



VENTURA
COUNTY
AREA
AGENCY ON
AGING

2012 – 2016 STRATEGIC PLAN FOR VENTURA COUNTY



FY 2012-2016 Area Plan | Ventura County Area Agency on Aging

Older Americans Act of 1965
Declaration of Objectives

The Congress hereby finds and declares that, in keeping with the traditional American concept of the inherent dignity of the individual in our democratic society, the older people of our Nation are entitled to, and it is the joint and several duty and responsibility of the governments of the United States, of the several States and their political subdivisions, and of Indian tribes to assist our older people to secure equal opportunity to the full and free enjoyment of the following objectives:

- 1) An adequate income in retirement in accordance with the American standard of living.
- 2) The best possible physical and mental health which science can make available and without regard to economic status.
- 3) Obtaining and maintaining suitable housing, independently selected, designed and located with reference to special needs and available at costs which older citizens can afford.
- 4) Full restorative services for those who require institutional care, and a comprehensive array of community-based, long-term care services adequate to appropriately sustain older people in their communities and in their homes, including support to family members and other persons providing voluntary care to older individuals needing long-term care services.
- 5) Opportunity for employment with no discriminatory personnel practices because of age.
- 6) Retirement in health, honor, dignity—after years of contribution to the economy.
- 7) Participating in and contributing to meaningful activity within the widest range of civic, cultural, educational and training and recreational opportunities.
- 8) Efficient community services, including access to low cost transportation, which provide a choice in supported living arrangements and social assistance in a coordinated manner and which are readily available when needed, with emphasis on maintaining a continuum of care for vulnerable older individuals.
- 9) Immediate benefit from proven research knowledge which can sustain and improve health and happiness.
- 10) Freedom, independence, and the free exercise of individual initiative in planning and managing their own lives, full participation in the planning and operation of community based services and programs provided for their benefit, and protection against abuse, neglect, and exploitation.

(42 U.S.C. 3001)

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“It is not by muscle, speed, or physical dexterity that great things are achieved, but by reflection, force of character, and judgment; and in these qualities old age is usually not only not poorer, but is even richer”

Cicero--106-43 B.C.

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Executive Summary

On January 11, 2012, the Ventura County Area Agency on Aging (VCAAA) celebrated its 32th year of providing service to Ventura County residents age 60 and over. Those that have come before us have left a rich tradition of providing innovative and cost effective services in the most adverse of times. From initial funding of \$719,000 and a staff of four, the VCAAA has grown to a staff of 20 and yearly funding in excess of \$4 million.

VCAAA is the principal agency in Ventura County charged with the responsibility of:

- promoting, developing and implementing a comprehensive coordinated system of care that enables older individuals and their caregivers to live in a community-based setting;
- advocating for the needs of those 60 years of age and older in the county; and
- providing leadership and promoting citizen involvement in the planning process, as well as in the delivery of services.

This Strategic Plan is our blueprint of how we plan to accomplish this charge given a growing and aging population and stagnant funding. As the VCAAA moves forward, funding and the demographics of the aging community continue to change. This plan provides a clear direction, goals, objectives, benchmarks and a framework to assist staff in prioritizing, meeting state and federal program mandates, meeting the needs of seniors and caregivers and assuring effective use of taxpayer dollars. As with each prior year, updated census data, feedback from consumers and other key stakeholders, funding constraints, and changes in program rules and regulations have been factored into the planning process.

In FY 2012-2016, the following strategic goals will guide your VCAAA:

- Older adults in Ventura County will have access to the resources and services that will enable them to maintain their health, safety, dignity and quality of life.
- Eligible family caregivers will have access to resources and services to ease the emotional and physical strain of caregiving and to support them in their efforts to care for their loved ones.
- VCAAA will be an identifiable leader and advocate for older adults, caregivers and services providers.
- VCAAA will identify and address the emerging and changing needs of the 60+ population as well as Baby Boomers (born 1946-1964).

Philosophical constructs aside, this document also contains numerous supporting documents and tables containing socioeconomic and demographic factors that impact the development of the plan. These factors include population growth and change, population composition, and economic security standards. Additionally, the plan addresses challenges and opportunities and highlights the state and federal mandates relating to VCAAA programs.

Each goal and objective of the of the plan is designed to be results oriented with VCAAA management engaged in tracking the progress toward each goal and objective through a series of performance measures. Information gained will be used to assess progress and will serve as critical input for future planning to ensure continued improvement.

VCAAA staff and its Advisory Council are dedicated to continuing a structured and collaborative strategic planning process. The plan is a guide for our future. It reflects the vitality of the VCAAA and the commitment of our Advisory Council, grantees, community partners and staff to support those we serve: the older adults of Ventura County.

As we reflect on our past, we look forward to our future and the exciting opportunities presented by this Strategic Plan and to its promise of the Ventura County Area Agency on Aging serving as a model for excellence and effectiveness of services and programs for older adults.

Darlene Benz
Chair, VCAAA Advisory Council
FY 2011-2012

Victoria Jump
Director, VCAAA

SECTION 1 - MISSION STATEMENT

The Ventura County Area Agency on Aging, an agency of the County of Ventura, is the principal agency in Ventura County charged with the responsibility to promote the development and implementation of a comprehensive coordinated system of care that enables older individuals and their caregivers to live in a community-based setting and to advocate for the needs of those 60 years of age and older in the county, providing leadership and promoting citizen involvement in the planning process as well as in the delivery of services.

VCAAA Mission¹

The Ventura County Area Agency on Aging's mission is to serve Ventura County's aged 60+ population and to:

- Provide leadership in addressing issues that relate to older Californians;
- Develop community-based systems of care that provide services which support independence within California's interdependent society, and which protect the quality of life of older persons and persons with functional impairments;
- Enhance and support existing community based service providers systems of care; and
- Promote citizen involvement in the planning and delivery of services for Ventura County's older population and their caregivers.

This mission is accomplished through a network of education, advocacy, problem solving, program planning, and funding.

Vision

VCAAA envisions that it will be the focal point of aging in the county, identifiable to seniors and caregivers; a leader in the aging industry that is innovative and responsive to the changing and varied needs of older adults.

"To Serve.
To Guide. To
Envision."

VCAAA
Motto

This vision, the mission statement and our core values shape the development and direction of the VCAAA.

In order to serve Ventura County's 60+ population and their caregivers and to provide guidance as we envision the future, the VCAAA is guided by a set of **core values** that drive the Agency. The core values are:

- **Put People First** – All our actions must benefit Ventura County residents aged 60+ (and their caregivers) especially those who are underserved, vulnerable, isolated and/or living with special needs.

¹ California Code of Regulations, Title 22, requires specific wording to be used in the agency's mission statement.

- **Self Determination** – VCAA will promote and encourage the practice of self determination and person centered approaches in providing services
- **Accountability** – Through leadership and stewardship, being accountable for VCAAA's programs and the efficiency, cost effectiveness and quality of services provided. These services will be provided in a transparent and open manner.
- **Integrity** – All services whether provided by VCAAA or grantees will be delivered with integrity. Programs will also be in compliance with legal, fiscal, and program mandates.
- **Collaboration** – VCAAA will create useful, effective forms of collaboration with partners in the areas of service development and delivery, leveraging resources, research, evaluation and management.
- **Respectful and Supportive Work Environment** – VCAAA encourages creativity, diversity, innovation, teamwork, accountability, continuous learning, trust, and the highest ethical standards.
- **Accessibility** – Develop programs that are inclusive and available to all older adults as well as their caregivers throughout Ventura County. Programs will be culturally appropriate, responsive and reflective of the diverse nature of the senior community.
- **Neutrality** – VCAAA staff will provide information and services in a non-biased, accurate, reasonable, accountable and timely manner.
- **Responsive and Innovative** – VCAAA is responsive and innovative in identifying and addressing the changing needs of the community.

SECTION 2 - DESCRIPTION OF THE PLANNING AND SERVICE AREA



Planning and Service Area (PSA) 18 is a single county planning and service area consisting entirely of Ventura County. The county was formed in 1873 from Santa Barbara County. Native inhabitants were the Chumash Indians. Early Spanish settlers called the area “the land of everlasting summers.”

Ventura County is located in west-central California along the Pacific Ocean. Neighboring counties include Santa Barbara County to the northwest, Kern County to the northeast and Los Angeles County to the south and east. The county's western and southwestern borders are on the Pacific Ocean with 43 miles of coastline that includes 7.5 miles of coastline for public beaches and 411 acres State beach parks.

The total area of the county is 2,208 square miles, which includes 1,845 square miles of land and 363 square miles of water. In the state, the county ranks 26th out of 58 in land size. Mountain ranges, forests, agricultural plains, valleys and beaches dominate the

topography. The Los Padres National Forest comprises most of the northern half of the county; thus population centers are in the southern portion of the county.

Two of the eight Channel Islands are part of Ventura County: Anacapa Island and San Nicholas Island. Located eleven miles southwest of Oxnard, the 699-acre Anacapa Island is one of five islands that comprise Channel Islands National Park, a wilderness preserve and marine sanctuary. San Nicolas Island is 65 miles from Oxnard making it the most remote of the Channel Islands. Consisting of 22.7 square miles, the island is owned and operated by the United States Navy.

Ventura County's largest bodies of water are two large human-made lakes that provide recreation and serve as reservoirs. They are Lake Casitas (about ten miles inland, north of Ventura and west of Ojai) and Lake Piru (about 40 miles inland, west of Fillmore and the unincorporated area of Piru and bordering Los Angeles County.) The Santa Clara River is the principal waterway and the Ventura River is a secondary waterway.

The northern portion of the county consists primarily of coniferous forests, chaparral and rugged inaccessible mountain areas. The Los Padres National Forest occupies 860 square miles or 46.6% of the land area. It includes the Chumash Wilderness (38,150 acres), the Sespe Wilderness (219,700 acres), and the Matilija Wilderness (29,600 acres). The county's elevation runs from sea level to its highest peak, Mount Pinos, at 8,831 feet followed by Frasier Mountain at 8,017 feet.

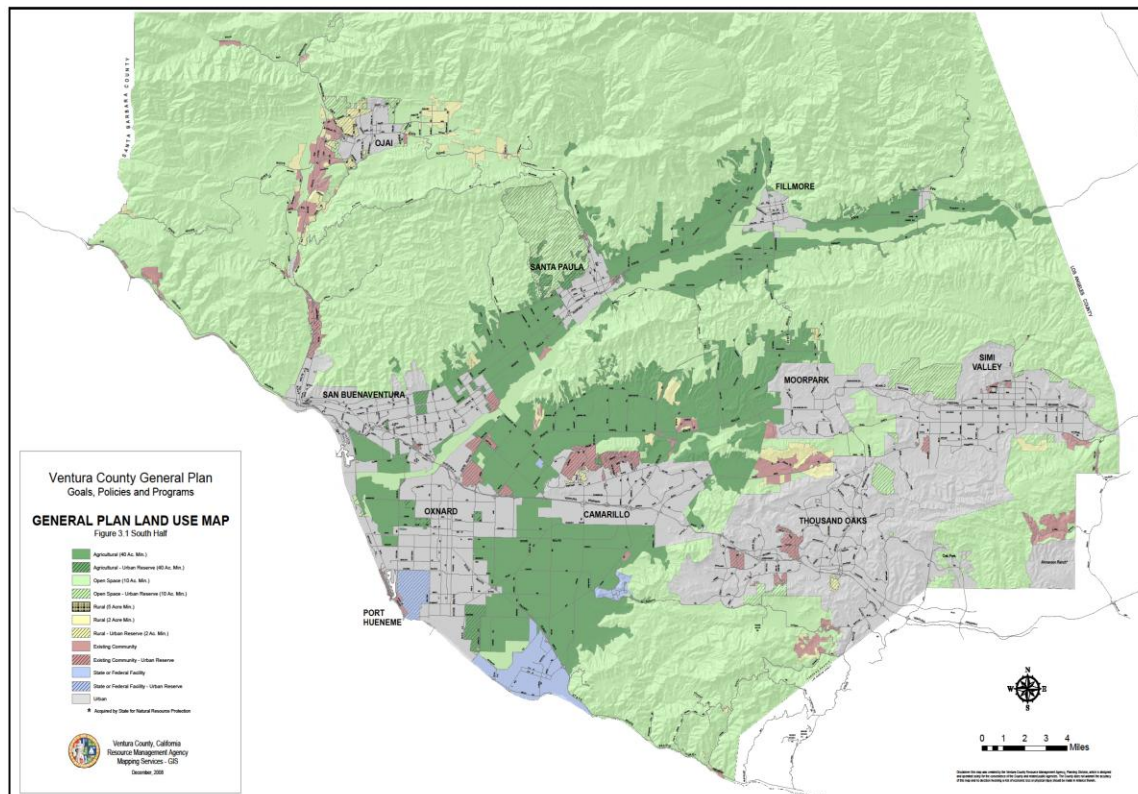
The Topa Topa Mountains around Ojai, the Santa Susanna Mountains in the Simi Valley area, the Santa Monica Mountains in the southeastern section, and South Mountain of Santa Paula have created many fertile valleys and plains, making Ventura County one of the top agricultural producers in California.

With 43 miles of coastline, Ventura County has two recreational and fishing harbors: Ventura Harbor and Channel Islands Harbor; and hosts the Port of Hueneme, the only deep water harbor between Los Angeles and the San Francisco Bay. The port services international businesses and ocean carriers and has a high cargo throughput of automobiles, fresh fruit and produce, and is the primary support facility for the offshore oil industry.

Along the coast there are two United States Navy bases: The Naval Air Station at Point Mugu (adjacent to Oxnard and Camarillo) and the Naval Construction Battalion Center in Port Hueneme, which supports the naval construction force known as the Seabees.

There are ten unincorporated cities and all are located in the southern half of the county. In western Ventura County, Ojai is inland in the mountains on Highway 33; Ventura, Port Hueneme, and Oxnard border Highway 101 and the ocean with the natural border of the Santa Clara River dividing Ventura from the other two cities; Camarillo, also on Highway 101, rests slightly inland and its south end borders the Conejo Grade, which serves as a natural divider between western and eastern Ventura

County; Santa Paula and Fillmore are respectively 16 and 25 miles inland on Highway 126. In inland eastern Ventura County, Thousand Oaks borders Highway 101 as it leads into Los Angeles; and Simi Valley and Moorpark are further inland to the northeast.



Major avenues of transportation include Highways 1, 23, 33, 34, 101 (the major route that runs along the coast, north to Santa Barbara and south to Los Angeles), 118, 126 (the major route that runs east from the coast in Ventura to the Los Angeles County line and intersects with Interstate 5), 150, and 232.

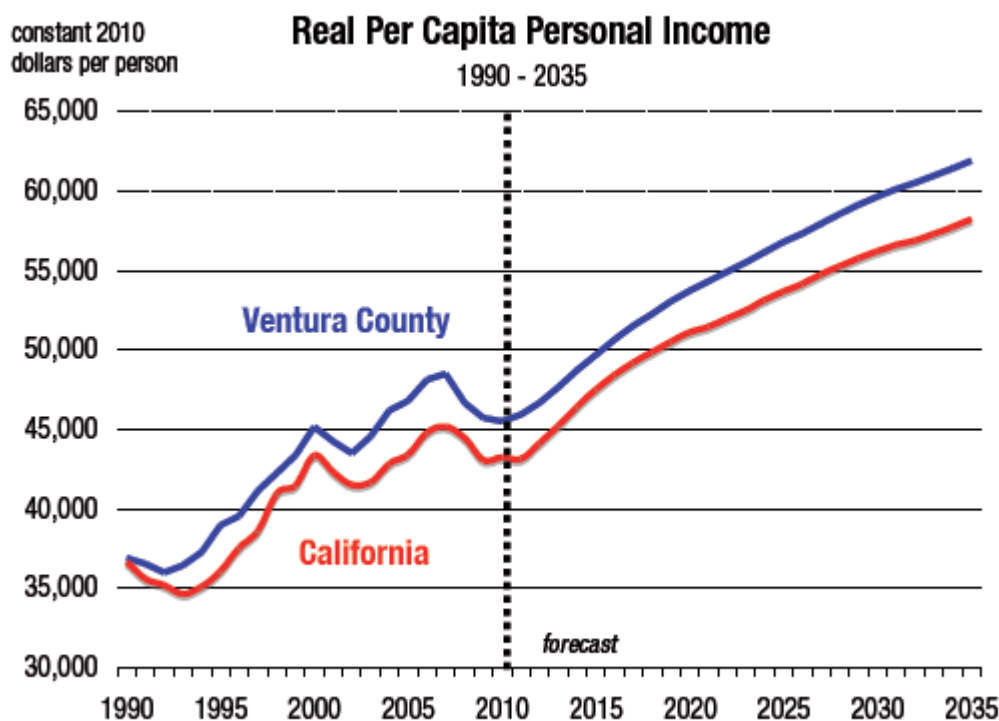
County railway service includes passenger service on Amtrak and frequent rail service by Southern Pacific and Ventura County Railway Company. There are both public and private transit companies operating in Ventura County. Metrolink provides commuter service from the eastern portion of the county to Los Angeles.

Ventura County has primarily a Mediterranean climate with an average annual temperature of 74 degrees F. There are six micro-climates, each has its own weather pattern. Average annual rainfall varies from 14 to 22 inches depending upon the area.

Economic Characteristics²

Ventura County is known as the “Gold Coast” because of its scenic beauty, fertile lands, and Mediterranean-type climate. Tourists and homebuyers alike enjoy the climate and lifestyle of Ventura County. However, with the current economic recession, home prices and employment have fallen. The principal employment clusters in Ventura County are biotechnology, information technology, agriculture, healthcare services, financial services, and the U.S. Navy. Amgen, the largest private employer in the county has downsized by over 2,100 workers since 2007. Another very large employer, Countrywide, merged with Bank of America and consolidated. The U.S. Navy (Point Mugu and Port Hueneme naval bases) and the County government are the largest public employers, though naval employment is expected to continue downsizing over time.

