



## VENTURA COUNTY AREA AGENCY ON AGING ADVISORY COUNCIL MEETING

May 11, 2022

9:00 a.m. to 11:00 am

Area Agency on Aging Advisory Council Center

646 County Square Drive, Ventura

And Via Zoom: <https://zoom.us/j/92625890902>

VCAAA Advisory Council Role – To provide leadership, input, and advocacy as facilitators between VCAAA and the community, in support of VCAAA’s mission.

VCAAA Role – VCAAA is the responsible agency to seek, serve, administer and manage available funding to ensure resources are allocated to serve Ventura County, creating integrated community-based services where older adults and people with disabilities can age in their community with dignity and respect.

### A G E N D A

- 9:00 a.m.
1. Call to Order and Agenda Review Karen Gorback
  
  2. Pledge of Allegiance Karen Gorback
  
  3. Approval of Area Agency on Aging Advisory Council Minutes of March 9, 2022 Karen Gorback
  
  4. Public Comments  
  
Procedure: The public is welcome to comments. All comments not related to items on the agenda may be made at the beginning of the meeting only. Comments are limited to three minutes per person.
  
  5. Consent Agenda Items Karen Gorback
    - 5.1 Housing Committee Report from March 15, 2022
    - 5.2 Transportation Committee Report from March 9, 2022
    - 5.3 Nutrition and Health Committee Report from March 16, 2022
    - 5.4 Nutrition and Health Committee Report from March 16, 2022

DISCUSSION ITEMS/PRESENTATION/MOTION

- 6.1 Consider Adoption of a Resolution Authorizing Remote Staff Teleconference Meetings of the Advisory Council for a 30-Day Period Pursuant to Government Code Section 54953, Subdivision (e), of the Ralph M. Brown Act Karen Gorback
- 6.2 Election of Officers for FY 2022-2023; One Service Provider, and One Focused Population Veterans Representative for Two Year Terms Starting July 1, 2022, through June 30, 2024; and Reappointing Three California Senior Legislature Representative for Four Year Terms Starting July 1, 2022, through June 30, 2026\*  
\*Materials will be available May 9, 2022 Maureen Hodge
- 6.3 Recommendation to Renew FY 2022-2023 Grantee/Contractor Funding and Related Service Categories Including Service Category Deviations Greater or Less than 10%\*  
\*Materials will be available May 9, 2022 Denise Noguera
- 6.4 Ratification and Approval of the FY 2022-2023 Strategic Plan Update Victoria Jump
- 6.5 Recommendation of the By-Laws Committee to Approve Changes to the VCAAA By-Laws and Forward to the Board of Supervisors for Approval Karen Gorback
- 6.6 Recognition of Advisory Council members leaving the Council Monique Nowlin
- 6.7 Review of ADRC Program Year to Date and Board Providing Direction for FY 2022-2023 Ben Rhodes
- 6.8 PIO Update Jannette Jauregui

INFORMATIONAL ITEMS

- 7 Other Committee Meetings:
    - a. California Senior Legislature Update Gitt/Gorback/Guerra
    - b. VCAAA Foundation Update Nowlin
    - c. LGBTQ Aging Coalition Berkowsky
    - d. Dementia Friendly Ventura County Hashemzadeh
  - 8 Comments from the Chair Karen Gorback
  - 9 Other Business Karen Gorback
  - 10 Adjournment Karen Gorback
- 11:00 am

The next meeting will be:

Wednesday, July 13, 2022 (9:00 am – 11:00 am)

Via Zoom and in person

Individuals who require accommodations for their disabilities (including interpreters and alternate formats) are requested to contact the Area Agency on Aging staff at (805) 477-7300 at least three days prior to the meeting.

VENTURA COUNTY AREA AGENCY ON AGING  
Advisory Council Meeting Minutes  
Advisory Council Center  
646 County Square Drive, Suite 100  
Ventura, CA 93003  
March 9, 2022

Advisory Council Members Present:

Loretta Allen (Thousand Oaks COA)	Carol Martin (Simi Valley COA)
Stephanie Belding (Thousand Oaks COA)	Dr. Maria Munguia (SP COA)
Ronald Berkowsky (Focused Population)	Clark Owens (Oxnard COA)
Smita Dandekar (Supervisory Appointee)	Jeanette Sanchez-Palacios (BOS) Peter
John Gardner (Camarillo COA)	Schreiner (Focused Population)
Karen Gorback (CSL)	Martha Shapiro (Service Provider)
Rossanna Guerra (CSL)	Alice Sweetland (Oxnard COA)
Lynette Harvey (Service Provider)	Sylvia Stein (Focused Population)
Maureen Hodge (Focused Population)	Sue Tatangelo (Focused Population)
Carol Leish (Focused Population)	

Advisory Council Members Absent:

Deirdre Daly (Ojai COA)	Dr. Marietta Sperry (Simi Valley COA)
Sandra Fide (Moorpark COA)	Dr. Allen Zatzkin (Camarillo COA)
Aleta Buckelew (Thousand Oaks COA)	Mike Williams (Service Provider)
Tony Gitt (CSL)	Breeze Zuckerman (Moorpark COA)
Bill Nugent (Ojai COA)	
William Nelson (Ventura COA)	
Anita Ruiz (BOS)	

VCAAA Staff Members Present:

Jennifer Connell	Victoria Jump
Audrey Darrett	Denise Noguera
Jakeline De Leon	Monique Nowlin
Haleh Hashemzadeh	Benjamin Rhodes
Jannette Jauregui	

- 1. Call to Order, Roll Call and Agenda Review** – The meeting was called to order at 9:01 AM by Chair Gorback. Jakeline DeLeon took roll call; there was a quorum. There was a request by staff to add agenda item #6.6 Area Plan Public Hearing to the agenda. The motion to add agenda item, 6.6 Area Plan Public Hearing, was approved (Tatangelo/Leish/Passed).
- 2. Pledge of Allegiance** - The Pledge of Allegiance was led by Sue Tatangelo.

3. **Approval of Area Agency on Aging Advisory Council Minutes of January 12, 2022** – The Advisory Council minutes for January 12, 2022, were approved (Tatangelo/Dandekar/Passed).
4. **Public Comments** – There were no Public Comments.
5. **Consent Agenda Items** – All committee reports were approved (Hodge/Belding/Passed).
  - 5.1 **Housing Committee Report from January 18, 2022**
  - 5.2 **Transportation Committee Report from February 9, 2022**
  - 5.3 **Health and Nutrition Committee Report from January 19, 2022**
  - 5.4 **Workforce Committee Report from January 27, 2022** – Karen informed the committee that the next Workforce Committee meeting will be on March 24<sup>th</sup> instead of March 17<sup>th</sup> of 2022.
  - 5.5 **Optimal Aging Committee Report from February 9, 2022**

#### **DISCUSSION ITEMS/PRESENTATION/MOTION**

- 6.1 **Consider Adoption of a Resolution Authorizing Remote Staff Teleconference Meetings of the Advisory Council for a 30-Day Period Pursuant to Government Code Section 54953, Subdivision (e), of the Ralph M. Brown Act** - The motion to adopt a resolution authorizing remote staff teleconference meetings of the Advisory Council was approved (Harvey/Allen/Passed).
- 6.2 **Formation of Nominating Committee for Election of Officers for FY 2022-2023; One Service Provider, One Focused Population Veterans Representative for Two Year Terms Starting July 1, 2022, through June 30, 2024; and Three California Senior Legislature Representative for Four Year Terms Starting July 1, 2022, through June 30, 2026** – Karen presented this agenda item and explained the formation of a nominating committee. Sue Tatangelo, Lynette Harvey, and Maureen Hodge volunteered to be the nominating committee for election of officers 2022-2023.
- 6.3 **Aging and Disability Resource Center** – Ben provided an update on the Aging and Disability Resource Center. A current goal that the ADRC is working on is having better coordinated data; they are working on a project to update the existing data base to a new platform. The new platform will have an interoperable connection.
  - **Call Center Trends** – Ben shared his screen with the committee and presented an Information and Assistance Call Center Update PowerPoint presentation. Ben also presented data on VCAAA’s total incoming calls and precision queues. Monique added that the new system has allowed VCAAA staff to ensure they are meeting the needs of the clients they serve and track the number of calls that are being received and made. Monique also added that clients can take a survey at the end as well on their service. Ben then provided data on VCAAA’s

total calls dequeued to voicemail. Rossanna asked if there was available data on average handled calls, Ben addressed her question and stated they will have the data soon. Victoria then asked the committee what kind of data they would like to see. Alice Sweetland stated that she would like to see the volume of calls and how people ask for services. Victoria suggested adding the call type. John asked if they could determine which staff needs additional training. Lorretta suggested adding data on who abandons the calls. Dr. Maria Munguia suggested adding data on the locations the phone calls are coming from. Victoria then suggested pulling a report on the zip codes and Sue stated that she would like to see the data on the surveys. Jannette asked if they track the different languages that are calling in and to see if there are more needs depending on the different language population. Ben addressed her question and stated that he will prepare that data for her. Karen asked if VCAAA is connected to a TTY for hearing impaired individuals, Monique and Ben will get back to her.

- 6.4 VCAAA Program Spotlight – Transportation Program** – Ben provided an overview on the Transportation Program and subcommittee work. He presented data on the transportation rides the Transportation program covers. Jannette then added that the Transportation committee is working on building better awareness. She provided an overview on the outreach for the Transportation program. Carol took the moment to welcome any new members to the Transportation Committee.
- 6.5 PIO and Outreach Update** – Jannette provided a PIO and Outreach update. Jannette shared her screen with the committee and presented the 2022 issue of LiveWell. The hard copies of LiveWell will be delivered to the office and she will be sending an email out to the committee and community partners to begin coordinating pick ups and deliveries. Jannette also demonstrated to the committee how to access the information regarding Get Set Up and Trualta on the VCAAA website. Members can access Get Set Up and Trualta through the vcconnects.org website as well. Jannette then proceeded to demonstrate the Get Set Up website and the Trualta website. She informed the committee that they will also be receiving emails from her with flyers about upcoming workshops and Living within Your Means workshops. Rossanna asked if Get Set Up and Trualta provide courses that are available in other languages, Jannette and Monique addressed her question and stated that they are working on providing more resources in different languages.
- 6.6 Recommendation for Executive Committee to Approve and Make Modifications to the FY 2022-2023 Strategic Plan based on Public Input and Forward to the Ventura County Board of Supervisors for Approval (Due to CDA May 1, 2022)** - It is a recommendation for the executive committee to approve and make modifications to the FY 2022-2023 Strategic Plan based on public input forwarded to the VC Board of Supervisors for approval because it is

due to the CA Department on Aging on May 1<sup>st</sup>, 2022. The plan was emailed to the committee February 25<sup>th</sup> and there will be a public hearing on March 25<sup>th</sup>. Victoria mentioned there will be two public hearings, one in English and another one in Spanish. The links to the Zooms will be shared by Jannette. The motion was approved (Leish/Munguia/Passed).

## **INFORMATIONAL ITEMS**

- 7. Advisory Council Committee Membership List**– The list was included for informational purposes.
- 8. Advisory Council Meeting Schedule for FY 2021-2022** – The meeting schedule for FY 2021-2022 was included for informational purposes.
- 9. Other Committee Meetings:**
  - a. California Senior Legislature (CSL) Update** – Karen provided a quick update on the California Senior Legislature. Eight of the ten proposals have been picked up by state legislators which means they will be presented on the floor of the state assembly or the state senate. She also mentioned that her proposal is now named, Assembly Bill 2069, if any members are interested in the bill, to please let her know and she will make sure that the author of the proposal will be in touch.
  - b. VCAAA Foundation Update** – Monique provided an update on the activities of the Foundation Board. The foundation has been clarifying their objectives and how they would like to continue to raise money for the organization. They are firming their social media and outreach efforts to garner high earners to contribute money, find ways to have individuals funnel money monthly, and they are continuing to support LiveWell as well as the Farm. Karen asked if the marketing materials include opportunities for people to make donations in honor of someone or in memory of someone. Jannette addressed her question and stated that there have been donations made in the memory of others and agrees it is a fantastic idea as an additional way to market the Foundation Board. She mentioned that flyer describes the different programs that are benefited by the Foundation. Lastly, Monique and Jannette mentioned that individuals are also able to use Amazon Smiles to donate to the Foundation Board.
  - c. LGBTQ Aging Coalition Update** - Martha provided an update on the LGBTQ Aging Coalition. They have presented to the Aging and Disability Resource Network this past month. As of that morning, Wednesday, March 9<sup>th</sup>, the mini training videos are now live on their webpage at vcaaa.org. Jannette shared her screen with the committee and demonstrated the coalitions webpage and where to find the training videos. Martha mentioned that their next steps are

marketing this, therefore organizations and businesses that serve older adults can know that this is available to them and can request a personalized training for their organization.

- d. Dementia Friendly Ventura County Update** – Haleh provided an update for the Dementia Friendly Ventura County meeting. She mentioned that the committee is working with Jannette, the PIO, to develop a flyer for the food boxes. This information is also available on the Dementia Friendly webpage at [vcaaa.org](http://vcaaa.org). Additionally, the health and wellness for individuals with Alzheimer's and related dementia and their caregivers got started on February 17<sup>th</sup>. The next Dementia Friendly Ventura County meeting will be Wednesday, April 6<sup>th</sup> at 11AM and Monique, will be facilitating the meeting.
- 10. Comments from the Chair** – Karen thanked everyone for their time, expertise, and for everything they do for the community
- 11. Other Business** – Victoria informed the committee that the May Advisory Council Meeting will be a hybrid meeting, members who would like to come back in person are able to and members who do not, will have the Zoom option. In the future, they will check to see if they can continue to have hybrid meetings and see if subcommittee meetings will be hybrid as well.
- 12. Next Meeting** – Wednesday, May 11, 2022, at 9AM – 11AM via Zoom and in person.
- 13. Adjournment** – The meeting was adjourned at 11AM by Chair Karen Gorback.



## Agenda Item #5.1

**TO:** VCAAA Advisory Council Members  
**FROM:** Martha Shapiro, Committee Chair  
**DATE:** March 15, 2022  
**SUBJECT:** **Housing Committee Report from March 15, 2022**

Housing Committee Members Present:

Martha Shapiro (Chair) (Service Provider)	Peter Schreiner (Focused Population)
Rossanna Guerra (CSL)	Stephanie Belding (TO COA)
Deirdre Daly (Ojai COA)	

Housing Committee Members Absent:

Bill Nugent (Ojai COA)	Sandra Fide (Moorpark COA)
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VCAAA Staff Members Present:

Monique Nowlin	Benjamin Rhodes
Jannette Jauregui	Jakeline De Leon

- 1. Welcome and Introductions** – The meeting began at 2:08PM by Chair Martha Shapiro. No introductions were made.
- 2. Public Comments** – Stephanie Belding commented that on January 26<sup>th</sup>, in the Ventura County Star, there was an article about how in the city of Simi Valley, they established control over the new state multiunit complex laws that the governor had instituted, the council met, and they unanimously adopted an urgency ordinance extending for nearly two years, the city regulations pertaining to Senate Bill 9 that had to do with allowing extra dwellings. It may cause housing to be more expensive for older adults and people with disabilities.
- 3. Proposed Housing Section of the VCAAA Website Update** – Jannette provided an update on the Housing Section for the VCAAA website. She shared her screen with the committee and demonstrated the new edits on the VCAAA Housing webpage. Rossanna suggested highlighting the phone number under “Housing Resources”. Jannette stated that she can put it into its own line and highlight it in bold. Rossanna then asked if clients can both call and text. Ben addressed her question and stated that in their current system they have the ability to interact with a live text, however it is not best, therefore, they are currently looking into a new platform that would have an integrated text feature that would allow them to keep records of that.

- 4. HomeShare Update** – Jannette stated that she is currently making the edits for HomeShare and she will be sharing those edits for the next Advisory Council meeting in May. Ben also provided an update on HomeShare. He shared that there are more seekers than providers at the moment, however in the last month of February, VCAAA received their first match. In the last fiscal year, there were 97 seekers that applied, and 22 providers applied. They were not able to receive any matches for these requests. Monique added it is not unusual for there to be more seekers than providers; to make a match there are many steps that go behind it. Monique also mentioned that they will be presenting more data in coming meetings for HomeShare. Ongoing, in the last calendar year, there were slightly more seekers, there were 31 seekers and 5 providers in the last 3 months, with one match. In the future, Ben would like to work on some mapping, investigate where the interest in providers and seekers is occurring; would like to complete demographic sorting and see if there are any gaps. Deirdre commented that some providers could be HomeCare companies and care managers. Rossanna suggested speaking to the city managers as well and then going to the Chamber of Commerce. The committee then agreed to speaking to the Board of Supervisors regarding HomeShare. The committee also agreed to speak to Vermont about HomeShare. The committee agreed to having a virtual HomeShare presentation in the future. Peter suggested having a short paragraph of individuals giving testimonials on HomeShare in the VCAAA Housing webpage.
- 5. Next Meeting Date – May 17<sup>th</sup>, 2022, from 2PM – 3PM.**
- 6. Adjournment** – The meeting was adjourned at 3:03PM by Chair Martha Shapiro.

**Agenda Item #5.2**

**TO:** VCAAA Advisory Council Members  
**FROM:** Carol Martin, Committee Chair  
**DATE:** March 9, 2022  
**SUBJECT:** **Transportation Committee Report from March 9, 2022**

Transportation Committee Members Present:

Carol Martin (Chair) (Simi Valley COA) Clark Owens (Oxnard COA)  
Jeanette Sanchez (Supervisorial Appointee)

VCAAA Staff Members Present:

Monique Nowlin Benjamin Rhodes  
Jannette Jauregui Jason Sagar  
Jakeline De Leon

- 1. Welcome and Introductions** – The meeting was called to order at 11AM by Chair Carol Martin. No introductions were made.
- 2. Public Comments** – No public comments.
- 3. ElderHelp Update** – Jason provided an ElderHelp update. In the month of February, they received 140 requests for Medi-Rides and have scheduled 127 of those requests. About 52 of the rides are scheduled for A to B transportation. They provided 74 trips with Hop-Skip-Drive and there was one trip with Uber. Jason then mentioned that he is looking into utilizing Uber a bit more since they have not had any problems with Uber, and they are more flexible than Hop-Skip-Drive. Ongoing, they mailed tickets to 278 clients and of those 278 clients they received a total of 4,458 service units. One service unit is considered a one-way trip ride, 183 clients are access Dial-a-ride riders and that spans from Ojai, Ventura, Oxnard, and Port Hueneme. About 53 of those clients are Gold Coast Transit. There are 4 clients that utilize Valley Express and receive tickets from VCAAA. There is one client from Camarillo and 5 clients from Simi Valley. VCAAA currently does not provide tickets to Thousand Oaks since they are not charging for their tickets.
- 4. Online Trip Ordering Form Spanish Update** – Jannette provided an Online Trip Ordering Form in Spanish update. She shared her screen with the committee and presented the Transportation webpage and Transportation Referral Form. She demonstrated how the referral form can be switched to Spanish and demonstrated the Spanish Referral form.

5. **Transportation Program Training Video Update** – Jannette provided a Transportation Program Training Video update. She mentioned that she worked with other VCAAA Staff to put together a rough “How to” video and she demonstrated the video to the committee. Carol shared she enjoyed the video and would like to share the video to the Simi Valley COA. Jeannette shared that in the beginning of the video the sound was very loud. Jannette stated that she will rework the audio in the video.
6. **Other Business** – No other business.
7. **Next Meeting Date – May 11, 2022, immediately after the Advisory Council Meeting.**
8. **Adjournment** – The meeting was adjourned by Chair Carol Martin at 11:18AM.

**Agenda Item #5.3**

**TO:** VCAAA Advisory Council Members  
**FROM:** Sue Tatangelo, Committee Chair  
**DATE:** March 16, 2022  
**SUBJECT:** **Nutrition and Health Committee Report from March 16, 2022**

Committee Members Present:

Sue Tatangelo (Chair) (Focused Population)	Lynette Harvey (Service Provider)
Lorretta Allen (Thousand Oaks COA)	Maureen Hodge (Focused Population)
Dr. Marietta Sperry (Simi Valley COA)	Alice Sweetland (Oxnard COA)
Smita Dandekar (BOS)	

Committee Members Absent:

Dr. Maria Munguia (SP COA)	John Gardner (Camarillo COA)
Deirdre Daly (Ojai COA)	

VCAAA Staff Present:

Monique Nowlin	Benjamin Rhodes
Julianna Eusano	Jannette Jauregui
Audrey Darrett	Jakeline De Leon

- 1. Welcome** – The meeting was called to order at 12:34PM by Chair Sue Tatangelo.
- 2. Update on last agenda action items and further discussion/action:**
  - a. One Stop / Seminar on Brain Health and Wellness Report and Updates** – Ben provided an update on the One Stop / Seminar on Brain Health and Wellness. VCAAA staff, Audrey Darrett, will be presenting brain health with respect to Medicare from her position as the HICAP manager. Audrey provided a brief overview of her presentation. Dr. Marietta Sperry asked if VCAAA has any speakers lined up for the rest of the year. Jannette addressed her question and stated the official kickoff was with the social media post during the holidays. In February, they had the first speaker and had over 30 attendees. The topics of each seminar were lined up and discussed by the committee in November and she reached out to all the respective presenters, and she is working on coordinating and scheduling them. The links will be remaining the same for all the webinars. Jannette also

mentioned she is currently working on a single flyer that will list the topics and dates. The goal is to have this flyer ready by the next seminar in April. She will be introducing most of the seminars and then Maureen will service as emcee for most of the seminars moving forward. All will be recorded and will be posted on the VCAAA website. Dr. Sperry then commented that she noticed VCAAA provided robotics pets and she has a colleague who would be happy to speak on Robotic pets; add another topic for the seminars. Monique added that she believes it is a great idea and Robotic pets have been very successful. Sue then asked that she would like it if a list of speakers with their topics, would be provided to the committee, Monique stated that they will email it to the committee.

- b. Senior Nutrition Placemat Update** – Ben provided a Senior Nutrition Placemat update. VCAAA’s team of nutritionist are working on updates, and they are moving towards quarterly deliveries. They are closing out the old placemats and in the new fiscal year, they will begin printing the new placemats. Sue then asked if Ben could provide an overview of when the congregate sites will open. Monique addressed Sue’s question and stated they currently do not have a definite answer, however many sites are opening as COVID-19 has abated and they will provide a list soon. Moreover, Jannette shared her screen with the committee and presented the most recent front cover of the placemat. She provided a brief overview of the most recent placemat and briefly stated what will be different. She also provided a brief overview on the Harvest of the Month newsletter and demonstrated the link to the recipe book on the VCAAA website.
- 3. Other Business** – Dr. Sperry asked who oversees the Robotic Pet program and how many pets have been placed. Monique addressed Dr. Sperry’s question and stated they can add that item to the next agenda. Jannette also added that the Robotic Pets have been advertised on social media, however there is not a page on the VCAAA website, dedicated to the Robotic Pets since there is a limited supply of Robotic Pets. Monique then stated if there is more interest in receiving Robotic Pets, they can provide more pets.
- 4. Adjournment** – The meeting was adjourned at 12:57PM by Chair Sue Tatangelo.

## Agenda Item #5.4

**To:** VC AAA Advisory Council Board Members  
**From:** Karen Gorback – Chair  
**Date:** March 24, 2022  
**Subject:** **Workforce Committee Report from March 24, 2022.**

Committee Members Present:

Karen Gorback (Chair) (CSL)  
Carol Leish (Focused Population)  
Stephanie Belding (Thousand Oaks COA)  
William Nelson (Ventura COA)  
Loretta Allen (TO COA)

VCAAA Staff Present:

Jannette Jauregui  
Jakeline De Leon  
Rene Verduzco

- 1. Welcome and Introductions** – The meeting was called to order at 10:03AM by Chair Karen Gorback.
- 2. Public Comments** – No Public Comments.
- 3. Record “Get That Job” PowerPoint** – Jannette helped the committee set up for the recording. Karen, Stephanie, and Bill each recorded their portion of the “Get That Job” PowerPoint presentation.
- 4. Next Meeting Date – May 26, 2022, from 10AM – 11AM.**
- 5. Adjournment** – The meeting was adjourned at 11:05AM by Chair Karen Gorback.

**To:** Advisory Council Members  
**From:** Maureen Hodge, Committee Chair  
**Date:** May 11, 2022  
**Subject:** Election of Officers for FY 2022-2023; One Service Provider, and One Focused Population Veterans Representative for Two Year Terms Starting July 1, 2022, through June 30, 2024; and Reappointing Three California Senior Legislature Representative for Four Year Terms Starting July 1, 2022, through June 30, 2026

The committee met during the week of April 26, 2022, to discuss the need for filing the seats. Maureen Hodge served as chair of the committee. Committee members included Lynette Harvey and Sue Tatangelo.

**Advisory Council Officers**

Per the current by-laws, individuals are limited to serving no more than three years in one office and must be eligible to serve on the council at the time of election. The committee discussed potential officers and selected the following slate of officers to present to the Advisory Council for election at the May meeting.

Chair: Dr. Karen Gorback (CSL)  
Vice-Chair: Martha Shapiro (Service Provider)  
Secretary: Bill Nelson (Ventura)

**Recommendation** - The committee is recommending that per the by-laws, an election be held to determine which of the above-mentioned individuals will occupy each office. Nominations from the floor will also be accepted and added to the slate. Only those eligible for reappointment to the Advisory Council will be reconsidered.

**Advisory Council Seats**

Per the current by-laws, individuals are limited to serving no more than two years. The committee discussed potential applicants and selected the following slate to present to the Advisory Council for election at the May meeting.

Focused Population: Reynaldo Rivera  
Service Provider: Jaydon Gaines and Lori Perlman

**Recommendation** - The committee is recommending that per the by-laws, an election be held to determine which of the above-mentioned individuals will occupy each seat. With the seats in which there is one applicant, the committee recommends that individual. Nominations from the floor will also be accepted and added to the slate.



## Agenda Item #6.2

The committee also discussed the three CSL members whose term is expiring which is as follows:

Senior Senator:	Dr. Karen Gorback
Senior Assemblymember:	Tony Gitt
Senior Assemblymember:	Rossanna Guerra

**Recommendation** – The committee is recommending that Karen Gorback, Tony Gitt and Rossanna Guerra be reelected to another four-year term Starting July 1, 2022, through June 30, 2026.

ADVISORY COUNCIL APPLICATION

*Please complete this application in its entirety and return to Jannette.Jauregui@ventura.org.*

APPLICATION FOR WHICH SEAT:

- Service Provider for Older Adults & People with Disabilities  
 Veterans Representative

APPLICANT Reynaldo Rivera  
 ADDRESS: P.O. BOX 1532 Oak View PHONE: \_\_\_\_\_  
Oak View, CA 93022 FAX: \_\_\_\_\_

1. Applicant is: (a) under 60 years of age  (b) over 60

2. Occupation/Title Retired

3. Your Employer NA

4. Your Email Address: XXXXXXXXXXXX@com

5. Applicant:
- |   | <u>Yes</u>                          | <u>No</u>                |
|---|-------------------------------------|--------------------------|
| (a) is a member of a minority race  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (c) is <u>able</u> and <u>willing</u> to attend and participate in regular Advisory Council and Committee meetings. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (d) is capable of communicating opinions as a representative of the community you are applying to represent.        | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

6. Summarize your qualifications for appointment (i.e. education, training, employment, experiences, licenses, etc). If applying for the Veterans Representative position, please indicate whether or not you are a military veteran.:

Bachelors Degree Sociology San Jose State University  
US Army Vietnam Veteran 1965-1967 Honorable Discharge  
Experience as Public Information Officer, Training Officer, Investigator, Hearing Officer, Teacher, Counselor and Customer Service. Knowledge of Civil Rights, Equal Employment Opportunity and Discrimination with state and federal government agencies including the U.S. Forest Service, State of California Labor Commissioner, Department of Mental Health and Employment Development Department.

7. Please briefly describe why you wish to serve on the Advisory Council:

I have the education, experience, knowledge and skills to act as a voice and advocate for all veterans especially older veterans. I have the skill to communicate and interact with groups involved in veteran issues and affairs to advertise, promote and encourage veteran participation in the various VCAA programs. As a disabled minority veteran. Until I attended a Tai Chi Class sponsored by VCAA in Ojai I was unaware of the many great programs and benefits the VCAA offers Senior Citizens. I would like to continue to expand outreach to the veteran community many of whom have unique needs not only because of their age but also due to health related or disability issues caused by their service.

8. Community Involvement/Activities:

Have taught Tai Chi and Matter of Balance through VCAAA;  
Food Donation and Helper at Share the Harvest and St. Vincent De Paul Pantry in Ojai;  
Coach at Ojai Youth Basketball;  
Umpired and cooked at Ojai Valley Little League;  
Cleaned up Forest Service Trails and Campsites;  
Past member of American Legion, Ventura County Vietnam Veterans, American GI Forum

9. Special Interests:

The Outdoors, hiking, camping, exercise, reading,

10. **Applicant's Declaration and Signature**

I certify under penalty of perjury under the laws of the State of California that all the information on this form is true and correct.

Reynaldo Rivera

04/15/202

Signature

Date



ADVISORY COUNCIL APPLICATION

Please complete this application in its entirety and return to [Jannette.Jauregui@ventura.org](mailto:Jannette.Jauregui@ventura.org).

APPLICATION FOR WHICH SEAT:

- Service Provider for Older Adults & People with Disabilities
- Veterans Representative

APPLICANT: Jaydon Gaines  
 ADDRESS: 702 County Square Dr Suite 105 PHONE: 805-290-4247  
Ventura, CA 93003 FAX: 805-650-9278

- 1. Applicant is: (a) under 60 years of age  (b) over 60
- 2. Occupation/Title Program Services Manager
- 3. Your Employer Independent Living Resource Center (ILRC)
- 4. Your Email Address: jgaines@ilrc-trico.org

- 5. Applicant:
 

	<u>Yes</u>	<u>No</u>
(a) is a member of a minority race	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(c) is <u>able</u> and <u>willing</u> to attend and participate in regular Advisory Council and Committee meetings.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(d) is capable of communicating opinions as a representative of the community you are applying to represent.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

6. Summarize your qualifications for appointment (i.e. education, training, employment, experiences, licenses, etc). If applying for the Veterans Representative position, please indicate whether or not you are a military veteran.:

I received a BA in Psychology from CSU Channel Islands in 2018. During and after my time at CSUCI, I worked as a behavioral interventionist, paraprofessional, respite care provider, and substitute teacher for youth with disabilities. In 2020, I came to work for ILRC, where I have only expanded my passion for working with people with disabilities and older adults. Additionally, I am the daughter of a 26 year Navy Veteran and the sister of an active duty Navy sailor, so I am very well acquainted with veteran-related topics as well.

7. Please briefly describe why you wish to serve on the Advisory Council:

I wish to serve on the Advisory Council to provide a voice for people with disabilities and older adults. Although I do not fit into the category of "older adult," my work experience has provided me with a unique opportunity to become well acquainted with older adults in our community. As a young Black woman with disabilities and the daughter of a Veteran, I am confident that I can successfully represent our under-served populations on the Advisory Council.

8. Community Involvement/Activities:

By way of my employment responsibilities, I am involved with various community groups such as VSSTF, VCVC, and the Ventura County Continuum of Care. In addition, I volunteer at my church, with Kids and Families Together (K&FT), and with the Oxnard Stars, a local youth track and field program.

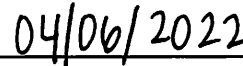
9. Special Interests:

My special interests include mental health, cultural sensitivity, BIPOC (Black, Indigenous, and people of color), the African diaspora, disability, youth, aging, independent living, spirituality, person-centered practices, and women's health.

10. **Applicant's Declaration and Signature**

I certify under penalty of perjury under the laws of the State of California that all the information on this form is true and correct.

  
Signature



Date



**COUNTY of VENTURA**

Area Agency on Aging

**ADVISORY COUNCIL APPLICATION**

Please complete this application in its entirety and return to [Jannette.Jauregui@ventura.org](mailto:Jannette.Jauregui@ventura.org).

APPLICATION FOR WHICH SEAT:

- Service Provider for Older Adults & People with Disabilities
- Veterans Representative

APPLICANT: Lori Perlman  
 ADDRESS: 77 San Roque Ave. PHONE: ~~805-888-8888~~  
Ventura CA 93003 FAX: 805-1044-5245  
(work)

1. Applicant is: (a) under 60 years of age  (b) over 60
2. Occupation/Title: Licensed Psychiatric Technician
3. Your Employer: Ventura County Behavioral Health
4. Your Email Address: lori.perlman@ventura.org OR ~~XXXXXXXXXXXX@XXXX.com~~

5. Applicant:
- |   | <u>Yes</u>                          | <u>No</u>                           |
|---|-------------------------------------|-------------------------------------|
| (a) is a member of a minority race  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| (c) is <u>able</u> and <u>willing</u> to attend and participate in regular Advisory Council and Committee meetings. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| (d) is capable of communicating opinions as a representative of the community you are applying to represent.        | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |

6. Summarize your qualifications for appointment (i.e. education, training, employment, experiences, licenses, etc). If applying for the Veterans Representative position, please indicate whether or not you are a military veteran.:

*I have worked with the mentally ill & developmentally disabled for 45 years. I am licensed by LVNPT board & undergo regular trainings in CPR, MAB, treatment updates & administrative changes in health care. I have participated in focus groups for & with the disabled.*

7. Please briefly describe why you wish to serve on the Advisory Council:

*Over the years I have seen many changes in the delivery of services to people with disabilities. Service delivery is so much more convoluted and complicated now. We should not be afraid of change, but change is not always "better". I would like to talk about how many changes in our system has failed our population.*

8. Community Involvement/Activities:

My activities are mostly around linking my clients to the appropriate helping agencies.

I research new programs & agencies in the community, county & state.

9. Special Interests: I am interested in politics. I love to read and play games with my granddaughter.

I enjoy discussing law with my grandson who is a 2nd yr law student at Lewis & Clark.

10.

**Applicant's Declaration and Signature**

I certify under penalty of perjury under the laws of the State of California that all the information on this form is true and correct.



Signature



Date



## 2022 CSL Elections

# Certificate of Eligibility

### PSA 18

The following candidates for Senior Senator and Senior Assemblymember have been determined to be eligible for the CSL Election to be conducted by the Area Agency on Aging (AAA) Advisory Council for Ventura County on May 11, 2022.

#### **Senior Senator**

- Karen Gorback

#### **Senior Assemblymember**

- Tony Gitt
- Rossanna Guerra

Information regarding election date and time can be obtained by contacting the local Area Agency on Aging Office.

*John Pointer*

Senior Senator John Pointer  
Chair, Joint Rules Committee  
California Senior Legislature

Issued on April 27, 2022



TO: VCAAA Advisory Council Members

FROM: Denise Noguera, Grants Administrator

DATE: May 11, 2022

SUBJECT: **Recommendation to Renew FY 2022-2023 Grantee/Contractor Funding and Related Service Categories Including Service Category Deviations Greater or Less than 10%.**

- A. **Recommendation to Renew FY 2022-2023 Grantee/Contractor Funding and Related Service Categories.** VCAAA internally discussed in detail each of the 18-individual grantee/contractor renewal reviews. These grantee service providers are in their second or third contract year. All are being recommended by VCAAA staff for renewal, based on the applications received from the service providers and compliance with the terms and conditions of their FY 2021-2022 contracts. This addresses funding from the CDA only. Any additional funding that may become available will be addressed separately later.

The table below provides a summary of the renewal reviews, and the worksheets that follow provide greater detail of each. Advisory Council Policy and Procedure III-G Contractual Procedures requires full Advisory Council approval for any proposed deviations from the original contracted service units of more than 10%, however, due to the COVID-19 impact, this will not be applicable as most of the grantees/contractors have far exceeded the 10% threshold. VCAAA staff reviewed the deviations and made revisions based on staff analysis of all service provider year-to-date performance levels and service level projections, with the goal of distributing funds to address the needs more accurately in each community and to revise service levels to correspond with what service providers have communicated they can provide.

	<b>SNP Service Provider</b>	<b>Funding Source</b>	<b>Project</b>	<b>Grant Amount</b>	<b>Renewal Recommendation</b>
1	Camarillo Health Care District	Title III C1 & C2	Senior Nutrition Program	\$106,490	Yes
2	City of Fillmore	Title III C1 & C2	Senior Nutrition Program	\$99,774	Yes
3	City of Moorpark	Title III C1 & C2	Senior Nutrition Program	\$34,790	Yes
4	City of Oxnard	Title III C1 & C2	Senior Nutrition Program	\$176,669	Yes
5	City of Port Hueneme	Title III C1 & C2	Senior Nutrition Program	\$38,392	Yes & AC Approval Required
6	City of Santa Paula	Title III C1 & C2	Senior Nutrition Program	\$117,760	Yes

7	City of Simi Valley	Title III C1 & C2	Senior Nutrition Program	\$229,705	Yes & AC Approval Required
8	City of Ventura	Title III C1 & C2	Senior Nutrition Program	\$82,980	Yes
9	HELP of Ojai	Title III C1 & C2	Senior Nutrition Program	\$109,975	Yes
10	Brenda's Casamia Restaurant & Catering	Title III C1 & C2	Senior Nutrition Program	\$70,175	Yes
11	Conejo Recreation & Park District	Title III C1	Senior Nutrition Program	\$111,254	Yes
12	Conejo Valley Senior Concerns	Title III C1 & C2	Senior Nutrition Program	\$128,700	Yes & AC Approval Required
<b>Total Meal Service Funding (289,576 Total Meals):</b>				<b>\$1,306,665</b>	
<b>Total Jordano's Food Costs (\$4.85 per meal 220,493):</b>				<b>\$1,069,391</b>	
<b>Total Meal Service &amp; Food Cost:</b>				<b>\$2,376,056</b>	

	<b>Non-SNP Service Provider</b>	<b>Funding Source</b>	<b>Project</b>	<b>Grant Amount</b>	<b>Renewal Recommendation</b>
13	Camarillo Health Care District	Title IIIB	Senior Support Line	\$50,000	Yes
14	Camarillo Health Care District	Title IIIE	Family Caregiver Resource Center	\$36,750	Yes
15	Conejo Valley Senior Concerns	Title IIIE	Family Caregiver Resource Center	\$26,750	Yes
16	Grey Law of Ventura County	Title IIIB, VIIb FAST, HICAP	Legal Services	\$74,000	Yes
17	Long Term Care Services of Ventura County	Title IIIE	Preplacement Counseling	\$27,624	Yes
18	Long Term Care Services of Ventura County	Title IIIB; VIIa; State: SDF; LCPF; SNF Q&A; IIIB	Long Term Care Ombudsman	\$375,869	Yes

<b>Grantee:</b>	<b>Camarillo Health Care District</b>			<b>1</b>
<b>Project:</b>	Senior Nutrition	<b>Funding:</b>	\$106,490	
<b>Funding Source:</b> <i>(Check all that apply)</i>	<input type="checkbox"/> Title IIIB	<b>Contract Year:</b>	FY2022-2023	
	<input checked="" type="checkbox"/> Title IIIC1	<b>Renewal Recommendation:</b>	<input checked="" type="checkbox"/> Yes	
<input checked="" type="checkbox"/> Title IIIC2	<input type="checkbox"/> Yes with Contingencies (see H)			
<input type="checkbox"/> Title IIID	<input type="checkbox"/> Advisory Council Approval Required (see G)			
<input type="checkbox"/> Title IIIE	<input type="checkbox"/> No			
<input type="checkbox"/> Title V				
<input type="checkbox"/> Title VII				
<input type="checkbox"/> OMB				

**SUMMARY**

Due to the challenge of projecting the number of meals to be served for FY2123, CHCD proposed to provide the same quantity of meals reported for FY2023. HDM meals are delivered 5 days a week. This program is well managed and has a proven track record with VCAAA to provide accurate data in a timely manner and understands the SNP rules and regulations.

