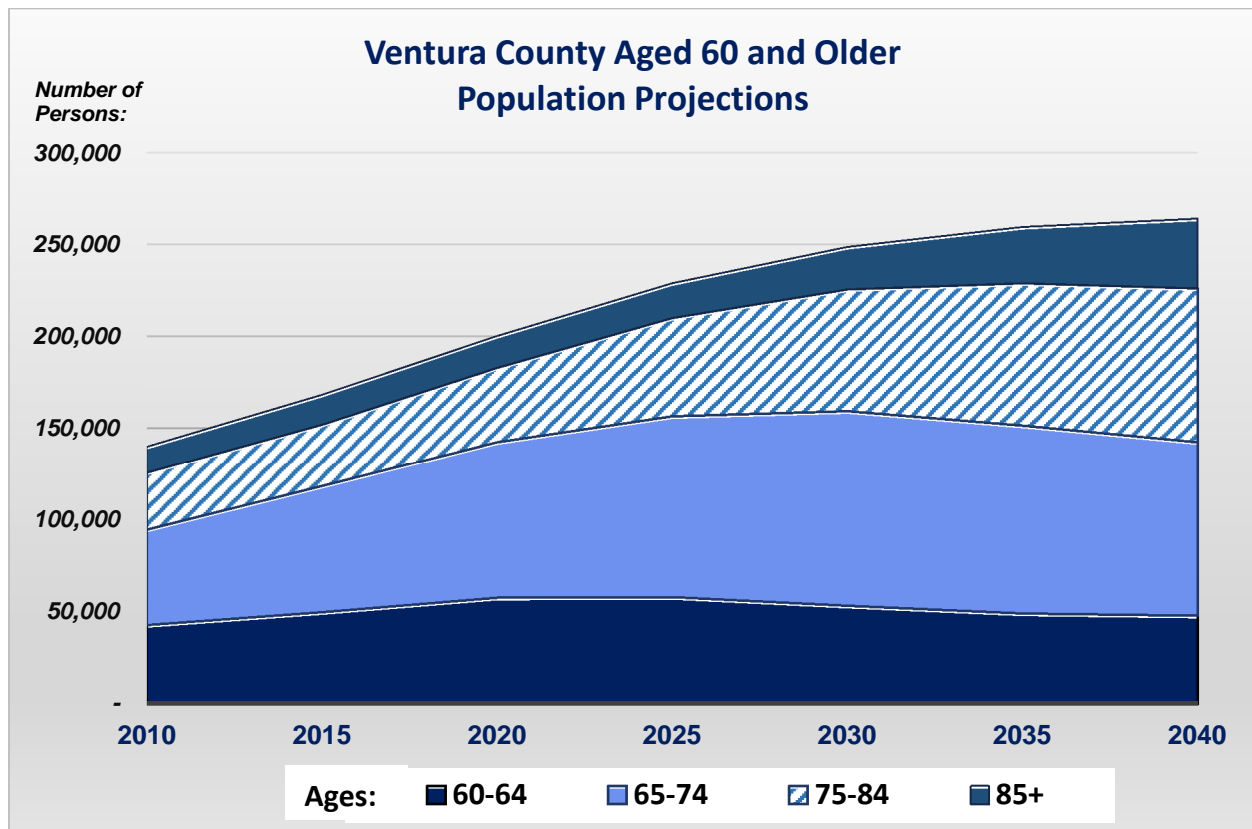


**Year 1**  
**FY 2016-2017**

# Master Strategic Plan 2016-2020





## **VCAA Senior Charter**

### **Quality of Living Strategy**

#### **For Ventura County Seniors – Adopted May 20, 2012**

#### **Purpose**

The purpose of the VCAA Senior Charter is to bring together seniors, families and caregivers, business community, policy makers, social service providers and public and private agencies to advocate for improving and/or maintaining the quality of living of Ventura County Seniors. The guiding principles of the charter are based on the congressional intent of the Older Americans Act, which honors the inherent dignity of the individual.

#### **Guiding Principles of the Charter**

- 1) Adequate resources to cover the basic needs of retirement.
- 2) Accessible and affordable health care (including mental health, fall prevention and fitness resources, healthy foods and quality rehabilitative and end-of-life care).
- 3) Suitable housing designed and located to meet a variety of senior housing opportunities, including institutional care and affordable housing; planning housing for the long-term needs of an aging society, including universal design and aging in place; and senior representation on planning and design review committees in every city.
- 4) Access to quality and convenient low-cost transportation – public and private transportation choices for seniors and disabled riders, including advocating for funding for senior transportation; providing a “third tier” of public transit for those unable to access paratransit; providing time-competitive public transportation (trains, HOV lanes); and efficient user-based coordinated regional public transit.
- 5) Opportunities for civic engagement, including cultural, education and training and recreational and volunteer opportunities.
- 6) Independent living and self-determination – seniors will enjoy the freedom, independence and exercise of the individual initiative in the planning and management of their own lives, including the opportunity for employment without age discrimination
- 7) Efficient community services with emphasis on maintaining a community-based continuum of care for the vulnerable elderly.
- 8) Family caregivers will have access to resources and services to ease the emotional and physical strains of caregiving and to support them in their efforts to care for their loved ones.

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## IN MEMORIAM

This past year, the world lost some extraordinary individuals who served on the VCAAA Advisory Council. We honor their memory and their service.

### **Tony Bellasalma, Moorpark - 21 years of service**

Served from FY 1993-94 through FY 2013-14.  
Held the office of Chair (FY 2008-09);  
Vice Chair (FY 2006-07); and  
Immediate Past Chair (FY 2009-10)

### **Darlene Benz, Ventura - 20 years of service**

Served from FY 1994-95 through FY 2013-14.  
Held the office of Chair (FY 2010-11);  
Vice Chair (FY 2009-10);  
Secretary (FY 2008-09); and  
Immediate Past Chair (FY 2012-13 and FY 2013-14)

### **Mel Silberberg, Thousand Oaks – 13 years of service**

Served from FY 2002-03 until his death in FY 2015-16.  
Held the office of Chair (FY 2009-10);  
Vice Chair (FY 2008-09); and  
Immediate Past Chair (FY 2010-11 and FY 2011-12)

### **Ina Howard, Oxnard – Cumulative six years of service**

Served from FY 1997-98 through FY 2000-01, and from FY 2003-04 through FY 2004-05. After completing her years of service, she often attended Advisory Council meetings because of her interest in issues affecting seniors.

Pursuant to the federal Older Americans Act and the California Code of Regulations, Title 22:

- (1) This plan was reviewed and subsequently approved by the:
  - a) the Ventura County Area Agency on Aging's Advisory Council (on March 9, 2016 following a public hearing on its contents); and the
  - b) Ventura County Board of Supervisors (on April 19, 2016).
- (2) The plan will be submitted to the California Department of Aging on or before May 1, 2016 (as required by Title 22) for review and approval.

## SECTION 1. MOTTO, MISSION STATEMENT, VISION, CORE VALUES

### VCAAA MOTTO

*“Serve. To Guide. To Envision.”*

### MISSION STATEMENT

*The Ventura County Area Agency on Aging’s mission is to serve Ventura County’s aged 60+ population, adults with disabilities, and their unpaid caregivers, by:*

- *Providing leadership in addressing issues that relate to older Californians, adults with disabilities, and their caregivers;*
- *Developing and maintaining 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;*
- *Enhancing and supporting existing community based service providers systems of care and long-term services and supports; and*
- *Promoting citizen involvement in the planning and delivery of services for Ventura County’s older population, adults with disabilities, and their caregivers.*

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

### VCAAA 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.*

## VCAAA CORE VALUES

- **Put People First** – All of VCAAA’s actions shall benefit Ventura County’s older adults, adults with disabilities, and their caregivers and especially those persons who are underserved, vulnerable, isolated and/or living with special needs.
- **Accessibility, Inclusivity and Diversity** – VCAAA’s programs will be inclusive and available to Ventura County’s older adults, adults with disabilities, and their caregivers (as permitted by regulations). Programs will be culturally appropriate, responsive and reflective of the diverse nature of the senior community, adults with disabilities and their unpaid caregivers.
- **Accountability and Transparency** – VCAAA will be an accountable steward of public funds by ensuring the efficiency, quality and cost-effectiveness of its programs and services, which will be provided in a “transparent” and open manner.
- **Collaboration** – VCAAA will create useful, effective forms of collaboration with partners, within and beyond the aging services sector, in the areas of service development and delivery, research, evaluation and management.
- **Integrity** – All programs and services, whether internal or external, will be delivered with integrity and will comply with legal, fiscal, and program mandates.
- **Respectful and Supportive Work Environment** – VCAAA will encourage creativity, diversity, innovation, teamwork, accountability, continuous learning, a continuous quality improvement loop inclusive of all employees, a sense of urgency, enthusiasm, trust, and the highest ethical standards.
- **Neutrality** – VCAAA staff will provide accurate, non-biased, reliable, understandable, and timely information and services to our service population, partners, and the public.
- **Responsive and Innovative** – VCAAA will be responsive in identifying and addressing the changing needs of the community. VCAAA will encourage innovation in the effective and diverse delivery of services.
- **Deliver Results** – VCAAA will deliver services and results that are useful to the people and communities directly served by its programs, and to the taxpayers who pay for these programs.

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**\*NOTE:** Title 22 of the California Code of Regulations requires specific wording be used in the agency’s mission statement.



## SECTION 2. DESCRIPTION OF PLANNING & SERVICE AREA (PSA)

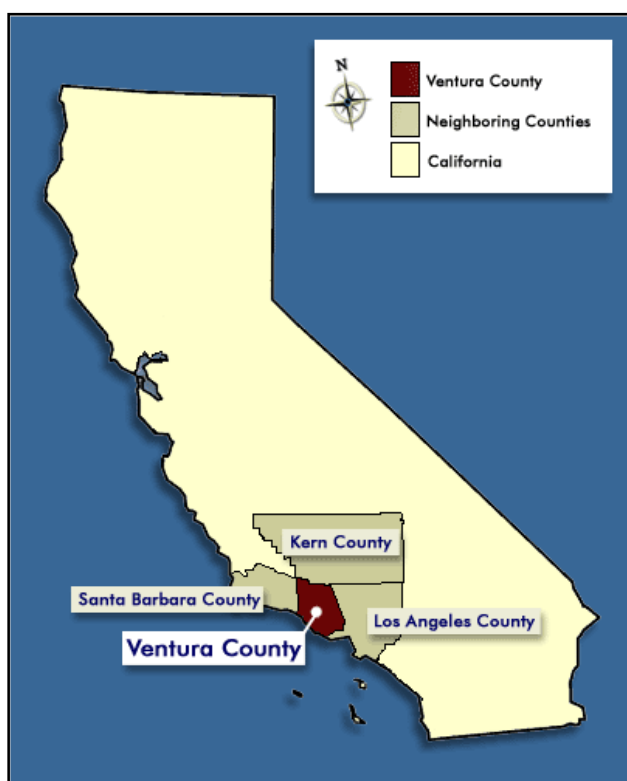
### PHYSICAL CHARACTERISTICS

VCAAA is in Planning and Service Area (PSA) 18, which is a single county planning and service area consisting entirely of Ventura County.

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 (or 1,413,120 acres), which includes 1,845 square miles (or 1,180,800 acres) of land and 363 square miles (or 232,320 acres) 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 10 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 (550,400 acres) or 46.6 percent 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.



**Ten Cities.** Ventura County has ten incorporated 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, north of the highway.

## **OTHER CHARACTERISTICS**

**History.** 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.”

**Recreation, Tourism, Fishing and Shipping.** 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. 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.

**Military Bases.** Two United States Navy bases are along the coast: 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.

**Major Transportation Routes.** 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).

**Rail Service.** 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.

**Airports.** There are three airports in the Ventura County.

- Oxnard Airport, a non-hub commercial service airport, has one full service fixed base operator providing services such as aircraft charters, aircraft maintenance, and pilot supplies. The airport hosts several car rental agencies, and shuttle van service to Los Angeles International Airport.

- Camarillo Airport, formerly the Oxnard Air Force Base, is a general aviation airport with over 600 general aviation aircraft. Several aviation businesses provide flight instruction (fixed wing and helicopter), aircraft maintenance, and aircraft charter and storage. It is home to the Experimental Aircraft Association (EAA), the Commemorative Air Force (CAF), the Ventura County 99's, and an Ultralight Airpark.
- Santa Paula Airport is a smaller and non-towered airport that exclusively serves privately operated general aviation. Popular with private pilots and owners of vintage aircraft. It has a non-traditional runway.

**Higher Education.** Ventura County is home of these public institutions: California State University at Channel Islands, Moorpark College, Oxnard College and Ventura College. Private schools include (but are not limited to): Brooks Institute, California Lutheran University, National University, St. John's Seminary, St. Thomas Aquinas College and Ventura College of Law.

**Climate and Weather.** Ventura County is considered to have a Mediterranean-Dry Summer Climate characterized by cool, wet winters and warm, dry summers. There are six micro-climates, each has its own weather pattern. These microclimates are classified as:

- 1) Highland and mountains within the Western Transverse Ranges
- 2) Coastal plains within the Oxnard Plain (Oxnard)
- 3) Coastal strip along the coastline (Ventura, Oxnard, Port Hueneme)
- 4) Interior valleys within the Ojai Valley (Ojai, Mira Monte, Oak View)
- 5) Interior valleys with coastal influence within the Santa Clarita Valley (Fillmore, Santa Paula and Piru)
- 6) Interior valleys without coastal influence within the Conejo and Simi Valleys (Newbury Park, Thousand Oaks, Moorpark, Simi Valley)

**Rainfall, Sunny Days and Snow.** Ventura County receives an average of 18 inches of rain per year, depending upon the drought, whereas the US average is 37 inches of rain annually. The number of days with any measurable precipitation is 31 days on average versus an average of 100 days nationally. On average, there are 273 sunny days per year. Coastal communities are more impacted by late night and morning low clouds in May ("May-Gray") and June ("June-Gloom"). Snow occasionally accumulates briefly during winter in the mountains (at the higher elevations).

**Temperature and Humidity.** The average high in July hovers around 79° F, and the January low averages 42° F. Mountain areas and inland valleys are more likely to intermittently experience freezing temperatures in winter; however, coastal areas may experience a few days below 32° in December or January. On the humidity comfort index (which is based on humidity during the hot months), where higher is more comfortable, Ventura County measures of 50 out of 100. This is six points above the national average comfort index of 44.

## **POPULATION**

### **Selected Key Characteristics**

<b>Characteristic</b>	<b>Total Population: 846,178</b>	<b>Aged 60 and Older Population: 162,730</b>
<b>TOTAL POPULATION</b>	846,178	19.2 % of total population (846,178) or 162,730
Persons aged 65 and older		13.6 % <sup>(a)</sup> of total population (846,178) or 115,080
Persons aged 75 and older		5.6% <sup>(a)</sup> of total population (846,178) or 49,078
<b>SEX AND AGE:</b>		
Male	49.4 %	<b>45.7% or 74,367</b>
Female	50.6%	<b>54.3% or 88,362</b>
Median age	37.3 years <sup>(a)</sup>	68.9 years
Sex ratio (males per 100 females)		97.7 <sup>(a)</sup>
<b>RACE AND HISPANIC OR LATINO ORIGIN:</b>		
<i>One race:</i>	95.6%	98.3% or 159,964
White ( <b>includes</b> Hispanic or Latino)	80.6%	85.6% or 139,296
Black or African American	1.6%	1.4% or 2,268
American Indian and Alaska Native	0.9%	0.5% or 814
Asian	7.1%	7.5% or 12,205
Native Hawaii and Other Pacific Islander	0.2%	0.2% or 325
Some other race	5.2%	3.2% or 5,207
<i>Two or more races</i>	4.4%	1.7% or 2,766
Hispanic or Latino origin, <i>any race</i>	42%	20.2% or 32,871
Hispanic or Latino origin, <i>white race only</i>	34.1%	
Hispanic or Latino origin, <i>other races</i>	7.9%	
White race alone, not Hispanic or Latino	46.5%	69.4% or 112,914
<b>MINORITY AND NON-MINORITY STATUS:</b>		
Aged 60 and older, <i>white race only</i>	N/A	69.4% or 112,914
Aged 60 and older, <i>all other races</i>	N/A	30.6% or 49,795
All ages, <i>white race only</i>	<b>46.5%</b>	N/A
All ages, <i>all other races</i>	<b>53.5%</b>	N/A
<b>HOUSEHOLDS:</b> (1 unit of housing = 1 household)		
Family households	73.9%	61.9% of 93,689 or 57,993
Married-couple	55.7%	49.7% or 46,564
Householder living alone	20.7%	34.2 % or 32,042
<b>Female householder, no husband, children</b>	<b>12.6%</b>	<b>9.1% or 8,526</b>
Non-family households	26.1%	38.1% or 35,796
<b>MARITAL STATUS:</b>	677,705 (Aged 15+)	162,730
Married now, not separated	50.2% of 677,705	59.9% of 162,730 or 97,475
Widowed	4.7% of 677,705	17.2% or 27,990
Divorced	10.3% of 677,705	15.8% or 25,711
Separated	1.7% of 677,705	1.8% or 2,929
Never Married	33.1%	5.4% or 8,786



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Characteristic	Total Population: 846,178	Aged 60 and Older Population: 162,730
<b>EDUCATIONAL ATTAINMENT:</b>	557,479 (Aged 25+)	162,730
Less than high school	16.4%	15.6% of 162,730 or 25,386
High school graduate, GE or alternative	19.4%	19.4% or 31,570
Some college or associates degree	32.5%	32% or 52,074
Bachelor's degree or higher	31.6%	33% or 53,701
<b>RESPONSIBLE FOR GRANDCHILDREN UNDER AGE 18 YEARS:</b>	Aged 30+ Population: 501,765	162,730
Living with grandchild(ren)	4.9% of 501,765	8.2% of 162,730 or 13,344
Responsible for grandchild(ren)	0.9%	1.3% or 2,115
<b>VETERAN, CIVILIAN</b>	639,342 (Aged 18+)	162,730
Civilian veteran	6.4% of 639,342	16.2% of 162,730 or 26,362
<b>DISABILITY STATUS:</b>		
Civilian non-institutionalized population	840,584	160,954
With any disability	10.8% of 840,584	30% of 160,954 or 48,819
<b>PLACE OF BIRTH AND CITIZENSHIP:</b>		
Native born	652,528	74.4% of 162,730 or 121,158
Foreign born	193,650	25.5% or 41,572
Naturalized U.S. citizen	47.7% of 193,650	72.5% of 41,572 or 30,140
Not a US citizen	52.3% of 193,650	27.5% or 41,572
<b>LANGUAGE SPOKEN AT HOME &amp; ABILITY TO SPEAK ENGLISH:</b>	792,385 (Aged 5+)	162,730
English only	61.2% of 792,385	72.9% of 162,730 or 118,630
Language other than English	38.8% of 792,385	27.1% or 44,100
Speak English less than "very well"	14.9% of 792,385	15.6% or 25,386
<b>EMPLOYMENT STATUS:</b>	665,249 (Aged 16+)	162,730
Civilian labor force (aged 16 and older)	65.9% of 665,249	31.2% of 162,730 or 50,772
Employed in civilian labor force	60.4% of 665,249	29.8% or 48,494
Unemployed in civilian labor force	5.2% of 665,249	1.4% or 2,278
Not in labor force	34.1% of 665,249	68.8% or 111,958
<b>INCOME, PAST 12 MONTHS IN 2014 INFLATION-ADJUST DOLLARS)</b>		
Households	269,869	93,689
With earnings	82.1% of 269,869 households	55.9% of 93,689 households
Mean earnings	\$96,391	\$84,810
With Social Security income	29.6% of 269,869 households	71.6% of 93,689 households
Mean Social Security income	\$18,668	\$19,696
With Supplemental Security Income (SSI)	4.4% of 269,869 households	6.4% of 93,689 households
Mean SSI Income	\$8,092	\$8,030
With cash public assistance income	2.4% of 269,869 households	1.8% of 93,689 households
Mean cash public assistance income	\$5,557	\$8,237
With retirement income	18.6% of 269,869 households	42% of 93,689 households
Mean retirement income	\$31,767 (persons below aged 60)	\$33,484
With Food Stamp/SNAP benefits	6.7% of 269,869 households	4.2% of 93,689 households
<b>POVERTY STATUS, PAST 12 MONTHS:</b>		
Population for whom poverty status is determined:	834,832	160,897
Below 100% of the poverty level	11.3% of 834,832	8.6 % of 160,897 or 13,995
100 to 149% of the poverty level	9.5 % of 834,832	7 % or 11,391
At or above 150% of the poverty level	79.2 % of 834,832	84.4 % or 137,344

Ventura County Area Agency on Aging PSA 18  
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Characteristic	Total Population: 846,178	Aged 60 and Older Population: 162,730
<b>HOUSING:</b>		
Total occupied housing units	269,869	92,689
<b>Owner-occupied housing units</b>	63.1% of 269,869	77.4% of 92,689 or 71,741
Average household size	3.07 persons	2.36 persons
Median value of homes owned	\$483,100	\$478,100
Median monthly owner costs:		
With mortgage	\$2,310	\$2,020
Without mortgage	\$491	\$464
Monthly owner costs as a percentage of household income in the past 12 months:		
Less than 30 percent	65.8% of 269,869	68.1% of 92,689 or 63,121
30 percent or more*	34.2% of 269,869	31.9% of 92,689 or 29,568; and 18% of all persons aged 60+*
<b>Renter-occupied housing units</b>	36.9% of 269,869	22.6% of 92,689 or 20,948
Renter-occupied housing units	99,676	21,137
Average household size of rental units	3.13 persons	1.91 persons
Median gross rent	\$1,505	\$1,231
Gross rent as a percentage of household income in the past 12 months:		
Less than 30 percent	44.4%	44.9% or 41,617
30 percent or more*	55.6%	55.1% or 51,072; and 31% of all persons aged 60+*
<b>CHRONICALLY HOMELESS ADULTS:</b>	451 adults <sup>(a)</sup>	35, aged 62 and older <sup>(a)</sup>

\*49% of all persons aged 60+ spend 30 percent or more of household income on rent or a mortgage.

**Source:** Except as indicated below, all data in this table is from the US Census Bureau American Community Survey (Ventura County Population 60 Years and Over, 1-Year Estimate, 2014, Report S0101, 2014)  
Additional Data Sources: <sup>(a)</sup>Ventura County Homeless Count (Ventura County 2015 Homeless Count and Subpopulation: Final Report, 2015)

### Ventura County's Key Characteristics From the California Department of Aging (CDA) Population Demographic Projections by County and PSA for In Intrastate Funding Formula

CDA requires these characteristics be included in this plan.

Total Persons aged 60+	174,537	Geographically isolated aged 60+	5,252
Non-minority persons aged 60+	117,599	Non-English speakers aged 60+	7,490
Minority persons aged 60+	56,938	Aged 65 and older on SSI/SSP	6,714
Low income persons aged 60+	15,040	Aged 75 and older population	50,990
Medi-Cal eligible persons aged 60+	22,579		

**Source:** (CDA 2016 Population Demographic Projections by County and PSA for Intrastate Funding Formula, 2016)

### Ventura County Aged 60+ Population – Age Distribution By City

CITY/AREA (listed alphabetically)	Populations:		Percent of:		Ranking Based on Percentage of:	
	Total - All Ages	Aged 60 +	Aged 60+ Population Living in City or Area	County's Total Aged 60+ Population	Persons Aged 60+Within Respective City/Area	County's Total Aged 60+ Population
AREAS NOT LISTED BELOW	72,853	13,528	19%	9.0%	5	6
CAMARILLO	65,985	15,694	24%	10.4%	2	5
FILLMORE-PIRU	17,281	2,369	14%	1.6%	9	11
MOORPARK	35,033	4,589	13%	3.0%	10	8
OJAI - MIRA MONTE	28,681	7,573	26%	5.0%	1*	7
OXNARD	201,744	25,500	13%	16.9%	11	2
PORT HUENEME	21,949	3,709	17%	2.5%	7	10
SANTA PAULA	29,990	4,439	15%	2.9%	8	9
SIMI VALLEY	125,699	22,262	18%	14.8%	6	3
THOUSAND OAKS	128,126	29,040	23%	19.2%	3	1*
VENTURA	108,449	22,163	20%	14.7%	4	4
TOTAL	835,790	150,866 *	18%	100.0%	* = Highest	

**Source:** US Census Bureau Estimates (Ventura County and Cities, DP05: ACS Demographics and 2010-2014 American Community Survey, 5-Years, 2014) (Data is not available for all cities in the 2014 1-Year Estimates)

\*The population projections of persons aged 60 and older (for Ventura County) from the US Census Bureau's American Community Survey is a conservative 150,866, and differs from the California State Department of Finance's December 2014 projection of 174,537.