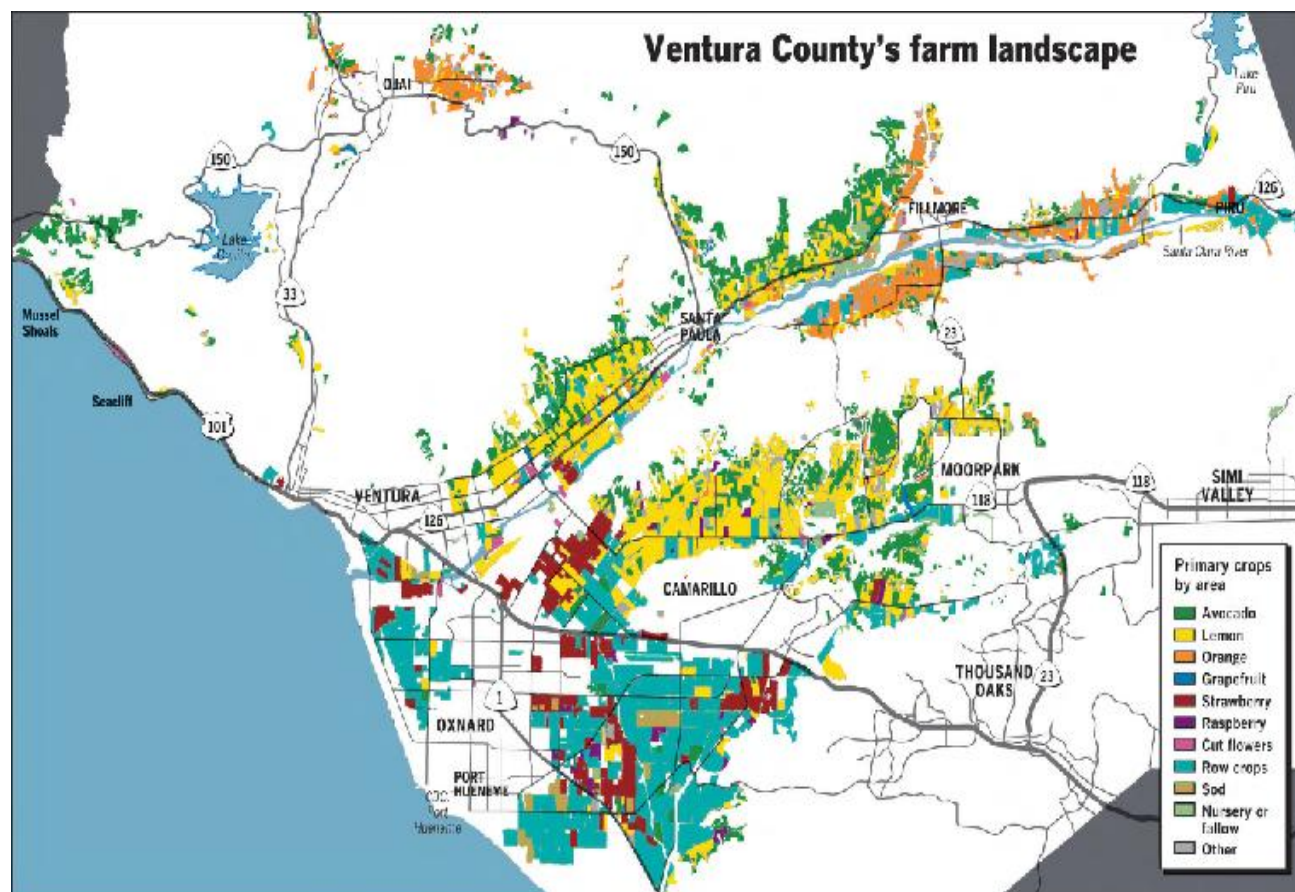
Ventura County has a population of 825,000 people and more than 296,800 wage and salary jobs. The average salary per worker is \$58,389, while per capita income is \$45,494.



Average salaries adjusted for inflation are currently below the California state average after falling sharply beginning in 2006 due to layoffs in high paying sectors. Salaries remain slightly below the California average throughout the forecast. Real average salaries are expected to rise an average of 1.3 percent per year from 2011 to 2016.

² http://www.dot.ca.gov/hq/tpp/offices/eab/socio_economic_files/2011/Ventura.pdf

The leading agriculture commodities are fresh strawberries, nursery stocks, lemons and celery. Strawberries remain the county's most valuable crop, bringing in \$542 million in gross revenues in 2010. The farm sector currently employs over 24,000 workers, or 8 percent of total employment. Annual agricultural crop production is at record levels, exceeding \$1.6 billion in value.



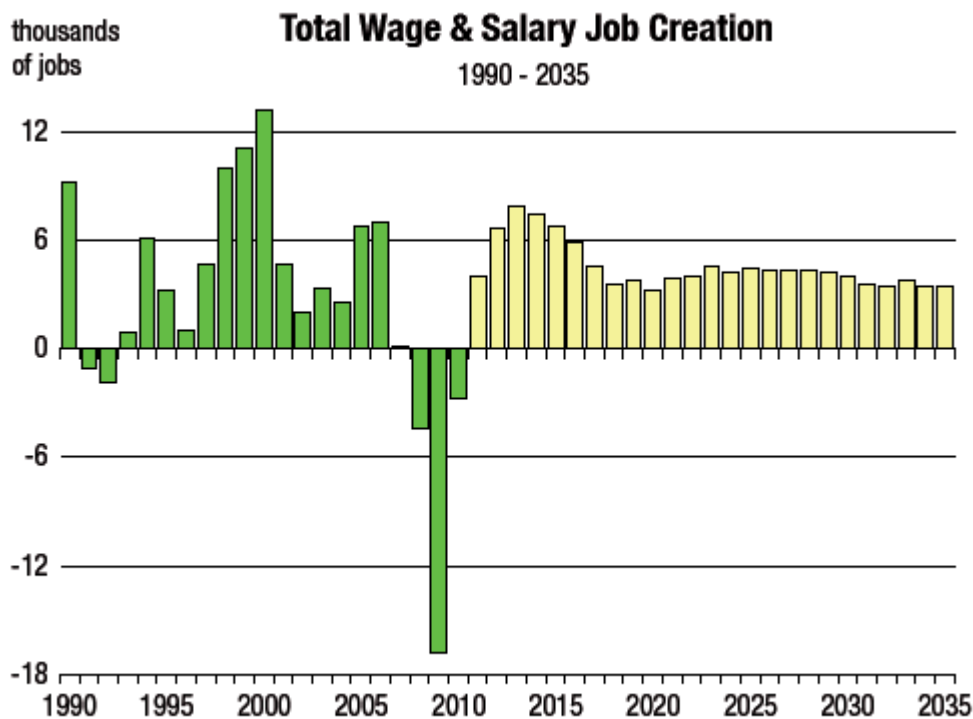
In terms of gross revenues, the other top 10 crops are:

- Celery: \$182 million
- Nursery stock: \$180 million
- Lemons: \$175 million
- Raspberries: \$167 million
- Avocados: \$148 million
- Tomatoes: \$120 million
- Cut flowers: \$47 million
- Peppers: \$45 million
- Valencia oranges: \$28 million

Ventura County ranked No. 8 among California counties in total crop value in 2009, according to the California Department of Food and Agriculture. The most recent national data put Ventura County at No. 10 among all counties in the United States.

According to the most recent Census of Agriculture, conducted every five years by the National Agricultural Statistics Service, Ventura County had 2,437 farms in 2007. The agency defines a farm as an operation that produces at least \$1,000 worth of products in a year.

Across Southern California job loss continued for the fourth straight year in 2011, though the rate of decline was much lower than in 2009. During 2010, 2,800 total jobs were lost in Ventura County, representing a growth rate of -0.9 percent. The unemployment rate increased to 10.7 percent. In January 2012, the unemployment rate for the county decreased to 9.7%, well below the 11% one year prior. The California Economic Forecast estimated that the region has added 5,300 jobs since February 2010, and 1,400 of them were added in 2011. The January 2012 US unemployment rate was 8.3% (seasonally adjusted).



Employment growth is forecast to be strongest in professional services, retail trade, construction, leisure, and healthcare and education. These sectors will grow by at least 3,000 jobs between 2011 and 2016, and together account for 64 percent of total wage and salary job creation.

Projected Economic Growth (2011-2016)	
Expected retail sales growth:	25.6 %
Expected job growth:	11.5 %
Fastest growing jobs sector:	Construction
Expected personal income growth:	16.3 %
Expected population growth :	5.4%
Net migration to account for:	35.2%
Expected growth in the number of vehicles:	8.5%

Population Characteristics

The largest city in the county is Oxnard, which grew 16.2 percent between the 2000 and 2010 census. Most future housing production (and non-residential building) will occur in the western portion of the county, particularly in Oxnard.

Geography	Total Pop.	Male	Female	Ave. HH size	Persons Age 55+	Persons Age 60+	Persons Age 65+
Ventura County³	823,318	408,969	414,349	3.04	189,785	138,621	96,309
Bell Canyon CDP	2,049	1,030	1,019	3.10	653	418	250
Camarillo city	65,201	31,535	33,666	2.64	19,191	14,931	11,202
Casa Conejo CDP	3,249	1,651	1,598	3.28	702	523	374
Channel Islands Beach CDP	3,103	1,637	1,466	2.30	981	672	439
El Rio CDP	7,198	3,719	3,479	4.41	1,249	904	662
Fillmore city	15,002	7,494	7,508	3.57	2,906	2,157	1,551
Lake Sherwood CDP	1,527	749	778	2.74	572	394	246
Meiners Oaks CDP	3,571	1,715	1,856	2.78	939	669	459
Mira Monte CDP	6,854	3,306	3,548	2.44	2,562	1,955	1,449
Moorpark city	34,421	17,090	17,331	3.28	6,408	4,073	2,455
Oak Park CDP	13,811	6,641	7,170	2.68	3,098	1,919	1,173
Oak View CDP	4,066	2,033	2,033	2.87	1,034	670	416
Ojai city	7,461	3,425	4,036	2.34	2,678	2,006	1,433
Oxnard city	197,899	100,389	97,510	3.95	33,338	23,882	16,418
Piru CDP	2,063	1,064	999	3.94	349	244	155
Port Hueneme city	21,723	11,030	10,693	2.95	4,428	3,337	2,386
Ventura city	106,433	52,592	53,841	2.57	27,351	20,161	14,163
Santa Paula city	29,321	14,795	14,526	3.50	5,835	4,357	3,099
Santa Rosa Valley	3,334	1,635	1,699	3.00	1,177	813	498

³ California Department of Finance Census 2010, Demographic Research Unit
Demographic Profile Summary File, State Census Data Center Generated on 5/12/2011

CDP							
Santa Susana CDP	1,037	532	505	2.55	271	162	94
Saticoy CDP	1,029	537	492	3.93	166	124	91
Simi Valley city	124,237	61,043	63,194	3.00	27,690	19,608	13,177
Thousand Oaks city	126,683	61,989	64,694	2.73	34,994	26,443	18,564

Demographics (2011)

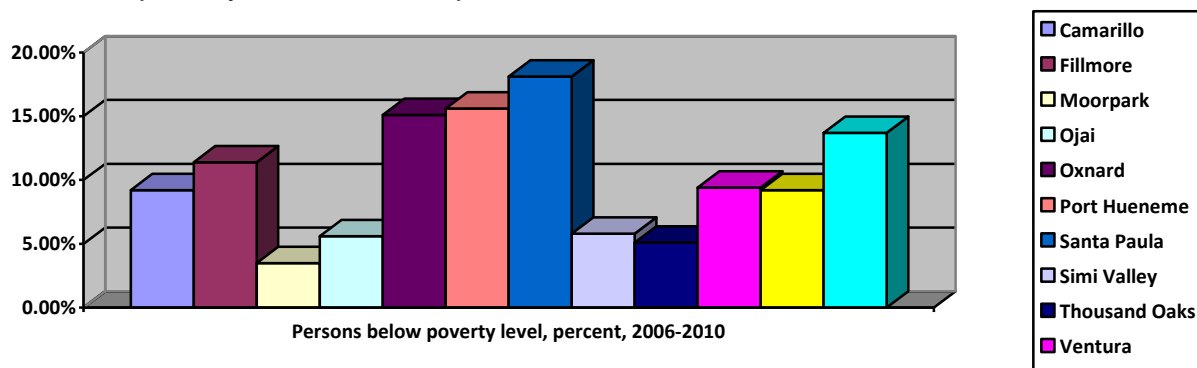
Unemployment rate (June 2011):	10.3
County Rank ⁴ in California (58 counties):	11 th
Working age (16-64) population:	64.8%
Population with a Bachelors degree or higher	30.7%
Median home selling price:	370,000
Median household income:	\$72,474

Quality of Life (2011)

Violent Crime Rate (2009)	242 per 100,000 persons
County rank ⁵	8 th
Average Commute time to work (2011)	26.7 minutes
High school Dropout rate (2009):	14.7
Households at/below poverty level:	6.9%

Poverty level⁶

In 2011 the poverty rate for the county (9.2%) was lower than the California Average (13.7%). The city with the highest poverty rate was Santa Paula at 18.1% and the city with the lowest poverty rate was Moorpark at 3.5%.



⁴ The County ranked 1st corresponds to the lowest rate in California, June 2011.

⁵ The county ranked 1st corresponds to the lowest rate in California

⁶ US Census, Quick Fact Sheets, 2011

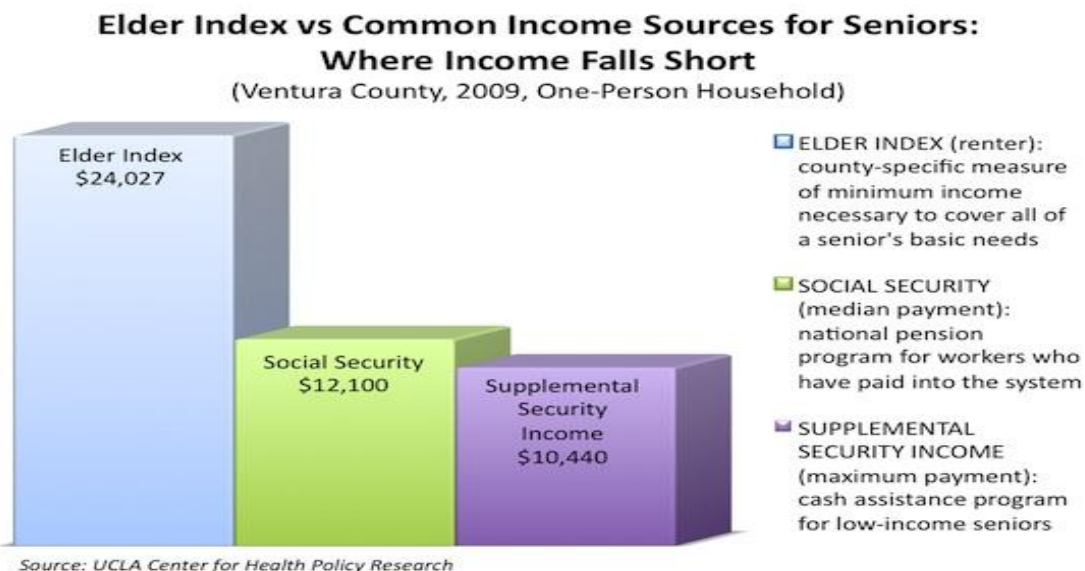
Elder Economic Security⁷

Forty-seven percent of older adults (65+ years) in California are struggling to make ends meet. Yet, the official poverty measure identifies only 8% of these 1.76 million seniors in need. With fixed incomes and ever-increasing costs, the others often fall through the cracks of our public support systems, unable to qualify for many programs.

The California Elder Economic Security Standard Index (Elder Index) is a tool that quantifies how much income is needed for a senior with a given living arrangement and geographic location to adequately meet his or her basic needs living in the community. It is the only elder-specific financial measure of its kind, based on credible, publicly available sources and has been calculated for all 58 California Counties.

The Elder Index sets a new benchmark of income adequacy for older adults, and provides the true cost of meeting basic needs and maintaining independence in the community. The Elder Index is intended to empower policymakers to allocate limited resources more effectively, and to prepare for the needs of seniors and aging Baby Boomers. The Elder Index can assist adults of *any* age to make informed decisions about *when* and *where* to retire, how much to save now, and whether to continue working even after they formally "retire."

The California Elder Economic Security Standard™ Index (Elder Index) measures how much income is needed for a retired adult age 65 and older to adequately meet his or her basic needs including housing, food, out-of-pocket medical expenses, transportation, and other necessary spending. For an elderly renter living alone in Ventura County, the Elder Index is approximately \$24,000/year.



⁷ Insight Center for Community and Economic Development, January 2012

The average Social Security payment of \$12,100 is not enough to live on, and yet, one out of three seniors in California relies exclusively on Social Security to cover their basic costs.

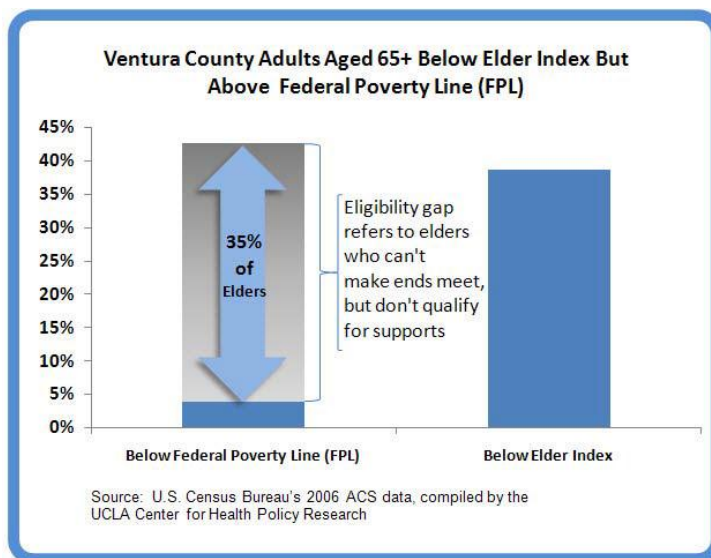
Women--even those few fortunate enough to have a pension in addition to Social Security--cannot meet their expenses if they rent or own a home with a mortgage.

Men, with a pension in addition to Social Security and other sources of unearned income, are getting by. Men who rent can just meet their expenses, but men who own a home and are still paying off a mortgage fall well below the Elder Standard.

Public supports are supposed to help close the gap between seniors' income and their expenses, but many elders fall through the cracks: access to these supports is based on an unrealistically low assessment of what it costs to live, the \$10,830 Federal Poverty Line.

SSI, the program designed to help the most vulnerable population - the blind, aged, and disabled -- puts them hovering right above the FPL, but far below what it really costs to make ends meet, according to the Elder Standard.

It's not just "poor" elders who are struggling in Ventura County:



39% of *all* elders age 65+ do not have enough income to meet their most basic needs, as measured by the Elder Index.