**I. Quality Assurance**

- a. Conformity to the intent of the RFP: Supports nutrition, socialization, health, senior independence.
- b. Adequate staff & resources: Qualified staff, trained volunteers, resources through CHCD
- c. Food quality: Yes

**II. Agency's History, Performance and Capacity**

- a. Proven ability: Operating with growth, acknowledging program regulations and restrictions
- b. Experience with the VCAAA: Since 2005, CHCD has served more than 360,000 HDMs to more than 3,000 unduplicated clients, following program requirements and regulations. Application supports this understanding.
- c. Ability to collaborate: Camarillo Council on Aging, Kiwanis, FOOD Share, and more

**III. Utilization of Program Funds**

- a. Bid price/Cost effectiveness: Budget conforms with standard program costs, utilizes volunteers, follows GASB (Governmental Accounting Standards Board)
- b. Ability leverage support: Camarillo Council on Aging – also uses other grant funding to supplement services.

**A. Current Fiscal Year Contracted Service – Through March 31, 2022**

Service Category	Unit of Measure	YTD Units Contracted	YTD Units Delivered	YTD % to Goal
Congregate Meals (C1)	1 meal	500	4,168	833.6%
Home-Delivered Meals (C2)	1 meal	29,750	33,921	114.0%
Total (C1 + C2)	1 meal	30,250	38,089	125.9%

## B. Proposed Next Fiscal Year Contracted Service

Service Category	Unit of Measure	Current FY Contracted (Original)	Next FY Proposed	% Change
Congregate Meals (C1)	1 meal	500	500	0.0%
Home-Delivered Meals (C2)	1 meal	29,750	29,750	0.0%
Total (C1 + C2)	1 meal	30,250	30,250	0.0%

Service Category	Standard Funding per Meal	Food Funding per Meal	Service Proposal (# of Meals)	Funding for Proposal (\$)
Congregate Meals (C1)	\$3.14	\$0		\$0
Home-Delivered Meals (C2)	\$3.42	\$0	29,750	\$101,745
Made-from-Scratch Meals (C1)	\$4.64	\$4.85	500	\$4,745
Made-from-Scratch Meals (C2)	\$4.64	\$4.85	0	\$0
<b>Total Funding (C1 + C2)</b>				<b>\$106,490</b>

## C. Is the percentage change more than 10%?

Full Advisory Council approval for original contracted service unit deviations of +/- 10%.

- Yes - Fill in Box G as to why  
 No

## D. Regional Service Targeting

Service Targeting Category	60+ Population Served*	Total Area Demographics
Low Income (at or below fed poverty level)	28%	8%
Disability Status	88%	40%**
Living Alone (at risk for social isolation)	44%	15%
Minority	14%	54%
Limited English-Speaking Ability	2.5%	9%
High nutritional risk	78%	25-65%***

\*Source: Q CareAccess \*\* US Census Bureau 2014 National Figure for 65+ population with at least one disability \*\*\*1995-2005 Literature review estimating the number of individuals 65+ with nutritional risk (low, moderate, and high)

## E. Other Evaluation Factors

Service Delivery, Staffing and Organizational Capacity – Grantee demonstrates strong effort to deliver contracted service and has the staff and organizational capacity to continue to do so.	Meets most or all requirements <input checked="" type="checkbox"/> Has some deficiencies (see F) <input type="checkbox"/> Has major deficiencies (see F) <input type="checkbox"/>
---	---

Budget and Fiscal – Grantee manages and monitors expenditures well and stays within budget and works with VCAAA staff if there’s a problem.	Meets most or all requirements <input checked="" type="checkbox"/> Has some deficiencies (see F) <input type="checkbox"/> Has major deficiencies (see F) <input type="checkbox"/>
Reporting – Grantee submits accurate and timely fiscal and program reports, year-end closeouts and all other reports required by the VCAAA.	Meets most or all requirements <input checked="" type="checkbox"/> Has some deficiencies (see F) <input type="checkbox"/> Has major deficiencies (see F) <input type="checkbox"/>
Data Entry – Grantee accurately enters all required information to the Q system in a timely manner.	Meets most or all requirements <input checked="" type="checkbox"/> Has some deficiencies (see F) <input type="checkbox"/> Has major deficiencies (see F) <input type="checkbox"/>

**F. Has grantee had a corrective action plan for underperformance this FY?**

N/A

**G. Concerns/Issues Regarding Contract**

N/A

**H. Contract Contingency Requirements**

N/A

<b>Grantee:</b>	<b>City of Fillmore</b>		<b>2</b>
<b>Project:</b>	Senior Nutrition	<b>Funding:</b>	\$99,774
<b>Funding Source:</b> <i>(Check all that apply)</i>	<input type="checkbox"/> Title IIIB	<b>Contract Year:</b>	FY2022-2023
	<input checked="" type="checkbox"/> Title IIIC1	<b>Renewal Recommendation:</b>	<input type="checkbox"/> Yes
<input checked="" type="checkbox"/> Title IIIC2	<input type="checkbox"/> Yes with Contingencies (see H)		
<input type="checkbox"/> Title IIID	<input checked="" type="checkbox"/> Advisory Council Approval Required (see G)		
<input type="checkbox"/> Title IIIE	<input type="checkbox"/> No		
<input type="checkbox"/> Title V			
<input type="checkbox"/> Title VII			
<input type="checkbox"/> OMB			

**SUMMARY**

Fillmore has continued providing excellent meal service to seniors throughout the COVID-19 crisis, however this grantee has consistently reported inaccurate meal and person count data on their Monthly Program Reports. While this grantee has made attempts to remedy the issues noted, they require disproportionate VCAAA staff time to address these issues through ongoing administrative and technical training.

**I. Quality Assurance**

- a. Conformity to the intent of the RFP: Supports nutrition & socialization, has onsite social services, provides community outreach
- b. Adequate staff & resources: Has adequate staff and volunteers to support program; city resources
- c. Food quality: Approved by VCAAA Registered Dietitian

**II. Agency's History, Performance and Capacity**

- a. Proven ability: Operating with growth, acknowledging program regulations and restrictions
- b. Experience with the VCAAA: Since 2005, the City of Fillmore has been providing SNP congregate and home-delivered meal services, following program requirements and regulations. Application supports this understanding.
- c. Ability to collaborate: Partners with VCAAA, Senior Services, Catholic Charities, FOOD Share, local churches

**III. Utilization of Program Funds**

- a. Bid price/Cost effectiveness:
- b. Ability leverage support: Works with city and local agencies

**A. Current Fiscal Year Contracted Service – Through March 31, 2022**

Service Category	Unit of Measure	YTD Units Contracted	YTD Units Delivered	YTD % to Goal
Congregate Meals (C1)	1 meal	7,780	26,848	345.1%
Home-Delivered Meals (C2)	1 meal	4,760	4,173	87.7%
Total (C1 + C2)	1 meal	12,540	31,021	247.4%

**B. Proposed Next Fiscal Year Contracted Service**

Service Category	Unit of Measure	Current FY Contracted (Original)	Next FY Proposed	% Change
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Congregate Meals (C1)	1 meal	7,780	7,780	0.0%
Home-Delivered Meals (C2)	1 meal	4,760	4,760	0.0%
Total (C1 + C2)	1 meal	12,540	12,540	0.0%

Service Category	Standard Funding per Meal	Food Funding per Meal	Service Proposal (# of Meals)	Funding for Proposal (\$)
Congregate Meals (C1)	\$3.14	\$0	7,780	\$24,429.20
Home-Delivered Meals (C2)	\$3.42	\$0	4,760	\$16,279.20
Made-from-Scratch Meals (C1)	\$4.64	\$4.85	3,862	\$36,650.38
Made-from-Scratch Meals (C2)	\$4.64	\$4.85	2,362	\$22,415.38
<b>Total Funding (C1 + C2)</b>				<b>\$99,774.16</b>

### C. Is the percentage change more than 10%?

Full Advisory Council approval for original contracted service unit deviations of +/- 10%.

- Yes - Fill in Box G as to why  
 No

### D. Regional Service Targeting

Service Targeting Category	60+ Population Served*	Total Area Demographics
Low Income (at or below fed poverty level)	100%	8%
Disability Status	9%	40%**
Living Alone (at risk for social isolation)	21%	15%
Minority	71%	54%
Limited English-Speaking Ability	9%	9%
High nutritional risk	80%	25-65%***

\*Source: Q CareAccess demographic data \*\* US Census Bureau 2014 National Figure for 65+ population with at least one disability \*\*\*1995-2005 Literature review estimating the number of individuals 65+ with nutritional risk (low, moderate, and high)

### E. Other Evaluation Factors

Service Delivery, Staffing and Organizational Capacity – Grantee demonstrates strong effort to deliver contracted service and has the staff and organizational capacity to continue to do so.	Meets most or all requirements <input checked="" type="checkbox"/> Has some deficiencies (see F) <input type="checkbox"/> Has major deficiencies (see F) <input type="checkbox"/>
Budget and Fiscal – Grantee manages and monitors expenditures well and stays within budget and works with VCAAA staff if there’s a problem.	Meets most or all requirements <input checked="" type="checkbox"/> Has some deficiencies (see F) <input type="checkbox"/> Has major deficiencies (see F) <input type="checkbox"/>
Reporting – Grantee submits accurate and timely fiscal and program reports, year-end closeouts and all other reports required by the VCAAA.	Meets most or all requirements <input type="checkbox"/> Has some deficiencies (see F) <input checked="" type="checkbox"/> Has major deficiencies (see F) <input type="checkbox"/>

Data Entry – Grantee accurately enters all required information to the Q system in a timely manner.

- Meets most or all requirements
- Has some deficiencies (see F)
- Has major deficiencies (see F)

**F. Has grantee had a corrective action plan for underperformance this FY?**

N/A

**G. Concerns/Issues Regarding Contract**

Fillmore's SNP has reported inaccurate meal and person count data on the Monthly Program Reports in FY2021-2022. In addition, the timeliness of the reporting continues to be an issue.

**H. Contract Contingency Requirements**

N/A



<b>Grantee:</b>	<b>City of Moorpark</b>		<b>3</b>
<b>Project:</b>	Senior Nutrition	<b>Funding:</b>	\$34,790
<b>Funding Source:</b> <i>(Check all that apply)</i>	<input type="checkbox"/> Title IIIB	<b>Contract Year:</b>	FY2022-2023
	<input checked="" type="checkbox"/> Title IIIC1	<b>Renewal Recommendation:</b>	<input checked="" type="checkbox"/> Yes
<input checked="" type="checkbox"/> Title IIIC2	<input type="checkbox"/> Yes with Contingencies (see H)		
<input type="checkbox"/> Title IIID	<input type="checkbox"/> Advisory Council Approval Required (see G)		
<input type="checkbox"/> Title IIIE	<input type="checkbox"/> No		
<input type="checkbox"/> Title V			
<input type="checkbox"/> Title VII			
<input type="checkbox"/> OMB			

**SUMMARY**

The City of Moorpark proposes to continue serving hot home-delivered meals via multiple delivery routes, five days a week. This program is well managed and has a proven track record with VCAAA to provide accurate data in a timely manner and understands the SNP rules and regulations.

**I. Quality Assurance**

- a. Conformity to the intent of the RFP: Supports nutrition & socialization, has onsite social services, provides community outreach
- b. Adequate staff & resources: Qualified staff and volunteers to support program, city resources
- c. Food quality: Approved by VCAAA Registered Dietitian

**II. Agency's History, Performance and Capacity**

- a. Proven ability: Operating with growth, acknowledging program regulations and restrictions
- b. Experience with the VCAAA: Since 2004, the City of Moorpark has provided senior congregate and home-delivered meals through VCAAA, following program requirements and regulations. Track record as well as application support this understanding.
- c. Ability to collaborate: Partners with VCAAA, APS, various social service agencies, Senior Concerns, FOOD Share, Grey Law,

**III. Utilization of Program Funds**

- a. Bid price/Cost effectiveness: Sustains program within minimally funded budget. However, track record of donations (program income) is excessively low (see Box G)
- b. Ability leverage support: Works with local agencies

**A. Current Fiscal Year Contracted Service – Through March 31, 2022**

Service Category	Unit of Measure	YTD Units Contracted	YTD Units Delivered	YTD % to Goal
Congregate Meals (C1)	1 meal	4,000	6,181	154.5%
Home-Delivered Meals (C2)	1 meal	6,500	9,807	150.9%
Total (C1 + C2)	1 meal	10,500	15,988	152.3%

## B. Proposed Next Fiscal Year Contracted Service

Service Category	Unit of Measure	Current FY Contracted (Original)	Next FY Proposed	% Change
Congregate Meals (C1)	1 meal	4,000	4,000	0.0%
Home-Delivered Meals (C2)	1 meal	6,500	6,500	0.0%
Total (C1 + C2)	1 meal	10,500	10,500	0.0%

Service Category	Standard Funding per Meal	Food Funding per Meal	Service Proposal (# of Meals)	Funding for Proposal (\$)
Congregate Meals (C1)	\$3.14	\$0	4,000	\$12,560
Home-Delivered Meals (C2)	\$3.42	\$0	6,500	\$22,230
Made-from-Scratch Meals (C1)	\$0	\$4.85	0	\$0
Made-from-Scratch Meals (C2)	\$0	\$4.85	0	\$0
<b>Total Funding (C1 + C2)</b>				<b>\$34,790</b>

## C. Is the percentage change more than 10%?

Full Advisory Council approval for original contracted service unit deviations of +/- 10%.

- Yes - Fill in Box G as to why  
 No

## D. Regional Service Targeting

Service Targeting Category	60+ Population Served*	Total Area Demographics
Low Income (at or below fed poverty level)	24%	8%
Disability Status	25%	40%**
Living Alone (at risk for social isolation)	24.05%	15%
Minority	31.64%	54%
Limited English-Speaking Ability	11.39%	9%
High nutritional risk	45.56%	25-65%***

\*Source: Q CareAccess demographic data \*\* US Census Bureau 2014 National Figure for 65+ population with at least one disability  
 \*\*\*1995-2005 Literature review estimating the number of individuals 65+ with nutritional risk (low, moderate, and high)

## E. Other Evaluation Factors

Service Delivery, Staffing and Organizational Capacity – Grantee demonstrates strong effort to deliver contracted service and has the staff and organizational capacity to continue to do so.	Meets most or all requirements <input checked="" type="checkbox"/> Has some deficiencies (see F) <input type="checkbox"/> Has major deficiencies (see F) <input type="checkbox"/>
Budget and Fiscal – Grantee manages and monitors expenditures well and stays within budget and works with VCAA staff if there's a problem.	Meets most or all requirements <input checked="" type="checkbox"/> Has some deficiencies (see F) <input type="checkbox"/> Has major deficiencies (see F) <input type="checkbox"/>

Reporting – Grantee submits accurate and timely fiscal and program reports, year-end closeouts and all other reports required by the VCAAA.	Meets most or all requirements <input checked="" type="checkbox"/> Has some deficiencies (see F) <input type="checkbox"/> Has major deficiencies (see F) <input type="checkbox"/>
Data Entry – Grantee accurately enters all required information to the Q system in a timely manner.	Meets most or all requirements <input checked="" type="checkbox"/> Has some deficiencies (see F) <input type="checkbox"/> Has major deficiencies (see F) <input type="checkbox"/>

**F. Has grantee had a corrective action plan for underperformance this FY?**

N/A

**G. Concerns/Issues Regarding Contract**

N/A

**H. Contract Contingency Requirements**

N/A

<b>Grantee:</b>	<b>City of Oxnard</b>			<b>4</b>
<b>Project:</b>	Senior Nutrition	<b>Funding:</b>	\$176,669	
<b>Funding Source:</b> <i>(Check all that apply)</i>	<input type="checkbox"/> Title IIIB	<b>Contract Year:</b>	FY2022-2023	
	<input checked="" type="checkbox"/> Title IIIC1	<b>Renewal Recommendation:</b>	<input checked="" type="checkbox"/> Yes	
<input checked="" type="checkbox"/> Title IIIC2	<input type="checkbox"/> Yes with Contingencies (see H)			
<input type="checkbox"/> Title IIID	<input type="checkbox"/> Advisory Council Approval Required (see G)			
<input type="checkbox"/> Title IIIE	<input type="checkbox"/> No			
<input type="checkbox"/> Title V				
<input type="checkbox"/> Title VII				
<input type="checkbox"/> OMB				

**SUMMARY**

The City of Oxnard proposes to continue providing daily hot congregate (pick-up) and frozen home-delivered meals. The Wilson Center (senior Center) is currently the only site offering pick-up meals for congregate clientele due to the COVID-19 crisis. The City plans to deliver more meals through a satellite location in Colonia starting FY 22-23.

**I. Quality Assurance**

- a. Conformity to the intent of the RFP: Supports nutrition & socialization, referrals, community outreach
- b. Adequate staff & resources: Adequate staff to support program, city resources. Volunteers are minimum.
- c. Food quality: Approved by VCAAA Registered Dietitian

**II. Agency's History, Performance and Capacity**

- a. Proven ability: Operating with growth, acknowledging program regulations and restrictions
- b. Experience with the VCAAA: Since 2004, the City of Oxnard has provided senior congregate and home-delivered meals through VCAAA, following program requirements and regulations.
- c. Ability to collaborate: Partners with VCAAA, APS, FOOD Share

**III. Utilization of Program Funds**

- a. Bid price/Cost effectiveness: Uses SunGard Public Sector financial management system, guided by state and federal regulations.
- b. Ability leverage support: Plans to use Measure O funds for additional supplies, food delivery, etc., if necessary.

**A. Current Fiscal Year Contracted Service – Through March 31, 2022**

Service Category	Unit of Measure	YTD Units Contracted	YTD Units Delivered	YTD % to Goal
Congregate Meals (C1)	1 meal	20,060	15,143	75.5%
Home-Delivered Meals (C2)	1 meal	33,240	15,595	46.9%
Total (C1 + C2)	1 meal	53,300	30,738	57.7%

## B. Proposed Next Fiscal Year Contracted Service

Service Category	Unit of Measure	Current FY Contracted (Original)	Next FY Proposed	% Change
Congregate Meals (C1)	1 meal	20,060	20,060	0%
Home-Delivered Meals (C2)	1 meal	33,240	33,240	0%
Total (C1 + C2)	1 meal	53,300	53,300	0%

Service Category	Standard Funding per Meal	Food Funding per Meal	Service Proposal (# of Meals)	Funding for Proposal (\$)
Congregate Meals (C1)	\$3.14	\$0	20,060	\$62,988.40
Home-Delivered Meals (C2)	\$3.42	\$0	33,240	\$113,680.80
Made-from-Scratch Meals (C1)	\$0	\$4.85	0	\$0
Made-from-Scratch Meals (C2)	\$0	\$4.85	0	\$0
<b>Total Funding (C1 + C2)</b>				<b>\$176,669.20</b>

## C. Is the percentage change more than 10%?

Full Advisory Council approval for original contracted service unit deviations of +/- 10%.

- Yes - Fill in Box G as to why  
 No

## D. Regional Service Targeting

Service Targeting Category	60+ Population Served*	Total Area Demographics
Low Income (at or below fed poverty level)	100%	8%
Disability Status	18.18%	40%**
Living Alone (at risk for social isolation)	25.18%	15%
Minority	49.05%	54%
Limited English-Speaking Ability	22.72%	9%
High nutritional risk	18.37%	25-65%***

\*Source: Q CareAccess demographic data \*\* US Census Bureau 2014 National Figure for 65+ population with at least one disability  
\*\*\*1995-2005 Literature review estimating the number of individuals 65+ with nutritional risk (low, moderate, and high)

## E. Other Evaluation Factors

Service Delivery, Staffing and Organizational Capacity – Grantee demonstrates strong effort to deliver contracted service and has the staff and organizational capacity to continue to do so.	Meets most or all requirements <input checked="" type="checkbox"/> Has some deficiencies (see F) <input type="checkbox"/> Has major deficiencies (see F) <input type="checkbox"/>
Budget and Fiscal – Grantee manages and monitors expenditures well and stays within budget and works with VCAA staff if there's a problem.	Meets most or all requirements <input checked="" type="checkbox"/> Has some deficiencies (see F) <input type="checkbox"/> Has major deficiencies (see F) <input type="checkbox"/>

Reporting – Grantee submits accurate and timely fiscal and program reports, year-end closeouts and all other reports required by the VCAAA.	Meets most or all requirements <input type="checkbox"/> Has some deficiencies (see F) <input checked="" type="checkbox"/> Has major deficiencies (see F) <input type="checkbox"/>
Data Entry – Grantee accurately enters all required information to the Q system in a timely manner.	Meets most or all requirements <input checked="" type="checkbox"/> Has some deficiencies (see F) <input type="checkbox"/> Has major deficiencies (see F) <input type="checkbox"/>

**F. Has grantee had a corrective action plan for underperformance this FY?**

None

**G. Concerns/Issues Regarding Contract**

The City of Oxnard's SNP has consistently reported inaccurate meal and person count data on the Monthly Program Reports throughout FY2021.

**H. Contract Contingency Requirements**

N/A

<b>Grantee:</b>	<b>City of Port Hueneme</b>			<b>5</b>
<b>Project:</b>	Senior Nutrition	<b>Funding:</b>	\$38,392	
<b>Funding Source:</b> <i>(Check all that apply)</i>	<input type="checkbox"/> Title IIIB	<b>Contract Year:</b>	FY2022-2023	
	<input checked="" type="checkbox"/> Title IIIC1		<b>Renewal Recommendation:</b>	<input checked="" type="checkbox"/> Yes
	<input checked="" type="checkbox"/> Title IIIC2	<input type="checkbox"/> Yes with Contingencies (see H)		
	<input type="checkbox"/> Title IIID	<input checked="" type="checkbox"/> Advisory Council Approval Required (see G)		
	<input type="checkbox"/> Title IIIE	<input type="checkbox"/> No		
	<input type="checkbox"/> Title V			
	<input type="checkbox"/> Title VII			
	<input type="checkbox"/> OMB			

**SUMMARY**

The City of Port Hueneme typically provides only home-delivered meals, however, due to the COVID-19 crisis, it has provided congregate meals (home-delivered meals to folks who meet the congregate eligibility criteria) as well. It serves a weekly supply of frozen meals plus milk, bread, fruit and other VCAAA-approved items. It has a minimal staff and has a track record of performing within contracted levels and meeting reporting requirements.

**I. Quality Assurance**

- a. Conformity to the intent of the RFP: Supports nutrition to homebound seniors and provides referrals and community outreach
- b. Adequate staff & resources: Adequate staff to support program, city resources.
- c. Food quality: Approved by VCAAA Registered Dietitian

**II. Agency's History, Performance and Capacity**

- a. Proven ability: Provides services within program regulations and restrictions
- b. Experience with the VCAAA: Since 2005, the City of Port Hueneme has provided senior congregate and home-delivered meals through VCAAA, following program requirements and regulations. Track record and application support this understanding.
- c. Ability to collaborate: Partners with VCAAA, Hueneme Beautiful, Senior Volunteers

**III. Utilization of Program Funds**

- a. Bid price/Cost effectiveness: Follows accepted financial practices for municipal agencies.
- b. Ability leverage support: Participant and individual donations, Hueneme Beautiful annual donation, City of Port Hueneme Community Services donation program via utility bills and City website, special events such as merchandise sales and Hueneme Beach Festival.

**A. Current Fiscal Year Contracted Service – Through March 31, 2022**

Service Category	Unit of Measure	YTD Units Contracted	YTD Units Delivered	YTD % to Goal
Congregate Meals (C1)	1 meal	11,608	5,151	44.4%
Home-Delivered Meals (C2)	1 meal	7,700	3,386	43.9%
Total (C1 + C2)	1 meal	19,308	8,537	44.21%

## B. Proposed Next Fiscal Year Contracted Service

Service Category	Unit of Measure	Current FY Contracted (Original)	Next FY Proposed	% Change
Congregate Meals (C1)	1 meal	11,608	3,840	-66.9%
Home-Delivered Meals (C2)	1 meal	7,700	7,700	0.0%
Total (C1 + C2)	1 meal	19,308	11,540	-40.2%

Service Category	Standard Funding per Meal	Food Funding per Meal	Service Proposal (# of Meals)	Funding for Proposal (\$)
Congregate Meals (C1)	\$3.14	\$0	3,840	\$12,057.60
Home-Delivered Meals (C2)	\$3.42	\$0	7,700	\$26,334.00
Made-from-Scratch Meals (C1)	\$0	\$4.85	0	\$0
Made-from-Scratch Meals (C2)	\$0	\$4.85	0	\$0
<b>Total Funding (C1 + C2)</b>				<b>\$38,391.60</b>

## C. Is the percentage change more than 10%?

Full Advisory Council approval for original contracted service unit deviations of +/- 10%.

- Yes - Fill in Box G as to why  
 No

## D. Regional Service Targeting

Service Targeting Category	60+ Population Served*	Total Area Demographics
Low Income (at or below fed poverty level)	100%	8%
Disability Status	22.72%	40%**
Living Alone (at risk for social isolation)	26.13%	15%
Minority	12.50%	54%
Limited English-Speaking Ability	4.54%	9%
High nutritional risk	26.13%	25-65%***

\*Source: Q CareAccess demographic data \*\* US Census Bureau 2014 National Figure for 65+ population with at least one disability  
\*\*\*1995-2005 Literature review estimating the number of individuals 65+ with nutritional risk (low, moderate, and high)

## E. Other Evaluation Factors

Service Delivery, Staffing and Organizational Capacity – Grantee demonstrates strong effort to deliver contracted service and has the staff and organizational capacity to continue to do so.	Meets most or all requirements <input checked="" type="checkbox"/> Has some deficiencies (see F) <input type="checkbox"/> Has major deficiencies (see F) <input type="checkbox"/>
Budget and Fiscal – Grantee manages and monitors expenditures well and stays within budget and works with VCAA staff if there's a problem.	Meets most or all requirements <input checked="" type="checkbox"/> Has some deficiencies (see F) <input type="checkbox"/> Has major deficiencies (see F) <input type="checkbox"/>



Reporting – Grantee submits accurate and timely fiscal and program reports, year-end closeouts and all other reports required by the VCAAA.	Meets most or all requirements <input checked="" type="checkbox"/> Has some deficiencies (see F) <input type="checkbox"/> Has major deficiencies (see F) <input type="checkbox"/>
Data Entry – Grantee accurately enters all required information to the Q system in a timely manner.	Meets most or all requirements <input checked="" type="checkbox"/> Has some deficiencies (see F) <input type="checkbox"/> Has major deficiencies (see F) <input type="checkbox"/>

**F. Has grantee had a corrective action plan for underperformance this FY?**

N/A

**G. Concerns/Issues Regarding Contract**

The City of Port Hueneme typically provides only home-delivered meals, however, due to the COVID-19 crisis, it has provided congregate meals (home-delivered meals to folks who meet the congregate eligibility criteria) to clientele throughout all FY2021-2022. Since COVID19 they continue to serve congregate meals until CDA indicates otherwise.

**H. Contract Contingency Requirements**

N/A

<b>Grantee:</b>	<b>City of Santa Paula</b>			<b>6</b>
<b>Project:</b>	Senior Nutrition	<b>Funding:</b>	\$117,760	
<b>Funding Source:</b> <i>(Check all that apply)</i>	<input type="checkbox"/> Title IIIB	<b>Contract Year:</b>	FY2022-2023	
	<input checked="" type="checkbox"/> Title IIIC1	<b>Renewal Recommendation:</b>	<input type="checkbox"/> Yes	
<input checked="" type="checkbox"/> Title IIIC2	<input checked="" type="checkbox"/> Yes with Contingencies (see H)			
<input type="checkbox"/> Title IIID	<input checked="" type="checkbox"/> Advisory Council Approval Required (see G)			
<input type="checkbox"/> Title IIIE	<input type="checkbox"/> No			
<input type="checkbox"/> Title V				
<input type="checkbox"/> Title VII				
<input type="checkbox"/> OMB				

**SUMMARY**

The City of Santa Paula's SNP is well managed and provides nutritious meals to many older adults within its community. Despite the current COVID-19 crisis, they have continued to offer daily hot meals to congregate (pick-up) and home-delivered clientele. Regarding Data Reporting and Record Keeping, Santa Paula has had challenges consistently reporting accurate meal and person counts since the beginning of this fiscal year.

**I. Quality Assurance**

- a. Conformity to the intent of the RFP: Supports nutrition, socialization, referrals, provides community outreach
- b. Adequate staff & resources: Adequate staff to support program, city resources. Volunteers are minimum.
- c. Food quality: Approved by VCAAA Registered Dietitian

**II. Agency's History, Performance and Capacity**

- a. Proven ability: Santa Paula has recently gone through staff changes and is on track to meet service levels with growth. Staff follows program regulations and restrictions.
- b. Experience with the VCAAA: Since 2005, the City of Santa Paula has provided senior congregate meals through VCAAA. Track record and application support this understanding.
- c. Ability to collaborate: Partners with VCAAA, local churches, Vista Cove, Assistance Interest Meals Council (A.I.M.)

**III. Utilization of Program Funds**

- a. Bid price/Cost effectiveness:
- b. Ability leverage support:

**A. Current Fiscal Year Contracted Service – Through March 31, 2022**

Service Category	Unit of Measure	YTD Units Contracted	YTD Units Delivered	YTD % to Goal
Congregate Meals (C1)	1 meal	7,200	7,721	107.23%
Home-Delivered Meals (C2)	1 meal	11,280	10,145	89.9%
Total (C1 + C2)	1 meal	18,480	17,866	96.7%

## B. Proposed Next Fiscal Year Contracted Service

Service Category	Unit of Measure	Current FY Contracted (Original)	Next FY Proposed	% Change
Congregate Meals (C1)	1 meal	7,200	6,000	-16.7%
Home-Delivered Meals (C2)	1 meal	11,280	9,500	-15.7%
Total (C1 + C2)	1 meal	18,480	15,500	-16.1%

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Service Category	Standard Funding per Meal	Food Funding per Meal	Service Proposal (# of Meals)	Funding for Proposal (\$)
Congregate Meals (C1)	\$3.14	\$0	6,000	\$18,840
Home-Delivered Meals (C2)	\$3.42	\$0	9,500	\$32,490
Made-from-Scratch Meals (C1)	\$4.64	\$4.85	3500	\$33,215
Made-from-Scratch Meals (C2)	\$4.64	\$4.85	3500	\$33,215
<b>Total Funding (C1 + C2)</b>				<b>\$117,760</b>

## C. Is the percentage change more than 10%?

Full Advisory Council approval for original contracted service unit deviations of +/- 10%.

- Yes - Fill in Box G as to why  
 No

## D. Regional Service Targeting

Service Targeting Category	60+ Population Served*	Total Area Demographics
Low Income (at or below fed poverty level)	100%	8%
Disability Status	30.19%	40%**
Living Alone (at risk for social isolation)	29.22%	15%
Minority	54.10%	54%
Limited English-Speaking Ability	3.62%	9%
High nutritional risk	34.29%	25-65%***

\*Source: Q CareAccess demographic data \*\* US Census Bureau 2014 National Figure for 65+ population with at least one disability  
\*\*\*1995-2005 Literature review estimating the number of individuals 65+ with nutritional risk (low, moderate, and high)

## E. Other Evaluation Factors

Service Delivery, Staffing and Organizational Capacity – Grantee demonstrates strong effort to deliver contracted service and has the staff and organizational capacity to continue to do so.	Meets most or all requirements <input checked="" type="checkbox"/> Has some deficiencies (see F) <input type="checkbox"/> Has major deficiencies (see F) <input type="checkbox"/>
Budget and Fiscal – Grantee manages and monitors expenditures well and stays within budget and works with VCAAA staff if there's a problem.	Meets most or all requirements <input checked="" type="checkbox"/> Has some deficiencies (see F) <input type="checkbox"/> Has major deficiencies (see F) <input type="checkbox"/>

Reporting – Grantee submits accurate and timely fiscal and program reports, year-end closeouts and all other reports required by the VCAAA.	Meets most or all requirements <input checked="" type="checkbox"/> Has some deficiencies (see F) <input type="checkbox"/> Has major deficiencies (see F) <input type="checkbox"/>
Data Entry – Grantee accurately enters all required information to the Q system in a timely manner.	Meets most or all requirements <input checked="" type="checkbox"/> Has some deficiencies (see F) <input type="checkbox"/> Has major deficiencies (see F) <input type="checkbox"/>

**F. Has grantee had a corrective action plan for underperformance this FY?**

N/A

**G. Concerns/Issues Regarding Contract**

Santa Paula's SNP has consistently reported inaccurate meal and person count data on the Monthly Program Reports throughout FY2021-2022.

**H. Contract Contingency Requirements**

Will submit Legal Governing Body Resolution authorizing the submittal of the renewal application after the next city council meeting scheduled for May 5, 2022.

<b>Grantee:</b>	<b>City of Simi Valley</b>			<b>7</b>
<b>Project:</b>	Senior Nutrition	<b>Funding:</b>	\$229,705	
<b>Funding Source:</b> <i>(Check all that apply)</i>	<input type="checkbox"/> Title IIIB	<b>Contract Year:</b>	FY2022-2023	
	<input checked="" type="checkbox"/> Title IIIC1	<b>Renewal Recommendation:</b>	<input checked="" type="checkbox"/> Yes	
<input checked="" type="checkbox"/> Title IIIC2	<input type="checkbox"/> Yes with Contingencies (see H)			
<input type="checkbox"/> Title IIID	<input type="checkbox"/> Advisory Council Approval Required (see G)			
<input type="checkbox"/> Title IIIE	<input type="checkbox"/> No			
<input type="checkbox"/> Title V				
<input type="checkbox"/> Title VII				
<input type="checkbox"/> OMB				

**SUMMARY**

The City of Simi Valley provides excellent management of the Senior Nutrition Program, always looking to utilize technology and innovation to further enhance their program processes. It runs a stellar daily congregate (pick-up option currently due to COVID-19 crisis) and home-delivered meal program five days a week; it has 8 daily hot meal delivery routes and 2 weekly frozen routes. This provider continuously advocates for its senior population to ensure all seniors in need of meals are served.

**I. Quality Assurance**

- a. Conformity to the intent of the RFP: Supports nutrition & socialization, onsite social services, community outreach
- b. Adequate staff & resources: Qualified and highly trained staff and many volunteers to support program, has city and Council on Aging resources.
- c. Food quality: Approved by VCAAA Registered Dietitian

**II. Agency's History, Performance and Capacity**

- a. Proven ability: Operating with growth, acknowledging program regulations and restrictions
- b. Experience with the VCAAA: Since 2005, the City of Simi Valley has provided senior congregate and home-delivered meals via VCAAA with well-managed growth, following program requirements and regulations. Track record and application support this understanding.
- c. Ability to collaborate: Partners with VCAAA, APS, Senior Share, Shop Ahoy,

**III. Utilization of Program Funds**

- a. Bid price/Cost effectiveness: Uses in-kind donations for more volunteers
- b. Ability leverage support: Fiscal Services Department manages grant funding for SNP. Simi Valley's Council on Aging steps in to fund additional needed meals.

**A. Current Fiscal Year Contracted Service – Through March 31, 2022**

Service Category	Unit of Measure	YTD Units Contracted	YTD Units Delivered	YTD % to Goal
Congregate Meals (C1)	1 meal	14,214	30,060	215.3%
Home-Delivered Meals (C2)	1 meal	48,764	29,662	60.8%
Total (C1 + C2)	1 meal	62,978	59,722	94.8%

## B. Proposed Next Fiscal Year Contracted Service

Service Category	Unit of Measure	Current FY Contracted (Original)	Next FY Proposed	% Change
Congregate Meals (C1)	1 meal	14,214	20,042	41%
Home-Delivered Meals (C2)	1 meal	48,764	48,764	0%
Total (C1 + C2)	1 meal	62,978	68,806	9.3%

Service Category	Standard Funding per Meal	Food Funding per Meal	Service Proposal (# of Meals)	Funding for Proposal (\$)
Congregate Meals (C1)	\$3.14	\$0	20,042	\$62,931.88
Home-Delivered Meals (C2)	\$3.42	\$0	48,764	\$166,772.88
Made-from-Scratch Meals (C1)	\$0	\$4.85	0	\$0
Made-from-Scratch Meals (C2)	\$0	\$4.85	0	\$0
<b>Total Funding (C1 + C2)</b>				<b>\$229,704.76</b>

## C. Is the percentage change more than 10%?

Full Advisory Council approval for original contracted service unit deviations of +/- 10%.

