Coalition*
- *Navdee*
- *Riverside County Foundation on Aging*
- *Riverside County Office on Aging an Aging and Ability Resource Center*
- *Riverside Legal Aid*
- *Senior Affairs Commission of San Bernardino County*
- *San Bernardino County Department of Aging and Adult Services - Public Guardian*
- *Valley Restart Shelter*
- *Valon Consulting*
- *Wise & Healthy Aging*

If your organization would like to partner on building affordable and accessible housing, along with a strong long-term care support system, please contact us at info@inlandaging.org.



GOAL TWO:

TRANSPORTATION FOR ALL AGES, ABILITIES & REGIONS

Creating Connected Communities

Access to age- and disability-friendly transportation is an essential ingredient to quality of life, including access to social networks, recreation, groceries, health care and other essential services. Not only does access to transportation support quality of life, it can help us remain independent as we age, preventing unnecessary placement in a long-term care facility.

The Transportation Challenge

While transportation is one of the most common supports provided by family caregivers, many older adults and adults with disabilities must rely on public transit services, especially those living far from family or requiring frequent rides.

For those living in the rural areas of the Inland Empire, or in its many low-density suburban communities, transportation services are infrequent or do not take people where they need to go, limiting their mobility choices. In addition to fixed route buses, other services are necessary, such as specialized dial-a-ride, volunteer driver mileage reimbursement programs, and door-to-door support that provides assistance from the vehicle to the destination.

Awareness of the Inland Empire's range of mobility options and comfort in using them is important to building effective age-friendly and disability-friendly environments.



GOAL 2

Current Transportation Landscape

Transportation costs pose a significant burden for many Inland Empire residents. According to the AARP Livability Index (2023), average household transportation costs in Riverside and San Bernardino Counties range from \$15,400 to \$16,000 annually. A San Bernardino County survey revealed that 48% of adults aged 60 and older struggle with car-related expenses⁶ and a Riverside Area Plan on Aging found that one in five respondents cited a lack of transportation to the grocery store, the senior center, and medical appointments.⁷

1 IN 5
EXPERIENCED
A LACK OF
TRANSPORTATION
FOR NECESSITIES



Throughout the IE-MPA development process, several transportation themes emerged, including:

- *Insufficient transit options to take participants where they want or need to go, at the days and times they need to get there (e.g. healthcare facilities, senior centers, social activities, pharmacies, low-income food distribution locations)*
- *Limited understanding of the transportation options that do exist or how to access them for local trips and regional connections*
- *Fear of social isolation if loss of vision results in loss of driving abilities*
- *Dial-a-ride meets some trip needs but is challenging to riders (e.g. late trips/ long waits and restricted/limited places to which they will travel); it requires advance reservations and is not amenable to last minute appointments*
- *Caregivers (formal and informal), friends, or neighbors often provide driving support*



GOAL 2

Building a More Accessible Future

A comprehensive transportation system must go beyond traditional fixed-route buses.



ESSENTIAL SERVICES INCLUDE:



Specialized dial-a-ride services



Volunteer driver mileage reimbursement programs



Door-to-door support with personal assistance



Discounted transit fares for older adults and adults with disabilities



Free transit options for special populations and special fare-free days

To create truly accessible transportation in the Inland Empire, we must pursue a multi-pronged approach that includes:

- 1 Increasing awareness and comfort with available options.** Older adults, adults with disabilities, and caregivers need to understand and feel confident using the range of mobility services available to them.
- 2 Ensuring inclusive decision-making in transportation planning.** Community representation in governing bodies must reflect the diverse needs of all residents when making transportation planning and funding decisions.
- 3 Enhancing public education and outreach.** Social service providers and the general public need better information about existing transit resources, including how to access services and navigate the system safely.

GOAL 2

TRANSPORTATION FOR ALL AGES, ABILITIES & REGIONS

By addressing these challenges comprehensively, we can create a transportation network that serves all residents effectively, regardless of age, ability, or location within our region.

To improve age and disability-friendly transportation services in the Inland Empire, **the Inland Coalition on Aging and partners commit to supporting the following actions in years 2025-2028 of the IE-MPA plan.**

The IE-MPA action teams will determine the inputs required for completing each objective. Activities that are currently in progress are listed in Appendix D.



Short-Term
6 months - 1 year



Medium-Term
1-2 years



Long-Term
1-3 years



STRATEGY ONE: Communications & Input

OBJECTIVE A: Develop an educated and sustainable voice to participate in each county's transportation advisory body.

1

Inland Coalition on Aging representatives will attend San Bernardino County's quarterly Public and Specialized Transportation Advisory and Coordination Council (PASTACC) meetings, seeking participation as an agency representative voting member.



2

Inland Coalition on Aging representatives will attend Riverside County's Citizen's Specialized Transportation Advisory Council (CSTAC), seeking participation as an agency representative voting member.



GOAL 2

TRANSPORTATION FOR ALL AGES, ABILITIES & REGIONS



Short-Term
6 months - 1 year



Medium-Term
1-2 years



Long-Term
1-3 years

STRATEGY ONE: Communications & Input

OBJECTIVE B: Expand, actively promote, and increase participation in transit input and planning opportunities.

- 1 Track, attend, and share the perspectives of older adults, adults with disabilities, and caregivers in annual unmet transportation needs hearings in both counties.
- 2 Develop a calendar of opportunities for public engagement on transit topics to promote through community-based organizations (CBOs) and place them on relevant website(s), collaborating with county transportation commissions to identify content.
- 3 Participate in and promote each county's Coordinated Public Transit-Human Services Transportation Plan outreach during FY 24/25, including pursuing "summit" concepts to bring transit agencies together with stakeholder agencies and consumers.
- 4 Promote to service providers the public engagement opportunities of transits' Short Range Transit Plans and Comprehensive Operational Analyses, resulting in testimony by providers for continuing need of all modes of transit services for older adults and adults with disabilities.

OBJECTIVE C: Public voices inform and influence transportation services.

- 1 Collaborate across the service provider network to promote public engagement opportunities to testify about the need for transit services of all types, for older adults and adults with disabilities in both counties.
- 2 Meet with the Area Agencies on Aging to encourage collaboration related to transit advocacy around unmet transportation needs of older adults, adults with disabilities, and caregivers between Area Plans and plan updates and the Transportation Commission's Coordinated Plans.



GOAL 2

TRANSPORTATION FOR ALL AGES, ABILITIES & REGIONS



Short-Term
6 months - 1 year



Medium-Term
1-2 years



Long-Term
1-3 years

STRATEGY TWO: Increased Ridership

OBJECTIVE A: Community-based organizations and aging service providers connect clients with the best transportation options to meet their needs.

1

Develop a list of regional service providers with access to older adults and adults with disabilities who are willing and able to help promote public transportation access.

2

Encourage the development of transit information with user-centered instruction on finding and using available public transportation.



1

OBJECTIVE B: Increase consumer confidence in all modes of public transportation.

Compile and assess marketing assets used by San Bernardino County Transportation Authority (SBCTA) and Riverside County Transportation Commission (RCTC) for age and disability accessibility.

2

Establish a collaborative relationship with SBCTA and RCTC resulting in the development of distribution and engagement strategies for public transit education and marketing materials, including the benefits of public transit, targeting riders who are older adults, adults with disabilities, and caregivers.



GOAL 2

TRANSPORTATION FOR ALL AGES, ABILITIES & REGIONS



Short-Term
6 months - 1 year



Medium-Term
1-2 years



Long-Term
1-3 years

STRATEGY TWO: Increased Ridership

OBJECTIVE C: Increase awareness of public transportation options and discounted fares.

- 1** Develop targeted marketing materials and user-centered web-based options to educate and empower older adults and adults with disabilities to learn about existing transportation services to meet their individual needs.
- 2** Partner with SBCTA, RCTC, and aging and disability partners to promote existing Mileage Reimbursement Volunteer Driver, other Specialized Transportation programs, and existing discounted and free fare initiatives to stakeholders and the public.
- 3** Develop targeted information pieces for important destinations, such as regional health care: County Medical Facilities, Loma Linda University Medical Center, Kaiser Permanente, Veterans Health Administration Medical Centers, to encourage use of public transit.