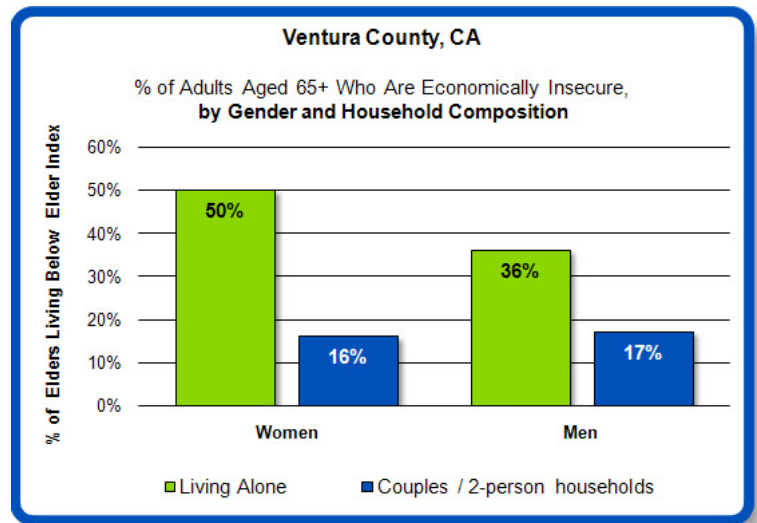
That's over 31,000 elder struggling to make ends meet in Ventura County.

In contrast, according to the Federal Poverty Line (FPL), only 4% (3,000) of Ventura County elders are considered "poor," with annual individual incomes below \$10,210.

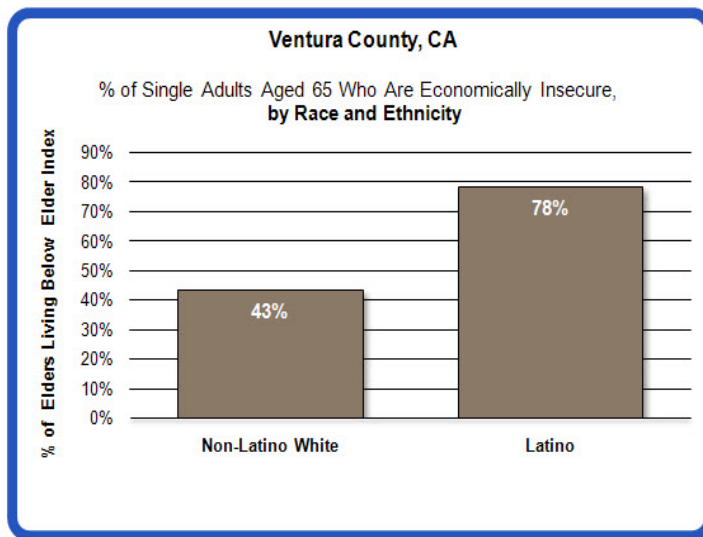
But a large number of other elders (28,000 or 35%) fall into the "**eligibility gap**," with incomes above the FPL but below the Elder Index. These elders don't have enough money to cover their most basic needs, but have too much to qualify for many public programs.

Women Living Alone More Economically Vulnerable

Historically, women have earned less than men. Today they still earn, nationally, an average of 78 cents for every dollar a man earns. Without a partner to share the expenses, and in the face of increasing costs and fixed incomes, **1 out of every 2 elder women living alone in Ventura County are struggling to make ends meet.**



Race Makes a Difference



Nearly 8 out of 10 Latino elders in Ventura County have incomes below the Elder Index.

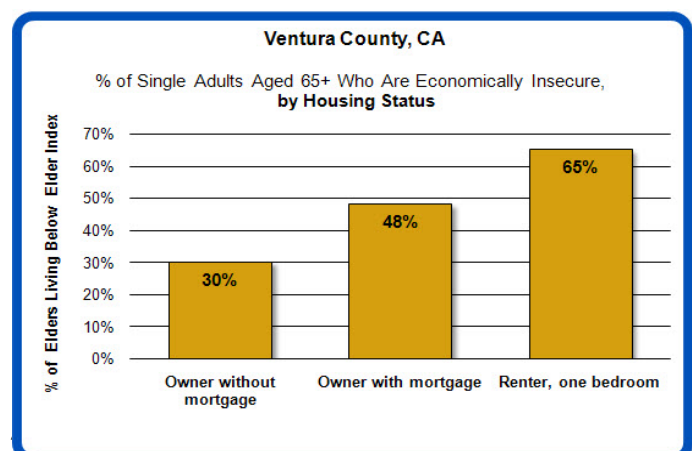
Although non-Latino White elders are doing better, 43% are still economically insecure.

The number of African American and Asian elders who live alone on incomes below the Elder Index is less than 1,000, and therefore too small to calculate reliable estimates.

Renters Living Alone are the Most Economically Vulnerable

Over 6 out of 10 elder renters living alone in Ventura County are trying to survive on incomes below the Elder Index.

Close to half of elders living alone who own their home, but are still paying off a mortgage, are unable to meet their basic needs.



Ventura County, CA 2010

Elder Economic Security Standard™ Index

Elder Index Per Year, Annual Comparisons, and Basic Monthly Expenses for Selected Household Types

Elder Index Per Year						
Income Needed to Meet Basic Needs (based on monthly expenses shown below*)	Elder Person			Elder Couple		
	Owner w/o mortgage	Owner w/mortgage	Renter, one bedroom	Owner w/o mortgage	Owner w/mortgage	Renter, one bedroom
	\$15,056	\$33,234	\$23,874	\$21,922	\$40,100	\$30,740
Annual Comparison Amounts						
Federal Poverty Guideline (2010 DHHS)	\$10,830	\$10,830	\$10,830	\$14,570	\$14,570	\$14,570
% of Federal Poverty [Elder Index divided by (I) Federal Poverty Guideline]	139%	307%	220%	150%	275%	211%
SSI Payment Maximum, California 2010	\$10,140	\$10,140	\$10,140	\$16,886	\$16,886	\$16,886
SSI Income Gap [SSI Payment Maximum minus (-) Elder Index]	-\$4,916	-\$23,094	-\$13,734	-\$5,036	-\$23,213	-\$13,854
Median Social Security Payment 2009	\$12,100	\$12,100	\$12,100	\$21,400	\$21,400	\$21,400
Soc Sec Income Gap [Average Social Security Payment minus (-) Elder Index]	-\$2,956	-\$21,134	-\$11,774	-\$522	-\$18,700	-\$9,340
*Basic Monthly Expenses Used to Calculate Elder Index						
Monthly Expenses	Elder Person			Elder Couple		
	Owner w/o mortgage	Owner w/mortgage	Renter, one bedroom	Owner w/o mortgage	Owner w/mortgage	Renter, one bedroom
Housing	\$408	\$1,923	\$1,143	\$408	\$1,923	\$1,143
Food	242	242	242	452	452	452
Transportation	214	214	214	299	299	299
Health Care (Good Health)	182	182	182	363	363	363
Miscellaneous @ 20%	209	209	209	304	304	304
Elder Index Per Month	\$1,255	\$2,769	\$1,990	\$1,827	\$3,342	\$2,562

Senior Population Projections for Ventura County - 2010-2050

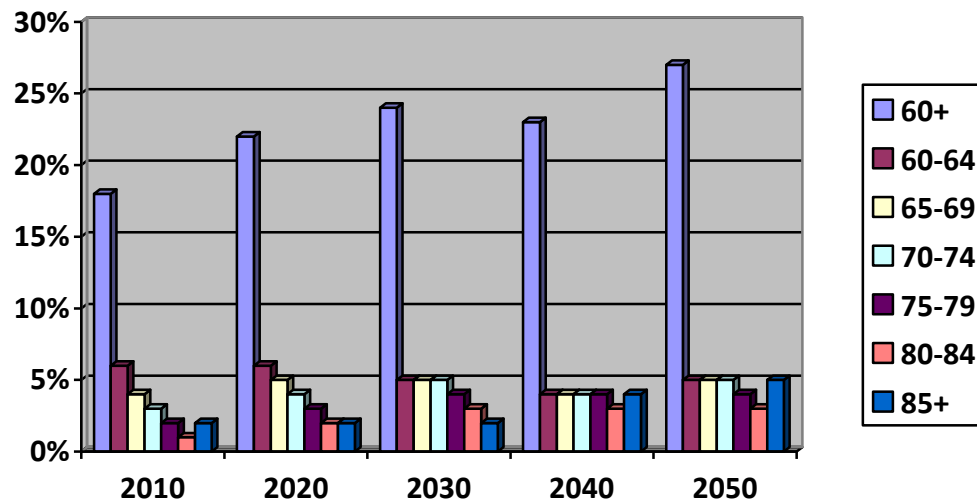
Overall, the growth of the 60+ population is expected to result in a net increase 191% or 194,162 seniors based on 101,635 of these individuals reported in the 2000 Census and 295,797 projected by 2050. In contrast, the total population (all ages) is projected to increase by only 63% from 753,195 to 1,229,737. According to the California Department Finance's most recent projections (2007), the 60+ population in Ventura County is projected to increase at a faster rate than all other age ranges. The increase is expected to be especially high in the 80+ age category.

- In 2010, the total number of people 80+ is projected to be 25,614 or 17.4% of the age 60+ population
- In 2050 the total number of people 80+ is projected to be 95,706 or 32.3% of the age 60+ population; *and an increase of 70,092 people.*
- The age 80+ population is projected to increase **273%** between 2010 and 2050.

Projected Population Changes 2000-2050⁸						
	(Actual) 2000	2010	2020	2030	2040	2050
ALL AGES Population	753,195	855,876	956,392	1,049,758	1,135,684	1,229,737
ALL AGES Difference in population from previous period	NA	102,681	100,516	93,366	85,926	94,053
ALL AGES % of change in population from previous period		+13.6%	+11.7%	+9.8%	+8.2%	+8.3%
AGE 60 AND OVER Population	101,635	147,136	208,345	249,083	261,741	295,797
AGE 60 AND OVER Difference in population from previous period	NA	45,501	61,209	40,738	12,658	34,056
AGE 60 AND OVER % of change in population from previous period		+44.7%	+41.6%	+16.4%	+5.1%	+13%
UNDER AGE 60 Difference in population from previous period	NA	57,180	39,307	52,628	73,268	59,997

⁸ California Department of Finance Projections 2007

Projected Population - Detailed Tables



July 1, 2010			July 1, 2020			July 1, 2030		
Age	Total	% of Total Population	Age	Total	% of Total Population	Age	Total	% of Total Population
All	855,876	100%	All	956,392	100%	All	1,049,758	100%
60-64	47,192	6%	60-64	59,684	6%	60-64	50,853	5%
65-69	33,566	4%	65-69	49,986	5%	65-69	54,030	5%
70-74	23,510	3%	70-74	40,484	4%	70-74	51,104	5%
75-79	17,254	2%	75-79	26,315	3%	75-79	39,816	4%
80-84	12,618	1%	80-84	15,982	2%	80-84	28,539	3%
85+	12,996	2%	85+	15,894	2%	85+	24,741	2%
Total 60+	147,136	17%	Total 60+	208,345	22%	Total 60+	249,083	24%

July 1, 2040			July 1, 2050		
Age	Total	% of Total Population	Age	Total	% of Total Population
All	1,135,684	100%	All	1,229,737	100%
60-64	48,551	4%	60-64	64,843	5%
65-69	43,778	4%	65-69	56,148	5%
70-74	43,953	4%	70-74	42,516	3%
75-79	44,031	4%	75-79	36,584	3%
80-84	37,603	3%	80-84	33,778	3%
85+	43,825	4%	85+	61,928	5%
Total 60+	261,741	23%	Total 60+	295,797	24%

SECTION 3 - DESCRIPTION OF THE AREA AGENCY ON AGING

The Ventura County Area Agency on Aging (VCAAA) was organized as a single county public agency in 1980, to be the regional focal point for services provided to older adults in Ventura County, California.

The agency operates under the auspices of the Ventura County Board of Supervisors, which has local policy-making authority over the VCAAA. The Board gives final approval to the budget, and any advocacy, program development, coordination efforts, or programs proposed for funding. This structure has been advantageous to the VCAAA by enabling it to: (1) establish and maintain a strong local presence; (2) facilitate good communication with other public agencies and units of local government; (3) have a sound framework for financial accountability; and, (4) have an office and meeting facility designated for the Advisory Council. A slight disadvantage to this structure is the exclusion of public agencies from some funding sources.

A 30+ member Advisory Council provides advice to VCAAA staff on the agency's policies, programs and funding, and makes recommendations to the Ventura County Board of Supervisors. The Advisory Council reflects the geographic and cultural diversity of Ventura County. It is comprised of representatives of city councils on aging, commissions on aging, senior service providers, the three local representatives of the California Senior Legislature (CSL), and appointees of the Ventura County Board of Supervisors.

The Advisory Council forms task forces and committees as needed to address specific issues. Current standing committees include: Legislative Committee, Health Issues Committee, Outreach Committee, Housing and Transportation Committee, and the Planning and Allocation Committee, all of which work very closely with the agency director and staff in developing program and funding recommendations.

The VCAAA works with the U.S. Administration on Aging, the California Department of Aging and local agencies to improve the quality of life for older adults in Ventura County. The primary source of funding for the agency is the federal Older Americans Act.

Visible Leadership

The VCAAA is a visible and effective leader in aging issues through its interaction with senior service providers, volunteers, the senior community, and the public. It is financially the largest single funding source of senior programs and services in Ventura County. Through community forums, public hearings, and presentations to community based organizations, the VCAAA receives public opinion on issues relating to the older population. The VCAAA collaborates with organizations to develop and enhance a community-based system of care for older residents of Ventura County. VCAAA staff members participate on numerous committees, coalitions, etc., in support of senior issues.

The VCAAA provides a comprehensive and coordinated community-based system that includes the following characteristics:

- A visible point of contact where anyone can visit or call for help or information;
- A range of program and service options;
- Accessible service options for all older individuals and others served by VCAAA programs, regardless of income or level of dependency;
- Support of the system by the commitment of public, private, voluntary and personal resources;
- Collaborative decision-making among all concerned organizations with input from older individuals being taken into consideration;
- Special help or resources are available for those who are most vulnerable (those in danger of losing their independence);
- Effective agency-to-agency referral and follow-up;
- Sufficient flexibility in the service delivery system to provide appropriate individualized assistance;
- The system is tailored to the nature of the community;
- Direction by leaders with the stature and ability to convene meetings; assess needs; design solutions; track successes; stimulate change; and plan present and future community responses

SECTION 4 - PLANNING PROCESS – ESTABLISHING PRIORITIES

In preparing the strategic plan, a review of the organizational structure, purpose and required mandates of the agency are necessary to frame the parameters of the goals and objectives. Many services and programs may seem like good ideas and something that the agency should provide, however they may not fall under the auspices of the VCAAA.

VCAAA based its priorities on needs assessments conducted in 2008, 2009 and 2010, literature review and needs assessments conducted by other agencies, as well figures from the U.S. Census Bureau and its American Community Surveys of cities in Ventura County, U.S. Census 2010 and updates from the California Department of Finance. Targeting priorities are consistent with the OAA, OCA and CCR.3§7310, and are as follows:

1. Older individuals living at or below the federal poverty level with particular attention to low-income minority individuals, females aged 85 and over.
2. Older individuals with the greatest social need with particular attention to low-income minority individuals, persons with disabilities, persons with language barriers (especially Spanish-speaking persons aged 60 to 64), and persons affected by cultural, social or geographic isolation (especially females aged 80 and over).
3. Older individuals who are abused, neglected, or exploited with particular attention to financial abuse, neglect (including self-neglect), psychological/mental abuse and physical abuse.

4. Family and informal caregivers as defined by the OAA including amendments of 2006.
5. Older individuals with Alzheimer's disease or related disorders with neurological and organic brain dysfunction and their caregivers.
6. All county residents aged 60 and over whose needs, if not addressed now, may force them into the category of greatest need.
7. Residents in long term care facilities or those at risk for placement.

Opportunities for the public, public agencies, government entities and other organizations that serve targeted populations to provide input was given via to public hearing.

SECTION 5 - NEEDS ASSESSMENT

Methodology

In addressing and determining the needs of the aging community as well the needs of family caregivers, VCAAA staff utilized current demographic information, conducted surveys on specific issues as well as involved agency staff and the Advisory Council in a SWOT (Strengths, Weakness, Opportunities and Threats) analysis. By using multiple sources of data and methods, it is hoped that the information gathered will provide a more comprehensive and relevant set of expectations and possibilities for the VCAAA.

For the development of this four year strategic plan, the needs of Ventura County's older adults (aged 60 years and older) and family caregivers were assessed using the below-listed methods:

1. Year 2010 U.S. Census data and the most recent data available from the U.S. Census Bureau's American Community Survey (2011) plus the California Department of Finance estimates (2007).
2. Advisory Council Housing and Transportation committee's research on housing and transportation needs facing seniors and recommendations.
3. Advisory Council Health Issues Committee research collected on the health status of Ventura County Seniors and Recommendations.
4. Data from the California Health Interview Survey, Administration on Aging, Centers for Disease Control and Prevention, Elder Economic Index information from the Insight Center for Community Economic Development and the Department of Labor.
5. Data and information from the County of Ventura Workforce Investment Board, Resource Management Agency, and the Farm Bureau of Ventura County.
6. During the November 2011 Advisory Council meeting, Advisory Council members participated in a SWOT analysis. Staff led the discussion with Advisory Council members providing input as to what they perceived to be the strengths and

weaknesses of the VCAAA as well as what they thought were external threats and opportunities.

SECTION 6 - TARGETING

VCAAA Targeting Priorities

The Older Americans Act (OAA), the Older Californians Act (OCA) and the California Code of Regulations, Article 3, Section 7310 (CCR.3§7310) require that specific segments of the population be “targeted” as having priority for services funded or provided by the VCAAA. The targeted populations are as follows:

- Older individuals with the greatest economic need (i.e., an income level at or below the federal poverty line), with particular attention to low-income minority individuals
- Older individuals with the greatest social need with particular attention to low-income minority individuals. Social need is caused by non-economic factors, including:
 - Physical and mental disabilities, especially severe disabilities;
 - Language barriers, which include limited English-speaking ability among older adults; and,
 - Cultural, social or geographical isolation including isolation caused by (1) racial or ethnic status that: (a) restricts the ability of an individual to perform normal daily tasks, or (b) threatens the capacity of the individual to live independently; and (2) isolated, abused, neglected and/or exploited older individuals
- Older Native Americans
- Older individuals who reside in rural areas
- Older individuals at risk for institutional placement
- Family or informal caregivers⁹
- Older individuals with Alzheimer’s disease or related disorders with neurological and organic brain dysfunction and their caregivers

Addressing the Needs of Target Populations

Methods used by the VCAAA to reach target populations are as follows:

- The request for proposal (RFP) process focuses on targeted populations.
- During the VCAAA’s application review process, the VCAAA Advisory Council members, which includes people with disabilities and/or low-income status and/or minority status, make funding recommendations based on targeting policies.