- Yes - Fill in Box G as to why  
 No

## D. Regional Service Targeting

Service Targeting Category	60+ Population Served*	Total Area Demographics
Low Income (at or below fed poverty level)	100%	8%
Disability Status	28.64%	40%**
Living Alone (at risk for social isolation)	32.58%	15%
Minority	14.9%	54%
Limited English-Speaking Ability	3.83%	9%
High nutritional risk	35.78%	25-65%***

\*Source: Q CareAccess demographic data \*\* US Census Bureau 2014 National Figure for 65+ population with at least one disability  
\*\*\*1995-2005 Literature review estimating the number of individuals 65+ with nutritional risk (low, moderate, and high)

## E. Other Evaluation Factors

Service Delivery, Staffing and Organizational Capacity – Grantee demonstrates strong effort to deliver contracted service and has the staff and organizational capacity to continue to do so.	Meets most or all requirements <input checked="" type="checkbox"/> Has some deficiencies (see F) <input type="checkbox"/> Has major deficiencies (see F) <input type="checkbox"/>
Budget and Fiscal – Grantee manages and monitors expenditures well and stays within budget and works with VCAA staff if there's a problem.	Meets most or all requirements <input checked="" type="checkbox"/> Has some deficiencies (see F) <input type="checkbox"/> Has major deficiencies (see F) <input type="checkbox"/>

Reporting – Grantee submits accurate and timely fiscal and program reports, year-end closeouts and all other reports required by the VCAAA.	Meets most or all requirements <input checked="" type="checkbox"/> Has some deficiencies (see F) <input type="checkbox"/> Has major deficiencies (see F) <input type="checkbox"/>
Data Entry – Grantee accurately enters all required information to the Q system in a timely manner.	Meets most or all requirements <input checked="" type="checkbox"/> Has some deficiencies (see F) <input type="checkbox"/> Has major deficiencies (see F) <input type="checkbox"/>

**F. Has grantee had a corrective action plan for underperformance this FY?**

N/A

**G. Concerns/Issues Regarding Contract**

Since this last year the demand for congregate meals has increased. Therefore, the City of Simi Valley submitted a meal request higher than the allocated amount for congregate meals noted on the application renewal.

**H. Contract Contingency Requirements**

N/A

<b>Grantee:</b>	<b>City of Ventura</b>			<b>8</b>
<b>Project:</b>	Senior Nutrition	<b>Funding:</b>	\$82,980	
<b>Funding Source:</b> <i>(Check all that apply)</i>	<input type="checkbox"/> Title IIIB	<b>Contract Year:</b>	FY2022-2023	
	<input checked="" type="checkbox"/> Title IIIC1	<b>Renewal Recommendation:</b>	<input checked="" type="checkbox"/> Yes	
<input checked="" type="checkbox"/> Title IIIC2	<input type="checkbox"/> Yes with Contingencies (see H)			
<input type="checkbox"/> Title IIID	<input type="checkbox"/> Advisory Council Approval Required (see F & G)			
<input type="checkbox"/> Title IIIE	<input type="checkbox"/> No			
<input type="checkbox"/> Title V				
<input type="checkbox"/> Title VII				
<input type="checkbox"/> OMB				

**SUMMARY**

The City of Ventura's SNP is well managed and has a proven track record with VCAAA to provide accurate data in a timely manner and to understand SNP's regulations. Despite all the challenges the COVID-19 crisis has presented, including loss of critical staff, Ventura's SNP has continued to meet the demands of the senior population requesting congregate (pick-up) and home-delivered meals from their site.

**I. Quality Assurance**

- a. Conformity to the intent of the RFP: Supports nutrition, socialization, referrals, community outreach
- b. Adequate staff & resources: Designated qualified staff to support program, city resources. Initiating an ampler volunteer program.
- c. Food quality: Approved by VCAAA Registered Dietitian

**II. Agency's History, Performance and Capacity**

- a. Proven ability: Operating with growth, acknowledging program regulations and restrictions
- b. Experience with the VCAAA: Since 2005, the City of Ventura has provided senior congregate and home-delivered meals through VCAAA, following program requirements and regulations. Has operated two SNP sites in the past – on the west and east sides of town, as proposed. Track record and application support this understanding.
- c. Ability to collaborate: Partners with VCAAA, FOOD Share, nonprofits and other community partners

**III. Utilization of Program Funds**

- a. Bid price/Cost effectiveness: Uses standard budgeting procedures
- b. Ability leverage support: Partners with local agencies and nonprofits

**A. Current Fiscal Year Contracted Service – Through March 31, 2022**

Service Category	Unit of Measure	YTD Units Contracted	YTD Units Delivered	YTD % to Goal
Congregate Meals (C1)	1 meal	9,000	11,930	132.6%
Home-Delivered Meals (C2)	1 meal	16,000	15,607	97.5%
Total (C1 + C2)	1 meal	25,000	27,537	110.1%



## B. Proposed Next Fiscal Year Contracted Service

Service Category	Unit of Measure	Current FY Contracted (Original)	Next FY Proposed	% Change
Congregate Meals (C1)	1 meal	9,000	9,000	0%
Home-Delivered Meals (C2)	1 meal	16,000	16,000	0%
Total (C1 + C2)	1 meal	25,000	25,000	0%

Service Category	Standard Funding per Meal	Food Funding per Meal	Service Proposal (# of Meals)	Funding for Proposal (\$)
Congregate Meals (C1)	\$3.14	\$0	9,000	\$28,260
Home-Delivered Meals (C2)	\$3.42	\$0	16,000	\$54,720
Made-from-Scratch Meals (C1)	\$0	\$4.85	0	\$0
Made-from-Scratch Meals (C2)	\$0	\$4.85	0	\$0
<b>Total Funding (C1 + C2)</b>				<b>\$82,980</b>

## C. Is the percentage change more than 10%?

Full Advisory Council approval for original contracted service unit deviations of +/- 10%.

- Yes - Fill in Box G as to why  
 No

## D. Regional Service Targeting

Service Targeting Category	60+ Population Served*	Total Area Demographics
Low Income (at or below fed poverty level)	100%	8%
Disability Status	28.04%	40%**
Living Alone (at risk for social isolation)	46.95%	15%
Minority	21.64%	54%
Limited English-Speaking Ability	4.87%	9%
High nutritional risk	64.93%	25-65%***

\*Source: Q CareAccess demographic data \*\* US Census Bureau 2014 National Figure for 65+ population with at least one disability  
 \*\*\*1995-2005 Literature review estimating the number of individuals 65+ with nutritional risk (low, moderate, and high)

## E. Other Evaluation Factors

Service Delivery, Staffing and Organizational Capacity – Grantee demonstrates strong effort to deliver contracted service and has the staff and organizational capacity to continue to do so.	Meets most or all requirements <input checked="" type="checkbox"/> Has some deficiencies (see F) <input type="checkbox"/> Has major deficiencies (see F) <input type="checkbox"/>
Budget and Fiscal – Grantee manages and monitors expenditures well and stays within budget and works with VCAA staff if there's a problem.	Meets most or all requirements <input checked="" type="checkbox"/> Has some deficiencies (see F) <input type="checkbox"/> Has major deficiencies (see F) <input type="checkbox"/>

Reporting – Grantee submits accurate and timely fiscal and program reports, year-end closeouts and all other reports required by the VCAAA.	Meets most or all requirements <input checked="" type="checkbox"/> Has some deficiencies (see F) <input type="checkbox"/> Has major deficiencies (see F) <input type="checkbox"/>
Data Entry – Grantee accurately enters all required information to the Q system in a timely manner.	Meets most or all requirements <input checked="" type="checkbox"/> Has some deficiencies (see F) <input type="checkbox"/> Has major deficiencies (see F) <input type="checkbox"/>

**F. Has grantee had a corrective action plan for underperformance this FY?**

N/A

**G. Concerns/Issues Regarding Contract**

The City of Ventura's SNP has consistently reported inaccurate meal and person count data on the Monthly Program Reports throughout FY2021-22, which can be attributed to the loss of staff.

**H. Contract Contingency Requirements**

N/A

<b>Grantee:</b>	<b>HELP of Ojai</b>		<b>9</b>
<b>Project:</b>	Senior Nutrition	<b>Funding:</b>	\$109,975
<b>Funding Source:</b> <i>(Check all that apply)</i>	<input type="checkbox"/> Title IIIB	<b>Contract Year:</b>	FY2022-2023
	<input checked="" type="checkbox"/> Title IIIC1	<b>Renewal Recommendation:</b>	<input checked="" type="checkbox"/> Yes
<input checked="" type="checkbox"/> Title IIIC2	<input type="checkbox"/> Yes with Contingencies (see H)		
<input type="checkbox"/> Title IIID	<input type="checkbox"/> Advisory Council Approval Required (see G)		
<input type="checkbox"/> Title IIIE	<input type="checkbox"/> No		
<input type="checkbox"/> Title V			
<input type="checkbox"/> Title VII			
<input type="checkbox"/> OMB			

**SUMMARY**

HELP of Ojai has provided Senior Nutrition Program meals in the Ojai Valley for over 30 years. To serve more meals to its growing senior population, HELP of Ojai proposes to serve VCAAA-provided meals and provide made-from-scratch meals five days per week for congregate and hot daily home-delivered meals.

**I. Quality Assurance**

a. Conformity to the intent of the RFP: Supports nutrition & socialization, has onsite social services, provides community outreach

b. Adequate staff & resources: Has adequate staff and volunteers to support program and other resources through its nonprofit, strong board

c. Food quality: Approved by VCAAA Registered Dietitian

**II. Agency's History, Performance and Capacity**

a. Proven ability: Operating with growth, acknowledging program regulations and restrictions

b. Experience with the VCAAA: HELP of Ojai has served Ojai Valley for 45 years, and for the past 30+ years has provided senior congregate and home-delivered meals. The nonprofit follows program requirements and regulations. Application supports this understanding.

c. Ability to collaborate: Partners with VCAAA, APS, Retired Seniors Volunteer Program, Vons, Smart & Final, local farmers, Oliver Packing Equipment Solutions

**III. Utilization of Program Funds**

a. Bid price/Cost effectiveness: Yes. HELP of Ojai has an accounting manager and uses a third-party CPA firm.

b. Ability leverage support: Works with local agencies

**A. Current Fiscal Year Contracted Service – Through March 31, 2022**

Service Category	Unit of Measure	YTD Units Contracted	YTD Units Delivered	YTD % to Goal
Congregate Meals (C1)	1 meal	6,910	1,509	21.8%
Home-Delivered Meals (C2)	1 meal	26,970	22,560	83.6%
Total (C1 + C2)	1 meal	33,880	24,069	71.0%

## B. Proposed Next Fiscal Year Contracted Service

Service Category	Unit of Measure	Current FY Contracted (Original)	Next FY Proposed	% Change
Congregate Meals (C1)	1 meal	6,910	4,180	-6.0%
Home-Delivered Meals (C2)	1 meal	26,970	16,720	-6.2%
Total (C1 + C2)	1 meal	33,880	20,900	-6.2%

Service Category	Standard Funding per Meal	Food Funding per Meal	Service Proposal (# of Meals)	Funding for Proposal (\$)
Congregate Meals (C1)	\$3.14	\$0	4,180	\$13,125.20
Home-Delivered Meals (C2)	\$3.42	\$0	16,720	\$57,182.40
Made-from-Scratch Meals (C1)	\$4.64	\$4.85	836	\$7,933.64
Made-from-Scratch Meals (C2)	\$4.64	\$4.85	3,344	\$31,734.56
<b>Total Funding (C1 + C2)</b>				<b>\$109,975.80</b>

## C. Is the percentage change more than 10%?

Full Advisory Council approval for original contracted service unit deviations of +/- 10%.

- Yes - Fill in Box G as to why  
 No

## D. Regional Service Targeting

Service Targeting Category	60+ Population Served*	Total Area Demographics
Low Income (at or below fed poverty level)	100%	8%
Disability Status	32.51%	40%**
Living Alone (at risk for social isolation)	43.84%	15%
Minority	4.92%	54%
Limited English-Speaking Ability	0%	9%
High nutritional risk	26.60%	25-65%***

\*Source: Q CareAccess demographic data \*\* US Census Bureau 2014 National Figure for 65+ population with at least one disability  
 \*\*\*1995-2005 Literature review estimating the number of individuals 65+ with nutritional risk (low, moderate, and high)

## E. Other Evaluation Factors

Service Delivery, Staffing and Organizational Capacity – Grantee demonstrates strong effort to deliver contracted service and has the staff and organizational capacity to continue to do so.	Meets most or all requirements <input checked="" type="checkbox"/> Has some deficiencies (see F) <input type="checkbox"/> Has major deficiencies (see F) <input type="checkbox"/>
Budget and Fiscal – Grantee manages and monitors expenditures well and stays within budget and works with VCAA staff if there's a problem.	Meets most or all requirements <input checked="" type="checkbox"/> Has some deficiencies (see F) <input type="checkbox"/> Has major deficiencies (see F) <input type="checkbox"/>

Reporting – Grantee submits accurate and timely fiscal and program reports, year-end closeouts and all other reports required by the VCAAA.	Meets most or all requirements <input checked="" type="checkbox"/> Has some deficiencies (see F) <input type="checkbox"/> Has major deficiencies (see F) <input type="checkbox"/>
Data Entry – Grantee accurately enters all required information to the Q system in a timely manner.	Meets most or all requirements <input checked="" type="checkbox"/> Has some deficiencies (see F) <input type="checkbox"/> Has major deficiencies (see F) <input type="checkbox"/>

**F. Has grantee had a corrective action plan for underperformance this FY?**

N/A

**G. Concerns/Issues Regarding Contract**

N/A

**H. Contract Contingency Requirements**

N/A

<b>Grantee:</b>	<b>Brenda's Casamia Restaurant &amp; Catering</b>			<b>10</b>
<b>Project:</b>	Senior Nutrition	<b>Funding:</b>	\$70,176	
<b>Funding Source:</b> <i>(Check all that apply)</i>	<input type="checkbox"/> Title IIIB	<b>Contract Year:</b>	FY2022-2023	
	<input checked="" type="checkbox"/> Title IIIC1	<b>Renewal Recommendation:</b>	<input checked="" type="checkbox"/> Yes	
<input checked="" type="checkbox"/> Title IIIC2	<input type="checkbox"/> Yes with Contingencies (see H)			
<input type="checkbox"/> Title IIID	<input type="checkbox"/> Advisory Council Approval Required (see G)			
<input type="checkbox"/> Title IIIE	<input type="checkbox"/> No			
<input type="checkbox"/> Title V				
<input type="checkbox"/> Title VII				
<input type="checkbox"/> OMB				

**SUMMARY**

Brenda's Casamia is a current SNP vendor serving meals to the senior residents of the Piru region. Congregate and HDM meal services consist of hot meals provided daily.

I. Quality Assurance

a. Conformity to the intent of the RFP: Supports nutrition & socialization, has onsite social services, provides community outreach

b. Adequate staff & resources: Minimal staff and resources, yet has track record of meeting contracted services levels

c. Food quality: Approved by VCAAA Registered Dietitian

II. Agency's History, Performance and Capacity

a. Proven ability: Meets contracted levels of service

b. Experience with the VCAAA:

c. Ability to collaborate:

III. Utilization of Program Funds

a. Bid price/Cost effectiveness:

b. Ability leverage support:

**A. Current Fiscal Year Contracted Service – Through March 31, 2022**

Service Category	Unit of Measure	YTD Units Contracted	YTD Units Delivered	YTD % to Goal
Congregate Meals (C1)	1 meal	5,270	4,879	92.6%
Home-Delivered Meals (C2)	1 meal	8,150	8,011	98.3%
Total (C1 + C2)	1 meal	13,420	12,890	96.1%

**B. Proposed Next Fiscal Year Contracted Service**

Service Category	Unit of Measure	Current FY Contracted (Original)	Next FY Proposed	% Change
Congregate Meals (C1)	1 meal	5,270	5,020	-0.09%
Home-Delivered Meals (C2)	1 meal	4,000	4,000	0.0%
Total (C1 + C2)	1 meal	9,020	9,020	0.0%

Service Category	Standard Funding per Meal	Food Funding per Meal	Service Proposal (# of Meals)	Funding for Proposal (\$)
Congregate Meals (C1)	\$7.78	\$0	5,020	\$39,055.60
Home-Delivered Meals (C2)	\$7.78	\$0	4,000	\$31,120.00
Made-from-Scratch Meals (C1)	\$4.64	\$4.85	0	\$0
Made-from-Scratch Meals (C2)	\$4.64	\$4.85	0	\$0
<b>Total Funding (C1 + C2)</b>				<b>\$70,175.60</b>

### C. Is the percentage change more than 10%?

Full Advisory Council approval for original contracted service unit deviations of +/- 10%.

- Yes - Fill in Box G as to why  
 No

### D. Regional Service Targeting

Service Targeting Category	60+ Population Served*	Total Area Demographics*
Low Income (at or below fed poverty level)	100%	8%
Disability Status	51.35%	40%**
Living Alone (at risk for social isolation)	14.86%	15%
Minority	81.08%	54%
Limited English-Speaking Ability	36.48%	9%
High nutritional risk	17.56%	25-65%***

\*Source: Q CareAccess demographic data \*\* US Census Bureau 2014 National Figure for 65+ population with at least one disability  
\*\*\*1995-2005 Literature review estimating the number of individuals 65+ with nutritional risk (low, moderate, and high)

### E. Other Evaluation Factors

Service Delivery, Staffing and Organizational Capacity – Grantee demonstrates strong effort to deliver contracted service and has the staff and organizational capacity to continue to do so.	Meets most or all requirements <input checked="" type="checkbox"/> Has some deficiencies (see F) <input type="checkbox"/> Has major deficiencies (see F) <input type="checkbox"/>
Budget and Fiscal – Grantee manages and monitors expenditures well and stays within budget and works with VCAA staff if there's a problem.	Meets most or all requirements <input checked="" type="checkbox"/> Has some deficiencies (see F) <input type="checkbox"/> Has major deficiencies (see F) <input type="checkbox"/>
Reporting – Grantee submits accurate and timely fiscal and program reports, year-end closeouts and all other reports required by the VCAA.	Meets most or all requirements <input checked="" type="checkbox"/> Has some deficiencies (see F) <input type="checkbox"/> Has major deficiencies (see F) <input type="checkbox"/>
Data Entry – Grantee accurately enters all required information to the Q system in a timely manner.	Meets most or all requirements <input checked="" type="checkbox"/> Has some deficiencies (see F) <input type="checkbox"/> Has major deficiencies (see F) <input type="checkbox"/>

**F. Has grantee had a corrective action plan for underperformance this FY?**

N/A

**G. Concerns/Issues Regarding Contract**

N/A

**H. Contract Contingency Requirements**

N/A



<b>Grantee:</b>	<b>Conejo Recreation &amp; Park District</b>			<b>11</b>
<b>Project:</b>	Senior Nutrition	<b>Funding:</b>	\$111,254	
<b>Funding Source:</b> <i>(Check all that apply)</i>	<input type="checkbox"/> Title IIIB	<b>Contract Year:</b>	FY2022-2023	
	<input checked="" type="checkbox"/> Title IIIC1	<b>Renewal Recommendation:</b>	<input checked="" type="checkbox"/> Yes	
<input type="checkbox"/> Title IIIC2	<input type="checkbox"/> Yes with Contingencies (see H)			
<input type="checkbox"/> Title IIID	<input type="checkbox"/> Advisory Council Approval Required (see G)			
<input type="checkbox"/> Title IIIE	<input type="checkbox"/> No			
<input type="checkbox"/> Title V				
<input type="checkbox"/> Title VII				
<input type="checkbox"/> OMB				

**SUMMARY**

CRPD's Congregate Meal Program has 656 active clients at its Conejo Creek Grill at the Goebel Adult Community Center. This vendor's typically offers a Café-style model of service, however, due to COVID-19, the program has shifted and now offers meal service via a pick-up program for seniors in Thousand Oaks. The friendly and professional CRPD staff, along with the numerous VCAAA volunteers from the Conejo Senior Volunteer Program (CSVP) contribute to this SNP site's success.

**I. Quality Assurance**

- a. Conformity to the intent of the RFP: Supports nutrition, socialization, onsite services, community outreach
- b. Adequate staff & resources: Qualified staff and resources
- c. Food quality: Approved by VCAAA Registered Dietitian

**II. Agency's History, Performance and Capacity**

- a. Proven ability: Operating with growth, acknowledging program regulations and restrictions
- b. Experience with the VCAAA: Since 2010, CRPD has been providing congregate meal services at Goebel, following program requirements and regulations. Application supports this understanding.
- c. Ability to collaborate: Contracts with Chef it Up! Order's food & supplies from Jordano's and Sysco.

**III. Utilization of Program Funds**

- a. Bid price/Cost effectiveness: Conforms with current standard program costs for FY 2022-2023.
- b. Ability leverage support:

**A. Current Fiscal Year Contracted Service – Through March 31, 2022**

Service Category	Unit of Measure	YTD Units Contracted	YTD Units Delivered	YTD % to Goal
Congregate Meals (C1)	1 meal	14,300	9,508	66.5%
Home-Delivered Meals (C2)	1 meal	0	0	N/A
Total (C1 + C2)	1 meal	0	9,508	%

## B. Proposed Next Fiscal Year Contracted Service

Service Category	Unit of Measure	Current FY Contracted (Original)	Next FY Proposed	% Change
Congregate Meals (C1)	1 meal	14,300	14,300	0.0%
Home-Delivered Meals (C2)	1 meal	0	0	N/A
Total (C1 + C2)	1 meal	14,300	14,300	0.0%

Service Category	Standard Funding per Meal	Food Funding per Meal	Service Proposal (# of Meals)	Funding for Proposal (\$)
Congregate Meals (C1)	\$7.78	\$0	14,300	\$111,254
Home-Delivered Meals (C2)	\$3.42	\$0	0	\$0
Made-from-Scratch Meals (C1)	\$4.64	\$4.85	0	N/A
Made-from-Scratch Meals (C2)	\$4.64	\$4.85	0	\$0
<b>Total Funding (C1 + C2)</b>				<b>\$111,254</b>

## C. Is the percentage change more than 10%?

Full Advisory Council approval for original contracted service unit deviations of +/- 10%.

- Yes - Fill in Box G as to why  
 No

## D. Regional Service Targeting

Service Targeting Category	60+ Population Served*	Total Area Demographics
Low Income (at or below fed poverty level)	100%	8%
Disability Status	7.03%	40%**
Living Alone (at risk for social isolation)	29.25%	15%
Minority	9.65%	54%
Limited English-Speaking Ability	4.61%	9%
High nutritional risk	23.34%	25-65%***

\*Source: Q CareAccess demographic data \*\* US Census Bureau 2014 National Figure for 65+ population with at least one disability

\*\*\*1995-2005 Literature review estimating the number of individuals 65+ with nutritional risk (low, moderate, and high)

## E. Other Evaluation Factors

Service Delivery, Staffing and Organizational Capacity – Grantee demonstrates strong effort to deliver contracted service and has the staff and organizational capacity to continue to do so.	Meets most or all requirements <input checked="" type="checkbox"/> Has some deficiencies (see F) <input type="checkbox"/> Has major deficiencies (see F) <input type="checkbox"/>
Budget and Fiscal – Grantee manages and monitors expenditures well and stays within budget and works with VCAA staff if there's a problem.	Meets most or all requirements <input checked="" type="checkbox"/> Has some deficiencies (see F) <input type="checkbox"/> Has major deficiencies (see F) <input type="checkbox"/>

Reporting – Grantee submits accurate and timely fiscal and program reports, year-end closeouts and all other reports required by the VCAAA.	Meets most or all requirements <input checked="" type="checkbox"/> Has some deficiencies (see F) <input type="checkbox"/> Has major deficiencies (see F) <input type="checkbox"/>
Data Entry – Grantee accurately enters all required information to the Q system in a timely manner.	Meets most or all requirements <input checked="" type="checkbox"/> Has some deficiencies (see F) <input type="checkbox"/> Has major deficiencies (see F) <input type="checkbox"/>

**F. Has grantee had a corrective action plan for underperformance this FY?**

N/A

**G. Concerns/Issues Regarding Contract**

N/A

**H. Contract Contingency Requirements**

N/A

<b>Grantee:</b>	<b>Conejo Valley Senior Concerns</b>		<b>12</b>
<b>Project:</b>	Senior Nutrition	<b>Funding:</b>	\$128,700
<b>Funding Source:</b> <i>(Check all that apply)</i>	<input type="checkbox"/> Title IIIB	<b>Contract Year:</b>	FY2022-2023
	<input checked="" type="checkbox"/> Title IIIC1	<b>Renewal Recommendation:</b>	<input checked="" type="checkbox"/> Yes
<input checked="" type="checkbox"/> Title IIIC2	<input type="checkbox"/> Yes with Contingencies (see H)		
<input type="checkbox"/> Title IIID	<input checked="" type="checkbox"/> Advisory Council Approval Required (see G)		
<input type="checkbox"/> Title IIIE	<input type="checkbox"/> No		
<input type="checkbox"/> Title V			
<input type="checkbox"/> Title VII			
<input type="checkbox"/> OMB			

**SUMMARY**

Senior Concerns is a current SNP vendor serving meals to the senior residents of the Thousand Oaks and Westlake Village region. Congregate and HDM meal services consist of hot meals provided daily.

**I. Quality Assurance**

a. Conformity to the intent of the RFP: Supports nutrition & socialization, has onsite social services, provides community outreach

b. Adequate staff & resources: Minimal staff and resources, yet has track record of meeting contracted services levels

c. Food quality:

**II. Agency's History, Performance and Capacity:**

a. Proven ability: Meets contracted levels of service:

b. Experience with the VCAAA: many years

c. Ability to collaborate:

**III. Utilization of Program Funds**

a. Bid price/Cost effectiveness: conforms with current funding allowances per meal

b. Ability leverage support:

**A. Current Fiscal Year Contracted Service – Through March 31, 2022**

Service Category	Unit of Measure	YTD Units Contracted	YTD Units Delivered	YTD % to Goal
Congregate Meals (C1)	1 meal	15,590	12,162	78%
Home-Delivered Meals (C2)	1 meal	7,985	20,331	254.6%
Total (C1 + C2)	1 meal	23,575	32,493	137.8%

**B. Proposed Next Fiscal Year Contracted Service**

Service Category	Unit of Measure	Current FY Contracted (Original)	Next FY Proposed	% Change
Congregate Meals (C1)	1 meal	15,590	13,000	19.9%
Home-Delivered Meals (C2)	1 meal	7985	0	100%
Total (C1 + C2)	1 meal	23,575	13,000	81%

Service Category	Standard Funding per Meal	Food Funding per Meal	Service Proposal (# of Meals)	Funding for Proposal (\$)
Congregate Meals (C1)	\$9.90	\$0	13,000	\$128,700
Home-Delivered Meals (C2)	\$9.90	\$0		\$0
Made-from-Scratch Meals (C1)	\$9.90	\$0		\$0
Made-from-Scratch Meals (C2)	\$9.90	\$0		\$0
<b>Total Funding (C1 + C2)</b>				<b>\$128,700</b>

### C. Is the percentage change more than 10%?

Full Advisory Council approval for original contracted service unit deviations of +/- 10%.

- Yes - Fill in Box G as to why  
 No

### D. Regional Service Targeting

Service Targeting Category	60+ Population Served*	Total Area Demographics*
Low Income (at or below fed poverty level)	100%	8%
Disability Status	46.88%	40%**
Living Alone (at risk for social isolation)	24.03%	15%
Minority	10.08%	54%
Limited English-Speaking Ability	2.96%	9%
High nutritional risk	19.28%	25-65%***

\*Source: Q CareAccess demographic data \*\* US Census Bureau 2014 National Figure for 65+ population with at least one disability  
\*\*\*1995-2005 Literature review estimating the number of individuals 65+ with nutritional risk (low, moderate, and high)

### E. Other Evaluation Factors

Service Delivery, Staffing and Organizational Capacity – Grantee demonstrates strong effort to deliver contracted service and has the staff and organizational capacity to continue to do so.	Meets most or all requirements <input checked="" type="checkbox"/> Has some deficiencies (see F) <input type="checkbox"/> Has major deficiencies (see F) <input type="checkbox"/>
Budget and Fiscal – Grantee manages and monitors expenditures well and stays within budget and works with VCAA staff if there's a problem.	Meets most or all requirements <input checked="" type="checkbox"/> Has some deficiencies (see F) <input type="checkbox"/> Has major deficiencies (see F) <input type="checkbox"/>
Reporting – Grantee submits accurate and timely fiscal and program reports, year-end closeouts and all other reports required by the VCAA.	Meets most or all requirements <input checked="" type="checkbox"/> Has some deficiencies (see F) <input type="checkbox"/> Has major deficiencies (see F) <input type="checkbox"/>
Data Entry – Grantee accurately enters all required information to the Q system in a timely manner.	Meets most or all requirements <input checked="" type="checkbox"/> Has some deficiencies (see F) <input type="checkbox"/> Has major deficiencies (see F) <input type="checkbox"/>

**F. Has grantee had a corrective action plan for underperformance this FY?**

N/A

**G. Concerns/Issues Regarding Contract**

Conejo Valley Senior Concerns is a new vendor that was not part of the RFP process. They previously provided only home-delivered meals (via independent Meals on Wheels program), however, due to the COVID-19 crisis, it has provided congregate meals (home-delivered meals to folks who meet the congregate eligibility criteria) to clientele throughout all FY2021. Because the COVID-19 crisis is still in effect, they will continue offering congregate meals until CDA indicates otherwise.

**H. Contract Contingency Requirements**

N/A

<b>Grantee:</b>	<b>Camarillo Health Care District</b>		<b>13</b>
<b>Project:</b>	Senior Helpline	<b>Funding:</b>	\$50,000
<b>Funding Source:</b> <i>(Check all that apply)</i>	<input checked="" type="checkbox"/> Title IIIB	<b>Contract Year:</b>	FY2022-2023
	<input type="checkbox"/> Title IIIC1 <input type="checkbox"/> Title IIIC2 <input type="checkbox"/> Title IIID <input type="checkbox"/> Title IIIE <input type="checkbox"/> Title V <input type="checkbox"/> Title VII <input type="checkbox"/> Ombudsman	<b>Renewal Recommendation:</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Yes with Contingencies (see H) <input type="checkbox"/> Advisory Council Approval Required <input type="checkbox"/> No

**SUMMARY**

This program provides telephone reassurance for Ventura County residents, age 60 or older, who are at risk of increased isolation, victimization, and other health concerns. Working with skilled volunteers and University interns, under the guidance of a state-licensed social worker.

**A. Current Fiscal Year Contracted Service – Through March 31, 2022**

Service Category	Unit of Measure	YTD Units Contracted	YTD Units Delivered	YTD % to Goal
Peer Counseling	1 hour	616	634	102.9%
Minimum # Unduplicated Clients	1 client	375	525	140%
Telephone Reassurance	1 contact	2,236	2,903	129.8%
Minimum # Unduplicated Clients	1 client	278	684	246%

**B. Proposed Next Fiscal Year Contracted Service**

Service Category	Unit of Measure	Current Fiscal Year Contracted <i>(Original)</i>	Next Fiscal Year Requested	% Change
Peer Counseling (1 hour)	1 hour	616	616	0.0%
Minimum # Unduplicated Clients	1 client	375	375	0.0%
Telephone Reassurance	1 contact	2,236	2,236	0.0%
Minimum # Unduplicated Clients	1 client	278	278	0.0%

**C. Is the percentage change more than 10%?**

*Full Advisory Council approval for original contracted service unit deviations of +/- 10%.*

- Yes - Fill in Box G as to why
- No

**D. Regional Service Targeting**

N/A

**E. Other Evaluation Factors**

<p>Service Delivery, Staffing and Organizational Capacity – Grantee demonstrates strong effort to deliver contracted service and has the staff and organizational capacity to continue to do so.</p>	<p>Meets most or all requirements <input checked="" type="checkbox"/></p> <p>Has some deficiencies (see F) <input type="checkbox"/></p> <p>Has major deficiencies (see F) <input type="checkbox"/></p>
<p>Budget and Fiscal – Grantee manages and monitors expenditures well and stays within budget and works with VCAAA staff if there’s a problem.</p>	<p>Meets most or all requirements <input checked="" type="checkbox"/></p> <p>Has some deficiencies (see F) <input type="checkbox"/></p> <p>Has major deficiencies (see F) <input type="checkbox"/></p>
<p>Reporting – Grantee submits accurate and timely fiscal and program reports, year-end closeouts and all other reports required by the VCAAA.</p>	<p>Meets most or all requirements <input checked="" type="checkbox"/></p> <p>Has some deficiencies (see F) <input type="checkbox"/></p> <p>Has major deficiencies (see F) <input type="checkbox"/></p>
<p>Data Entry – Grantee accurately enters all required information to the Q system in a timely manner.</p>	<p>Meets most or all requirements <input checked="" type="checkbox"/></p> <p>Has some deficiencies (see F) <input type="checkbox"/></p> <p>Has major deficiencies (see F) <input type="checkbox"/></p>

**F. Has grantee had a corrective action plan for underperformance this FY?**

N/A

**G. Concerns/Issues Regarding Contract**

**H. Contract Contingency Requirements**

N/A



<b>Grantee:</b>	<b>Camarillo Health Care District</b>		<b>14</b>
<b>Project:</b>	Family Caregiver Resource Center	<b>Funding:</b>	\$36,750
<b>Funding Source:</b> <i>(Check all that apply)</i>	<input type="checkbox"/> Title IIIB	<b>Contract Year:</b>	FY2022-2023
	<input type="checkbox"/> Title IIIC1 <input type="checkbox"/> Title IIIC2 <input type="checkbox"/> Title IIID <input checked="" type="checkbox"/> Title IIIE <input type="checkbox"/> Title V <input type="checkbox"/> Title VII <input type="checkbox"/> OMB	<b>Renewal Recommendation:</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Yes with Contingencies (see H) <input type="checkbox"/> Advisory Council Approval Required (see G) <input type="checkbox"/> No

**SUMMARY**

Blair Craddock, MSW, Care Coordinator, Wellness and Caregiver Center, represents caregiver services as an expert with professionalism, with excellent listening skills, and with heart. Camarillo Health Care District's Family Caregiver Resource Center Program provides two NAPIS 1 (Support), two NAPIS 2 (Respite) and two NAPIS 3 (Supplemental) services. Accompanying this program are Private Caregiver Consultation services; a Tools for Caregivers 6-week series of classes; the Kroll Library of information, education and resources; and Support Groups for caregivers..

**A. Current Fiscal Year Contracted Service – Through March 31, 2022**

Service Category	Unit of Measure	YTD Units Contracted*	YTD Units Delivered	YTD % to Goal
Caregiver Training	1 Hour	173	109	63%
<b>SUPPORT TOTAL</b>	<b>1 Hour</b>	<b>173</b>	<b>109</b>	<b>63%</b>
Caregiver Adaptations	1 Occurrence	66	22	33.3%
Assistive Devices	1 Occurrence	3	0	0%
<b>SUPPLEMENTAL TOTAL</b>	<b>1 Occurrence</b>	<b>69</b>	<b>22</b>	<b>31.9%</b>
In-Home Supervision	1 Hour	951	373	39.2%
Adult Day Care	1 Hour	556	0	0%
<b>RESPITE TOTAL</b>	<b>1 Hour</b>	<b>1,507</b>	<b>373</b>	<b>24.8%</b>

\* OTO Contract Amendment effective 11/17/2021 through 6/30/2022: Caregiver Training service units increased from 113 to 173; Respite In-Home Supervision increased from 471 to 951 hours.

**B. Proposed Next Fiscal Year Contracted Service**

Service Category	Unit of Measure	Current FY Contracted (Original)	Next FY Proposed	% Change
Caregiver Training	1 Hour	113	113	0%
<b>SUPPORT TOTAL</b>	<b>1 Hour</b>	<b>113</b>	<b>113</b>	<b>0%</b>
Caregiver Adaptations	1 Occurrence	66	66	0%
Assistive Devices	1 Occurrence	3	3	0%

<b>SUPPLEMENTAL TOTAL</b>	<b>1 Occurrence</b>	<b>69</b>	<b>69</b>	<b>0%</b>
In-Home Supervision	1 Hour	951	429	-54.9%
Adult Day Care	1 Hour	667	500	-25.0%
<b>RESPITE TOTAL</b>	<b>1 Hour</b>	<b>1,189</b>	<b>1,027</b>	<b>-13.6%</b>

**C. Is the percentage change more than 10%?**

Full Advisory Council approval for original contracted service unit deviations of +/- 10%.

- Yes - Fill in Box G as to why
- No

**D. Regional Service Targeting**

N/A

**E. Other Evaluation Factors**

Service Delivery, Staffing and Organizational Capacity – Grantee demonstrates strong effort to deliver contracted service and has the staff and organizational capacity to continue to do so.	Meets most or all requirements <input checked="" type="checkbox"/> Has some deficiencies (see F) <input type="checkbox"/> Has major deficiencies (see F) <input type="checkbox"/>
Budget and Fiscal – Grantee manages and monitors expenditures well and stays within budget and works with VCAAA staff if there’s a problem.	Meets most or all requirements <input checked="" type="checkbox"/> Has some deficiencies (see F) <input type="checkbox"/> Has major deficiencies (see F) <input type="checkbox"/>
Reporting – Grantee submits accurate and timely fiscal and program reports, year-end closeouts and all other reports required by the VCAAA.	Meets most or all requirements <input checked="" type="checkbox"/> Has some deficiencies (see F) <input type="checkbox"/> Has major deficiencies (see F) <input type="checkbox"/>
Data Entry – Grantee accurately enters all required information to the Q system in a timely manner.	Meets most or all requirements <input checked="" type="checkbox"/> Has some deficiencies (see F) <input type="checkbox"/> Has major deficiencies (see F) <input type="checkbox"/>

**F. Has grantee had a corrective action plan for underperformance this FY?**

N/A

**G. Concerns/Issues Regarding Contract**

Due to the COVID-19 crisis, most service requests decreased in FY2021-2022. Therefore, the Camarillo Health Care District proposed fewer respite services and requested more support services.

**H. Contract Contingency Requirements**

N/A

<b>Grantee:</b>	<b>Conejo Valley Senior Concerns</b>		<b>15</b>
<b>Project:</b>	Family Caregiver Resource Center	<b>Funding:</b>	\$26,750
<b>Funding Source:</b> <i>(Check all that apply)</i>	<input type="checkbox"/> Title IIIB	<b>Contract Year:</b>	FY2022-2023
	<input type="checkbox"/> Title IIIC1 <input type="checkbox"/> Title IIIC2 <input type="checkbox"/> Title IIID <input checked="" type="checkbox"/> Title IIIE <input type="checkbox"/> Title V <input type="checkbox"/> Title VII <input type="checkbox"/> OMB	<b>Renewal Recommendation:</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Yes with Contingencies (see H) <input type="checkbox"/> Advisory Council Approval Required (see G) <input type="checkbox"/> No

**SUMMARY**

Senior Concerns' Family Caregiver Resource Center Program provides two NAPIS 1 (Support), two NAPIS 2 (Respite), and two NAPIS 3 (Supplemental) services in the community of Thousand Oaks and east Ventura region. Accompanying this program are Private Caregiver Consultation services; Library of information, education, and resources; and Support Groups for caregivers. Due to the COVID-19 crisis, Respite Service requests have decreased, and Support Services have increased significantly compared to the FY1920.