GOAL 2

Partners Committed to Advancing Goal Two Include:

- *Aging and Disability Resource Connection of San Bernardino County*
- *All Hours Adult Care, SPC*
- *Black America Resource Directory*
- *Cathedral City Senior Center*
- *City of Menifee Senior Advisory Committee*
- *Healthy Valley Foundation*
- *Independent Living Partnership*
- *Inland Caregiver Resource Center*
- *Inland Empire Health Plan*
- *Inland SoCal United Way*
- *InnovAge PACE*
- *Kaiser Permanente*
- *Lesbians Embracing Aging*
- *FAP Women of Impact*
- *Reach Out Morongo Basin*
- *Riverside County Foundation on Aging*
- *Riverside County Office on Aging an Aging and Ability Resource Center*
- *San Bernardino County Transportation Authority*
- *Triangle Care Management*
- *Valley Restart Shelter*

If your organization would like to partner on building a transportation system for all ages and abilities, please contact us at info@inlandaging.org.



GOAL THREE: CAREGIVING, ALZHEIMER'S DISEASE & RELATED DEMENTIAS

Supporting Our Caregivers: The Foundation of Long-Term Care

Caregivers form the backbone of our long-term services and support system, providing invaluable care while contributing significantly to our economy. According to data released by the AARP Public Policy Institute, the estimated value of unpaid contributions from family and friend caregivers reached approximately \$600 billion in the year 2021⁸.

As our population ages and people live longer with various physical, cognitive, and mental health challenges, caregiving demands are becoming increasingly complex. This is especially true for those caring for individuals with Alzheimer's Disease and related dementias, where specialized knowledge and support are crucial. To meet our growing care needs, we must ensure both unpaid family and friend caregivers, as well as paid direct care workers, receive adequate training and support to provide quality care with confidence.

Understanding Family & Friend Caregivers

Many people providing essential care do not identify themselves as caregivers, yet their role is vital. A caregiver might be a family member, friend, or even an older adult caring for someone younger, such as grandparents raising grandchildren. Their support ranges from simple assistance with daily tasks to intensive round-the-clock care:

DAILY SUPPORT:



Helping with household chores



Providing transportation



Preparing meals



Managing medications



Coordinating medical appointments

INTENSIVE CARE:



Assisting with personal hygiene



Helping with feeding



Managing complex medical needs

GOAL 3

Understanding Family & Friend Caregivers

Riverside County and San Bernardino Counties are home to nearly 700,000 family and friend caregivers⁹. The dedication of these caregivers is remarkable - nearly three-quarters spend more than 40 hours per week providing care, equivalent to a full-time job. This commitment, while essential, often comes with significant personal and professional sacrifices.¹⁰

700,000
FRIEND & FAMILY
CAREGIVERS
IN SAN BERNARDINO &
RIVERSIDE COUNTIES

The Essential Role of Direct Care Workers

While family and friend caregivers play a vital role in supporting independence as we age, professional direct care workers are equally essential to creating an age- and disability-friendly society.

WOMEN ARE
80%
OF THE
DIRECT CARE
WORKFORCE

These skilled professionals work in various settings, including private homes, skilled nursing facilities, and residential care facilities. The direct care workforce includes personal care assistants, home health aides, and certified nursing assistants. In California, this workforce predominantly consists of women (80%), with nearly half being immigrants and more than three-quarters being people of color¹¹.

Addressing Caregiver Challenges & Support Needs

While caregiving can bring deep personal satisfaction, it often comes with significant personal costs. Research shows caregivers typically experience poorer physical, emotional, and mental health compared to their non-caregiving peers. In California, one in three caregivers report experiencing loneliness and deteriorating health¹². These dedicated individuals are also less likely to engage in preventive health practices that could help manage or prevent chronic conditions.

Caregivers face numerous obstacles in maintaining their own health and well-being, including guilt about taking time for personal care, limited time amid competing responsibilities, difficulty finding reliable respite care, and challenges accessing health education and support services.

1 IN 3
CAREGIVERS
REPORT LONELINESS
& DETERIORATING
HEALTH

GOAL 3

Current Support Systems

The Inland Empire offers several essential resources for caregivers such as:

- *Support groups and individual counseling*
- *Educational programs and outreach services*
- *Service grant vouchers for legal consultation and respite care*
- *Supplemental support programs*

However, as our aging population grows, these existing support systems are increasingly strained. To meet the rising demand, we must expand both the availability and accessibility of caregiver support services.

Particularly crucial is the need for:

- *More flexible respite care options*
- *Enhanced caregiver training programs*
- *Expanded access to support services*
- *Increased funding for caregiver assistance programs*



By strengthening these support systems, we can help ensure that those who care for others do not sacrifice their own well-being in the process.

Current Challenges and Growing Needs

California faces a significant shortage of direct care workers at a time when demand is rising sharply. Projections indicate we need a 28% increase in paid caregivers by 2030 to meet our communities' needs¹³. Not only is there a direct care workforce shortage, but many current direct care workers could benefit from additional support and training, which in turn would benefit the care recipient.

Many providers, caregivers, and older adults have difficulty navigating the system to find the right care for themselves, their loved ones, or in support of their patients. Over the next several years, it is necessary to not only improve the quality of care, but advocate for a stronger, larger, and more coordinated direct care workforce and long-term care system.

GOAL 3

Looking Forward

As our population ages, we must strengthen our direct care workforce and support for family and friend caregivers. **By investing in our care providers today, we can ensure quality care for all who need it tomorrow.**



THIS REQUIRES A COMPREHENSIVE APPROACH FOCUSED ON THE FOLLOWING:



Building a larger, more robust workforce



Providing specialized training opportunities



Improving care coordination and navigation



Creating better support systems for care workers



Advocating for systemic improvements in long-term care



The IE-MPA stakeholder engagement and needs assessment processes revealed **several common themes related to caregiving**, including:

- *Caregiving for people with Alzheimer's Disease and related dementias poses its own unique challenges*
- *Affording, accessing, and navigating caregiving resources can be challenging*
- *Due to fear of theft and exploitation, there is discomfort with non-vetted caregivers*
- *Publicly funded caregiver support services can be limited due to rules and regulations*
- *It is important to plan for end of life care*
- *Caregiver and adult day care programs are valuable resources but very limited*
- *Those caring for others may not identify themselves as caregivers, so they are not aware they are eligible for services*

GOAL 3

ADDRESSING ALZHEIMER'S DISEASE & RELATED DEMENTIAS

A Growing Public Health Priority

Alzheimer's disease and related dementias represent an urgent and growing challenge for our healthcare system, communities, and families. California faces the highest rates in the nation, with 12% of older adults affected—a trend mirrored in both San Bernardino and Riverside Counties. This impacts not only those living with these conditions but also their families, caregivers, local communities, and our broader healthcare infrastructure.

**ALZHEIMER'S DISEASE
& DEMENTIA AFFECTS**

12%
**OF OLDER ADULTS
IN CALIFORNIA**

Several key challenges complicate our response to this growing health crisis:

- *Public confusion about the difference between normal age-related memory changes and dementia*
- *Widespread reluctance to seek help for cognitive issues*
- *Healthcare and social service systems that are often unprepared to provide comprehensive support*
- *Limited public awareness about brain health and prevention strategies*



During the needs assessment and stakeholder engagement processes, **several themes emerged:**

- *Caregiving for people with Alzheimer's Disease and related dementias is extremely challenging*
- *Reluctance to reach out for support and expose oneself to wanting or needing help with memory issues*
- *Confusion about obtaining guardianship for those with Alzheimer's Disease or related dementias*
- *There are unhoused adults experiencing early-stage Alzheimer's Disease*

To effectively address these challenges, we must focus on two critical areas:

- 1** Developing comprehensive education programs for both healthcare providers and the public about brain health, early warning signs, and available resources
- 2** Strengthening our healthcare infrastructure through improved system coordination and clearer care pathways

By taking decisive action now, we can better support those affected by Alzheimer's disease and related dementias while preparing our communities for future needs.

GOAL 3

CAREGIVING, ALZHEIMER'S DISEASE & RELATED DEMENTIAS

The Inland Empire Master Plan for Aging will pursue the support of caregivers and those experiencing Alzheimer's Disease and related dementias through the following actions in 2025-2028.

The IE-MPA action teams will determine the inputs required for completing each objective. Activities that are currently in progress are listed in Appendix D.



Short-Term
6 months - 1 year



Medium-Term
1-2 years



Long-Term
1-3 years

STRATEGY ONE: Long-Term Care (LTC)

OBJECTIVE A: Increase awareness among providers and consumers of LTC services.

- 1 Inland Coalition on Aging will develop an inventory of agencies providing Long-Term Care services in Riverside and San Bernardino Counties.
- 2 Partners will convene to develop a comprehensive and user-centered long-term care guide.
- 3 Partners will develop and host trainings on topics such as LTC programs and estate/financial planning.