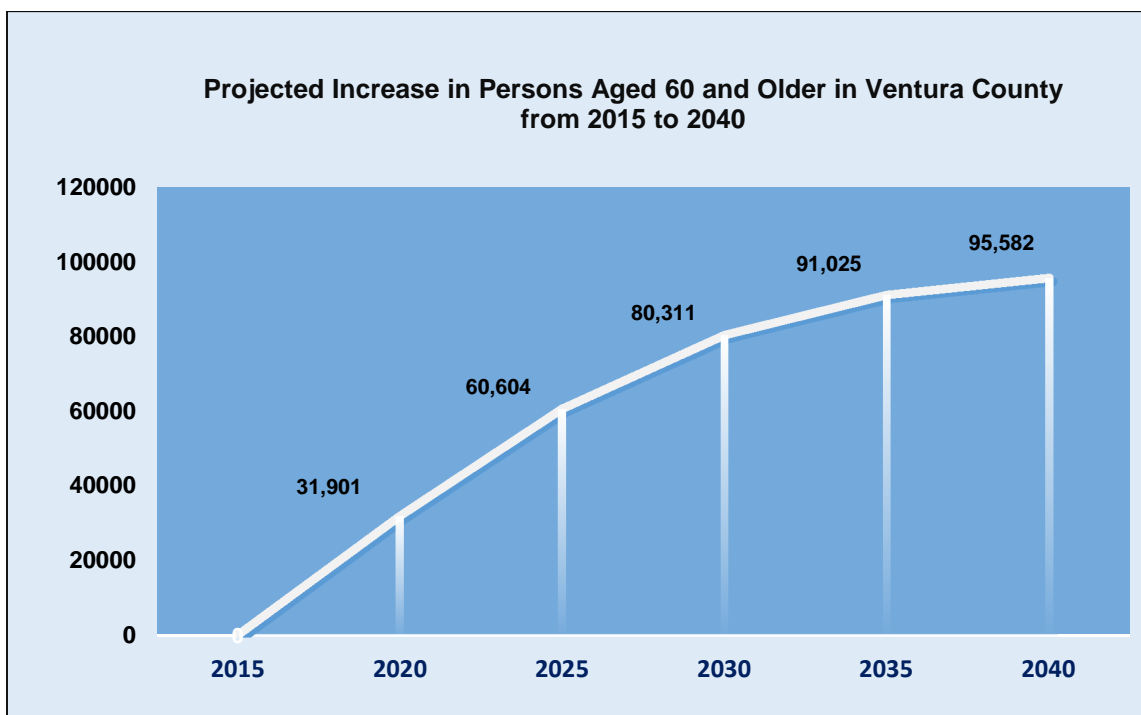


## Ventura County Aged 60 and Older Population Projections

Year:	Pre-Retirees Aged 60-64	Young Retirees Aged 65-74	Mature Retirees Aged 75-84	Seniors Aged 85+	Total
2010	42,906	51,929	30,968	14,251	140,054
2015	49,893	68,581	33,649	16,294	168,417
2020	57,717	84,910	40,374	17,317	200,318
2025	58,071	98,633	53,396	18,921	229,021
2030	53,453	106,019	66,224	23,032	248,728
2035	49,256	102,357	77,378	30,451	259,442
2040	48,021	94,618	83,450	37,910	263,999

**Source:** California Department of Finance (State and County Total Population Projections by Race/Ethnicity and Detailed Age, 2010-2060, Report P-3, 2014)

## Projected Population Increase in Aged 60 and Older – 2015 to 2040



**Source:** California Department of Finance (State and County Total Population Projections by Race/Ethnicity and Detailed Age, 2010-2060, Report P-3, 2014)

According to the California Department of Finance's population projections, **Ventura County's aged 60 and older population will increase by 95,582 persons or 56.7 percent between 2015 and 2040.** The Increase from 2015-2020 will be 18.9 percent; from 2015 to 2025 will be 36 percent; from 2015 to 2030 will be 47.7 percent; from 2015 to 2035 will be 54 percent. 2015 and 2040 will be 56.7 percent

## **POVERTY**

### **Federal Poverty Level (FPL)**

The FPL is a measure of income level issued annually by the Department of Health and Human Services. Most often, the levels are used to determine an individual's eligibility for certain programs and benefits. Annual poverty thresholds are based on the size of a family, and may also consider the ages of family members.

It is important to note that standards used to establish thresholds in 2016 are rooted in a 1955 *Department of Agriculture* report that found families of three or more spent about one-third of their after-tax income on food. In 1969, the federal government adopted this threshold in its definition of poverty. Understandably, many considered this definition out-of-date and not reflective of the economic challenges faced by many older adults. This led to the creation of the Elder Economic Index (detailed in the next section). Poor economic conditions are reflected in the poverty rates. In general, a higher poverty rate is indicative of insufficient employment opportunities. However, for older adults (age 60 and older), may be caused by insufficient planning for retirement and/or unforeseen circumstances such as catastrophic medical expenses.

### **Percent of Persons Living in Poverty in Ventura County:**

<b>Poverty Status in the Last 12 Months</b>	<b>Population All Ages</b>	<b>Population Aged 60+</b>
Below 100% of the poverty level	11.3%	8.6%
100 to 149% of the poverty level	9.5%	7.0%
At or above 150% of the poverty level	79.2%	84.4%

**Source:** US Census Bureau American Community Survey  
(Ventura County Population 60 Years and Over, 1-Year Estimate, 2014, Report S0101, 2014)

### **2016 Poverty Guidelines For the 48 Contiguous States and the District of Columbia:**

<b>Persons in Family/Household</b>	<b>2016 Poverty Guideline</b>
1	\$11,880
2	16,020
3	20,160
4	24,300
5	28,440
6	32,580
7	36,730
8	40,890

For families/households with more than 8 persons add \$4,160 for each additional person.

**Source:** US Department of Health and Human Services (Federal Poverty Level 2016, Program Policy Notice No. 16-02, 2016)

**Ventura County Residents AGED 65+ Living Below Federal Poverty Level:**

			PERCENT of People AGED 65+ Living Below Poverty Level		
			A	B	C
ZIP Code	City/Area	Trend Comparing Columns A to C	2009- 2013*	2008- 2012*	2007- 2011*
ALL	County of Ventura – Total	↓	7.2 %	7.3 %	7.6 %
91320	Thousand Oaks (Newbury Park)	↓	3.3	2.7	3.6
91360	Thousand Oaks (Northwest)	↓	7.2	7.2	7.7
91361	Thousand Oaks (Westlake Village, Lake Sherwood, Hidden Valley)	Same	6.3	6.3	6.3
91362	Thousand Oaks (North Ranch/East)	↑	4.3	4.8	3.6
91377	Thousand Oaks (Oak Park)	↓	9.5	12.7	14.3
	<b>Thousand Oaks Average:</b>	↓	<b>6.1 %</b>	<b>6.7 %</b>	<b>7.1 %</b>
93001	Ventura (includes Casitas Springs)	↓	14.5	13.4	15.4
93003	Ventura	↓	5.2	5.2	5.9
93004	Ventura (Saticoy/East)	↓	7.8	7.2	6.2
	<b>Ventura Average:</b>	No change	<b>9.2 %</b>	<b>8.6 %</b>	<b>9.2 %</b>
93010	Camarillo (West)	↓	6.2	5.8	7.0
93012	Camarillo (Santa Rosa Valley/East)	↓	4.1	5.0	4.5
93066	Somis – RURAL AREA	↑	8.3	6.1	6.2
	<b>Camarillo-Somis Average:</b>	↑	<b>6.2 %</b>	<b>5.6%</b>	<b>5.9</b>
93021	Moorpark	↓	4.5	5.1	7.3
93022	Oak View	↓	7.3	6.8	8.6
93023	Ojai (Meiners Oaks)	↑	7.9	7.8	7.3
	<b>Ojai-Oak View Average:</b>	↓	<b>7.6 %</b>	<b>7.3 %</b>	<b>8%</b>
93030	Oxnard (East)	↑	11.7	9.7	9.9
93033	Oxnard (College Park)	↓	11.0	12.5	13.1
93035	Oxnard (Channel Islands/South)	↓	4.0	4.4	4.8
93036	Oxnard (North/Riverpark)	↑	4.4	4.5	3.4
	<b>Oxnard Average:</b>	No change	<b>7.8 %</b>	<b>7.8 %</b>	<b>7.8 %</b>
93041	Port Hueneme	↑	11.7 %	9.4 %	8.5 %
93063	Simi Valley (Northeast/Santa Susanna)	↑	7.7	7.6	5.6
93065	Simi Valley (Northwest)	↓	5.0	5.6	6.1
	<b>Simi Valley Average:</b>	↑	<b>6.4%</b>	<b>6.6 %</b>	<b>5.9%</b>
93015	Fillmore	↓	9.4	10.0	13.2
93060	Santa Paula	↓	13.9	13.6	15.1
93040	Piru – RURAL AREA	↓	10.9	10.6	18.7
	<b>Highway 126 Corridor Cities-Average:</b>	↓	<b>11.4 %</b>	<b>11.4 %</b>	<b>15.7%</b>

Sources and key: See next page

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**KEY: Data Source and Time Frame**

A = U.S. Census American Community Survey, 2009-2013

B = U.S. Census American Community Survey, 2008-2012

C = U.S. Census American Community Survey, 2007-2011

**KEY: Other**

↓ = Percentage is less than in 2007-2011

↑ = Percentages more than in 2007-2011

**Data not available for the following ZIP Codes:**

Camarillo: 93011

Fillmore: 93016

Moorpark: 93020

Newbury Park: 91319

Ojai: 93024

Oxnard: 93031, 93032

Port Hueneme: 93043, 93044

Santa Paula: 93061

Simi Valley: 93044, 93062, 93064, 93093, 93099

Thousand Oaks: 91358, 91359

Ventura: 93002, 93005, 93006, 93007

**Ventura County Residents Aged 65+ Living Below the Federal Poverty Level  
by Race / Ethnicity:**

Race/Ethnicity	Aged 65+ Percent Living Below Poverty Level
Native Hawaiian or Other Pacific Islander	<1%
White, non-Hispanic	5.7%
Asian	8.8%
Two or more races	10.5%
Hispanic or Latino	11.9%
Black or African American	14.6%
American Indian or Alaskan Native	16.1%
Other	16.2%

**Source:** U.S. Census American Community Survey  
(Ventura County, 4 Year Estimate 2009-13, Selected Population Characteristics, 2013)

## **2013 VENTURA COUNTY ELDER ECONOMIC INDEX FOR PERSONS AGED 65 AND OLDER**

***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 more than 31,000 elders struggling to make ends meet in Ventura County.***

This document contains the most recent version (2013) of the California Elder Economic Security Standard Index (Elder Index). It 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 counties in California.

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.

Per the tables shown below, a single elder with a mortgage needs an income of \$33,816; and an older couple needs \$40,668. A single elder renter needs \$24,648; and an elder couple needs \$31,500.

### **2013 – Aged 65 and Older: Homeowner with Mortgage**

Number of Elders	Housing	Health-care	Food	Transportation	Misc.	Monthly Total	Annual Total
Single Elder	\$1,939	\$166	\$254	\$233	\$226	\$2,818	\$33,816
Elder Couple	\$1,939	\$332	\$471	\$326	\$321	\$3,389	\$40,668

### **2013 – Aged 65 and Older: Renter**

Number of Elders	Housing	Health-care	Food	Transportation	Misc.	Monthly Total	Annual Total
Single Elder	\$1,175	\$166	\$254	\$233	\$226	\$2,054	\$24,648
Elder Couple	\$1,175	\$332	\$471	\$326	\$321	\$2,625	\$31,500

**Source:** UCLA Center for Health Policy Research. Numbers compiled for 2013 reflect the most recent information available.

2015 Insight Center for Community Economic Development. (The UCLA Center for Health Policy Research, in collaboration with the Insight Center for Economic Development, 2013)

In contrast, according to the Federal Poverty Line (FPL), only 4 percent (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 percent) 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.

The Elder Index sets a benchmark of income adequacy for older adults, and provides the true cost of meeting basic needs and maintaining independence in the community. It 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.

***Among the older adult population, it's not just "poor" elders who are struggling in Ventura County.***

### **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 is 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 better off, 43 percent 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**

*More than 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.*

### **Elders Rely Significantly on Social Security**

According to the Social Security Administration, ninety percent of individuals aged 65 and older nationwide receive Social Security benefits. Social Security benefits represent about 39 percent of the income of the elderly. Among elderly Social Security beneficiaries, 53 percent of married couples and 74 percent of unmarried persons receive 50 percent or more of their income from Social Security; and 22 percent of married couples and approximately 47 percent of unmarried persons rely on Social Security for 90 percent or more of their income. As of June, 2015, the national average Social Security monthly payment to a retired worker is \$1,335. There are currently 2.8 workers for each Social Security beneficiary. By 2035, there will be 2.1 workers for each beneficiary.

***Social Security continues to be the major source of income for most of the elderly.***

In California, **one out of three seniors** rely exclusively on Social Security to cover their basic costs.

## 2015 SocioNeeds Index for Selected ZIP Codes in Ventura County

The 2015 SocioNeeds Index was created by Healthy Communities Institute to measure social and economic factors that are correlated to poor health outcomes. These factors (poverty, education, etc.) are analyzed and assigned an index value from 0 to 100 for each ZIP Code in the nation. ZIP Codes with the highest index values are estimated to have the greatest socioeconomic need, which is correlated with preventable hospitalizations and premature death. ZIP codes with an index value of 50 would be average as compared to the rest of the country; however, an index value of 50 could be high, compared to the values of the other ZIP codes in a specific area. To identify the relative level of need within a community, the national index values for each ZIP Code are sorted from low to high and divided into five ranks.

Health Rank of 5 = Greatest Socioeconomic Need		Health Rank of 1 = Lowest Socioeconomic Need		
ZIP	City	Health Index Value	Health Rank	Percent of Persons Aged 65+ Living Below Poverty Level*
93015	Fillmore	79.5	5	9.4
93030	Oxnard (East)	85.8	5	11.7
93033	Oxnard (College Park)	95.4	5	11.0
93041	Port Hueneme	82.0	5	11.7
93060	Santa Paula	88.2	5	13.9
93001	Ventura	63.4	4	14.5
93036	Oxnard (North)	66.2	4	4.4
93003	Ventura	30.6	3	5.2
93004	Ventura	28.5	3	7.8
93022	Oak view	34.6	3	7.3
93023	Ojai	33.1	3	7.9
93035	Oxnard (Channel Islands/South)	32.4	3	4.0
91360	Thousand Oaks (Northwest)	13.9	2	7.2
93010	Camarillo (West)	18.2	2	6.2
93063	Simi Valley (Northeast/Santa Susanna)	18.1	2	7.7
93065	Simi Valley (Northwest)	13.2	2	5.0
93066	Somis - RURAL	14.3	2	8.3
91320	Thousand Oaks (Newbury Park)	6.2	1	3.3
91361	Thousand Oaks (Lake Sherwood)	5.8	1	6.3
91362	Thousand Oaks (North Ranch/East)	5.9	1	4.3
91377	Thousand Oaks (Oak Park)	2.4	1	9.5
93012	Camarillo (Santa Rosa Valley/East)	6.9	1	4.1
93021	Moorpark	9.3	1	4.5

\*People aged 65+ living below poverty level per U.S. Census Bureau's American Community Survey for the years 2009 to 2013 (most recent data available)

### Source:

Health Matters in Ventura County, (Healthy Communities Institute, 2015)

<http://www.healthmattersinvc.org/modules.php?op=modload&name=NS-Indicator&file=socioneeds>



## SECTION 3. DESCRIPTION OF AREA AGENCY ON AGING – VCAAA



The Ventura County Area Agency on Aging (VCAAA) was formed in 1980, as an agency of the County of Ventura. VCAAA 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.

In 2016, VCAAA, in collaboration with the Independent Living Resource Center (ILRC), opened the Ventura County Aging and Disability Resource Center (ADRC) in Ventura and is awaiting formal approval as a state-designated ADRC.

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.



### **ADVISORY COUNCIL**

A 37-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 comprised of the below listed representatives:

- Board of Supervisors – Six persons appointed by the Board of Supervisors
- City councils on aging/commissions on aging – Two representatives for each of the 10 cities in the county (20 persons)
- Senior service providers – Two representatives (elected by the Advisory Council)
- Special populations – Five persons, one each representing:
  - Persons with disabilities
  - Family caregivers (informal, unpaid)
  - Lesbian, Gay, Bisexual, Transgender (LGBT) population
  - Military veterans
  - Older adults with mental health issues



- California Senior Legislature (CSL) – One CSL senator and two CSL assembly members
- Immediate past chair of the Advisory Council

The Advisory Council forms task forces and committees as needed to address specific issues.

Current standing committees of the Advisory Council include:

- By-Laws Committee
- Health Issues Committee
- Legislative Committee
- Livable Communities Committee (previously Housing and Transportation)
- Planning and Allocation Committee
- Optimal Aging Committee
- Outreach Committee
- Senior Nutrition Program Committee

All committees work closely with the agency director and staff to address issues and to develop recommendations for programs and funding. Interested members of the public are welcome to attend and participate on committees; however, they cannot vote on policies or actions.

The VCAAA interacts directly with the U.S. Administration for Community Living/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; however, other sources contribute to our total funding.

## **VISIBLE LEADERSHIP**

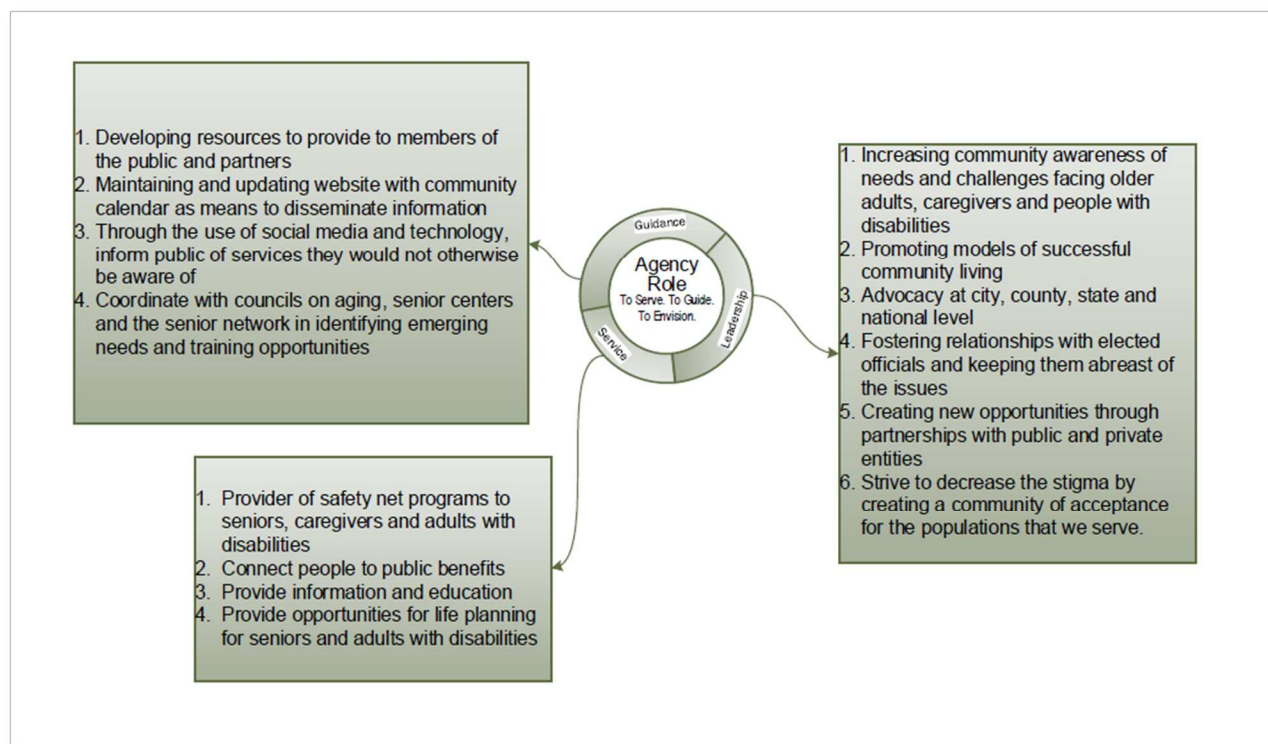
The VCAAA is a visible and effective leader in aging issues through its interaction with senior service providers, volunteers, the senior community, and the public. It is financially the largest single funding source of senior programs and services in Ventura County. Through community forums, public 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.

**AGENCY ROLE**  
**APPROVED BY VCAAA ADVISORY COUNCIL, JANUARY 2016**



## **SERVICE DELIVERY SYSTEMS**

Using a variety of funding sources, VCAAA serves its key populations of older adults, persons with disabilities, and their informal caregivers, by providing direct services and contracting with service providers or vendors (depending upon program). The services delivered are listed below.

<b>VCAAA DIRECT SERVICES</b>		
<b>MULTIPLE FUNDING SOURCES (OAA, ETC.)</b>		
<b>VCAAA SERVICE</b>	<b>PROJECT DESCRIPTION</b>	<b>CONTACT INFORMATION</b>
<b>ADRC</b>	The <b><i>Aging &amp; Disability Resource Center</i></b> (ADRC) empowers older adults to make informed choices and to streamline access to long-term support. This program integrates points of entry to create community-wide service systems that reduce consumer confusion and build consumer trust and respect by enhancing individual choice and informed decision making.	<b>VCAAA*</b>
<b>BENEFIT ENROLLMENT CENTER</b>	The <b><i>Benefits Enrollment Center</i></b> provides a one-stop shop to help low-income seniors throughout Ventura find and apply for public benefits programs to help them pay for prescription drugs, medical care, food and utilities.	<b>VCAAA*</b>
<b>CARE MANAGEMENT–MSSP</b>	The <b>Multipurpose Senior Services Program (MSSP)</b> provides <b><i>Care Management</i></b> for seniors aged 65+, low income and on Medi-Cal with no share of cost who are eligible for nursing home placement and who prefer to remain at home. Provides assessment, care management, referrals and purchased services as needed and available.	<b>VCAAA*</b>
<b>CARE TRANSITIONS PROGRAM</b>	<b><i>CTP</i></b> is a short-term (30 day) program to assist discharging hospital and skilled nursing patients with learning self-management skills as they transition back home. The goal is to empower patients to manage their medical conditions and reduce high risk hospital readmissions.	<b>VCAAA*</b>
<b>FALL PREVENTION</b>	The <b><i>Fall Prevention Program</i></b> has two main components: 1) Referrals from Emergency Response & Emergency Department staff of people who have fallen 2) VCAAA reaches out to individuals (and/or their families) to provide services to prevent a fall or to prevent another fall. The Evidence-Based classes are Matter of Balance; Tai Chi; and Stepping On.	<b>VCAAA*</b>
<b>INFORMATION AND ASSISTANCE</b>	Links persons aged 60 and above, persons with disabilities, and unpaid (family) caregivers in need of assistance, to the appropriate programs and services in their communities. This is considered the entry point/introduction to the services system network.	<b>VCAAA*</b> or <a href="mailto:LOIS.VCAAA@Ventura.org">LOIS.VCAAA@Ventura.org</a>

VCAAA DIRECT SERVICES		
MULTIPLE FUNDING SOURCES (OAA, ETC.)		
VCAAA SERVICE	PROJECT DESCRIPTION	CONTACT INFORMATION
HEALTH INSURANCE COUNSELING AND ADVOCACY PROGRAM (HICAP)	The purpose of <b>HICAP</b> is to provide free unbiased counseling and community education on Medicare A, B, C, & D. HICAP completes comparisons on all products of C & D, retiree/employer Group vs. Medicare. HICAP resolves billing issues, and helps apply for appeals. HICAP's speaker bureau gives presentations on <i>Medicare 101, Prevention Services, Long Term Care</i> , on all aspects of Medicare products, and on Medicare changes for the new year. HICAP gives advice regarding healthcare insurance options for those contemplating retirement.	VCAAA, (805) 477-7310 or 1-800- 434-0222 <i>within Ventura County</i> (toll free). Interested parties may also call their local senior center to make an appointment.
HOMESHARE	<b>HomeShare</b> is a housing program that matches people looking for housing with people that have extra space and are looking for a roommate. The process includes an application, an interview, inspection of a home provider's property, and background checks and follow-up.	VCAAA HomeShare, 805-477-7324 <a href="mailto:home.share@ventura.org">home.share@ventura.org</a>
HOUSING+	<b>Housing+</b> is a case management program in partnership with the Housing Authority City of San Buenaventura to provide supportive services to its older adult and younger disabled adult residents.	VCAAA* or Denise Noguera at (805) 477-7300
IN-HOME SERVICES ①	<b>ElderHelp Program In-Home Services</b> provide personal care, homemaker, chore, food boxes, emergency material aid, minor home repairs, modifications, and/or security devices to frail seniors.	VCAAA*, or <a href="mailto:elder.help@Ventura.org">elder.help@Ventura.org</a>
SNAP-ED	The <b>Supplemental Nutrition Assistance Program-Education</b> (SNAP-Ed) program provides evidence-based nutrition education and obesity prevention services to older adults age 60 and older at eligible Title IIIC congregate nutrition sites and other venues. <b>Eat Smart, Live Strong</b> is the evidence-based program designed to improve fruit and vegetable consumption and physical activity among able-bodied, 60-74 year olds participating in or eligible for Food and Nutrition Service (FNS) nutrition assistance programs. The intervention is designed to help nutrition educators working with FNS programs and in communities deliver science-based nutrition education to the growing number of low-income older adults.	VCAAA, (805) 477-7310. Interested parties may also call their local senior center.

VCAAA DIRECT SERVICES		
MULTIPLE FUNDING SOURCES (OAA, ETC.)		
VCAAA SERVICE	PROJECT DESCRIPTION	CONTACT INFORMATION
TRANSPORTATION ②	<b>ElderHelp Transportation</b> program provides Dial-A-Ride Tickets (i.e. paratransit) and/or <i>Fixed Route Bus Tickets</i> for non-emergency medical appointments, shopping, visiting family, etc. Limited, free transportation to medical appointments for low income and frail seniors, and/or disabled adults unable to use the bus (for example clients requiring gurney transportation).	VCAAA, (805) 477-7321 or <a href="mailto:elder.help@Ventura.org">elder.help@Ventura.org</a>

\***Ventura County Area Agency on Aging (VCAAA)**, 646 County Square Drive, Ventura, CA 93003  
Phone: (805) 477-7310 or 1-800- 434-0222 *within Ventura County* (toll free)

VCAAA CONTRACTED SERVICES
AAA contracts to provide a variety of services. Contractors may be procured through the request for proposal process or by submitting a vendor application, depending upon the type of service being provided.