**A. Current Fiscal Year Contracted Service – Through March 31, 2022**

Service Category	Unit of Measure	YTD Units Contracted	YTD Units Delivered	YTD % to Goal
Caregiver Assessment	1 Hour	179	108	60.3%
Caregiver Case Management	1 Hour	120	97	80.8%
Caregiver Support Groups	1 Hour	270	600	222.2%
<b>SUPPORT TOTAL</b>	<b>1 Hour</b>	<b>528</b>	<b>805</b>	<b>152.5%</b>
Caregiver Adaptations	1 Occurrence	25	25	100%
Assistive Devices	1 Occurrence	5	0	0%
<b>SUPPLEMENTAL TOTAL</b>	<b>1 Occurrence</b>	<b>30</b>	<b>25</b>	<b>83.3%</b>
In-Home Supervision	1 Hour	954.40	151.50	15.9%
Adult Day Care	1 Hour	60	0	0%
<b>RESPITE TOTAL</b>	<b>1 Hour</b>	<b>1271.25</b>	<b>151.50</b>	<b>11.9%</b>

**B. Proposed Next Fiscal Year Contracted Service**

Service Category	Unit of Measure	Current FY Contracted <i>(Original)</i>	Next FY Proposed	% Change
Caregiver Assessments	1 Hour	179	89	-50.3%
Caregiver Case Management	1 Hour	120	90	-25%
Caregiver Support Groups	1 Hour	270	100	-62.9%

Service Category	Unit of Measure	Current FY Contracted (Original)	Next FY Proposed	% Change
<b>SUPPORT TOTAL</b>	<b>1 Hour</b>	<b>528</b>	<b>279</b>	<b>-47%</b>
Caregiver Adaptations	1 Occurrence	25	25	0%
Assistive Devices	1 Occurrence	5	5	0%
<b>SUPPLEMENTAL TOTAL</b>	<b>1 Occurrence</b>	<b>30</b>	<b>30</b>	<b>0%</b>
In-Home Supervision	1 Hour	954.40	580	-39.2%
Adult Day Care	1 Hour	60	60	0%
<b>RESPITE TOTAL</b>	<b>1 Hour</b>	<b>1,014.44</b>	<b>640</b>	<b>-36.9%</b>

**C. Is the percentage change more than 10%?**

Full Advisory Council approval for original contracted service unit deviations of +/- 10%.

- Yes - Fill in Box G as to why
- No

**D. Regional Service Targeting**

N/A

**E. Other Evaluation Factors**

Service Delivery, Staffing and Organizational Capacity – Grantee demonstrates strong effort to deliver contracted service and has the staff and organizational capacity to continue to do so.	Meets most or all requirements <input checked="" type="checkbox"/> Has some deficiencies (see F) <input type="checkbox"/> Has major deficiencies (see F) <input type="checkbox"/>
Budget and Fiscal – Grantee manages and monitors expenditures well and stays within budget and works with VCAAA staff if there’s a problem.	Meets most or all requirements <input checked="" type="checkbox"/> Has some deficiencies (see F) <input type="checkbox"/> Has major deficiencies (see F) <input type="checkbox"/>
Reporting – Grantee submits accurate and timely fiscal and program reports, year-end closeouts and all other reports required by the VCAAA.	Meets most or all requirements <input checked="" type="checkbox"/> Has some deficiencies (see F) <input type="checkbox"/> Has major deficiencies (see F) <input type="checkbox"/>
Data Entry – Grantee accurately enters all required information to the Q system in a timely manner.	Meets most or all requirements <input checked="" type="checkbox"/> Has some deficiencies (see F) <input type="checkbox"/> Has major deficiencies (see F) <input type="checkbox"/>

**F. Has grantee had a corrective action plan for underperformance this FY?**

N/A

**G. Concerns/Issues Regarding Contract**

Due to the COVID-19 crisis, Respite Service requests have decreased, and Support Services have increased significantly compared to the FY1920.

**H. Contract Contingency Requirements**

N/A

<b>Grantee:</b>	<b>Grey Law</b>	<b>16</b>	
<b>Project:</b>	Legal Services	<b>Funding:</b>	\$74,000
<b>Funding Source:</b> <i>(Check all that apply)</i>	<input checked="" type="checkbox"/> Title IIIB	<b>Contract Year:</b>	FY2022-2023
	<input type="checkbox"/> Title IIIC1 <input type="checkbox"/> Title IIIC2 <input type="checkbox"/> Title IIID <input type="checkbox"/> Title IIIE <input type="checkbox"/> Title V <input checked="" type="checkbox"/> Title VIIb <input checked="" type="checkbox"/> HICAP	<b>Renewal Recommendation:</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Yes with Contingencies (see H) <input type="checkbox"/> Advisory Council Approval Required (see G) <input type="checkbox"/> No

### SUMMARY

On July 1, 2022, Grey Law celebrated its 43<sup>rd</sup> Anniversary of Service in Ventura County. The staff and volunteers of this nonprofit continue to navigate around the barriers the COVID-19 crisis has presented. Alternative means of service delivery have been offered to ensure clientele are able to continue seeking legal advice. Staff and volunteers work exceptionally hard to do as much as possible with the grant funding for this programming. It has been the sole source provider of Title III B Legal Assistance and Community Education for decades serving seniors residing in PSA 18 with outstanding contracted performance.

### A. Current Fiscal Year Contracted Service – Through March 31, 2022

Service Category	Unit of Measure	YTD Units Contracted	YTD Units Delivered	YTD % to Goal
<b>LEGAL SERVICES</b>				
Legal Assistance	1 hour	1,400	731	52.2%
Unduplicated Clients - Legal Assistance	1 client	800	480	60%
Community Education Topics	1 activity	6	4.5	75%
Unduplicated Clients - Community Ed	1 client	208	96	46.1%
Community Education Topics	Topic	Estate Planning/FRAUD/Changes in Medicare Law/VCCDC Homeownership/Alzheimer's Program/LIFE		
<b>Elder Abuse Prevention, Education &amp; Training (FAST)</b>				
FAST	1 visit	8	0	0%
Unduplicated Clients - FAST Ed	1 visit	88	0	0%
FAST Topics Discussed/Presented	Topic	Elder Financial Abuse APS		
<b>HICAP Services</b>				
HICAP Legal	1 hour	24	17	70.8%
Unduplicated Clients - HICAP	1 client	8	20	250%

## B. Proposed Next Fiscal Year Contracted Service

Service Category	Unit of Measure	Current FY Contracted (Original)	Next FY Requested	% Change
<b>LEGAL SERVICES</b>				
Legal Assistance	1 hour	1,400	1,400	0%
Unduplicated Clients - Legal Assistance	1 client	800	800	0%
Community Education Topics	1 activity	8	8	0%
Unduplicated Clients - Community Ed	1 client	208	208	0%
Community Education Topics	Topic	Estate Planning/FRAUD/Changes in Medicare Law/VCCDC Homeownership/ Alzheimer's Program/LIFE		
<b>Elder Abuse Prevention, Education &amp; Training (FAST)</b>				
FAST	1 visit	8	8	0%
Unduplicated Clients - FAST Ed	1 visit	88	88	0%
FAST Topics Discussed/Presented	Topic	Elder Financial Abuse APS		
<b>HICAP Services</b>				
HICAP Legal	1 hour	24	24	0%
Unduplicated Clients - HICAP	1 client	8	8	0%

## C. Is the percentage change more than 10%?

Full Advisory Council approval for original contracted service unit deviations of +/- 10%.

- Yes - Fill in Box G as to why  
 No

## D. Regional Service Targeting

Percentages of Clients Year to Date – July 1, 2021, thru March 31, 2022

Client Age	Total	%
60-64	14	9.5%
65-74	67	45.6%
75-84	42	28.6%
85+	24	16.3%

Client Sex at Birth	Total	%
Male	60	40.8%
Female	84	57.1%
Declined to State	3	2.04%

Client Gender	Total	%
Male	57	39.8%
Female	81	55.1%
Transgender Female to Male	9	6.13%

Transgender Male to Female	N/A	N/A
Genderqueer/Gender Non-binary	N/A	N/A
Not listed, please specify:	0	0%
Declined to State	8	5.45%

Client Sexual Orientation/Identity	Total	%
Straight/Heterosexual	139	94.55%
Bisexual	N/A	N/A
Gay/Lesbian/Same-Gender Loving	N/A	N/A
Questioning/Unsure	N/A	N/A
Not listed, please specify:	0	0%
Declined to State	0	0%

Most in Need	Total	%
Frail/disabled	N/A	N/A
Homebound	N/A	N/A
Living alone	76	51.7%
Institutionalized	N/A	N/A
Suspected Victim of Elder Abuse/Exploitation Hispanic/Latino	N/A	N/A
Limited English	N/A	N/A
Rural	4	2.72%
Greatest economic need, minority	N/A	N/A
Greatest economic need, non-minority	N/A	N/A
Greatest economic need, status unknown	N/A	N/A
Hispanic/Latino	21	14.28%

Types of Cases	Total	%
Consumer/Finance (Contract/Warranties/Other)	N/A	N/A
Health/Community Based Care (Medi-Cal/ Medicare/Other)	16	10.88%
Housing (Landlord-Tenant issues/Foreclosures/Other)	46	31.29%
Income Maintenance (Social Security/SSI/Pensions/Retiree Benefits/Other)	16	10.88%
Individual Rights (Immigration/Elder Abuse)	N/A	N/A
Miscellaneous (Estate Planning/Wills/Trusts/Financial Powers of Attorney/Other)	40	27.21%

## E. Other Evaluation Factors

Service Delivery, Staffing and Organizational Capacity – Grantee demonstrates strong effort to deliver contracted service and has the staff and organizational capacity to continue to do so.	Meets most or all requirements <input checked="" type="checkbox"/>
	Has some deficiencies (see F) <input type="checkbox"/>
	Has major deficiencies (see F) <input type="checkbox"/>
Budget and Fiscal – Grantee manages and monitors expenditures well and stays within budget and works with VCAAA staff if there's a problem.	Meets most or all requirements <input checked="" type="checkbox"/>
	Has some deficiencies (see F) <input type="checkbox"/>
	Has major deficiencies (see F) <input type="checkbox"/>

Reporting – Grantee submits accurate and timely fiscal and program reports, year-end closeouts and all other reports required by the VCAAA.	Meets most or all requirements <input checked="" type="checkbox"/> Has some deficiencies (see F) <input type="checkbox"/> Has major deficiencies (see F) <input type="checkbox"/>
Data Entry – Grantee accurately enters all required information to the Q system in a timely manner.	Meets most or all requirements <input checked="" type="checkbox"/> Has some deficiencies (see F) <input type="checkbox"/> Has major deficiencies (see F) <input type="checkbox"/>

**F. Has grantee had a corrective action plan for underperformance this FY?**

N/A

**G. Concerns/Issues Regarding Contract**

N/A

**H. Contract Contingency Requirements**

N/A



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<b>Grantee:</b>	<b>Long Term Care Services</b>		<b>17</b>
<b>Project:</b>	Preplacement Counseling for Family Caregivers	<b>Funding:</b>	\$27,624
<b>Funding Source:</b> <i>(Check all that apply)</i>	<input type="checkbox"/> Title IIIB	<b>Contract Year:</b>	FY2022-2023
	<input type="checkbox"/> Title IIIC1	<b>Renewal Recommendation:</b>	<input checked="" type="checkbox"/> Yes
<input type="checkbox"/> Title IIIC2	<input checked="" type="checkbox"/> Yes with Contingencies (see H)		
<input type="checkbox"/> Title IIID	<input type="checkbox"/> Advisory Council Approval Required (see G)		
<input checked="" type="checkbox"/> Title IIIE	<input type="checkbox"/> No		
<input type="checkbox"/> Title V			
<input type="checkbox"/> Title VII			
<input type="checkbox"/> OMB			

**SUMMARY**

For 39 years Long Term Care Services has been providing knowledgeable and professional preplacement counseling services in Ventura County. With their ongoing community engagement and experience in the field, they give caregivers the knowledge of available services they need to make the best decisions for their loved ones. Contracted performance is consistently exceptional.

**A. Current Fiscal Year Contracted Service – Through March 31, 2022**

Service Category	Unit of Measure	YTD Units Contracted	YTD Units Delivered	YTD % to Goal
Caregiver Counseling (1 Hour)	1 hour	150	136.50	91%
Minimum # of Unduplicated Clients	1 client	140	109	77.9%

**B. Proposed Next Fiscal Year Contracted Service**

Service Category	Unit of Measure	Current FY Contracted (Original)	Next FY Proposed	% Change
Caregiver Counseling (1 Hour)	1 hour	150	150	0.0%
Minimum # of Unduplicated Clients	1 client	140	140	0.0%

**C. Is the percentage change more than 10%?**

*Full Advisory Council approval for original contracted service unit deviations of +/- 10%.*

- Yes - Fill in Box G as to why  
 No

**D. Regional Service Targeting**

N/A

**E. Other Evaluation Factors**

Service Delivery, Staffing and Organizational Capacity – Grantee demonstrates strong effort to deliver contracted service and has the staff and organizational capacity to continue to do so.	Meets most or all requirements <input checked="" type="checkbox"/> Has some deficiencies (see F) <input type="checkbox"/> Has major deficiencies (see F) <input type="checkbox"/>
Budget and Fiscal – Grantee manages and monitors expenditures well and stays within budget and works with VCAAA staff if there’s a problem.	Meets most or all requirements <input checked="" type="checkbox"/> Has some deficiencies (see F) <input type="checkbox"/> Has major deficiencies (see F) <input type="checkbox"/>
Reporting – Grantee submits accurate and timely fiscal and program reports, year-end closeouts and all other reports required by the VCAAA.	Meets most or all requirements <input checked="" type="checkbox"/> Has some deficiencies (see F) <input type="checkbox"/> Has major deficiencies (see F) <input type="checkbox"/>
Data Entry – Grantee accurately enters all required information to the Q system in a timely manner.	Meets most or all requirements <input checked="" type="checkbox"/> Has some deficiencies (see F) <input type="checkbox"/> Has major deficiencies (see F) <input type="checkbox"/>

**F. Has grantee had a corrective action plan for underperformance this FY?**

N/A

**G. Concerns/Issues Regarding Contract**

**H. Contract Contingency Requirements**

Renewal application & budget.

<b>Grantee:</b>	<b>Long Term Care Services</b>			<b>18</b>
<b>Project:</b>	Ombudsman	<b>Funding:</b>	\$364,698	
<b>Funding Source:</b> <i>(Check all that apply)</i>	<input checked="" type="checkbox"/> Title IIIB (Fed) <input checked="" type="checkbox"/> Title VIIa (Fed) <input checked="" type="checkbox"/> Title IIIB (state) <input checked="" type="checkbox"/> LCPF (state) <input checked="" type="checkbox"/> SDFL (state) <input checked="" type="checkbox"/> SNF Q&A (state)	<b>Contract Year:</b>	FY2022-2023	
		<b>Renewal Recommendation:</b>	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> Yes with Contingencies (see H) <input type="checkbox"/> Advisory Council Approval Required (see G) <input type="checkbox"/> No	

**SUMMARY**

Long Term Care Services offers excellent professional service to clientele. The Federal mandate governing the Ombudsman program nationwide requires only one annual visit per facility; however, this provider has set its own mandate for Ventura County that stipulates all skilled nursing facilities would be monitored a minimum of once a week and all assisted living facilities a minimum of once a month. Unfortunately, due to the COVID-19 crisis, LTCS was not allowed into any facilities, which severely impacted its performance goals for FY1920 and FY2021. Although LTCS has been faced with many challenges over the past two years, its staff and volunteers continue to actively advocate for decent care and quality of life for more than 8,000 frail elderly in Ventura County's 237 long term care facilities – 60% of whom have no family or friends to watch out or visit them and are too fearful, vulnerable, or frail to represent themselves.

**A. Current Fiscal Year Contracted Service – Through March 31, 2022**

Service Category	Unit of Measure	YTD Units Contracted	YTD Units Delivered	YTD % to Goal
<b>OUTCOME 1</b>				
Complaint Resolution Resolved	% open complaints	98.7%	94.4%	95.6%
Work with Resident Councils	1 meeting attended	250	121	48.4%
Consultation to Facilities	1 consultation	6	0	0%
Info & Consult to Individuals	1 I&C	4,600	8241	179.2%
Community Education Sessions	1 session	50	46	92%
<b>OUTCOME 2</b>				
Facility Coverage – Nursing Facilities (SNFs) visited quarterly	1 visit	100%	554	554%
Facility Coverage – Residential Care Facilities visited quarterly	1 visit	100%	1780	1780%
# of F/T Equivalent OMB Staff	1 volunteer	4.63	5	107.9%
# of Certified LTC OMB Volunteers	1 ombudsman	40	43	107.5%
<b>OUTCOME 3</b>				
Training Sessions on NORS	1 session	1		

## B. Proposed Next Fiscal Year Contracted Service

Service Category	Unit of Measure	Current FY Contracted (Original)	Next FY Proposed	% Change
<b>OUTCOME 1</b>				
Complaint Resolution Resolved	% Open complaints	98.7	98.7%	0%
Work with Resident Councils	1 meeting attended	250	250	0%
Work with Family Councils	1 meeting attended	6	6	0%
Consultation to Facilities	1 consultation	1,975	1,975	0%
Info & Consult to Individuals	1 I&C	4,600	4,600	0%
Community Education Sessions	1 session	50	50	0%
<b>OUTCOME 2</b>				
Facility Coverage – Nursing Facilities (SNFs) visited quarterly	1 visit	100%	100%	0%
Facility Coverage – Residential Care Facilities visited quarterly	1 visit	100%	100%	0%
# Of F/T Equivalent OMB Staff	1 volunteer	4.63	4.63	0%
# Of Certified LTC OMB Volunteers	1 ombudsman	40	40	0%
<b>OUTCOME 3</b>				
Training Sessions on NORS	1 session	1		

## C. Is the percentage change more than 10%?

Full Advisory Council approval for original contracted service unit deviations of +/- 10%.

- Yes - Fill in Box G as to why  
 No

## D. Regional Service Targeting

N/A

## E. Other Evaluation Factors

Service Delivery, Staffing and Organizational Capacity – Grantee demonstrates strong effort to deliver contracted service and has the staff and organizational capacity to continue to do so.	Meets most or all requirements <input checked="" type="checkbox"/> Has some deficiencies (see F) <input type="checkbox"/> Has major deficiencies (see F) <input type="checkbox"/>
Budget and Fiscal – Grantee manages and monitors expenditures well and stays within budget and works with VCAAA staff if there's a problem.	Meets most or all requirements <input checked="" type="checkbox"/> Has some deficiencies (see F) <input type="checkbox"/> Has major deficiencies (see F) <input type="checkbox"/>
Reporting – Grantee submits accurate and timely fiscal and program reports, year-end closeouts and all other reports required by the VCAAA.	Meets most or all requirements <input checked="" type="checkbox"/> Has some deficiencies (see F) <input type="checkbox"/> Has major deficiencies (see F) <input type="checkbox"/>
Data Entry – Grantee accurately enters all required information to the Q system in a timely manner.	Meets most or all requirements <input checked="" type="checkbox"/> Has some deficiencies (see F) <input type="checkbox"/> Has major deficiencies (see F) <input type="checkbox"/>

## F. Has grantee had a corrective action plan for underperformance this FY?

N/A

**G. Concerns/Issues Regarding Contract**

**H. Contract Contingency Requirements**

Renewal application & budget.



## Strategic Plan Update for Fiscal Year 2022-2023

The purpose of this document is to provide an annual update to the Strategic Plan for FY 2020-2024, which was approved by the Ventura County Board of Supervisors in March 2022 and was later approved by the California Department of Aging. The delivery of programs and services in FY 2022-2023 is contingent upon the availability of funds from all sources (Federal, State and County). The California Department of Aging has not yet released funding estimates for FY 2022-2023.

### WHO ARE WE?

The Ventura County Area Agency on Aging is the principal agency that addresses issues that relate to older adults, adults with disabilities, and their caregivers. In addition to providing a number of direct programs, we also develop, enhance and maintain community-based systems of care that provide services, which support independence and protect the quality of life of older persons and persons with functional impairments. We also promote citizen involvement in the planning and delivery of services for Ventura County's older population, adults with disabilities, and their caregivers. We accomplish these objectives through a network of education, advocacy, problem-solving, program planning and service delivery, and by utilizing a variety of funding sources.

Our governing body is the Ventura County Board of Supervisors. They set the policy, determine funding and approve the strategic plan and its submission to the California Department of Aging. We also have a 39-member Advisory Council that determines programming, funding priorities, advocacy efforts and makes recommendations to the Board of Supervisors. The Advisory Council is made up of representatives from each city, Board of Supervisors representatives, service provider representatives, focused population representatives and members of the California Senior Legislature.

### WHOM DO WE SERVE?

We provide services to:

- Older adults 60 years of age and older
- Persons with disabilities
- Unpaid caregivers

Services provided are dependent upon the funding requirements as well as program eligibility.

Our goal is to target our services to those in need and to make sure that our program participants mirror the composition of the community we serve. According to California Department of Aging the current total population of people over the age of 60 in Ventura County is 216,313, which is an increase from 2021. Statewide there is a net gain of people aged 60 and over from 2020 to 2021.

Of these 216,313 individuals:

- 8,650 are non-English speakers
- 117,846 are minorities
- 18,055 have incomes below the federal poverty level
- 28,719 are Medi-Cal eligible
- 5,252 are geographically isolated
- 6,639 are aged 65 or older and SSI/SSP eligible
- 70,155 are older than 75
- 33,260 live alone

Our demographics are similar to the state averages, but reflect a less diverse and slightly more affluent population.

Priority Categories	Ventura County N=216,313	State of California N=9,259,582
Minority 60+	54%	61%
Low-income 60+	8%	12%
Medi-Cal eligible 60+	13%	21%
Geographic isolation 60+	2%	5%
SSI/SSP 65+	3%	6%
Population 75+	32%	32%
Lives alone 60+	15%	17%
Non-English speaking 60+	4%	5%

**OUR GOALS ARE SIMPLE**

1. Provide resources and services
2. Increase awareness of programs and services

We plan to accomplish these measurable goals in FY 2022-2023 through providing direct services as well as contracting with other community-based organizations. Our goals contain strategies to include opportunities for collaboration and capacity building as well as to identify and address emerging needs and issues of the population we serve. The projected start date for all activities is July 1, 2022, which will run through June 30, 2023. No services being provided are funded by Title IIIB Program Development and Coordination dollars.



OUR PRIORITIES

During a strategic planning session held by the Advisory Council in January 2018, the following programs and efforts have been identified as priority objectives that:

1. Help older adults maintain their independence and ability to live at home.
2. Protect older adults living in long-term care facilities.
3. Provide home-delivered meals.
4. Provide health insurance information and system navigation through unbiased counseling.
5. Provide evidence-based classes that help prevent falls.
6. Provide congregate meals.
7. Prevent abuse and protect the rights of older adults to include case management for those that have been abused.
8. Provide transportation.
9. Provide family caregiver with information and assistance about available resources.
10. Provide emergency food.
11. Communicate to the public who we are, the services we provide, and the resources available.

This means that although all the objectives listed below are important, as are the additional strategies and activities to be undertaken to meet these goals, additional efforts that may include staff time and resources will be focused on these priorities.

<b>Goal 1</b> Provide resources and services to older adults, adults with disabilities, and their unpaid caregivers that promote optimal well-being with an emphasis on wellness, safety, and community livability.					
#	Category and narrative for Objective	# of service units	#of people served	Source of Funding	Update Status – New, Same, Decrease or Increase
1	Transportation – provide transportation to ensure older adults and persons with disabilities have access through accessible transportation to fully participate in the community.				
	For persons aged 60 and older, provide one-way trips to/from congregate meal sites	6,000	100	Title IIIB	Increase
	Provide one-way trips for non-emergency medical appointments, shopping, etc.	55,000	1,000	Title IIIB, VCTC CARES	Increase
2	Food and Nutrition – provide meals, supplemental food, nutrition counseling and education to ensure that older adults have access to nutritional meals, fresh fruits, and vegetables; as well as information to make healthy choices.				
	Congregate meals	138,973	2,655	Title IIIC1	Increase
	Home-delivered meals	187,411	1,300	Title IIIC2	Decrease

**Strategic Plan Update for Fiscal Year 2022-2023**

	Provide emergency food to older adults experiencing a food emergency	1,000,000	4,800	Title IIIB, ARPA, Donations	Decrease
	Supplement the meal program by planting and harvesting fresh produce in VCAAA's Senior Nutrition Garden.	20,000 lbs. produce	900	County, CalFresh Healthy Living	Same
	Nutrition Counseling (sessions)	215	215	Title IIIC	Increase
	Nutrition Education (sessions)	596	70	Title IIIC	Decrease
	Provide education and promote physical activity (classes)	280	280	CalFresh Healthy Living	Increase
3	Health, Fitness and Fall Prevention – provide evidence-based physical fitness classes to promote health and prevent falls. Additional help will be made available to older adults who have already experienced a fall.				
	Short-term case management for individuals that have fallen. Referrals come from emergency response and emergency department staff for people 65+ in Ojai, Ventura, Oxnard, Port Hueneme and Camarillo	N/A	75	County	Increase
	Provide Evidence-Based Classes (Classes include: Tai Chi: Moving for Better Balance, Stepping On, A Matter of Balance and Walk with Ease (Arthritis Foundation)	1,800	300	Title IIID	Same
4	Family Caregiver Services – provide programs and services to assist unpaid, informal caregivers, including older adults (such as grandparents) aged 55 and older raising children aged 18 and younger (such as grandchildren).				
	Caring for older adults:				
	Access: information and assistance and caregiver outreach (contacts)	5,000	196	Title IIIE	Same
	Info services: public information activities and community education (events)	20	800,000	Title IIIE	Same
	Support services: caregiver assessment, case management, support groups, counseling, training, and counseling (hours)	1,693	300	Title IIIE	Same
	Respite services: in-home supervision and out-of-home day care (hours)	3,079	140	Title IIIE	Same
	Supplemental services: caregiver adaptations and assistive devices (occurrences)	182	86	Title IIIE	Same
	Caring for the children (grandparents raising grandchildren)				
	Access: information and assistance and caregiver outreach (contacts)	80	40	Title IIIE	Same

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	Info services: public information activities and community education (events)	10	5,000	Title III E	Same
	Support services: caregiver assessment, case management, support groups and training (hours)	20	10	Title III E	Same
	Supplemental services	20	10	Title III E	Same
	Respite services – out of home	20	10	Title III E	Same
5	Maintaining Independence – Providing access to programs and services that foster independence and help older adults remain at home				
	Case management for older adults (hours)	1,250	220	Title III B	Same
	Long-term case management for other specialized populations	N/A	600	Medi-Cal, MHSA, ACL	Same
	Personal Care (hours)	709	25	Title III B	Same
	Disaster Preparedness	20	20	Title III B	Decrease
	Homemaker services (hours)	980	45	Title III B	Same
	Chore services (hours)	660	30	Title III B	Same
	Residential repairs/modifications	78	78	Title III B	Same
	Personal/home safety	24	20	Title III B	Same
	Material aid	2,200	2,200	Title III B	Same
	Mental Health Counseling	86	86	Title III B	Same
	Subsidized employment training through the Senior Community Services Employment Program (SCSEP)	N/A	8	Title V	Increase
6	Socialization/Prevention of loneliness and isolation – providing services to reduce isolation and provide a human connection for older adults 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 older adults at-risk of losing their independence.				
	Peer counseling (hours)	700	616	Title III B	Same
	Telephone reassurance (contacts)	3,000	800	Title III B	Same
7	Prevention of Abuse and Protection of Rights of Older Adults – provide programs and services that protect the rights and property of older adults and protect them from abuse.				
	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	1,400	800	Title III B, CHA/SMP	Same
	Community education events on rights and benefits	4	125	Title III B	Same
	Elder Abuse Case Management	100	25	DA/VOCA	Same
	Financial Abuse Specialist Team (FAST) to provide training to professionals	20	150	Title VI B	Same

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	Provide Legal Information for Elders (“LIFE”) workshops for seniors.	2	40	Title VIIB	Same
	Ombudsman Program <sup>i</sup> will work to ensure the rights and well-being of individuals residing in long-term care facilities (skilled nursing facilities and board and care facilities) in Ventura County. Complaint resolution rate.	98.7%	N/A	OMB Title IIIB	Decrease
8.	Housing – connect people in need of housing with those willing to share their housing.				
	Referrals to other organizations for services	300	N/A	COV	Same
	Matching home seekers with home providers	40	40	COV	Decrease
	Match introduction – refer home seekers to home providers	100	N/A	COV	Decrease
<p>Strategies to support the goal and objectives under this category:</p> <ol style="list-style-type: none"> <li>1. Advocate for affordable housing for older adults and connecting housing and transportation in developing long-range planning around housing.</li> <li>2. Maintain VCAAA webpage related to transportation options</li> <li>3. Continue attendance on the Citizens Transportation Advisory Committee to advocate for the transportation needs of older adults and persons with disabilities.</li> <li>4. Explore the use of alternate transportation modes such as driverless cars, and Uber advance at senior centers</li> <li>5. Advocate for the development of strategies and collaborations that will ensure services and safe living options for homeless seniors in Ventura County, including veterans, and adults with disabilities.</li> <li>6. Advocate for and develop strategies to address housing and transportation issues that impact older adults and persons with disabilities and examine other factors that contribute creating livable communities.</li> <li>7. Encourage the creation of a multi-generational housing incorporating universal design.</li> <li>8. Continue to advocate for the employment, training and job placement needs of older adults through participation on the Workforce Development Board and with the Advisory Council Workforce Committee</li> <li>9. Collaborate with public agencies and other stakeholders on a strategy for disaster planning and health emergencies</li> <li>10. Continue leadership of Dementia Friendly Ventura County which includes developing strategies to generate awareness, identify and engage key stakeholders, and develop a long-range action plan to identify and address issues relevant to Ventura County residents.</li> <li>11. Continue participation on the Elderly Fall Prevention Coalition</li> <li>12. Collaborate with community-based organizations, including the Ventura County Hospital to Home Alliance, to advocate for mental health and substance abuse programs that serve older adults (aged 60+); and for staff training in geriatrics.</li> <li>13. Investigate developing a volunteer program for retired social workers to increase the reach in the community for those in need of case management.</li> </ol>					

<b>Goal 2</b> Increase awareness of programs and needs that support Ventura County’s older adults, adults with disabilities, and their unpaid caregivers to include providing tools, classes and assistance with enrollment.					
#	Category and Narrative for Objective	# of service units	#of people served	Source of Funding	Update Status –

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					New, Same, Decrease or Increase
1	Information and Resources – 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.				
	Provide Information, assistance, and referrals to include following up.	30,000	10,000	Title IIIB	Same
	Provide outreach – one on one contact and/or virtual contact to connect to services at 50 events	1,000	1,000	Title IIIIB	Decrease
	Provide Medicare enrollment assistance including assistance with Medicare Part D comparisons through the Health Insurance Counseling and Advocacy Program	4,037	2,399	HICAP	Same
	Provide benefit enrollment assistance in public programs	2,000	450	HICAP, NCOA/BEC, ADRC	Same
<p>Strategies to support the goal and objectives under this category:</p> <ol style="list-style-type: none"> <li>1. Continue to monitor the growth of the non-English speaking communities and develop resource materials to serve those individuals as needed. This includes working with community-based organizations to revise and update an inventory of service providers who speak and provide services in languages other than English in FY 2020-2024.</li> <li>2. Continue participation on the LGBT Aging Coalition, which is under the auspices of VCAAA, and work with older adults who identify as being Lesbian Gay Bisexual Transgender (LGBT) to increase awareness of the unique needs of LGBT seniors, including but not limited to residents in long-term care facilities.</li> <li>3. Continue to manage the Aging and Disability Resource Network, which consists of community-based service providers who represent the interests of older adults and persons with disabilities in Ventura County. This includes working with Aging and Disability Resource Network members to identify service gaps, community awareness of the needs, coordination, and integration of services, create opportunities for collaborations and problem sharing.</li> <li>4. Promote optimal aging by adding a link to optimal aging information, continuing the optimal aging awards, and pursuing funding for other projects such as photo and story contests.</li> <li>5. Increase outreach related to VCAAA services and programs.</li> </ol>					

### 2022 PUBLIC HEARING

At least one public hearing must be held each year of the four-year planning cycle. CCR Title 22, Article 3, Section 7302(a)(10) and Section 7308, Older Americans Act Reauthorization Act of 2016, Section 314(c)(1).

## Strategic Plan Update for Fiscal Year 2022-2023

Fiscal Year	Date	Location	Number of Attendees	Presented in Languages Other Than English?	Held at Long-Term Care Facility?
2020-2021	8/17/2020	Via Zoom	6	No	No
2021-2022	4/19/2021	Via Zoom	0	No	No
2022-2023	3/25/2022	Via Zoom	11	Yes	No
2023-2024					

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 disabled older individuals.  
 Notice of the public hearing published in the Ventura Star, the newspaper with the largest circulation in Ventura County, on the VCAAA website and through targeted emails. The legal notice and emails included instructions on how to submit written testimony (as well as how to testify at the public hearing).
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.  
 TBD
6. List any other issues discussed or raised at the public hearing.  
 TBD.
7. Note any changes to the Area Plan which were a result of input by attendees.  
 TBD

SERVICE UNIT PLAN OBJECTIVES

**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 \(NORS\) Instruction](#)

1. 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. Only report services provided; others may be deleted.

**Personal Care (In-Home)**

**Unit of Service = 1 hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2020-2021	709	1	5
2021-2022	709	1	5
2022-2023	709	1	5
2023-2024			

**Homemaker (In-Home)**

**Unit of Service = 1 hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2020-2021	980	1	5
2021-2022	980	1	5
2022-2023	980	1	5
2023-2024			

**Chore (In-Home)**

**Unit of Service = 1 hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2020-2021	660	1	5
2021-2022	660	1	5
2022-2023	660	1	5
2023-2024			

**Home-Delivered Meal**

**Unit of Service = 1 meal**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2020-2021	2,892,378	1	2
2021-2022	317,378	1	2
2022-2023	187,411	1	2

**Strategic Plan Update for Fiscal Year 2022-2023**

2023-2024			
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**Case Management (Access)**

**Unit of Service = 1 hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2020-2021	1,250	1	5
2021-2022	1,250	1	5
2022-2023	1,250	1	5
2023-2024			

**Congregate Meals**

**Unit of Service = 1 meal**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2020-2021	381,842	1	2
2021-2022	100,842	1	2
2022-2023	138,973	1	2
2023-2024			

**Nutrition Counseling**

**Unit of Service = 1 session per participant**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2020-2021	86	1	2
2021-2022	86	1	2
2022-2023	215	1	2
2023-2024			

**Transportation (Access)**

**Unit of Service = 1 one-way trip**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2020-2021	3,000	1	1
2021-2022	3,000	1	1
2022-2023	55,000	1	1
2023-2024			

**Legal Assistance**

**Unit of Service = 1 hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2020-2021	1,400	1	7
2021-2022	1,400	1	7
2022-2023	1,400	1	7
2023-2024			

**Nutrition Education**

**Unit of Service = 1 session per participant**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2020-2021	2,000	1	2
2021-2022			
2022-2023	596	1	2
2023-2024			



**Information and Assistance (Access)**

**Unit of Service = 1 contact**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2020-2021	30,000	2	1
2021-2022	30,000	2	1
2022-2023	30,000	2	1
2023-2024			

**Outreach (Access)**

**Unit of Service = 1 contact**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2020-2021	40,000	2	1
2021-2022	40,000	2	1
2022-2023	1,000	2	1
2023-2024			

**2. NAPIS Service Category – “Other” Title III Services**

- Each **Title III B** “Other” service must be an approved NAPIS Program service listed on the “Schedule of Supportive Services (III B)” page of the Area Plan Budget (CDA 122) and the CDA Service Categories and Data Dictionary.
- Identify **Title III B** services to be funded that were not reported in NAPIS categories. (Identify the specific activity under the Other Supportive Service Category on the “Units of Service” line when applicable.)

**Title III B, Other Priority and Non-Priority Supportive Services**

For all Title III B “Other” Supportive Services, use the appropriate Service Category name and Unit of Service (Unit Measure) listed in the CDA Service Categories and Data Dictionary.

- Other **Priority Supportive Services include:** Alzheimer’s Day Care, Comprehensive Assessment, Health, Mental Health, Public Information, Residential Repairs/Modifications, Respite Care, Telephone Reassurance, and Visiting
- Other **Non-Priority Supportive Services include:** Cash/Material Aid, Community Education, Disaster Preparedness Materials, Emergency Preparedness, Employment, Housing, Interpretation/Translation, Mobility Management, Peer Counseling, Personal Affairs Assistance, Personal/Home Security, Registry, Senior Center Activities, and Senior Center Staffing

All “Other” services must be listed separately. Duplicate the table below as needed.

**NAPIS Service Category – “Other” Title III Services**

**Strategic Plan Update for Fiscal Year 2022-2023**

**Service Category: Cash/Material Aid**

**Unit of Service = 1 assistance**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2020-2021	2,200	1	5
2021-2022	2,200	1	5
2022-2023	2,200	1	5
2023-2024			

**Service Category: Peer Counseling**

**Unit of Service = 1 hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2020-2021	700	1	6
2021-2022	700	1	6
2022-2023	700	1	6
2023-2024			

**Service Category: Personal/Home Security**

**Unit of Service = 1**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2020-2021	24	1	5
2021-2022	24	1	5
2022-2023	24	1	5
2023-2024			

**Service Category: Residential Repairs/Modifications**

**Unit of Service = 1**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2020-2021	78	1	5
2021-2022	78	1	5
2022-2023	78	1	5
2023-2024			

**Service Category: Telephone Reassurance**

**Unit of Service = 1 contact**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2020-2021	3,000	1	6
2021-2022	3,000	1	6
2022-2023	3,000	1	6
2023-2024			

**Service Category: Mental Health**

**Unit of Service = 1 hour**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2020-2021	86	1	5
2021-2022	86	1	5
2022-2023	86	1	5
2023-2024			

**Service Category: Disaster Preparedness**

**Unit of Service = 1 product**

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2020-2021	500	1	5
2021-2022	500	1	5
2022-2023	20	1	5
2023-2024			

**3. Title IIID/Health Promotion—Evidence Based**

- Provide the specific name of each proposed evidence-based program.