OBJECTIVE B: Support the capacity of LTC services through advocacy efforts.

- 1 The Inland Coalition on Aging will develop coordinated advocacy efforts focused on strengthening and expanding LTC services, such as adult day centers, direct care workers, residential care, home health, home transitions, palliative care, hospice care, institutional care, Medi-Cal In-Home Supportive Services, and caregiver support services.
- 2 Develop and host LTC advocacy trainings for professionals and caregivers.

GOAL 3

CAREGIVING, ALZHEIMER'S DISEASE & RELATED DEMENTIAS



Short-Term
6 months - 1 year



Medium-Term
1-2 years



Long-Term
1-3 years

STRATEGY TWO: Caregiver Support

OBJECTIVE A: Ensure that community members are aware of family and friend caregiving resources and know how to access them.

- 1 Identify caregiving resources, as well as key opportunities and locations for distribution such as in health care facilities upon patient discharge.
- 2 Based on caregiver input, develop caregiver-centered resources and begin distribution at key opportunities and locations.
- 3 Develop messaging and materials to create awareness in the community about what caregiving is and who caregivers are.

OBJECTIVE B: Connect providers with caregiver resources.

- 1 Educate healthcare and service providers on existing caregiver support programs, as well as the necessary tools to provide appropriate referrals.
- 2 Develop a web-based forum that connects service providers and aging and disability advocacy groups to funding opportunities and resources for caregivers, encouraging collaboration across sectors and agencies.

OBJECTIVE C: Incorporate caregiving considerations into housing, behavioral health, and transportation activities to strengthen caregiver support.

- 1 Develop a strategy to identify and partner with organizations and leaders across sectors whose work intersects with the wellbeing of caregivers.
- 2 Host a forum or series of webinars to provide examples and encourage sectors to align resources to ensure that caregivers are considered in housing and service planning to support physical, emotional, psychological, and financial wellbeing.
- 3 Identify methods to improve service navigation.

GOAL 3

CAREGIVING, ALZHEIMER'S DISEASE & RELATED DEMENTIAS



Short-Term
6 months - 1 year



Medium-Term
1-2 years



Long-Term
1-3 years

STRATEGY THREE: Alzheimer's Disease & Related Dementias

OBJECTIVE A: Build dementia capacity within existing systems (law enforcement, home care, facilities, etc.)

- 1 Identify areas of greatest need for expanded dementia capacity, such as primary care settings.
- 2 Identify existing dementia capacity-building efforts, such as legislative mandates and initiatives.
- 3 Assess national and state resources on Alzheimer's Disease and related dementia and develop complementary Inland Empire resources as needed.
- 4 Identify health system partnerships focused on improving early detection of cognitive decline and expanded care planning.
- 5 Develop formal guidelines and a strategy to include people living with Alzheimer's Disease and related dementias in behavioral health support programs.



OBJECTIVE B: Public awareness and education on early detection, diagnosis, treatment, services, and caregiver support.

- 1 Develop an Alzheimer's Disease and related dementia, and brain health education campaign.
- 2 Include information on Dementia-Friendly America & Age-Friendly principles and practices in the aforementioned brain health campaign.
- 3 Assess the statewide Take on Alzheimer's campaign and customize resources to reflect the Inland Empire, beginning promotion of the campaign and resources to Inland Coalition on Aging partners, and aging and disability service providers.
- 4 Develop new partnerships to increase awareness of care options and management.

GOAL 3

Partners Committed to Advancing Goal Three Include:

- *Advancare*
- *Aging and Disability Resource Connection of San Bernardino County*
- *All Hours Adult Care, SPC*
- *Alzheimer's Association*
- *Arosa*
- *Black America Resource Directory*
- *Cathedral City Senior Center*
- *City of Menifee Senior Advisory Committee*
- *Kaiser Permanente SBC*
- *Fontana Adult Day Health Services*
- *Inland Caregiver Resource Center*
- *Inland Empire Health Plan*
- *Inland SoCal United Way*
- *InnovAge PACE*
- *Masters Medicare*
- *Navdee*
- *Nu Grace Family Care*
- *Parkinson's Resource Organization*
- *Reach Out Morongo Basin*
- *Riverside County Foundation on Aging*
- *Riverside County Office on Aging an Aging and Ability Resource Center*
- *Riverside University Health System - Behavioral Health*
- *Riverside University Health System - Public Health*
- *San Bernardino County Department of Aging and Adult Services - Public Guardian*
- *San Bernardino County In Home Supportive Services - Public Authority*
- *Surety Home Care*
- *Valley Restart Shelter*
- *Wise & Healthy Aging*

If your organization would like to work with us to build stronger support and networks for caregivers and people with Alzheimer's Disease and related dementias, please contact info@inlandaging.org.



GOAL FOUR:

AGE- AND DISABILITY-FRIENDLY BEHAVIORAL HEALTH & SOCIAL SUPPORT

Understanding Behavioral & Social Support Needs

Behavioral health and social support needs remain crucial throughout every stage of life. **As we age, various factors can trigger or worsen mental health and substance use conditions, including retirement, experiences of ageism, social isolation, grief from losing loved ones, and declining physical health¹⁴.** Older adults often encounter distinct barriers when seeking care, ranging from stigma and transportation difficulties to cultural and linguistic challenges, provider shortages, and complex healthcare and insurance systems^{15,16}. The impact extends to caregivers as well, who frequently experience significant mental health challenges such as stress, anxiety, and depression, which can ultimately affect the quality of care they provide.



Bridging Gaps in Care

California's Master Plan for Aging recognizes older adult behavioral health as a critical priority. A 2023 brief from the California Department of Aging highlighted a concerning gap in care: more than two-thirds of older adults requiring mental health services do not receive adequate treatment¹⁷. The report revealed significant disparities, with Black, Latino, Indigenous, and Asian Pacific Islander older adults reporting higher levels of psychological distress and serious mental illness compared to their white peers. Additional research indicates that LGBTQ+ older adults experience elevated rates of mental distress compared to their heterosexual counterparts of similar age. During the IE-MPA needs assessment process, Black, Latino, Indigenous, and LGBTQIA voices reflected these concerning disparities. Additionally, rural older adults face their own set of challenges, often encountering substantial obstacles in accessing behavioral health services.

**OVER 2/3s
OF OLDER ADULTS
REQUIRING MENTAL
HEALTH SERVICES
DID NOT RECEIVE
ADEQUATE CARE**

GOAL 4

Bridging Gaps in Care

According to the 2023 AARP Livability Index, both Riverside and San Bernardino Counties show concerning trends in social involvement. Both counties score 0.64 on the Social Involvement Index, significantly below the national average of 0.96 (on a scale of 0 to 2.5).

This index measures critical aspects of community engagement, including:

- *Membership in groups, organizations, or associations*
- *Frequency of contact with friends and family*
- *Neighborhoodly interactions and assistance*
- *Community involvement and positive contributions*

Both counties also received low scores for social engagement on AARP's broader Livability Index, highlighting a pressing need for improvement in community connection and social support systems.



During the stakeholder engagement and needs assessment phase, participants demonstrated a strong desire for social engagement and intergenerational connections. Many themes involving behavioral health and social support surfaced, including:

- *General reluctance to discuss mental health or depression, but more openness to discussing social support*
- *Social support can come from many different sources (e.g. community groups, churches, friends, and family)*
- *Housing is an integral part of healthcare and social support*
- *Relationships with mental health therapists and psychiatrists are built over time, but insurance can impede this*
- *There are challenges navigating behavioral healthcare*
- *Isolation and loneliness are often due to mobility and transportation issues*
- *Behavioral healthcare workers are limited*
- *Many communities rely on visiting free university health clinics*



GOAL 4

AGE- AND DISABILITY-FRIENDLY BEHAVIORAL HEALTH & SOCIAL SUPPORT

To address the pressing behavioral health and social support needs of our community while breaking down existing barriers to care, we must take comprehensive action. The Inland

Empire Master Plan for Aging will implement a multi-faceted approach focused on enhancing social connection and behavioral health support for older adults, adults with disabilities, and caregivers.

OUR STRATEGIC INITIATIVES FOR 2025-2028 WILL FOCUS ON THREE KEY AREAS:



Expanding and strengthening support services to meet growing demand



Building greater awareness of available resources among the public, caregivers, and healthcare providers



Increasing access to both structured and informal social engagement opportunities, including technology-enabled connections



GOAL 4

AGE- AND DISABILITY-FRIENDLY BEHAVIORAL HEALTH & SOCIAL SUPPORT

Through these coordinated efforts, we aim to create a more responsive, accessible, and supportive network of services that promotes mental wellbeing and social connection across our communities. **The Inland**

Coalition on Aging and partners commit to pursuing the following actions.