OAA FUNDING: TITLE III B, TITLE V AND TITLE VII		
SERVICE	PROJECT DESCRIPTION	CONTACT INFORMATION
CASE MANAGEMENT– SOCIAL MODEL ③	Social model case management for seniors that provides assessment, case management, referrals and follow up. (Services not available in Simi Valley and Ojai and only existing clients are served in Thousand Oaks/Newbury Park.)	<b>Catholic Charities/OASIS</b> Lisa Nagy, Program Manager 805-987-2083 x101 <a href="mailto:Oasisseniors@ccharities.org">Oasisseniors@ccharities.org</a>
EMOTIONAL SUPPORT ③	<b>Senior Support Line</b> provides emotional support and a friendly voice for seniors feeling isolated; at risk of losing their independence; recently experienced a change in their care setting and/or who are sad about health changes or other losses.	<b>Camarillo Health Care District</b> Call Line: 1-800-235-9980 (toll free)
FINANCIAL ABUSE PREVENTION	The <b>Financial Abuse Specialist Team</b> (FAST) provides 10 education sessions per year for professionals.	<b>Grey Law of Ventura County</b> Judy Yates, PhD (805) 658-2266
LEGAL SERVICES ③	Non-criminal legal guidance provided on topics such as credit and debt issues, collections, advance directives, power of attorney, elder abuse, etc.	<b>Grey Law of Ventura County</b> Michael Williams, Esq. (805) 658-2266

OAA FUNDING: TITLE III B, TITLE V AND TITLE VII		
SERVICE	PROJECT DESCRIPTION	CONTACT INFORMATION
LONG TERM CARE OMBUDSMAN (LTC)	The LTC Ombudsman advocates for residents of skilled nursing facilities, resident care facilities for the elderly, and for board and care facilities. There is no fee for LTC services.	Long Term Care Services of Ventura County (805) 656-1986
SENIOR TRAINING & EMPLOYMENT ⑥	Title V <i>Senior Community Services Employment Training</i> (SCSEP) Program. Provides limited employment training and wages for low-income persons aged 55 and older.	SER-Jobs for Progress Violet Padilla Ventura Office: (805) 654-5239

OAA FUNDING: TITLE III E FUNDED FAMILY CAREGIVER SERVICES		
CONTACT INFORMATION	CONTACT INFORMATION	CONTACT INFORMATION
FAMILY CAREGIVER PRE-PLACEMENT COUNSELING ④	Free unbiased counseling for family caregivers considering placement of a loved one in a skilled or resident care facility in Ventura County.	Long Term Care Services of Ventura County Vicky Odle, (805) 656-1986
FAMILY CAREGIVER RESOURCE SERVICES / CENTERS	<p><b>Wellness &amp; Family Caregiver Resource Center</b> provides caregiver training, support groups, home adaptations and safety devices, caregiver resource library and computer center, information and assistance, public information and community education for eligible family caregivers. Provides assessment and case management for family caregivers in west Ventura County (persons <i>not</i> residing in Conejo Valley-Simi Valley-Moorpark areas). ④ <i>Respite for Family Caregivers</i> is available to provide in-home respite and out-of-home respite (day care) for caregivers at risk of caregiver burnout. ④ ⑤</p> <p><b>Senior Concerns Caregiver Support Center and Mobile Caregiver Center.</b> Provides caregiver training, support groups, home adaptations and safety devices, caregiver resource library and computer center, information and assistance, public information and community education for family caregivers. Provides assessment and case management for family caregivers in east Ventura County (Simi Valley, Thousand Oaks, Newbury Park and Moorpark). <i>Respite for Family Caregivers</i> is available to provide in-home respite and out-of-</p>	<p><b>Camarillo Health Care District</b> 1-800-900-8582 (toll free) 3587 E. Las Posas Road, # 118 Camarillo, CA 93010</p> <p>Martha Shapiro, Case Manager; Jennifer Young and Janette Walston, Resource Specialists</p> <hr/> <p><b>Conejo Valley Senior Concerns</b> (805) 497-0189 or toll free (855) 318-5921 401 Hodencamp Road Thousand Oaks, CA 91362</p> <p>Carie Salas, Case Manager</p>

	<p>home respite (day care) for caregivers at risk of caregiver burnout. 4 5</p> <p><b>Catholic Charities Family Caregiver Resource Center of Santa Clara Valley.</b> Fiscal Year 2015-16 is the Setup Phase. Beginning July 1, 2016, this FCRC will target Spanish speakers in the Santa Clara Valley (Santa Paula, Fillmore, and Piru) to provide caregiver training, support groups, home adaptations and safety devices, caregiver resource library and computer center, information and assistance, public information and community education for eligible family caregivers.</p>	<p><b>Catholic Charities</b> Lisa Nagy, Program Manager 805-987-2083 x101 Oasisseniors@ccharities.org</p>
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## VCAAA CONTRACTED SERVICES

### SENIOR NUTRITION PROGRAM

In fiscal year 2004-2005, it became necessary for VCAAA to completely restructure its Senior Nutrition Program. At that time, VCAAA developed collaborative partnerships with cities, special districts, non-profit and for-profit organizations to develop a program that would meet the needs of the seniors in each community. VCAAA appreciates the efforts of its grantee/vendor partners and allied non-profit organizations, Advisory Council members, volunteers, Registered Dietitians, and the Ventura County Board of Supervisors towards enabling VCAAA to operate a viable and successful Senior Nutrition Program.

VCAAA contracts with a single vendor (Jordano's) procured through a competitive bid process every four years to provide food for congregate and home-delivered meals for most, but not all, contracted meal services. Exceptions are listed in the table below. Jordano's utilizes locally grown produce whenever possible and can provide an array of frozen meals and steam trays from providers such as ConAgra Foods (Healthy Choice frozen meals), Langlois (Fancy Frozen Foods), etc.

VCAAA contracts with grantees, procured through request for proposal process every four years, to provide services such as the meal site, staff, etc. Again, there are some exceptions and they are listed in the table below. Grantees are reimbursed for their non-food costs up to a specific dollar limit per meal.

FY 2016-2017 will be the first year of a new four-year cycle. ALL OAA TITLE III C FUNDED FOOD AND MEALS MUST BE PRE-APPROVED BY VCAAA'S REGISTERED DIETITIAN.

The Senior Nutrition Program is managed by VCAAA Grants Administrator, Marleen Canniff.



**OAA FUNDED TITLE III C1 - CONGREGATE MEALS 7**

Nutritious meals provided in a social setting. For most sites, but not all, lunch is served Monday through Friday, excluding holidays. TRANSPORTATION IS PROVIDED TO AND FROM EACH MEAL SITE THROUGH THE TRANSIT COMPANIES LISTED BELOW.

CONGREGATE MEAL DESCRIPTION	CONTRACTOR
<p>Congregate meals are served once per month at the district. Every effort is made to make this a special occasion for seniors to socialize and have a nutritious meal. The contractor purchases the food from various sources, and submits their costs to VCAAA for reimbursement up to a specified dollar limit per meal. The various sources may include Jordano's (using VCAAA contracted rates), Smart N' Final, local farmers markets, etc. Contractor makes every effort to shop locally and utilize locally grown produce.</p> <p>TRANSPORTATION: CARE-A-VAN, (805) 388-2529</p>	<p><b>Camarillo Health Care District</b> Site: 3639 Las Posas Rd, Suite 117, Camarillo Contact: Patricia Bolland <a href="mailto:Patriciab@camhealth.com">Patriciab@camhealth.com</a> (805) 388-1952</p>
<p>Hot meals are served daily, Monday through Friday.</p> <p>TRANSPORTATION: Ventura County Valley Express, (805) 933-2267</p>	<p><b>City of Fillmore</b> Site: Fillmore Active Adult Center 535 Santa Clara Ave., Fillmore Contact: Annette Cardona <a href="mailto:annettec@ci.fillmore.ca.us">annettec@ci.fillmore.ca.us</a> (805) 524-4533</p>
<p>Hot meals are available daily, Monday through Friday. Meals at this site are a VCAAA direct service. VCAAA contracts with the CRPD, which subcontracts with the Conejo Creek Grill (housed in the Goebel Adult Community Center) to provide meals. Volunteers ensure participants complete the intake forms, sign-in for meals, and they secure the donations. At meal time, congregate meal participants sign-in at the desk staffed by volunteers and receive a meal ticket, which the participant gives to the grill operator in exchange for a meal. All meals must be approved by VCAAA's Registered Dietitian to ensure compliance with the OAA. Specific VCAAA staff handle the donations, and enter the intake forms in VCAAA's Care Access system.</p> <p>This is a new format for VCAAA's Senior Nutrition Program, (which was requested by the CRPD). The feedback from many meal participants has been positive. The Conejo Creek Grill is open to the public and seniors enjoy the interaction with persons of all ages. The grill attracts customers from the Thousand Oaks Library and Thousand Oaks Teen Center, which are adjacent to the Goebel Center. (These facilities essentially share the same "campus.")</p>	<p><b>Conejo Recreation &amp; Park District (CRPD)</b> Site: Goebel Adult Community Center 1385 E. Janss Rd., Thousand Oaks Contact: Patty Hamm <a href="mailto:pamm@crpd.org">pamm@crpd.org</a> (805) 381-2744</p> <p>The City of Thousand Oaks owns the Goebel Adult Community Center and the CRPD operates the center.</p>



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CONGREGATE MEAL DESCRIPTION	CONTRACTOR
TRANSPORTATION: City of Thousand Oaks DIAL-A-RIDE (805) 375-5467. If coming to the SNP, seniors can get a DIAL-A-RIDE ticket that allows them to have free transportation to and from lunch.	
<p>Hot meals are served daily, Monday through Friday. About 25 percent of their meals are made from scratch in a commercial kitchen at the congregate meal site, which enables HELP of Ojai to provide some variety for the seniors. Their cooks utilize recipes from or approved by VCAAA Registered Dietitian.</p> <p>TRANSPORTATION: Ojai — HELP of OJAI (Suggested donation is \$2-4 one way depending upon use of a lift van) 805-646-5122</p>	<p><b>HELP of Ojai</b> Site: 70 W. Baldwin Rd., Ojai (old Honor Farm site) Contact: Terri Wolfe, Director <a href="mailto:terriw@helpofojai.org">terriw@helpofojai.org</a> (805) 646-5122</p>
<p>Hot meals are served daily, Monday through Friday.</p> <p>TRANSPORTATION: DIAL-A-RIDE, (805) 375-5467</p>	<p><b>City of Moorpark</b> Site: Moorpark Active Adult Center 799 Moorpark Ave., Moorpark Contact: Angel Sierra <a href="mailto:asierra@moorparkca.gov">asierra@moorparkca.gov</a> (805) 517-6260</p>
<p>Hot meals are served daily, Monday through Friday, at two meal sites.</p> <p>TRANSPORTATION: SCAT bus or the Access Bus SCAT ACCESS, (805) 485-2319 OR (805) 649-4421</p>	<p><b>City of Oxnard</b> Sites: (1) Wilson Senior Center, 350 North C St., Oxnard; (2) Palm Vista, 801 South. C St., Oxnard Contact: Debbie Estrada <a href="mailto:debbie.estrada@ci.oxnard.ca.us">debbie.estrada@ci.oxnard.ca.us</a> (805) 385-8029</p>
<p>TRANSPORTATION: Ventura County Valley Express (805) 933-2267</p> <p>Hot meals are served daily, Monday through Friday.</p>	<p><b>Santa Paula Senior Center</b> Site: Santa Paula Community Center 530 W. Main St., Santa Paula Contact: Ed Mount <a href="mailto:EMount@spcity.org">EMount@spcity.org</a> (805) 933-4226, Ext. 352</p>
<p>TRANSPORTATION: Simi Valley — DIAL-A-RIDE, (805) 583-6464 City of Simi Valley Transit – (805) 583-6456</p> <p>Hot meals are served daily, Monday through Friday.</p>	<p><b>Simi Valley Senior Center</b> Site: 3900 Avenida Simi, Simi Valley Contact: Robert Martin <a href="mailto:RMartin@simivalley.org">RMartin@simivalley.org</a> (805) 583-6364</p>

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CONGREGATE MEAL DESCRIPTION	CONTRACTOR
<p>TRANSPORTATION: Access Gold Coast Transit Uber comes every Tuesday introducing its company/services to the seniors as well. SCAT ACCESS, (805) 485-2319 OR (805) 649-4421</p> <p>Hot meals are served daily, Monday through Friday.</p>	<p><b>Ventura Avenue Adult Center</b> Site: 550 N. Ventura Ave., Ventura Contact: Hans Hormann <a href="mailto:hhormann@ci.ventura.ca.us">hhormann@ci.ventura.ca.us</a> (805) 654-7554</p>

VCAAA CONTRACTED SERVICES
OAA FUNDED TITLE III C-2 HOME DELIVERED MEALS <sup>8</sup>
<p>Nutritious meals delivered to frail, homebound seniors. For most, but not all sites, VCAAA purchases meals from a vendor. Except where indicated below, the food vendor (Jordano's) delivers the meals directly to the sites for distribution by staff and/or volunteers. Jordano's utilizes local produce to ensure that meal sites and home-delivered meal recipients receive the freshest possible produce.</p>

PROJECT DESCRIPTION	CONTRACTOR
Volunteers deliver frozen meals weekly. Staff will make deliveries if necessary.	<p><b>Camarillo Health Care District</b> Contact: Patricia Bolland <a href="mailto:Patriciab@camhealth.com">Patriciab@camhealth.com</a> (805) 388-1952</p>
Volunteers deliver hot meals daily. Each week, the contractor sends a weekly food order to VCAAA. VCAAA projects two months in advance what food will be needed and Jordano's (the food vendor) will store most of the frozen foods in their warehouse and deliver them as needed.	<p><b>City of Fillmore</b> Contact: Annette Cardona <a href="mailto:annettec@ci.fillmore.ca.us">annettec@ci.fillmore.ca.us</a> (805) 524-4533</p>
Volunteers deliver hot meal daily, and some recipients receive frozen weekly meals, depending upon the unique needs of the recipients.	<p><b>City of Moorpark</b> Contact: Angel Sierra <a href="mailto:asierra@moorparkca.gov">asierra@moorparkca.gov</a> (805) 517-6260</p>
Frozen meals are delivered weekly or bimonthly depending upon the unique needs of the recipients. The contractor uses a vendor (FOOD Share) to pack the food boxes and deliver them.	<p><b>City of Oxnard</b> Contact: Debbie Estrada <a href="mailto:debbie.estrada@ci.oxnard.ca.us">debbie.estrada@ci.oxnard.ca.us</a> (805) 385-8029</p>
Staff delivers frozen meals weekly.	<p><b>City of Port Hueneme</b> Contact: Debbie Young <a href="mailto:dyoung@cityofporthueneme.org">dyoung@cityofporthueneme.org</a> (805) 986-6676</p>
Volunteers deliver hot meals daily or frozen meals weekly, depending upon the unique needs of the recipients. A very small portion of the recipients receive frozen meals.	<p><b>City of Simi Valley</b> Contact: Robert Martin <a href="mailto:RMartin@simivalley.org">RMartin@simivalley.org</a> (805) 583-6364</p>

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PROJECT DESCRIPTION	CONTRACTOR
Frozen meals are delivered weekly or bimonthly using a combination of volunteers and city staff. Typically those receiving bimonthly deliveries have a lesser need for socialization and have a large enough refrigerator to accommodate the meals. This contractor had been utilizing a vendor to deliver meals to the home recipients. Contractor will be transitioning to having meals delivered by staff and/or volunteers in fiscal year 2016-2017.	<b>City of Ventura</b> Contact: Hans Hormann <a href="mailto:hhormann@ci.ventura.ca.us">hhormann@ci.ventura.ca.us</a> (805) 648-3035
Hot meals are delivered daily by volunteers. Home delivery meal recipients are given the same food that is offered to the congregate participants on the same day.	<b>HELP of Ojai</b> Contact: Terri Wolfe <a href="mailto:terriw@helpofojai.org">terriw@helpofojai.org</a> (805) 649-8018

NOTES	
1	Services available at no charge to frail Ventura County residents aged 60 and older. There is usually a waiting list for these services and there may be additional eligibility requirements.
2	Services available at no charge to frail Ventura County residents aged 60+ who are physically incapable of driving and/or have difficulty using public transportation. <i>A limited number of bus tickets and non-emergency medical transport are also available for disabled adults under age 60 – these clients must provide a copy of their ADA card or the referring agency must certify that the client meets ADA criteria.</i> VCAAA reserves the right, at any time, to place a cap the number of tickets and/or rides.
3	Services are free to Ventura County residents aged 60 and older.
4	Services are free for <i>Eligible Family Caregivers (EFCs)</i> . EFCs are unpaid, informal caregivers who are: (1) Age 18 or older caring for a person age 60 or older or caring for a person of any age who has been diagnosed with dementia or Alzheimer's disease; or (2) Age 55 or older residing with and caring for a child age 18 or younger.
5	To receive these services, the care receiver <u>must</u> have at least two Activities of Daily Living (ADLs) impairments (walking, eating, dressing, bathing, toileting or transferring in/out of bed) and/or have a cognitive impairment.
6	Only for low-income, unemployed Ventura County residents aged 55 and older. There is no fee for services and Veterans receive priority preference.
7	The suggested donation per congregate meal for seniors and their spouses is \$3.00.
8	Home-delivered meals are available for frail, homebound seniors age 60+ and their spouses. Meal recipient must be homebound and physically unable to travel to a congregate meal site. Suggested donation is \$3.00 per meal. Waiting lists are common and other eligibility requirements apply.

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## SECTION 4. PLANNING PROCESS / ESTABLISHING PRIORITIES

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

For the development of this four-year strategic plan, the planning process included the following tasks:

1. Involving and obtaining guidance or feedback from:
  - a) VCAAA Advisory Council members appointed by the Ventura County Board of Supervisors;
  - b) VCAAA Advisory Council members appointed by city councils;
  - c) VCAAA Advisory Council member who serve on the California Senior Legislature;
  - d) VCAAA Advisory Council members who represent service provider organizations;
  - e) VCAAA Advisory Council members who represent special populations (veterans, family caregivers, LGBT older adults, persons with disabilities and behavioral health);
  - f) Members of VCAAA subcommittees, which also include members of the public: the Health Issues Committee, the Legislative Committee, the Optimal Aging Committee, the Outreach Committee, the Livable Communities Committee (housing and transportation) and Senior Nutrition Committee. All committees provide valuable input regarding needs and issues pertinent to their respective committees.
  - g) VCAAA's grantees and vendors (see Section 3, Service Delivery);
  - h) VCAAA's Senior Network (see Section 23);
2. Conducting needs surveys of seniors and their caregivers (consumer survey), of professionals (key informants), of volunteers working for the long term care Ombudsman, of VCAAA staff, of the LGBT population, and the VCAAA Advisory Council (See Section 5);
3. Analyzing data related to emerging needs and demographic data (see Section 2, Population, and Poverty); and
4. The process of holding a public hearing (see Section 7).

## SECTION 5. NEEDS ASSESSMENT PROCESS

### OVERVIEW OF METHODOLOGY

In addressing and determining the needs of the aging community and needs of unpaid family caregivers, VCAAA staff utilized the most recent demographic information available; held planning/brainstorming sessions with its Advisory Council and members of the public; conducted several surveys (discussed below); worked with members of the VCAAA Senior Network; and reviewed data from numerous other resources.

VCAAA Advisory Council members and the public participating on the agency's Health Issues Committee, Legislative Committee, Optimal Aging Committee, Outreach Committee, Livable Communities Committee (housing and transportation) and Senior Nutrition Committee provided valuable input regarding needs and issues pertinent to their respective committees.

**SURVEYS.** The below-listed surveys were conducted and provided critical information to the development of goals and objectives for 2016-2020.

- **Consumers Survey** (a survey of older adults and family caregivers). Conducted November 2014 through January 2015. This key survey is discussed in the section that follows.
- **Professionals' Survey** (also called known as the *Survey of Key Informants/Stakeholders*) consisting largely of professionals and some volunteers in the aging services network. Conducted November-December 2015. This key survey is discussed in the section that follows.
- **Survey of long term care Ombudsman volunteers** who regularly visit long-term care facilities throughout Ventura County, was conducted in November-December 2015. Survey results will be used to develop strategies to address the unique needs of residents of long-term care facilities. This special population is in VCAAA's category of 'emerging needs of special populations.' VCAAA greatly appreciates the cooperation and assistance of the volunteers and staff of the local long-term care ombudsman, *Long Term Care Services of Ventura County, Inc.*, who participated in the survey and provided valuable input.
- **SWOT Survey** was distributed to VCAAA staff to assess Strengths, Weaknesses, Opportunities and Threats (SWOT analysis) in November-December 2015. This survey was conducted to provide insight into VCAAA's internal operations. Results will be reviewed and discussed at a VCAAA staff meeting in April 2016.
- **Optimal Aging Survey** conducted March 2014. The survey sought input from VCAAA Advisory Council members relative to their thoughts on what is successful aging. Survey results were used to create the mission statement, goals and focus of VCAAA's Optimal Aging Committee.

*The primary sources for obtaining input regarding the needs of Ventura County's older adults and their unpaid caregivers were the Consumers' Survey and the Professionals' Survey. Additional information from those surveys follows this section.*

**LESBIAN, GAY, BISEXUAL AND TRANSGENDER OLDER ADULTS.** The State of 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/strategic plans. VCAAA included a category for LGBT issues in its Consumer Survey and received a limited response. In Ventura County, organizations that target service to the LGBT older adult population are very limited (unlike its neighbor, Los Angeles County, which has many resources and organizations serving the LGBT population.) Staff determined that a different approach was needed to reach the LGBT older adult population in Ventura County.

Recently, VCAAA became a partner in the newly formed **Committee on LGBTQ Aging**, created under the auspices and leadership of Andrea Gallagher and Chad Cryder at Conejo Valley Senior Concerns. In December, 2015, Senior Concerns invited interested parties to participate in the event, *Community Conversation: Taking Action for LGBT Older Adults*, which included a needs survey. Their survey showed the main concerns of LGBT older adults to be social isolation and loneliness, fear of discrimination and issues related to health care/insurance. There was also interest in bereavement support groups, healthy aging workshops, LGBT Friendly Visitors, volunteerism; and educational programs related to financial and legal insights. VCAAA will be using these needs as a starting point to develop explore programs and strategies for serving the LGBTQ older adult population.

VCAAA looks forward to working with the Committee on LGBTQ Aging. VCAAA is also in process of developing a formal relationship with SAGE ("Services and Advocacy for GLBT Seniors"), the largest and oldest organization in the country dedicated to improving the lives of LGBT older adults.

**OTHER RESOURCES.** VCAAA utilized numerous other resources to assist in the assessment of needs and in projecting future trends. Those resources include, but are not limited to, the entities listed below.

- 2015 White House Conference on Aging
- California Association of Area Agencies on Aging (c4a)
- California Department of Aging
- California Department of Finance – Data Source Handbook 2015 along with demographics projections and statistics from the Demographics Unit
- California Department of Transportation – Ventura County Economic Forecast 2014
- California Economic Development Department, Labor Market Division
- California Senior Legislature
- Center of Excellence, South Central Coast Region
- County of Ventura Farm Bureau
- County of Ventura Public Health Department

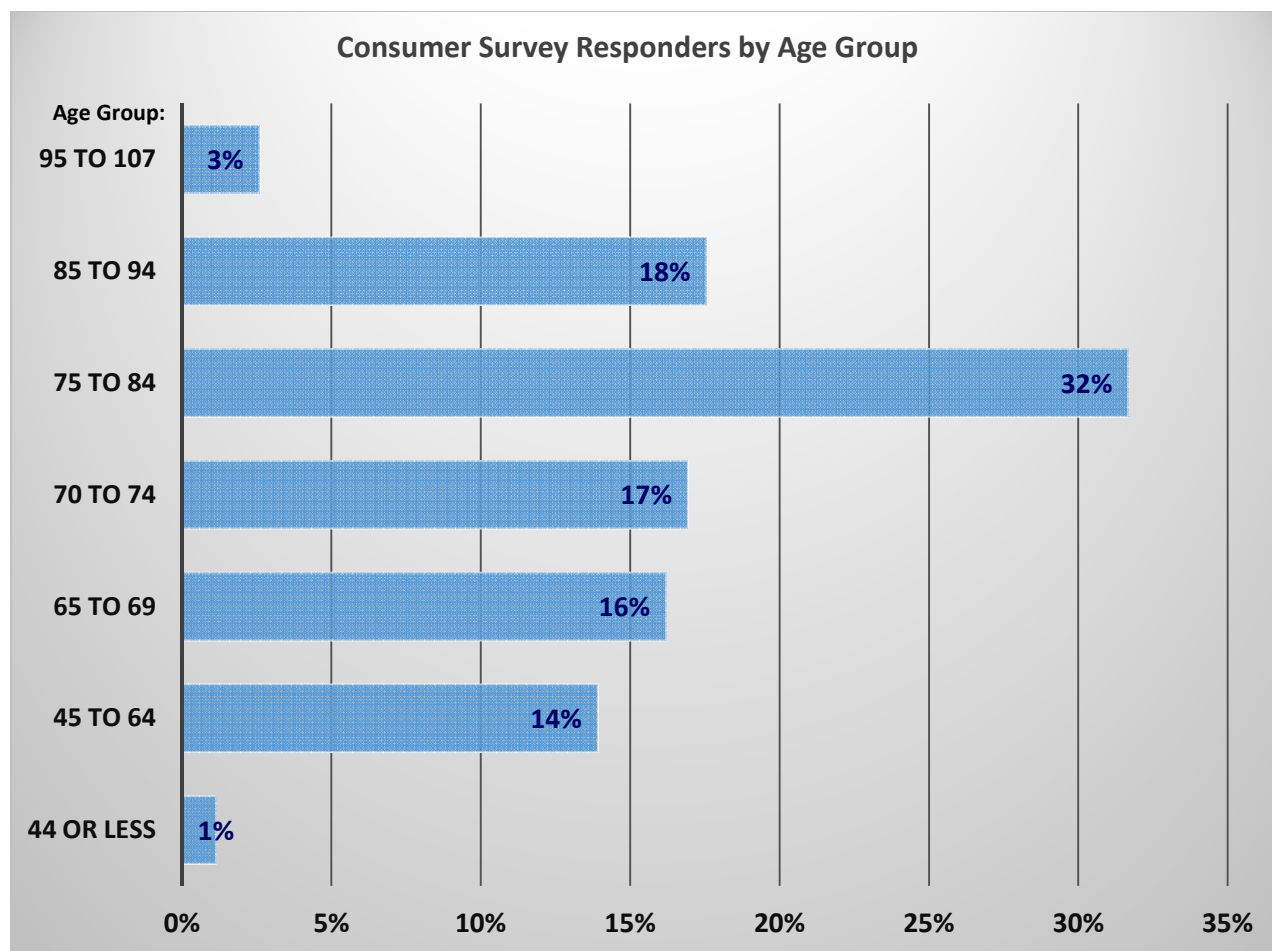
- County of Ventura Resource Management Agency
- County of Ventura Workforce Development Board
- Elder Economic Index for California Counties, 2013 (provided courtesy of c4a)
- Healthy Communities Institute – *2015 SocioNeeds Index* (via Health Matters in Ventura County website provided by County of Ventura Public Health Department)
- Institute for Optimal Aging
- Kaiser Family Foundation (regarding poverty among seniors, June 2015)
- Kyser Center for Economic Research
- Los Angeles Economic Development Corporation
- Milken Institute
- National Association of Area Agencies on Aging (n4a)
- National Center on Senior Transportation
- National Institute on Aging
- Social Security Administration
- SocialSecurityhop.com
- U.S. Administration on Community Living
- U.S. Census Bureau – See Bibliography, Section 26
- U.S. Department of Labor
- Ventura County Civic Alliance (2015 State of the Region Report)
- Williams Institute and its Data Blog re LGBT population and issues

## **2015 CONSUMER SURVEY RESULTS**

VCAAA distributed hardcopy questionnaires via senior centers throughout Ventura County and posted the survey on its website resulting in 1,068 responses. The geographical breakdown of the responses is as follows:

- The highest percent of responses was received from Camarillo (24 percent) and Oxnard (16 percent)
- Simi Valley and Ventura had an equal number of responses (12 percent for each city)
- Ojai and Oak View comprised 15 percent of the responses (7 percent and 8 percent respectively)
- Thousand Oaks and Newbury Park comprised 11 percent of the responses (7 percent and 4 percent respectively)
- Santa Paula, Fillmore and Piru comprised 4 percent of all responses
- Port Hueneme and Moorpark had an equal number of responses (3 percent for each city)

The age groups of the responders is shown below. The largest response was received from persons aged 75 to 84, and there was a surprising response from individuals aged 85 and older.