**Unit of Service = 1 contact**

**Service Activities:** *Tai Chi: Moving for Better Balance™ (TCMBB), A Matter of Balance, Walk with Ease (Arthritis Foundation), Enhanced Fitness, Diabetes Empowerment Education Program (DEEP)*

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

Fiscal Year	Proposed Units of Service	Goal Numbers	Objective Numbers
2020-2021	1,800	1	3
2021-2022	1,800	1	3
2022-2023	1,800	1	3
2023-2024			

**TITLE IIIB and Title VIIA: LONG-TERM CARE (LTC) OMBUDSMAN PROGRAM OUTCOMES**

**2020-2024 Four-Year Planning Cycle**

As mandated by the Older Americans Act Reauthorization Act of 2016, the mission of the LTC Ombudsman Program is to seek resolution of problems and advocate for the rights of residents of LTC facilities with the goal of ensuring their dignity, quality of life, and quality of care. Each year during the four-year cycle, analysts from the Office of the State Long-Term Care Ombudsman (OSLTCO) will forward baseline numbers to the AAA from the prior fiscal year National Ombudsman Reporting System (NORS) data as entered into the Statewide Ombudsman Program database by the local LTC Ombudsman Program and reported by the OSTLCO in the State Annual Report to the Administration on Aging (AoA).

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

Complete all Measures and Targets for Outcomes 1-3;

**Outcome 1. The problems and concerns of long-term care residents are solved through complaint resolution and other services of the Ombudsman Program. Older Americans Act Reauthorization Act of 2016, Section 712(a)(3), (5)]**

**Measures and Targets:**

**A. Complaint Resolution Rate (NORS Element CD-08) (Complaint Disposition).** The average California complaint resolution rate for FY 2017-2018 was 73%.

1. FY 2018-2019 Baseline Resolution Rate: Number of complaints resolved 481 + number of partially resolved complaints 97 divided by the total number of complaints received 584 = Baseline Resolution Rate 99.7% FY 2020-2021 Target Resolution Rate 99.7%
2. FY 2019-2020 Baseline Resolution Rate: 100% Number of complaints partially or fully resolved 348 divided by the total number of complaints received 348 = Baseline Resolution Rate 100% FY 2021-2022 Target Resolution Rate: 97.7% Data made available on 2/17/21
3. FY 2020 - 2021 Baseline Resolution Rate: Number of complaints partially or fully resolved 160 divided by the total number of complaints received 178 = Baseline Resolution Rate: 90% FY 2022-2023 Target Resolution Rate: 97.7% Data made available on 2/25/22
4. FY 2021-2022 Baseline Resolution Rate: Number of complaints partially or fully resolved divided by the total number of complaints received = Baseline Resolution Rate _____% FY 2023-2024 Target Resolution Rate _____ Data is not available yet
Program Goals and Objective Numbers: 1.7

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

1. FY 2018-2019 Baseline: Number of Resident Council meetings attended = 349 FY 2020-2021 Target: 349
2. FY 2019-2020 Baseline: Number of Resident Council meetings attended = 294 FY 2021-2022 Target: 200
3. FY 2020-2021 Baseline: Number of Resident Council meetings attended = 92 FY 2022-2023 Target: 200
4. FY 2021-2022 Baseline: Number of Resident Council meetings attended FY 2023-2024 Target:
Program Goals and Objective Numbers: 1.7

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

1. FY 2018-2019 Baseline: Number of Family Council meetings attended: 21 FY 2020-2021 Target: 21
2. FY 2019-2020 Baseline: Number of Family Council meetings attended: 6 FY 2021-2022 Target: 5

3. FY 2020-2021 Baseline: Number of Family Council meetings attended: 0 FY 2022-2023 Target: 5
4. FY 2021-2022 Baseline: Number of Family Council meetings attended FY 2023-2024 Target:
Program Goals and Objective Numbers: 1.7

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

1. FY 2018-2019 Baseline: Number of Instances: 1945 FY 2020-2021 Target: 1945
2. FY 2019-2020 Baseline: Number of Instances: 3756 FY 2021-2022 Target: 3500
3. FY 2020-2021 Baseline: Number of Instances: 4299 FY 2022-2023 Target: 4000
4. FY 2021-2022 Baseline: Number of Instances FY 2023-2024 Target:
Program Goals and Objective Numbers: 1.7

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

1. FY 2018-2019 Baseline: Number of Instances: 5287 FY 2020-2021 Target: 5,287
2. FY 2019-2020 Baseline: Number of Instances: 5804 FY 2021-2022 Target: 5500
3. FY 2020-2021 Baseline: Number of Instances: 7210 FY 2022-2023 Target: 7000
4. FY 2021-2022 Baseline: Number of Instances FY 2023-2024 Target:
Program Goals and Objective Numbers: 1.7

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

1. FY 2018-2019 Baseline: Number of Sessions: 83 FY 2020-2021 Target: 83
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2. FY 2019-2020 Baseline: Number of Sessions: 103 FY 2021-2022 Target: 75
3. FY 2020-2021 Baseline: Number of Sessions: 53 FY 2022-2023 Target: 75
4. FY 2021-2022 Baseline: Number of Sessions FY 2023-2024 Target:
Program Goals and Objective Numbers: 1.7

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

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

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

Enter information in the relevant box below.

<b>FY 2020-2021</b>
<b>FY 2020-2021 Systems Advocacy Effort(s):</b> (Provide one or more new systems advocacy efforts). Pre pandemic, the following goal was established as required by CDA. Long Term Care Services of Ventura County (Ombudsman) will expand efforts in working with families of residents to encourage them to work together in forming Family Councils. By law, facilities must provide a place for Family Councils to meet and must advertise the council. Long Term Care Services will create marketing materials for families and facilities to aid them in forming the councils and will provide technical support in their formation. Families are not required to form a council, but our plan is to help create a best practices council that can be used as a model for other facilities. Long Term Care Services will provide training to staff and volunteers in the creation and formation of effective councils.
<b>FY 2021-2022</b>

**Outcome of FY 2020-2021 Efforts:** Due to the COVID-19 pandemic, the systems advocacy effort was put on hold. The same proposed effort for FY 2020-2021 will be carried over for FY 2021-2022.

**FY 2021-2022 Systems Advocacy Effort(s):** (Provide one or more new systems advocacy efforts). Long Term Care Services of Ventura County (Ombudsman) will expand efforts in working with families of residents to encourage them to work together in forming Family Councils. By law, facilities must provide a place for Family Councils to meet and must advertise the council. Long Term Care Services will create marketing materials for families and facilities to aid them in forming the councils and will provide technical support in their formation. Families are not required to form a council, but our plan is to help create a best practices council that can be used as a model for other facilities. Long Term Care Services will provide training to staff and volunteers in the creation and formation of effective councils.

**FY 2022-2023**

**Outcome of FY 2021-2022 Efforts:**

**FY 2022-2023 Systems Advocacy Effort(s):** (Provide one or more new systems advocacy efforts) Data is not available yet

**FY 2023-2024**

**Outcome of 2022-2023 Efforts:**

**FY 2023-2024 Systems Advocacy Effort(s):** (Provide one or more new systems advocacy efforts)

**Outcome 2. Residents have regular access to an Ombudsman. [(Older Americans Act Reauthorization Act of 2016), Section 712(a)(3)(D), (5)(B)(ii)]**

**Measures and Targets:**

**A. Routine Access: Nursing Facilities** (NORS Element S-58) Percentage of nursing facilities within the PSA that were visited by an Ombudsman representative at least once each quarter **not** in response to a complaint. The percentage is determined by dividing the number of nursing facilities in the PSA that were visited at least once each quarter not in response to a complaint by the total number of nursing facilities in the PSA. NOTE: This is not a count of *visits* but a count of *facilities*. In determining the number of facilities visited for this measure, no nursing facility can be counted more than once.

1. FY 2018-2019 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint 19 divided by the total number of Nursing Facilities 19 = Baseline 100%  
FY 2020-2021 Target: 100%

2. FY 2019-2020 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 0%  
FY 2021-2022 Target: 100%

3. FY 2020-2021 Baseline: Number of Nursing Facilities visited at least once a quarter not in response to a complaint 6 divided by the total number of Nursing Facilities 19 = Baseline 32% FY 2022-2023 Target: 100%
4. FY 2021-2022 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 2023-2024 Target: %
Program Goals and Objective Numbers: 1.7

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

1. FY 2018-2019 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint 210 divided by the total number of RCFEs 212 = Baseline 99% FY 2020-2021 Target: 99%
2. FY 2019-2020 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint divided by the total number of RCFEs 222 = Baseline % FY 2021-2022 Target: 100%
3. FY 2020-2021 Baseline: Number of RCFEs visited at least once a quarter not in response to a complaint 7 divided by the total number of RCFEs 222 = Baseline 3.2% FY 2022-2023 Target: 100%
4. FY 2021-2022 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 2023-2024 Target: %
Program Goals and Objective Numbers: 1.7

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

1. FY 2018-2019 Baseline: 5.13 FTEs FY 2020-2021 Target: 5.13 FTEs
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2. FY 2019-2020 Baseline: 4.63 FTEs FY 2021-2022 Target: 4.63 FTEs
3. FY 2020-2021 Baseline: 6.07 FTEs FY 2022-2023 Target: 6.07 FTEs
4. FY 2021-2022 Baseline: FTEs FY 2023-2024 Target: FTEs
Program Goals and Objective Numbers: 1.7

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

1. FY 2018-2019 Baseline: Number of certified LTC Ombudsman volunteers 60 FY 2020-2021 Projected Number of certified LTC Ombudsman volunteers 60
2. FY 2019-2020 Baseline: Number of certified LTC Ombudsman volunteers: 44 FY 2021-2022 Projected Number of certified LTC Ombudsman volunteers: 40
3. FY 2020-2021 Baseline: Number of certified LTC Ombudsman volunteers: 42 FY 2022-2023 Projected Number of certified LTC Ombudsman volunteers: 42
4. FY 2021-2022 Baseline: Number of certified LTC Ombudsman volunteers FY 2023-2024 Projected Number of certified LTC Ombudsman volunteers
Program Goals and Objective Numbers: 1.7

**Outcome 3. Ombudsman representatives accurately and consistently report data about their complaints and other program activities in a timely manner. [Older Americans Act Reauthorization Act of 2016, 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 Reporting System (NORS) data reporting.

Some examples could include:

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

FY 2020-2021 - 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.

FY 2021-2022 - 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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**TITLE VIIA ELDER ABUSE PREVENTION SERVICE UNIT PLAN OBJECTIVES**

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

<input checked="" type="checkbox"/>	Ombudsman Program
<input checked="" type="checkbox"/>	Legal Services Provider
<input type="checkbox"/>	Adult Protective Services
<input checked="" type="checkbox"/>	Other (explain/list): VCAAA Direct Services- EAP Services

The agency receiving Title VIIA Elder Abuse Prevention funding is: Grey Law of Ventura County

Fiscal Year	Total # of Public Education Sessions
2020-2021	2
2021-2022	2
2022-2023	2
2023-2024	

Fiscal Year	Total # of Training Sessions for Professionals
2020-2021	8
2021-2022	8
2022-2023	8
2023-2024	

Fiscal Year	Total # of Training Sessions for Caregivers served by Title III E
2020-2021	0
2021-2022	0
2022-2023	0
2023-2024	

Fiscal Year	Total # of Hours Spent Developing a Coordinated System
2020-2021	0
2021-2022	0
2022-2023	0
2023-2024	

Fiscal Year	Total # of Copies of Educational Materials to be Distributed	Description of Educational Materials
2020-2021	40	40 Legal Information for Elders (LIFE) guides will be distributed
2021-2022	40	40 Legal Information for Elders (LIFE) guides will be distributed
2022-2023	40	40 Legal Information for Elders (LIFE) guides will be distributed

<b>2023-2024</b>		
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<b>Fiscal Year</b>	<b>Total Number of Individuals Served</b>
<b>2020-2021</b>	40
<b>2021-2022</b>	40
<b>2022-2023</b>	40
<b>2023-2024</b>	

**TITLE III E SERVICE UNIT PLAN OBJECTIVES**

**CCR Article 3, Section 7300(d) 2020-2024  
Four- Year Planning Period**

This Service Unit Plan (SUP) uses the five broad federally mandated service categories. Refer to the CDA Service Categories and Data Dictionary Revisions Effective July 2018 for eligible activities and service unit measures. Specify proposed audience size or units of service for ALL budgeted funds.

**Direct and/or Contracted III E Services**

<b>CATEGORIES</b>	<b>1</b>	<b>2</b>	<b>3</b>
<b>Caregivers of Older adults</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>		
<b>2020-2021</b>	# of activities: 20 Total est. audience for above: 800,000	1	4
<b>2021-2022</b>	# of activities: 20 Total est. audience for above: 800,000	1	4
<b>2022-2023</b>	# of activities: 20 Total est. audience for above: 800,000	1	4
<b>2023-2024</b>	# of activities: Total est. audience for above:		
<b>Access Assistance</b>	<b>Total contacts</b>		
<b>2020-2021</b>	5,000	1	4
<b>2021-2022</b>	5,000	1	4
<b>2022-2023</b>	5,000	1	4
<b>2023-2024</b>			
<b>Support Services</b>	<b>Total hours</b>		
<b>2020-2021</b>	1,693	1	4
<b>2021-2022</b>	1,693	1	4
<b>2022-2023</b>	1,693	1	4
<b>2023-2024</b>			

**Strategic Plan Update for Fiscal Year 2022-2023**

<b>Respite Care</b>	<b>Total hours</b>		
<b>2020-2021</b>	3,079	1	4
<b>2021-2022</b>	3,079	1	4
<b>2022-2023</b>	3,079	1	4
<b>2023-2024</b>			
<b>Supplemental Services</b>	<b>Total occurrences</b>		
<b>2020-2021</b>	182	1	4
<b>2021-2022</b>	182	1	4
<b>2022-2023</b>	182		
<b>2023-2024</b>			

**Direct and/or Contracted III E Services**

<b>Older Elderly Relative</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>		
<b>2020-2021</b>	# of activities: 10 Total est. audience for above: 5,000	1	4
<b>2021-2022</b>	# of activities: 10 Total est. audience for above: 5,000	1	4
<b>2022-2023</b>	# of activities: 10 Total est. audience for above: 5,000	1	4
<b>2023-2024</b>	# of activities: Total est. audience for above:		

<b>Older Elderly Relative</b>	<b>Proposed Units of Service</b>	<b>Required Goal #(s)</b>	<b>Optional Objective #(s)</b>
<b>Access Assistance</b>	<b>Total contacts</b>		
<b>2020-2021</b>	80	1	4
<b>2021-2022</b>	80	1	4
<b>2022-2023</b>	80	1	4
<b>2023-2024</b>			
<b>Support Services</b>	<b>Total hours</b>		
<b>2020-2021</b>	20	1	4
<b>2021-2022</b>	20	1	4
<b>2022-2023</b>	20	1	4
<b>2023-2024</b>			
<b>Respite Care</b>	<b>Total hours</b>		
<b>2020-2021</b>	20	1	4

2021-2022	20	1	4
2022-2023	20	1	4
2023-2024			
<b>Supplemental Services</b>	<b>Total occurrences</b>		
2020-2021	20	1	4
2021-2022	20	1	4
2022-2023	20	1	4
2023-2024			

**HEALTH INSURANCE COUNSELING AND ADVOCACY PROGRAM (HICAP)  
SERVICE UNIT PLAN  
CCR Article 3, Section 7300(d)**

**HICAP PAID LEGAL SERVICES:** Complete this section if your Master Contract contains a provision for using HICAP funds to provide HICAP Legal Services.

**STATE & FEDERAL PERFORMANCE TARGETS:** The Administration for Community Living (ACL) establishes targets for the State Health Insurance Assistance Program (SHIP)/HICAP performance measures (PMs). ACL introduced revisions to the SHIP PMs in late 2016 in conjunction with the original funding announcement (ref HHS-2017-ACL-CIP-SAPG-0184) for implementation with the release of the Notice of Award (Grant No. 90SAPG0052-01-01 issued July 2017).

The new five federal PMs generally reflect the former seven PMs (PM 2.1 through PM 2.7), except for PM 2.7, (Total Counseling Hours), which was removed because it is already being captured under the *SHIP Annual Resource Report*. As a part of these changes, ACL eliminated the performance-based funding scoring methodology and replaced it with a Likert scale comparison model for setting National Performance Measure Targets that define the proportional penetration rates needed for improvements.

Using ACL’s approach, CDA HICAP provides State and Federal Performance Measures with goal-oriented targets for each AAA’s Planning and Service Area (PSA). One change to all PMs is the shift to county-level data. In general, the State and Federal Performance Measures include the following:

- PM 1.1 Clients Counseled ~ Number of finalized Intakes for clients/ beneficiaries that received HICAP services
- PM 1.2 Public and Media Events (PAM) ~ Number of completed PAM forms categorized as “interactive” events
- PM 2.1 Client Contacts ~ Percentage of one-on-one interactions with any Medicare beneficiaries
- PM 2.2 PAM Outreach Contacts ~ Percentage of persons reached through events categorized as “interactive”
- PM 2.3 Medicare Beneficiaries Under 65 ~ Percentage of one-on-one interactions with Medicare beneficiaries under the age of 65

- PM 2.4 Hard-to-Reach Contacts ~ Percentage of one-on-one interactions with “hard-to-reach” Medicare beneficiaries designated as:
  - PM 2.4a Low-income (LIS)
  - PM 2.4b Rural
  - PM 2.4c English Second Language (ESL)
- PM 2.5 Enrollment Contacts ~ Percentage of contacts with one or more qualifying enrollment topics discussed

AAA’s should demonstrate progress toward meeting or improving on the Performance requirements established by CDA and ACL as is displayed annually on the *HICAP State and Federal Performance Measures* tool located online at: <https://www.aging.ca.gov/Providers and Partners/Area Agencies on Aging/#pp-planning>. (Reference CDA PM 17-11 for further discussion, including current HICAP Performance Measures and Definitions).

For current and future planning, CDA requires each AAA ensure that HICAP service units and related federal *Annual Resource Report* data are documented and verified complete/finalized in CDA’s Statewide HICAP Automated Reporting Program (SHARP) system per the existing contractual reporting requirements. HICAP Service Units do not need to be input in the Area Plan (with the exception of HICAP Paid Legal Services, where applicable).

**HICAP Legal Services Units of Service (if applicable)<sup>1</sup>**

Fiscal Year (FY)	3.1 Estimated Number of Clients Represented Per FY (Unit of Service)	Goal Numbers
2020-2021	8	2
2021-2022	8	
2022-2023	8	
2023-2024		

Fiscal Year (FY)	3.2 Estimated Number of Legal Representation Hours Per FY (Unit of Service)	Goal Numbers
2020-2021	3	2
2021-2022	3	
2022-2023	3	
2023-2024		

Fiscal Year (FY)	3.3 Estimated Number of Program Consultation Hours Per FY (Unit of Service)	Goal Numbers

<sup>1</sup> Requires a contract for using HICAP funds to pay for HICAP Legal Services.

2020-2021	3	2
2021-2022	3	
2022-2023	3	
2023-2024		

LEGAL ASSISTANCE

2020-2024 Four-Year Area Planning Cycle

This section must be completed and submitted annually. The Older Americans Act Reauthorization Act of 2016 designates legal assistance as a priority service under Title III B [42 USC §3026(a)(2)]<sup>2</sup> CDA developed *California Statewide Guidelines for Legal Assistance* (Guidelines), which are to be used as best practices by CDA, AAAs and LSPs in the contracting and monitoring processes for legal services, and located at: <https://aging.ca.gov/Providers and Partners/Legal Services/#pp-gg>

1. Based on your local needs assessment, what percentage of Title IIIB funding is allocated to Legal Services? **Discuss:** At a minimum, 5% of Title IIIB funding.
  
2. 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/No, Discuss:** The local needs have remained the same over the past four years. Funding for legal services is extremely limited. LSP would like to be able to setup a litigation fund for low-income seniors.
  
3. Specific to Legal Services, does the AAA’s contract/agreement with the Legal Services Provider(s) (LSPs) specify that the LSPs are expected to use the California Statewide Guidelines in the provision of OAA legal services? **Yes/No, Discuss:** Yes. The contract between AAA and the LSP specifies that LSPs are expected to use the California Statewide Guidelines. Said guidelines are “Exhibit C” of the contract.
  
4. Does the AAA collaborate with the Legal Services Provider(s) to jointly establish specific priorities issues for legal services? If so what are the top four (4) priority legal issues in your PSA? **Yes/No, Discuss:** Yes, at a minimum, the LSP and AAA annually review together the LSP’s service priorities with the LSP providing critical input. The top four priority legal issues in PSA 18 are:
  - Consumer: debt and collections, harassment by creditors and consumer fraud

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<sup>2</sup> For Information related to Legal Services, contact Chisorom Okwuosa at 916 419-7500 or [chisorom.okwuosa@aging.ca.gov](mailto:chisorom.okwuosa@aging.ca.gov)

- Abuse/Neglect/Exploitation: elder abuse/exploitation cases, financial abuse
- Planning/Personal Autonomy: advance directives, powers of attorney
- Housing: reverse mortgage foreclosures, landlord disputes, predatory lending

5. Specific to Legal Services, does the AAA collaborate with the Legal Services Provider(s) to jointly identify the target population? If so, what is the targeted senior population in your PSA **AND** what mechanism is used for reaching the target population? **Yes/No, Discuss:**

The populations targeted to receive legal services in PSA 18 are seniors aged 60 and older who:

- Are the most frail and vulnerable seniors (such as individuals aged 85 and over)
- Are in the greatest social and economic need
- Are homebound, socially isolated, or living alone with no support
- Are experiencing physical and financial abuse
- Are experiencing chronic health problems, mental or physical disabilities (including deaf, hearing-impaired and blind seniors), and caregivers of these populations; and
- Have limited regarding English skills

Mechanisms for reaching these populations include, but are not limited to:

- Working with the AAA and its Aging and Disability Resource Center (ADRC) to keep abreast of needs, statistics, and new and ongoing opportunities for outreach (such as to LGBT seniors)
- Participating in the development of the AAA's Master Strategic Plan (Area Plan) and annual updates
- Distributing LSP's brochures in English and Spanish at senior centers, public speaking events, and outreach event
- Utilizing public service announcements (PSAs)
- Encouraging word-of-mouth among seniors to advertise the program
- Legal services are advertised in newsletters and press releases, including those published by local senior/community centers (focal points)
- LSPs website
- Working/communicating with allied service providers including but not limited to the long-term care Ombudsman, the local Bar Association, Adult Protective Services, Superior Court's Self-Help Center, local senior centers and community centers, AAAs Senior Network, local law enforcement, the FBI, the three family caregiver centers that receive Title III-E funds from the AAA (including the newer center that targets monolingual-Spanish speakers), and the Independent Learning Resource Center.

6. Specific to Legal Services, what is the targeted senior population and mechanism for reaching targeted groups in your PSA? **Discuss:** Please Note that this is a duplicate of Question #5. For answers, please review to Question #5 above.



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

Fiscal Year	# of Legal Assistance Services Providers
<b>2020-2021</b>	1
<b>2021-2022</b>	1
<b>2022-2023</b>	1
<b>2023-2024</b>	Leave Blank until 2023

8. What methods of outreach are Legal Services providers using? **Discuss:** 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. Working with the AAA and its Aging and Disability Resource Center (ADRC) to keep abreast of needs, statistics and new and ongoing opportunities for outreach (such as to LGBT seniors). Distributing LSP’s brochures in English and Spanish at senior centers, public speaking events, and outreach event. Public service announcements. Encouraging word-of-mouth among seniors to advertise the program. Legal services are advertised in newsletters and press releases, including those published by local senior/community centers (focal points). LSP’s website. Working/ communicating with maintaining positive relationships with the long-term care Ombudsman, the local Bar Association, Adult Protective Services, Superior Court’s Self-Help Center, local senior centers and community centers, local law enforcement, the FBI, the three family caregiver centers that receive Title III-E funds from the AAA (including the newer center that targets monolingual-Spanish speakers), and the Independent Learning Resource Center and making sure availability of services is known among the entire aging services network in PSA 18.

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

Fiscal Year	Name of Provider	Geographic Region covered
<b>2020-2021</b>	Grey Law of Ventura, Inc.	Entire County
<b>2021-2022</b>	Grey Law of Ventura, Inc	Entire County
<b>2022-2023</b>	Grey Law of Ventura, Inc	Entire County
<b>2023-2024</b>	Leave Blank until 2023	Leave Blank until 2023

10. Discuss how older adults access Legal Services in your PSA: **Discuss:** Older adults access legal services by calling to schedule an appointment at the provider’s office or the local senior center. Seniors must be Ventura County residents aged 60 years and older.

11. Identify the major types of legal issues that are handled by the Title IIIB legal

provider(s) in your PSA. Discuss (please include new trends of legal problems in your area): **Discuss:** Credit card debt has been and continues to be 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. 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. Other major issues and/or new trends include reverse mortgage issues, elder abuse, health care directives, decision-making choices, durable power of attorney, Social Security, Medicare, Medi-Cal, nursing homes, and consumer fraud.

**12.** What are the barriers to accessing legal assistance in your PSA? Include proposed strategies for overcoming such barriers. **Discuss:** Barriers to access include (1) people wanting more legal representation than what funding can provide; (2) language and cultural barriers, which can cause seniors not to 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 the need for increased funding from the Older Americans Act to provide legal services; continued recruitment and retention of more volunteers (who must be attorneys or law students); working with local churches to identify and reach non-mainstream seniors who could benefit from legal services, and 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? **Discuss:**

The LSP coordinates services with these organizations:

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

**SECTION 22 - ASSURANCES**

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

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

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

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

1. OAA 306(a)(2)

Provide an adequate proportion, as required under Older Americans Act Reauthorization Act of 2016 Section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services—

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

I (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;

I (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 (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 (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 (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;

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

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

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

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

III (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, specifically including survivors of the Holocaust; and

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

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

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

7. OAA 306(a)(5)

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

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

(A) Provide assurances that the Area Agency on Aging, in carrying out the State Long-Term 52

Care Ombudsman program under 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2019 in carrying out such a program under this title;

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

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, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;

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

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

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)

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

12. 306(a)(15)

Provide assurances that funds received under this title will be used— 53

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

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

13. OAA 305(c)(5)

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

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

(B)

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

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

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

ii (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 (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.

16. 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.

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

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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 54

- (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.

assistance for older individuals; and

18. 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.

19. OAA 307(a)(12)(A)

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

20. 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. (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.

21. OAA 307(a)(18)

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

22. OAA 307(a)(26)

Area Agencies on Aging will provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care. 55

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

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

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

24. 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.



25. 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.

26. CFR [1321.53(c)]

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

27. CFR [1321.53(c)] 56

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.

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

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

29. 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.

30. 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.

## Actualización del Plan Estratégico para el Año Fiscal 2022-2023

El propósito de este documento es ofrecer una actualización anual del Plan Estratégico para el AF 2020-2024, que fue aprobado por la Junta de Supervisores del Condado de Ventura en marzo de 2022 y posteriormente aprobado por el Departamento de Envejecimiento de California. La prestación de programas y servicios en el AF 2022-2023 está condicionada a la disponibilidad de fondos de todas las fuentes (federales, estatales y del condado). El Departamento de Envejecimiento de California todavía no ha publicado estimaciones de financiación para el AF 2022-2023.

### ¿QUIÉNES SOMOS?

La Agencia sobre Envejecimiento del Área del Condado de Ventura es la agencia principal que aborda problemas relacionados con adultos mayores, adultos con discapacidades y sus cuidadores. Además de brindar una serie de programas directos, también desarrollamos, mejoramos y mantenemos sistemas de cuidados basados en la comunidad que proporcionan servicios que apoyan la independencia y protegen la calidad de vida de personas mayores y personas con impedimentos funcionales. También promovemos la participación ciudadana en la planificación y prestación de servicios para la población mayor del Condado de Ventura, adultos con discapacidades y sus cuidadores. Alcanzamos estos objetivos mediante una red de educación, defensa, resolución de problemas, planificación de programas y prestación de servicios, utilizando diversas fuentes de financiación.

Nuestro organismo rector es la Junta de Supervisores del Condado de Ventura, que fija las políticas, determina la financiación y aprueba el plan estratégico y su presentación al Departamento de Envejecimiento de California. También tenemos un Consejo Asesor de 39 miembros que determina la programación, las prioridades de financiación, los esfuerzos de defensa, y hace recomendaciones a la Junta de Supervisores. El Consejo Asesor está formado por representantes de cada ciudad, representantes de la Junta de Supervisores, representantes de los proveedores de servicios, representantes de la población seleccionados y miembros de la Asamblea de Personas Mayores de California (*California Senior Legislature*).

### ¿A QUIÉN SERVIMOS?

Proporcionamos servicios a:

- Adultos mayores con 60 años de edad o más
- Personas con discapacidades
- Cuidadores no remunerados

Los servicios proporcionados dependen de los requisitos de financiación, así como de la elegibilidad para los programas.

Nuestro objetivo es dirigir nuestros servicios a las personas que los necesitan y asegurarnos que los participantes en nuestros programas reflejan la composición de la comunidad a la que servimos. Según el Departamento de Envejecimiento de California, la población total actual de personas de más de 60 años en el Condado de Ventura es 216,313, lo cual supone un incremento frente a 2021. A nivel estatal hubo un aumento neto de personas de 60 años o más entre 2020 y 2021.

## Actualización del Plan Estratégico para el Año Fiscal 2022-2023

De estas 216,313 personas:

- 8,650 no son hablantes de inglés
- 117,846 son minorías
- 18,055 tienen ingresos inferiores al nivel federal de pobreza
- 28,719 son elegibles para Medi-Cal
- 5,252 están aislados geográficamente
- 6,639 tienen 65 años o más y son elegibles para SSI/SSP
- 70,155 tienen más de 75 años
- 33,260 viven solos

Nuestros datos demográficos son similares a los promedios estatales, pero reflejan una población menos diversa y ligeramente más adinerada.

Categorías Prioritarias	Condado de Ventura N=216,313	Estado de California N=9,259,582
Minorías 60+	54%	61%
Ingresos Bajos 60+	8%	12%
Elegibles para Medi-Cal 60+	13%	21%
Aislamiento Geográfico 60+	2%	5%
SSI/SSP 65+	3%	6%
Población 75+	32%	32%
Vive solo 60+	15%	17%
No hablantes de inglés 60+	4%	5%

### NUESTROS OBJETIVOS SON SIMPLES

1. Proporcionar recursos y servicios
2. Incrementar la consciencia de programas y servicios

Planeamos alcanzar estos objetivos medibles en el AF 2022-2023 mediante la prestación de servicios directos, así como la contratación con otras organizaciones basadas en la comunidad. Nuestros objetivos contienen estrategias para incluir oportunidades de colaboración y desarrollo de capacidades, así como identificar y abordar necesidades y problemas emergentes de la población a la que servimos. La fecha proyectada de inicio de todas las actividades es el 1 de julio de 2022, y continuarán hasta el 30 de junio de 2023. Ninguno de los servicios que se brindan se financia mediante los fondos de Desarrollo y Coordinación de Programas del Título III B.

### NUESTRAS PRIORIDADES

Durante una sesión de planificación estratégica celebrada por el Consejo Asesor en enero de 2018, se identificaron como objetivos prioritarios los siguientes programas y esfuerzos, que:

1. Ayuden a los adultos mayores a mantener su independencia y capacidad para vivir en casa.
2. Protejan a adultos mayores que viven en instalaciones de atención a largo plazo.
3. Proporcionen comidas repartidas a domicilio.
4. Proporcionen información sobre seguros de salud y navegación por sistemas mediante asesoramiento independiente.
5. Proporcionen clases basadas en evidencias que ayuden a evitar caídas.
6. Ofrezcan comidas grupales.
7. Eviten abusos y protejan los derechos de adultos mayores, para incluir manejo de casos para aquellas personas que hayan sufrido abusos.
8. Proporcionen transporte.
9. Proporcionen a los cuidadores familiares información y ayuda sobre recursos disponibles.
10. Proporcionen alimentos de emergencia.
11. Comuniquen al público quiénes somos, los servicios que brindamos y los recursos disponibles.

Esto significa que, aunque todos los objetivos que se enumeran a continuación son importantes, como lo son también las estrategias y actividades adicionales que han de realizarse para cumplir estas metas, los esfuerzos adicionales que puedan suponer recursos y tiempo de personal se centrarán en estas prioridades.