The IE-MPA action teams will determine the inputs required for completing each objective. Activities that are currently in progress are listed in Appendix D.



Short-Term
6 months - 1 year



Medium-Term
1-2 years



Long-Term
1-3 years

STRATEGY ONE: Public Awareness & Education

OBJECTIVE A: Ensure older adults, adults with disabilities, and caregivers are aware of available services and how to access them.

- 1** Educate elected officials on the needs of older adults, adults with disabilities, and caregivers.
- 2** Collaborate with elected officials to conduct education and community engagement.
- 3** Promote resources through earned media coverage, town hall meetings, social media outreach and presentations to organizations throughout Riverside and San Bernardino Counties.

OBJECTIVE B: Older adults from all communities feel comfortable seeking behavioral health services and social activities.

- 1** Identify public champions with lived experience to share their stories to reduce stigma.
- 2** Collaborate with the public champions, organizations, and coalitions to design communications to reduce the stigma associated with accessing behavioral healthcare and social support services and networks.

GOAL 4

AGE- AND DISABILITY-FRIENDLY BEHAVIORAL HEALTH & SOCIAL SUPPORT



Short-Term
6 months - 1 year



Medium-Term
1-2 years



Long-Term
1-3 years

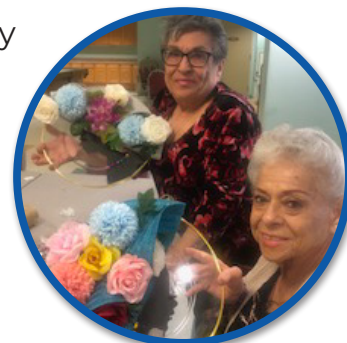
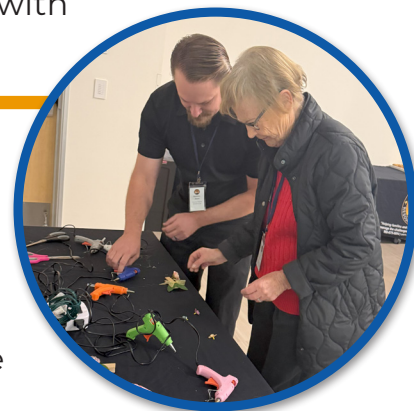
STRATEGY TWO: Intergenerational & Social Engagement

OBJECTIVE A: We will build connections across generations as we age.

- 1 Form a task force to coordinate and encourage intergenerational fluidity, engaging sectors outside of behavioral health to develop intergenerational opportunities/support systems.
- 2 Pursue funding to support intergenerational mentorship partnerships bridging the generational gap while promoting mutual growth, community connection, and lifelong learning for both mentors and mentees.
- 3 Pursue funding to launch recruitment events for an intergenerational mentoring program specifically engaging adults aged 55 and older to become mentors.
- 4 Foster partnerships to launch at least one intergenerational engagement opportunity to assist older adults and adults with disabilities in developing digital literacy skills.

OBJECTIVE B: We will maintain, and even grow, the strength of our social connections as we age.

- 1 Support the expansion of recreation activities, senior centers, and community centers in building programming for older adults and adults with disabilities for the purpose of creating social connections.
- 2 Partner with intergenerational, aging, and disability organizations to host social events to promote social connections and mitigate loneliness.
- 3 Pursue partnerships and funding to implement a technology access campaign.



GOAL 4

AGE- AND DISABILITY-FRIENDLY BEHAVIORAL HEALTH & SOCIAL SUPPORT



Short-Term
6 months - 1 year



Medium-Term
1-2 years



Long-Term
1-3 years

STRATEGY THREE: Caregiver & Provider Capacity

OBJECTIVE A: Providers have the knowledge, skills, and awareness of resources to confidently provide care and/or referrals for older adults and adults with disabilities with behavioral health concerns.

- 1 Strengthen partnerships with providers to encourage participation in older adult-specific training opportunities.
- 2 Inland Coalition on Aging will partner with county behavioral health departments and service providers to provide staff training.

OBJECTIVE B: Paid and unpaid caregivers have the knowledge, skills, and resources to support older adults and adults with disabilities with behavioral health support needs.

- 1 The Inland Coalition on Aging will develop partnerships to increase access to trainings and resources.
- 2 Partners will work together to host publicly accessible behavioral health trainings.
- 3 Encourage cross collaboration between Riverside and San Bernardino Counties to provide workforce-education-training programs.

OBJECTIVE C: Family members, caregivers, and providers recognize the signs of substance misuse in older adults and adults with disabilities and that they can make appropriate referrals to care.

- 1 Host trainings on recognizing substance misuse at the Annual Riverside Adult Protective Services (APS) and San Bernardino Multidisciplinary Teams (MDT) Conferences, seeking additional events and opportunities on an ongoing basis.
- 2 Conduct community NARCAN trainings.

GOAL 4

AGE- AND DISABILITY-FRIENDLY BEHAVIORAL HEALTH & SOCIAL SUPPORT



Short-Term
6 months - 1 year



Medium-Term
1-2 years



Long-Term
1-3 years

STRATEGY FOUR: Behavioral Health Service Quality, Access & Navigation

OBJECTIVE A: Older adults and adults with disabilities have access to behavioral health and social support programs that are tailored to meet their unique needs.

- 1 Encourage San Bernardino County Department of Aging and Adult Services - Public Guardian to share Age Wise best practices for adaptation to expand access throughout Inland Empire communities.
- 2 Partner with referral agencies or platforms to ensure accurate and user-friendly resource portals for those seeking behavioral health and social support services for themselves or their care recipient, making any necessary improvements.

OBJECTIVE B: Older adults and adults with disabilities have access to technology, and the confidence and skills to use it, to access behavioral health care services.

- 1 Conduct an assessment of existing Artificial Intelligence software for associated costs, availability and accessibility (voice, visual, etc.) and other features that could be tailored to meet the needs of older adults and adults with disabilities, as well as assessing current implementation within the Inland Empire.
- 2 Build digital inclusion by connecting programs across departments to improve digital access and skills.
- 3 Pursue partnerships and funding to implement a technology access campaign reaching older adults, adults with disabilities, and caregivers.
- 4 Develop partnerships with technology companies and health care and service providers to host a Technology and Aging Summit.

GOAL 4

Partners Committed to Advancing Goal Four Include:

- *Aging and Disability Resource Connection of San Bernardino County*
 - *Aging and HIV Institute*
 - *All Hours Adult Care, SPC*
 - *Ant Consulting*
 - *Arosa*
 - *Big Brothers Big Sisters*
 - *Black America Resource Directory*
 - *City of Menifee Senior Advisory Committee*
 - *City of Riverside Parks, Recreation and Community Services Department*
 - *Community Health Systems Inc.*
 - *Elder Love USA, Inc.*
 - *Fontana Adult Day Health Services*
 - *Independent Living Partnership*
 - *Inland Caregiver Resource Center*
 - *Inland Empire Community Health Initiative*
 - *Inland Empire Health Plan*
 - *Inland SoCal United Way*
 - *Innecare*
 - *LGBTQ Community Center of the Desert*
 - *Masters Medicare*
 - *Nu Grace Family Care*
 - *Navdee*
 - *Parkinson's Resource Organization*
 - *Peace and Coffee Therapy Solutions*
 - *Riverside County Behavioral Health Commission*
 - *Riverside County Foundation on Aging*
- (Continued on Next Page)*

If your organization would like to partner with us on building age- and disability-friendly behavioral health systems and social supports, please contact info@inlandaging.org.

GOAL 4

Partners Committed to Advancing Goal Four Include:

- *Riverside County Office on Aging an Aging and Ability Resource Center*
- *Riverside Medical Clinic Charitable Foundation*
- *Riverside University Health System - Behavioral Health*
- *San Bernardino County Department of Aging and Adult Services - Public Guardian*
- *San Bernardino County Department of Behavioral Health Office of Equity and Inclusion*
- *San Bernardino County In Home Supportive Services - Public Authority*
- *Southern California Adaptive Sports*
- *The Stephan Center*
- *Valley Restart Shelter*
- *WelbeHealth*
- *Wellness And Disability Equity (WADE) Alliance*
- *West End Family Counseling Services*

If your organization would like to partner with us on building age- and disability-friendly behavioral health systems and social supports, please contact info@inlandaging.org.