Shown below are the key characteristics of individuals responding to the consumer survey:

- ▶ 1,068 persons completed the survey between November 2014 and January 2015
- ▶ 92 percent prefer to speak English; 7 percent prefer Spanish
- ▶ 70 percent of responders were female
- ▶ 38 percent were married; 29 percent were widowed
- ▶ 65 percent were retired (not working); 35 percent work part-time or full-time
- ▶ 43 percent live alone
- ▶ 39 percent of all responders have a college degree (associates or higher)
- ▶ 29 percent of those persons live on \$2094+/month
- ▶ 34 percent regularly go to a senior center (66 percent do not attend)



One section of the survey concerned the reporting of falls. The responses provided important information regarding the need for fall prevention programs per the data shown below.

- ▶ 32.3 percent of responders said they had fallen at least once in the past 12 months.

Of the individuals reporting falls, the age breakdown is as follows:

- Persons aged 85 and older: 25 percent reported having fallen
- Persons aged 65 to 74: 23 percent reported having fallen
- Ages 45 to 64: 10 percent reported having fallen
- ▶ 3 out of 4 persons who reported having fallen were female
- ▶ 54 percent sought medical treatment at a hospital, doctor's office or urgent care center
- ▶ Age breakdown of persons reporting falls:
- ▶ *Ages 75 to 84 reported the highest number of falls with 32 percent.* This age group had the highest number of responders to the survey.

## **2015 PROFESSIONALS' SURVEY RESULTS**

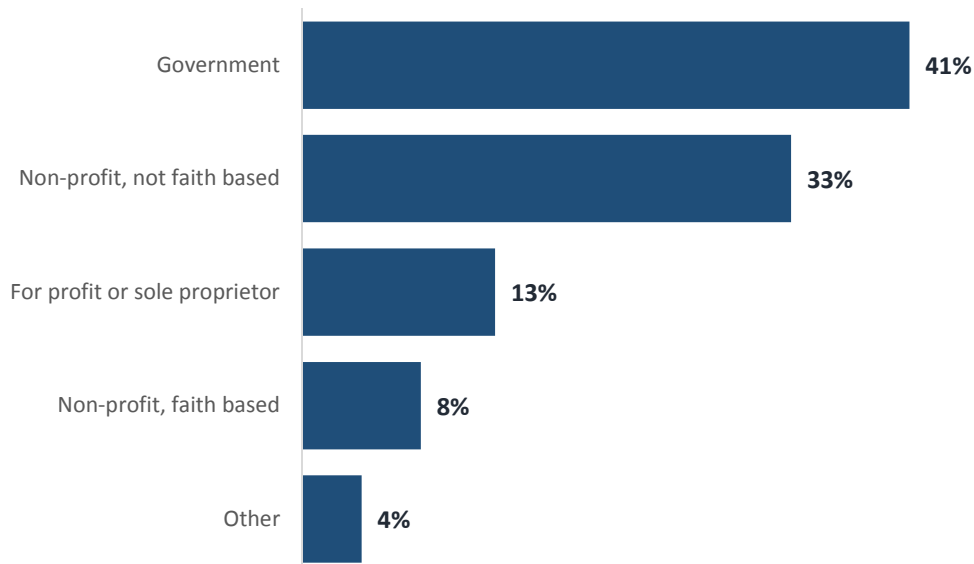
In the fall of 2015, surveys were emailed to 456 key informants/stakeholders who VCAAA identified as individuals working directly in the aging services network or in some allied capacity. The majority of the professional responders work in nonprofit organizations, for-profit organizations and government entities. VCAAA received 112 responses equaling a high response rate of 25 percent.

Shown below are the key characteristics of individuals responding to the survey of professionals.

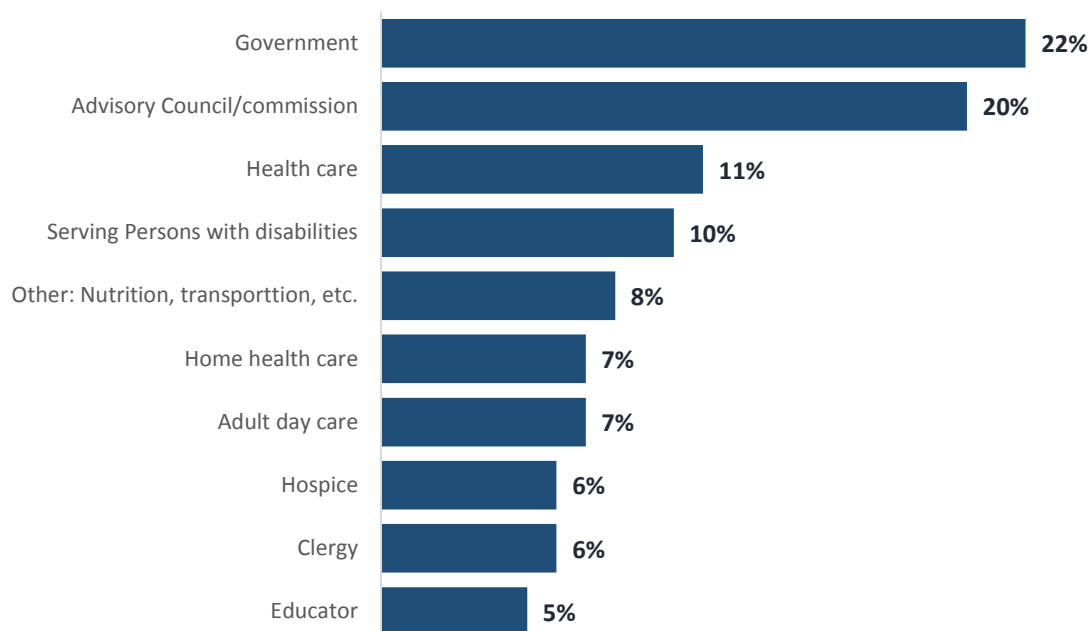
- ▶ 71 percent of the responders were professionals and 29 percent were volunteers.
- ▶ Responders stated their primary role in the organization was as follows:
  - 35 percent work in an executive or management capacity
  - 28 percent work in day-to-day operations
  - 12 percent work in administrative support
  - 6 percent work in another capacity
  - 19 percent said they were volunteers
  - 75 percent of the responders stated they work with older adults who have difficulty paying for food and/or housing, and/or medicine, and/or utilities, and/or transportation, and/or basic comforts of life.

Persons completing the Professionals Survey (key informants/stakeholders) represent five different types of organizations and provide various types of services as shown in the charts below.

### Responders to the Professionals Survey Work in These Types of Organizations



### Professionals Primarily Provide Services in These Areas



## Comparison of Needs Identified by Consumers Compared to Professionals

The survey sent to consumers and professionals asked to them to prioritize the current and projected needs of older adults and their unpaid, informal caregivers. For planning purposes, VCAAA will be focusing on the long-term projected needs (through 2030) expressed by the consumer responders. It is interesting to note the different priority of needs stated by the two groups, as shown in the table below. The most obvious explanation for the differences is the professionals are familiar with and work with individuals who have immediate need for services. In contrast, consumer responders may have no experience seeking assistance or services but can project those needs based upon their own experience. Priorities of both groups are important and will be considered in the planning process. That being stated, VCAAA is mandated to give priority to addressing the needs of the consumers.

TIME FRAME: 2016-2030		PRIORITIES	
AREAS OF NEED		CONSUMERS	PROFESSIONALS
<b>TRANSPORTATION:</b> Local and out-of-area for trips.		1	6
<b>FOOD:</b> Access to nutritious food; nutrition education and counseling.		2	9
<b>HEALTH, FITNESS AND RECREATION PROGRAMS AND FALL PREVENTION</b>		3	12
<b>FAMILY CAREGIVER SERVICES</b>		4	4
<b>INFORMATION AND REFERRAL</b>		5	16
<b>HOME AND LIFESTYLE:</b> Help with tasks to enable a person to age-in-place and maintain lifestyle.		6	5
<b>PERSONAL CARE:</b> Help with grooming, dressing, feeding, etc.		7	8
<b>CASE MANAGEMENT</b>		8	13
<b>SOCIALIZATION:</b> Programs to prevent isolation, loneliness and that support companionship.		9	14
<b>DISASTER/EMERGENCY PREPAREDNESS</b>		10	
<b>RIGHTS AND SAFETY:</b> Protection of rights, property and dignity; personal safety; prevention of elder abuse.		11	11
<b>EDUCATION:</b> Opportunities for lifelong learning.		12	
<b>EMPLOYMENT:</b> Counseling and services to find employment.		13	
<b>HEALTH &amp; LONG-TERM CARE INSURANCE:</b> Information on/help with applying for health insurance or prescription coverage. Access to affordable health insurance and long-term care insurance.			7
<b>HEALTH CARE:</b> Affordable health and medical services.			2
<b>HOUSING:</b> Affordable housing; rent subsidy for low-income seniors; programs to prevent or cease homelessness of older adults.			1
<b>LONG-TERM CARE:</b> Access and availability of locally affordable long-term care facilities, including facilities dedicated to Alzheimer's patients.			3

## **SECTION 6. TARGETING PRIORITIES**

Priorities are established by analyzing the results of needs assessments and input from a variety of entities that participate in the planning process PLUS by ensuring that the agency is compliant state and federal mandates.

### **TARGETING PRIORITIES ESTABLISHED BY THE OLDER AMERICANS ACT**

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:

1. 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.
2. 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
3. Older Native Americans
4. Older individuals who reside in rural areas
5. Older individuals at risk for institutional placement
6. Family or informal caregivers. 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.
7. Older individuals with Alzheimer’s disease or related disorders with neurological and organic brain dysfunction and their caregivers.

## **TARGET POPULATIONS WITHIN PSA 18**

Per California Code of Regulations, Title 22, Article 3, Section 7310:

### **Greatest Economic Need Based on Place of Residence**

According to the US Census American Community Survey, Ventura County, 4-Year Estimate 2009-13, Selected Population Characteristics, 2013 (most recent and only data available), the zip codes/areas shown below have the higher levels of poverty (8 percent or more) for persons aged 65 and older.

Zip Code/Area	Percent of Persons Aged 65+ Living 8% or More Below the Federal Poverty Level
93001, Ventura and Casitas Springs	14.5%
93060, Santa Paula	13.9%
93030, Oxnard (east)	11.7%
93033, Oxnard (College Park)	11.0%
93040, Piru (rural area)	10.9%
91377, Thousand Oaks	9.5%
93015, Fillmore	9.4%
93066, Somis (rural area)	8.3%

However, a more contemporary assessment of poverty is the Elder Economic Index. Based on the 2013 Ventura County Elder Economic Index for Persons Aged 65 and Older, 39 percent<sup>1</sup> of all persons aged 65 and older do not have enough income to meet their most basic needs as measured by the Elder Index. That means 31,000 or 26.9 percent of persons aged 65 and older are struggling to make ends meet in Ventura County. These individuals reside throughout the county.

### **Greatest Economic Need Based on Ethnicity / Race**

According to the US Census American Community Survey, Ventura County, 4-Year Estimate 2009-13, Selected Population Characteristics, 2013, the greatest economic need by ethnicity/race are:

1. Individuals identifying as American Indian or Alaska native. This population has the highest number of aged 65 and older persons (16.1 percent) living below the federal poverty level, however, less than 800 persons American Indian/Alaska native persons living in Ventura County.
2. The second highest rate of poverty (14.6 percent) is among the population identifying as Black or African American. This population comprises less than two percent of the aged 65+ population.
3. The third highest rate of poverty, 11.9 percent, is among persons identifying as Hispanic/Latino regardless of race (meaning their race could be white, two or more races, Black/African American, etc.) with a population of less than 32,000 individuals aged 65 and older.

According to the 2013 Economic Elder Index, *nearly eight of ten 10 Hispanic/Latino elders in Ventura County have incomes below the Elder Index*. Although non-Latino White elders are better off, 43 percent are still economically insecure.

### Greatest Economic Need Based on Gender

According to the 2013 Elder Economic Index, one of every two elder women living alone in Ventura County is struggling to make ends meet. They have no one to help share the expenses and face increasing costs on fixed incomes.

### Renters Living Alone are the Most Economically Vulnerable

According to the 2013 Elder Economic Index, more than six out of ten 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.

► Please refer to Section 2 for more information on the 2013 Elder Economic Index.

### Greatest Social Need

Persons aged 65 and older living in the ZIP Codes shown below are considered to have the highest socio-needs. This information was obtained from the *2015 Socio-Needs Index* which was created by the *Healthy Communities Institute* to measure social and economic factors that are correlated to poor health outcomes. These factors (poverty, education, etc.) are analyzed and assigned an index value from 0 to 100 for each ZIP Code in the nation. ZIP Codes with the highest index values are estimated to have the greatest socioeconomic need, which is correlated with preventable hospitalizations and premature death. ZIP codes with an index value of 50 would be average as compared to the rest of the country; however, an index value of 50 could be high, compared to the values of the other ZIP codes in a specific area. To identify the relative level of need within a community, the national index values for each ZIP Code are sorted from low to high and divided into five ranks, as shown below in the column labeled, 'Health Rank.'

<i>Health Rank of 5 = Greatest Socioeconomic Need</i>		<i>Health Rank of 1 = Lowest Socioeconomic Need</i>		
ZIP	City	Health Index Value	Health Rank	Percent of Persons Aged 65+ Living Below Poverty Level*
93015	Fillmore	79.5	5	9.4
93030	Oxnard (East)	85.8	5	11.7
93033	Oxnard (College Park)	95.4	5	11.0
93041	Port Hueneme	82.0	5	11.7
93060	Santa Paula	88.2	5	13.9
93001	Ventura	63.4	4	14.5
93036	Oxnard (North)	66.2	4	4.4
93003	Ventura	30.6	3	5.2
93004	Ventura	28.5	3	7.8
93022	Oak view	34.6	3	7.3
93023	Ojai	33.1	3	7.9
93035	Oxnard (Channel Islands /South)	32.4	3	4.0

\*These percentages may differ slightly from the US Census Bureau American Community Survey.

### Residents of Rural Areas

Two areas in the Ventura County meet the definition of rural community per the California Department of Aging. Those areas are Piru (zip code 93040) and Somis (zip code 93066).

### **Persons with Disabilities**

According to the US Census Bureau American Community Survey, 1-Year estimate, 2014, 30 percent of persons aged 60 and older have one or more disabilities.

### **Language Barriers**

According to the California Department of Aging, in Ventura County, 7,490 individuals or 4.6 percent of persons aged 60 and older do not speak English. According to the US Census Bureau American Community Survey, 1-Year Estimate, 2014, of persons aged 60 and older, 118,630 or 72.9 percent speak English-only, 27.1 percent or 44,100 speak a language other than English, and 15.6 percent or 25,386 individuals speak English less than “very well.”

### **Family Caregivers**

As the senior population increases in Ventura County so do the number of unpaid family or informal caregivers. Age-related disabilities, transportation, and housing issues contribute to the need for services and programs to aid caregivers. Caring for persons with disabilities, especially those with adult-onset brain impairments, often becomes a 24-hour, seven-day-a-week role for caregivers. Caregiving can span decades, impacting the physical and mental health of the caregiver and possibly resulting in significant economic hardship.

## **HOW THE NEEDS OF TARGET POPULATIONS WILL BE ADDRESSED**

1. 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.
3. 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.
4. Minority service providers are encouraged to apply for funding and are funded where appropriate.
5. Informational publications about programs have been prepared in languages other than English and distributed to appropriate target populations.
6. The VCAAA conducts program evaluations on effective methods of outreach to target populations using NAPIS data and monitoring reports.

7. 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.
8. 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.
9. Target populations are represented on the Advisory Council. Since the preparation of the previous Master Strategic Plan (2012-2016), the Advisory Council's membership has expanded to include representatives of these populations:
  - ▶ Family Caregivers
  - ▶ Lesbian, Gay, Bisexual and Transgender (LGBT)
  - ▶ Veterans
  - ▶ Persons with Mental Health Issues
  - ▶ Persons with Disabilities

Services offered to target populations are proportionate to the 60 years and over population at large. To target services to underserved populations, VCAAA staff has identified and addressed current barriers discussed below.

### **BARRIERS TO ACCESSING EXISTING SERVICES**

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

1. 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.
2. 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 especially if needing to travel outside of Ventura County. Many cannot afford bus tickets and must choose between buying a bus ticket and buying food.
3. Culture: There is reluctance by non-English speaking seniors to seek out and utilize services, especially those related to caregiving.
4. Limited Resources: Funding for programs, services and staff are not sufficient to address the needs of all the target populations.



5. Economic Barriers: Rich versus poor. Affordability. For example, significant portion of senior's income goes for housing, however, the person does not qualify for subsidized housing because they do not meet income requirements.
6. Health Issues: Multiple chronic conditions limit mobility and create isolation.
7. Family Caregiving Responsibilities: Family caregivers are unable or unwilling to leave their loved one to access services.
8. Death of a Loved One: As individuals age, it is a normal course of events to experience loss, especially the loss of a spouse or life partner. This can cause the surviving partner to become depressed, to choose not to leave the home and stay isolated, and to experience self-neglect.

## SECTION 7. PUBLIC HEARING

This section documents the AAA's public hearings, which gives older adults, adults with disabilities, and their caregivers the opportunity to comment on the development and content of the Area Plan. The purpose of the public hearing is to solicit comments from the community on the Area Plan and present the AAA's methods for developing the Area Plan. The AAA must conduct at least one public hearing during each year of the four-year planning cycle. CCR Title 22, Article 3, Section 7302(a)(10) and Section 7308, OAA 2006 306(a).

FOR FISCAL YEAR	DATE	LOCATION	NUMBER OF ATTENDEES	PRESENTED IN LANGUAGES OTHER THAN ENGLISH?	HELD AT LONG-TERM CARE FACILITY?
2016-2017	March 9, 2016	646 County Square Drive, Ventura, CA	54	Offered	No
2017-2018					
2018-2019					
2019-2020					

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

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

Notice of the public hearing was posted in the Ventura Star, the newspaper with the largest circulation in Ventura County. An e-mail blast announcing the public hearing was sent to 461 interested parties, including representatives of all VCAAA grantees.

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

☐ Yes. Go to question #3

☒ Not applicable, PD and C funds will not be used. Go to question #4

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

Not applicable.

4. **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.**

☒ 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 III B minimum percentages.

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

Issues raised and comments received during the public hearing are summarized below.

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

No changes were made to the Area Plan as a result of input by attendees. However, remarks will be maintained on file at the Ventura County Area Agency on Aging, for future review and consideration.

### TESTIMONY AT PUBLIC HEARING – MARCH 9, 2016

**MARTHA SHAPIRO, LCSW, Director, *Wellness and Caregiver Center of Ventura County*\*, Camarillo, CA**

#### Oral Testimony

I wanted to address section 1.4 CAREGIVER SERVICES. I am so grateful to the Family Caregiver Resource Center site. I work every day with family caregivers who were so generous in giving up their time, energy and spirit. I hear their struggles and frustrations and I am in a position to provide support, education and concrete resources like respite and home modifications. This funding is so important and really can become a lifeline for many of our overburdened and burnt out caregivers

We have been recognized by the Rosalynn Carter Institute (RCI) for our work with caregivers and were able to be trained in their evidence-based program. This is an intensive six-month case management program for caregivers of people with dementia. Our first client's ranking on the Zarit Caregiver Burden Scale went from 35 to eight; and on the CES-10 Depression Scale went from 25 to 0.

Through our partnership with RCI we see more opportunities to expand our caregiver services. We feel honored to Mrs. Carter for helping us raise awareness the caregiver journey in our next issue of Healthy Attitudes by granting the district an interview.

Thank for your continued dedication to caregiver services and your recognition of this important work.

*\*This was the first entity in Ventura County to receive Title III E funding from VCAAA to establish a family caregiver center to serve the Title III E eligible service population in Ventura County.*

**BLAIR CRADDOCK, Coordinator, Ventura County Evidence-Based Health Promotion Coalition, Camarillo, CA**

My comments are in reference to 1.3 HEALTH, FITNESS AND FALL PREVENTION. As the Coordinator of the Evidence-Based Health Promotion Coalition ('Coalition'), I appreciate the leadership that the VCAAA has demonstrated in this Strategic Plan to promote physical fitness through evidence-based programs.

In an 18-month span between 2010 and 2012, there were 9,816 recorded falls in Ventura County residents aged 65 and older. Out of the 9,816 fall victims, 99 percent or 9,718 people sustained an injury from the fall that required treatment. And out of those 9,816 falls, 65 percent (or 6,380) of those falls occurred at home.

The Camarillo Health Care District and the Coalition have invested resources over the last five years to ensure these popular and health promoting classes continue to be accessible countywide. This effort has resulted in a significant increase in participants enrolled in the fall prevention education course, *A Matter of Balance*\*. With the support of the VCAAA, the Coalition has been able to expand its course offerings throughout the county. Due to this, we have seen an increase by 800 percent of participants who have completed a course from 2014 to 2015.

My Comments are now in reference to 3.7 – HEALTH STRATEGIES. Thank you so much for writing into the Area Plan that the VCAAA will participate on the Evidence-Based Health Promotion Coalition as well as provide evidence-based health promotion and fitness classes countywide. Through this collaboration, the Coalition has been able to expand its reach throughout the county and provide courses to improve health outcomes and quality of life for its residents.

*\*A Matter of Balance is an evidence-based program that meets the Administration for Community Living's criteria for highest level evidence-based programs under Title IIID of the Older Americans Act.*

## SECTION 8. IDENTIFICATION OF PRIORITIES FOR 2016-2020

### PLANNING CYCLE PRIORITIES DERIVED FROM NEEDS ASSESSMENT PROCESS (SECTION 5 IN THIS DOCUMENT) AND FACTORS INFLUENCING PRIORITY.

Based on input from VCAAA's community survey (of older adults and unpaid caregivers), VCAAA's professionals survey (of key informants and stakeholders, including service providers, representatives of allied organizations and councils/commissions on aging, and local government); VCAAA's survey of long-term care Ombudsman volunteers and staff; analysis of demographic, population, health and poverty data (including the Elder Economic Data for 2013); input from the VCAAA Advisory Council members and Advisory Council subcommittees, VCAAA's priorities for FY 2016-2020 are shown below. *FACTORS INFLUENCING THESE PRIORITIES ARE LISTED IN SECTION 5 OF THIS DOCUMENT.*

- 1. Access to Resources and Services that Promote Optimal Well Being, Wellness, Safety and Community Livability.** Ensure 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, nutrition counseling, health insurance counseling, long term care management for the very low income that qualify for nursing home admission, and information and assistance. **See Goal #1, and related objectives, in Section 9.**
- 2. Family Caregivers** - 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. **See Goal #1, Objective 1.4., in Section 8.**
- 3. Advocacy and Awareness of Programs and Services.** Ensure 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 older county residents who

identify as being lesbian, gay, bisexual, transgender or queer (LGBTQ); monitoring federal and State of California legislation that impacts older adults and their family caregivers; and working 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. **See Goal #2, and objectives related to that goal in Section 8.**

- 4. Emerging Needs.** VCAAA will seek to address the emerging and changing needs of its eligible service population, including but not limited to: disaster planning; helping identify seniors dementia-related diseases; emphasizing 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. **See Goal #3.**

#### **HOW VCAAA WILL MEET TARGETING MANDATES.**

The VCAAA will meet the federal targeting mandates as follows:

1. VCAAA's 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 are 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 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.

**DETERMINATION OF TITLE III B FUNDS "ADEQUATE PROPORTION."**

The California Code of Regulations, 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. Title III B 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 1 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.

The determination of adequate proportion percentages are based on needs assessment findings, discussions with grantees, 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.

VCAAA determines the annual minimum percentage is determined by the AAA through the planning process. There will be no change in the minimum percentages for the new planning cycle (2016-2020) from the previous planning cycle (2012 to 2016).

Category	Minimum Percentage in FY 2016-2020
<b>Access Services:</b> Transportation, Assisted Transportation, Case Management, Information and Assistance, Outreach, Comprehensive Assessment, Health, Mental Health, and Public Information	5%
<b>In-Home Services:</b> Personal Care, Homemaker, Chore, Adult Day/ Health Care, Alzheimer's Day Care, Residential Repairs/Modifications, Respite Care, Telephone Reassurance, and Visiting	5%
<b>Legal Assistance:</b> Legal Advice, Representation, Assistance to the Ombudsman Program and Involvement in the Private Bar	5%
<b>TOTAL</b>	15%

This is a duplication of information in Section 13, and VCAAA is required to include it in this section.