<b>Meta 1</b> Proporcionar recursos y servicios a adultos mayores, adultos con discapacidades, y a sus cuidadores no remunerados que promuevan un bienestar óptimo con énfasis en bienestar, seguridad y capacidad de vivir en comunidad.					
#	Categoría y descripción del Objetivo	# de unidades de servicio	#de personas atendidas	Fuente de Financiación	Situación de actualización: nuevo, igual, incremento, disminución
1	Transporte: proporcionar transporte para garantizar que los adultos mayores y las personas con discapacidades tienen acceso para participar plenamente en la comunidad mediante transporte accesible				
	Para personas de 60 años o más, proporcionar viajes de ida o vuelta a ubicaciones de comidas grupales	6,000	100	Título IIIB	Incremento
	Proporcionar viajes de ida o vuelta para citas médicas no de emergencia, compras, etc.	55,000	1,000	Título IIIB, VCTC CARES	Incremento
2	Alimentos y Nutrición: proporcionar comidas, alimentos suplementarios, consejería de nutrición y educación para garantizar que los adultos mayores tienen acceso a comidas nutritivas, frutas y verduras frescas, así como información para hacer elecciones saludables.				
	Comidas grupales	138,973	2,655	Título IIIC1	Incremento
	Comidas a domicilio	187,411	1,300	Título IIIC2	Disminución

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	Proporcionar alimentos de emergencia a adultos mayores que experimenten una emergencia alimentaria	1,000,000	4,800	Título IIIB, ARPA, Donaciones	Disminución
	Complementar el programa de comidas plantando y cosechando productos frescos en el Jardín de Nutrición para Personas Mayores de VCAAA.	20,000 lbs. de productos	900	County, CalFresh Healthy Living	Igual
	Consejería sobre Nutrición (sesiones)	215	215	Título IIIC	Incremento
	Educación sobre Nutrición (sesiones)	596	70	Título IIIC	Disminución
	Proporcionar educación y fomentar la actividad física (clases)	280	280	CalFresh Healthy Living	Incremento
3	Salud, Forma Física y Prevención de Caídas: proporcionar clases de ejercicio físico basadas en evidencias para promover la salud y evitar caídas. Se pondrá disponible ayuda adicional para adultos mayores que ya hayan sufrido una caída.				
	Gestión de caso a corto plazo para personas que han sufrido caídas. Las remisiones provienen de personal de respuesta de emergencias y del departamento de emergencias para personas de 65+ de Ojai, Ventura, Oxnard, Port Hueneme y Camarillo	N/A	75	County	Incremento
	Proporcionar Clases Basadas en Evidencias (las clases incluyen Tai Chi: Moving for Better Balance, Stepping On, A Matter of Balance y Walk with Ease (Fundación de Artritis)	1,800	300	Título IIID	Igual
4	Servicios para Cuidadores Familiares: proporcionar programas y servicios para ayudar a cuidadores informales no remunerados, incluyendo adultos mayores (como abuelos) de 55 años o más que críen niños de 18 años o menos (como, por ejemplo, nietos)				
	Cuidado de adultos mayores:				
	Acceso: información y ayuda y difusión a cuidadores (contactos)	5,000	196	Título IIIE	Igual
	Servicios de información: actividades de información pública y educación comunitaria (eventos)	20	800,000	Título IIIE	Igual
	Servicios de apoyo: evaluación de cuidadores, gestión de caso, grupos de apoyo, consejería, capacitación y consejería (horas)	1,693	300	Título IIIE	Igual
	Servicios de relevo: supervisión a domicilio y cuidado de día fuera del hogar (horas)	3,079	140	Título IIIE	Igual
	Servicios suplementarios: adaptaciones para cuidadores y dispositivos de ayuda (número de veces)	182	86	Título IIIE	Igual
	Cuidado de niños (abuelos que crían a niños)				
	Acceso: información y ayuda y difusión a cuidadores (contactos)	80	40	Título IIIE	Igual

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	Servicios de información: actividades de información pública y educación comunitaria (eventos)	10	5,000	Título III E	Igual
	Servicios de apoyo: evaluación de cuidadores, gestión de caso, grupos de apoyo y capacitación (horas)	20	10	Título III E	Igual
	Servicios suplementarios	20	10	Título III E	Igual
	Servicios de relevo: fuera del hogar	20	10	Título III E	Igual
5	Mantener la Independencia: proporcionar acceso a programas y servicios que promuevan la independencia y ayuden a los adultos mayores a permanecer en casa				
	Gestión de caso para adultos mayores	1,250	220	Título IIIB	Igual
	Gestión de caso a largo plazo para otras poblaciones especializadas	N/A	600	Medi-Cal, MHSA, ACL	Igual
	Cuidado Personal (horas)	709	25	Título IIIB	Igual
	Preparación para Desastres	20	20	Título IIIB	Disminución
	Servicios de tareas de casa (horas)	980	45	Título IIIB	Igual
	Servicios de tareas (horas)	660	30	Título IIIB	Igual
	Reparaciones/modificaciones residenciales	78	78	Título IIIB	Igual
	Seguridad personal/del hogar	24	20	Título IIIB	Igual
	Ayuda material	2,200	2,200	Título IIIB	Igual
	Consejería de Salud Mental	86	86	Título IIIB	Igual
	Capacitación laboral subsidiada mediante el Programa de Empleo en Servicios Comunitarios para Personas Mayores Senior (SCSEP)	N/A	8	Título V	Aumento
6	Socialización/prevenición de soledad y aislamiento: proporcionar servicios para reducir el aislamiento y ofrecer una conexión humana para adultos mayores con pocas o ninguna conexión en la comunidad, para aliviar la depresión y problemas de salud de los que viven solos y comprobar la situación de adultos mayores en riesgo de perder su independencia				
	Consejería de iguales (horas)	700	616	Título IIIB	Igual
	Consuelo por teléfono (contactos)	3,000	800	Título IIIB	Igual
7	Prevención de Abusos y Protección de Derechos de Adultos Mayores: proporcionar programas y servicios que protejan los derechos y propiedades de adultos mayores y los protejan frente a abusos.				
	Ayuda legal sobre beneficios públicos, disputas entre propietarios e inquilinos, derechos de vivienda, abuso de personas mayores, poderes de representación, finanzas de consumidores y acoso de acreedores, y fraude contra consumidores y garantías	1,400	800	Título IIIB, CHA/SMP	Igual
	Eventos de educación comunitaria sobre derechos y beneficios	4	125	Título IIIB	Igual
	Gestión de Caso de Abuso de Mayores	100	25	DA/VOCA	Igual
	Equipo de Especialistas en Abuso Financiero ("FAST", por sus siglas en inglés) para proporcionar capacitación a profesionales	20	150	Título VIIB	Igual

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	Proporcionar talleres para personas mayores de Información Legal para Personas Mayores ("LIFE")	2	40	Título VIIB	Igual
	El Programa del Ombudsman trabajará para garantizar los derechos y el bienestar de las personas que residen en centros de atención a largo plazo (centros de enfermería especializada y centros de alojamiento y cuidados) en el Condado de Ventura. Porcentaje de resolución de quejas	98.7%	N/A	OMB Título IIIB	Disminución
8.	Vivienda: conectar a personas con necesidad de vivienda con aquellos dispuestos a compartir su vivienda				
	Remisiones a otras organizaciones para servicios	300	N/A	COV	Igual
	Emparejar a los que buscan vivienda con los que proporcionan vivienda	40	40	COV	Disminución
	Introducción de emparejamientos: remitir los que buscan vivienda a los que proporcionan vivienda	100	N/A	COV	Disminución
<p>Estrategias para apoyar esta meta y objetivos dentro de esta categoría:</p> <ol style="list-style-type: none"> <li>1. Defender las viviendas asequibles para adultos mayores y conectar vivienda y transporte para desarrollar una planificación a largo plazo en torno a la vivienda.</li> <li>2. Mantener la página web de VCAAA acerca de opciones de transporte</li> <li>3. Continuar asistiendo al Comité Asesor del Transporte Ciudadano para defender las necesidades de transporte de adultos mayores y personas con discapacidades.</li> <li>4. Explorar el uso de modos de transporte alternativos, como vehículos sin conductor y promoción de Uber en centros de mayores</li> <li>5. Defender el desarrollo de estrategias y colaboraciones que garanticen servicios y opciones de vida segura para personas mayores indigentes en el Condado de Ventura, incluyendo veteranos de guerra y adultos con discapacidades.</li> <li>6. Defender y desarrollar estrategias para abordar problemas de vivienda y transporte que afectan a adultos mayores y personas con discapacidades y examinar otros factores que ayudan a crear comunidades en las que se puede vivir.</li> <li>7. Fomentar la creación de una vivienda multigeneracional que incorpore un diseño universal.</li> <li>8. Continuar defendiendo las necesidades de empleo, capacitación y colocación laboral de los adultos mayores mediante la participación en la Junta de Desarrollo de la Fuerza de Trabajo y con el Comité de Fuerza de Trabajo del Consejo Asesor</li> <li>9. Colaborar con las agencias públicas y otras partes interesadas para una estrategia de planificación en caso de desastres y emergencias sanitarias</li> <li>10. Continuar el liderazgo de Dementia Friendly Ventura County, lo cual incluye desarrollar estrategias para generar consciencia, identificar e involucrar a participantes clave, y desarrollar un plan de amplio espectro para identificar y abordar problemas relevantes para los residentes en el Condado de Ventura.</li> <li>11. Continuar la participación en la Coalición para la Prevención de Caídas de Personas Mayores.</li> <li>12. Colaborar con organizaciones basadas en la comunidad, incluyendo la Ventura County Hospital to Home Alliance, para defender programas de salud mental y contra abuso de sustancias que sirven a serve adultos mayores (de 60+ años); y formación de personal en geriatría.</li> <li>13. Investigar el desarrollo de un programa de voluntariado para trabajadores sociales jubilados para aumentar la cobertura en la comunidad que necesite gestión de casos.</li> </ol>					

## Actualización del Plan Estratégico para el Año Fiscal 2022-2023

<b>Meta 2</b> Incrementar la consciencia de programas y necesidades que apoyen a los adultos mayores, adultos con discapacidades y sus cuidadores no remunerados en el Condado de Ventura, para incluir proporcionar herramientas, clases y ayuda con inscripciones.					
#	Categoría y Descripción del Objetivo	# de unidades de servicio	# de personas atendidas	Fuente de Financiación	Situación de actualización: nuevo, igual, incremento, disminución
1	Información y Recursos: proporcionar acceso fácil, uniforme y simplificado a una amplia gama de servicios, apoyos y defensa de adultos mayores, adultos con discapacidades y sus cuidadores familiares.				
	Proporcionar información, ayuda y remisiones para incluir seguimiento.	30,000	10,000	Título IIIB	Igual
	Proporcionar difusión: contacto individual y/o virtual para conectar a servicios en 50 eventos	1,000	1,000	Título IIIB	Disminución
	Proporcionar ayuda con inscripción en Medicare, incluyendo ayuda con comparaciones de Medicare Parte D a través del Programa de Asesoramiento y Defensa sobre Seguros de Salud	4,037	2,399	HICAP	Igual
	Proporcionar ayuda para inscripción en beneficios en programas públicos	2,000	450	HICAP, NCOA/BEC, ADRC	Igual
Estrategias para apoyar esta meta y objetivos dentro de esta categoría:					
<ol style="list-style-type: none"> <li>1. Seguir monitoreando el crecimiento de las comunidades de habla no inglesa y desarrollar materiales de recursos para atender a estas personas si es necesario. Esto incluye trabajar con organizaciones basadas en la comunidad para revisar y actualizar un inventario de proveedores de servicios que hablen y brinden servicios en idiomas distintos del inglés en el AF 2020-2024.</li> <li>2. Continuar la participación en la Coalición del Envejecimiento LGBT, que está bajo los auspicios de VCAAA, y trabajar con adultos mayores que se identifican como Lesbianas, Gays, Bisexuales o Transgénero (LGBT) para incrementar la consciencia de las necesidades únicas de las personas mayores LGBT, incluyendo, aunque sin limitarse a ello, los residentes en centros de atención a largo plazo,</li> <li>3. Seguir gestionando la Red de Recursos para el Envejecimiento y la Discapacidad, formada por proveedores de servicios basados en la comunidad que representan los intereses de adultos mayores y personas con discapacidades en el Condado de Ventura. Esto incluye trabajar con miembros de la Red de Recursos para el Envejecimiento y la Discapacidad para identificar carencias de servicios, consciencia comunitaria de las necesidades, coordinación e integración de servicios, crear oportunidades para colaborar y compartir problemas.</li> <li>4. Promover un envejecimiento óptimo añadiendo un enlace a información sobre envejecimiento óptimo, continuando los premios al envejecimiento óptimo, y buscando fondos para otros proyectos, como concursos de fotografías y relatos.</li> <li>5. Incrementar la difusión relacionada con servicios y programas de VCAAA.</li> </ol>					





## Actualización del Plan Estratégico para el Año Fiscal 2022-2023

### AUDIENCIA PÚBLICA DE 2022

Debe celebrarse al menos una audiencia pública en cada año del ciclo de planificación de cuatro años. CCR, Título 22, Artículo 3, Sección 7302(a)(10) y Sección 7308, Ley de Reautorización de la Ley de Estadounidenses Mayores de 2016, Sección 314(c)(1).

Año Fiscal	Fecha	Ubicación	Número de Asistentes	¿Presentado en idiomas distintos del inglés?	¿Celebrado en Centro de Atención a Largo Plazo?
2020-2021	17 agosto 2020	Mediante Zoom	6	No	No
2021-2022	19 abril 2021	Mediante Zoom	0	No	No
2022-2023	25 marzo 2022	Mediante Zoom	11	Sí	No
2023-2024					

Deberá hablarse de lo siguiente en cada Audiencia Pública realizada durante el ciclo de planificación:

- Resumir los esfuerzos de difusión utilizados para buscar aportaciones al Plan del Área por parte de personas mayores institucionalizadas, confinadas en su hogar y discapacitadas.  
Aviso de la audiencia pública publicado en el Ventura Star, el periódico con la mayor circulación en el Condado de Ventura, en el sitio web de VCAA y mediante correos electrónicos dirigidos. El aviso legal y los correos electrónicos incluían instrucciones sobre cómo presentar declaración por escrito (así como sobre cómo declarar en la audiencia pública).
- ¿Se habló de propuestas de gasto para Desarrollo de Programas (PD, por sus siglas en inglés) y Coordinación (C)?  
 Sí. Pase a pregunta #3  
 No aplicable, no se utilizarán fondos PD y C. Pase a pregunta #4
- Resuma los comentarios recibidos respecto de los gastos propuestos para PD y C.  
No aplicable.
- Se dio a los asistentes la oportunidad de declarar respecto del establecimiento de porcentajes mínimos de fondos del programa conforme al Título III-B para cumplir la

## Actualización del Plan Estratégico para el Año Fiscal 2022-2023

financiación en la proporción adecuada para Servicios Prioritarios.

Sí. Pase a pregunta #5

No, Explique:

5. Resuma los comentarios recibidos respecto de los porcentajes mínimos de fondos del Título III B para cumplir con la proporción adecuada de financiación para Servicios Prioritarios.  
Por determinar
6. Enumere cualquier otra cuestión debatida o planteada en la audiencia pública.  
Por determinar
7. Anote cualquier cambio en el Plan del Área que fue resultado de aportaciones de los asistentes.  
Por determinar

### OBJETIVOS DEL PLAN DE UNIDADES DE SERVICIO

#### OBJETIVOS DEL PLAN DE UNIDADES DE SERVICIO CONFORME AL TÍTULO III/VIIA CCR Artículo 3, Sección 7300(d)

El Plan de Unidades de Servicio (SUP, por sus siglas en inglés) utiliza las Categorías y Unidades de Servicio del Sistema de Información del Programa Nacional de Envejecimiento (NAPIS), que están definidas en el [Informe sobre el Programa Estatal NAPIS \(SPR\)](#)

Para servicios no definidos en el NAPIS, remítase a las [Categorías de Servicio y Diccionario de Datos e Instrucciones para el Sistema Nacional de Información del Ombudsman \(NORS\)](#)

1. Reporte las Unidades de Servicio que vayan a proporcionarse con **TODAS las fuentes de financiación**. Se reporta la financiación relacionada en el Presupuesto del Plan del Área anual (CDA 122) para los Títulos IIIB, IIIC-1, IIIC-2, IIID y VIIA. Informe solo sobre los servicios proporcionados; pueden borrarse los demás.

#### Cuidado Personal (en casa)

Unidad de Servicio = 1 hora

Año Fiscal	Unidades de Servicio Propuestas	Números de Meta	Números de Objetivo
2020-2021	709	1	5
2021-2022	709	1	5
2022-2023	709	1	5
2023-2024			

#### Tareas de Casa (en casa)

Unidad de Servicio = 1 hora

Año Fiscal	Unidades de Servicio Propuestas	Números de Meta	Números de Objetivo
2020-2021	980	1	5
2021-2022	980	1	5
2022-2023	980	1	5

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### Tareas (en casa)

**Unidad de Servicio = 1 hora**

Año Fiscal	Unidades de Servicio Propuestas	Números de Meta	Números de Objetivo
2020-2021	660	1	5
2021-2022	660	1	5
2022-2023	660	1	5
2023-2024			

### Comidas a Domicilio

**Unidad de Servicio = 1 comida**

Año Fiscal	Unidades de Servicio Propuestas	Números de Meta	Números de Objetivo
2020-2021	2,892,378	1	2
2021-2022	317,378	1	2
2022-2023	187,411	1	2
2023-2024			

### Gestión de Casos (Acceso)

**Unidad de Servicio = 1 hora**

Año Fiscal	Unidades de Servicio Propuestas	Números de Meta	Números de Objetivo
2020-2021	1,250	1	5
2021-2022	1,250	1	5
2022-2023	1,250	1	5
2023-2024			

### Comidas Grupales

**Unidad de Servicio = 1 comida**

Año Fiscal	Unidades de Servicio Propuestas	Números de Meta	Números de Objetivo
2020-2021	381,842	1	2
2021-2022	100,842	1	2
2022-2023	138,973	1	2
2023-2024			

### Consejería sobre Nutrición

**Unidad de Servicio = 1 sesión por participante**

Año Fiscal	Unidades de Servicio Propuestas	Números de Meta	Números de Objetivo
2020-2021	86	1	2
2021-2022	86	1	2
2022-2023	215	1	2
2023-2024			

### Transporte (Acceso)

**Unidad de Servicio = 1 trayecto de ida o vuelta**

Año Fiscal	Unidades de Servicio Propuestas	Números de Meta	Números de Objetivo

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2020-2021	3,000	1	1
2021-2022	3,000	1	1
2022-2023	55,000	1	1
2023-2024			

### Asistencia Legal

**Unidad de Servicio = 1 hora**

Año Fiscal	Unidades de Servicio Propuestas	Números de Meta	Números de Objetivo
2020-2021	1,400	1	7
2021-2022	1,400	1	7
2022-2023	1,400	1	7
2023-2024			

### Educación sobre Nutrición

**Unidad de Servicio = 1 sesión por participante**

Año Fiscal	Unidades de Servicio Propuestas	Números de Meta	Números de Objetivo
2020-2021	2,000	1	2
2021-2022			
2022-2023	596	1	2
2023-2024			

### Información y Ayuda (Acceso)

**Unidad de Servicio = 1 contacto**

Año Fiscal	Unidades de Servicio Propuestas	Números de Meta	Números de Objetivo
2020-2021	30,000	2	1
2021-2022	30,000	2	1
2022-2023	30,000	2	1
2023-2024			

### Difusión (Acceso)

**Unidad de Servicio = 1 contacto**

Año Fiscal	Unidades de Servicio Propuestas	Números de Meta	Números de Objetivo
2020-2021	40,000	2	1
2021-2022	40,000	2	1
2022-2023	1,000	2	1
2023-2024			

## 2. Categoría de Servicio NAPIS: “Otros” Servicios conforme al Título III

- Cada servicio de la categoría “Otro” conforme al **Título III B** debe ser un servicio aprobado en el Programa NAPIS enumerado en la página de “Anexo de Servicios de Apoyo (III B)” del Presupuesto del Plan del Área (CDA 122) y las Categorías de Servicio y Diccionario de Datos del CDA.
- Identifique los servicios conforme al **Título III B** a financiar que no se reportaron en las categorías NAPIS. (Identifique la actividad específica bajo la Categoría de Otros

## Actualización del Plan Estratégico para el Año Fiscal 2022-2023

Servicios de Apoyo en la línea de “Unidades de Servicio” cuando sea aplicable.)

### Otros Servicios de Apoyo Prioritarios y No Prioritarios conforme al Título IIIB

Para todos los “Otros” Servicios de Apoyo conforme al Título IIIB, utilice el nombre apropiado de la Categoría de Servicio y la Unidad de Servicio (Unidad de Medida) enumerada en las Categorías de Servicio y Diccionario de Datos del CDA.

- Otros **Servicios de Apoyo Prioritarios incluyen:** Cuidados de Día de Alzheimer, Evaluación Completa, Salud, Salud Mental, Información Pública, Reparaciones/Modificaciones Residenciales, Cuidados de Relevo, Consuelo por Teléfono y Visitas
- Otros **Servicios de Apoyo No Prioritarios incluyen:** Ayuda en Efectivo/Material, Educación Comunitaria, Materiales de Preparación para Desastres, Preparación para Emergencias, Empleo, Vivienda, Interpretación/Traducción, Gestión de Movilidad, Consejería entre Iguales, Ayuda con Asuntos Personales, Seguridad Personal/del Hogar, Registro, Actividades del Centro de Personas Mayores y Dotación de Personal del Centro de Personas Mayores.

Todos los “Otros” servicios deben enumerarse por separado. Copie la tabla a continuación según sea necesario.

### Categoría de Servicio NAPIS– “Otros” Servicios conforme al Título III

#### Categoría de Servicio: Ayuda en Efectivo/Material Unidad de Servicio = 1 ayuda

Año Fiscal	Unidades de Servicio Propuestas	Números de Meta	Números de Objetivo
2020-2021	2,200	1	5
2021-2022	2,200	1	5
2022-2023	2,200	1	5
2023-2024			

#### Categoría de Servicio: Consejería entre Iguales Unidad de Servicio = 1 hora

Año Fiscal	Unidades de Servicio Propuestas	Números de Meta	Números de Objetivo
2020-2021	700	1	6
2021-2022	700	1	6
2022-2023	700	1	6
2023-2024			

#### Categoría de Servicio: Seguridad Personal/del Hogar Unidad de Servicio = 1

Año Fiscal	Unidades de Servicio Propuestas	Números de Meta	Números de Objetivo
2020-2021	24	1	5
2021-2022	24	1	5
2022-2023	24	1	5

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**Categoría de Servicio: Reparaciones/Modificaciones Residenciales      Unidad de Servicio = 1**

Año Fiscal	Unidades de Servicio Propuestas	Números de Meta	Números de Objetivo
2020-2021	78	1	5
2021-2022	78	1	5
2022-2023	78	1	5
2023-2024			

**Categoría de Servicio: Consuelo por Teléfono      Unidad de Servicio = 1 contacto**

Año Fiscal	Unidades de Servicio Propuestas	Números de Meta	Números de Objetivo
2020-2021	3,000	1	6
2021-2022	3,000	1	6
2022-2023	3,000	1	6
2023-2024			

**Categoría de Servicio: Salud Mental      Unidad de Servicio = 1 hora**

Año Fiscal	Unidades de Servicio Propuestas	Números de Meta	Números de Objetivo
2020-2021	86	1	5
2021-2022	86	1	5
2022-2023	86	1	5
2023-2024			

**Categoría de Servicio: Preparación para Desastres      Unidad de Servicio = 1 producto**

Año Fiscal	Unidades de Servicio Propuestas	Números de Meta	Números de Objetivo
2020-2021	500	1	5
2021-2022	500	1	5
2022-2023	20	1	5
2023-2024			

### 3. Título IIID/Promoción de la Salud — Basada en Evidencias

- Proporcione el nombre específico de cada programa basado en evidencias propuesto.

**Unidad de Servicio = 1 contacto**

**Actividades de Servicio:** *Tai Chi: Moving for Better Balance™ (TCMBB), A Matter of Balance, Walk with Ease (Fundación de Artritis), Enhanced Fitness, Programa de Educación para el Empoderamiento ante la Diabetes (DEEP)*

**Categoría de Servicio: Promoción de la Salud Basada en Evidencias**

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### Unidad de Servicio = 1 contacto

Año Fiscal	Unidades de Servicio Propuestas	Números de Meta	Números de Objetivo
2020-2021	1,800	1	3
2021-2022	1,800	1	3
2022-2023	1,800	1	3
2023-2024			

### **TÍTULO IIIB y Título VIIA: RESULTADOS DEL PROGRAMA DEL OMBUDSMAN DE ATENCIÓN A LARGO PLAZO (LTC)**

#### **Ciclo de Planificación de Cuatro Años 2020-2024**

Como exige la Ley de Reautorización de la Ley de Estadounidenses Mayores de 2016, la misión del Programa del Ombudsman de LTC es buscar la resolución de problemas y defender los derechos de residentes en instalaciones de LTC con el objetivo de garantizar su dignidad, calidad de vida y calidad de atención. Cada año, durante el ciclo de cuatro años, analistas del Ombudsman Estatal de Atención a Largo Plazo (OSLTCO, por sus siglas en inglés) emitirán números de referencia a la AAA desde los datos del Sistema Nacional de Información del Ombudsman (NORS) del año fiscal anterior, según los haya introducido el Programa local de Ombudsman de LTC en la base de datos del Programa de Ombudsman estatal y hayan sido reportados por el OSTLCO en el Informe Anual Estatal a la Administración sobre el Envejecimiento (AoA).

La AAA establecerá objetivos cada año mediante consultas con el Coordinador del Programa del Ombudsman de LTC local. Utilice los datos de referencia anuales como referencia para determinar los objetivos anuales. Remítase a los últimos tres años de datos de AoA de su Programa local de Ombudsman de LTC para mostrar tendencias históricas. Los objetivos deben ser razonables y alcanzables, basándose en los recursos actuales del programa.

Complete todas las Medidas y Objetivos para los Resultados 1-3;

**Resultado 1. Los problemas y preocupaciones de los residentes de atención a largo plazo se resuelven mediante la resolución de quejas y demás servicios del Programa del Ombudsman. Ley de Reautorización de la Ley de Estadounidenses Mayores de 2016, Sección 712(a)(3), (5)]**

#### **Medidas y Objetivos:**

**A. Porcentaje de Resolución de Quejas (Elemento NORS CD-08) (Tramitación de Quejas).** El porcentaje promedio de California de resolución de quejas para el AF 2017-2018 fue del 73%.

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<p>1. Porcentaje de Resolución de Referencia AF 2018-2019:                  Número de quejas resueltas 481 + número de quejas resueltas parcialmente 97 dividido por el número total de quejas recibidas 584 = Porcentaje de Resolución de Referencia 99.7%                  Objetivo de Porcentaje de Resolución AF 2020-2021 99.7%</p>
<p>2. Porcentaje de Resolución de Referencia AF 2019-2020: 100%                  Número de quejas resueltas total o parcialmente 348 dividido por el número total de quejas recibidas 348 = Porcentaje de Resolución de Referencia 100%                  Objetivo de Porcentaje de Resolución AF 2021-2022: 97.7% Datos puestos disponibles el 17 de febrero de 2021</p>
<p>3. Porcentaje de Resolución de Referencia AF 2020-2021:                  Número de quejas resueltas total o parcialmente dividido por el número total de quejas recibidas = Porcentaje de Resolución de Referencia _____%                  Objetivo de Porcentaje de Resolución AF 2022-2023 _____% Aún no hay datos disponibles</p>
<p>4. Porcentaje de Resolución de Referencia AF 2021-2022:                  Número de quejas resueltas total o parcialmente dividido por el número total de quejas recibidas = Porcentaje de Resolución de Referencia _____%                  Objetivo de Porcentaje de Resolución AF 2023-2024 _____% Aún no hay datos disponibles</p>
<p>Números de Meta y Objetivo del Programa: 1.7</p>

### **B. Trabajo con Consejos de Residentes** (Elementos NORS S-64 y S-65)

<p>1. Referencia AF 2018-2019: Número de reuniones de Consejos de Residentes asistidas: = 349                  Objetivo para el AF 2020-2021: 349</p>
<p>2. Referencia AF 2019-2020: Número de reuniones de Consejos de Residentes asistidas = 294                  Objetivo para el AF 2021-2022: 200</p>
<p>3. Referencia AF 2020-2021: Número de reuniones de Consejos de Residentes asistidas                  Objetivo para el AF 2022-2023: Aún no hay datos disponibles</p>
<p>4. Referencia AF 2021-2022: Número de reuniones de Consejos de Residentes asistidas                  Objetivo para el AF 2023-2024:</p>
<p>Números de Meta y Objetivo del Programa: 1.7</p>

### **C. Trabajo con Consejos Familiares** (Elementos NORS S-66 y S-67)

<p>1. Referencia AF 2018-2019: Número de reuniones de Consejos Familiares Asistidas: 21                  Objetivo para el AF 2020-2021: 21</p>
<p>2. Referencia AF 2019-2020: Número de reuniones de Consejos Familiares Asistidas: 6                  Objetivo para el AF 2021-2022: 5</p>
<p>3. Referencia AF 2020-2021: Número de reuniones de Consejos Familiares Asistidas                  Objetivo para el AF 2022-2023: Aún no hay datos disponibles</p>
<p>4. Referencia AF 2021-2022: Número de reuniones de Consejos Familiares Asistidas                  Objetivo para el AF 2023-2024:</p>
<p>Números de Meta y Objetivo del Programa: 1.7</p>

### **D. Información y Ayuda a Personal de Instalaciones** (Elementos NORS S-53 y S-54)

Recuento de casos de interacciones de representantes del Ombudsman con personal de las instalaciones para proporcionar información general y ayuda no relacionadas con una



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queja. La Información y ayuda pueden facilitarse por teléfono, por carta, por correo electrónico, por fax o en persona.

1. Referencia AF 2018-2019: Número de Veces: 1945 Objetivo para el AF 2020-2021: 1945
2. Referencia AF 2019-2020: Número de Veces: 3756 Objetivo para el AF 2021-2022: 3500
3. Referencia AF 2020-2021: Número de Veces Objetivo para el AF 2022-2023: Aún no hay datos disponibles
4. Referencia AF 2021-2022: Número de Veces Objetivo para el AF 2023-2024:
Números de Meta y Objetivo del Programa: 1.7

**E. Información y Ayuda a Personas** (Elemento NORS S-55) Recuento de veces en que representantes del Ombudsman han interactuado con residentes, familiares, amigos y otras personas en la comunidad con la finalidad de proporcionar información y ayuda no relacionadas con una queja. La información y ayuda se puede dar por teléfono, carta, correo electrónico, fax o en persona.

1. Referencia AF 2018-2019: Número de Veces: 5287 Objetivo para el AF 2020-2021: 5,287
2. Referencia AF 2019-2020: Número de Veces: 5804 Objetivo para el AF 2021-2022: 5500
3. Referencia AF 2020-2021: Número de Veces Objetivo para el AF 2022-2023:
4. Referencia AF 2021-2022: Número de Veces Objetivo para el AF 2023-2024:
Números de Meta y Objetivo del Programa: 1.7

**F. Educación Comunitaria** (Elemento NORS S-68) Participación del Programa del Ombudsman de LTC en eventos públicos planificados para proporcionar información o instrucción a miembros de la comunidad sobre el Programa del Ombudsman de LTC o cuestiones de LTC. El número de sesiones se refiere al número de eventos, no al número de participantes. Esto no puede incluir sesiones que se cuentan como Sesiones de Educación Pública conforme al Programa de Prevención de Abuso de Mayores.

1. Referencia AF 2018-2019: Número de Sesiones: 83 Objetivo AF 2020-2021: 83
2. Referencia AF 2019-2020: Número de Sesiones: 103 Objetivo para el AF 2021-2022: 75
3. Referencia AF 2020-2021: Número de Sesiones Objetivo para el AF 2022-2023: Aún no hay datos disponibles
4. Referencia AF 2021-2022: Número de Sesiones Objetivo para el AF 2023-2024:
Números de Meta y Objetivo del Programa: 1.7

**G. Defensa de Sistemas** (Elemento NORS S-07, S-07.1)

Debe proporcionarse uno o más esfuerzos nuevos de defensa de sistemas para cada Actualización del Plan del Área para el Año Fiscal. En el recuadro correspondiente a continuación para el año en curso del Plan del Área, en formato narrativo, por favor indique al menos un esfuerzo nuevo prioritario de defensa de sistemas que llevará a cabo el Programa del Ombudsman de LTC local durante el año fiscal. El esfuerzo de defensa de sistemas puede ser una iniciativa multianual, pero describa para cada año los resultados de los esfuerzos realizados durante el año anterior y qué actuaciones específicas nuevas va a realizar el programa del Ombudsman de LTC local durante el año siguiente. Los progresos y metas deben introducirse por separado cada año del ciclo de cuatro años en el recuadro correspondiente a continuación.

La Defensa de Sistemas puede incluir esfuerzos para mejorar las condiciones en un centro de LTC o pueden abarcar a todo el condado, todo el estado, o incluso ser de ámbito nacional. (Ejemplos: trabajar con centros de LTC para mejorar el alivio del dolor o incrementar el acceso a salud bucal, trabajar con entidades del orden para mejorar la respuesta y la investigación de quejas sobre abusos, colaboración con otras agencias para mejorar la calidad de atención y la calidad de vida de residentes en LTC, participación en preparación en caso de desastres, participación en esfuerzos de defensa legislativa relacionada con cuestiones de LTC, etc.) Sea específico respecto de las acciones planificadas por el Programa local del Ombudsman de LTC:

Introduzca la información en el recuadro correspondiente a continuación.

**AF 2020-2021**

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<p><b>AF 2020-2021 Esfuerzo(s) de Defensa de Sistemas:</b> (Proporcione uno o más esfuerzos nuevos de defensa de sistemas). Antes de la pandemia se estableció la meta siguiente, según requería el CDA. Los Servicios de Atención a Largo Plazo del Condado de Ventura (Ombudsman) ampliarán sus esfuerzos trabajando con familias de residentes para animarlos a trabajar juntos formando Consejos Familiares. Por ley, los centros deben proporcionar un lugar para que se reúnan los Consejos Familiares y deben dar publicidad al consejo. Servicios de Atención a Largo Plazo creará materiales promocionales para las familias y los centros para ayudarles a formar los consejos y brindará apoyo técnico para su formación. Las familias no tienen obligación de formar un consejo, pero nuestro plan es ayudar a crear un consejo de mejores prácticas que pueda usarse como modelo para otras instalaciones. Servicios de Atención a Largo Plazo proporcionará capacitación a personal y voluntarios para la creación y formación de consejos eficaces.</p>
<p><b>AF 2021-2022</b></p>
<p><b>Resultado de Esfuerzos de AF 2020-2021:</b> Debido a la pandemia del COVID-19, el esfuerzo de defensa de sistemas quedó en suspenso. El mismo esfuerzo propuesto para el AF 2020-2021 se trasladará al AF 2021-2022.</p> <p><b>AF 2021-2022 Esfuerzo(s) de Defensa de Sistemas:</b> (Proporcione uno o más esfuerzos nuevos de defensa de sistemas). Los Servicios de Atención a Largo Plazo del Condado de Ventura (Ombudsman) ampliarán sus esfuerzos trabajando con familias de residentes para animarlos a trabajar juntos formando Consejos Familiares. Por ley, los centros deben proporcionar un lugar para que se reúnan los Consejos Familiares y deben dar publicidad al consejo. Servicios de Atención a Largo Plazo creará materiales promocionales para las familias y los centros para ayudarles a formar los consejos y brindará apoyo técnico para su formación. Las familias no tienen obligación de formar un consejo, pero nuestro plan es ayudar a crear un consejo de mejores prácticas que pueda usarse como modelo para otras instalaciones. Servicios de Atención a Largo Plazo proporcionará capacitación a personal y voluntarios para la creación y formación de consejos eficaces</p>
<p><b>AF 2022-2023</b></p>
<p><b>Resultado de Esfuerzos AF 2021-2022:</b></p> <p><b>Esfuerzo(s) de Defensa de Sistemas AF 2022-2023:</b> (Proporcione uno o más esfuerzos nuevos de defensa de sistemas) Aún no hay datos disponibles</p>
<p><b>AF 2023-2024</b></p>
<p><b>Resultado de Esfuerzos 2022-2023:</b></p> <p><b>Esfuerzo(s) de Defensa de Sistemas AF 2023-2024:</b> (Proporcione uno o más esfuerzos nuevos de defensa de sistemas)</p>

**Resultado 2. Los residentes tienen acceso regular a un Ombudsman. [(Ley de Reautorización de la Ley de Estadounidenses Mayores de 2016), Sección 712(a)(3)(D), (5)(B)(ii)]**

### Medidas y Objetivos:

**A. Acceso Rutinario: Centros Residenciales de Mayores (Elemento NORS S-58)**

Porcentaje de centros residenciales de mayores dentro de la PSA que fueron visitados por un representante del Ombudsman al menos una vez cada trimestre, y que **no** fuera en respuesta a una queja. El porcentaje se calcula dividiendo el número de centros de mayores en la PSA que fueron visitados al menos una vez cada trimestre que no fuera en respuesta a una queja, por el número total de centros de mayores en la PSA. NOTA: Este no es un recuento de *visitas*, es un recuento de *centros*. Para determinar el número de centros visitados para esta medida, no puede contarse a ningún centro residencial más de una vez.

1. Referencia AF 2018-2019: Número de Centros Residenciales visitados al menos una vez al trimestre que no fuera en respuesta a una queja 19 dividido por el número total de Centros Residenciales 19 = Referencia 100% Objetivo para el AF 2020-2021: 100%
2. Referencia AF 2019-2020: Número de Centros Residenciales visitados al menos una vez al trimestre que no fuera en respuesta a una queja, dividido por el número total de Centros Residenciales = Referencia 0% Objetivo para el AF 2021-2022: 100%
3. Referencia AF 2020-2021: Número de Centros Residenciales visitados al menos una vez al trimestre que no fuera en respuesta a una queja, dividido por el número total de Centros Residenciales = % de Referencia Objetivo para el AF 2022-2023: % Aún no hay datos disponibles
4. Referencia AF 2021-2022: Número de Centros Residenciales visitados al menos una vez al trimestre que no fuera en respuesta a una queja, dividido por el número total de Centros Residenciales = % de Referencia Objetivo para el AF 2023-2024: %
Números de Meta y Objetivo del Programa: 1.7

**B. Acceso Rutinario: Comunidades de Atención Residencial (Elemento NORS S-61)**

Porcentaje de RCFE dentro de la PSA que fueron visitados por un representante del Ombudsman al menos una vez cada trimestre durante el año fiscal que **no** fuera en respuesta a una queja. El porcentaje se determina dividiendo el número de RCFE en la PSA que fueron visitados al menos una vez cada cuatrimestre que no fuera en respuesta a una queja, por el número total de RCFE en la PSA. NOTA: Este no es un recuento de *visitas*, sino un recuento de *centros*. Para determinar el número de centros visitados para esta medida, no puede contarse a ningún RCFE más de una vez

1. Referencia AF 2018-2019: Número de RCFE visitados al menos una vez al trimestre que no fuera en respuesta a una queja 210 dividido por el número total de RCFE 212 = Referencia 99% Objetivo para el AF 2020-2021: 99%
2. Referencia AF 2019-2020: Número de RCFE visitados al menos una vez al trimestre que no fuera en respuesta a una queja dividido por el número total de RCFE 222 = % de Referencia Objetivo para el AF 2021-2022: 100%

## Actualización del Plan Estratégico para el Año Fiscal 2022-2023

3. Referencia AF 2020-2021: Número de RCFE visitados al menos una vez al trimestre que no fuera en respuesta a una queja dividido por el número total de RCFE = % de Referencia Objetivo para el AF 2022-2023: % Aún no hay datos disponibles
4. Referencia AF 2021-2022: Número de RCFE visitados al menos una vez al trimestre que no fuera en respuesta a una queja dividido por el número total de RCFE = % de Referencia Objetivo para el AF 2023-2024: %
Números de Meta y Objetivo del Programa: 1.7

**C. Número de Empleados Equivalentes a Tiempo Completo (FTE)** (Elemento NORS S-23) Este número solo puede incluir tiempo de personal cargado de forma legítima al Programa del Ombudsman de LTC. No puede incluirse en este número el tiempo utilizado trabajando en otros programas. Por ejemplo, en un Programa de Ombudsman de LTC local que considera empleo a tiempo completo 40 horas por semana, el FTE para un miembro del personal que trabaje en el Programa del Ombudsman 20 horas a la semana debería ser 0.5, incluso si el miembro del personal trabaja 20 horas adicionales en otro programa.

1. Referencia del AF 2018-2019: 5.13 FTE Objetivo para el AF 2020-2021: 5.13 FTE
2. Referencia del AF 2019-2020: 4.63 FTE Objetivo para el AF 2021-2022: 4.63 FTE
3. Referencia AF 2020-2021: FTE Objetivo para el AF 2022-2023: FTE Aún no hay datos disponibles
4. Referencia AF 2021-2022: FTE Objetivo para el AF 2023-2024: FTE
Números de Meta y Objetivo del Programa: 1.7

### **D. Número de Voluntarios Certificados del Ombudsman de LTC** (Elemento NORS S-24)

1. Referencia AF 2018-2019: Número de Voluntarios Certificados del Ombudsman de LTC 60 Número proyectado de Voluntarios Certificados del Ombudsman de LTC AF 2020-2021 60
2. Referencia AF 2019-2020: Número de Voluntarios Certificados del Ombudsman de LTC: 44 Número proyectado de Voluntarios Certificados del Ombudsman de LTC AF 2021-2022: 40
3. Referencia AF 2020-2021: Número de Voluntarios Certificados del Ombudsman de LTC Número proyectado de Voluntarios Certificados del Ombudsman de LTC AF 2022-2023 Aún no hay datos disponibles
4. Referencia AF 2021-2022: Número de Voluntarios Certificados del Ombudsman de LTC Número proyectado de Voluntarios Certificados del Ombudsman de LTC AF 2023-2024
Números de Meta y Objetivo del Programa: 1.7

**Resultado 3. Los representantes del Ombudsman informan de forma correcta y coherente sobre sus quejas y otras actividades del programa con prontitud.**

**[Ley de Reautorización de la Ley de Estadounidenses Mayores de 2016,  
Sección 712(c)]**

**Medidas y Objetivos:**

En el recuadro a continuación, de forma narrativa, describa uno o más esfuerzos específicos que realizará su programa en el próximo año para incrementar la corrección, coherencia y prontitud de su reporte de datos de su Sistema Nacional de Información del Ombudsman (NORS).

Algunos ejemplos podrían ser:

- Contratar personal adicional para introducir datos
- Actualizar los equipos de computadoras para hacer más fácil la introducción de datos
- Iniciar un proceso de revisión de caso para garantizar que la introducción de casos se completa con prontitud

AF 2020-2021 – Personal y voluntarios del programa del Ombudsman asistirán, según sea necesario, a capacitación adecuada sobre corrección, coherencia y prontitud del reporte de datos correspondiente al programa del Ombudsman.