GOAL FIVE: SAFETY, RESPECT & EQUITY IN AGING

Emergency, Disaster Safety & Preparedness

The Inland Empire Master Plan for Aging places a high priority on protecting older adults' safety, encompassing both protection from abuse and exploitation as well as emergency and disaster preparedness.

Residents of San Bernardino and Riverside Counties face multiple climate-related emergencies common to California, including wildfires, floods, and extreme temperature events. During these emergencies and disasters, older adults, adults with disabilities, and caregivers face disproportionate risks. Preventing death and harm requires comprehensive preparation at both individual and systemic levels, including personal emergency kits, detailed preparedness plans, and coordinated response systems.

Technology and communication systems that address residents' diverse access and functional needs are crucial for improving emergency preparedness and response capabilities. However, significant challenges remain. A survey revealed that, 50% of older adults did not feel prepared to deal with an emergency or natural disaster and nearly 60% of older adults struggle to access information through current technology platforms, while half of all respondents reported feeling unprepared for emergencies or natural disasters¹⁸.



GOAL 5

Ensuring Respect & Equity in Aging

As we age, our experiences are shaped by the opportunities and challenges we've faced throughout our lives. Historical and systemic inequities create cumulative impacts that can become more pronounced in later life, impacting our physical, emotional, mental, and economic well being.



Ageism, a form of discrimination affecting everyone, stands as one of society's most pervasive prejudices. Its consequences

are serious and far-reaching, creating barriers to employment, increasing social isolation, and leading to delayed or missed medical diagnoses. Age-based stereotypes can distort perceptions of an individual's physical and mental capabilities, social skills, health status, beliefs, and other characteristics. The perception that older adults have diminished value or relevance to society reinforces ageist attitudes. Through continued exposure to societal ageism, we often internalize these attitudes and stereotypes, potentially limiting our own health behaviors and life choices¹⁹.



Ableism, like other forms of discrimination, stems from conscious or unconscious beliefs that devalue adults with disabilities. These beliefs manifest harmfully in both physical spaces—through inadequate accessibility features—and social structures, resulting in wage disparities, segregation, and institutionalization.

The compounding effects of ageism and ableism, particularly when intersecting with other forms of discrimination, amplify disparities among certain communities as we age. Addressing these intersecting challenges requires a comprehensive approach that recognizes how different forms of discrimination interact and amplify each other. **It demands solutions that go beyond one-size-fits-all approaches to actively dismantle systemic barriers and create truly inclusive, accessible communities where everyone can age with dignity and respect.**

GOAL 5

Elder & Disability Justice

Elder and disability justice requires social structures, systems, and policies that enable community engagement while protecting against all forms of abuse, neglect, and exploitation—whether physical, emotional, or financial.

Social isolation and loneliness, which often increase with age, can create conditions that lead to abuse. Many of the aforementioned IE-MPA efforts address these risks through comprehensive initiatives, such as transportation access and social support systems, working proactively to prevent isolation throughout the aging process.

Abuse, which can be intentional or unintentional, can occur in any setting, from private homes to care facilities, and can be perpetrated by family members, friends, healthcare providers, caregivers, or strangers.

Protecting older adults, adults with disabilities, and caregiver requires a multi-faceted approach that ensures individuals understand their rights and know how to access protective services (such as the Long-Term Care Ombudsman, Adult Protective Services, and legal assistance), while also training caregivers and service providers to recognize and report signs of abuse.

This comprehensive approach strengthens the network of protection and support for abuse victims, helping ensure justice and safety for all.



GOAL 5

SAFETY, RESPECT & EQUITY IN AGING

To promote safety, respect, and equity in aging, the Inland Coalition on Aging and partners commit to pursuing the following actions in the years 2025-2028.



The IE-MPA action teams will determine the inputs required for completing each objective. Activities that are currently in progress are listed in Appendix D.



Short-Term
6 months - 1 year



Medium-Term
1-2 years



Long-Term
1-3 years

STRATEGY ONE: Emergency Services

OBJECTIVE A: Older adults, adults with disabilities, and caregivers are prepared for emergencies and disasters.

- 1 Provide workshops and resources on emergency preparedness and planning across the aging, disability, and emergency services networks.
- 2 Investigate developing mutual aid arrangements for Inland Empire residents, particularly in rural areas, and share findings and recommendations.

OBJECTIVE B: Emergency services include older adults, adults with disabilities, and caregivers in emergency response planning and recovery.

- 1 Collaborate with the Riverside County and San Bernardino County Offices of Emergency Services and other organizations to ensure that emergency preparedness, response, and recovery plans address the unique needs of older adults, adults with disabilities, and caregivers.
- 2 Create an Emergency Response Task Force of organizations that provide emergency response services in the Inland Empire.

GOAL 5

SAFETY, RESPECT & EQUITY IN AGING



Short-Term
6 months - 1 year



Medium-Term
1-2 years



Long-Term
1-3 years

STRATEGY TWO: Equity & Respect

OBJECTIVE A: Aging, disability and caregiving service providers provide culturally responsive and equitable access to Inland Empire residents.

- 1 Develop equity and inclusion criteria that will ensure representation of diverse Inland Empire voices, including older adults and adults with disabilities, on all committees, workgroups, and commissions informing the Inland Empire Master Plan for Aging's implementation.
- 2 Identify best practices related to improving health and social equity in aging and promote via the Inland Coalition on Aging website and newsletters.
- 3 Assess the Inland Coalition on Aging's advocacy efforts on an annual basis, ensuring that its priorities advance equity in aging.

OBJECTIVE B: Improve data collection to provide a clear indication of existing inequities and disparities in the aging and disability services sector.

- 1 Explore data collection practices related to race, ethnicity, and sexual identity among aging and disability service providers, assessing for gaps to improve services for all older adults, adults with disabilities, and caregivers.
- 2 Assess feasibility and benefits of developing a publicly-facing Inland Empire Aging Well Data Dashboard with partners.

OBJECTIVE C: Address persistent ageist and ableist attitudes and assumptions.

- 1 Share the Reframing Aging framework across social service networks.
- 2 Host ageism and ableism trainings reaching social service providers.



GOAL 5

SAFETY, RESPECT & EQUITY IN AGING



Short-Term
6 months - 1 year



Medium-Term
1-2 years



Long-Term
1-3 years

STRATEGY THREE: Elder & Disability Justice

OBJECTIVE A: Older adults & adults with disabilities in nursing and care facilities are treated with dignity and respect.

- 1 Advocate to support and expand protections for older adults and adults with disabilities, including programs such as Long-Term Care Ombudsman, in the Inland Coalition on Aging's Advocacy Committee and ensuing years as needed.
- 2 Develop a strategic initiative to empower older adults and adults with disabilities through education of the public and providers on residents' rights.



OBJECTIVE B: Older adults, adults with disabilities, and caregivers are aware of and able to access legal services to meet their needs.

- 1 Develop a strategy to promote awareness of existing elder and disability justice resources.
- 2 Educate providers on legal resources specifically addressing the concerns of older adults, adults with disabilities, and caregivers so they may make the appropriate referrals.
- 3 Monitor the work of statewide advocacy coalitions and report back on any updates related to building capacity among California's legal services providers to prioritize equity and the rights of older adults, adults with disabilities, and caregivers.



GOAL 5

Partners Committed to Advancing Goal Five Include:

- *Advancare*
- *Inland Empire Community Health Initiative*
- *Aging and Disability Resource Connection of San Bernardino County*
- *Inland Empire Health Plan*
- *Aging and HIV Institute*
- *Inland SoCal United Way*
- *All Hours Adult Care, SPC*
- *InnovAge PACE*
- *Arosa*
- *LGBTQ Community Center of the Desert*
- *BelleRose Hospice*
- *Loma Linda University Health*
- *Black America Resource Directory*
- *Masters Medicare*
- *Cathedral City Senior Center*
- *Nu Grace Family Care*
- *City of Menifee Senior Advisory Committee*
- *Parkinson's Resource Organization*
- *Community Access Center*
- *Peace and Coffee Therapy Solutions*
- *Elder Love USA, Inc.*
- *Reach Out Morongo Basin*
- *Foothill AIDS Project*
- *Riverside County Behavioral Health Commission*
- *Independent Living Partnership*
- *Riverside County Foundation on Aging*
- *Inland Caregiver Resource Center*

(Continued on Next Page)

If your organization would like to contribute to these efforts, please contact us at info@inlandaging.org.