⁹ Under the Older Americans Act, as amended in 2006, a caregiver is a person 18 years of age or older who is an informal (unpaid) provider of in-home or community care of a care receiver who is (a) aged 60 or older or (b) is an individual of any age with Alzheimer’s disease or related disorder with neurological and organic brain dysfunction (dementia, Parkinson’s disease, Huntington’s disease, etc.); and/or (c) a person aged 55 or older who is related (by blood, marriage or adoption) to and is living with a child aged 18 or younger and has been identified through a legal or informal arrangement as being the child’s primary caregiver.

- The application review process contains a point-scoring mechanism that provides for recognizing and distinguishing those applicants who indicate the ability to reach and serve targeted populations relative to that population's need for services.
- Minority service providers are encouraged to apply for funding and are funded where appropriate.
- Informational publications about programs have been prepared in languages other than English and distributed to appropriate target populations.
- The VCAAA conducts program evaluations on effective methods of outreach to target populations using NAPIS data and monitoring reports.
- For residents of long term care facilities, VCAAA contracts with the Long Term Care Ombudsman to ensure that the rights of residents are being protected. VCAAA also offers two case management programs that offer services to those who no longer want to live in a long term care facility.
- The Advisory Council's Planning and Allocations Committee and VCAAA staff ensure that new programs meet one or more specific service gaps (as determined by needs assessments) and serve one or more target populations.
- Target populations are represented on the Advisory Council.

Services offered to target populations are proportionate to the 60 years and over population at large. In order to target services to underserved populations, VCAAA staff has identified and addressed the barriers that currently exist to accessing existing services. The intent is that by studying and understanding the various barriers that people face, programs and outreach can be developed that take into account these barriers.

Barriers to Accessing Existing Services

Barriers encountered by target populations to accessing existing services include the following:

- a. Geography: The Conejo Grade divides the county's populated areas into east (Thousand Oaks, Simi Valley and Moorpark) and west (Camarillo, Oxnard and Ventura). Mountains isolate Ojai from the rest of the cities in the county. The remote unincorporated area of Piru is adjacent to Los Angeles County. During natural disasters such as wildfires or floods, several areas in the county are at risk of being isolated due to road closures.
- b. Transportation: Older individuals in target populations may no longer be able to drive, or have never driven, or do not have access to public transportation or are too frail to use public transportation including paratransit service.
- c. Culture: There is reluctance by non-English speaking seniors to seek out and utilize services, especially those related to caregiving.
- d. Limited Resources: Funding for programs, services and staff are not sufficient to completely address the needs of all the target populations.
- e. Information Barriers: there exists a structural barrier for many seniors to access social media, the internet and television and radio to obtain information. The barrier is greater for those that are low income and/or monolingual Spanish speaking.

SECTION 7A – PUBLIC HEARING

At least one public hearing must be held each year of the four-year planning cycle. CCR Title 22, Article 3, Section 7302(a)(10) and Section 7308, OAA 2006 306(a)

Fiscal Year	Date	Location	Number of Attendees	Presented in languages other than English? ¹⁰ Yes or No	Was hearing held at a Long-Term Care Facility? ¹¹ Yes or No
2012-13	04/11/2012	646 County Square Drive, Ventura CA 93003	45	Yes	No
2013-14					
2014-15					
2015-16					

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

- Summarize the outreach efforts used in seeking input into the Area Plan from institutionalized, homebound, and/or disabled older individuals.** Public hearing advertised in major public newspaper, links to plan posted on VCAAA website, emails sent to interested parties which includes all grantees.
- Were proposed expenditures for Program Development (PD) and Coordination (C) discussed?**
☒ Yes. Go to question #3
☐ Not applicable, PD and C funds are not used. Go to question #4
- Summarize the comments received concerning proposed expenditures for PD and C.** No comments were received regarding use of funds for PD or C activities.
- Attendees were provided the opportunity to testify regarding setting of minimum percentages of Title III B program funds to meet the adequate proportion funding for Priority Services.**

¹⁰ A translator is not required unless the AAA determines a significant number of attendees require translation services.

¹¹ AAAs are encouraged to include individuals in LTC facilities in the planning process, but hearings are not required to be held in LTC facilities.

- ☒ Yes. Go to question #5
☐ No, Explain:

5. **Summarize the comments received concerning minimum percentages of Title III B funds to meet the adequate proportion funding for priority services.** No comments were received regarding the Title IIIB minimum percentages.
6. **List any other issues discussed or raised at the public hearing.** All public hearing testimony is included in Section 7B – Public Hearing Comments.
7. **Note any changes to the Area Plan which were a result of input by attendees.** Several new goals were added to the plan as a result of the input and an additional public hearing will be held to incorporate additional changes made.

SECTION 7B – PUBLIC HEARINGS COMMENTS

Scott Jones, Spokesperson of the VCAAA Vision Committee

Oral and Written Testimony

1. Revise the current mission statement by adding the following language, enhance and support existing community based service providers systems of care.
 The revised mission statement would read as follows:
 The Ventura County Area Agency on Aging's mission is to serve Ventura County's aged 60+ population and to:
 - Provide leadership in addressing issues that relate to older Californians;
 - Develop community-based systems of care that provide services which support independence within California's interdependent society, and which protect the quality of life of older persons and persons with functional impairments;
 - enhance and support existing community based service providers systems of care; and.
 - promote citizen involvement in the planning and delivery of services for Ventura County's older population and their caregivers.
2. Revise the core values so that they read as follows:
 - Accountability – Through leadership and stewardship, being accountable for the efficiency, cost effectiveness and quality of services provided by VCAAA and grantees. These services will be provided in a transparent and open manner.
 - Integrity – All services whether provided by VCAAA or grantees will be delivered with integrity. Programs will be in compliance with legal, fiscal, and program mandates.
 - Collaboration – VCAAA will create useful, effective forms of collaboration with partners in the areas of service development and delivery, leveraging resources, research, evaluation and management.
 - Neutrality – VCAAA staff will provide information and services in a non-biased, accurate, reasonable, accountable and timely manner.

- Responsive and Innovative – VCAAA is responsive and innovative in identifying and addressing the changing needs of the community.
 - Respectful and Supportive Work Environment – VCAAA encourages creativity, diversity, innovation, teamwork, accountability, continuous learning, trust, and the highest ethical standards.
 - Accessibility – Develop programs that are inclusive and available to older adults and their caregivers throughout Ventura County as well as their caregivers. Programs will be culturally appropriate, responsive and reflective of the diverse nature of the senior community.
3. Add the following value: Self determination- VCAAA will promote and encourage the practice of self determination and person centered approaches in providing services.
 4. Add the following goals to the Strategic Plan:
 1. Under Goal #3, add objective 3J – To explore and develop funding resources for the VCAAA's programs/services, an ad-hoc Business Leadership Committee will be established. Among the activities of this committee will be the establishment of a not-for-profit 501(c)(3) entity to receive donations; and the involvement business leaders and chambers of commerce.
 2. Under Goal #4, add objective 4E - To emphasize the positive aspects of aging the VCAAA will form an ad-hoc Optimal Aging Committee. This committee will explore and recommend methods, programs, services and educational tools that will encourage and inspire older adults to enhance the quality of their lives; maintain their identity and independence; and foster self-direction. The committee will encourage older adults to be engaged and productive in a variety of activities including part-time employment and volunteerism.

VCAAA staff presented additional goals in writing to be added to the plan which is as follows:

1. Increased collaboration with Ventura County Behavioral Health Older Adult Services on all levels (administration and line staff) to better determine the needs of the client and best utilize the resources of the agencies and the county. This would include developing an MOU and shared releases of information, developing a smooth referral system and collaborating on treatment plans (care plans) and a warm handoff when a client is transitioned from one agency to the next. (C)
2. Reducing the stigma of mental illness in older adults through educating seniors about mental health services available to older adults in Ventura County and linking to appropriate services. (PD)
3. Goal#3, Objective 3B – revise current objective to include becoming a SAGE affiliate (Services and Advocacy for Gay, Lesbian, Bisexual and Transgender Elders. (PD)

Hank Lacayo, President of the California Congress of Seniors

Written Testimony

We are taking the liberty of sending you six comments that are focused on the Plan Goals and Objectives (starting on page 25). I've had a chance to look over some other AAA plans and find yours to be at the top. Here's our two-bits:

1. Item 1C Case Management: The plan does not mention the fact that MSSP services will be merged into Medi-Cal work during the time frame of the plan. The VCAAA should be heavily involved in that decision and how to achieve that transition.
2. Item F Other Supportive Services: Same as above. The local managed care plan (Gold Coast) will be responsible for coordinating care and helping to keep people out of institutions beginning 2014. The AAA should be working NOW with them to insure that this works.
3. Item 2: The whole caregiver support program may change if the Governor's proposal to eliminate Caregiver Resource Centers is adopted by the Legislature. Those state funds are used to match the federal funds that support this activity. VCAAA needs to identify other possible matching funds to make sure that the County doesn't lose the federal funding for this program.
4. Item 3B: Efforts should be made to look at this part that involves the LGBT in the County. We at CCS have staff to assist AAA on this Item.
5. Item 3D: Should be amended to include VCAAA work to transition all seniors and people with disabilities into managed care for health care, county medical health services and all long term care (IHSS, ADHC, and nursing home care) ... a huge change coming in 2014.
6. Item 3D: Elder Abuse prevention and education program should include all community based organizations including CCS.

Andrea Gallagher, President, Senior Concerns

Oral Testimony

Andrea asked that the council consider the needs of those people that are over the age of 60 and needing to work full or part-time to make ends meet.

Lynn Martson, Director, Gold Coast CareGivers

Written Testimony

Thank you for this opportunity to share the importance of respite care in Ventura County.

Gold Coast CareGivers has been privileged to provide in-home respite for family caregivers for over 10 years through the Title III grant. This is the only grant that services the entire County: Ojai to Port Hueneme, Ventura to Simi Valley, Santa Paula

to Westlake – a very large geographical territory, with a huge demand and growing need for this kind of care support.

The Mission of Gold Coast CareGivers is to preserve independence, dignity and quality of life for aging loved ones who wish to live at home, while providing peace of mind to their families through our competent and caring staff. Currently, through a staff of 68 caregivers 39 unduplicated families have received this respite service. The Agency anticipates servicing another 12 to 15 families before the grant cycle ends in July 2012. Elder service organizations, hospitals, rehab facilities, and social workers are all aware of this respite grant and are comfortable making referrals to a waiting list from which the Agency draws its clients.

Statistics indicate that family caregivers are at particular risk for physical and emotional illness stemming from stress, exhaustion, and self neglect and frequently die before those for whom they are caring. Respite provides many benefits to promote wellness: (1) family caregivers are able to carry on longer as care-providers when they have a break in the daily requirements of care (2) family caregivers can be shown certain skill techniques to make it easier for on-going care (3) family members have together time to explore long-term solutions for their loved ones (4) family caregivers have time to take care of themselves by tending to doctor and dental appointments, or having time for the gym and relaxation.

My favorite telling of respite success comes from the faces of the families we serve. It's heartwarming to see the smiles and the relief that come with our assistance. Connecting on a personal level to people struggling with many of the same issues we see in our own families builds a sense of community in a time when many feel so isolated. Respite provides time for families to evaluate resources and plan; respite promotes good will - residents grateful they live in a community that cares.

People helping people – it's a magic assistance where a little can do so much. So just ask me about the importance of respite - the powerful way within which it works –and the strength it can rejuvenate and I'll tell you that dollars allocated toward this grant are a good investment, indeed.

Jane Rozanski, Chief Executive Officer, Camarillo Health Care District

Written Testimony

The Camarillo Health Care District (District) is submitting this written testimony to be included in the 2012-2016 Strategic Plan for Ventura County Goal 2, Objective 2A and 2B.

The Camarillo Health Care District applauds the Ventura County Area Agency on Aging for its strategic vision to establish four (4) Family Caregiver Resource Centers (FCRC) across Ventura County over the next decade. This comprehensive application of Older Americans Act Title III-E funding to provide an innovative approach to support family caregivers, in each Ventura County community, empowering each community to

respond to the unique needs of that population. The Camarillo Health Care District is greatly honored to have designed and implemented the very first FCRC for Ventura County.

As the District approaches the fourth and final year of funding, begins to plan for subsequent years of providing caregiver support services, our experiences can provide valuable perspective to the VCAAA and other FCRC's that will follow.

As such, in establishing the next FCRC (East County), the following recommendations are available to the VCAAA in their strategic planning:

- If funding for respite and caregiver adaptations is not continued at the sitting FCRC, caregivers will seek services at which ever FCRC has that type of support. This would undermine the client base of existing FCRC's/ As each FCRC is established, a plan should be developed to prevent this from happening, thereby protecting the multi-year investment of any established FCRC.
- Further, once an East County FCRC is established, the District would still be called on to provide services to the remaining west county, which would include a significant number of caregivers outside of the Districts' service area. To that end, a plan should be developed to continue some level of funding to provide vital caregiver case management services outside of the Greater Camarillo Area.

In developing the VCAAA strategic plan 2012-2016 and beyond, it will be imperative to consider planning for the issues identified above. We look forward to as continued partnership in this innovative Ventura County Caregiver support network for years to come.

SECTION 8 – IDENTIFICATION OF PRIORITIES

Based on data analysis, Elder Economic Data for 2010, prior needs assessments, advisory council health issues and housing and transportation committees' research, feedback from service providers and customer input, the priorities of the VCAAA for FY 2012- 2016 are as follows:

1. Ensuing that eligible older adults have access to the resources and services that will enable them to maintain their health, safety, dignity and quality of life. This includes access to congregate meals, home delivered meals, rides to the meal sites if needed, transportation to medical appointment, case management to identify needs and make referrals to services, homemaker, chore, personal care services, residential repairs to enable seniors to live more safely at home, cash/ material aid for those seniors that are in a dire financial situation and need assistance with food, shelter or heating needs, ombudsman services to ensure that the needs of our most vulnerable in facilities are being tended to, skill building training for those that need to enter the workforce, senior helpline for those that are isolated and lonely, depression intervention program (Healthy Ideas), nutrition counseling, health insurance counseling, long term care management for the very low income that qualify for nursing home admission, and information and assistance.
2. Ensuring that eligible family caregivers have access to the resources and services to ease the emotional and physical strain of caregiving and to support them in their efforts to care for their loved ones. This includes information and assistance and public and community education to increase awareness of caregiver services in the county, the establishment of an east county caregiver center, case management for caregivers, counseling, training and support groups, access to adaptations to make the home safer for the senior and respite. Grandparents raising their grandchildren will have access to case management, training and support groups.
3. Ensuring that amidst budget cuts and threats to funding, that there is a strong and coordinated advocacy and critical issues facing seniors and caregivers are tracked and addressed. This includes increasing the visibility of the agency, ensuring that non English speaking seniors are aware of the community resources and services available, increasing the awareness of the VCAAA with the lesbian, gay, bi-sexual and transgender (LGBT) community in Ventura County, monitoring federal and State of California legislation that impacts older adults and their family caregivers, and work with state and federal legislators and elected officials to develop legislation as needed, advocating for and improving the current level of health care for Ventura County seniors, increasing awareness of elder abuse, increasing awareness about mental health services available to older adults in Ventura County and linking to appropriate services, expanding awareness of and to advocate solutions for senior housing issues in Ventura County and exploring and developing funding resources for the VCAAA's programs/services.

4. Ensuring that with the growing senior population, that emerging and changing needs are addressed. This includes continued disaster planning, helping identify seniors dementia-related diseases, emphasize the positive aspects of aging by exploring and recommending methods, programs, services that will encourage and inspire older adults to enhance the quality of their lives; maintain their identity and independence; and foster self-direction, encouraging baby boomers to make informed decisions about planning for their retirement and inform these Baby Boomers about VCAAA funded family caregiver services, and providing financial classes for seniors that have outlived their means,

The VCAA will meet the federal targeting mandates by the following:

1. Ensuring that the request for proposal (RFP) process focuses on targeted populations.
2. During the VCAAA's application review process, the VCAAA Advisory Council members, which includes people with disabilities and/or low-income status and/or minority status, make funding recommendations based on targeting policies. The application review process contains a point-scoring mechanism that provides for recognizing and distinguishing those applicants who indicate the ability to reach and serve targeted populations relative to that population's need for services.
3. Minority service providers are encouraged to apply for funding and are funded where appropriate.
4. Informational publications about programs have been prepared in languages other than English and distributed to appropriate target populations.
5. The VCAAA conducts program evaluations on effective methods of outreach to target populations using NAPIS data and monitoring reports.
6. For residents of long term care facilities, VCAAA contracts with the Long Term Care Ombudsman to ensure that the rights of residents are being protected. VCAAA also offers two case management programs that offer services to those who no longer want to live in a long term care facility.
7. The Advisory Council's Planning and Allocations Committee and VCAAA staff ensure that new programs meet one or more specific service gaps (as determined by needs assessments) and serve one or more target populations.
8. Target populations are represented on the Advisory Council.

The AAA's process to determine Title III B funds "adequate proportion."

The CCR, Article 3, Section 7312, requires the AAA to allocate an "adequate proportion" of federal funds to provide Access, In-Home Services, and Legal Assistance in the PSA. The annual minimum allocation is determined by the AAA through the planning process. The minimum percentages of applicable Title III B funds have been identified for annual expenditure throughout the four-year planning period. These percentages are based on needs assessment findings, resources available within the PSA, and discussions at public hearings on the Area Plan. Allocations are based on historical use and need for services in the community. The allocations will never be sufficient in some areas but

with the limited amount of funding available and the growing senior population choices had to be made.