AF 2021-2022 - Personal y voluntarios del programa del Ombudsman asistirán, según sea necesario, a capacitación adecuada sobre corrección, coherencia y prontitud del reporte de datos correspondiente al programa del Ombudsman

**OBJETIVOS DEL PLAN DE UNIDADES DE SERVICIO PARA LA PREVENCIÓN DE  
ABUSOS DE MAYORES CONFORME AL TÍTULO VIIA**

El programa que realiza el trabajo de Prevención de Abuso de Mayores conforme al Título VIIA es:

<input checked="" type="checkbox"/>	Programa de Ombudsman
<input checked="" type="checkbox"/>	Proveedor de Servicios Legales
<input type="checkbox"/>	Servicios de Protección de Adultos
<input checked="" type="checkbox"/>	Otro (explicar/enumerar): Servicios Directos de VCAAA – Servicios EAP

La agencia que recibe financiación para la Prevención de Abusos de Mayores conforme al Título VIIA es: Grey Law del Condado de Ventura

## Actualización del Plan Estratégico para el Año Fiscal 2022-2023

Año Fiscal	# Total de Sesiones de Educación Pública
2020-2021	2
2021-2022	2
2022-2023	2
2023-2024	

Año Fiscal	# Total de Sesiones de Capacitación para Profesionales
2020-2021	8
2021-2022	8
2022-2023	8
2023-2024	

Año Fiscal	# Total de Sesiones de Capacitación para Cuidadores servidos por Título III E
2020-2021	0
2021-2022	0
2022-2023	0
2023-2024	

Año Fiscal	# Total de Horas Dedicadas a Desarrollar un Sistema Coordinado
2020-2021	0
2021-2022	0
2022-2023	0
2023-2024	

Año Fiscal	# Total de Copias de Materiales Educativos a Distribuir	Descripción de Materiales Educativos
2020-2021	40	Se distribuirán 40 guías de Información Legal para Personas Mayores (LIFE)
2021-2022	40	Se distribuirán 40 guías de Información Legal para Personas Mayores (LIFE)
2022-2023	40	Se distribuirán 40 guías de Información Legal para Personas Mayores (LIFE)
2023-2024		

Año Fiscal	Número Total de Personas Atendidas
2020-2021	40
2021-2022	40
2022-2023	40
2023-2024	

### **OBJETIVOS DEL PLAN DE UNIDADES DE SERVICIO CONFORME AL TÍTULO III E**

#### **CCR Artículo 3, Sección 7300(d) Periodo de Planificación de Cuatro Años 2020-2024**

Este Plan de Unidades de Servicio (SUP) utiliza las cinco categorías de servicio amplias establecidas a nivel federal. Remita a las Revisiones de las Categorías de Servicio y el Diccionario de Datos del CDA, que entró en vigor en julio de 2018, para las actividades elegibles y medidas de unidad de servicio. Especifique la propuesta de tamaño de audiencia o

## Actualización del Plan Estratégico para el Año Fiscal 2022-2023

las unidades de servicio para TODOS los fondos presupuestados.

### Servicios IIIE Directos y/o Contratados

CATEGORÍAS	1	2	3
<b>Cuidadores de Adultos Mayores</b>	<b>Unidades de Servicio Propuestas</b>	<b>#(s) de Meta Requerido(s) s</b>	<b>#(s) de Objetivo Opcional</b>
<b>Servicios de Información</b>	<b># de actividades and Audiencia total est. para ellas</b>		
<b>2020-2021</b>	# de actividades: 20 Audiencia total est. para ellas: 800,000	1	4
<b>2021-2022</b>	# de actividades: 20 Audiencia total est. para ellas: 800,000	1	4
<b>2022-2023</b>	# de actividades: 20 Audiencia total est. para ellas: 800,000	1	4
<b>2023-2024</b>	# de actividades: Audiencia total est. para ellas:		
<b>Ayuda a Acceso</b>	<b>Contactos totales</b>		
<b>2020-2021</b>	5,000	1	4
<b>2021-2022</b>	5,000	1	4
<b>2022-2023</b>	5,000	1	4
<b>2023-2024</b>			
<b>Servicios de Apoyo</b>	<b>Horas totales</b>		
<b>2020-2021</b>	1,693	1	4
<b>2021-2022</b>	1,693	1	4
<b>2022-2023</b>	1,693	1	4
<b>2023-2024</b>			
<b>Cuidados de Relevó</b>	<b>Horas totales</b>		
<b>2020-2021</b>	3,079	1	4
<b>2021-2022</b>	3,079	1	4
<b>2022-2023</b>	3,079	1	4
<b>2023-2024</b>			
<b>Servicios Suplementarios</b>	<b>Eventos totales</b>		
<b>2020-2021</b>	182	1	4
<b>2021-2022</b>	182	1	4
<b>2022-2023</b>	182		
<b>2023-2024</b>			



## Actualización del Plan Estratégico para el Año Fiscal 2022-2023

### Servicios IIIE Directos y Contratados

Familiares Mayores de Personas Mayores	Unidades de Servicio <i>Propuestas</i>	#(s) de Meta <i>Requerido</i>	#(s) de Objetivo <i>Opcional</i>
<b>Servicios de Información</b>	<b># de actividades y audiencia total estimada para ellas</b>		
<b>2020-2021</b>	# de actividades: 10 Audiencia total est. para ellas: 5,000	1	4
<b>2021-2022</b>	# de actividades: 10 Audiencia total est. para ellas: 5,000	1	4
<b>2022-2023</b>	# de actividades: 10 Audiencia total est. para ellas: 5,000	1	4
<b>2023-2024</b>	# de actividades: Audiencia total est. para ellas:		

Familiares Mayores de Personas Mayores	Unidades de Servicio <i>Propuestas</i>	#(s) de Meta <i>Requerido(s)</i>	#(s) de Objetivo <i>Opcionales</i>
<b>Ayuda a Acceso</b>	<b>Contactos totales</b>		
<b>2020-2021</b>	80	1	4
<b>2021-2022</b>	80	1	4
<b>2022-2023</b>	80	1	4
<b>2023-2024</b>			
<b>Servicios de Apoyo</b>	<b>Horas totales</b>		
<b>2020-2021</b>	20	1	4
<b>2021-2022</b>	20	1	4
<b>2022-2023</b>	20	1	4
<b>2023-2024</b>			
<b>Cuidados de Relevó</b>	<b>Horas totales</b>		
<b>2020-2021</b>	20	1	4
<b>2021-2022</b>	20	1	4
<b>2022-2023</b>	20	1	4
<b>2023-2024</b>			
<b>Servicios Suplementarios</b>	<b>Eventos Totales</b>		
<b>2020-2021</b>	20	1	4
<b>2021-2022</b>	20	1	4
<b>2022-2023</b>	20	1	4
<b>2023-2024</b>			

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**PROGRAMA DE CONSEJERÍA Y DEFENSA DE SEGUROS DE SALUD (HICAP)  
PLAN DE UNIDADES DE SERVICIO  
CCR Artículo 3, Artículo 7300(d)**

**SERVICIOS LEGALES PAGADOS BAJO HICAP:** Complete esta sección si su Contrato Maestro contiene una disposición para utilizar fondos HICAP para ofrecer Servicios Legales HICAP.

**OBJETIVOS DE DESEMPEÑO ESTATALES Y FEDERALES:** La Administración para la Vida Comunitaria (ACL, por sus siglas en inglés) establece objetivos para las medidas de desempeño (PM) del Programa Estatal de Ayuda con Seguros de Salud (SHIP)/HICAP. ACL introdujo revisiones a las PM del SHIP a finales del 2016, conjuntamente con el anuncio de financiación original (ref HHS-2017-ACL-CIP-SAPG-0184) para su implementación con la publicación de la Notificación de Concesión (Subvención Número 90SAPG0052-01-01 emitida en julio de 2017).

Las cinco nuevas PM federales reflejan en general las siete PM anteriores (PM 2.1 a PM 2.7), con la salvedad de PM 2.7 (Horas Totales de Consejería), que se eliminó porque ya se está recogiendo bajo el *Informe Anual de Recursos SHIP*. Como parte de esos cambios, ACL eliminó la metodología de puntuación basada en desempeño y la sustituyó por un modelo de comparación basado en una escala de Likert para fijar Objetivos Nacionales de Medida del Desempeño que definan las tasas de penetración proporcionales necesarias para hacer mejoras.

Utilizando el enfoque de ACL, el HICAP del CDA proporciona Medidas de Desempeño Estatal y Federal con objetivos orientados a metas para cada Área de Planificación y Servicio (PSA, por sus siglas en inglés) de cada Agencia del Área de Envejecimiento. Uno de los cambios a todas las PM es el cambio a datos a nivel del condado. En general, las Medidas de Desempeño Estatales y Federales incluyen las siguientes:

- PM 1.1 Clientes Asesorados: Número de Inscripciones finalizadas para clientes/beneficiarios que recibieron servicios HICAP
- PM 1.2 Eventos Públicos y de Medios (PAM): Número de formularios PAM completados categorizados como eventos “interactivos”
- PM 2.1 Contactos con Clientes: Porcentaje de interacciones uno a uno con cualquier beneficiario de Medicare
- PM 2.2 Contactos de Difusión PAM: Porcentaje de personas alcanzadas a través de eventos categorizados como “interactivos”
- PM 2.3 Beneficiarios de Medicare menores de 65: Porcentaje de interacciones uno a uno con beneficiarios de Medicare de menos de 65 años
- PM 2.4 Contactos Difíciles de Alcanzar: Porcentaje de interacciones uno a uno con beneficiarios de Medicare “difíciles de alcanzar”, designados como:
  - PM 2.4a Ingresos bajos (LIS)
  - PM 2.4b Rural
  - PM 2.4c Inglés como Segundo Idioma (ESL, por sus siglas en inglés)
- PM 2.5 Contactos de Inscripción: Porcentaje de contactos con los que se habló de uno o

más temas de inscripción que reúnen los requisitos

Las AAA deben demostrar progresos hacia cumplir o mejorar los requisitos de Desempeño establecidos por el CDA y la ACL según se muestra anualmente en la herramienta de *Medidas de Desempeño Estatal y Federal* que se encuentra en línea, en la página: [https://www.aging.ca.gov/Providers\\_and\\_Partners/Area\\_Agencies\\_on\\_Aging/#pp-planning](https://www.aging.ca.gov/Providers_and_Partners/Area_Agencies_on_Aging/#pp-planning). (Remisión a CDA PM 17-11 para más detalle, incluyendo Medidas y Definiciones de Desempeño HICAP actuales).

Para planificación actual y futura, el CDA exige a cada AAA que garantice que las unidades de servicio HICAP y los datos relacionados del *Informe Anual de Recursos* federal estén documentados y verificados como completos/finalizados en el sistema del Programa de Informes Automatizados HICAP Estatal (SHARP, por sus siglas en inglés) del CDA según los requisitos contractuales sobre informes actuales. Las Unidades de Servicio HICAP no es necesario que se introduzcan en el Plan del Área (con la excepción de los Servicios Legales Remunerados HICAP, en su caso).

**Unidades de Servicio de Servicios Legales HICAP (si aplica)<sup>1</sup>**

Año Fiscal (AF)	3.1 Número Estimado de Clientes Representados por AF (Unidad de Servicio)	Números de Meta
2020-2021	8	2
2021-2022	8	
2022-2023	8	
2023-2024		

Año Fiscal (AF)	3.2 Número Estimado de Horas de Representación Legal por AF (Unidad de Servicio)	Números de Meta
2020-2021	3	2
2021-2022	3	
2022-2023	3	
2023-2024		

Año Fiscal (AF)	3.3 Número Estimado de Horas de Consulta del Programa por AF (Unidad de Servicio)	Números de Meta
2020-2021	3	2
2021-2022	3	
2022-2023	3	
2023-2024		

**AYUDA LEGAL**

**Ciclo de Planificación del Área de Cuatro Años 2020-2024**

<sup>1</sup> Requiere un contrato para utilizar fondos HICAP para pagar por Servicios Legales HICAP.

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Esta sección debe completarse y presentarse anualmente. La Ley de Reautorización de la Ley de Estadounidenses Mayores de 2016 designa la ayuda legal como un servicio prioritario conforme al Título III B [42 USC §3026(a)(2)]<sup>2</sup>. El CDA ha desarrollado las Directrices Estatales de California para Asistencia Legal (*California Statewide Guidelines for Legal Assistance*) (las "Directrices"), que deben usarse como mejores prácticas por parte del CDA, las AAA y los LSP para la contratación y monitoreo de procesos de servicios legales, y que se encuentran en la página [https://aging.ca.gov/Providers\\_and\\_Partners/Legal\\_Services/#pp-gg](https://aging.ca.gov/Providers_and_Partners/Legal_Services/#pp-gg)

1. Basándose en su evaluación de necesidades local, ¿qué porcentaje de fondos del Título IIIB se asigna a Servicios Legales? **Describe:** Como mínimo, el 5% de los fondos del Título IIIB.
  
2. Específicamente respecto de los Servicios Legales, ¿ha habido un cambio en sus necesidades locales en los últimos cuatro años? Si es así, por favor, identifique el cambio (incluya si el cambio ha afectado al nivel de financiación y la diferencia en niveles de financiación durante los últimos cuatro años). **Sí/No, Describe:** Las necesidades locales se han mantenido igual durante los últimos cuatro años; los fondos para servicios legales son extremadamente limitados. El LSP desearía poder crear un fondo para demandas para personas mayores de ingresos bajos.
  
3. Específicamente respecto de los Servicios Legales, ¿especifica el contrato/acuerdo de la AAA con el/los Proveedor(es) de Servicios Legales que se espera de los LSP que utilicen las Directrices Estatales de California para la prestación de servicios legales según la Ley de Estadounidenses Mayores (OAA)? **Sí/No, Describe:** Sí. El contrato entre la AAA y el LSP especifica que se espera de los LSP que utilicen las Directrices Estatales de California; dichas directrices son el "Anexo C" del contrato.
  
4. ¿Colabora la AAA con el/los Proveedor(es) de Servicios Legales para establecer conjuntamente cuestiones de prioridad específica para servicios legales? Si es así, ¿cuáles son las cuatro (4) cuestiones más prioritarias en su PSA? **Sí/No, Describe:** Sí, como mínimo, el LSP y la AAA revisan juntos anualmente las prioridades de servicio del LSP, y el LSP hace aportaciones críticas. Las cuatro cuestiones legales con mayor prioridad en la PSA 18 son:
  - Consumidores: deuda y cobros, acoso por parte de acreedores y fraude a consumidores
  - Abuso/Negligencia/Explotación: casos de abuso/explotación de mayores, abuso financiero
  - Planificación/Autonomía Personal: directivas anticipadas, poderes de representación
  - Vivienda: embargos por hipotecas inversas, disputas con arrendadores, prestatarios depredadores

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<sup>2</sup> Para información relacionada con Servicios Legales, contacte a Chisorom Okwuosa llamando al 916 419-7500 o escribiendo a [chisorom.okwuosa@aging.ca.gov](mailto:chisorom.okwuosa@aging.ca.gov)

5. Específicamente respecto de los Servicios Legales, ¿colabora la AAA con el/los Proveedor(es) de Servicios Legales para identificar conjuntamente la población objetivo? Si es así, ¿cuál es la población objetivo de personas mayores en su PSA Y qué mecanismo se usa para llegar a la población objetivo? **Sí/No, Describa:**

Las poblaciones objetivo para la recepción de servicios legales en la PSA 18 son personas mayores de 60 años o más que:

- Son las personas mayores más frágiles y vulnerables (como las personas de 85 años y más)
- Tienen las personas mayores necesidades sociales y económicas
- Están confinadas en casa, aisladas socialmente, o viviendo solas sin apoyo
- Están sufriendo abuso físico y financiero
- Estén sufriendo problemas crónicos de salud, discapacidades mentales o físicas (incluyendo personas mayores sordas, con discapacidades auditivas y ciegas) y cuidadores de estas poblaciones; y
- Tienen un dominio limitado del inglés

Los mecanismos para llegar a estas poblaciones incluyen, sin limitarse a ello:

- Trabajar con la AAA y su Centro de Recursos para Envejecimiento y Discapacidad (ADRC, por sus siglas en inglés) para mantenerse al día de las necesidades, estadísticas y oportunidades nuevas y continuadas para difusión (como por ejemplo, para personas mayores LGBT)
- Participar en el desarrollo del Plan Maestro Estratégico de la AAA (Plan del Área) y actualizaciones anuales
- Distribuir folletos del LSP en inglés y español en centros de personas mayores, actos de conferencias públicas, y eventos de difusión
- Utilizar anuncios de servicio público (PSA, por sus siglas en inglés)
- Fomentar el boca a boca entre personas mayores para dar publicidad al programa
- Los servicios legales se anuncian en boletines informativos y notas de prensa, incluyendo los publicados por centros locales comunitarios/de personas mayores (puntos focales)
- Sitio de internet del LSP
- Trabajar/comunicarse con proveedores de servicios aliados, incluyendo, aunque sin limitarse a ellos, el Ombudsman de atención a largo plazo, la Barra de Abogados local, Servicios de Protección de Adultos, Centro de Autoayuda del Tribunal Superior, centros de personas mayores y centros comunitarios locales, Red de Personas Mayores de las AAA, fuerzas del orden locales, el FBI, los tres centros de cuidadores familiares que reciben fondos del Título III-E de la AAA (incluyendo el centro nuevo enfocado a hablantes monolingües de español), y el Centro de Recursos para Aprendizaje Independiente.

6. Específicamente respecto de los Servicios Legales, ¿cuál es la población de personas

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mayores objetivo y el mecanismo para llegar a los grupos objetivo en su PSA?  
**Describe:** Por favor, observe que esta es un duplicado de la Pregunta #5. Para las respuestas, por favor, consulten la Pregunta #5 anterior.

7. ¿Cuántos proveedores de servicios de ayuda legal hay en su PSA? **Complete la tabla a continuación.**

Año Fiscal	# de Proveedores de Servicio de Ayuda Legal
<b>2020-2021</b>	1
<b>2021-2022</b>	1
<b>2022-2023</b>	1
<b>2023-2024</b>	Dejar en blanco hasta 2023

8. ¿Qué métodos de difusión están utilizando los proveedores de Servicios Legales?  
**Describe:** Las campañas de difusión se celebran a lo largo de todo el año mediante los medios de noticias (impresos y audiovisuales), presentaciones regulares a organizaciones basadas en la comunidad sin fines de lucro (por ejemplo, grupos de hospicios, etc.), ferias comunitarias, y días programados regularmente cada mes en los centros de mayores. Esto se está ampliando continuamente para llegar a personas aisladas por barreras lingüísticas y culturales. Trabajando con la AAA y su Centro de Recursos para Envejecimiento y Discapacidad (ADRC) para mantenerse al día de las necesidades, estadísticas y oportunidades nuevas y continuadas para difusión (como por ejemplo, para personas mayores LGBT). Distribuir folletos del LSP en inglés y español en centros de mayores, actos de conferencias públicas, y eventos de difusión. Anuncios de servicio público. Fomentar el boca a boca entre personas mayores para dar publicidad al programa. Los servicios legales se anuncian en boletines informativos y notas de prensa, incluyendo los publicados por centros locales comunitarios/de personas mayores (puntos focales). Sitio de Internet del LSP. Trabajar/comunicarse con proveedores de servicios aliados, incluyendo, aunque sin limitarse a ellos, el Ombudsman de atención a largo plazo, la Barra de Abogados local, Servicios de Protección de Adultos, Centro de Autoayuda del Tribunal Superior, centros de mayores y comunitarios locales, Red de Personas Mayores de las AAA, fuerzas del orden locales, el FBI, los tres centros de cuidadores familiares que reciben fondos del Título III-E de la AAA (incluyendo el centro nuevo enfocado a hablantes monolingües de español), y el Centro de Recursos para Aprendizaje Independiente y asegurarse de que la disponibilidad de servicios es conocida en la totalidad de la red de servicios para el envejecimiento en la PSA 18.
9. ¿Qué regiones geográficas están cubiertas por cada proveedor? **Complete la tabla a continuación:**

## Actualización del Plan Estratégico para el Año Fiscal 2022-2023

<b>Año Fiscal</b>	<b>Nombre del Proveedor</b>	<b>Área Geográfica Cubierta</b>
<b>2020-2021</b>	Grey Law of Ventura, Inc.	Todo el Condado
<b>2021-2022</b>	Grey Law of Ventura, Inc	Todo el Condado
<b>2022-2023</b>	Grey Law of Ventura, Inc	Todo el Condado
<b>2023-2024</b>	Dejar en blanco hasta 2023	Dejar en blanco hasta 2023

**10.** Describa cómo acceden los adultos mayores a Servicios Legales en su PSA: **Describe:** Los adultos mayores acceden a los servicios legales llamando para programar una cita en el despacho del proveedor o en el centro de personas mayores local. Las personas mayores deben ser residentes en el Condado de Ventura de 60 años o más.

**11.** Identifique los tipos principales de problemas legales que gestiona(n) el/los proveedor(es) de Título IIIB en su PSA. Describa (por favor, incluya nuevas tendencias de problemas legales en su área). **Describe:** La deuda de tarjetas de crédito ha sido, y sigue siendo, un problema legal grave para muchos adultos mayores. Pueden sobrellevar la deuda cuando están trabajando, y cuando ya no pueden trabajar (por jubilación o enfermedad, etc.), no pueden pagar su deuda. La deuda de consumo ha superado por completo a todas las demás áreas de servicios legales y representa más de un tercio anualmente de las horas de consultas a miembros de Grey Law y voluntarios. Otros problemas importantes y/o tendencias nuevas incluyen problemas con hipotecas inversas, abuso de mayores, directivas de atención médica, elecciones sobre toma de decisiones, poderes de representación permanente, Seguro Social, Medicare, Medi-Cal, residencias de mayores y fraude contra consumidores.

**12.** ¿Cuáles son las barreras para el acceso a la ayuda legal en su PSA? Incluya propuesta de estrategias para superar dichas barreras. **Describe:** Las barreras para el acceso incluyen (1) las personas desean más representación legal de la que puede proporcionar la financiación; (2) idioma y barreras culturales, que pueden hacer que las personas mayores no busquen servicios; y (3) falta de transporte para ir y venir de los lugares donde se ofrecen los servicios. Este problema ha mejorado durante los últimos años, a medida que más personas mayores se informan sobre recursos de transporte. Las estrategias para superar estas barreras incluyen la necesidad de mayor financiación procedente de la Ley de Estadounidenses Mayores para proporcionar servicios legales; contratación y conservación continuada de más voluntarios (que deben ser abogados o estudiantes de leyes); trabajar con iglesias locales para identificar y llegar a personas mayores no pertenecientes a las mayorías que pudieran beneficiarse de servicios legales, y voluntarios dispuestos a ofrecer transporte para ir y volver de citas.

**13.** ¿Con qué otras organizaciones o grupos coordina servicios su proveedor de servicios legales? **Describe:**

El LSP coordina servicios con estas organizaciones:

- Servicios de Protección de Adultos (Condado de Ventura)

- Asociación de Alzheimer, Capítulo de la Costa Central
- California Rural Legal Assistance, Inc.
- Acción Comunitaria del Condado de Ventura
- Conejo Valley Senior Concerns
- Equipo de Especialistas en Abuso Financiero (FAST)
- Programa de Consejería sobre Seguros de Salud y Defensa (HICAP) (Condado de Ventura)
- Servicios Familiares Judíos respecto de derecho de familia
- Clínica de Acceso Legal en los Tribunales
- Ombudsman (Long Term Care Services of Ventura County, Inc.)
- Línea Telefónica para Personas Mayores (“211”)
- Agencia del Área sobre el Envejecimiento del Condado de Ventura
- Oficina de Servicios para Veteranos de Guerra (Condado de Ventura)



## SECCIÓN 22: GARANTÍAS

En virtud de la Ley de Reautorización de la Ley de Estadounidenses Mayores de 2020 (OAA), la Agencia del Área sobre el Envejecimiento garantiza que:

- A. Garantías (A) servicios asociados con el acceso a los servicios (transporte, difusión de servicios de salud (incluyendo servicios de salud mental y del comportamiento), información y asistencia (que puede incluir información y asistencia a los consumidores sobre la disponibilidad de servicios bajo la parte B y cómo recibir beneficios y participar en programas con apoyo público para los cuales puede ser elegible el consumidor y servicios de gestión de casos);
- (B) servicios a domicilio, incluidos servicios de apoyo para familias de personas mayores con enfermedad de Alzheimer y trastornos relacionados con una disfunción cerebral neurológica y orgánica; y
- (C) asistencia legal; y garantías de que la agencia del área sobre el envejecimiento informará anualmente a la agencia estatal en detalle sobre la cantidad de fondos gastados para cada categoría durante el año fiscal que concluyó más recientemente;

### 1. OAA 306(a)(2)

Dispondrá que una proporción adecuada, según se requiere en la Sección 307(a)(2) de la Ley de Reautorización de la Ley de Estadounidenses Mayores de 2016, de la cantidad asignada para la parte B al área de planificación y servicio, se gastará para la prestación de cada una de las siguientes categorías de servicios:

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

I (I) brindará garantías de que la Agencia del Área sobre el Envejecimiento:

(aa) establecerá objetivos específicos, en consonancia con la política del Estado, para brindar servicios a las personas mayores con mayor necesidad económica, personas mayores con mayor necesidad social y personas mayores en riesgo de colocación en una institución;

(bb) incluirá objetivos específicos para brindar servicios a personas mayores pertenecientes a minorías de bajos ingresos, personas mayores con dominio limitado del inglés y personas mayores que residen en áreas rurales; e;

I (II) incluirá métodos propuestos para lograr los objetivos descritos en los apartados (aa) y (bb) de la subcláusula (I);

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

Incluirá en cada acuerdo realizado con un proveedor de cualquier servicio bajo este título, un requisito de que dicho proveedor:

I (I) especificará cómo el proveedor tiene la intención de satisfacer las necesidades de servicio de las personas pertenecientes a minorías de bajos ingresos, personas mayores con dominio limitado del inglés y personas mayores que residen en áreas rurales en el área atendida por el proveedor;

II (II) en la medida de lo posible, proporcionará servicios a personas pertenecientes a minorías de bajos ingresos, personas mayores con dominio limitado del inglés y personas mayores que residen en áreas rurales de acuerdo con su necesidad de tales servicios; y

III (III) cumplirá con los objetivos específicos establecidos por la agencia del área sobre el envejecimiento, para brindar servicios a personas pertenecientes a minorías de bajos ingresos, personas mayores con dominio limitado del inglés y personas mayores que residen en áreas rurales

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dentro del área de planificación y servicio;

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

Con respecto al año fiscal anterior al año fiscal para el cual se prepara dicho plan:

- I (I) identificará el número de personas mayores pertenecientes a minorías de bajos ingresos existentes en el área de planificación y servicio;
- II (II) describirá los métodos utilizados para satisfacer las necesidades de servicios de tales personas mayores pertenecientes a minorías; y
- III (III) proporcionará información sobre la medida en la que la agencia del área sobre el envejecimiento cumplió con los objetivos descritos en la garantía número 2.

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

Utilizará esfuerzos de difusión que:

- (i) identifiquen a las personas elegibles para recibir asistencia en virtud de esta Ley, con especial énfasis en: (I) personas mayores que residen en áreas rurales;
  - (II) personas mayores con mayor necesidad económica (con especial atención a personas pertenecientes a minorías de bajos ingresos y personas mayores que residen en áreas rurales);
  - (III) personas mayores con mayor necesidad social (con especial atención a personas pertenecientes a minorías de bajos ingresos y personas mayores que residen en áreas rurales);
  - (IV) personas mayores con discapacidades severas;
  - (V) personas mayores con dominio limitado del inglés;
  - (VI) personas mayores con enfermedad de Alzheimer y trastornos relacionados con una disfunción cerebral neurológica y orgánica (y los cuidadores de dichas personas); y
  - (VII) personas mayores con riesgo de colocación institucional, incluyendo específicamente a los sobrevivientes del Holocausto; e
- (ii) informará a las personas mayores mencionadas en las subcláusula (I) a (VII) de la cláusula (i), y a los cuidadores de dichas personas, de la disponibilidad de dicha asistencia;

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

Contendrá garantías de que la Agencia del Área sobre el Envejecimiento se asegurará que cada actividad realizada por la agencia, incluyendo planificación, defensa y desarrollo de sistemas, incluirá especial atención a las necesidades de personas mayores pertenecientes a minorías de bajos ingresos y personas mayores que residan en áreas rurales;

#### 7. OAA 306(a)(5)

Proporcionará garantías de que la Agencia del Área sobre el Envejecimiento coordinará la planificación, identificación, evaluación de necesidades y prestación de servicios para las personas mayores con discapacidades, con especial atención a las personas con discapacidades graves y las personas en riesgo de ser colocadas en una institución, con las agencias que desarrollan o proporcionan servicios para personas con discapacidades;

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

(A) Proporcionará garantías de que la Agencia del Área sobre el Envejecimiento, al llevar a cabo el programa del Ombudsman de Atención a Largo Plazo del Estado bajo la sección 307(a)(9),

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gastará no menos que la cantidad total de fondos asignados bajo esta Ley y a cargo de la agencia en el año fiscal 2019 para la realización de dicho programa bajo este título;

(B) los fondos puestos a disposición de la Agencia del Área sobre el Envejecimiento de conformidad con la sección 712, se utilizarán para complementar y no para suplantar otros fondos federales, estatales y locales gastados para apoyar las actividades descritas en la sección 712;

### 9. OAA 306(a)(11)

Proporcionará información y garantías sobre los servicios a las personas mayores que sean nativos americanos (a los que se hace referencia en este párrafo como "nativos americanos mayores"), incluidas:

(A) información sobre si hay una población significativa de nativos americanos mayores en el área de planificación y servicio y, de ser así, una garantía de que la agencia del área sobre el envejecimiento llevará a cabo actividades, incluida la difusión, para aumentar el acceso de los nativos americanos mayores a los programas y beneficios proporcionados bajo este título;

(B) Una garantía de que la Agencia del Área sobre el Envejecimiento en la mayor medida posible, coordinará los servicios que la agencia brinda bajo este título con los servicios provistos bajo el título VI; y

(C) una garantía de que la Agencia del Área sobre el Envejecimiento hará que los servicios del plan local estén disponibles, en la misma medida en que dichos servicios están disponibles para las personas mayores dentro del área de planificación y servicio, para los nativos americanos mayores.

### 10. OAA 306(a)(13)(A-E)

(A) mantendrá la integridad y el propósito público de los servicios prestados y de los proveedores de servicios bajo este título en todas las relaciones contractuales y comerciales;

(B) comunicará al Subsecretario y a la agencia estatal: (i) la identidad de cada entidad no gubernamental con la que dicha agencia tiene un contrato o relación comercial relacionada con la prestación de cualquier servicio a personas mayores; y

(ii) la naturaleza de dicho contrato o relación;

(C) demostrará que tal contrato o tal relación no ha dado lugar ni dará lugar a una pérdida o disminución en la cantidad o calidad de los servicios prestados, o por ser prestados, bajo este título por tal agencia;

(D) demostrará que la cantidad o calidad de los servicios por prestar bajo este título por parte de dicha agencia mejorará como resultado de dicho contrato o relación; y

(E) a solicitud del Subsecretario o del Estado, con el propósito de monitorear el cumplimiento de esta Ley (incluida la realización de una auditoría), revelará todas las fuentes y gastos de fondos que dicha agencia reciba o gaste para brindar servicios a personas mayores;

### 11. 306(a)(14)

Proporcionará garantías de que la Agencia del Área sobre el Envejecimiento no dará preferencia para recibir servicios bajo este título a personas mayores en particular como resultado de un contrato o relación comercial que no se lleve a cabo para implementar este título;

### 12. 306(a)(15)

Proporcionar garantías de que los fondos recibidos en virtud de este título se utilizarán:

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(a) para proporcionar beneficios y servicios a las personas mayores, dando prioridad a las personas mayores identificadas en la Sección 306(a)(4)(A)(i); y

(A) de conformidad con las garantías especificadas en la Sección 306(a)(13) y las limitaciones especificadas en la Sección 212;

13: OAA 305(c)(5)

En el caso de un estado especificado en la subsección (b)(5), la agencia estatal proporcionará garantías, que la agencia estatal estime adecuadas, de que la Agencia del Área sobre el Envejecimiento tendrá la capacidad de desarrollar un plan de área y de llevar a cabo, directamente o mediante acuerdos contractuales o de otro tipo, un programa de acuerdo con el plan dentro de la planificación y el área de servicio.

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

(B)

i (i) ninguna persona (designada o no) involucrada en la designación de la agencia estatal o una Agencia Local sobre el Envejecimiento, o en la designación del jefe de cualquier subdivisión de la agencia estatal o de una Agencia Local sobre el Envejecimiento, esté sujeta a un conflicto de intereses prohibidos por esta Ley;

ii (ii) ningún funcionario, empleado u otro representante de la agencia estatal o Agencia Local sobre el Envejecimiento esté sujeto a un conflicto de intereses prohibido por esta Ley; y

iii (iii) existan mecanismos para identificar y eliminar los conflictos de intereses prohibidos por esta Ley.

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

i (i) celebrará contratos con proveedores de asistencia legal que puedan demostrar la experiencia o capacidad para brindar asistencia legal;

ii (ii) incluirá en dichos contratos disposiciones para asegurar que cualquier receptor de fondos bajo la división (i) estará sujeto a restricciones y regulaciones específicas promulgadas bajo la Ley de Corporaciones de Servicios Legales (además de las restricciones y regulaciones que gobiernan la elegibilidad para asistencia legal bajo dicha Ley y la membresía gobernante de las juntas directivas locales) según lo determine apropiado el Subsecretario; e

iii (iii) intentará involucrar a los abogados privados en actividades de asistencia legal autorizadas bajo este título, incluyendo grupos dentro de los abogados privados que brinden servicios a personas mayores de manera pro bono y con honorarios reducidos.

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

Que no se proporcionará asistencia legal a menos que el concesionario administre un programa diseñado para brindar asistencia legal a personas mayores con necesidades sociales o económicas y haya acordado, si el concesionario no es un concesionario de proyectos de la Corporación de Servicios Legales, coordinar sus servicios con proyectos existentes de la Corporación de Servicios Legales en el área de planificación y servicio con el fin de concentrar el uso de los fondos provistos bajo este título en las personas con mayor necesidad de este tipo; y la Agencia Local sobre el Envejecimiento determina, después de una evaluación y de conformidad con las normas de servicio promulgadas por el Subsecretario, que cualquier concesionario seleccionado es la entidad que mejor puede proporcionar los servicios correspondientes.

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

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En la medida de lo posible, que la asistencia legal proporcionada bajo el plan será adicional a cualquier asistencia legal para las personas mayores que reciben fondos de fuentes distintas a esta Ley y que se harán esfuerzos razonables para mantener los niveles existentes de legal.

- (i) educación pública para identificar y prevenir el abuso de personas mayores;
- (ii) recepción de informes de abuso de personas mayores;
- (iii) participación activa de personas mayores que participen en programas bajo esta Ley a través de actividades de divulgación, conferencias y remisión de dichas personas a otras agencias de servicios sociales o fuentes de asistencia cuando sea apropiado y con el consentimiento de las partes a ser remitidas; y
- (iv) remisión de quejas a las fuerzas del orden o servicios de protección pública cuando corresponda.

ayuda a personas mayores; y

### 18. OAA 307(a)(11)(E)

Dar prioridad a la asistencia legal relacionada con los ingresos, la atención médica, la atención a largo plazo, la nutrición, la vivienda, los servicios públicos, los servicios de protección, la defensa de la tutela, el abuso, la negligencia y la discriminación por edad.

### 19. OAA 307(a)(12)(A)

Cualquier agencia del área sobre el envejecimiento que realice dichos servicios llevará a cabo un programa de conformidad con la ley estatal pertinente y coordinado con las actividades estatales de servicios de protección para adultos existentes para

### 20. OAA 307(a)(15)

Si una cantidad sustancial de las personas mayores que residen en cualquier área de planificación y servicio en el Estado tiene un dominio limitado del inglés, el Estado requerirá que la agencia del área sobre el envejecimiento para cada área de planificación y servicio:

- (A) utilice, para la prestación de servicios de extensión bajo la Sección 306(a)(2)(A), los servicios de trabajadores que dominen el idioma hablado por un número predominante de personas mayores que tengan un dominio limitado del inglés; y
- (B) designe a una persona empleada por la Agencia del Área sobre el Envejecimiento, o disponible para dicha Agencia del Área sobre el Envejecimiento a tiempo completo, cuyas responsabilidades incluirán:
  - (i) tomar las medidas que sean apropiadas para asegurar que la asistencia de asesoramiento esté disponible para las personas mayores que tengan un dominio limitado del inglés para ayudar a dichas personas mayores a participar en programas y recibir asistencia en virtud de esta Ley; y
  - (ii) brindar orientación a las personas involucradas en la prestación de servicios de apoyo en el marco del plan local correspondiente para permitir que dichas personas sean conscientes de las sensibilidades culturales y tomen en cuenta de manera efectiva las diferencias lingüísticas y culturales (A) residen en casa y corren el riesgo de ser institucionalizadas debido a limitaciones en su capacidad para funcionar de forma independiente;
- (B) son pacientes hospitalizados y corren riesgo de sufrir una institucionalización

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prolongada; o

(C) son pacientes en centros de atención a largo plazo, pero que pueden regresar a sus hogares si se les brindan servicios comunitarios.

### 21. OAA 307(a)(18)

Realizará esfuerzos para facilitar la coordinación de los servicios de atención a largo plazo basados en la comunidad, de conformidad con la Sección 306(a)(7), para personas mayores que: -

### 22. OAA 307(a)(26)

Las Agencias de Área sobre el Envejecimiento proporcionarán, para la prestación de servicios conforme a esta ley, de manera coherente con cuidado autodirigido.

Requisitos del Título 45 del Código de Regulaciones Federales (CFR):

### 23. CFR [1321.53(a)(b)]

(a) Es intención de la Ley de Estadounidenses Mayores que la agencia del área sobre el envejecimiento sea quien lidere en nombre de todas las personas mayores en relación con todas las cuestiones del envejecimiento en el área de planificación y servicio. Esto significa que la agencia del área realizará de forma proactiva, bajo el liderazgo y dirección de la agencia estatal, una amplia variedad de funciones relacionadas con la defensa, planificación, coordinación, conexiones entre agencias, compartir información, intermediación, monitoreo y evaluación, diseñadas para conducir al desarrollo o a la mejora de sistemas completos y coordinados basados en la comunidad en cada comunidad o que sirvan a cada comunidad en el Área de Planificación y Servicio. Estos sistemas estarán diseñados para ayudar a las personas mayores a vivir de forma independiente, significativa y digna en sus propios hogares y comunidades el mayor tiempo posible.