GOAL 5

Partners Committed to Advancing Goal Five Include:

- *Riverside County Office on Aging an Aging and Ability Resource Center*
- *Riverside University Health System - Behavioral Health*
- *Rolling Start Inc*
- *San Bernardino County Department of Aging and Adult Services - Public Guardian*
- *San Bernardino County Transportation Authority*
- *Valley Restart Shelter*
- *Virtual Nursing Home Resident Council*
- *West End Family Counseling Services*
- *Wise & Healthy Aging*

If your organization would like to contribute to these efforts, please contact us at info@inlandaging.org.



ACCOUNTABILITY & OVERSIGHT

The Inland Empire Master Plan for Aging is a dynamic blueprint for action, focused on measurable outcomes and clear accountability in creating an age- and disability-friendly region. Our approach leverages local leadership, strengthens partnerships, and actively incorporates community input to address challenges while building upon our region's existing strengths and resources.

The plan's implementation will be overseen by the Inland Coalition on Aging, who will create specialized action teams led by local subject matter experts. To ensure transparency and continuous improvement, the action teams will submit annual progress reports to the Inland Coalition on Aging. These reports will document accomplishments, address challenges, highlight new partnerships, and provide recommendations for refining or expanding planned actions. This structured approach ensures we maintain momentum while remaining responsive to our community's evolving priorities.



How to Stay Engaged in the IE-MPA

The Inland Empire Master Plan for Aging is designed to grow and adapt with our community's needs. Central to this adaptability is the ongoing engagement of older adults, adults with disabilities, caregivers, and service providers throughout our region. The Inland Coalition on Aging will establish a comprehensive community engagement strategy that creates structured opportunities for meaningful input throughout the plan's implementation.

We value your perspective. Whether through our formal engagement opportunities or direct communication, your insights will help shape the future of aging and disability services in the Inland Empire. Together, we can build a more inclusive and responsive support system for all residents.

To share your thoughts and ideas at any time, please contact info@inlandaging.org.



ACKNOWLEDGEMENTS

First and foremost, we would like to acknowledge The SCAN Foundation for their generous support during the planning and development phase of the Inland Empire Master Plan for Aging. We also thank the California Department of Aging, whose Local Aging & Disability Action Planning (LADAP) funding enabled the development of this plan and allowed us to benefit from the expertise of Pauline DeLange Martinez, PhD, MA, with the UC Davis Betty Irene Moore School of Nursing's Family Caregiving Institute.

We extend our sincere gratitude to the Board of Directors of the Inland Coalition on Aging for their unwavering dedication and guidance in the development of this plan. Their leadership, insights, and commitment to the well-being of older adults, adults with disabilities, and caregivers in the Inland Empire have been instrumental. We deeply appreciate their vision and support throughout this process.

The ICA is proud to have the Inland Empire designated as an Age-Friendly Community through AARP. Membership in the AARP Network of Age-Friendly Communities means that our elected leadership has made a commitment to actively work with us to make the Inland Empire an age-friendly place to live. This would not have been possible without the San Bernardino County Department of Aging and Adult Services - Public Guardian and Riverside County Office on Aging. Both Area Agencies on Aging spearheaded efforts to garner support from the San Bernardino County and Riverside County Board of Supervisors. We are excited to have both counties working together to make the ICA vision a reality: A community where older adults, adults with disabilities, and caregivers age well.





ACKNOWLEDGEMENTS

We would also like to show our appreciation to the Planning and Development Teams which consisted of the IE-MPA Advisory Committee, IE-MPA Workgroups, and Project Oversight and Support members. Each team worked closely in the development of the plan. We were very fortunate to have a devoted Advisory Committee representing local stakeholders in the development of the Preliminary IE-MPA Report referenced in Appendix A and the final IE-MPA. They have been involved since the project began in 2022. Their knowledge, lived experiences, input and advocacy guided our efforts and kept the project moving forward. This plan was shaped through the dedicated efforts of four stakeholder workgroups. We appreciate all participants who shared their expertise, resources, and insights into the Inland Empire's aging and disability landscape. For a full listing of individuals who formed part of each of these groups please see Appendix C.





ACKNOWLEDGEMENTS

We are extremely grateful to Inland Caregiver Resource Center (ICRC) who served as the project's fiscal agent and provided oversight and support. This project would not have been completed without the dedication and hard work of Carmen Estrada, Executive Director, Janelly Paramo, Executive Assistant, Krystal Perez, Education/Outreach Supervisor, and Jartiza Mendoza, Education/Outreach Coordinator. They have also been instrumental in the relaunching of the Inland Coalition on Aging. We look forward to continuing working with ICRC in the plan's implementation.

To our consultants, Amanda Lawrence, MPH, Elizabeth Bogumil, MA, PhDc, and Janelle Doll from Finest City Entertainment, we appreciate the wealth of knowledge and expertise you have shared with us. You all were key in elevating our project to a level we could not have imagined. Thank you for all of your guidance.

We would also like to highlight the support from the Community Access Center and Inland Empire Health Plan. They were instrumental in the planning of the annual convenings where we provided updates on the development of the plan.

And, finally, a special thanks to the sponsors of the The Inland Empire Master Plan for Aging: On the Road to Aging Well Conference held on Friday, September 27, 2024.

Presenting Sponsor: Inland Empire Health Plan

Diamond Sponsors: California Health Advocates, Hanna Interpreting Inc., Shield HealthCare

Supporting Sponsor: Inland Caregiver Resource Center

With their support we will be able to form the Action Teams that will work on implementation of the plan.

APPENDICES

Appendix A: Preliminary IE-MPA Report

The Inland Empire Master Plan for Aging (IE-MPA) Advisory Committee, along with key regional partners, developed an iteration of the IE-MPA to help Riverside and San Bernardino Counties better serve older adults, caregivers, and people with disabilities in the community. This report focuses primarily on the findings from a needs assessment conducted between August 2022 and April 2023 and includes key recommendations provided by community stakeholders and the IE-MPA Advisory Committee. For a complete copy of the report, please visit InlandAging.org/mpa.

Although adults with disabilities participated in the initial focus groups, their full lived experiences were not highlighted. As a result, an Adults with Disabilities Focus Group was conducted after this report was completed, therefore findings for that focus group were not included. Findings for the Adults with Disabilities Focus Group can be found in Appendix B.



Appendix B: Adults with Disabilities Focus Group Findings

To highlight the full lived experience of adults with disabilities, the Inland Coalition on Aging facilitated a focus group on May 30, 2024. The Adults with Disabilities Focus Group followed the same format and questions asked in the domain focus groups covered in Appendix A of the preliminary report. Below you will find the methods and findings of this focus group.

IE-MPA Disabilities Focus Group Findings

Facilitator - Elizabeth Bogumil, Ph.D. Candidate, MA

Methods

- 1.5-hour focus group on May 30, 2024 via Zoom
- Total # of Participants: 5 (1 woman, 4 men)
- All participants had varying forms of physical health and/or mental health diagnosis; many having multiple disabilities and diagnosis

Common Themes Surfaced

As participants shared their experiences, they all had similar feelings about aging, disability, and advocacy.

- Feelings about disability
 - Disabilities are not always seen by others
 - People reduce those with disabilities down to one dimension: their disability. This is not good if the individual who is disabled has multiple disabilities or other interests.
- Feelings about older adults and disability
 - Disabled people become seniors. Their disabilities do not disappear when they age
- Self-advocacy
 - A disabled individual needs to be a legal library to advocate for their rights - often times providers do not know the law or types of supports required

Appendix B: Adults with Disabilities Focus Group Findings

Housing

Housing must be affordable and accessible to fit current and changing needs as individuals age. Common needs related to housing include (but are not limited to): home maintenance and repair, help to find new housing, or help affording housing-related costs. Focus group participants addressed barriers to accessing affordable housing, independent living, and advocacy.

- Skilled Nursing Centers
 - Residents need to know their rights and self-advocate or have family/friends who know the rights and will strongly advocate for them
 - There can be a challenge with both advocating for your rights as a resident of a SNC as your care depends on the facility and they may retaliate - causing loss of housing, healthcare, and caregiving
 - Entering a nursing facility can mean losing all personal items in one's home
- Independent Living
 - A participant had a disability that was intermittent but very severe and unpredictable when it happens - they couldn't get approved for enough IHSS caregiving hours, a horrible situation happened when she was home alone, and now she has to live in a nursing facility even though she is fully functioning most of the time. They want to live independently.
 - Community Access Center provides support with single family home retrofitting for accessibility (ramps)
- Housing and transportation access are closely linked

Appendix B: Adults with Disabilities Focus Group Findings

Transportation

Transportation is an important piece for individuals to stay socially connected, access groceries, healthcare, and other services. Transportation can include driving, getting rides from friends or community volunteers, or accessing public transit such as buses, shuttles, or taxi services. During the conversation, participants discussed issues regarding walkability and access to resources.