## SECTION 9A. NARRATIVE OF GOALS AND OBJECTIVES

### INTRODUCTION

VCAAA's Master Strategic Plan sets forth the agency's strategies for carrying out its goals and objectives for fiscal years 2016 through 2020, amidst an ever-increasing service population and stagnant funding. The plan provides a framework to guide staff and the Advisory Council in focusing on the highest priority issues while meeting state and federal mandates and assuring effective use of taxpayer dollars. Delivery of program and services is contingent upon receipt of funding.

The goals represent VCAAA's priorities and vision for providing leadership, services and advocacy to promote an optimum quality of life for service population: older adults (aged 60 and older), adults with disabilities, and their unpaid caregivers. They also carry the intention to collaborate and partner with other organizations in the aging services network to meet the needs of the service population.

VCAAA will track the progress of each objective through a series of performance measures, which will be used to assess progress and will provide essential input into planning for continued improvement.

### SUMMARY OF NARRATIVE GOALS AND OBJECTIVES

#### **GOAL #1: PROVIDE RESOURCES AND SERVICES**

Provide resources and services that promote optimal well-being for Ventura County's older adults, adults with disabilities, and their unpaid caregivers, with an emphasis on wellness, safety and community livability.

No.	Service	Rank on Survey of Needs
1.1	Transportation	#1, Consumer Survey
1.2	Food	#2, Consumer Survey
1.3	Health, Fitness and Fall Prevention	#3, Consumer Survey
1.4	Family Caregiver Services	#4, Consumer Survey
1.5	Maintaining Independence / Being Able to Live at Home / Aging-in-Place	#6, #7, #8, Consumer Survey
1.6	Socialization / Prevention of Loneliness and isolation	#9, Consumer Survey
1.7	Prevention of Abuse / Protection of Rights	#11, Consumer Survey
1.8	Protecting Older Adults in Long Term Care Facilities	(Mandated Service)
1.9	Housing	#1, Survey Professionals



## **GOAL #2: GOAL 2 – INCREASE AWARENESS OF PROGRAMS AND SERVICES**

VCAAA will seek to broaden awareness of programs and services that support Ventura County's older adults, adults with disabilities, and their unpaid caregivers.




<b>No.</b>	<b>Service</b>	<b>Rank on Survey of Needs</b>
<b>2.1</b>	<b>Information and Resources – For older adults, persons with a disability, unpaid family caregivers</b>	<b>#5, Professionals Survey</b>
<b>2.2</b>	<b>Health Insurance Counseling and Advocacy Program (HICAP)</b>	<b>#5, Consumer Survey</b>

## **GOAL 3 – STRATEGIES TO ADDRESS CURRENT AND FUTURE NEEDS**

VCAAA will develop strategies to identify and address the current and anticipated future needs of the agency and of Ventura County's older adults, adults with disabilities, and their unpaid caregivers.

<b>No.</b>	<b>Service</b>
<b>3.1</b>	<b>Collaborations &amp; Capacity Building.</b> Includes developing business strategies and collaborations for the agency; facilitating the VCAAA Senior Network and exploring the development of the VCAAA Business Leadership Committee.
<b>3.2</b>	<b>Emerging Needs:</b> Includes developing strategies to specific populations, including (but is not limited to) assisting older persons who identify as being LGBT or Q; older persons who speak little or no English; persons aged 55 to 59 (VCAAA's future clients); and residents of long-term care facilities.
<b>3.3</b>	<b>Livable Communities:</b> Includes developing strategies to address transportation and housing issues; and for making communities more friendly for older adults and persons with one or more disabilities.
<b>3.4</b>	<b>Optimal Aging:</b> Includes educating, inspiring and encouraging individuals aged 45 and older to understand the benefits and realities of aging, and of being financially, physically and socially prepared for a long life; and combating ageism.
<b>3.5</b>	<b>Legislation:</b> Keeping abreast of legislation that may impact older adults, persons with disabilities, and their caregivers; and advocating for legislative action, as appropriate.
<b>3.6</b>	<b>Outreach:</b> Develop strategies to promote the agency and inform the public about programs and services.
<b>3.7</b>	<b>Health:</b> Develop strategies to promote health and wellness of older adults, adults with disabilities, and their caregivers.

### IMPORTANT NOTES!

-  All activities will begin on July 1, 2016 and end on June 30, 2017.
-  All activities are NEW for this planning cycle.
-  There are NO program development (PD) or coordination (C) activities.

## GOAL 1: PROVIDE RESOURCES AND SERVICES

Provide resources and services that promote optimal well-being for Ventura County's older adults, adults with disabilities, and their unpaid caregivers, with an emphasis on wellness, safety and community livability.

### RATIONALE

The needs assessment surveys of consumers (older adults) and professionals (key informants), along with input from the VCAAA Advisory Council, confirmed there is a significant need for resources programs and services especially in the areas of transportation, food, health and fitness activities and fall prevention services for family caregivers, providing services to maintain independence and aging in place, programs needed for socialization and the prevention of loneliness and isolation, prevention of abuse and protection of rights of older adults, and housing.

## 1.1 TRANSPORTATION

### *Ranking on Consumer Needs Survey: #1*

For persons aged 60 and older, VCAAA will provide transportation to/from congregate meal sites; and will ensure the availability of medical transportation for frail elders who meet specific criteria and who would not otherwise be able to get to/from medical appointments/treatments within the county and outside of the county. VCAAA will provide public transit vouchers to low-income seniors and to persons aged 18 and over who are ADA certified. (Transportation provided to people under 60 years of age will be funded with non-Older Americans Act funds.) VCAAA's Livable Communities Committee provide guidance to VCAAA staff on all matters related to transportation.

#### *Measurement:*

- VCAAA will utilize contractors to provide 21,863 one-way door-to-door transportation trips for 800 eligible unduplicated persons aged 60 and over.

## 1.2 **FOOD:** *Ranking on Consumer Needs Survey: #2*

VCAAA will provide congregate meals and home delivered meals. VCAAA and its Registered Dietitians will work with local governments/senior centers, service providers, Certified Farmers' Markets and VCAAA's Senior Nutrition Garden to ensure access to nutritional meals, fresh fruits and vegetables; as well as nutrition counseling and education. VCAAA will provide bags of food to older adults experiencing a food emergency. VCAAA's Senior Nutrition Committee will monitor performance measures and provide guidance to VCAAA staff on all matters related to senior nutrition.

### *Measurement:*

- 67,295 congregate meals and 121,662 home delivered meals will be provided.
- VCAAA's Registered Dietitian will provide 20,000 sessions of evidence-based nutrition education and 67 sessions of evidence-based nutrition counseling.
- VCAAA's Registered Dietitians will encourage the reduction of consuming unhealthy beverages and promote physical activity via the Supplemental Nutrition Assistance Program Education (SNAP-Ed), serving approximately 340 unduplicated seniors.
- VCAAA will distribute coupons to low-income seniors to purchase fresh produce at seven Certified Farmers' Markets.
- VCAAA will supplement its meal program by planting and harvesting fresh produce in VCAAA's Senior Nutrition Garden.
- VCAAA will provide emergency food/meals for eligible homebound seniors experiencing a food crisis and adults with disabilities upon discharge from the hospital experiencing a food crisis. An estimated 100 persons will be served.

## 1.3 **HEALTH, FITNESS AND FALL PREVENTION** *Ranking on Consumer Needs Survey: #3*

VCAAA will provide evidence-based physical fitness classes as recognized by the US Department of Health & Human Services for persons aged 60+ at sites throughout the county designed to promote health and prevent falls. Additional help will be made available to older adults who have already experienced a fall.

### *Measurement:*

- Classes will be provided for older adults throughout the county and will include these evidence-based programs:
  - ♦ *Tai Chi: Moving for Better Balance™ (TCMBD)*
  - ♦ *Stepping On*
  - ♦ *A Matter of Balance*
  - ♦ *Walk with Ease (Arthritis Foundation)*

Classes are evidence-based programs that meet the Administration for Community Living's criteria for highest level evidence-based programs under Title IIID of the Older Americans Act. Classes will be taught by individuals who have completed training for each program. VCAAA will serve 400 unduplicated clients with an estimated provide 3,200 units (contacts) of evidence-based health promotion.

- VCAAA's Fall Prevention Program will provide resources to persons aged 65 and older who have experienced a recent fall and have been medically transported to and/or been seen in an emergency room at Ojai Valley Hospital, Community Memorial Hospital or Ventura County Medical Center. 150 fall risk assessments will be conducted.

#### **1.4 FAMILY CAREGIVER SERVICES** ***Ranking on Consumer Needs Survey: #4***

VCAAA will provide programs and services that will help to relieve the burden of caregiving for unpaid, informal caregivers, including older adults (such as grandparents) aged 55 and older raising children aged 18 and younger (such as grandchildren).

##### *Measurement – Caring for Elderly:*

For unpaid caregivers who meet the OAA definition of Title III E Family Caregiver-Caring for Elderly, VCAAA will contract to provide:

- Support Services: 120 hours of caregiver assessment; 240 hours of caregiver case management; 360 hours of caregiver support groups; 100 hours of caregiver training; and 150 hours of caregiver counseling (pre-placement) will serve 140 unduplicated clients.
- Respite Services: 1,000 hours of respite in-home supervision will serve 82 unduplicated clients; 1,000 hours of out-of-home day care (adult day care) will serve 128 unduplicated clients.
- Supplemental Services: 49 occurrences of caregiver adaptations and 39 occurrences of assistive devices will serve 168 unduplicated clients.

##### *Measurement – Caring for Child (Grandparents Raising Grandchildren):*

For unpaid caregivers who meet the OAA definition of Title III E Family Caregiver-Caring for Child, VCAAA will contract to provide:

- Support Services: 35 hours of caregiver assessment, 70 hours of caregiver case management, 60 hours of caregiver support groups; and 60 hours of caregiver training to serve a minimum of ten unduplicated clients.
- *New Caregiver Center to Open in mid-2016*. This will be the third family caregiver center in Ventura County to be created using federal Title III E

funds. The two existing centers are: Wellness and Family Caregiver Center in Camarillo, CA (operated by the Camarillo Health Care District) and Caregiver Support Center headquartered in Thousand Oaks, CA (operated by Conejo Valley Senior Concerns). The new family caregiver center, **OASIS Family Caregiver Center**, will open in the Santa Clara Valley (Santa Clara-Fillmore-Piru) in mid-2016. This center will target services for the monolingual family caregivers who meet the definition of Title III E family caregiver under the OAA. The center will target Spanish-speaking caregivers countywide to provide support to (1) unpaid family caregivers of older adults and (2) grandparents or other older relatives with primary caregiving responsibilities for a child through five broad categories of services: support; supplemental; respite; access assistance; and information services.

### **1.5 MAINTAINING INDEPENDENCE / BEING ABLE TO LIVE AT HOME / AGING-IN-PLACE** *Ranking on the Consumer Needs Survey: #6, #7 and #8*

VCAAA will provide access to programs and services that foster independence, help to enable a person to remain living in his or her home, and to age-in-place.

#### *Measurement:*

- For persons aged 60 and older, VCAAA will contract to provide 1,587 hours of community-based social-model case management for 180 people.
- For persons aged 65 and older and who meet the criteria for VCAAA's Multipurpose Senior Services program (MSSP) staff will make a minimum of 640 in-home visits to clients and will conduct 180 annual comprehensive health and psychosocial reassessments of clients.
- VCAAA will provide case management services through its Housing+ (Plus) Program for older individuals living in public housing in the city of Ventura.
- VCAAA'S Care Transitions Program will provide short-term assistance for older adults being discharged from a hospital or skilled nursing facility. Clients will learn self-management skills as they transition back home. The goal is to empower patients to manage their medical conditions and reduce high risk hospital readmissions.
- VCAAA will contract to provide its ElderHelp Program:
  - 709 hours of in-home personal care
  - 500 hours of homemaker services
  - 150 hours of in-home chore services
  - 76 units of residential repairs/modifications and
  - 20 units (products) of personal/home safety.
- VCAAA will contract to provide the Title V Senior Community Services Employment Program (SCSEP). A minimum of nine unduplicated older adults will be served.
- VCAAA will provide 24 educational classes/activities/relative to financial management to aid older adults who are in or are trying to avoid financial distress and/or who may be at risk of losing their home.

## **1.6 SOCIALIZATION / PREVENTION OF LONELINESS AND ISOLATION** *Ranking on the Consumer Needs Survey: #9*

To reduce isolation and provide a human connection for elders with few or no connections in the community, to alleviate depression and health concerns of those living alone and to provide a check in on seniors at-risk of losing their independence, VCAAA will contract to provide the Senior Help Line. This service will also provide a check-in on older adults recently discharged from a hospital setting or in an adult day health setting. This service will be available for seniors throughout Ventura County

### *Measurement:*

- VCAAA will contract to provide 616 hours of peer counseling and 2,236 contacts of telephone reassurance.

## **1.7 PREVENTION OF ABUSE / PROTECTION OF RIGHTS OF OLDER ADULTS** *Ranking on Consumer Needs Survey: #11*

VCAAA will provide programs and services that protect the rights and property of older adults, and will protect them from abuse.

### *Measurement:*

- VCAAA will contract to provide 1,400 hours of legal assistance regarding public benefits, landlord-tenant disputes, housing rights, elder abuse, powers of attorney, consumer finance and creditor harassment, and consumer fraud and warranties. 800 unduplicated seniors will be served.
- At least eight community education activities will be presented on rights and benefits. 208 unduplicated clients will be served.
- VCAAA will contract for the Financial Abuse Specialist Team (FAST) to provide a minimum of eight training sessions for professionals.
- VCAAA staff will compile and distribute educational materials regarding the prevention, detection, assessment, treatment and intervention and investigation of elder abuse, neglect and exploitation, including financial exploitation. This will include publishing and distributing 300 *Legal information or Elders* ("LIFE"). The VCAAA will work with the managing attorney of the legal services provider (Grey Law of Ventura County, Inc.) to provide workshops for seniors on the contents of the LIFE book. Workshops will be presented based on requests from local community groups. Typically the classes will be offered at senior centers and other locations where older adults convene.

## **1.8 PROTECTING OLDER ADULTS IN LONG-TERM CARE FACILITIES** *(Mandated Service)*

VCAAA will contract to ensure the rights and to ensure the well-being of individuals residing in long-term care facilities (skilled nursing facilities and board and care facilities in Ventura County).

FY 2016-2017 objective for Long Term Care Ombudsman contractor (required): To enable nursing home residents to remain as independent and self-sufficient as possible, free from chemical and physical restraints and to enable them to have the highest quality of life and care possible, the long-term care ombudsman will continue to educate and promote awareness to the community at large and nursing home residents and families, specifically about the dangers of off-label use of antipsychotic drugs for persons with dementia.

### *Measurement:*

- 92 percent will be the complaint resolution rate;
- 314 resident council meetings will be attended;
- 23 family council meetings will be attended;
- 1,500 consultations to facilities will occur;
- 4,059 information and consultations to individuals will occur;
- 68 community education sessions will occur;
- 100 percent of the skilled nursing facilities will be visited quarterly;
- 98 percent of all board and care facilities will be visited quarterly;
- Ombudsman will maintain the equivalent of at least four (4) full-time staff;
- Ombudsman will maintain an average of 62 certified long-term care Ombudsman volunteers.

## **1.9 HOUSING** *Ranking on the Professionals Survey: #1*

To aid in meeting the housing needs of older adults, VCAAA will offer the *HomeShare* Program, which match home providers with home seekers who may be willing to help with household tasks, transportation, companionship, financial support or a combination of these in exchange for affordable housing.

### *Measurement:*

VCAAA will make 300 referrals per year and will make 62 to 84 matches of home providers to home seekers.



## GOAL 2: INCREASE AWARENESS OF PROGRAMS AND SERVICES

**VCAAA will seek to broaden awareness of programs and services that support Ventura County's older adults, adults with disabilities, and their unpaid caregivers.**

### **RATIONALE:**

The needs assessment surveys of consumers (older adults) and professionals (key informants) confirmed there is a significant need for expanding awareness of programs and services, providing information and assistance, and providing health insurance counseling and advocacy. VCAAA continues to experience an increasing demand for these services.

### **2.1 INFORMATION AND RESOURCES**

#### *Ranking on the Professionals Survey: #5*

VCAAA will provide easy, uniform and streamlined access to a broad array of services, supports and advocacy for older adults, adults with disabilities and their family caregivers. VCAAA's Aging & Disability Resource Center will give adults with disabilities the option to receive services and assistance from VCAAA, or from the Independent Learning Resource Center (ILRC) office in Ventura (located nearby).

*Measurement: As a direct service, VCAAA will provide:*

- 3,264 contacts of information and assistance serving 2,000 unduplicated clients, and
- 2,296 contacts of outreach serving an estimated 2000 unduplicated clients. Services and literature will be available in English and Spanish.

*Measurement – Caring for Elderly:*

- For unpaid caregivers who meet the OAA definition of Title III E Family Caregiver-Caring for Elderly, VCAAA will contract to provide:
  - Access Assistance: 1,400 contacts of information and assistance and 400 contacts of caregiver outreach will serve 1,500 unduplicated clients.
  - Information Services: 40 public information activities will serve 120,000 unduplicated clients; and 40 community education activities will serve 1,200 unduplicated clients.
  -

*Measurement – Caring for Child (Grandparents Raising Grandchildren):*

- For unpaid caregivers who meet the OAA definition of Title III E Family Caregiver-Caring for Child, VCAAA will contract to provide:
  - Access Assistance: 30 contacts of caregiving information and assistance; and 120 contacts of caregiver outreach will serve 168 unduplicated clients.
  - Information Services: 13 activities of community education or public information will serve 3,060 unduplicated clients.



2.2

**HEALTH INSURANCE COUNSELING AND ADVOCACY PROGRAM (HICAP)** *Ranking on the Consumer Needs Survey: #5*

VCAAA's HICAP registered staff and volunteers by the California Department of Aging, (CDA) will provide free, unbiased and accurate information and health insurance counseling to Medicare, Medicare Disabled, pre-Medicare beneficiaries and people with disabilities. Registered staff and volunteers will provide free and unbiased counseling and comparisons of all Medicare products and other health insurance products. The HICAP department may enroll clients into Medicare Part D plans, handle all Medicare Part D problems and extra-help applications. HICAP counselors are able to problem- solve health insurance problems and help with appeals.

The **Benefit Enrollment Center (BEC)** now is the One-Stop Shop for all Medicare Beneficiaries and people with disabilities from ages 18 and older to screen for eligibility and complete applications for many Public benefit programs throughout Ventura County. Within the BEC, **HICAP Senior Medicare Patrol** counselors will help provide Medicare Fraud counseling and help resolve the case. HICAP will provide community education and outreach on Medicare Parts A, B, C D (Part D Prescription Drug Plans), Medigap insurance, Employer Group and Retiree, long-term care insurance, LTC Medi-Cal eligibility, all types of fraud, and now Public Benefits counseling and applications workshops.

*Measurement:*

- During the Medicare annual election period a minimum of two (2) enrollment events will be held in the cities; and a minimum of ten enrollment events will be held at the VCAAA office.
- HICAP will educate isolated and homebound seniors about investment fraud, identity theft, and will provide this education by participating in 24 outreach events.
- Three volunteers will be trained to be specialists on Medicare Fraud and other types of fraud. HICAP will utilize E-Learning to provide training to new and existing volunteers.
- A minimum of three clients will receive three hours of HICAP legal representation. HICAP staff will receive a minimum of five hours of program consultation from the contracted legal services provider.
- To better serve the Medicare population, HICAP will develop new partnerships and strengthen existing ones by working/partnering with numerous organizations, including but not limited to the Ventura County Medical Center social service department to consult on inpatient Medicare problems; local community colleges on developing an internship program; County of Ventura Behavioral Health; County of Ventura Public Guardian's Office; Tri-Counties Regional Center; and other community partners.
- **VCAAA's HICAP will use state and federal Minimum Attainment Threshold ("MAT") performance measures as specified in the**

**California Department of Aging. VCAAA is awaiting receipt of the measures for FY 2016-2017.**

### **GOAL 3: STRATEGIES TO ADDRESS NEEDS**

**VCAAA will develop strategies to identify and address the current and anticipated future needs of the agency and of Ventura County's older adults, adults with disabilities, and their unpaid caregivers.**

#### **RATIONALE**

VCAAA has seen a dramatic increase in its eligible service population and the trend is expected to continue well into 2040. (Refer to Section 2, Population.) To meet the needs of the increasing elder population, VCAAA will develop strategies in a variety of areas (collaborations and capacity building, emerging needs, livable communities, optimal aging, legislation, outreach, and health). Time is of the essence in planning for the future.

#### **3.1 STRATEGIES FOR COLLABORATIONS & CAPACITY BUILDING**

VCAAA will facilitate collaborations, partnerships and cooperation among the aging services network to support current services and projected service needs through the year 2030; and will develop new and innovative business strategies accordingly.

##### *Measurement/Actions:*

- VCAAA will coordinate/facilitate the Senior Network, which consists of community-based service providers (nonprofit, for-profit and government agencies) who represent the interests of older adults and persons with disabilities in Ventura County. VCAAA will work with Senior Network members to identify gaps in service, promote community awareness of the needs of seniors and persons with disabilities, encourage coordination and integration of services, create opportunities for collaborations and problem sharing, and provide leading-edge information and education. VCAAA will convene quarterly meetings of the Senior Network.
- VCAAA will create a Business Leadership Committee to develop alternative funding resources for the agency. VCAAA will have a visible presence on the Work Force Development Board to advocate for employment, training and job placement needs of older adults. VCAAA will collaborate with public agencies and other stakeholders on a strategy for disaster planning and health emergencies.
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### **3.2 STRATEGIES FOR EMERGING NEEDS**

VCAAA will seek to identify and address emerging needs and issues of older adults, adults with disabilities, and especially those pertinent to special populations.

*Measurement/Actions:*

- VCAAA will work with older adults who identify as being LGBTQ to increase awareness of the unique needs of LGBTQ seniors, including but not limited to residents in long-term care facilities.
- VCAAA will participate on the Committee on LGBTQ Aging spearheaded by Senior Concerns. The committee includes representatives from the Diversity Collective, Camarillo Hospice, Congress of California Seniors, the Fenway Institute and SAGE.
- VCAAA staff will identify and monitor the growth of the non-English speaking communities; and develop resource materials to serve those individuals.
- VCAAA will work its service providers to ensure that non-English speaking individuals are aware of VCAAA services.
- VCAAA will work with community based organizations to revise and update an inventory of service providers who speak and/or provide services in languages other than English, and the AAA will disseminate this information to service providers.
- VCAAA will develop tools to aid its future clients (persons turning aged 55 to 59) to make informed decisions about retirement.

### **3.3 STRATEGIES FOR LIVABLE COMMUNITIES**

VCAAA will advocate for and develop strategies to address housing and transportation issues that impact older adults and persons with disabilities and will examine other factors that contribute creating livable communities.

*Measurement/Activities:* VCAAA staff will work with its Livable Communities Committee to:

- Encourage communication among transportation service providers.
- Encourage the establishment of a neutral entity to receive complaints about operators.
- Support the development of and amend land-use strategies that will provide convenient access to public transportation.
- Help to educate seniors and persons with disabilities about how to use public and private transportation.
- Provide safety information about driving, seatbelts, pedestrians and bicyclists.

- Publish information about transportation related activities on the VCAAA website.
- Research and recommend practical and affordable solutions for seniors and adults with disabilities who cannot afford public transit.
- Encourage development of technology to improve scheduling and coordination of public transportation.
- Encourage the establishment of a transportation call center to include a link for volunteer drivers.
- Explore the use of alternate transportation modes such as driverless cars, Uber advance at senior centers.
- VCAAA staff will attend the Citizens Transportation Advisory Committee and the Ventura County Transportation Commission's Americans with Disabilities Task Force.

VCAAA and its Livable Communities Committee is in process of developing strategies to allow for more affordable housing for seniors, next-generation use facilities, and the connecting housing and transportation in developing long-range planning around housing for seniors.

### **3.4 OPTIMAL AGING STRATEGIES**

VCAAA and its Optimal Aging Committee will encourage and inspire older adults to enhance the quality of their lives, to maintain their identity and independence, to foster self-direction and to encourage them to be engaged and productive in a variety of activities regardless of disabilities or adverse medical conditions.

#### *Measurement/Activities:*

- Create an Optimal Aging link on the VCAAA website that will provide information and resources on successful aging.
- Create a deck of 52 spiral-bound cards that contain information and inspirational tips on how to age successfully.
- Create and distribute a flyer that defines optimal aging and provides information on how to age successfully.
- Hold an annual story contest about "what successful aging means to me," which involves intergenerational activities.
- Pursue funding for optimal aging projects.

### **3.5 LEGISLATION STRATEGIES**

VCAAA will have a leadership role in sharing information about legislation and advocating for legislation that impacts older adults and adults with disabilities.

*Measurement/Activities:* VCAAA's Legislative Committee will work with VCAAA staff to:

- Monitor and inform the full Advisory Council about pending legislation of interest.
- Create a communication piece for legislators and seniors in the community.
- Foster relationships with elected officials.
- Use social media to promote support for legislation on the approved County legislative platform.
- Add a link to the VCAAA website that would provide links to legislators.
- Assist members of the California Senior Legislature with developing potential proposals for legislation.

### **3.6 OUTREACH STRATEGIES**

VCAAA and its Outreach Committee will develop strategies to promote the agency, and inform the public about programs and services.

*Measurement/Activities:*

- VCAAA will have a visible presence on social media sites, including Facebook, Instagram, Twitter and other social media venues.
- Working with its Outreach Committee, VCAAA will:
  - Develop a speakers' bureau.
  - Create a video about all services offered by the VCAAA.
  - Create a calendar for communication piece.
  - Coordinate committee activities, as needed, with other subcommittees of the Advisory Council.