Category	Minimum percentage in FY 2012-2013
<u>Access</u> - Transportation, Assisted Transportation, Case Management, Information and Assistance, Outreach, Comprehensive Assessment, Health, Mental Health, and Public Information.	5%
<u>In-Home Services:</u> Personal Care, Homemaker, Chore, Residential Repairs/Modifications, Respite Care, Telephone Reassurance, and Visiting.	5%
<u>Legal Assistance:</u> legal Advice, Representation, Assistance to the Ombudsman Program and Involvement in the Private Bar.	5%

SECTION 9 – AREA PLAN NARRATIVE GOALS AND OBJECTIVES

VCAAA's Strategic Plan is a blueprint for the Agency for the next four years as it deals with a rapidly growing aging population and stagnant funding amidst an ongoing global recession. This Strategic Plan sets forth the Agency's strategies for carrying out this work over the next four (4) years.

VCAAA's Strategic Plan is a dynamic and flexible document. Adjustments and changes in direction are inevitable as the Agency moves forward over time as funding changes and the demographics of the aging community also change. New census data, feedback from consumers and other key stakeholders, funding constraints, and changes in program rules and regulations are factored into the VCAAA's planning process each year. This Strategic Plan provides a framework to assist staff in focusing on the highest priority issues, meeting state and federal program mandates, meeting the needs of seniors and caregivers and assuring effective use of taxpayer dollars.

Each of the strategic goals and objectives is based on a results-oriented management approach. VCAAA management will track progress toward each goal and objective through a series of performance measures. The performance management information will be used to assess progress and will serve as a critical input for planning to ensure continued improvement. VCAAA staff and its Advisory Council are dedicated to continuing a structured and collaborative strategic planning process.

VCAAA has identified five goals and a series of supporting objectives to help VCAAA staff and the Advisory Council fulfill its mission and achieve its vision. The goals identified are:

Goal 1 - Older adults in Ventura County will have access to the resources and services that will enable them to maintain their health, safety, dignity and quality of life.

Goal 2 - Eligible family caregivers will have access to resources and services to ease the emotional and physical strain of caregiving and to support them in their efforts to care for their loved ones

Goal 3 - VCAAA will engage, lead and advocate for older adults, caregivers and service providers.

Goal 4 - VCAAA will identify and address the emerging and changing needs of the 60+ population as well as Baby Boomers (born 1946-1964)

Four themes form the foundation of the VCAAA Strategic Plan:

- Providing cost effective services for seniors.
- Providing cost effective services for caregivers.
- Being a leader in the aging community and advocating for those 60 years of age and older.
- Responding to emerging needs in the community and developing programs, services and collaborations as needed.

Please Note

Benchmarks reflect activities to be accomplished during FY 2012-2013, which begins July 1, 2012 and ends June 30, 2013. Service projections have been based upon funding estimates at the time this document was completed (April 2012). The provision of services is contingent upon the availability of funding; thus, they are subject to change.

Some benchmarks contain a designation of C or PD. *Coordination (C) activities* involve the active participation of VCAAA staff to liaison with community based service organizations for the purpose of improving services, avoiding duplication, resolving problems related to service delivery and addressing the service needs of the eligible service population. *Program Development (PD) activities* directly involve VCAAA staff in establishing a new service and/or expanding and/or integrating existing services. Funding for these activities could potentially be used for other programs and services.

1

Goal 1: Older adults in Ventura County will have access to the resources and services that will enable them to maintain their health, safety, dignity and quality of life.

Objective: This goal will be accomplished by providing cost effective programs and resources that promote health, shelter and mobility, and connect seniors to a community based network of care.

Rationale: The Elder Economic Index and census data shows that a growing number of Ventura county seniors can no longer afford to live here and struggle to meet their basic needs.

Objective Number(s) and Objective(s)		Projected Start and End Dates	Title III B Funded PD or C	Update Status
1A Nutrition	Provide 59,601 congregate meals for persons aged 60+.	7/1/12-6/30/16	C	
	Provide 111,000 nutritious home delivered meals for persons aged 60+ who are homebound and unable to participate in and travel to/from a congregate meal sites.	7/1/12-6/30/16		
	Increase public awareness of the food insecurity issues facing seniors Ventura County's low income seniors; and the need for wholesome nutrition.	7/1/12-6/30/16		
	Secure additional funding and other resources help organizations directly involved with providing and/or supporting nutrition for seniors in Ventura County. (C)	7/1/12-6/30/16		
	Provide 9,000 sessions of nutrition education information and materials to congregate and home delivered meal participants.	7/1/12-6/30/16		
	Provide one-on-one individualized nutritional counseling to 50 eligible seniors.	7/1/12-6/30/16		
	Ensure that low-income seniors have access to fresh fruits, vegetables and herbs at Certified Farmers Markets and other programs such as Brown Bag and the Senior Nutrition Garden at locations throughout the county.	7/1/12-6/30/16		

1B Transportation	Through contracts, provide 14,170 rides to congregate meals sites for those who would otherwise not be able to attend.	7/1/12-6/30/16	C	
	Advocate for the transportation needs of Ventura County's seniors to bring awareness to their issues. VCAAA staff will actively participate on and collaborate with the Citizens Transportation Advisory Committee and the Ventura County Transportation Commission's Americans with Disabilities (ADA) Task Force to identify resources and help resolve senior transportation issues in each community. 75% of the meetings will be attended.(c)	7/1/12-6/30/16		
	Provide door-to-door non-emergency medical transportation for eligible persons aged 60 and over. Public transit vouchers will be provided for low income seniors and persons aged 18 and over who are ADA certified ¹² . Through contracting, 4,730 one-way door-to-door transportation trips for 175 eligible unduplicated persons aged 60 and over.	7/1/12-6/30/16	C	
1C Case Management	Explore opportunities to expand door-to-door non-emergency medical services, AND to provide door-through-door non-emergency medical transportation for eligible persons aged 60+. VCAAA staff will actively seek additional funding for non-emergency medical transportation services by applying for funds from a minimum of one other source.	7/1/12-6/30/16		
	Provide in-home case management to low-income seniors aged 65+ who meet the criteria for placement in an intermediate care or skilled nursing facility.	7/1/12-6/30/16		
	Provide enrolled MSSP clients with in-home visits and a comprehensive annual health and environmental assessments. VCAAA staff will make a minimum of 680 home visits to clients; and 220 annual reassessments of clients.	7/1/12-6/30/16		
	Develop care plans that address the needs of MSSP clients and provide them with the tools and resources to live safely at home.	7/1/12-6/30/16		

¹² Transportation provided to people under 60 years of age is funded with non Older Americans Act funds.

1D Health Insurance Counseling and Advocacy Program	Provide priority placement for referrals from <i>Adult Protective Services</i> (APS) for on-going MSSP case management the tools and resources to safely live at home.	7/1/12-6/30/16		
	Provide emergency case management for frail at-risk clients who are not being served by and/or are not eligible for services from any other program.	7/1/12-6/30/16		
	Provide community based social model case management services for seniors aged 60+ who are not being case managed by the MSSP or ElderHelp case management programs. 1,300 hours of case management will be provided to 100 people.	7/1/12-6/30/16		
	VCAAA'S HICAP ¹³ staff and volunteers will provide information and health insurance counseling to Medicare and pre-Medicare beneficiaries.	7/1/12-6/30/16		
	Trained staff and volunteers will provide objective and accurate comparisons of choices plus informal advocacy services regarding enrollment, disenrollment, claims, legal referral as needed, appeals prescription drug exceptions and other urgent Part D coverage issues. A minimum of 2,007 unduplicated persons will receive HICAP counseling.	7/1/12-6/30/16		
	HICAP will meet or exceed new federal benchmark measures for the planned average number of registered HICAP counselors: 21	7/1/12-6/30/16		
	A minimum of three (3) clients will receive 3 hours of HICAP legal representation. HICAP staff will receive a minimum of five (5) hours of program consultation from the contracted legal services provide.	7/1/12-6/30/16		
	HICAP will provide community education and outreach on Medicare Parts A, B, C and Part D Prescription Drug Plans, Medicare Supplement insurance and long-term care insurance, employment group retirement and fraud. HICAP will provide a minimum of 2 enrollment events in various cities during the Medicare annual election period, including 10 at the HICAP office.	7/1/12-6/30/16		

¹³ HICAP is a state and federally funded consumer-oriented health insurance counseling and education program. Eligibility for HICAP services is limited to Medicare beneficiaries and persons imminent of Medicare eligibility.

1E Long Term Care Ombudsman	500 contacts will be made to the Medicare disabled who are not yet 65 years of age	7/1/12-6/30/16		
	A minimum of 250 public and media events will be held to reach an estimated 3,940 persons. This will be accomplished through the HICAP Community Education Speakers Bureau. 5,320 people will be reached at public and media events.	7/1/12-6/30/16		
	HICAP will educate isolated and home bound seniors about investment fraud and identity theft. HICAP will provide this education by participating in 24 outreach events.	7/1/12-6/30/16		
	3 volunteers will be trained to be experts on investment fraud and identity theft.	7/1/12-6/30/16		
	HICAP will utilize E-Learning to provide training to new and existing volunteers.	7/1/12-6/30/16		
	HICAP will develop new partnerships and strengthen existing ones to better serve the Medicare population including but not limited to: partnering with Ventura County Medical Center social service department to consult on inpatient Medicare problems, working with local community colleges on developing an internship program, and working with Behavioral Health, Public Guardian's Office and other community partners that serve special populations.	7/1/12-6/30/16		
	Consultations to Facilities: 1,159 consultations will be given to facilities which include information and technical assistance.	7/1/12-6/30/16		
	Information and Consultations to individuals: 4,928 consultations will occur. Community Education: 96 sessions will be held.	7/1/12-6/30/16		
	Facility Coverage – Nursing Facilities: All nursing facilities (22) will be visited quarterly. Facility Coverage – Residential care Facilities (RCFEs): All RCFEs (203) will be visited quarterly.	7/1/12-6/30/16		
	Number of Full Time Equivalent Ombudsman Staff: 4 Number of Certified LTC Ombudsman Volunteers: 49 Volunteers Training sessions on NORS: 1	7/1/12-6/30/16		

1F Other Supportive Services	The long term care ombudsman will participate in one systemic advocacy effort including bringing awareness to the issue of overuse of chemical restraints in nursing home residents.	7/1/12-6/30/16		
	VCAAA's ElderHelp Program provides contracted and direct services for older persons to prevent them from being prematurely institutionalized. Subcontractors will provide: 800 hours of personal care for 30 unduplicated clients; 800 hours of homemaker services for 40 unduplicated clients; 400 hours of chore service for 20 unduplicated clients; and 65 home modifications/residential repairs for 65 unduplicated clients.	7/1/12-6/30/16		
	Assist older frail at-risk adults who have an urgent or emergency need for food, shelter or warmth (household heating in cold months). VCAAA staff will coordinate the provision of 100 units of cash/material aid to 80 unduplicated clients.	7/1/12-6/30/16		
	Use Title V funds to provide the Senior Community Employment Services (SCSEP)* services to eligible older adults; VCAAA subcontractor will provide on-the-job training and job search skills for 13 unduplicated clients aged 55 or older who are very low income. Priority preference will be given to veterans.	7/1/12-6/30/16		
	Persons aged 60 and over will receive counseling and community education regarding public benefits (e.g., Social Security, Medi-Cal, Medicare); landlord-tenant disputes; housing rights; elder abuse; powers of attorney, consumer finance and creditor harassment, consumer fraud and warranties Through contracting, 1,500 hours of legal representation and/or counseling will be provided to 1,000 unduplicated seniors; and the legal services provide will present ten (10) community education activities to 360 unduplicated clients.	7/1/12-6/30/16		

	Promote the security and verify the well-being of at-risk seniors; reduce isolation, victimization and health concerns especially those living alone, isolated and/or depressed; provide a human connection for elders with few or no connections to family and/or friends; check-in on seniors at risk of losing their independence and older adults recently discharged from a hospital setting or an adult day health care setting. Through contracting, the Senior Help Line Program (a warm line) will provide 1,600 hours of peer counseling; and 3,200 contacts of telephone reassurance for 400 unduplicated clients	7/1/12-6/30/16		
	The evidence-based Healthy IDEAS (Identifying Depression, Empowering Activities for Seniors) depression intervention program will help clients manage depression through a behavioral action approach. Through contracting, provide 800 contacts of health promotion to 100 unduplicated older adult clients suffering from depression	7/1/12-6/30/16		
	VCAAA staff will provide in <i>English and Spanish</i> , verbal and written information, assistance, follow-up, and outreach to seniors and their families about home and community-based resources. VCAAA staff will provide: 15,000 contacts of information and assistance serving an estimated 10,000 unduplicated clients; 3,000 contacts of outreach serving an estimated 2,600 unduplicated clients.	7/1/12-6/30/16		
	Advocate for the employment, training and job placement needs of older adults. VCAAA staff will participate on the Workforce Investment Board and attend 75% of the meetings. Staff will work to bring awareness of job retention, training and retraining issues facing seniors (C)	7/1/12-6/30/16	C	

2

Goal 2: Eligible family caregivers will have access to resources and services to ease the emotional and physical strain of caregiving and to support them in their efforts to care for their loved ones

Objective: This goal will be accomplished by providing cost effective programs and resources that support family caregivers by providing them with a variety of options ranging from in-home respite to case management.

Rationale: Data shows that the burden that unpaid family caregivers bear is great and a strain on their physical and emotional well being. Services are needed to alleviate the strain. Additionally, VCAAA analysis of services show that a comprehensive and coordinated services are needed throughout the county.

Objective Number and Objectives

Project Start and
End DatesTitle III B Funded
or PD or C

Update Status

2A
Caring for the
Elderly

920 contacts of information and assistance and 7,364 contacts of caregiver outreach will be provided to 8,284 unduplicated clients by VCAAA staff.

7/1/12-
6/30/16

Public information and community education will be provided by VCAAA staff . 52 public information activities will reach 10,000 unduplicated clients; 34 community education activities for 1,500 unduplicated clients.

7/1/12-
6/30/16

Contractor will establish an east county caregiver center to be operational by January 1, 2013. Services at center to be determined.

7/1/12-
6/30/16

Contractors will provide 224 contacts of information and assistance and 72 contacts of caregiver outreach for 296 unduplicated clients; 1,944 units of support services provided to help at-risk caregivers and to reduce caregiver burnout:

7/1/12-
6/30/16

- 444 hours of caregiver assessment for 388 unduplicated clients.
- 520 hours of case management for 192 unduplicated clients.
- 240 hours of counseling for 200 unduplicated clients.

	<ul style="list-style-type: none"> ▪ 280 hours of support groups for 56 unduplicated clients. ▪ 460 hours of training for 40 unduplicated clients. • Supplemental Services: Caregiver adaptations and assistive devices will be provided to aid the caregiver. 96 occurrences of caregiver adaptations for 92 unduplicated clients; 32 occurrences of assistive devices for 28 unduplicated clients. • Information Services: Public information and community education will be provided. 24 public information activities for 10,000 unduplicated clients; and 60 community education activities for 3,000 unduplicated clients. • Respite: Respite will be provided to give the family caregiver a break from the stress of caregiving; and time to take care of personal business. 1,800 hours of respite in-home supervision for 64 unduplicated clients; 200 hours of out-of-home day care for 20 unduplicated clients. • Access Assistance: Information and assistance and caregiver outreach will be provided. 12 contacts of information and assistance and 90 contacts of caregiver outreach for 102 unduplicated clients will be served. 			
2B Caring for the Child	Contractors will provide support Services including caregiver assessment, case management, and training to help at-risk older caregivers (aged 55 and older) care for a child aged 18 or younger. This includes 32 hours of caregiver assessment for 24 unduplicated clients, 48 hours of case management for 24 unduplicated clients, 56 hours of support groups for 8 unduplicated clients; and 108 hours of training for 18 unduplicated clients.	7/1/12-6/30/16		

3	Goal 3 - VCAAA will engage,lead and advocate for older adults, caregivers and service providers.			
	Objective: This goal will be accomplished by providing cost effective means of bringing awareness to the services that VCAAA directly provides and funds as well as advocating for the needs of Ventura County seniors at the city, county and state level.			
	Rationale: Feedback from seniors, caregivers, senior advocates and service providers and Advisory Council indicates that increased awareness and visibility of the VCAAA services and programs is needed as well as a means to track and address health and other critical issues affecting seniors.			
Objective Number(s) and Objective(s)		Project Start and End Dates	Title III B Funded or PD	Update Status
3A Outreach	VCAAA staff and the Advisory Council Outreach Committee will increase visibility of the VCAAA by developing, updating, distributing and/or presenting promotional materials. A minimum of five (5) presentations (Power Point) about the VCAAA will be made by the Advisory Council to community groups (C). Collaborate with Human Services Agency to present television commercial about aging network services. (PD) Additional Goals TBD.	7/1/12-6/30/16	PD	
3B LGBT Issues 14	Increase awareness of the VCAAA with the lesbian, gay, bi-sexual and transgender (LGBT) community in Ventura County; and the unique needs of LGBT seniors and their family caregivers. Identify and address the needs of lesbian, gay, bi-sexual and transgender LGBT seniors including (but not limited to) LGBT residents of in long term care facilities VCAAA staff will collaborate with appropriate community organizations and develop a strategy and promotional materials. (C)	7/1/12-6/30/16	C	

¹⁴ California Welfare and Institutions Code 9103.1(c) requires each area agency on aging to include the needs of lesbian, gay, bisexual, and transgender seniors in their needs assessment and area plans.