- Sidewalks
 - Sidewalks are often not well maintained, causing potential hazards. Sidewalks and roads need to be upkept and accessible so especially those in motorized mobility aids can access public transportation or other amenities.
- Public Transit
 - For those living in the Desert, Sundial has been a necessary service
 - Waiting in heat for transit
- Driving Programs
 - Have gotten dropped off during lunch hours and had to wait in heat outside without seating
- Driving
 - Issues surrounding driving were not discussed in detail as the focus group participants frequently depended on others to drive for them.

Appendix B: Adults with Disabilities Focus Group Findings

Health

To age well, all Californians need access to health care, including primary and specialty care, urgent care, medications, labs and screening, vision and dental care, and home health care. Participants discussed unmet needs related to healthcare, and their suggestions to improve care in the Inland Empire.

- Unique Disability Challenges
 - Good days and bad with disabilities acting up
 - Being labeled ‘noncompliant’ can impact doctor’s willingness to treat you and insurance - may need to excessively articulate why certain compliance was not possible
 - Doctors (accessible by insurance) do not know how to treat (21 doctor teams)
- Many of the resources individuals received seemed to be linked to the disability diagnoses they received through the healthcare providers
 - This includes housing and transit access
- Wraparound services are important and need improvement
 - Shifts focus away from a traditional service-driven, problem-based approach to care and instead follows a strengths-based, needs-driven approach
 - Include case management and a planning team that supports individual’s choice, voice, strengths and needs
- Durable goods
 - Issues getting walkers through insurance - in person appointment but need walker to get there
- Corporate consolidation of healthcare has greatly impacted access to services - FTC active investigation
- Resources: Senior Medicare Patrol

Appendix B: Adults with Disabilities Focus Group Findings

Behavioral Health & Social Support

Along the lines of healthcare, the focus group participants also explored behavioral health services access and resources.

- Community
 - Disability communities can be exclusionary (e.g. not disabled enough or don't fit clearly in a discrete category)
 - The best communities are ones that don't care about disability but make space for it
- Resources
 - Together for Wellness - peer support
 - The Mighty - good for how to navigate devices & tech
- Behavioral/Mental Health
 - Mental health support groups require individuals to be available according to the groups schedule, not the individual's availability
 - Sports and adaptive activities can help with improving mental health
 - RSH has been great *except: group therapy not available unless emergency

Appendix B: Adults with Disabilities Focus Group Findings

Caregiving

When discussing caregiving, some focus group participants shared resources and mentioned their experience receiving care or planning to receive care in the future.

- Who is your caregiver
 - Skilled nursing facility staff
 - Live-in caregiver (in exchange for rent)
 - Blind individual: They feel independent. They want to be independent and do not think about caregiving but after discussing and thinking of the future, there is a desire to learn about more resources
- Caregiving Resources
 - Family or Word of mouth
 - Caring4Cal - paid to join care workforce as a CNA or Nurse
 - Caring across generations = \$1500 fellowships/stipend
 - Melinda Gates Domestic Workers Alliance
 - Chan Zuckerberg Initiative
- Paying for caregiving
 - One individual offers free housing to their caregiver in exchange for their caregiving support, driving, and being their 'eyes'

Appendix C: Planning and Development Teams

Inland Empire Master Plan for Aging (IE-MPA) Advisory Committee

To spearhead the development of the IE-MPA, an Advisory Committee was formed, comprising representatives from the two counties, local health systems, and community based organizations. Members met on a monthly basis and provided input on the development of the needs assessment, focus groups, recommendations, goals, strategies, and objectives of the plan. The Committee reported IE-MPA updates to the Inland Coalition on Aging (ICA) Board.

Below you will find the individuals involved in the IE-MPA Advisory Committee.

Co-Chairs

- Anna Swartz, Human Resources Specialist, Community Access Independent Living Center
- Carmen Estrada, Executive Director, Inland Caregiver Resource Center

Members

- Ben Jáuregui, Manager BH & CM Support Services Inland Empire Health Plan, San Bernardino County Senior Affairs Commissioner
- Hon. Cheryl Brown
- David Wilder, Senior Legislature with the California Senior Legislature
- Glenda Jackson, Assistant Director, San Bernardino County Department of Aging and Adult Services - Public Guardian
- Ha-young Park, Policy Program Administrator, Riverside County Office on Aging
- Jamiko Bell, Deputy Director, San Bernardino County Department of Aging and Adult Services-Public Guardian
- Jewel Lee, MSW, Director of Riverside County Office on Aging
- Kelly Watson, Steering Committee Member, Planning Ahead for LGBTQ+Seniors
- Nena McCullough, Recreation Lead, The Town of Yucca Valley Senior Center

(Continued on next page)

Appendix C: Planning and Development Teams

Members

- Renne Sanchez, Program Specialist II, Riverside County Office on Aging
- Shari Fleishman, Service Coordinator, Affordable Housing, previous member Riverside Commission on Aging
- Sondra Craddock, Regional Council on Aging Representative, Owner of The Living Room - Senior Home Care
- Steve Mehlman, Senior Senator and Member, California Senior Legislature, Founder Pass Area Senior Collaborative, member Riverside Advisory Council on Aging
- Susan Howland, Senior Director of Programs, Alzheimer's Association, California Southland
- Tanya Torno, Continuum of Care Deputy Director, Riverside County Housing and Housing Workforce Solutions

Appendix C: Planning and Development Teams

IE-MPA Workgroups

The Inland Coalition on Aging (ICA) established four specialized workgroups led by local experts. These groups spent six months developing concrete actions to transform our vision into reality. The workgroups focused on Housing, Transportation, Caregiving, Alzheimer’s Disease and Related Dementias, and Behavioral Health and Social Support. Although there was no workgroup focused on Safety, Respect, and Equity, these topics were extensively discussed in each workgroup and therefore Goal 5 was created.

Below you will find individuals involved in the development of the IE-MPA implementation goals, strategies, and objectives.

Housing Workgroup

Chairs

- Ben Jáuregui, DSW, MPA, Manager, Integrated Transitional Care, Inland Empire Health Plan, Board Chair, Inland Coalition on Aging
- Tanya Torno, MSW, Deputy Director, Continuum of Care Housing and Workforce Solutions

Participants

- | | | |
|---------------------|-------------------------|---------------------|
| • Amanda Lawrence | • Gil Torres | • Michele Wentworth |
| • Angela Rosato | • Gloria Sanchez | • Mischa Kennedy |
| • Ayako Utsumi | • Jane DuBois | • Pamela Bergman |
| • Cameron Stewart | • Janely Paramo | • Rishad Mitha |
| • Carmen Estrada | • Janeth Badillo-Mendez | • Sue Yoakum |
| • David Wilder | • Janice Simmons | • Susana Rhoades |
| • Dawn Quigg | • Jaritza Mendoza | • Tabatha Sebastian |
| • Don Smith | • Javier H. Lopez | • Tameka Ferguson |
| • Elizabeth Bogumil | • Jennifer O'Farrell | • Za Zette Scott |
| • Ernest Reguly | • Juana Gonzalez | • Zuly Martinez |
| • Faustino Alvarez | • Kevin Mahany | |
| • Gail Kunz | • Marie Vernon | |

Appendix C: Planning and Development Teams

Transportation Workgroup

Chairs

- Heather Menninger, President, AMMA Transit Planning

Participants

- | | | |
|--------------------|----------------------|---------------------|
| • Amanda Lawrence | • Elizabeth Bogumil | • Marie Vernon |
| • Amy Sand | • Gloria Sanchez | • Michele Wentworth |
| • Carmen Estrada | • Ivet Woolridge | • Nancy Strickert |
| • Cheryl Brown | • Janely Paramo | • Otis Greer |
| • Christian Galvez | • Jaritza Mendoza | • Robin Schlosser |
| • David Wilder | • Jennifer O'Farrell | |

Caregiving and Alzheimer's Disease & Related Dementias Workgroup

Chairs

- Carmen Estrada, MPA, Executive Director, Inland Caregiver Resource Center
- Susan Howland, MSG, Senior Director of Programs, Alzheimer's Association California Southland