### **3.7 HEALTH STRATEGIES**

VCAAA and its Health Issues committee will develop strategies to promote health and wellness of older adults, adults with disabilities, and their caregivers.

*Measurement/Activities:*

- Provide evidence-based fitness classes for older adults throughout Ventura County.
- Sponsor and/or collaborate with other organizations to present an educational event for health-related providers that will educate them about community resources.
- Encourage the presentation of and/or coordinate sponsorship of classes for nursing professionals on the topic of Caregiver/Second Patient Syndrome.
- Distribute tips for taking care of yourself to be provided to home patients and caregivers.

- Encourage medical and/or social/case management programming to low income residents in senior housing communities to facilitate optimal aging in place.
- Identify best practices that address emerging health and wellness needs.
- Work with FOOD Share to develop potential collaborations and opportunities for participation in outreach events, including with their food truck.
- Continue the development and distribution of the Senior Nutrition Program healthy living placemats to be distributed at congregate meal sites, with home delivered meals and other entities.
- Collaborate with the Ventura County Evidence-based Health Promotion Coalition.
- Collaborate with the Fall Prevention Coalition.
- Collaborate with the Alzheimer's Association and the Alzheimer's Foundation to promote awareness of this disease, dementia and memory screening.
- VCAAA staff will participate on the Ventura County Evidence-Based Health Promotion Coalition.
- VCAAA staff will attend Behavioral Health Advisory Board Adult Services Committee meetings.
- VCAAA staff will collaborate with the Ventura County Behavioral Health Older Adult Mobile Team.
- VCAAA staff will collaborate with the Gold Coast Health Plan.

## SECTION 9B. ADVISORY COUNCIL GOALS AND OBJECTIVES

The below listed standing committees of the Advisory Council have worked diligently to develop goals and objectives for 2016 through 2020:

- Health Issues Committee, chaired by Ginny Rockefeller
- Legislative Committee, chaired by Sylvia Taylor Stein
- Livable Communities Committee (previously Housing and Transportation), chaired by Jay Evans
- Optimal Aging Committee, chaired by Sylvia Taylor Stein
- Outreach Committee, chaired by Marty Kaplan

All committees work closely with the agency director and staff to address issues and to develop recommendations for programs and funding. Interested members of the public are welcome to attend and participate on committees; however, they cannot vote on policies or actions.

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### ADVISORY COUNCIL ♦ HEALTH ISSUES COMMITTEE

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	Committee Goals 2016 to 2020 (listed alphabetically)
1	<b>Education for the Consumer:</b> Educate older adults to be wise health care consumers and to advocate for themselves by encouraging collaborations among the medical community, community based service programs, faith-based organizations, insurance providers and government entities.
2	<b>Education for Providers:</b> Educate representatives of the healthcare sector, including but not limited to hospitals, physicians, discharge planners, home health agencies and health insurance providers about community and family caregiver resources and services.
3	<b>Emerging Needs:</b> Identify and address, where feasible, emerging needs relative to healthcare and physical well-being of older adults in Ventura County.
4	<b>Fitness:</b> Encourage and/or facilitate fitness activities for older adults in Ventura County utilizing evidence-based activities.
5	<b>Family Caregivers:</b> Support the family caregiver to mitigate Caregiver/Second Patient Syndrome.
6	<b>Food Insecurity:</b> Help to identify and address food insecurity issues older adults.

HEALTH ISSUES COMMITTEE OBJECTIVES			
	OBJECTIVES	STATUS/ PRIORITY	DATES
1	Education for the Provider: Sponsor and/or collaborate with other organizations to present an educational event for health-related providers that will educate them about community resources.	Priority: A1	7/1/2016 to 6/30/2017
2	Family caregiving. Encourage the presentation of and/or coordinate sponsorship of classes for nursing professionals on the topic of Caregiver/Second Patient Syndrome.	Priority: A2	7/1/2016 to 6/30/2017
3	Family caregiving. Distribute tips for “taking care of yourself” to be provided to home care patients with caregivers. Suggestion: Assess what is currently being distributed by home health agencies and family caregiver centers.	Priority: A3	7/1/2016 to 6/30/2017
4	Emerging Needs. Encourage medical and/or social/case management (such as Housing Plus) programming to low-income residents in senior housing communities to better facilitate aging-in-place.	Priority: B1 Status: Ongoing	7/1/2016 to 6/30/2020
5	<b>Emerging Needs.</b> Identify best practices that address emerging health and wellness needs (such as the Village-to-Village concept).	Priority: B2	7/1/2016 to 6/30/2017
6	<b>Food Insecurity.</b> Work with Food Share to develop potential collaborations and opportunities for participation in outreach events, including with their food truck.	Priority C:	6/30/2016 to 6/30/2020
7	<b>Education for the Consumer:</b> Collaborate with the Ventura County Evidence Based in Coalition and Fall Prevention Coalition to promote healthy living.	Ongoing	7/1/2016 to 6/30/2020
8	<b>Fitness.</b> Provide evidence-based fitness classes for older adults throughout Ventura County.	Ongoing	7/1/2016 to 6/30/2020
9	<b>Fitness.</b> Collaborate with the Ventura County Evidence Based Coalition on the presentation of evidence-based classes.	Ongoing	7/1/2016 to 6/30/2020
10	Food Insecurity. Continue to work with VCAAA staff and other AC committees to develop additional healthy living placemats for the Senior Nutrition Program to be distributed at congregate meal sites, with home delivered meals and Senior Share.	Ongoing	7/1/2016 to 6/30/2020



## ADVISORY COUNCIL • LEGISLATIVE COMMITTEE

LEGISLATIVE COMMITTEE OBJECTIVES				
OBJECTIVE	HOW WILL TASK BE ACCOMPLISHED?	WHO WILL DO THE TASK?	DO THIS OBJECTIVE NOW? OR STATUS	PRI OR-ITY
Monitor and inform the full Advisory Council about pending legislation of interest.	A report to the Advisory Council as needed	Monique and the Committee Chair will collaborate on this task	Yes	<b>A</b>
Create a communication piece for Legislators and Seniors in the Community – Legislative Update.	By collaboration, as needed	Monique and Chair will collaborate with Outreach Staff and Committee	Yes	<b>A</b>
Continue to foster a relationship with Sue Hughes, CEO's Legislative Analyst.	By collaborating with Sue and continuing to periodically invite her to Committee Meetings	Facilitated by Staff	Yes	<b>A</b>
Foster relationships with elected officials, including inviting them to meetings and providing them with updates and communication pieces.	Invite elected officials or their designees to meetings as well as providing them with updates and communication pieces	Facilitated by Staff	Yes	<b>A</b>
Use social media to promote support for legislation on the approved county legislative platform for federal and state	Facilitated by Staff in collaboration with Outreach Coordinator	Staff, upon direction of the Committee	No	<b>B</b>
Collaborate with other Advisory Council Committees such as Outreach in order to develop strategies and projects of mutual interest.	By collaboration with other Committee Chairs and Agency Staff	Facilitated by Staff	Ongoing	<b>B</b>
Add a link for the Legislative Committee on the VCAAA website that would provide links to legislators, pieces of legislation and ways to advocate.	Agency Staff, in particular The Outreach Coordinator	Facilitated by Staff, upon direction from The Committee	Ongoing	<b>B</b>
Write letters of support or opposition of legislation as needed (approved on the county of Ventura legislative platform)	By collaboration with Committee members and Agency Staff	Committee Members, facilitated by Staff	As Needed	<b>B</b>

LEGISLATIVE COMMITTEE OBJECTIVES				
OBJECTIVE	HOW WILL TASK BE ACCOMPLISHED?	WHO WILL DO THE TASK?	DO THIS OBJECTIVE NOW? OR STATUS	PRI OR-ITY
Assist members of the California Senior Legislature (CSL) in developing potential CSL proposals for legislation.	By collaboration with Committee members and Agency Staff	Committee Members, facilitated by Staff	As Needed	<b>A</b>

## ADVISORY COUNCIL ♦ LIVABLE COMMUNITIES COMMITTEE

This committee was previously known as the Housing and Transportation Committee. It was reorganized in mid-2015 to broaden its scope to address emerging needs (livability index factors in addition to housing and transportation issues); and to re-energize committee membership. Thus, their goals and objectives are in the late stage of being developed. Shown below are the issued to be looked at now and in coming years. These are subject to change.

Regarding transportation, it is the overall goal of the committee to ensure that the transportation needs of older adults and persons with disabilities are met by identifying current needs and projecting future needs; and implementing objectives that advocate, educate, innovate and transform service delivery.

### GOAL 1: ADVOCATE

To advocate for transportation issues that impact older adults and persons with disabilities, and to increase Ventura County's "livability score" relative to transportation. *This will be accomplished by advocacy efforts to:*

1. Encourage communication among transportation service providers to coordinate services to:
  - a. Expand the Dial-A-Ride fleet and coverage
  - b. Increase the number of accessible bus stops throughout the county
  - c. Address and improve connectivity issues of inter-city and intra-city bus travel
  - d. Have faster city-to-city bus service
  - e. Have more frequent turn-arounds and more frequent stops
2. Establish a neutral entity (such as an ombudsman) to receive complaints about operators.
3. Develop/amend land use policies that encourage group living, and modest construction, in locations convenient to public transportation.
4. Develop models (such as Park and Ride) for persons unable to drive long distances.
5. Raise awareness with the DMV of the limitations and restrictions on licenses...
6. Encourage agencies to allow volunteer time for driving seniors.

### GOAL 2: EDUCATE:

To provide education about transportation issues in Ventura County. *This will be accomplished by providing education as follows:*

1. Educate seniors and persons with disabilities about how to use public and private transportation. This may be achieved by providing information about current transportation programs (e.g. a transportation guide).
2. Safety information about driving, seatbelts, pedestrians and bicyclists.
3. Point-to-point personalized transportation information.
4. Ride-Sharing.
5. Publish on the VCAA website information on transportation-related activities of this committee and of our partner agencies.

### **GOAL 3: INNOVATE AND TRANSFORM**

To provide innovative solutions to transform the local transportation system to meet current future needs. *This will be accomplished by these encouraging activities:*

1. Plan for future transit needs (as individuals and as a community) through 2030 (at a minimum).
2. Research and recommend practical and affordable solutions for seniors and adults with disabilities who cannot afford public transit.
3. Develop technology to improve scheduling and coordination of public transportation
4. Establish a transportation call center to include a link to/for volunteer drivers.
5. Explore the use of alternate transportation modes such as driverless cars, Uber and vans at senior centers.

**Housing goals and objectives are currently being developed.**

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## **ADVISORY COUNCIL ♦ OPTIMAL AGING COMMITTEE**

**OAC Mission Statement:** The Optimal Aging Committee's mission is to encourage and inspire older adults to enhance the quality of their lives, to maintain their identity and independence, to foster self-direction and to encourage them to be engaged and productive in a variety of activities regardless of disabilities or adverse medical conditions. The committee will accomplish this by exploring and recommending methods, programs, services and educational tools.

**OAC Target Population:** **First Priority: Persons aged 45 to 70 (based on survey and agreed upon in prior meetings).** Note: If using Older Americans Act funds for any committee projects, the target audience must be aged 60 and older. **Second Priority: Persons aged 71 and older.**

**Entities identified by OAC to engage/reach target populations:** VCAA website, councils on aging, fraternal organizations, health care providers/physicians, YMCA and fitness centers, insurance companies (could provide incentives for persons working on their health), utility bill inserts, social media, print media, church groups, employers, employer-sponsored wellness programs, senior centers, family caregiver centers and organizations, service providers in the aging services network, and home delivered meals/meals on wheels.

### **GOALS**

*Reminder: Goals are intangible. Objectives are measurable with start and end date.*

1. To promote and facilitate positive aging, and overcome the stigma of ageism.
2. To facilitate opportunities for older individuals to engage in activities that will:

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- Enhance and maintain their sense of identity and self-worth;
  - Promote mental acuity, socialization and physical well-being, and
  - Nurture financial viability.
3. To educate and inspire Ventura County's older adults, especially those aged 45 to 70 years, on how to successfully plan for their "second adult life-time."

To accomplish its goals, the OAC will (1) provide resources, education and information on successful aging, healthy aging, volunteerism, mentoring, intergenerational activities, financial planning and lifelong learning, and (2) will identify and collaborate with entities that support positive aging, and the goals of the OAC.

OPTIMAL AGING COMMITTEE 2016-2020 OBJECTIVES			
PRI-ORITY *	OBJ. #	OBJECTIVE	REQUIRED ACTION: WHO, HOW, STATUS & REMARKS
A	1	Participate in the planning process for VCAAA's four-year Master Strategic Plan, 2016-2019. Work w/staff to develop recommendations for optimal aging; and agree upon OAC objectives for inclusion in the 4-year plan. Status: Completed	Make recommendations for inclusion in the master plan for 2016-2020. (Draft of Master Strategic Plan must be completed by 2/1/2016.)  Each year, the OAC will have the opportunity to review and update goals and objectives.
A	2	Provide tips or brain engaging activities and for aging well to be featured on Senior Nutrition Program Placements. Status: Ongoing Completion date: 6/30/2016	Optimal aging teaser tips have been developed for 15 Senior Nutrition Program placemats, which will be rotated. Additional versions of the placemat will be developed as funding becomes available
B	3	Create an Optimal Aging link on the VCAAA website that will provide information and resources on successful aging, and <i>Teaser Tips for Aging Well</i> . Status: Ongoing (after initial creation) Completion date: 6/30/2016	During the previous months, OAC members have submitted resources to C. Voth, and she has compiled a list which will be updated as needed.
C	4	Create a deck of 52 spiral bound cards that can be flipped. Cards would contain inspirational and/or informative tips about optimal aging. The tips would be humorous and clever. The cards would be a good gift item. Status: Continued (from 2015 to 2017). Completion date: by 6/30/2017	Suggestions for project funding: -- Have a sponsor (e.g., financial planning company or health agency like Dignity Health) underwrite costs. -- Collaborate with a nonprofit to write a grant and collaborate with the VCAAA to distribute. Sue added that grantors are looking for novel ideas.
C	5	Create and distribute a flyer that defines optimal aging and provides information on how to age successfully. Target audience: aged	Gather/develop information. Create, print and distribute flyer. Be mindful of reaching the aged 45+ persons to educate them about planning NOW to age optimally. Flyer may be

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OPTIMAL AGING COMMITTEE 2016-2020 OBJECTIVES			
PRI- ORITY *	OBJ. #	OBJECTIVE	REQUIRED ACTION: WHO, HOW, STATUS & REMARKS
		45+. Status: Continued (from 2015 to 2017)  Completion date: by 6/30/2017	attractive to financial planners, insurance companies, chambers of commerce, etc.
C	6	Hold an annual story contest about "What Successful Aging Means to Me." Obtain legal releases from authors so stories could be published in local free print media and on the VCAAA website. Status: Future project Completion date: by 6/30/2017	Criteria will need to be developed. Initial focus will be on involving young people in the lives of their elders; thus, partnering with a local school would be a good idea. Kids could submit their stories and photos via Instagram. It would be an opportunity for an intergenerational activity with local schools.
D	7	Recommend that the Advisory Council creates an annual award program to recognize the accomplishments of older adults and/or the magnificent state of aging. Status: Future project Completion date: by June 30, 2020	Action items to be determined. Possible recognition categories: writing, videography, art, persons who serve as role models in aging, etc. Award recipients might include persons of any age depending upon the topic and criteria. This could develop into an annual awards dinner. This would bring countywide attention to achievements related to aging, and to the VCAAA and its Advisory Council.
D	8	Hold a series of seminars that feature topics pertinent to successful aging. Examples: Your Personal Plan for Longevity; Exploring Personal Values; Financial Planning; Managing Change; Self-Care and Balance; Housing and Living Arrangements; Physical Fitness; Mental Fitness, Exploring Resources for Well Being; Volunteerism; Legal Issues; Spiritual Living; Meaning, Purpose and Legacy-Your Personal longevity plan. (Some ideas for topics extracted from the Collaborative on Positive Aging in Sonoma County.) Status: Future project Completion date: by 6/30/2020.	1. Determine how many seminars to hold, topics and format. 2. Determine time frame to rollout seminars such as one per month, one per quarter over a few years, etc. 2. Identify possible venues for seminars (senior centers, free community space). 3. Create an ad hoc planning committee for the seminars that would include volunteers from the community who have experience and/or ideas presenting such seminars. (This could include some senior center directors.) 4. Identify and arrange for speakers. 5. Publicize the seminars.  This would be an opportunity for collaborating with other organizations (nonprofit, and/or for-profit and/or government).

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**ADVISORY COUNCIL ♦ OUTREACH COMMITTEE**

<b>OUTREACH COMMITTEE OBJECTIVES (Currently under development)</b>	<b>PRIORITY</b>
Finalize a tri-fold brochure for VCAAA, to replace existing brochure.	<b>A</b>
Education – Development of Speakers’ Bureau. This includes recruiting more speakers.	<b>B+</b>
Develop “canned” presentations for the Speakers’ Bureau to provide community presentations (with or without staff).	<b>B+</b>
Create an Agency Video – Cover all services offered. The video will be on the VCAAA website and could be used in presentations.	<b>C</b>
Create a Calendar that could be used as a communication piece (such as each month being devoted to a particular topic or service).	<b>C</b>

## SECTION 10A: SERVICE UNIT PLAN (SUP) OBJECTIVES – TITLES III B, III C AND III D (NAPIS CATEGORIES 1 THROUGH 16)

TITLE III/VIIA 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 (SPR). For services not defined in NAPIS, refer to the Service Categories and Data Dictionary and the National Ombudsman Reporting System (NORS) Instructions. Report the units of service to be provided with ALL funding sources. Related funding is reported in the annual Area Plan Budget (CDA 122) for Titles IIIB, IIIC-1, IIIC-2, IIID, and VIIA.

### NAPIS SERVICE CATEGORIES #1 THROUGH #14

#### 1. Personal Care (In-Home)

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2016-2017	709	1	1.5
2017-2018		1	1.5
2018-2019		1	1.5
2019-2020		1	1.5

#### 2. Homemaker

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2016-2017	500	1	1.5
2017-2018		1	1.5
2018-2019		1	1.5
2019-2020		1	1.5

#### 3. Chore

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2016-2017	150	1	1.5
2017-2018		1	1.5
2018-2019		1	1.5
2019-2020		1	1.5

#### 4. Home-Delivered Meal

Unit of Service = 1 meal

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2016-2017	121,662	1	1.2
2017-2018		1	1.2
2018-2019		1	1.2
2019-2020		1	1.2

#### 5. Adult Day Care/Adult Day Health

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2016-2017	NONE	NA	NA
2017-2018	0	NA	NA
2018-2019	0	NA	NA
2019-2020	0	NA	NA

## 6. Case Management

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2016-2017	1,587	1	1.5
2017-2018		1	1.5
2018-2019		1	1.5
2019-2020		1	1.5

## 7. Assisted Transportation

Unit of Service = 1 one-way trip

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2016-2017	NONE	NA	NA
2017-2018	0	NA	NA
2018-2019	0	NA	NA
2019-2020	0	NA	NA

## 8. Congregate Meals

Unit of Service = 1 meal

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2016-2017	67,295	1	1.2
2017-2018		1	1.2
2018-2019		1	1.2
2019-2020		1	1.2

## 9. Nutrition Counseling

Unit of Service = 1 session per participant

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2016-2017	67	1	1.1
2017-2018		1	1.1
2018-2019		1	1.1
2019-2020		1	1.1

## 10. Transportation

Unit of Service = 1 one-way trip

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2016-2017	21,863	1	1.1
2017-2018		1	1.1
2018-2019		1	1.1
2019-2020		1	1.1

## 11. Legal Assistance (Title III B and VII B)

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2016-2017	1,400	1	1.7
2017-2018		1	1.7
2018-2019		1	1.7
2019-2020		1	1.7



## 12. Nutrition Education

Unit of Service = 1 session per participant

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2016-2017	20,000	1	1.2
2017-2018		1	1.2
2018-2019		1	1.2
2019-2020		1	1.2

## 13. Information and Assistance

Unit of Service = 1 contact

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2016-2017	3,264	2	2.1
2017-2018		2	2.1
2018-2019		2	2.1
2019-2020		2	2.1

## 14. Outreach

Unit of Service = 1 contact

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2016-2017	2,296	2	2.1
2017-2018		2	2.1
2018-2019		2	2.1
2019-2020		2	2.1

## NAPIS SERVICE CATEGORY #15 – “OTHER” TITLE III SERVICES

Service Category: Cash/Material Aid

Unit of Service = 1 assistance

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2016-2017	100	1	1.2
2017-2018		1	1.2
2018-2019		1	1.2
2019-2020		1	1.2

Service Category: Peer Counseling

Unit of Service = 1 hour

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2016-2017	616	1	1.6
2017-2018		1	1.6
2018-2019		1	1.6
2019-2020		1	1.6

Service Category: Personal/Home Security

Unit of Service = 1 product

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2016-2017	20	1	1.5
2017-2018		1	1.5
2018-2019		1	1.5
2019-2020		1	1.5

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2016-2017	76	1	1.6
2017-2018		1	1.6
2018-2019		1	1.6
2019-2020		1	1.6

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2016-2017	2,236	1	1.6
2017-2018		1	1.6
2018-2019		1	1.6
2019-2020		1	1.6

## 16. TITLE III D HEALTH PROMOTION

**Service Category: Evidence-Based Health Promotion Unit of Service = 1 contact**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2016-2017	3,200	1	1.3
2017-2018		1	1.3
2018-2019		1	1.3
2019-2020		1	1.3

### Required Title III D Health Promotion Objective / Activities

VCAAA will provide evidence-based physical fitness classes for persons aged 60+ at sites throughout the county designed to promote health and prevent falls. Additional help will be made available to older adults who have already experienced a fall. Classes will be provided for older adults throughout the county and will include these evidence-based programs:

- ♦ *Tai Chi: Moving for Better Balance™ (TCMBD)*
- ♦ *Stepping On*
- ♦ *A Matter of Balance*
- ♦ *Walk with Ease (Arthritis Foundation)*

Classes are evidence-based programs that meet the Administration for Community Living's criteria for highest level evidence-based programs under Title IIID of the Older Americans Act. Classes will be taught by individuals who have completed training for each program. VCAAA will serve 400 unduplicated clients with an estimated provide 3,200 units (contacts) of evidence-based health promotion.

## SECTION 10B: PROGRAM OUTCOMES FOR LONG-TERM CARE (LTC) OMBUDSMAN (TITLE IIIB AND TITLE VIIA)

**2016–2020 Four-Year Planning Cycle.** As mandated by the Older Americans Act, the mission of the LTC Ombudsman Program is to seek resolution of problems and advocate for the rights of residents of LTC facilities with the goal of enhancing the quality of life and care of residents. Each year during the four-year cycle, analysts from the Office of the State Long-Term Care Ombudsman (OSLTCO) will forward baseline numbers to the AAA from the prior fiscal year National Ombudsman Reporting System (NORS) data as entered into the Statewide Ombudsman Program database by the local LTC Ombudsman Program and reported by the OSTLCO in the State Annual Report to the Administration on Aging (AoA). The AAA will establish targets each year in consultation with the local LTC Ombudsman Program Coordinator. Use the yearly baseline data as the benchmark for determining yearly targets. Refer to your local LTC Ombudsman Program's last three years of AoA data for historical trends. Targets should be reasonable and attainable based on current program resources. Complete all Measures and Targets for Outcomes 1-3.

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

### Measures and Targets:

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

The average California complaint resolution rate for FY 2013-2014 was 73%.

<p>1. FY 2014-2015 Baseline Resolution Rate: Number of complaints resolved <u>749</u> + Number of partially resolved complaints <u>56</u> divided by the Total Number of Complaints Received <u>877</u> = Baseline Resolution Rate <u>92%</u> % <b>FY 2016-17 Target Resolution Rate <u>89</u> %</b></p>
<p>2. FY 2015-2016 Baseline Resolution Rate: Number of complaints resolved _____ + Number of partially resolved complaints _____ divided by the Total Number of Complaints Received _____ = Baseline Resolution Rate _____ % FY 2017-18 Target Resolution Rate _____ %</p>
<p>3. FY 2016-2017 Baseline Resolution Rate: Number of complaints resolved _____ + Number of partially resolved complaints _____ divided by the Total Number of Complaints Received _____ = Baseline Resolution Rate _____ % FY 2018-19 Target Resolution Rate _____ %</p>
<p>4. FY 2017-2018 Baseline Resolution Rate: Number of complaints resolved _____ + Number of partially resolved complaints _____ divided by the Total Number of Complaints Received _____ = Baseline Resolution Rate _____ % FY 2019-20 Target Resolution Rate _____ %</p>
<p>Program Goals and Objective Numbers: <b><u>1.8</u></b></p>

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

1. FY 2014-2015 Baseline: number of Resident Council meetings attended <b><u>343</u></b> <b>FY 2016-2017 Target: <u>314</u></b>
2. FY 2015-2016 Baseline: number of Resident Council meetings attended _____ FY 2017-2018 Target: _____
3. FY 2016-2017 Baseline: number of Resident Council meetings attended _____ FY 2018-2019 Target: _____
4. FY 2017-2018 Baseline: number of Resident Council meetings attended _____ FY 2019-2020 Target: _____
Program Goals and Objective Numbers: <b><u>1.8</u></b>

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

1. FY 2014-2015 Baseline number of Family Council meetings attended <b><u>29</u></b> <b>FY 2016-2017 Target: <u>23</u></b>
2. FY 2015-2016 Baseline number of Family Council meetings attended _____ FY 2017-2018 Target: _____
3. FY 2016-2017 Baseline number of Family Council meetings attended _____ FY 2018-2019 Target: _____
4. FY 2017-2018 Baseline number of Family Council meetings attended _____ FY 2019-2020 Target: _____
Program Goals and Objective Numbers: <b><u>1.8</u></b>

**D. Consultation to Facilities** (AoA Report, Part III.D.4) 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.

1. FY 2014-2015 Baseline: number of consultations <b><u>1303</u></b> <b>FY 2016-2017 Target: <u>1500</u></b>
2. FY 2015-2016 Baseline: number of consultations _____ FY 2017-2018 Target: _____
3. FY 2016-2017 Baseline: number of consultations _____ FY 2018-2019 Target: _____
4. FY 2017-2018 Baseline: number of consultations _____ FY 2019-2020 Target: _____
Program Goals and Objective Numbers: <b><u>1.8</u></b>

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

1. FY 2014-2015 Baseline: number of consultations <u>5027</u> FY 2016-2017 Target: <u>4059</u>
2. FY 2015-2016 Baseline: number of consultations _____ FY 2017-2018 Target: _____
3. FY 2016-2017 Baseline: number of consultations _____ FY 2018-2019 Target: _____
4. FY 2017-2018 Baseline: number of consultations _____ FY 2019-2020 Target: _____
Program Goals and Objective Numbers: <u>1.8</u>

**F. Community Education** (AoA Report, Part III.D.10) 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.

1. FY 2014-2015 Baseline: number of sessions <u>82</u> FY 2016-2017 Target: <u>68</u>
2. FY 2015-2016 Baseline: number of sessions _____ FY 2017-2018 Target: _____
3. FY 2016-2017 Baseline: number of sessions _____ FY 2018-2019 Target: _____
1. FY 2017-2018 Baseline: number of sessions _____ FY 2019-2020 Target: _____
Program Goals and Objective Numbers: <u>1.8</u>

### G. Systems Advocacy

In the box below, in narrative format, provide at least one new priority systemic advocacy effort the local LTC Ombudsman Program will engage in during the fiscal year. If the systemic advocacy effort is a multi-year initiative, provide a systemic advocacy objective that explains progress made in the initiative during the prior fiscal year and identifies specific steps to be taken during the upcoming fiscal year. A new effort or a statement of progress made and goals for the upcoming year must be entered each year of the four-year cycle.