3C Non-English Speakers	VCAAA will explore becoming a SAGE (Services and Advocating for Gay, Lesbian, Bisexual and Transgender Elders) affiliate. (PD) The VCAAA will provide educational materials and information to VCAAA's grantees on the special needs of the LGBT senior population. (C)	7/1/12-6/30/16	PD	
	VCAAA will increase awareness of the VCAAA among non-English speaking individuals and communities. VCAAA staff will identify and monitor the growth of non-English speaking communities. VCAAA will expand the number of agency materials in languages other than English VCAAA staff will work with service providers to ensure that non-English speaking individuals are aware of VCAAA's services (C)	7/1/12-6/30/16	C	
	VCAAA will develop resource materials to serve non-English speaking individuals. VCAAA staff work with community based organizations to revise and update an inventory of service providers who speak and/or provide services in other languages; and will develop and distribute a brochure that lists these to be given to service providers. (C)	7/1/12-6/30/16	C	
3D Health Care Advocacy	Advocate for and improve the current level of health care for Ventura County seniors by continuing to work with health care professionals, stakeholders and service providers. Areas of interest include service gaps, optimal use of screenings covered by Medicare, fall prevention, and chronic disease management. VCAAA will provide leadership in a chronic disease partnership with other agencies to establish a community disease prevention or healthy living program. (C) Additional goals TBD	7/1/12-6/30/16	C	
3E Elder Abuse Prevention	Increase awareness of elder abuse for both seniors, providers and community based organizations; and provide technical assistance to organizations providing services to victims of elder abuse, neglect and exploitation. VCAAA staff will participate on the Financial Abuse Specialist Team (FAST) and Rapid Response Team.	7/1/12-6/30/16 7/1/12-		

	<p>Educate and train professionals to develop, strengthen and implement programs to prevent, detect, assess, treat, intervene and investigate elder abuse, neglect and exploitation including financial abuse.</p> <p>Contract with current legal services provider to provide ten (10) sessions of elder abuse prevention, education and training for 120 unduplicated professionals.</p> <p>VCAAA staff in cooperation with the Superior Court and stakeholder organizations will develop a coordinated system of elder abuse prevention education that will include (but not be limited to) marketing and training users on the mandated reporter website. 500 sessions of education will be provided. The website is projected to receive at least 5,000 hits. (C)</p> <p>Distribute educational materials regarding the prevention, detection, assessment, treatment and intervention and investigation of elder abuse, neglect and exploitation including financial exploitation. Publish and distribute 300 new Legal information for Elders ("LIFE") guides and develop a classroom course to go with the guide in collaboration with the Superior Court. (C)</p> <p>Additional Goals TBD.</p>	6/30/16	C	
		7/1/12-6/30/16		
		7/1/12-6/30/16	C	
		7/1/12-6/30/16		
3F Medication Management	<p>Provide medication screening and education to an individual and/or the caregiver to prevent incorrect medication administration and adverse drug reactions VCAAA staff will provide information to seniors about adverse drug reactions through the use of a medication management program. 500 seniors to be screened. Improve the medical record-keeping of persons aged 60+ living at home so they have accurate records of their medications, which can be easily accessed in an emergency or disaster. A minimum of 5,000 Files of Life (or similar product) will be purchased and distributed to seniors throughout the community by VCAAA staff.</p>	7/1/12-6/30/16		
3G Mental Health Advocacy	<p>Have an active role in ensuring that the needs of older adults are represented in the Mental Health System. VCAAA staff will attend 75% of the Older Adults Mental Health Committee meetings and bring items of importance back to the Advisory Council.</p> <p>Increased collaboration with Ventura County Behavioral</p>	7/1/12-6/30/16	C	
		7/1/12-		

3H Legislation	Health Older Adult Services on all levels (administration and line staff) to better determine the needs of the client and best utilize the resources of the agencies and the county. This would include developing an MOU and shared release of information, developing a smooth referral system and collaborating on treatment plans (care plans) and a warm handoff when a client is transitioned from one agency to the next. (C)	6/30/16		
	Reducing the stigma of mental illness in older adults through educating seniors about mental health services available to older adults in Ventura County and linking to appropriate services. (PD)	7/1/12-6/30/16	PD	
	Monitor federal and State of California legislation that impacts older adults and their family caregivers, and work with state and federal legislators and elected officials to develop legislation as needed. VCAAA staff and Advisory Council's Legislative Committee members will: Monitor and inform the full Advisory Council about pending legislation of interest to older adults and their family caregivers.	7/1/12-6/30/16		
	Write letters of support or opposition of legislation as needed, empowering the legislative process by empowering people and education seniors about who their legislators are and encouraging contact. Develop local alternatives to legislation. Assist members of the California Senior Legislature (CSL) in developing potential CSL proposals for legislation. Additional Goals TBD.			
3I Housing Advocacy	To expand awareness of and to advocate solutions for senior housing issues in Ventura County. The Advisory Council's Housing and Transportation Committee in collaboration with VCAAA staff will: Additional Goals TBD.	7/1/12-6/30/16		
3J Sustainability	To explore and develop funding resources for the VCAAA's programs/services, an ad-hoc Business Leadership Committee will be established. Among the activities of this committee will be exploring the establishment of a not-for-profit 501(c)(3) entity to receive donations; and the involvement business leaders and chambers of commerce.	7/1/12-6/30/16	PD	

4

Goal 4: VCAAA will identify and address the emerging and changing needs of the 60+ population as well as Baby Boomers (born 1946- 1964).

Objective: VCAAA will identify and explore the needs of special populations¹⁵ as well as the changing and emerging needs of seniors, and will develop and expand programs to help meet their needs.

Rationale: Based on population projections, this will be the fastest growing demographic in the county over the next twenty years.

Objective Number(s) and Objective(s)		Project Start and End Dates	Title III B Funded or PD	Update Status
4A Disaster Planning	VCAAA will continue to collaborate with public agencies and other stakeholders on a strategy for disaster planning and health emergencies. This will include but not be limited to working with numerous databases and GIS data mapping. VCAAA staff will work with the County of Ventura's Human Services Agency on their disaster database project. Clients enrolled in VCAAA case management programs will be given an opportunity to enroll in the database. VCAAA staff will obtain supplies to distribute at least 100 disaster kits to homebound seniors. (c)	7/1/12- 6/30/16	C	
4B Memory Screening	VCAAA will collaborate with community service providers to ensure the availability of free memory screenings, which will help identify seniors with dementia-related diseases. The VCAAA will participate in at least one National Memory Screening Day event contingent upon the availability of funds. (C)	7/1/12- 6/30/16	C	

¹⁵ Special population seniors include but are not limited to those who are one or more of the following: homeless, non-English speaking, geographically isolated or underserved, culturally isolated or isolated due to the loss of family or friends, homebound due to illness or disability, frail, living at or below the federal poverty level, sufferers of Alzheimer's disease and dementia, grandparents or other older relatives caring for a child with severe disabilities, and lesbian, gay, bisexual or transgender (LGBT) individuals.

4C Baby Boomers	Assist VCAAA's younger clients (born 1946-51) to make informed decisions about planning for their retirement and inform these Baby Boomers about VCAAA funded family caregiver services. ¹⁶ Study current Baby Boomer issues to develop a strategy for addressing the enormous demands that this population will place on aging services. (C)	7/1/12-6/30/16	C	
	Continue providing educational classes that helps seniors who are struggling with living beyond their means. (C)	7/1/12-6/30/16	C	
4D Developmental Disabilities	Assist the Long Term Care Ombudsman staff and volunteers with gaining a better understanding of the issues and needs of older adults residing in intermediate care facilities for the developmentally disabled (ICFFDDs). VCAAA staff will collaborate with appropriate local organizations such as Arc of Ventura County to provide training for Ombudsman staff and volunteers about residents in ICFFDDs. (C)	7/1/12-6/30/16	C	
4E Optimal Aging	To emphasize the positive aspects of aging the VCAAA will form an ad-hoc Optimal Aging Committee. This committee will explore and recommend methods, programs, services and educational tools that will encourage and inspire older adults to enhance the quality of their lives; maintain their identity and independence; and foster self-direction. The committee will encourage older adults to be engaged and productive in a variety of activities including part-time employment and volunteerism.	7/1/12-6/30/16	C	

¹⁶ Baby Boomers are persons born in the United States between 1946 and 1964. The first wave of Boomers turned age 60 (becoming eligible for VCAAA services) in 2006.

SECTION 10A - SERVICE UNIT PLAN (SUP) OBJECTIVES - TITLE III/VII SERVICE UNIT PLAN OBJECTIVES

CCR Article 3, Section 7300(d)

The Service Unit Plan (SUP) uses the National Aging Program Information System (NAPIS) Categories and units of service. They are defined in the [NAPIS State Program Report](#).

Report the units of service to be provided with **ALL funding sources**. Related funding is reported in the annual Area Plan Budget (CDA 122) for Titles III B, III C-1, III C-2, III D, VII (a) and VII (b).

1. Personal Care (In-Home)

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2012-2013	800	1	1F
2013-2014			
2014-2015			
2015-2016			

2. Homemaker

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2012-2013	800	1	1F
2013-2014			
2014-2015			
2015-2016			

3. Chore

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2012-2013	400	1	1F
2013-2014			
2014-2015			
2015-2016			

4. Home-Delivered Meal

Unit of Service = 1 meal

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2012-2013	111,000	1	1A
2013-2014			
2014-2015			
2015-2016			

5. Adult Day Care/Adult Day Health**Unit of Service = 1 hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2012-2013	0	NA	NA
2013-2014			
2014-2015			
2015-2016			

6. Case Management**Unit of Service = 1 hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2012-2013	1,500	1	1C
2013-2014			
2014-2015			
2015-2016			

7. Assisted Transportation**Unit of Service = 1 one-way trip**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2012-2013	0	NA	NA
2013-2014			
2014-2015			
2015-2016			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2012-2013	59,601	1	1A
2013-2014			
2014-2015			
2015-2016			

9. Nutrition Counseling**Unit of Service = 1 session per participant**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2012-2013	50	1	1A
2013-2014			
2014-2015			
2015-2016			

10. Transportation**Unit of Service = 1 one-way trip**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2012-2013	18,900	1	1B
2013-2014			
2014-2015			
2015-2016			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2012-2013	1,500	1	1F
2013-2014			
2014-2015			
2015-2016			

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2012-2013	9,000	1	IA
2013-2014			
2014-2015			
2015-2016			

13. Information and Assistance**Unit of Service = 1 contact**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2012-2013	15,000	1	1F
2013-2014			
2014-2015			
2015-2016			

14. Outreach**Unit of Service = 1 contact**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2012-2013	3,000	1	1F
2013-2014			
2014-2015			
2015-2016			

15. NAPIS Service Category – “Other” Title III Services**Service Category: cash/material aid****Unit of Service= 1 assistance**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2012-2013	100	1	1F
2013-2014			
2014-2015			
2015-2016			

Service Category: residential repairs/modifications**Unit of Service= 1
modification**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2012-2013	65	1	1F
2013-2014			
2014-2015			
2015-2016			

Service Category: telephone reassurance**Unit of Service= 1 contact**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2012-2013	3,200	1	1F
2013-2014			
2014-2015			
2015-2016			

Service Category: peer counseling**Unit of Service= 1 hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2012-2013	1,600	1	1F
2013-2014			
2014-2015			
2015-2016			

16. Title III D Health Promotion**Unit of Service = 1 contact**

Service Activities: evidenced based health promotion & screening for depression (Healthy Ideas), medication compliance review

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2012-2013	850	1	1F
2013-2014			
2014-2015			
2015-2016			

SECTION 10B - SERVICE UNIT PLAN (SUP) OBJECTIVES - LONG TERM CARE OMBUDSMAN

Title III B and Title VII A Four Year Planning Cycle

As mandated by the Older Americans Act, the mission of the Long Term Care Ombudsman Program is to seek resolution of problems and advocate for the rights of residents of LTC facilities with the goal of enhancing the quality of life and care of residents. Baseline numbers are obtained from the local LTC Ombudsman Program's FY 2010-2011 National Ombudsman Reporting System (NORS) data as reported in the State Annual Report to the Administration on Aging (AoA).

Outcome 1. The problems and concerns of long-term care residents are solved through complaint resolution and other services of the Ombudsman Program. [OAA Section 712(a)(3),(5)]

Measures and Targets:

A. Complaint Resolution Rate (AoA Report, Part I-E, Actions on Complaints)¹⁷

1.	FY 2010-2011 Baseline Resolution Rate: 64%
2.	FY 2012-2013 Target: Resolution Rate 65%
3.	FY 2011-2012 AoA Resolution Rate ____% FY 2013-2014 Target: Resolution Rate ____%
4.	FY 2012-2013 AoA Resolution Rate ____% FY 2014-2015 Target: Resolution Rate ____%
5.	FY 2013-2014 AoA Resolution Rate ____% FY 2015-2016 Target: Resolution Rate ____%
Program Goals and Objective Numbers: Goal 1, 1E	

B. Work with Resident Councils (AoA Report, Part III-D, #8)

1.	FY 2010-2011 Baseline: number of meetings attended: 332
2.	FY 2012-2013 Target: 332
3.	FY 2011-2012 AoA Data: 332 FY 2013-2014 Target: ____
4.	FY 2012-2013 AoA Data: ____ FY 2014-2015 Target: ____
5.	FY 2013-2014 AoA Data: ____ FY 2015-2016 Target: ____
Program Goals and Objective Numbers: Goal 1, 1E	

C. Work with Family Councils (AoA Report, Part III-D, #9)

1.	FY 2010-2011 Baseline: number of meetings attended: 29
2.	FY 2012-2013 Target: number: 29
3.	FY 2011-2012 AoA Data: 29 FY 2013-2014 Target: ____

¹⁷ The average California complaint resolution rate for FY 2009-2010 was 73%.

4.	FY 2012-2013 AoA Data: ____ FY 2014-2015 Target: ____
5.	FY 2013-2014 AoA Data: ____ FY 2015-2016 Target: ____
Program Goals and Objective Numbers: Goal 1, 1E	

D. Consultation to Facilities (AoA Report, Part III-D, #4) ¹⁸

1.	FY 2010-2011 Baseline: number of consultation: 1,159
2.	FY 2012-2013 Target: 1,159
3.	FY 2011-2012 AoA Data: 1,159 FY 2013-2014 Target: ____
4.	FY 2012-2013 AoA Data: ____ FY 2014-2015 Target: ____
5.	FY 2013-2014 AoA Data: ____ FY 2015-2016 Target: ____
Program Goals and Objective Numbers: Goal 1, 1E	

E. Information and Consultation to Individuals (AoA Report, Part III-D, #5) ¹⁹

1.	FY 2010-2011 Baseline: number of consultations: 4,928
2.	FY 2012-2013 Target: 4,928
3.	FY 2011-2012 AoA Data: 4,928 FY 2013-2014 Target: ____
4.	FY 2012-2013 AoA Data: ____ FY 2014-2015 Target: ____
5.	FY 2013-2014 AoA Data: ____ FY 2015-2016 Target: ____
Program Goals and Objective Numbers: Goal 1, 1E	

F. Community Education (AoA Report, Part III-D, #10) ²⁰

1.	FY 2010-2011 Baseline: number of sessions: 96
2.	FY 2012-2013 Target: 96
3.	FY 2011-2012 AoA Data: 96 FY 2013-2014 Target: ____
4.	FY 2012-2013 AoA Data: ____ FY 2014-2015 Target: ____
5.	FY 2013-2014 AoA Data: ____ FY 2015-2016 Target: ____
Program Goals and Objective Numbers: Goal 1, 1E	

G. Systems Advocacy - FY 2012-2013 Activity: In the box below, in narrative format, please provide at least one new priority systemic advocacy effort the local Ombudsman Program will engage in during the fiscal year.

Systemic Advocacy Effort:

The long term care ombudsman will participate in one systemic advocacy effort

¹⁸ Count of instances of ombudsman representatives' interactions with facility staff for the purpose of providing general information and assistance unrelated to a complaint. Consultation may be accomplished by telephone, letter, email, fax, or in person.

¹⁹ Count of instances of ombudsman representatives' interactions with residents, family members, friends, and others in the community for the purpose of providing general information and assistance unrelated to a complaint. Consultation may be accomplished by telephone, letter, email, fax, or in person.

²⁰ LTC Ombudsman Program participation in public events planned to provide information or instruction to community members about the LTC Ombudsman Program or LTC issues. The number of sessions refers to the number of events, not the number of participants.

including bringing awareness to the issue of overuse of chemical restraints in nursing home residents.

Outcome 2. Residents have regular access to an Ombudsman²¹.

Measures and Targets:

A. Skilled Nursing Facility Coverage (other than in response to a complaint), (AoA Report, Part III-D, #6)²²

1.	FY 2010-2011 Baseline: 100%
2.	FY 2012-2013 Target: 100%
3.	FY 2011-2012 AoA Data: ____ % FY 2013-2014 Target: ____ %
4.	FY 2012-2013 AoA Data: ____ % FY 2014-2015 Target: ____ %
5.	FY 2013-2014 AoA Data: ____ % FY 2015-2016 Target: ____ %
Program Goals and Objective Numbers: Goal 1, 1E	

B. Residential are for the Elderly Facility Coverage (other than in response to a complaint) (AoA Report, Part III-D, #6)²³

1.	FY 2010-2011 Baseline: 100%
2.	FY 2012-2013 Target: 100%
3.	FY 2011-2012 AoA Data: ____ % FY 2013-2014 Target: ____ %
4.	FY 2012-2013 AoA Data: ____ % FY 2014-2015 Target: ____ %
5.	FY 2013-2014 AoA Data: ____ % FY 2015-2016 Target: ____ %
Program Goals and Objective Numbers: Goal 1, 1E	

C. Number of Full-Time Equivalent (FTE) Staff (AoA Report Part III. B.2. - Staff and Volunteers)

1.	FY 2010-2011 Baseline: 4 FTEs
2.	FY 2012-2013 Target: 4 FTEs
3.	FY 2011-2012 AoA Data: 4 FTEs FY 2013-2014 Target: 4 FTEs
4.	FY 2012-2013 AoA Data: 4 FTEs FY 2014-2015 Target: ____ FTEs
5.	FY 2013-2014 AoA Data: ____ FTEs FY 2015-2016 Target: ____ FTEs
Program Goals and Objective Numbers: Goal 1, 1E	

D. Number of Certified LTC Ombudsman Volunteers (AoA Report Part III. B.2. – Staff and Volunteers).

²¹ OAA Section 712(a)(3)(D), (5)(B)(ii)

²² Percentage of nursing facilities within the PSA that were visited by an ombudsman representative at least once each quarter not in response to a complaint. The percentage is determined by dividing the number of nursing facilities in the PSA that were visited at least once each quarter not in response to a complaint by the total number of nursing facilities in the PSA.

²³ Percentage of RCFEs within the PSA that were visited by an ombudsman representative at least once each quarter during the fiscal year not in response to a complaint.

1.	FY 2010-2011 Baseline: Number of certified LTC Ombudsman volunteers as of June 30, 2010: 131
2.	FY 2012-2013 Projected Number of certified LTC Ombudsman volunteers as of June 30, 2013 _____
3.	FY 2011-2012 AoA Data: 131 certified volunteers FY 2013-2014 Projected Number of certified LTC Ombudsman volunteers as of June 30, 2014 _____
4.	FY 2012-2013 AoA Data: 131certified volunteers FY 2014-2015 Projected Number of certified LTC Ombudsman volunteers as of June 30, 2015 _____
5.	FY 2013-2014 AoA Data: ____ certified volunteers FY 2015-2016 Projected Number of certified LTC Ombudsman volunteers as of June 30, 2016 _____
Program Goals and Objective Numbers: Goal 1, 1E	

Outcome 3. Ombudsman representatives accurately and consistently report data about their complaints and other program activities in a timely manner²⁴.