Participants

- | | | |
|---------------------|-------------------|---------------------|
| • Adrian Armstrong | • Grant Jahner | • Ling Hwang |
| • Adrian Zavala | • Janely Paramo | • Lola Ramos |
| • Alva Dominguez | • Jaritza Mendoza | • Mariane Gantino |
| • Amanda Lawrence | • Jason Billeter | • Michele Wentworth |
| • Angela Rosato | • Jason Taylor | • Rebecca Nava |
| • Claudia Roman | • Jeffrey Laguna | • Sam Cradduck |
| • David Wilder | • Judith Martinez | • Tracy Bennett |
| • Elizabeth Bogumil | • Leezett Casal | • Trisha Campbell |
| • Gloria Sanchez | • Linda Barrack | |

Appendix C: Planning and Development Teams

Behavioral Health and Social Support Workgroup

Chairs

- Alyce Belford-Saldana, PhD, Deputy Director, 24-Hour and Specialty Services, and Adult Justice Involved and Diversion Services, San Bernardino County Department of Behavioral Health
- Georgina Yoshioka, DSW, LCSW, MBA, Director, San Bernardino County Department of Behavioral Health
- Glenda Jackson, Assistant Director-Public Guardian, San Bernardino County Department of Aging and Adult Services
- Karen Sadewater, Psy.D, LMFT, Mental Health Program Manager II, San Bernardino County Department of Aging & Adult Services- Public Guardian, Age Wise Program
- Tony Ortego, MA, LMFT, Behavioral Health Services Administrator, Older Adult Integrated System of Care, Riverside University Health System - Behavioral Health

Participants

- | | | |
|-----------------------|-------------------------|--------------------|
| • Alice Kirk | • Christopher Contreras | • Janely Paramo |
| • Alma Valdez-Carreón | • Cynthia Peterson | • Jaritza Mendoza |
| • Amanda Lawrence | • Dakota Brown | • Kelly Watson |
| • Antonia Villasenor | • David Wilder | • Liane Hewitt |
| • Barbara Mitchell | • Elizabeth Bogumil | • Marybel Valadez |
| • Carmen Estrada | • Gloria Sanchez | • Miley Munoz |
| • Cheryl Belton | • Hazel Lambert | • Shannan Bates |
| • Christina Entz | • Jane DuBois | • Victoria Stephan |

Project Oversight and Support

Inland Caregiver Resource Center (ICRC) administered funds and provided project oversight for the grant awarded to the Inland Coalition on Aging for the development of the local IE-MPA. The agency is a private, non-profit, tax-exempt, 501(c)3 organization and is an independent member of the network of Caregiver Resource Centers established statewide. Its mission is to help families and communities cope with and manage the challenges of aging and caregiving.

Appendix C: Planning and Development Teams

Project Oversight and Support

ICRC staff coordinated meetings, events, presentations, and community engagement activities in support of the development of the local plan and also in the re-launching of the ICA. The agency worked closely with project consultants to fulfill LADAP contract requirements and meet ICA goals.

ICRC Staff

- Carmen Estrada, Executive Director - Managed project, coordinated/facilitated focus groups, conducted presentations, helped facilitate workgroups, provided input in the development of the plan and implementation action teams, and helped write/edit the final plan. Worked closely with the Advisory Committee, Workgroups, and consultants.
- Janelly Paramo, Executive Assistant - Assisted ICRC Executive Director with managing projects, coordinated meetings, wrote meeting minutes, provided input in the development of the plan and implementation action teams, and assisted in writing/editing the final plan. Worked closely with the Advisory Committee, Workgroups, and consultants.
- Krystal Perez, Education/Outreach Supervisor - Assisted in event planning and outreach for the IE-MPA and ICA.
- Jaritza Mendoza, Education/Outreach Coordinator - Assisted in event planning and outreach for the IE-MPA and ICA.

Consultants

- Amanda Lawrence, MPH - Conducted research, analyzed data, conducted presentations, facilitated workgroups, provided input in the development of the plan and implementation action teams, and wrote/editing the final plan.
- Elizabeth Bogumil, MA, PhDc - Developed needs assessment, coordinated/facilitated focus groups, conducted research, analyzed data, conducted presentations, wrote reports on findings, facilitated workgroups, provided input in the development of the plan and implementation action teams, and assisted in writing/editing the final plan.
- Janelle Doll, Finest City Entertainment - Developed marketing assets for the project which consist of the ICA website, marketing toolkit, community live streams, and design of the IE-MPA.

Appendix D: Activities Currently in Progress

The ICA has started to partner with coalition members and other partner organizations to begin the implementation of the IE-MPA. The activities listed below are currently in progress.

GOAL ONE: HOUSING AS HOME & HEALTHCARE

- *Strategy 1 Objective B Activity 4* Host trainings with navigation organizations, to build staff's capacity to provide referrals and navigation support.
- *Strategy 1 Objective C Activity 1* Advocate for federal, state, and county housing support for family and friend caregivers who are in financial need.
- *Strategy 2 Objective A Activity 3* Advocate for policies and initiatives that support the integration of housing and LTSS systems, improve affordability and accessibility of services, and protect the rights of older adults and adults with disabilities during housing transitions.
- *Strategy 2 Objective B Activity 1* Advocate for increased Home & Community-Based Services, including RCFE's.
- *Strategy 2 Objective C Activity 2* Unite and mobilize advocacy organizations to join the Inland Coalition on Aging's advocacy efforts.

GOAL TWO: TRANSPORTATION FOR ALL AGES, ABILITIES & REGIONS

- *Strategy 1 Objective A Activity 1* Inland Coalition on Aging representatives will attend San Bernardino County's quarterly Public and Specialized Transportation Advisory and Coordination Council (PASTACC) meetings, seeking participation as an agency representative voting member.
- *Strategy 1 Objective B Activity 3* Participate in and promote each county's Coordinated Public Transit-Human Services Transportation Plan outreach during FY 24/25, including pursuing "summit" concepts to bring transit agencies together with stakeholder agencies and consumers.
- *Strategy 2 Objective A Activity 2* Encourage the development of transit information with user-centered instruction on finding and using available public transportation.
- *Strategy 2 Objective B Activity 1* Compile and assess marketing assets used by San Bernardino County Transportation Authority (SBCTA) and Riverside County Transportation Commission (RCTC) for age and disability accessibility.

Appendix D: Activities Currently in Progress

GOAL THREE: CAREGIVING, ALZHEIMER'S DISEASE & RELATED DEMENTIAS

- *Strategy 1 Objective A Activity 3* Partners will develop and host trainings on topics such as LTC programs and estate/financial planning.
- *Strategy 1 Objective B Activity 1* The Inland Coalition on Aging will develop coordinated advocacy efforts focused on strengthening and expanding LTC services, such as adult day centers, direct care workers, residential care, home health, home transitions, palliative care, hospice care, institutional care, Medi-Cal In-Home Supportive Services, and caregiver support services.
- *Strategy 1 Objective B Activity 2* Develop and host LTC advocacy trainings for professionals and caregivers.
- *Strategy 2 Objective B Activity 1* Educate healthcare and service providers on existing caregiver support programs, as well as the necessary tools to provide appropriate referrals.

GOAL FOUR: AGE- AND DISABILITY-FRIENDLY BEHAVIORAL HEALTH & SOCIAL SUPPORT

- *Strategy 1 Objective A Activity 1* Educate elected officials on the needs of older adults, adults with disabilities, and caregivers.
- *Strategy 1 Objective B Activity 1* Identify public champions with lived experience to share their stories to reduce stigma
- *Strategy 3 Objective A Activity 2* Inland Coalition on Aging will partner with county behavioral health departments and service providers to provide staff training.

Appendix D: Activities Currently in Progress

GOAL FIVE: SAFETY, RESPECT & EQUITY IN AGING

- *Strategy 1 Objective A Activity 1* Provide workshops and resources on emergency preparedness and planning across the aging, disability, and emergency services networks.
- *Strategy 2 Objective A Activity 3* Assess the Inland Coalition on Aging's advocacy efforts on an annual basis, ensuring that its priorities advance equity in aging.
- *Strategy 2 Objective C Activity 2* Host ageism and ableism trainings reaching social service providers.
- *Strategy 3 Objective A Activity 1* Advocate to support and expand protections for older adults and adults with disabilities, including programs such as Long-Term Care Ombudsman, in the Inland Coalition on Aging's Advocacy Committee and ensuing years as needed.
- *Strategy 3 Objective B Activity 2* Educate providers on legal resources specifically addressing the concerns of older adults, adults with disabilities, and caregivers so they may make the appropriate referrals.

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