Systems Advocacy can include efforts to improve conditions in one LTC facility or can be county-wide, State-wide, or even national in scope. (Examples: Work with LTC facilities to promote person-centered care and reduce the use of anti-psychotics, work with law enforcement entities to improve response and investigation of abuse complaints, collaboration with other agencies to improve LTC residents' quality of care and quality of life, participation in disaster preparedness planning, participation in legislative advocacy efforts related to LTC issues, etc. Enter information in the box below.

**Systemic Advocacy Effort(s) for the current fiscal year 2016-2017**

To enable nursing home residents to remain as independent and self-sufficient as possible, free from chemical and physical restraints and to enable them to have the highest quality of life and care possible, the long-term care ombudsman will continue to educate and promote awareness to the community at large and nursing home residents and families, specifically about the dangers of off-label use of antipsychotic drugs for persons with dementia.

**Outcome 2. Residents have regular access to an Ombudsman. [(OAA Section 712(a)(3)(D), (5)(B)(ii)]**

**Measures and Targets:**

**A. Facility Coverage (other than in response to a complaint), (AoA Report, Part III.D.6)**

Percentage of nursing facilities within the PSA that were visited by an ombudsman representative at least once each quarter **not** in response to a complaint. The percentage is determined by dividing the number of nursing facilities in the PSA that were visited at least once each quarter not in response to a complaint by the total number of nursing facilities in the PSA. NOTE: This is not a count of *visits* but a count of *facilities*. In determining the number of facilities visited for this measure, no nursing facility can be counted more than once.

1. FY 2014-2015 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint 20 divided by the total number of Nursing Facilities 20 = Baseline 100 %

**FY 2016-2017 Target: 100 %**

2. FY 2015-2016 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint \_\_\_\_\_ divided by the total number of Nursing Facilities \_\_\_\_\_ = Baseline \_\_\_\_\_ %

FY 2017-2018 Target: \_\_\_\_\_ %

3. FY 2016-2017 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint \_\_\_\_\_ divided by the total number of Nursing Facilities \_\_\_\_\_ = Baseline \_\_\_\_\_ %

FY 2018-2019 Target: \_\_\_\_\_ %

4. FY 2017-2018 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint \_\_\_\_\_ divided by the total number of Nursing Facilities \_\_\_\_\_ = Baseline \_\_\_\_\_ %

FY 2019-2020 Target: \_\_\_\_\_ %

Program Goals and Objective Numbers: 1.8

**B. Facility Coverage (other than in response to a complaint) (AoA Report, Part III.D.6)**

Percentage of RCFEs within the PSA that were visited by an ombudsman representative at least once each quarter during the fiscal year **not** in response to a complaint. The percentage is determined by dividing the number of RCFEs in the PSA that were visited at least once each quarter not in response to a complaint by the total number of RCFEs in the PSA. NOTE: This is not a count of *visits* but a count of *facilities*. In determining the number of facilities visited for this measure, no RCFE can be counted more than once.

1. FY 2014-2015 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint <u>204</u> divided by the total number of RCFEs <u>209</u> = Baseline <u>98</u> % <b>FY 2016-2017 Target: <u>98</u> %</b>
2. FY 2015-2016 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint _____ divided by the total number of RCFEs _____ = Baseline _____ % FY 2017-2018 Target: _____ %
3. FY 2016-2017 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint _____ divided by the total number of RCFEs _____ = Baseline _____ % FY 2018-2019 Target: _____ %
4. FY 2017-2018 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint _____ divided by the total number of RCFEs _____ = Baseline _____ % FY 2019-2020 Target: _____ %
Program Goals and Objective Numbers: <b><u>1.8</u></b>

**C. Number of Full-Time Equivalent (FTE) Staff** (AoA Report Part III. B.2. - Staff and Volunteers)  
This number may only include staff time legitimately charged to the LTC Ombudsman Program. Time spent working for or in other programs may not be included in this number. For example, in a local LTC Ombudsman Program that considers full-time employment to be 40 hour per week, the FTE for a staff member who works in the Ombudsman Program 20 hours a week should be 0.5, even if the staff member works an additional 20 hours in another program.

1. FY 2014-2015 Baseline: <b><u>4.45</u></b> FTEs <b>FY 2016-2017 Target: <u>4</u> FTEs</b>
2. FY 2015-2016 Baseline: _____ FTEs FY 2017-2018 Target: _____ FTEs
3. FY 2010-2011 Baseline: _____ FTEs FY 2013-2014 Target: _____ FTEs
4. FY 2010-2011 Baseline: _____ FTEs FY 2014-2015 Target: _____ FTEs
Program Goals and Objective Numbers: <b><u>1.8</u></b>

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

1. FY 2014-2015 Baseline: Number of certified LTC Ombudsman volunteers <b><u>58</u></b> <b>FY 2016-2017 Projected Number of certified LTC Ombudsman volunteers <u>62</u></b>
2. FY 2015-2016 Baseline: Number of certified LTC Ombudsman volunteers _____ FY 2017-2018 Projected Number of certified LTC Ombudsman volunteers _____
3. FY 2016-2017 Baseline: Number of certified LTC Ombudsman volunteers _____ FY 2018-2019 Projected Number of certified LTC Ombudsman volunteers _____

4. FY 2017-2018 Baseline: Number of certified LTC Ombudsman volunteers _____ FY 2019-2020 Projected Number of certified LTC Ombudsman volunteers _____
Program Goals and Objective Numbers: <b><u>1.8</u></b>

**Outcome 3. Ombudsman representatives accurately and consistently report data about their complaints and other program activities in a timely manner. [OAA Section 712(c)]**

**Measures and Targets:**

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

Some examples could include:

- Having Ombudsman Program staff and volunteers **regularly attend** NORS Consistency Training provided by the OSLTCO
- Hiring additional staff to enter data
- Updating computer equipment to make data entry easier
- Initiating a case review process to ensure case entry is completed in a timely manner

Ombudsman program staff and volunteers will attend, as needed, appropriate training on accuracy, consistency and timeliness of the reporting of data pertinent to the Ombudsman program.
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## SECTION 10C: TITLE VIIA ELDER ABUSE PREVENTION SUP OBJECTIVES

Fiscal Year	Total # of Public Education Sessions	Fiscal Year	Total # of Training Sessions for Professionals
2016-2017	8	2016-2017	8
2017-2018		2017-2018	
2018-2019		2018-2019	
2019-2020		2019-2020	
Fiscal Year	Total # of Training Sessions for Caregivers served by Title III E	Fiscal Year	Total # of Hours Spent Developing a Coordinated System
2016-2017	0	2016-2017	200
2017-2018		2017-2018	
2018-2019		2018-2019	
2019-2020		2019-2020	
Fiscal Year	Total # of Copies of Educational Materials to be Distributed	Description of Educational Materials	
2016-2017	300	30 Legal Information for Elders (LIFE) guides will be printed	
2017-2018			
2018-2019			
2019-2020			
Fiscal Year	Total Number of Individuals Served	The agency receiving Title VIIA Elder Abuse Prevention funding: Ventura County Area Agency on Aging and Grey Law of Ventura County (legal services provider)	
2016-2017	300		
2017-2018			
2018-2019			
2019-2020			

### TITLE VIIA ELDER ABUSE PREVENTION - OBJECTIVE 1.7 (required)

VCAAA staff VCAAA staff will assist with the distribution of educational materials regarding the prevention, detection, assessment, treatment and intervention and investigation of elder abuse, neglect and exploitation, including financial exploitation. This will include publishing and distributing 300 *Legal information or Elders* ("LIFE"). The VCAAA will work with the managing attorney of the legal services provider (Grey Law of Ventura County, Inc.) to provide workshops for seniors on the contents of the LIFE book. Workshops will be presented based on requests from local community groups. Typically the classes will be offered at senior centers and other locations where older adults convene.

**SECTION 10D: TITLE III E SERVICE UNIT PLAN OBJECTIVES FOR DIRECT AND/OR CONTRACTED SERVICES**

<b>CARING FOR ELDERLY</b>			
<b>CATEGORIES</b>	<b>1</b>	<b>2</b>	<b>3</b>
<b>Caring for Elderly</b>	<b>Proposed Units of Service</b>	<b>Required Goal #(s)</b>	<b>Optional Objective #(s)</b>
<b>Information Services</b>	<b># of activities and Total est. audience for above</b>		
2016-2017	# of activities: 80 Total est. audience for above: 131,200	2	2.1
2017-2018	# of activities: Total est. audience for above:	2	2.1
2018-2019	# of activities: Total est. audience for above:	2	2.1
2019-2020	# of activities: Total est. audience for above:	2	2.1
<b>Access Assistance</b>	<b>Total contacts</b>		
2016-2017	1,800	2	2.1
2017-2018		2	2.1
2018-2019		2	2.1
2019-2020		2	2.1
<b>Support Services</b>	<b>Total hours</b>		
2016-2017	970	1	1.4
2017-2018		1	1.4
2018-2019		1	1.4
2019-2020		1	1.4
<b>Respite Care</b>	<b>Total hours</b>		
2016-2017	2,000	1	1.4
2017-2018		1	1.4
2018-2019		1	1.4
2019-2020		1	1.4
<b>Supplemental Services</b>	<b>Total occurrences</b>		
2016-2017	88	1	1.4
2017-2018		1	1.4
2018-2019		1	1.4
2019-2020		1	1.4

GRANDPARENT SERVICES CARING FOR CHILD			
CATEGORIES	1	2	3
Caring for Child	Proposed Units of Service	Required Goal #(s)	Optional Objective #(s)
<b>Information Services</b>	<b># of activities and Total est. audience for above</b>		
2016-2017	# of activities: 13 Total est. audience for above: 3,0600	2	2.1
2017-2018	# of activities: Total est. audience for above:	2	2.1
2018-2019	# of activities: Total est. audience for above:	2	2.1
2019-2020	# of activities: Total est. audience for above:	2	2.1
<b>Access Assistance</b>	<b>Total contacts</b>		
2016-2017	150	2	2.1
2017-2018		2	2.1
2018-2019		2	2.1
2019-2020		2	2.1
<b>Support Services</b>	<b>Total hours</b>		
2016-2017	225	1	1.4
2017-2018		1	1.4
2018-2019		1	1.4
2019-2020		1	1.4
<b>Respite Care</b>	<b>Total hours</b>		
2016-2017	0	N/A	N/A
2017-2018	0	N/A	N/A
2018-2019	0	N/A	N/A
2019-2020	0	N/A	N/A
<b>Supplemental Services</b>	<b>Total occurrences</b>		
2016-2017	0	N/A	N/A
2017-2018	0	N/A	N/A
2018-2019	0	N/A	N/A
2019-2020	0	N/A	N/A

**SECTION 10E: TITLE V SENIOR COMMUNITY SERVICES EMPLOYMENT  
PROGRAM OBJECTIVES**

**GOAL/OBJECTIVE: 1.5**

<b>Subcontractor Name:</b>	SER Jobs for Progress, Inc.
<b>Location</b>	Ventura County Job and Career Center
<b>Street Address</b>	4651 Telephone Road, Suite 201, Ventura, CA 93003
<b>Name and title of all paid SCSEP staff members</b>	One paid staff person (part-time): Violet Padilla, Site Coordinator. Employed by subcontractor, SER Jobs for Progress
<b>How many participants are served at this site?</b>	9 Allocated Positions

## SECTION 10F: HEALTH INSURANCE COUNSELING AND ADVOCACY PROGRAM (HICAP) SERVICE UNIT PLAN

**NOTE:** Service units Section 1 and 2 of HICAP are provided by the California Department of Aging (CDA). As of the date that this is written (March 22, 2016), this information has not been received by VCAAA. Thus, this document is being submitted for approval with the agreement that the numbers provided by CDA will be incorporated into this section (once received).

### Section 1. Primary HICAP Units of Service

Fiscal Year (FY)	1.1 Estimated Number of Unduplicated Clients Counseled.	Goal Numbers
Clients Counseled equals the number of Intakes closed and finalized by the Program Manager.		
2016-2017	Awaiting numbers from CDA	2.2
2017-2018		
2018-2019		
2019-2020		
Fiscal Year (FY)	1.2 Estimated Number of Public and Media Events	Goal Numbers
Public and Media events include education/outreach presentations, booths/exhibits at health/senior fairs, and enrollment events, excluding public service announcements and printed outreach.		
2016-2017	Awaiting numbers from CDA	2.2
2017-2018		
2018-2019		
2019-2020		

### Section 2: Federal Performance Benchmark Measures

Fiscal Year (FY)	2.1 Estimated Number of Contacts for All Clients Counseled	Goal Numbers
This includes all counseling contacts via telephone, in-person at home, in-person at site, and electronic contacts (email, fax, etc.) for duplicated client counts.		
2016-2017	Awaiting numbers from CDA	2.2
2017-2018		
2018-2019		
2019-2020		

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<b>Fiscal Year (FY)</b>	<b>2.2 Estimated Number of Persons Reached at Public and Media Events</b>	<b>Goal Numbers</b>
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.		
2016-2017	Awaiting numbers from CDA	2.2
2017-2018		
2018-2019		
2019-2020		
<b>Fiscal Year (FY)</b>	<b>2.3 Estimated Number of Contacts with Medicare Status Due to a Disability Contacts</b>	<b>Goal Numbers</b>
This includes all counseling contacts via telephone, in-person at home, in-person at site, and electronic contacts (email, fax, etc.), duplicated client counts with Medicare beneficiaries due to disability, and not yet age 65.		
2016-2017	Awaiting numbers from CDA	2.2
2017-2018		
2018-2019		
2019-2020		
<b>Fiscal Year (FY)</b>	<b>2.4 Estimated Number of Contacts with Low-Income Beneficiaries</b>	<b>Goal Numbers</b>
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).		
2016-2017	Awaiting numbers from CDA	2.2
2017-2018		
2018-2019		
2019-2020		
<b>Fiscal Year (FY)</b>	<b>2.5 Estimated Number of Enrollment Assistance Contacts</b>	<b>Goal Numbers</b>
This is the number of unduplicated enrollment contacts during which one or more qualifying enrollment topics were discussed. This includes <u>all</u> enrollment assistance, not just Part D.		
2016-2017	Awaiting numbers from CDA	2.2
2017-2018		
2018-2019		
2019-2020		
<b>Fiscal Year (FY)</b>	<b>2.6 Estimated Part D and Enrollment Assistance Contacts</b>	<b>Goal Numbers</b>
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.		
2016-2017	Awaiting numbers from CDA	2.2
2017-2018		
2018-2019		
2019-2020		

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<b>Fiscal Year (FY)</b>	<b>2.7 Total Counseling Hours/Full-Time Equivalents (FTE) PSA</b>	<b>Goal Numbers</b>
This is the total number of counseling hours divided by the number of Medicare Beneficiaries in the Planning and Service Area multiplied by 1,000.		
2016-2017	Awaiting numbers from CDA	2.2
2017-2018		
2018-2019		
2019-2020		

### Section 3: HICAP Legal Services Units of Service

<b>Fiscal Year (FY)</b>	<b>3.1 Estimated Number of Clients Represented Per SFY (Unit of Service)</b>	<b>Goal Numbers</b>
2016-2017	3	2.2
2017-2018		
2018-2019		
2019-2020		
<b>Fiscal Year (FY)</b>	<b>3.2 Estimated Number of Legal Representation Hours Per SFY (Unit of Service)</b>	<b>Goal Numbers</b>
2016-2017	3	2.2
2017-2018		
2018-2019		
2019-2020		
<b>Fiscal Year (FY)</b>	<b>3.3 Estimated Number of Program Consultation Hours Per SFY (Unit of Service)</b>	<b>Goal Numbers</b>
2016-2017	5	2.2
2017-2018		
2018-2019		
2019-2020		

## SECTION 11. VENTURA COUNTY FOCAL POINTS\*

	Focal Point*	Street Address	City, ZIP, & Phone (Area code 805)
1	<b>Pleasant Valley Senior Center</b> Managed by Pleasant Valley Park & Recreation District	1605 E. Burnley Street	Camarillo, 93010, 482-4881
2	<b>Fillmore Active Adult Center</b> Managed by City of Fillmore	535 Santa Clara Avenue	Fillmore, 93015, 524-3030
3	<b>Moorpark Active Adult Center</b> Managed by City of Moorpark	799 Moorpark Avenue	Moorpark, 93021, 517-6261
4	<b>HELP of Ojai/Little House</b> A nonprofit organization	111 W. Santa Ana Street Send ALL mail to: P.O. Box 621, Ojai, 93024	Ojai, 93023, 646-5122
5	<b>Wilson Senior Center</b> Managed by City of Oxnard	350 North C Street	Oxnard, 93030, 385-8028
6	<b>South Oxnard Senior Center</b> Managed by City of Oxnard	200 E. Bard Road	Oxnard, 93033, 385-8042
7	<b>Port Hueneme Senior Center</b> <i>Aka Orvene S. Carpenter Community Center</i> Managed by City of Port Hueneme	550 Park Avenue	Port Hueneme, 93041, 986-6542
8	<b>Santa Paula Senior Center</b> Managed by City of Santa Paula	530 West Main Street	Santa Paula, 93060, 933-4226
9	<b>Simi Valley Senior Center</b> Managed by City of Simi Valley	3900 Avenida Simi	Simi Valley, 93065, 583-6363
10	<b>Goebel Adult Community Center</b> A collaboration of City of Thousand Oaks & Conejo Recreation & Park District	1385 E. Janss Road	Thousand Oaks, 91362, 381-2744
11	<b>Ventura Avenue Adult Center</b> Managed by City of Ventura	550 N. Ventura Avenue	Ventura, 93001, 648-3035
12	<b>Ventura County Area Agency on Aging</b>	646 County Square Drive	Ventura, 93003, 477-7300

FOCAL POINTS FOR TITLE III E ELIGIBLE FAMILY CAREGIVERS			
1	<b>Wellness &amp; Caregiver Center of Ventura County</b> Operated by Camarillo Health Care District	3687 E. Las Posas Road, #188 (Bldg. H)	Camarillo, 93020, 1-800-900-8582
2	<b>Conejo Valley Senior Concerns</b> A nonprofit organization	401 Hodencamp Road	Thousand Oaks, 91360, 497-0189
3	<b>Catholic Charities OASIS</b> (new FCSP center) A nonprofit organization	201 South 10 <sup>th</sup> Street, Unit D	Santa Paula, 93060, 420-9608



SITES THAT PROVIDE SOME FORM OF SERVICE(S) TO SENIORS BUT DO NOT MEET THE DEFINITION OF A FOCAL POINT*			
1	<b>Fillmore Senior Center</b> A nonprofit organization (not affiliated with the City of Fillmore)	330 Central Avenue	Fillmore, 93015, 524-4533
2	<b>Valley Outreach Center</b> (HELP of Ojai)	18 Valley Road	Oak View, 93022, 385-8028
3	<b>HELP of Ojai Congregate Meal Site</b>	370 Baldwin Road	Ojai, 93022, 649-8018
4	<b>Palm Vista Senior Center</b> <b>Congregate Meal Site</b>	801 South C Street	Oxnard, 93030, 385-8163

**NOTE: A focal point and a senior center are NOT the same.**

The designation of “senior center” and “focal point” depends on the array of services offered. Please see the definitions listed below.

**\*DEFINITION OF A FOCAL POINT**

Facilities designated as focal points provide a **comprehensive delivery of social services, not just congregate meals or part-time services.** Many perform focal point functions by providing an array of services, e.g., information and assistance, recreation, nutrition, social, mental health, etc. They may house a variety services in the same location (collocation) used by other providers of services to seniors. The federal Older Americans Act defines a focal point as a facility established to encourage maximum collocation and coordination of services for older persons.

**DEFINITION OF A SENIOR CENTER**

The federal Older Americans Act defines a senior center as a community facility for the organization and delivery of **a broad spectrum of services**, including health, mental health, social, nutrition, educational services, and recreational activities for older individuals.

## SECTION 12. DISASTER PREPAREDNESS

**Disaster Preparation Planning** Conducted for the 2016-2020 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)

- 1. 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.

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

Geoff Dean, County Sheriff and Director of Office of Emergency Services  
Phone: (805) 654-2315

Kevin McGowan, Manager, Sheriff's Office of Emergency Services  
Phone: (805) 654-2252  
Email: kevin.mcgowan@ventura.org

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

Victoria Jump, Agency Director  
Phone: (805) 477-7300  
Email: victoria.jump@ventura.org

Monique Nowlin, Deputy Director  
Phone: (805) 477-7300  
Email: monique.nowlin@ventura.org

- 4. List critical services the AAA will continue to provide after a disaster and describe how these services will be delivered.**

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. Please refer to the VCAAA Disaster Response and Business Continuity Plan (Rev. January 2016.)

**5. 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.

**6. Describe how the AAA will identify vulnerable populations, and how the VCAAA will follow-up with these vulnerable populations after a disaster event.**

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. Please refer to the VCAAA Disaster Response and Business Continuity Plan (Rev. January 2016.)

## SECTION 13. PRIORITY SERVICES, MINIMUM PERCENTAGES

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.

This is a duplication of information contained in Section 8, however, VCAAA is required to include it here.

Category	Minimum Percentage in FY 2016-2020
<b>Access Services:</b> Transportation, Assisted Transportation, Case Management, Information and Assistance, Outreach, Comprehensive Assessment, Health, Mental Health, and Public Information	5%
<b>In-Home Services:</b> Personal Care, Homemaker, Chore, Adult Day/ Health Care, Alzheimer's Day Care, Residential Repairs/Modifications, Respite Care, Telephone Reassurance, and Visiting	5%
<b>Legal Assistance:</b> Legal Advice, Representation, Assistance to the Ombudsman Program and Involvement in the Private Bar	5%
<b>TOTAL</b>	15%

Note: Title III B 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 1 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.

## 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>			
<b>Title III B</b>	<b>16-17</b>	<b>17-18</b>	<b>18-19</b>	<b>19-20</b>
<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 type="checkbox"/> Program Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Long-Term Care Ombudsman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Title III D</b>	<b>16-17</b>	<b>17-18</b>	<b>18-19</b>	<b>19-20</b>
<input checked="" type="checkbox"/> Health Promotion	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Title III E</b>	<b>16-17</b>	<b>17-18</b>	<b>18-19</b>	<b>19-20</b>
<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"/>
<b>Title VII A</b>	<b>16-17</b>	<b>17-18</b>	<b>18-19</b>	<b>19-20</b>
<input type="checkbox"/> Long-Term Care Ombudsman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Title VII B</b>	<b>16-17</b>	<b>17-18</b>	<b>18-19</b>	<b>19-20</b>
<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 15. REQUEST FOR APPROVAL TO PROVIDE DIRECT SERVICES

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

### **Summary of Proposed Direct Services**

Listed below is a summary of the direct services for which VCAAA is requesting approval. A separate request for each category follows this section.

#	Funding Source	Category
15.1	Title III B	Personal Care*
15.2	Title III B	Homemaker*
15.3	Title III B	Chore*
15.4	Title III B	Cash/Material Aid*
15.5	Title III B	Residential Repairs/Modifications*
15.6	Title III B	Transportation*
15.7	Title III B	Personal / Home Security*
15.8	Title C-1	Congregate Meals
15.9	Title C-2	Home-Delivered Meals
15.10	Title C-1/C-2	Nutrition Counseling
15.11	Title C-1/C-2	Nutrition Education
15.12	HICAP	Health Insurance Counseling and Advocacy Program

***\*VCAAA ElderHelp Program***

**►15.1 SERVICE CATEGORY: PERSONAL CARE**  
NAPIS 1, Registered Service, 1 unit = 1 hour of service

Check applicable funding source:

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

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

- ☒ **2016-17**      ☒ **2017-18**      ☒ **2018-19**      ☒ **2019-20**

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.

**Justification:**

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 all services.

**►15.2 SERVICE CATEGORY: HOMEMAKER**  
NAPIS 2, Registered Service, 1 unit = 1 hour of service

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.

- ☒ **2016-17**      ☒ **2017-18**      ☒ **2018-19**      ☒ **2019-20**

**Justification:**

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 all services.



**►15.3 SERVICE CATEGORY: CHORE**  
NAPIS 3, Registered Service, 1 unit = 1 hour of service

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.

- ☒ **2016-17**
- ☒ **2017-18**
- ☒ **2018-19**
- ☒ **2019-20**

**Justification:**

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 all services.