Measures and Targets:

- A. At least once each fiscal year, the Office of the State Long-Term Care Ombudsman sponsors free training on each of four modules covering the reporting process for the National Ombudsman Reporting System (NORS). These trainings are provided by telephone conference and are available to all certified staff and volunteers. Local LTC Ombudsman Programs retain documentation of attendance in order to meet annual training requirements.

1	FY 2010-2011 Baseline number of Ombudsman Program staff and volunteers who attended NORS Training Parts I, II, III and IV _____
2.	FY 2012-2013 Target: number of Ombudsman Program staff and volunteers attending NORS Training Parts I, II, III and IV _____
3.	FY 2011-2012 number of Ombudsman Program staff and volunteers who attended NORS Training Parts I, II, III, and IV _____ FY 2013-2014 Target _____
4.	FY 2012-2013 number of Ombudsman Program staff and volunteers who attended NORS Training Parts I, II, III, and IV _____ FY 2014-2015 Target _____
5.	FY 2013-2014 number of Ombudsman Program staff and volunteers who attended NORS Training Parts I, II, III, and IV _____ FY 2015-2016 Target: _____
Program Goals and Objective Numbers: Goal 1, 1E	

²⁴ OAA Section 712(c)

SECTION 10C - SERVICE UNIT PLAN (SUP) OBJECTIVES – TITLE VIIB ELDER ABUSE PREVENTION

Fiscal Year	Total # of Public Education Sessions
2012-13	500
2013-14	
2014-15	
2015-16	

Fiscal Year	Total # of Training Sessions for Professionals
2012-13	10
2013-14	
2014-15	
2015-16	

Fiscal Year	Total # of Training Sessions for Caregivers served by Title III E
2012-13	0
2013-14	
2014-15	
2015-16	

Fiscal Year	Total # of Hours Spent Developing a Coordinated System
2012-13	200
2013-14	
2014-15	
2015-16	

Fiscal Year	Total # of Copies of Educational Materials to be Distributed	Description of Educational Materials
2012-2013	200	200 Legal Information for Elders (LIFE) guides will be printed
2013-2014		
2014-2015		
2015-2016		

Fiscal Year	Total Number of Individuals Served
2012-2013	600
2013-2014	
2014-2015	
2015-2016	

SECTION 10D - SERVICE UNIT PLAN (SUP) OBJECTIVES – TITLE III E FAMILY CAREGIVER SUPPORT PROGRAM

CCR Article 3, Section 7300(d) 2012–2016 Four-Year Planning Period

This Service Unit Plan (SUP) utilizes the five broad federally-mandated service categories defined in PM 11-11. Refer to the CDA Service Categories and Data Dictionary Revisions Effective July 1, 2011 for eligible activities and service unit measures. Specify proposed audience size or units of service for ALL budgeted funds.

Direct and/or Contracted III E Services

CATEGORIES	1	2	3
Family Caregiver Services Caring for Elderly	Proposed Units of Service	Required Goal #(s)	Optional Objective #(s)
Information Services	# of activities and Total est. audience for above		
2012-2013	# of activities: 170 Total est. audience for above: 15,500	2	2A
2013-2014	# of activities: Total est. audience for above:		
2014-2015	# of activities: Total est. audience for above:		
2015-2016	# of activities: Total est. audience for above:		
Access Assistance	Total contacts		
2012-2013	8580	2	2A
2013-2014			
2014-2015			
2015-2016			
Support Services	Total hours		
2012-2013	1,944	2	2A
2013-2014			
2014-2015			
2015-2016			

Respite Care		Total hours	
2012-2013	2,000	2	2A
2013-2014			
2014-2015			
2015-2016			
Supplemental Services		Total occurrences	
2012-2013	18	2	2A
2013-2014			
2014-2015			
2015-2016			

Direct and/or Contracted III E Services

Grandparent Services	Proposed Units of Service	Required Goal #(s)	Optional Objective #(s)
Caring for Children			
Information Services	# of activities and Total est. audience for above		
2012-2013	# of activities: 0 Total est. audience for above: 0	N/A	N/A
2013-2014	# of activities: Total est. audience for above:		
2014-2015	# of activities: Total est. audience for above:		
2015-2016	# of activities: Total est. audience for above:		
Access Assistance	Total contacts		
2012-2013	0	N/A	N/A
2013-2014			
2014-2015			
2015-2016			
Support Services	Total hours		
2012-2013	244	2	2B
2013-2014			
2014-2015			
2015-2016			
Respite Care	Total hours		
2012-2013	0	2	2B
2013-2014			

2014-2015			
2015-2016			
Supplemental Services	Total occurrences	Required Goal #(s)	Optional Objective #(s)
2012-2013	0		
2013-2014	0		
2014-2015	0		
2015-2016	0		

SECTION 10E - SERVICE UNIT PLAN (SUP) OBJECTIVES – TITLE V SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM

List all SCSEP monitor sites (contract or direct) where the AAA provides services within the PSA (Please add boxes as needed). See SCSEP budget for more information.

Location/Name (AAA office, One Stop, Agency, etc): Ventura County Job and Career Center	
Street Address: 4651 Telephone Road, Suite 201, Ventura, CA 93003	
Name and title of all SCSEP staff members (paid and participant): Bonnie Olson	
Number of paid staff <u> 0 </u>	Number of participant staff <u> 1 </u>
How many participants are served at this site? 10 ²⁵	

²⁵ Due to the federal government reducing funding for this program, CDA reduced VCAAA's slots to serving a minimum of ten (10) participants. At time of public hearing VCAAA had not received planning estimates for FY 2012-2013 from the California Department of Aging.

SECTION 10F - SERVICE UNIT PLAN (SUP) OBJECTIVES – HEALTH INSURANCE COUNSELING AND ADVOCACY PROGRAM

CCR Article 3, Section 7300(d)

Note – State and Federal Performance Targets: The Centers for Medicare and Medicaid Services (CMS) requires all State Health Insurance Assistance Programs (SHIP) to meet certain targeted performance measures. To help AAAs complete the Service Unit Plan, CDA will annually provide AAAs with individual PSA state and federal performance measure targets.

Section 1. Primary HICAP Units of Service

Fiscal Year (FY)	1.1 Estimated Number of Unduplicated Clients Counseled²⁶	Goal Numbers
2012-2013	2,007	1D
2013-2014		
2014-2015		
2015-2016		

Fiscal Year (FY)	1.2 Estimated Number of Public and Media Events²⁷	Goal Numbers
2012-2013	250	1D
2013-2014		
2014-2015		
2015-2016		

Section 2: Federal Performance Benchmark Measures

Fiscal Year (FY)	2.1 Estimated Number of Contacts for all Clients Counseled²⁸	Goal Numbers
2012-2013	3,940	1D
2013-2014		
2014-2015		

²⁶ Clients Counseled equals the number of Intakes closed and finalized by the Program Manager.

²⁷ Public and Media events include education/outreach presentations, booths/exhibits at health/senior fairs, and enrollment events, excluding public service announcements and printed outreach.

²⁸ This includes all counseling contacts via telephone, in-person at home, in-person at site, and electronic contacts (e-mail, fax, etc.) for duplicated client counts.

2015-2016		
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Fiscal Year (FY)	2.2 Estimated Number of Persons Reached at Public and Media Events²⁹	Goal Numbers
2012-2013	5,320	1D
2013-2014		
2014-2015		
2015-2016		

Fiscal Year (FY)	2.3 Estimated Number of contacts with Medicare Status Due to a Disability Contacts³⁰	Goal Numbers
2012-2013	500	1D
2013-2014		
2014-2015		
2015-2016		

Fiscal Year (FY)	2.4 Estimated Number of contacts with Low Income Beneficiaries³¹	Goal Numbers
2012-2013	1,485	1D
2013-2014		
2014-2015		
2015-2016		

Fiscal Year (FY)	2.5 Estimated Number of Enrollment Assistance Contacts³²	Goal Numbers
2012-2013	3,179	1D
2013-2014		

²⁹ This includes the estimated number of attendees reached through presentations either in person or via webinars, TV shows or radio shows, and those reached through booths/exhibits at health/senior fairs, and those enrolled at enrollment events, excluding public service announcements (PSAs) and printed outreach materials.

³⁰ This includes all counseling contacts via telephone, in-person at home, in-person at site, and electronic contacts (e-mail, fax, etc.), duplicated client counts with Medicare beneficiaries due to disability, and not yet age 65.

³¹ This is the number of unduplicated low-income Medicare beneficiary contacts and/or contacts that discussed low-income subsidy (LIS). Low income means 150 percent of the Federal Poverty Level (FPL).

³² This is the number of unduplicated enrollment contacts during which one or more qualifying enrollment topics were discussed. This includes all enrollment assistance, not just Part D.

2014-2015		
2015-2016		

Fiscal Year (FY)	2.6 Estimated Part D and Enrollment Assistance Contacts³³	Goal Numbers
2012-2013	2,185	1D
2013-2014		
2014-2015		
2015-2016		

Fiscal Year (FY)	2.7 Estimated Number of Counselor FTEs in PSA³⁴	Goal Numbers
2012-2013	21	1D
2013-2014		
2014-2015		
2015-2016		

Section 3: HICAP Legal Services Units of Service

Fiscal Year (FY)	3.1 Estimated Number of Clients Represented Per SFY (Unit of Service)	Goal Numbers
2012-2013	3	1D
2013-2014		
2014-2015		
2015-2016		

Fiscal Year (FY)	3.2 Estimated Number of Legal Representation Hours Per SFY (Unit of Service)	Goal Numbers
2012-2013	9	1D
2013-2014		
2014-2015		
2015-2016		

³³ This is a subset of all enrollment assistance in 2.5. It includes the number of Part D enrollment contacts during which one or more qualifying Part D enrollment topics were discussed.

³⁴ This is the total number of counseling hours divided by 2000 (considered annual fulltime hours), then multiplied by the total number of Medicare beneficiaries per 10K in PSA.

Fiscal Year (FY)	3.3 Estimated Number of Program Consultation Hours per SFY (Unit of Service)	Goal Numbers
2012-2013	5	1D
2013-2014		
2014-2015		
2015-2016		

SECTION 11 – FOCAL POINTS

COMMUNITY FOCAL POINTS LIST

CCR Title 22, Article 3, Section 7302(a)(14), 45 CFR Section 1321.53(c), OAA
2006 306(a)

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

Designated Community Focal Point	Address
Camarillo Senior Center	1605 E. Burnley St., Camarillo, 93010
Fillmore Senior Center	535 Santa Clara Ave., Fillmore, 93015
Moorpark Active Adult Center	799 Moorpark Ave., Moorpark, 93021
HELP of Ojai	111 W. Santa Ana St. Ojai, 93023
HELP of Ojai	370 Baldwin Rd., Ojai, 93022
HELP of Ojai	18 Valley Rd., Oak View, 93022
Wilson Senior Center	350 North C St., Oxnard, 93030
South Oxnard Senior Center	200 E. Bard Rd., Oxnard, 93033
Colonia Senior Center	126-B Amelia Court Oxnard, 93030
Port Hueneme Senior Center	550 Park Ave. Port Hueneme, 93041
Santa Paula Senior Center	530 West Main St. Santa Paula, 93060
Simi Valley Senior Center	3900 Avenida Simi Simi Valley, 93065
Goebel Senior Center	1385 E. Janss Rd Thousand Oaks, 91362
Avenue Adult Center	550 N. Ventura Ave. Ventura, 93001
Ventura County Area Agency on Aging	646 County Square Dr., #100 Ventura, 93003
Wellness & Caregiver Center of Ventura County ³⁵	3687 E. Las Posas Rd., #188 (Bldg. H) Camarillo, 93020
Senior Concerns ³⁶	401 Hodencamp Rd. Thousand Oaks, 91360

³⁵ Focal point for Title III-E Eligible Family Caregivers

³⁶ Focal point for Title III-E Eligible Family Caregivers

SECTION 12 – DISASTER PREPAREDNESS

Disaster Preparation Planning Conducted for the 2012-2016 Planning Cycle OAA Title III, Sec. 306(a)(17); 310, CCR Title 22, Sections 7529 (a)(4) and 7547, W&I Code Division 8.5, Sections 9625 and 9716, CDA Standard Agreement, Exhibit E, Article 1, 22-25, Program Memo 10-29(P).

Describe how the AAA coordinates its disaster preparedness plans and activities with local emergency response agencies, relief organizations, state and local governments, and other organizations responsible for emergency preparedness and response as required in OAA, Title III, Section 310: The VCAAA is a member of the Ventura County Vulnerable Populations Task Force, which is a part of the Ventura County Office of Emergency Services.

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

Name	Title	Telephone	email
Laura Hernandez	Director, Sheriff's Office of Emergency Services	(805) 654-2252	Laura.hernandez@ventura.org

- 2. Identify the Disaster Response Coordinator within the AAA:**

Name	Title	Telephone	email
Victoria Jump	Director	(805) 477-7300	Victoria.Jump@ventura.org

- 3. List critical services the AAA will continue to provide after a disaster and describe how these services will be delivered:** see VCAAA disaster response plan. The VCAAA has a comprehensive written disaster plan that takes into account the provision of services in the event of any disaster including the services the agency will provide (listed in priority order) and the staff that will be diverted to help where needed.
- 4. List any agencies with which the AAA has formal emergency preparation or response agreements.** As a unit of county government, we are part of the formal County of Ventura response.

Describe how the AAA will: see VCAAA disaster response plan. The VCAAA has a comprehensive written disaster plan that takes into account the provision of services in the event of any disaster including the services the agency will provide (listed in priority order) and the staff that will be diverted to help where needed.

SECTION 13 – PRIORITY SERVICES

2012-2016 Four-Year Planning Cycle Funding for Access, In-Home Services, and Legal Assistance

The CCR, Article 3, Section 7312, requires the AAA to allocate an “adequate proportion” of federal funds to provide Access, In-Home Services, and Legal Assistance in the PSA. The annual minimum allocation is determined by the AAA through the planning process. The minimum percentages of applicable Title III B funds³⁷ listed below have been identified for annual expenditure throughout the four-year planning period. These percentages are based on needs assessment findings, resources available within the PSA, and discussions at public hearings on the Area Plan.

Category of Service and the Percentage of Title III B Funds expended in/or to be expended in FY 2012-13 through FY 2015-16

<u>Access:</u> Transportation, Assisted Transportation, Case Management, Information and Assistance, Outreach, Comprehensive Assessment, Health, Mental Health, and Public Information			
Fiscal Year	Min. %	Fiscal Year	Min. %
FY 12-13	5%	FY 14-15	5%
FY 13-14	5%	FY 15-16	5%

<u>In-Home Services:</u> Personal Care, Homemaker, Chore, Adult Day / Health Care, Alzheimer’s, Residential Repairs/Modifications, Respite Care, Telephone Reassurance, and Visiting			
Fiscal Year	Min. %	Fiscal Year	Min. %
FY 12-13	5%	FY 14-15	5%
FY 13-14	5%	FY 15-16	5%

³⁷ Minimum percentages of applicable funds are calculated on the annual Title III B baseline allocation, minus Title III B administration and minus Ombudsman. At least one percent of the final Title III B calculation must be allocated for each “Priority Service” category or a waiver must be requested for the Priority Service category(s) that the AAA does not intend to fund.

<u>Legal Assistance Required Activities:</u>³⁸			
Legal Advice, Representation, Assistance to the Ombudsman Program and Involvement in the Private Bar.			
Fiscal Year	Min. %	Fiscal Year	Min. %
FY 12-13	5%	FY 14-15	5%
FY 13-14	5%	FY 15-16	5%

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

Allocations are based on historical use and need for services in the community. The allocations will never be sufficient in some areas but with the limited amount of funding available and the growing senior population choices had to be made.

³⁸ Legal Assistance must include all of the following activities: Legal Advice, Representation, Assistance to the Ombudsman Program and Involvement in the Private Bar.

SECTION 14 – NOTICE OF INTENT TO PROVIDE DIRECT SERVICES

CCR Article 3, Section 7320 (a)(b) and USC Section 3027(a)(8)(c). If the AAA plans to directly provide any of the following services, it is required to provide a description of the methods that will be used to assure that target populations throughout the PSA will be served.

☐ Check if not providing any of the below listed direct services.

<u>Check applicable direct services</u>	<u>Check each applicable Fiscal Year</u>			
Title III B	12-13	13-14	14-15	15-16
<input checked="" type="checkbox"/> Information and Assistance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Case Management	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Outreach	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Program Development	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Coordination	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Long-Term Care Ombudsman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Title III D	12-13	13-14	14-15	15-16
<input checked="" type="checkbox"/> Health Promotion	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Title III E	12-13	13-14	14-15	15-16
<input checked="" type="checkbox"/> Information Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Access Assistance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Support Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Respite Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Supplemental Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Title VII A	12-13	13-14	14-15	15-16
<input type="checkbox"/> Long-Term Care Ombudsman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Title VII B	12-13	13-14	14-15	15-16
<input checked="" type="checkbox"/> Prevention of Elder Abuse, Neglect and Exploitation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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

The methods that will be used to ensure that target populations will be serviced throughout the Planning and Service area are as follows:

1. The Request for Proposal (RFP) process focuses on target populations.
2. During VCAAA's application review process, VCAAA Advisory Council members (including people with disabilities and/or low-income status and/or minority status) make funding recommendations based on targeting policies.
3. The application review process contains a point scoring mechanism which provides for recognizing and distinguishing those applicants who indicate the ability to reach and serve target populations relative to that populations need for services.
4. Additional preference is given to applicants who clearly indicate the ability to reach and serve target populations. Minority service providers are encouraged to apply

for funding and are funded where appropriate.

5. Informational publications about funded programs have been prepared in languages other than English and distributed to appropriate target populations.
6. The VCAAA conducts program evaluations on the effectiveness of outreach efforts to reach target populations using NAPIS data and monitoring reports.
7. The Advisory Council's Planning and Allocation Committee and VCAAA staff ensure that new programs meet one or more specific service gaps (as determined by needs assessments) and service one or more target populations.

SECTION 15A – REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES - ELDERHELP PROGRAM (IN-HOME SERVICES)

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

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

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

Identify Service Category: Personal Care, Homemaker, Chore, Residential Repairs, Cash/Material Aid

Check applicable funding source.³⁹

- ☒ III B
- ☐ III C-1
- ☐ III C-2
- ☐ III E
- ☐ VII A
- ☐ HICAP

Request for Approval Justification:

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

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

- ☒ 2012-13 ☒ 2013-14 ☒ 2014-15 ☒ 2015-16

Justification: Provide a cost-benefit analysis below that substantiates this request for direct delivery of the above stated service:

These services are more cost effective for VCAAA to provide as a direct service; VCAAA charges no administrative fee and will contract with vendors to provide services.

.

³⁹ Section 15 does not apply to Title V (SCSEP).

SECTION 15B – REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES - TRANSPORTATION SERVICES

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

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

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

Identify Service Category: Transportation Services

Check applicable funding source:⁴⁰

- ☒ III B
- ☐ III C-1
- ☐ III C-2
- ☐ III E
- ☐ VII A
- ☐ HICAP

Request for Approval Justification:

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

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

- ☒ 2012-13 ☒ 2013-14 ☒ 2014-15 ☒ 2015-16

Justification: Provide a cost-benefit analysis below that substantiates this request for direct delivery of the above stated service:

No other agency is willing and/or able to provide these services. VCAAA will contract with vendors as necessary to provide services.

⁴⁰ Section 15 does not apply to Title V (SCSEP).

SECTION 15C – REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES - SENIOR NUTRITION PROGRAM (CONGREGATE MEALS)

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

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

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

Identify Service Category: Nutrition Education, Nutrition Counseling and Senior Nutrition Program Oversight

Check applicable funding source:⁴¹

- ☐ III B
- ☒ III C-1
- ☐ III C-2
- ☐ III E
- ☐ VII A
- ☐ HICAP

Request for Approval Justification:

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

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

- ☒ 2012-13 ☒ 2013-14 ☒ 2014-15 ☒ 2015-16

Justification: Provide a cost-benefit analysis below that substantiates this request for direct delivery of the above stated service:

No other agency is willing and/or able to provide these services.

⁴¹ Section 15 does not apply to Title V (SCSEP).

SECTION 15D – REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES - SENIOR NUTRITION PROGRAM (HOME DELIVERED MEALS)

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

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

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

Identify Service Category: Nutrition Education and Senior Nutrition Program Oversight

Check applicable funding source⁴²:

- ☐ III B
- ☐ III C-1
- ☒ III C-2
- ☐ III E
- ☐ VII A
- ☐ HICAP

Request for Approval Justification:

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

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

- ☒ 2012-13
- ☒ 2013-14
- ☒ 2014-15
- ☒ 2015-16

Justification: Provide a cost-benefit analysis below that substantiates this request for direct delivery of the above stated service:

No other agency is willing and/or able to provide these services.

⁴² Section 15 does not apply to Title V (SCSEP).

SECTION 15E – REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES - HICAP PROGRAM

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

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

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

Identify Service Category: Health Insurance Counseling and Advocacy Program (HICAP)

Check applicable funding source:

- ☐ III B
- ☐ III C-1
- ☐ III C-2
- ☐ III E
- ☐ VII A
- ☒ HICAP

Request for Approval Justification:

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

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

☒ 2012-13 ☒ 2013-14 ☒ 2014-15 ☒ 2015-16

Justification: Provide a cost-benefit analysis below that substantiates this request for direct delivery of the above stated service:

No other agency is willing and/or able to provide these services.

SECTION 16 – GOVERNING BOARD

Governing Board Membership
2012-2016 Four-Year Area Plan Cycle
CCR Article 3, Section 7302(a)(11)

Governing Board Name: Ventura County Board of Supervisors
Number of Members on the Board: Five (5) members

Names/Titles of Officers	Term in Office Expires
John C. Zaragoza, District 5, Chair	January 2013
Peter C. Foy, District 4, Vice Chair	January 2014

Names/Titles of All Members:	Term on Board Expires:
Steve Bennett, District 1	January 2013
Linda Parks, District 2	January 2015
Kathy I. Long, District 3	January 2013
Peter C. Foy, District 4, Vice Chair	January 2014
John C. Zaragoza, District 5, Chair	January 2013

SECTION 17 – ADVISORY COUNCIL

Advisory Council Membership
2012-2016 Four-Year Planning Cycle
45 CFR, Section 1321.57
CCR Article 3, Section 7302(a)(12)

Total Council Membership (include vacancies) 33

Number of Council Members over age 60 31

	<u>% of PSA's 60+Population</u> ⁴³	<u>% on Advisory Council as of May 1, 2012</u>
Race/Ethnic Composition		
White	<u>57%</u>	<u>83%</u>
Hispanic	<u>33%</u>	<u>14%</u>
Black	<u>2%</u>	<u>3%</u>
Asian/Pacific Islander	<u>5%</u>	<u>0%</u>
Native American/Alaskan Native	<u>1%</u>	<u>0%</u>
Other	<u>2%</u>	<u>0%</u>

Name and Title of Officers:
Office Term Expires:

Darlene Benz , City of Ventura Representative – Chair	2012
Joyce Pinkard , Supervisorial Representative -Vice Chair	2012
Nick Fotheringham , City of Thousand Oaks Representative – Secretary	2012

Name and Title of other members:
Office Term Expires:

Dr. Lisa Hayden, PhD, City of Camarillo Representative	2012
Yvonne Ontiveros, City of Camarillo Representative	2013
Donna Voelker, City of Fillmore Representative	2013
Vivian Johnson, City of Fillmore Representative	2013
Tony Bellasalma, City of Moorpark Representative	2012
Benjamina Montoya, City of Moorpark Representative	2012
Ginny Rockefeller, City of Ojai Representative	2013

⁴³ Based on U.S. Census 2000. At the time this document was prepared the 2010 US Census breakdown by age and race was not available.

Nancy Rowe, City of Oxnard Representative	2013
Ady Esparza, City of Oxnard Representative	2013
Paul Boog, City of Port Hueneme Representative	2013
Carol Boatner, City of Santa Paula Representative	2013
Antoinette M. Olson, City of Simi Valley Representative	2013
Sal Caro, City of Simi Valley Representative	2013
Nancy Healy, City of Thousand Oaks Representative	2012
Gene Aviles, City of Ventura Representative	2013
Rose Gossom, Supervisorial Appointee	2012
Mel Silberberg, Supervisorial Appointee	2013
Martin Kaplan, Supervisorial Appointee	2012
Max Vanderwyk, Supervisorial Appointee	2012
Sue Tatangelo, Service Provider Representative, Camarillo Health Care District	2013
Scott Jones, Service Provider, Ventura Superior Court	2012
Larry Hartmann, Senator, California Senior Legislature	2014
June Glasmeier, Assembly member, California Senior Legislature	2014
Steve Lehman , Assembly member, California Senior Legislature	2014

Vacant slots: supervisorial appointee for unincorporated areas, city of Santa Paula, City of Ojai, City of Port Hueneme, and immediate past chair (current incumbent is still seated in council).

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

	Yes	No
Low Income Representative	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Disabled Representative	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Supportive Services Provider Representative	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health Care Provider Representative	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family Caregiver Representative	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Local Elected Officials	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Individuals with Leadership Experience in Private and Voluntary Sectors	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Explain any **"No"** answer(s): No elected officials applied to serve on the VCAAA Advisory Council. The VCAAA is a unit of local government and its governing board is comprised of elected officials, i.e., the Ventura County Board of Supervisors.
Supervisorial

Briefly describe the local governing board's process to appoint Advisory Council members:
These methods are used to appoint individuals to the Advisory Council:

Appointing Agency	Number of Members
Two representatives are appointed from each of the ten (1) cities in the county via the local councils on aging (of which members are typically appointed by the respective City Councils).	20
Appointments by the Ventura County Board of Supervisors (5 districts)	6
VCAAA invites applications to fill the two service provider slots and Advisory Council members vote for their choices. The two applicants with the highest number of votes are elected.	2
Three (3) local representatives of the California Senior Legislature representing Ventura County	3
Immediate past chair of the Advisory Council remains on the Council for the year following his/her term of office	1

SECTION 18 – LEGAL ASSISTANCE

2012-2016 Four-Year Area Planning Cycle

This section must be completed and submitted with the Four-Year Area Plan. Any changes to this section must be document on this form and remitted with Area Plan Updates.

1. **Specific to Legal Services, what is your AAA's Mission Statement or Purpose Statement? Statement must include Title III B requirements:** The VCAAA's Legal Services mission is: To insure justice, dignity, health, security, maximum autonomy and independence to older Californians by protecting and enforcing the legal rights of individuals and by promoting social change through broad elder rights advocacy. The purpose of the Legal Services Program is to deliver quality, cost-effective services designed to address the unmet legal needs of vulnerable Ventura county seniors.
2. **Based on your local needs assessment, what percentage of Title III B funding is allocated to Legal Services?** At a minimum, 5% of Title IIIB funding.
3. **Specific to legal services, has there been a change in your local needs in the past four years?** If so, please identify the change (include whether the change affected the level of funding and the difference in funding levels in the past four years). Yes, financial abuse continues to be a concern. Additional funding was provided for education and support of the Financial Abuse Specialist Team (FAST).
4. **Specific to Legal Services, what is the targeted senior population and mechanism for reaching targeted groups in your PSA?** The Legal Services Program targets seniors in the greatest social and/or economic need. Priority for legal services shall also be determined by specific risk factors. Targeted populations shall include the most frail and vulnerable seniors (such as individuals aged 85 and over); seniors who are homebound or are living alone with no support; long-term care residents without access to transportation; seniors who are abused, seniors with chronic health problems, mental or physical disabilities (including deaf, hearing-impaired and blind seniors); immigrants; seniors with limited English speaking skills; and, caregivers of these populations. The mechanism for reaching target populations is outreach, which is described in Item #5 below.
5. **How many legal assistance service providers are in your PSA? Complete table below.**

Fiscal Year	# of Legal Assistance Services Providers
2012-2013	1
2013-2014	1
2014-2015	1
2015-2016	1

6. Does your PSA have a hotline for legal services? No.

7. What methods of outreach are providers using? Outreach campaigns are conducted throughout the year via the news media (print and broadcast), regular presentations to nonprofit community-based organizations (e.g., hospice groups, etc.), community fairs, and regularly scheduled days each month at senior centers. This will be expanded in 2009-12 to reach individuals isolated due to language or cultural barriers.

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

Fiscal Year	Name of Provider	Geographic Region covered
2012-2013	Grey Law of Ventura, Inc.	Entire County
2013-2014	Grey Law of Ventura, Inc.	Entire County
2014-2015	Grey Law of Ventura, Inc.	Entire County
2015-2016	Grey Law of Ventura, Inc.	Entire County

9. Discuss how older adults access Legal Services in your PSA: Older adults access legal services by calling to schedule an appointment at the provider's office or at the local senior center. Seniors must be Ventura County residents aged 60 years and older. The legal services provider's primary role is to serve seniors and/or their caregivers regarding issues related to Social Security, Medicare, Medi-Cal, wills, trusts, end-of-life issues, financial abuse and physical abuse.

10. Identify the major types of legal issues that are handled by the TIII-B legal provider(s) in your PSA. Discuss (please include new trends of legal problems in your area): The major issues and new trends of legal services in PSA 18 include end-of-life issues, health care directives, decision-making choices, durable power of attorney, wills, Social Security, Medicare, Medi-Cal, nursing homes, consumer fraud and consumer debt. Given the economic times, consumer debt has completely overtaken all other areas of legal services and represents over one-third of Grey Law's annual senior consultations and volunteer hours.

11. In the past four years, has there been a change in the types of legal issues handled by the TIII-B legal provider(s) in your PSA? Discuss: see above answer.

12. What are the barriers to accessing legal assistance in your PSA? Include proposed strategies for overcoming such barriers. The access barriers that seniors encounter in PSA 18 include:

- (1) People wanting more legal representation than what funding can provide;
- (2) Language and/or cultural barriers, which can cause seniors to not seek services; and,
- (3) Lack of transportation to and from the sites where services are provided.

Strategies for overcoming these barriers include:

- (1) Increased funding from the Older Americans Act to provide legal services in PSA 18;

- (2) Recruitment and retention of more volunteers (who must be attorneys or law students);
- (3) Working with local churches to identify and reach (a) non-mainstream seniors who could benefit from legal services, and (b) volunteers who would be willing to provide transportation to/from appointments.

13. What other organizations or groups does your legal service provider coordinate services with? The legal services provider, Grey Law, coordinates services with these organizations:

- Health Insurance Counseling and Advocacy Program (HICAP)
- Ombudsman (Long Term Care Services of Ventura County, Inc.)
- Ventura County Area Agency on Aging
- Alzheimer's Association, Central Coast Chapter
- Financial Abuse Specialist Team (FAST)
- Senior Concerns (ADCRC)
- Senior Hotline
- California Rural Legal Assistance, Inc. regarding migrants, poverty law and non-English speaking individuals
- Community Action regarding domestic violence and all housing issues including landlord-tenant law
- Jewish Family Services regarding family law and bankruptcy
- Legal Access Clinic at the Courts regarding small claims, divorce, etc.

SECTION 19 – MULTIPURPOSE SENIOR CENTER ACQUISITION OR CONTRACT COMPLIANCE REVIEW ⁴⁴

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

- ☒ No. Title III B funds not used for Acquisition or Construction.
☐ Yes. Title III B funds used for Acquisition or Construction. **Complete the chart below.**

Title III Grantee and/or Senior Center	Type Acq/Const	III B Funds Awarded	% of Total Cost	Recapture Period MM/DD/YY Begin Ends		Compliance Verification (State Use Only)
Name: Address:						
Name: Address:						
Name: Address:						
Name: Address:						

⁴⁴ Acquisition is defined as obtaining ownership of an existing facility (in fee simple or by lease for 10 years or more) for use as a Multipurpose Senior Center.

SECTION 20 – FAMILY CAREGIVER SUPPORT PROGRAM

Notice of Intent for Non-Provision of FCSP Multifaceted Systems of Support Services Older Americans Act Section 373(a) and (b)

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

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

Family Caregiver Services

Category	2012-2013	2013-2014	2014-2015	2015-2016
Family Caregiver Information Services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract
Family Caregiver Access Assistance	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract
Family Caregiver Support Services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract
Family Caregiver Respite Care	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract
Family Caregiver Supplemental Services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract

Grandparent Services

Category	2012-2013	2013-2014	2014-2015	2015-2016
Grandparent Information Services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract

Grandparent Access Assistance	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Contract
Grandparent Support Services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract
Grandparent Respite Care	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract
Grandparent Supplemental Services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Direct <input type="checkbox"/> Contract

SECTION 21 – ORGANIZATION CHART

To be sent under separate cover with required percentages when the budget for FY 2012-2013 is submitted to the California Department of Aging on May 1, 2012.

SECTION 22 – ASSURANCES

Pursuant to the Older Americans Act Amendments of 2006 (OAA), the Area Agency on Aging assures that it will:

A. Assurances

1. OAA 306(a)(2)

Provide an adequate proportion, as required under OAA 2006 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services—

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- (I) identify the number of low-income minority older individuals in the planning and service area;
- (II) describe the methods used to satisfy the service needs of such minority older individuals; and
- (III) provide information on the extent to which the area agency on aging met the objectives described in assurance number 2.

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

Use outreach efforts that —

- (i) identify individuals eligible for assistance under this Act, with special emphasis on—
 - (I) older individuals residing in rural areas;
 - (II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
 - (III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
 - (IV) older individuals with severe disabilities;
 - (V) older individuals with limited English proficiency;
 - (VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
 - (VII) older individuals at risk for institutional placement; and
- (ii) inform the older individuals referred to in sub-clauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance;

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

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

7. OAA 306(a)(5)

Coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement with agencies that develop or provide services for individuals with disabilities;

8. OAA 306(a)(9)
Carry out the State Long-Term Care Ombudsman program under OAA 2006 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title;
9. OAA 306(a)(11)
Provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as “older Native Americans”), including—
 - (A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;
 - (B) to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and
 - (C) make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.
10. OAA 306(a)(13)(A-E)
 - (A) maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships;
 - (B) disclose to the Assistant Secretary and the State agency—
 - (i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and
 - (ii) the nature of such contract or such relationship;
 - (C) demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such contract or such relationship;
 - (D) demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such contract or such relationship; and
 - (E) on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals;
11. 306(a)(14)
Not give preference in receiving services to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title;
12. 306(a)(15)

Funds received under this title will be used—

(A) to provide benefits and services to older individuals, giving priority to older individuals identified in OAA 2006 306(a)(4)(A)(i); and

(B) in compliance with the assurances specified in OAA 2006 306(a)(13) and the limitations specified in OAA 2006 212;

B. Additional Assurances:

Requirement: OAA 305(c)(5)

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

Requirement: OAA 307(a)(7)(B)

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

Requirement: OAA 307(a)(11)(A)

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

Requirement: OAA 307(a)(11)(B)

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

Requirement: OAA 307(a)(11)(D)

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

Requirement: OAA 307(a)(11)(E)

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

Requirement: OAA 307(a)(12)(A)

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

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

Requirement: OAA 307(a)(15)

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

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

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

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

Requirement: OAA 307(a)(18)

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

- (A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;
- (B) are patients in hospitals and are at risk of prolonged institutionalization; or

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

Requirement: OAA 307(a)(26)

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

Requirement: OAA 307(a)(27)

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

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

CFR [1321.53(a)(b)]

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

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

- (1) Have a visible focal point of contact where anyone can go or call for help, information or referral on any aging issue;
- (2) Provide a range of options;
- (3) Assure that these options are readily accessible to all older persons: The independent, semi-dependent and totally dependent, no matter what their income;
- (4) Include a commitment of public, private, voluntary and personal resources committed to supporting the system;
- (5) Involve collaborative decision-making among public, private, voluntary, religious and fraternal organizations and older people in the community;
- (6) Offer special help or targeted resources for the most vulnerable older persons, those in danger of losing their independence;
- (7) Provide effective referral from agency to agency to assure that information or assistance is received, no matter how or where contact is made in the community;
- (8) Evidence sufficient flexibility to respond with appropriate individualized assistance, especially for the vulnerable older person;
- (9) Have a unique character which is tailored to the specific nature of the community;
- (10) Be directed by leaders in the community who have the respect, capacity and authority necessary to convene all interested individuals, assess needs, design solutions, track

overall success, stimulate change and plan community responses for the present and for the future.

CFR [1321.53(c)]

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

CFR [1321.53(c)]

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

CFR [1321.53(c)]

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

CFR [1321.53(c)]

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

CFR [1321.61(b)(4)]

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

CFR [1321.61(d)]

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

CFR [1321.69(a)]

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

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PSA 18

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