**►15.4 SERVICE CATEGORY: CASH / MATERIAL AID**  
NAPIS 15, Non-Registered Service, 1 unit = 1 Assistance

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.

- ☒ **2016-17**
- ☒ **2017-18**
- ☒ **2018-19**
- ☒ **2019-20**

**Justification:**

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 all services.

**►15.5 SERVICE CATEGORY: RESIDENTIAL REPAIRS/MODIFICATIONS**  
NAPIS 15, Non-Registered Service, 1 unit = 1 Modification

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.

- ☒ **2016-17**
- ☒ **2017-18**
- ☒ **2018-19**
- ☒ **2019-20**

**Justification:**

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 all services.

**►15.6 SERVICE CATEGORY: TRANSPORTATION**  
NAPIS 10, Non-Registered Service, 1 unit = 1 One-Way Trip

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.

- ☒ **2016-17**
- ☒ **2017-18**
- ☒ **2018-19**
- ☒ **2019-20**

**Justification:**

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

**▶15.7 SERVICE CATEGORY: PERSONAL / HOME SECURITY**  
NAPIS 15-Other, Non-Registered Service, 1 unit = 1 Product

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.

- ☒ 2016-17
- ☒ 2017-18
- ☒ 2018-19
- ☒ 2019-20

**Justification:**

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

**▶15.8 SERVICE CATEGORY: CONGREGATE MEALS**  
NAPIS 8, Registered Service, 1 unit = 1 meal

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.

- ☒ 2016-17
- ☒ 2017-18
- ☒ 2018-19
- ☒ 2019-20

**Justification:**

To ensure the continuation of the congregate meal program in the Conejo Valley, VCAAA has become the direct service provider and has contracted with a vendor, the Conejo Recreation and Park District, which operates the Goebel Adult Community Center, the site where meals are served. The district subcontracts with a vendor to provide senior nutrition program meals (approved by our registered dietitian) at the Conejo Creek Grill (which is housed in the Goebel Center).

**►15.9 SERVICE CATEGORY: HOME DELIVERED MEALS**

NAPIS 8, Registered Service, 1 unit=1 meal

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.

- ☒ 2016-17
- ☒ 2017-18
- ☒ 2018-19
- ☒ 2019-20

**Justification:** VCAAA is requesting approval to be a direct service provider of home-delivered meals to address gaps in service if they occur.

**►15.10 SERVICE CATEGORY: NUTRITION COUNSELING**

NAPIS 9, Registered Service, 1 unit = 1 session per participant

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.

- ☒ 2016-17
- ☒ 2017-18
- ☒ 2018-19
- ☒ 2019-20

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

**►15.11 SERVICE CATEGORY: NUTRITION EDUCATION**  
NAPIS 9, Registered Service, 1 unit = 1 session per participant

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.

- ☒ 2016-17      ☒ 2017-18      ☒ 2018-19      ☒ 2019-20

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

**►15.12 SERVICE CATEGORY: HEALTH INSURANCE COUNSELING AND ADVOCACY PROGRAM**

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.

- ☒ 2016-17      ☒ 2017-18      ☒ 2018-19      ☒ 2019-20

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

**For a HICAP direct services waiver, the managing AAA of HICAP services must document that all affected AAAs are in agreement: VCAAA is the sole AAA in PSA 18.**

## SECTION 16 - GOVERNING BOARD - 2016

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



**District 1 - Supervisor Steve Bennett**  
**Term expires January 2017**

**Communities Represented:** San Buenaventura, Montalvo, Saticoy, Ojai Valley, City of Ojai, Upper Ojai Valley, Riverpark, northwest Oxnard, and North Coast.



**District 2 - Supervisor Linda Parks, 2016 Chair of the Board**  
**Term expires January 2019**

**Communities Represented:** Thousand Oaks, Newbury Park, Westlake Village, Oak Park, Bell Canyon, Hidden Valley, Lake Sherwood, Somis, Las Posas Valley, California State University Channel Islands, portions of the Oxnard plain, Santa Rosa Valley, Naval Base Ventura County Point Mugu, California Air National Guard, and South Coast.



**District 3 – Supervisor Kathy Long, 2015 Chair of the Board**  
**Term expires January 2017**

**Communities Represented:** Camarillo, Port Hueneme, southeast and eastern plain of Oxnard, Santa Paula, Fillmore, Piru, east Lockwood Valley and eastern portion of Naval Base Ventura County Port Hueneme.



**District 4 - Supervisor Peter C. Foy**  
**Term Expires January 2019**

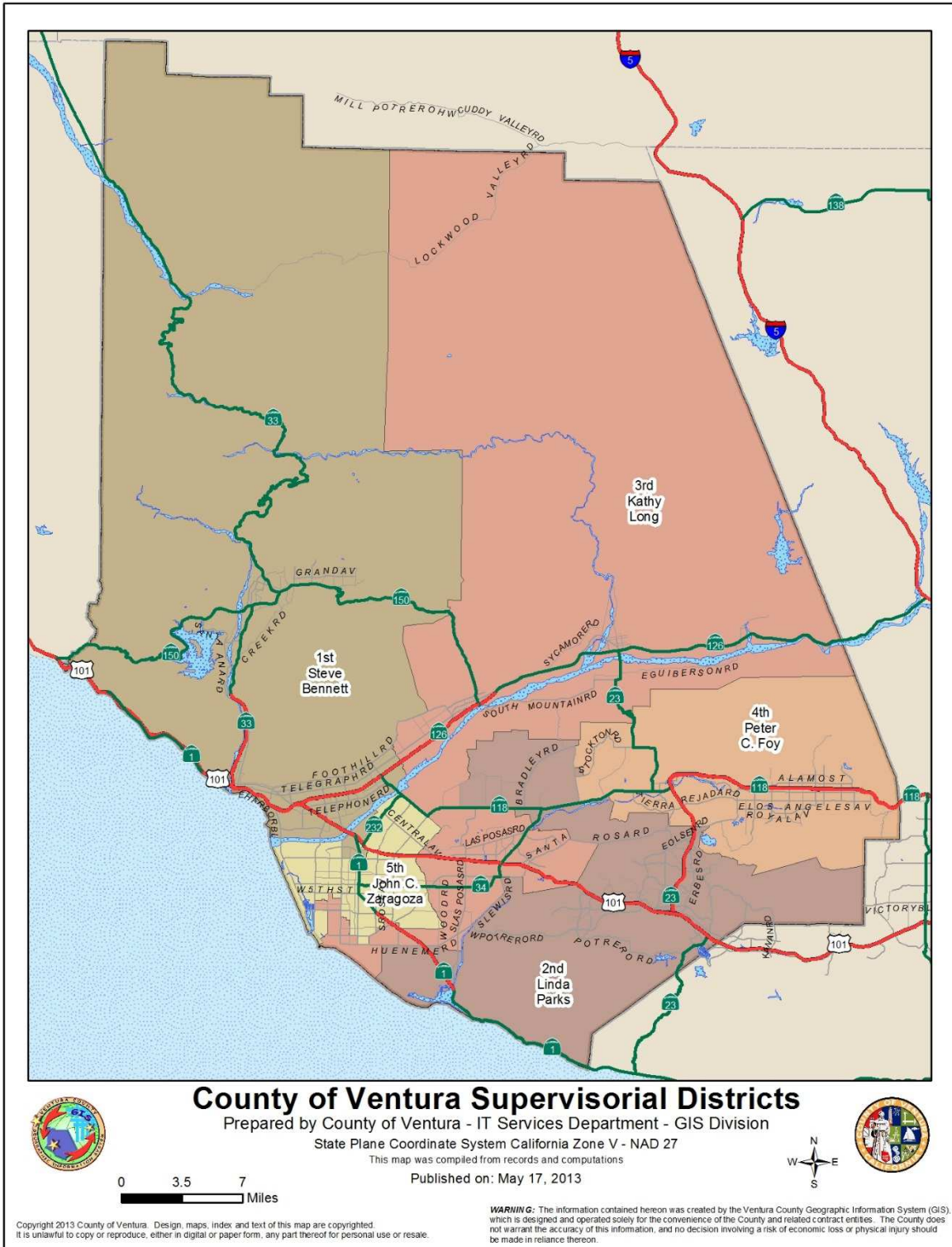
**Communities Represented:** Simi Valley, Moorpark, Santa Susana Knolls, Box Canyon, Chatsworth Peak, Home Acres, Sinaloa Lake and Tierra Rejada Valley.



**District 5 - Supervisor John C. Zaragoza**  
**Term expires January 2019**

**Communities Represented:** Oxnard, Oxnard Shores, Mandalay Bay, Silver Strand, Hollywood Beach, Hollywood by the Sea, Channel Islands Harbor, El Rio, Nyeland Acres, Del Norte Area, Oxnard College, Oxnard Plain, Strickland and portion of Naval Base Ventura County Port Hueneme.

## VENTURA COUNTY BOARD OF SUPERVISORS – SUPERVISORIAL DISTRICTS





## SECTION 17 - VCAAA ADVISORY COUNCIL MEMBERSHIP

(AS OF MARCH 2016)

**Total Council Membership (including vacancies): 37**

**Number of Council Members Aged 60 or Older: 25 (of 29) or 86 percent**

### Current Officers:

Nick Fotheringham, Chair

Antoinette Olson, Vice Chair

Rosemary Flores-Gordon, Secretary

Demographics / Representative of:	Name:	Current Term Expires:
Board of Supervisors, District 1	Rose Gossom (Ventura)	6/30/17
Board of Supervisors, District 2	Dr. David Birenbaum (Thousand Oaks)	12/14/17
Board of Supervisors, District 3	Dr. Lisa Hayden, PhD (Camarillo)	6/30/16
Board of Supervisors, District 4	Smita Dandekar (Simi Valley)	6/30/16
Board of Supervisors, District 5	Marty Kaplan (Oxnard)	6/30/16
Board of Supervisors, At-Large		
City of Camarillo	Robert Taylor	6/01/17
City of Camarillo	Jay Evans	6/30/16
City of Fillmore		
City of Fillmore		
City of Moorpark	Vicki Tripoli	6/30/16
City of Moorpark	Sandra Fide	6/30/16
City of Ojai	Ginny Rockefeller	6/30/17
City of Ojai		
City of Oxnard	Alice Sweetland	6/30/17
City of Oxnard	Kay Brainard	6/30/17
City of Port Hueneme	Paul Boog	6/30/15
City of Port Hueneme		
City of Santa Paula	Walt Adair	2/29/18
City of Santa Paula		
City of Simi Valley	Antoinette M. Olson	6/30/17
City of Simi Valley	Neil Spector	6/30/16
City of Thousand Oaks	Nancy Healy	6/30/16
City of Thousand Oaks	Nick Fotheringham	6/30/16
City of Ventura	Lori Harasta	6/30/17
City of Ventura	Suz Montgomery	6/30/17



Ventura County Area Agency on Aging PSA 18  
Master Strategic Plan 2016-2020 | Year 1 FY 2016-2017

Demographics / Representative of:	Name:	Current Term Expires:
California Senior Legislature	Larry Hartmann, Senator	6/30/18
California Senior Legislature	June Glasmeier, Assembly Member	6/30/18
California Senior Legislature	William Witt, Assembly Member	6/30/18
Service Provider Representative	Rosemary Flores-Gordon, Conejo Valley Senior Concerns	6/30/17
Service Provider Representative	Sylvia Taylor Stein, Long Term Care Services of Ventura County Inc.	6/30/16
Special Populations:		
Veterans	Donald Todd	6/30/17
Family Caregivers	Sue Tatangelo	6/30/17
Persons with Disabilities	Danielle Anderson	6/30/17
LGBT	Marcy Sherbok	6/30/17
Behavioral Health	Cleo Anderson	6/30/17
Immediate Past Chair	(Not available to serve)	

**Race/Ethnic Composition:**

Race/Ethnicity	Percent of PSAs Aged 60+ Population 2014 Estimates*	Percent of Aged 60+ Population on Advisory Council as of 3/15/16
White Race Alone	46.5%	90.00%
Hispanic or Latino, Any Race	42.0%	0.33%
Black or African American	1.6%	0.33%
American Indian and Alaska Native	0.9%	0
Asian	7.1%	0
Native Hawaiian/Pacific Islander	0.2%	0
Some Other Race/Multiple Races	5.4%	0.33%

\*American Community Survey, US Census Bureau, 1-Year Estimate for 2014, #S0102

**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.

**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 (10) 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	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 represent Ventura County.	3
Immediate past chair of the Advisory Council remains on the Council for the year following his/her term of office.	1
Representatives of these special populations: Family Caregiver, Persons with Disabilities, Mental Health, LGBT and Veterans.	5
<b>TOTAL:</b>	<b>37</b>

## SECTION 18 – LEGAL ASSISTANCE

2016-2020 Planning Cycle

- 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
2016-2017	1
2017-2018	1
2018-2019	1
2019-2020	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 is continually being expanded 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
2016-2017	Grey Law of Ventura, Inc.	Entire County
2017-2018	Grey Law of Ventura, Inc.	Entire County
2018-2019	Grey Law of Ventura, Inc.	Entire County
2019-2020	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 Title III-B legal provider(s) in your PSA. Discuss (please include new trends of legal problems in your area):** Credit card debt has become a major legal problem for many older adults. They can carry the debt when they are working and when they cannot work anymore (due to retirement or illness, etc.), they are unable to pay off their debt. Other 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 Title III-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. This problem has improved over the past few years as more seniors learn about transportation resources.

Strategies for overcoming these barriers include:

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

- Alzheimer's Association, Central Coast Chapter
- California Rural Legal Assistance, Inc.
- Community Action
- Financial Abuse Specialist Team (FAST)
- Health Insurance Counseling and Advocacy Program (HICAP)
- Jewish Family Services regarding family law
- Legal Access Clinic at the Courts
- Ombudsman (Long Term Care Services of Ventura County, Inc.)
- Senior Concerns
- Senior Hotline (211)
- Ventura County Area Agency on Aging
- Veterans Services Office (County of Ventura)

## **SECTION 19 - MULTIPURPOSE SENIOR CENTER ACQUISITION OR CONSTRUCTION COMPLIANCE REVIEW**

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

☒ **No.** Title IIIB funds not used for Acquisition or Construction.

## 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) 2016–2020 Four-Year Planning Cycle

FAMILY CAREGIVER SERVICES - CARING FOR ELDERLY				
Category:	2016-2017	2017-2018	2018-2019	2019-2020
Information 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
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
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
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
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

FAMILY CAREGIVER SERVICES – ‘GRANDPARENT’ SERVICES				
Category:	2016-2017	2017-2018	2018-2019	2019-2020
Information 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
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
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
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
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

\* Justification and listing of other resources is required for any service category not being funded with Title III E funds from VCAAA. Please see next page.

VCAAA will not be funding the following Title III E categories for Caring for Child (grandparent) services:

Respite Care (in-home respite, out-of-home respite, homemaker assistance, in-home personal care, home chore)

VCAAA will not be using Title III E funds to provide Caring for Child Respite Care services because:

1. Respite Care was not a priority listed by respondents completing the 2015 VCAAA needs assessment/survey.
2. To do so would be a duplication of effort. Existing resources are listed below.

Channel Islands Social Services (CISS)

Foster and Kinship program

5251 Verdugo Way, Camarillo, CA 93012

Phone: (805) 384-0983

[www.IslandSocialServices.org](http://www.IslandSocialServices.org)

CISS contracts with the County of Ventura to provide free respite care for eligible foster parents and kinship caregivers throughout Ventura County. Respite Caregivers provide care in the family's home and/or to local community outings to give the primary caregivers a short, regular break.

County of Ventura Children & Family Services

Relative & Extended Family Care

- 4245 Market St., Ventura CA 93003; phone 805-654-3405
- 1400 Vanguard Drive, Oxnard, CA 93030; phone 805-240-2700
- 970 Enchanted Way, Simi Valley, CA 93065; 805-955-2290

This is the agency that authorizes free respite for kinship caregivers that is provided by the CISS (listed above).

Ventura County Community College District

Foster and Kinship Care Education

(805) 986-5800, Ext 2018

Education, resources and training provided through Moorpark College, Oxnard College, and Ventura College

- Oxnard College: Debbie Flowers at 805-986-5800 ext. 2018 or [debbieflowers@vcccd.edu](mailto:debbieflowers@vcccd.edu)
- Ventura College: Rhonda Carlson at 805-289-6327 or [rcarlson@vcccd.edu](mailto:rcarlson@vcccd.edu)
- Moorpark College: Jason Lee at (805) 553-4837 or [Jason\\_lee5@vcccd.edu](mailto:Jason_lee5@vcccd.edu)

Ventura County Foster Parent Association (VCFPA)

<http://www.vcfpa.com/> or 805-285-3790 for more information.



Supplemental Services (assistive devices, home adaptations, caregiving services registry, emergency cash/material aid)

VCAAA will not be using Title III E funds to provide Caring for Child Supplemental Services because:

1. Supplemental Services were not a priority listed by respondents completing the 2015 VCAAA needs assessment/survey.
2. Resources already exist in the community to address any need for Supplemental Services. The primary resources is shown below.

County of Ventura Children & Family Services

Relative & Extended Family Care

- 4245 Market St., Ventura CA 93003; phone 805-654-3405
- 1400 Vanguard Drive, Oxnard, CA 93030; phone 805-240-2700
- 970 Enchanted Way, Simi Valley, CA 93065; 805-955-2290

## **SECTION 14. ORGANIZATION CHART**

To develop the organization chart, VCAAA must know the amount of funding that will be available from federal and state funding sources for fiscal year 2016-2017. This information is provided to VCAAA by the California Department of Aging (CDA) via documents called “planning estimates.”

Time is of the essence for VCAAA to submit this master plan to the Ventura County Board of Supervisors for approval, in order to submit the Board-approved master plan to CDA by the mandatory deadline of May 1, 2016. The last day to prepare this document for submission to the Board of Supervisors is March 28, 2016; and as of that date, the planning estimates had not been received.

Thus, the organization chart will be submitted under separate cover by VCAAA’s Fiscal Officer, Brian Murphy (when he submits VCAAA’s budget to CDA), after receipt of the planning estimates.

## 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.

## SECTION 23

### VCAAA SENIOR NETWORK

A Tender Touch Senior Placement  
ACTION Foundation  
Alzheimer's Association, CA Central Chapter  
Among Friends Adult Day Health Care  
ARC  
Area Housing Authority of the County of  
Ventura  
Arrow Child and Family Ministries  
Arthritis Foundation, Pacific Region  
Assisted Healthcare Services  
Assisted Home Care  
Assisted Hospice  
At Your Service  
Brain Injury Center  
BrightStar Care (in-home care)  
Buena Vista Hospice, Inc.  
Cabrillo Economic Development Corp.  
California Lutheran University  
California Senior Legislature  
Camarillo Health Care District  
Camarillo Hospice  
Candelaria American Indian Council  
Care Patrol  
Caregivers: Volunteers Assisting Elderly  
Caring Companions  
Catholic Charities  
City of Camarillo, Council on Aging  
City of Fillmore, Community Services  
City of Moorpark SNP  
City of Oxnard Senior Services  
City of Oxnard, Oxnard Senior Services  
Commission  
City of Oxnard, RSVP of Oxnard  
City of Port Hueneme  
City of Santa Paula, Center  
City of Simi Valley, Council on Aging  
City of Simi Valley, Senior Services  
City of Thousand Oaks, Council on Aging  
City of Ventura, Adult and Senior Services  
City of Ventura, Ventura Council for Seniors  
Coast Caregiver Resource Center  
Comfort Keepers  
Community Memorial Hospital, HEALTHaware

Conejo Recreation & Park District  
Conejo Valley Senior Concerns  
Congress of California Seniors  
Covered Caregiver  
CSUCI & Osher Learning Institute  
Darancare Inc.  
Financial Abuse Specialist Team (FAST))  
FMC Dialysis - Channel Islands  
FOOD Share  
Fresenius Medical Care, Santa Paula  
Fresenius Medical Center, Oxnard  
Giving Tree Care  
Gold Coast Health Care Plan  
Gold Coast Transit  
Greater LA-VA Healthcare System  
Grey Law of Ventura County, Inc.  
Heartfelt Care Services/Hayden Consultation  
Services  
HELP of Ojai  
Home Care Assistance  
Home Remedies  
House of Hope  
Housing Authority of the City of San  
Buenaventura  
Independent Learning Resource Center (ILRC)  
Jewish Family Services  
Jordano's  
Kids & Families Together  
Life After Brain Injury  
Livability Independent Living Consultants LLC  
LivHOME  
Livingston CareGivers  
Livingston Memorial VNA  
Long Term Care Services of Ventura County, Inc.  
Los Robles Homecare Services  
Lutheran Social Services  
Many Mansions  
Maxim Health Care Services  
MediTech Health Services, Inc.  
Mobility Management Partners  
Monday Night Poinsettia Dance Club  
National Alliance on Mental Illness (NAMI)  
Ocean Breeze Estates

Ventura County Area Agency on Aging PSA 18  
Master Strategic Plan 2016-2020 | Year 1 FY 2016-2017

Oxnard Family Circle ADHC	Ventura Adult and Continuing Education
Paraclete (elder care management)	Ventura Center for Dispute Settlement
Peoples Self-Help Housing	Ventura City Council
Personal Parent Care, Inc.	Ventura County Adult Day Health Care
Pleasant Valley Recreation & Park District	Ventura County Evidence Based Health Coalition
Private Therapists – MFCCs	Ventura County Rescue Mission
Project Understanding	Vesper Hospice
Rainbow Connection FRC Tri-Counties	Vintage Simi Hills Senior Living
Right at Home	Vitas Hospice, Camarillo
Roze Room Hospice	Volunteer Action for Aging/SCAN
Salvation Army, Simi Valley Extension	
San Salvador Mission, Piru	
Santa Clara Valley Hospice/Home Support Group	
Santa Paula Senior Apartments	
SCAN Health and Wellness Center, Ventura	
Sebesta Care	
Senior Nutrition Garden Project	
SER-Jobs for Progress (Title V employment)	
Simi Valley Council for Senior Housing	
St. John's Regional Medical Center/Dignity Health	
Temple Beth Torah, Ventura	
The Bonaventure	
The Caring Connection (in-home care)	
The Gables of Ojai	
Therapeutic Home Care (in-home care)	
Tri-Counties Regional Center	
Valley Care IPA - Identity Medical Group	
Ventura County Behavioral Health, Crisis Intervention Team	
Ventura County Behavioral Health, Older Adults	
Ventura County District Attorney	
Ventura County Fire Department	
Ventura County Health Care Agency, CATCH Program	
Ventura County Human Services Agency:	
--- Adult Protective Services	
---Homeless Services	
---In Home Support Services	
---Veterans Services	
---Job and Career Center	
Ventura County Public Authority	
Ventura County Public Guardian	
Ventura County Public Health	
VCAAA Fall Prevention Program	
VCAAA HomeShare	
VCAAA Housing Plus	
VCAAA MSSP	

## SECTION 24

### 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 that 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)

## SECTION 25

### GLOSSARY OF TERMS

<b>AAAs</b>	Area Agencies on Aging. There are 33 AAAs in California (one for each PSA).
<b>ADRC</b>	Aging and Disability Resource Center
<b>BEC</b>	Benefit Enrollment Center
<b>Baby Boomer</b>	Persons born between 1946 and 1964. In 2006, the first wave of Boomers turned age 60 and became eligible for VCAAA services. This wave will continue through 2024.
<b>CARS</b>	California Aging Reporting System (State's aging services database)
<b>CBSP</b>	Community-Based Service Programs
<b>CTP</b>	Care Transitions Program
<b>CDA</b>	California Department of Aging, a State agency
<b>CSL</b>	California Senior Legislature. See: <a href="http://www.4csl.org">http://www.4csl.org</a>
<b>DOL</b>	U.S. Department of Labor
<b>EB</b>	Evidence-Based
<b>FAST</b>	Financial Abuse Specialist Team
<b>FCSP</b>	Family Caregiver Service Program (OAA Title III E for Family Caregivers)
<b>FPL</b>	Federal Poverty Level
<b>HICAP</b>	Health Insurance Counseling and Advocacy Program
<b>HPC</b>	Health Promotion Coalition
<b>"I and A"</b>	Information and Assistance
<b>LGBT&amp;Q</b>	Lesbian, Gay, Bisexual, Transgender & Queer
<b>LTC</b>	Long-term care
<b>LTSS</b>	Long-Term Services and Supports
<b>MSPP</b>	Multipurpose Senior Services Program
<b>OAA</b>	Older Americans act, federal funding. See: <a href="http://www.aoa.gov">http://www.aoa.gov</a>
<b>OCA</b>	Older Californians Act, state funding. See: <a href="http://www.aging.ca.gov">http://www.aging.ca.gov</a>
<b>OTO</b>	One-time only funds
<b>PSA</b>	Planning and Service Area (There are 33 PSA's in California.)
<b>"Q"</b>	Q CareAccess (Database used by VCAAA to provide data to CARS)
<b>RURAL</b>	For targeting purposes, Ventura County rural zip codes = 91307, 93040 and 93066
<b>SCSEP</b>	Senior Community Services Employment Program (OAA – Title V)
<b>SNAP</b>	Supplemental Nutrition Assistance Program (Food Stamps/Cal-Fresh Program)
<b>SNAP-Ed</b>	SNAP Nutrition Education and Obesity Prevention
<b>SNP</b>	Senior Nutrition Program
<b>SPARQ</b>	SCSEP Performance and Results Quarterly (DOL data management system)
<b>Title III B</b>	OAA Support Services Programs (3B)
<b>Title III C</b>	OAA Senior Nutrition: Congregate Meals (C1) and Home-Delivered Meals (C2)
<b>Title III D</b>	OAA Health and Wellness Programs (3D)
<b>Title III E</b>	OAA Family Caregiver Service Programs (FCSP)
<b>Title V</b>	OAA Senior Community Services Employment Program ("SCSEP")
<b>Title VII</b>	OAA Elder Abuse Prevention Programs - Ombudsman & Legal Services
<b>VCAAA</b>	Ventura County Area Agency on Aging

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## SECTION 26

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**Victoria Jump, Director**



## **FY 2016-2017 MASTER STRATEGIC PLAN – APRIL 2016**