(b) Los sistemas completos y coordinados basados en la comunidad que se describen en el párrafo (a) de esta sección deberán: (1) Tener un punto focal de contacto visible al que cualquier persona pueda acudir o llamar para obtener ayuda, información o remisiones acerca de cualquier cuestión sobre el envejecimiento;

(2) Ofrecer una diversidad de opciones:

(3) Garantizar que estas opciones son fácilmente accesibles para todas las personas mayores: las independientes, las semidependientes y las completamente dependientes, sin importar sus ingresos;

(4) Incluir una asignación comprometida de recursos públicos y privados, de voluntarios y de personal, dedicados a apoyar el sistema;

(5) Implicar la toma de decisiones colaborativas entre organizaciones públicas, privadas, religiosas y fraternales y las personas mayores en la comunidad;

(6) Ofrecer ayuda especial o recursos enfocados para las personas mayores más vulnerables, aquellas en riesgo de perder su independencia;

(7) Proporcionar remisiones eficaces entre agencias para garantizar que se recibe información o ayuda, sin importar cómo o dónde se establece el contacto en la comunidad;

(8) Mostrar suficiente flexibilidad para responder con ayuda individualizada apropiada, especialmente para las personas mayores vulnerables;

(9) Tener un perfil único adaptado a la naturaleza específica de la comunidad;

(10) Estar dirigidas por líderes en la comunidad que tengan el respeto, la capacidad y la

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autoridad necesarios para aglutinar a todas las personas interesadas, evaluar necesidades, diseñar soluciones, hacer seguimiento del éxito en general, estimular los cambios y planificar respuestas comunitarias para el presente y para el futuro.

24. CFR [1321.53(c)]

Los recursos puestos a disposición de la Agencia del Área sobre el Envejecimiento conforme a la Ley de Estadounidenses Mayores deben utilizarse para financiar aquellas actividades necesarias para conseguir elementos de un sistema basado en la comunidad descritas en el párrafo (b) de esta sección.

25. CFR [1321.53(c)]

Trabajar con funcionarios electos de la comunidad en el área de planificación y servicio para designar uno o más puntos focales sobre el envejecimiento en cada comunidad, según sea apropiado.

26. CFR [1321.53(c)]

Garantizar que los servicios financiados conforme a la Ley de Estadounidenses Mayores en la comunidad o en nombre de ella estarán basados en los puntos focales designados, conectados con ellos o coordinados con ellos.

27. CFR [1321.53(c)] 56

Garantizar el acceso desde los puntos focales designados a los servicios financiados conforme a la Ley de Estadounidenses Mayores.

CFR [1321.53(c)]

Trabajar con otras agencias e instituciones de la comunidad, o trabajar para que el liderazgo de la comunidad trabaje con ellas, para conseguir la colocación máxima en otros servicios y oportunidades para las personas mayores, la coordinación con ellos o el acceso a ellos, desde los puntos focales designados en la comunidad.

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

Consultar con el programa del ombudsman estatal de atención a largo plazo y apoyarlo.

29. CFR [1321.61(d)]

No se considerará que ningún requisito de esta sección deje sin efecto una prohibición contenida en la asignación federal sobre el uso de fondos federales para hacer cabildeo en el Congreso; o la disposición sobre cabildeo aplicable a agencias y organizaciones privadas sin fines de lucro contenida en la Circular OMB A-122.

30. CFR [1321.69(a)]

Se dará prioridad en la prestación de servicios conforme a esta parte a personas de 60 años o más que son débiles, confinadas en su casa por motivo de una enfermedad o una discapacidad incapacitante, o que estén aisladas de otro modo.

## Agenda Item #6.5

**TO:** VCAAA Advisory Council Members  
**FROM:** Karen Gorback, Committee Chair  
**DATE:** March 28, 2022  
**SUBJECT:** Recommendation of the By-Laws Committee to Approve Changes to the VCAAA By-Laws and Forward to the Board of Supervisors for Approval

Committee Members Present:

Karen Gorback  
Martha Shapiro  
Mike Williams

Committee Members Absent:

Aleta Buckelew

VCAAA Staff Present:

Victoria Jump

1. **Welcome and Introductions** – The meeting was called to order at 2:00 pm by Victoria Jump.
2. **Purpose and Scope** – Every two years a committee is convened to review the by-laws and update as needed. The Advisory Council Policy and Procedures are incorporated by reference. The By-laws were last updated and approved by the Board of Supervisors in February 2020.
3. **Recommended changes:**
  - a. Minor changes are being made to add caregivers to sections where older adults and people with disabilities are referenced.
  - b. Removing the requirement that limits an individual to serving a maximum of three consecutive two-year terms. Language has been added that allows a member to apply again but adds a provision that they must openly compete for the seat.
  - c. Specifies that public statements on behalf of the VCAAA shall reflect official positions of the Advisory Council and shall be issued through the VCAAA Public Information Officer. Also clarifies that presentations made about VCAAA programs and positions are required to be cleared by the PIO.
4. **Other** – the committee is also recommending that a matrix be developed for use by the nominating committee to aid in an objective evaluation of applicants as



well as providing a similar matrix for the advisory council to use during the selection of members.

**5. Adjournment** – The meeting was adjourned at 3:15 pm

**VENTURA COUNTY  
AREA AGENCY ON AGING**

**BY-LAWS**

**ARTICLE I – AUTHORITY**

Section 1 – The name of this organization is the Ventura County Area Agency on Aging (VCAAA), otherwise known as VCAAA, and its jurisdictional region is the County of Ventura.

Section 2 –The VCAAA is a public agency established in accordance with and having the authority defined in the Comprehensive Older Americans Act Amendment of 1978 (PL 95-478) for the purpose of the development, implementation and evaluation of a comprehensive and coordinated service delivery system for persons aged 60 and over in Ventura County. People with disabilities and caregivers are also included in the eligible and targeted service populations.

Section 3 – The VCAAA consists of the Ventura County Board of Supervisors, as policy makers, and Advisory Council and staff.

**ARTICLE II – OBJECTIVE**

Section 1 – The objectives of the VCAAA include, but are not limited to:

- A. Providing leadership, advocacy and visibility for persons aged 60 and over, people with disabilities and caregivers within Ventura County.
- B. Integrating and consolidating the Older Americans Act Programs as an intrinsic part of the VCAAA's responsibility to contract, monitor, evaluate and give technical assistance to sub-grantees funded by the VCAAA.
- C. Conducting comprehensive planning, which includes the identification and prioritization of goals and related performance objectives as well as program costs projections.
- D. Developing and updating as needed the Ventura County Area Plan based on the above planning process.
- E. Developing the Plan with full knowledge of other public and private planners who are concerned with programs and services for persons aged 60 and over, persons with disabilities and caregivers.
- F. Designing a service delivery system which is expressed in the Area Plan to meet the wide range and diverse needs of persons aged 60 and over, persons with disabilities

and caregivers in Ventura County and which is consistent with, and implements, the Amended Older Americans Act at the local level.

- G. Evaluating the products, processes, resource allocation and effect of total program, anticipated and actual.
- H. Through program development activities, coordinating and pooling existing public and private resources toward establishing or expanding services identified by the planning process as priority needs of persons aged 60 and over, **of** persons with disabilities **and caregivers** in Ventura County.
- I. Developing an evaluation procedure and conducting evaluations to monitor performance of subgrantees.
- J. Disseminating information to persons aged 60 and over, persons with disabilities and caregivers in Ventura County. This shall include providing information regarding available services as well as providing reports on the activities of the VCAAA.
- K. Providing service to and advocating for persons under the age of 60 as required by the amended Older Americans Act and/or the Older Californians Act.

### **ARTICLE III - POLICY**

Section 1 – The Ventura County Board of Supervisors shall be the policy making body of the VCAAA.

Section 2 – Comments and recommendations by the Advisory Council on policy matters shall be submitted to the Board of Supervisors by the Director of the VCAAA.

Section 3 – The Director and staff of the VCAAA shall provide the Advisory Council with sufficient background material and information submitted in reasonable time to enable the Advisory Council to study and comment upon all matters requiring its input which is to be brought before the Board of Supervisors. Staff shall apprise the Advisory Council of agency matters relevant to the mission brought before the Board of Supervisors at regularly scheduled Advisory Council meetings.

### **ARTICLE IV – ADVISORY COUNCIL**

Section 1 – The Advisory Council is a principal advocate body on behalf of all eligible persons aged 60 and over, people with disabilities and caregivers within Ventura County.

Section 2 – The duties and powers of the Advisory Council shall be to:

- A. Serve as advisor to the VCAAA;

- B. Act as an independent advocate for persons aged 60 and older, persons with disabilities, and caregivers, taking positions on matters pertaining to federal, state and local policies, programs and procedures, and any legislation affecting older persons;
- C. Actively seek advice from community Councils on Aging, older adult advocacy organizations, local aging commissions, elected officials, and the general public for the purpose of advocating for and making formal presentations on issues of concern to persons aged 60 and older or persons with disabilities and other interested parties.
- D. Inform local older adult advocates and organizations on specific legislation pending before local, state and federal governments;
- E. Disseminate information of interest and concern to persons aged 60 and older, persons with disabilities and caregivers;
- F. Be actively involved in the development, implementation and monitoring of the Area Plan. The Area Plan shall include recommendations gathered from surveys of older adult service providers, community leaders and older adults themselves on the services needed to improve the lives of persons aged 60 and older, **of** persons with disabilities **and caregivers**. Programs recommended and developed will fall within the scope of the VCAAA. The Area Plan shall be made available to the Department of Aging (CDA), the California Commission on Aging (CCOA), and, insofar as resources permit, to all other interested parties that seek a copy of the report.
- G. Hold public hearings on the Area Plan with no less than 30-day notification to the general public and the older adult constituency regarding dates, time and location;
- H. Review, comment on, and make recommendations on proposals submitted to VCAAA for funding;
- I. Act as a two-way communication link between the VCAAA and its communities and/or organizations.

Section 3 – The Advisory Council shall be non-partisan in the conduct of its duties and functions.

Section 4 – Advisory Council members shall be reimbursed by the VCAAA for all authorized actual necessary expenses (Advisory Council meetings, authorized committee meetings and authorized taskforces) and incurred while carrying out the duties of such Advisory Council within Ventura County. Provision for such reimbursement shall be made in the Area Plan budget at formally established rates.

Section 5 – The VCAAA shall provide staff assistance to the Advisory Council to assist in carrying out specified duties.

## **ARTICLE V - ADVISORY COUNCIL MEMBERSHIP**

### **Section 1 -**

- A. Total membership on the Advisory Council shall be no less than 20 and no more than 40 persons and shall reflect compliance with federal and state guidelines.
- B. Membership shall be selected through a process designed by the local governing bodies in Ventura County. No more than fifty percent (50%) of the Advisory Council's membership shall be appointed by one official or body of officials.
- C. Membership shall be composed of:
  - 1. A majority of persons 60 years of age or older;
  - 2. At least three service providers, one of which represents the health care needs of older adults and people with disabilities;
  - 3. Members who reflect the geographic, racial, economic and cultural complexion of Ventura County;
  - 4. At least one person with a disability to represent the interests of people with disabilities.
  - 5. At least one member must represent the interests of the family caregiver.
  - 6. At least one member will be a current recipient of services being provided by the VCAAA or its subcontractors.
  - 7. At least one member to represent the interest of lesbian, gay, bisexual and transgendered and questioning (LGBTQ) older adults.
  - 8. At least one member to represent the interest of military veterans.
  - 9. At least one member to represent the mental health issues of older adults.
  - 10. In line with California Department of Aging requirements, three California Senior Legislature representatives to represent the interests of the VCAAA and its older adult constituency to the California Senior Legislature.
- D. Advisory Council composition requirements shall be complied with as vacancies occur. Preference will be given to people age 60 and older.

**Section 2 -** The process for membership selection to the Advisory Council shall be as follows:

- A. Each local Council on Aging, at a regularly scheduled meeting of its membership, shall elect two (2) individuals to the Advisory Council.
  - 1. The local Council on Aging shall recommend two (2) members to the City Council. The City Council shall then ratify or deny the recommendation.
  - 2. When ratified, the two (2) members shall be seated on the Advisory Council.
  - 3. If denied, the local Council on Aging shall elect another candidate using the same process. This shall continue until such time as the City Council approves the local Council on Aging's designation. As an alternative, the City Council may nominate its own candidate at any time without first considering any nominee from the local Council on Aging.
  - 4. This process will seat twenty (20) Advisory Council members.
  - 5. In the absence of a local Council on Aging, the Senior Center Director shall nominate two (2) members to the Advisory Council.
    - a. The Senior Center Director shall recommend the two (2) members to the City Council. The City Council shall then ratify or deny the recommendation.
    - b. When ratified, the two (2) members shall be seated on the Advisory Council.
    - c. If denied, the Senior Center Director shall nominate another member using the same process. This shall continue until such time as the City Council approves the Senior Center Director's designation
  - 6. The Senior Center Director, with approval from the Council on Aging, can appoint two (2) members to the Advisory Council.
    - a. The Senior Center Director shall recommend the two (2) members to the City Council. The City Council shall then ratify or deny the recommendation.
    - b. When ratified, the two (2) members shall be seated on the Advisory Council.
    - c. If denied, the Senior Center Director shall appoint another member using the same process. This shall continue until such time as the City Council approves the Senior Center Directors designation
- B. The Board of Supervisors will appoint six (6) members to the Advisory Council and in those appointments will ensure that the Agency requirements for minority representation are met. One (1) of these appointments will be from the unincorporated areas whenever possible.
- C. The Advisory Council will elect three California Senior Legislature representatives to serve four-year terms.
- D. The twenty nine (29) Advisory Council members thus seated will elect three (3) Service Provider members, one of which will represent the health care needs of adults and people with disabilities; one (1) Family Caregiver representative; one (1) member to represent the interest of LGBTQ older adults; one (1) member to represent the interest of military veterans; one (1) member to represent the interests of people with disabilities; one (1) member to represent the interest of

- older adults with mental health needs; and one (1) member to represent participants of the programs. This shall be done by democratic process.
- E. The immediate past chairperson of the Advisory Council will sit as a member of the Advisory Council.
  - F. For mid-term vacancies, the appointing authority shall appoint a representative to serve the remainder of the term or shall follow the process of electing new member (see Article V, Section 2, A and D).
  - G. No member can serve in more than one seat.

Section 3 – All members have a duty to inform the Advisory Council, committee and/or taskforce if they have a conflict of interest. They are prohibited from casting a vote on any matter which has a direct bearing on the services to be provided by that member or by the entity which that member represents on the Council. Under AB 1234, the State of California requires board members to complete a biennial ethics course. Members are also required to file Form 700 forms at the start of the term, annually and upon leaving their position.

Section 4 – Names and required information about Supervisorial Advisory Council members shall be submitted to the Ventura County Board of Supervisors for review to ensure compliance with federal and state mandates concerning composition of the Advisory Council. In the event of non-compliance for any reason, the Advisory Council shall identify the cause of the non-compliance and shall make recommendations to the appropriate sponsoring authorities to attempt to correct the non-compliance. The VCAAA shall receive the recommendation, review it and adopt or alter the recommendation to achieve compliance. The Director of the VCAAA shall implement the action of the Board of Supervisors.

Section 5 – The term of membership for individuals on the Advisory Council shall be two (2) years. At the conclusion of a two-year term, an Advisory Council member may be re-elected or re-appointed for a second or third two-year term by the appointing authority. ~~No individual may serve more than six consecutive years on the Advisory Council. An individual may serve again after at least a one-year absence. After serving for six consecutive years, a member can apply for another term but must openly complete and cannot be automatically appointed to the seat by the advisory council.~~ Exceptions may be made at the discretion of the appointing authority except for ~~the Advisory Council appointed seats to include~~ California Senior Legislature members ~~whose terms are 4 years.~~

Section 6 – Each member of the Advisory Council is entitled to one vote on each matter submitted to a vote of the Advisory Council. Proxy voting and absentee ballot voting is not permitted except in the case when an emergency or special meeting is called under Article VII, Section 3.

Section 7 – Responsibilities of members of the Advisory Council:

Members shall:

- A. Attend the duly called meetings of the Advisory Council;
- B. Read and study, in advance, all written material provided them in preparation for duly called meetings of the Advisory Council;
- C. Serve on at least one (1) committees of the Advisory Council;
- D. Become knowledgeable about the problems and needs of the persons aged 60 and older, people with disabilities and caregivers;
- E. Become knowledgeable about the various service delivery systems which impact older adults, people with disabilities and caregivers at the federal, state and local levels;
- F. Have the dual responsibility to accurately report facts and conditions of their constituency to the Advisory Council as well as the actions of the Advisory Council to their constituency and the general public including advocacy initiatives recommended by the Advisory Council.

Section 8 – Public statements on behalf of VCAAA shall reflect official positions of the Advisory Council and shall be issued through ~~proper channels~~ the VCAAA Public Information Officer. This requirement, however, does not apply to presentations to City Councils by members appointed by cities when providing VCAAA updates. ~~Presentations about VCAAA programs and positions are required to be cleared by the Public Information Officer.~~ Members who violate this provision shall be subject to removal by a majority vote of the Advisory Council subject to approval of the Board of Supervisors.

Section 9 – Members who have been absent from two (2) consecutive Advisory Council meetings (unexcused) will be automatically removed from the Council. The sponsoring authority shall elect/appoint another person. Members shall apprise the Director of the VCAAA of anticipated absences.

Section 10 – In the event of death or resignation of a member the sponsoring authority shall elect/appoint another member. A member may resign by addressing a written resignation to the Chairperson of the Advisory Council or the Director.

**ARTICLE VI – OFFICERS OF THE ADVISORY COUNCIL**

Section 1 – The officers of the Advisory Council shall be Chairperson, Vice-Chairperson and Secretary.



Section 2 –

A. Officers shall be elected at the regular May meeting each year by Advisory Council members. Nominations shall be made in two ways: (1) by a nominating committee, who will develop and present a proposed slate of officers, and (2) from the floor. Election shall be by simple majority.

B. The Chairperson of the Advisory Council shall be 55 years of age or older.

Section 3 – The officers of the Advisory Council shall be elected for a one-year term. An officer may be re-elected for a second or third one-year term. No individual shall serve more than three full consecutive terms in the same office. No member shall hold more than one office at a time.

Section 4 – The Chairperson shall preside at all meetings of the Advisory Council, sign all letters, reports, and other communications of the Advisory Council, and perform any and all other duties prescribed by the Advisory Council from time to time. The Chairperson may serve as an ex-officio member of all committees.

Section 5 – The Vice-Chairperson shall represent the Chairperson and/or substitute in the performance of the Chairperson’s duties during his/her absence.

Section 6 – The Secretary shall have the responsibility for assuring that the minutes of all meetings of the Advisory Council are properly recorded, filed and disseminated. The Secretary shall also serve as Chair of the Nominating Committee.

**ARTICLE VII – MEETINGS OF THE ADVISORY COUNCIL**

Section 1 – The Advisory Council shall meet at least six (6) times a year.

Section 2 – The Advisory Council shall meet at a designated time and place. There shall be public notification of all meetings. Procedures for notification of regular meetings and special meetings shall be determined by the Advisory Council.

Section 3 – Special meetings of the Advisory Council may be called in the following ways:

A. By the Advisory Council Chair;

B. By any two officers (Vice Chair and Secretary) of the Advisory Council upon written request of five or more Advisory Council members;

C. By the Board of Supervisors.

Section 4 – A quorum shall consist of a simple majority of the total required number of members. A quorum must be present at any meeting at which business is transacted

that requires a vote to be taken for any proposal or action. A majority of members present, once a quorum is established, shall be required to approve, disapprove or act on any proposal. Without a quorum, meetings may be held at which informational items are presented and discussed, but no vote or motion can be made. In an emergency meeting called under Section 3, a quorum may be established through other means such as Skype or via teleconference. The method will be determined and announced when public notice for the emergency meeting is provided. All notices and meetings will follow the requirements of the Ralph M. Brown Act.

## **ARTICLE VIII – COMMITTEES**

Section 1 – The Chairperson of the Advisory Council shall appoint such standing or temporary committees as he/she deems appropriate with the approval of the Advisory Council. Committee members shall appoint a committee chair from among the Advisory Council committee members. Committee members must be Council members and all other attendees are considered guests. Only Committee members may vote on that Committee’s business. All members have a duty to inform the Advisory Council, committee and/or taskforce if they have a conflict of Interest. Standing committees include the following: Planning and Allocation, By-Laws, Health and Nutrition, Housing, Transportation, Workforce and Optimal Aging

Section 2 – A minimum three (3) member Nominating Committee will be selected in March of each year in conformance with adopted Advisory Council procedures. Each year this Nominating Committee shall be tasked with reviewing applications and interviewing applicants for the Service Provider Seats (2), Special Population seats (5) and California Senior Legislature Seats (3) as well as bringing a slate of names (to serve as officers) before the full Advisory Council for their consideration and vote at the May meeting. Additionally, the Nominating Committee shall inform the appointing and nominating authorities for all Advisory Council members of requirements for the nominees in compliance with the criteria established by the Older Americans Act, as amended, for representation in the VCAAA, including ethnic composition, disability and income levels. The Nominating Committee shall notify the appointing authorities in sufficient time to allow the seating of Advisory Council members at the July meeting of the Advisory Council. The same Nominating Committee shall be in place until the next one is seated in March. The Chair of the nominating committee will be the Secretary of the Advisory Council unless they are running for an office at which time they must step down due to the conflict of interest.

## **ARTICLE IX – APPOINTMENT OF DIRECTOR**

Section 1 – The Director shall be selected in accordance with County Personnel policies and shall meet the minimum qualifications as established in conformity with the personnel specifications outlined by California Department of Aging (CDA) policy statements and the Older Americans Act, as amended.

Section 2 – The Advisory Council shall elect representatives to participate in the oral interviews of the finalists conducted by County Personnel, and the names of the top applicants shall be submitted to the Board of Supervisors, ranked in order of preference.

Section 3 – The Board of Supervisors has final appointment and termination authority after consideration of the recommendations of the Advisory Council representatives and County Personnel.

### **ARTICLE X – DUTIES OF DIRECTOR**

Section 1 – The duties of the Director shall include the administration of the daily operation of the VCAAA; selection and supervision of staff; preparation, implementation and monitoring of the annual budget and the Area Plan. The Director shall represent the VCAAA before public bodies and shall perform such other duties as required by the Board of Supervisors, the Advisory Council and state and federal laws.

Section 2 – The Director shall employ such other employees as are necessary to carry out the required program and policies of the VCAAA and the California Department of Aging (CDA); shall develop requests for proposals; shall monitor contracts and evaluate performance of sub-grantees; shall develop an Area Plan and budget; shall complete required state and federal reports; shall provide technical assistance to organizations seeking or providing services to the elderly; and shall perform all other such duties as appropriate to the operation of the VCAAA.

### **ARTICLE XI – RESPONSIBILITIES OF THE BOARD OF SUPERVISORS**

Section 1 – The Board of Supervisors shall be the policy-making body of the VCAAA and shall be responsible for seeing that its policies are being carried out.

Section 2 – The Board of Supervisors shall select the Director to carry out the Agency's policies.

Section 3 – The Board of Supervisors shall ensure that the provisions of the California Department of Aging (CDA), Older Americans Act, as amended, and all other federal, state and county regulations are carried out.

Section 4 – The Board of Supervisors shall review and approve the preliminary and final annual agency budget and the Area Plan.

### **ARTICLE XII – RESPONSIBILITIES OF THE COUNTY**

Section 1 – the County shall provide the following supportive services to the VCAAA:

- A. Administration of the budget shall be by the CEO's office and processing of revenue and expenditures shall be by the Auditor/Controller's office;
- B. Facility, services and supplies – this will include office equipment, county telephone system, and brown mail system;

### **ARTICLE XIII – APPEALS**

An appeal by any person (including older adult services providers or applicants for VCAA grants) of any decision of the VCAA shall be directed to the Board of Supervisors.

### **ARTICLE XIV – REVIEW OF BY-LAWS**

Every two years the chair of the Advisory Council shall convene a meeting of the by-laws committee to review the by-laws and update as needed. The Advisory Council Policy and Procedures are incorporated by reference. The membership of the Advisory Council shall vote to approve any changes to or new Policies and Procedures.

### **ARTICLE XV – AMENDMENTS TO THE BYLAWS**

These by-laws may be amended at a regular meeting of the Advisory Council after a 30-days written notice to the members of any proposed changes. Amendments shall be approved by two-thirds majority vote of the Advisory Council and adopted by the Ventura County Board of Supervisors.

May 11, 2022 Carmen Ramirez Kelly Long, Chair  
Ventura County Board of Supervisors

Date: February 4, 2020



# Legislative Report

## CSL Sponsored Bills

*April 21, 2022*

BILL #	AUTHOR	SUMMARY	CSL AUTHOR	STATUS
AB 1884	Voepel	<b>Hospice Care: Standards:</b> Requires that a licensed hospice be inspected by a representative every 3 years. The bill would require that results of an inspection be made available to the public. Additionally, it requires that the recertification of the terminal illness of a patient be conducted by at least one independent physician in conjunction with the medical director of the hospice or the physician member of the hospice interdisciplinary group, to the extent permitted by federal law.	Yacovone (AP-14)	Click for current status: <a href="https://leginfo.legislature.ca.gov/faces/billStatusClient.xhtml?bill_id=202120220AB1884">https://leginfo.legislature.ca.gov/faces/billStatusClient.xhtml?bill_id=202120220AB1884</a>
AB 1907	Bauer-Kahan	<b>Long Term Health Care Facilities: Inspections:</b> Implements recommendations by the California State Auditor to align state and federal nursing home inspection timelines. This will increase efficiency and likely increase the number of inspections of skilled nursing facilities by the Department of Public Health.	Non-CSL	Click for current status: <a href="https://leginfo.legislature.ca.gov/faces/billStatusClient.xhtml?bill_id=202120220AB1907">https://leginfo.legislature.ca.gov/faces/billStatusClient.xhtml?bill_id=202120220AB1907</a>
AB 1962	Voepel	<b>Telephone Support Services: Seniors Individuals w/ disabilities:</b> Requires the department to establish a grant program, with funds awarded to area agencies on aging and independent living centers, for the purpose of providing telephone support services for seniors and individuals with disabilities. The bill would require a grant recipient to coordinate with paraprofessional volunteers, who would receive training to recognize when a professional referral should be made. The bill would also require a grant	Warren (AP-12)	Click for current status: <a href="https://leginfo.legislature.ca.gov/faces/billStatusClient.xhtml?bill_id=202120220AB1962">https://leginfo.legislature.ca.gov/faces/billStatusClient.xhtml?bill_id=202120220AB1962</a>

BILL #	AUTHOR	SUMMARY	CSL AUTHOR	STATUS
		recipient to contact seniors and individuals with disabilities and provide a “listening setting” through the telephone support service to identify available resources for reducing anxiety or other behavioral challenges, in order to combat social isolation and to help rebuild social capital.		
AB 2069	Villapudua	<b>Homecare Services: Scholarships:</b> Enacts the California Caregivers Training Scholarship Act to award 1,000 scholarships of one thousand, five hundred dollars (\$1,500) each to students to be used for home care aid or home health aide training programs at the California Community Colleges or an adult education program. It is the intent of the Legislature that this legislation award scholarships through December 30, 2026, and that scholarship recipients agree to work in the field at least one year.	Gorback (SP-4)	Click for current status: <a href="https://leginfo.legislature.ca.gov/faces/billStatusClient.xhtml?bill_id=202120220AB2069">https://leginfo.legislature.ca.gov/faces/billStatusClient.xhtml?bill_id=202120220AB2069</a>
AB 2077	Calderon	<b>Medi-Cal: Monthly Maintenance Amount: Personal &amp; Incidental Needs:</b> Increases the monthly maintenance amount for personal and incidental needs from \$35 to \$50.	Wood (SP-14)	Click for current status: <a href="https://leginfo.legislature.ca.gov/faces/billStatusClient.xhtml?bill_id=202120220AB2077">https://leginfo.legislature.ca.gov/faces/billStatusClient.xhtml?bill_id=202120220AB2077</a>
AB 2145	Davies	<b>Dental Services: Skilled Nursing Facilities &amp; Intermediate Care Facilities/Developmentally Disabled:</b> Provides that a registered dental hygienist in alternative practice may render dental services to a patient in a skilled nursing facility or an intermediate care facility/developmentally disabled. The bill would also authorize a registered dental hygienist in alternative practice to provide oral health inservice training to staff in a skilled nursing facility or an intermediate care facility/developmentally disabled.	Fowler (AP-5)	Click for current status: <a href="https://leginfo.legislature.ca.gov/faces/billStatusClient.xhtml?bill_id=202120220AB2145">https://leginfo.legislature.ca.gov/faces/billStatusClient.xhtml?bill_id=202120220AB2145</a>
AB 2338	Gipson	<b>Health Care Decisions: Surrogates:</b> Specifies individuals, in an order of priority, who may be chosen as a surrogate if a patient lacks the capacity to make a health care decision or to designate a surrogate.	Dorio (AP-4)	Click for current status: <a href="https://leginfo.legislature.ca.gov/faces/billStatusClient.xhtml?bill_id=202120220AB2338">https://leginfo.legislature.ca.gov/faces/billStatusClient.xhtml?bill_id=202120220AB2338</a>
AB 2511	Irwin	<b>Skilled Nursing Facilities: Back-up Power Source:</b> States the intent of the Legislature to require a skilled nursing facility to have an alternative source of power in case of an electrical power shut off or an emergency.	Cox (AP-3)	Click for current status: <a href="https://leginfo.legislature.ca.gov/faces/billStatusClient.xhtml?bill_id=202120220AB2511">https://leginfo.legislature.ca.gov/faces/billStatusClient.xhtml?bill_id=202120220AB2511</a>
SB 842	Dodd	<b>Health Care: Medical Good: Reuse &amp; Redistribution:</b> Requires the department, to establish a comprehensive 3-year pilot program in the Counties of Contra Costa, Napa, Solano, and Yolo to facilitate the reuse and redistribution of durable medical equipment and other	Baginski (SP-2) Prior Yr	Click for current status: <a href="https://leginfo.legislature.ca.gov/faces/billStatusClient.xhtml?bill_id=202120220SB842">https://leginfo.legislature.ca.gov/faces/billStatusClient.xhtml?bill_id=202120220SB842</a>

BILL #	AUTHOR	SUMMARY	CSL AUTHOR	STATUS
		<p>home health supplies. The bill would require the department to contract in each county with a local nonprofit agency to oversee the program and would require the contracting nonprofit agency to, at a minimum, develop a computerized system to track the inventory of equipment and supplies available for reuse and redistribution and organize pickup and delivery of equipment and supplies. The bill would require the department, on or before January 1, 2026, to submit a report to the appropriate Senate and Assembly policy committees of the Legislature that includes an evaluation of the success of the pilot program and challenges in implementation, among other things. The bill would repeal its provisions on January 1, 2030.</p>		

## CSL Support Bills

BILL #	AUTHOR	SUMMARY	STATUS
AB 32	Aguiar-Curry	<b>Telehealth: Expanding Healthcare Accessibility:</b> Requires DHCS to extend the telehealth flexibilities in place during the COVID-19 Pandemic. Ensures patients will continue to have access to care by maintaining parity in reimbursement for telehealth services for Medi-Cal managed care plans. Further requires DHCS to convene an advisory group of healthcare reps to provide input on the development of a revised telehealth policy that promotes the use of telehealth to achieve timely and patient-centered access to care. Findings must be reported by July 1, 2025.	Click for current status: <a href="https://leginfo.legislature.ca.gov/faces/billStatusClient.xhtml?bill_id=202120220AB32">https://leginfo.legislature.ca.gov/faces/billStatusClient.xhtml?bill_id=202120220AB32</a>
AB 895	Holden	<b>Skilled nursing facilities and intermediate care facilities: notice to prospective residents:</b> Requires a skilled nursing facility or intermediate care facility to provide a prospective resident of a skilled nursing facility or intermediate care facility, or their representative, prior to or at the time of admission, a written notice that includes specified contact information for the local long-term care ombudsman and links to specified websites relating to these facilities. The bill would require the notice to include a statement that it is intended as a resource for purposes of accessing additional information regarding resident care at the facility and reporting resident complaints.	Click for current status: <a href="https://leginfo.legislature.ca.gov/faces/billStatusClient.xhtml?bill_id=202120220AB895">https://leginfo.legislature.ca.gov/faces/billStatusClient.xhtml?bill_id=202120220AB895</a>
AB 1130	Wood	<b>California Health Care Quality and Affordability Act:</b> This bill would establish, within, HCAI, the Office of Health Care Affordability to analyze the health care market for cost trends and drivers of spending, develop data-informed policies for lowering health care costs for consumers and purchasers, set and enforce cost targets, and create a state strategy for controlling the cost of health care and ensuring affordability for consumers and purchasers. The bill would also establish the Health Care Affordability Board. The bill, commencing in 2026, would require the office to take progressive actions against health care entities for failing to meet the cost targets, including performance improvement plans and escalating administrative penalties. Establishes the Health Care Affordability Fund for the purpose of receiving and, upon appropriation by the Legislature, expending revenues collected pursuant to the provisions of the bill.	Click for current status: <a href="https://leginfo.legislature.ca.gov/faces/billStatusClient.xhtml?bill_id=202120220AB1130">https://leginfo.legislature.ca.gov/faces/billStatusClient.xhtml?bill_id=202120220AB1130</a>
AB 1502	Muratsuchi	<b>Freestanding skilled nursing facilities:</b> Prohibits a person, firm, entity, partnership, trust, association, corporation, or political subdivision of the state, or other governmental agency within the state from acquiring, operating, establishing, managing, conducting, or maintaining a freestanding skilled nursing facility without first obtaining a license from the department for that purpose. Specifies the requirements to apply for a license, including affirmatively establishing suitability, as defined, providing the department	Click for current status: <a href="https://leginfo.legislature.ca.gov/faces/billStatusClient.xhtml?bill_id=202120220AB1502">https://leginfo.legislature.ca.gov/faces/billStatusClient.xhtml?bill_id=202120220AB1502</a>



BILL #	AUTHOR	SUMMARY	STATUS
		<p>with the applicant's Medicare and Medicaid cost reports for all nursing facilities owned or managed by the applicant for the past 5 years in this and other states, and, if the applicant is part of a chain. Requires the department to post all applications for a license and its supporting documents on the internet, and allow for public comment on applications, which the department would be required to review and consider. Makes all applications and other documents prepared in relation to these provisions public records, in accordance with any applicable federal or state privacy laws. Authorizes or require the department to deny an application for licensure, or to revoke a license, under certain circumstances. Requires a licensee to update specific information included in their license application. By expanding the duties on licensees, this bill would expand an existing crime, thereby imposing a state-mandated local program.</p> <p>The bill would prohibit unpermitted operation, defined as when an applicant or associated person or entity acquires, operates, establishes, manages, conducts, or maintains a freestanding skilled nursing facility before the department approves its application or following the department's denial of its application, or when a person or entity acquires, operates, establishes, manages, conducts, or maintains a freestanding skilled nursing facility without first applying to and obtaining a license from the department for that purpose.</p>	
AB 1618	Aguiar-Curry	<p><b>Alzheimer's Disease:</b> Requires the department to establish the Office of the Healthy Brain Initiative to conduct all department activities relating to Alzheimer's disease and to implement the action agenda items in the Healthy Brain Initiative, as defined. The bill would also, upon appropriation by the Legislature, require the office to establish a program in at least 10 local health jurisdictions, as specified, and award participating local health jurisdictions one-time grant funding, to develop local initiatives that are consistent with the Healthy Brain Initiative. The bill would require the office to conduct an evaluation of the program and produce a report describing best practices and making recommendations regarding which solutions and innovations are most feasible to replicate. The bill would require the office to provide a copy of the report to the Legislature by December 31, 2025, and to provide an updated copy of the report to the Legislature every 3 years thereafter.</p>	<p>Click for current status:  <a href="https://leginfo.legislature.ca.gov/faces/billStatusClient.xhtml?bill_id=202120220AB1618">https://leginfo.legislature.ca.gov/faces/billStatusClient.xhtml?bill_id=202120220AB1618</a></p>
AB 1663	Maienschein	<p><b>Protective Proceedings:</b> Recognizes supported decision making in statute as a less-restrictive alternative to probate conservatorships; requires the court to make conservatorships the last resort; and makes important</p>	<p>Click for current status:  <a href="https://leginfo.legislature.ca.gov/faces/billStatusClient.xhtml?bill_id=202120220AB1663">https://leginfo.legislature.ca.gov/faces/billStatusClient.xhtml?bill_id=202120220AB1663</a></p>

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		changes to protect the rights of conservatees and makes it easier to end probate conservatorships.	
AB 1684	Voepel	<b>Alzheimer's disease and dementia: public awareness campaign:</b> Requires the department to implement a public awareness campaign to reduce stigma and raise public awareness of the warning signs of Alzheimer's disease and dementia in order to promote early detection and accurate diagnosis.	Click for current status: <a href="https://leginfo.legislature.ca.gov/faces/billStatusClient.xhtml?bill_id=202120220AB1684">https://leginfo.legislature.ca.gov/faces/billStatusClient.xhtml?bill_id=202120220AB1684</a>
AB 1809	Aguiar-Curry	<b>Nursing Facility Residential Informed Consent Protection Act of 2022:</b> Builds on existing protections for nursing home residents in state law and regulations, including, but not limited to, expanding rules to establish nursing home resident's right to provide or withhold written informed consent pertaining to the use of psychotherapeutic drugs and the right to be free from chemical restraint.	Click for current status: <a href="https://leginfo.legislature.ca.gov/faces/billStatusClient.xhtml?bill_id=202120220AB1809">https://leginfo.legislature.ca.gov/faces/billStatusClient.xhtml?bill_id=202120220AB1809</a>
AB 1900	Arambula	<b>Medi-Cal Income Level for Maintenance:</b> Allows Californians who are older or disabled to keep more of their monthly income to pay for necessities like food, clothes and shelter while still qualifying for Medi-Cal by increasing the maintenance needs levels to 138% of the Federal Poverty level.	Click for current status: <a href="https://leginfo.legislature.ca.gov/faces/billStatusClient.xhtml?bill_id=202120220AB1900">https://leginfo.legislature.ca.gov/faces/billStatusClient.xhtml?bill_id=202120220AB1900</a>
AB 1947	Ting	<b>Hate Crimes Law Enforcement Policies:</b> Requires law enforcement agencies to adopt a detailed specific policy instructing officers on how to identify, respond to and report hate crimes.	Click for current status: <a href="https://leginfo.legislature.ca.gov/faces/billStatusClient.xhtml?bill_id=202120220AB1947">https://leginfo.legislature.ca.gov/faces/billStatusClient.xhtml?bill_id=202120220AB1947</a>
AB 2153	Arambula	<b>California Fruit and Vegetable EBT Pilot Project:</b> Authorizes the department, subject to an appropriation for this purpose, to increase the number of authorized retailers providing supplemental benefits under this pilot project beyond the number initially included in the pilot program in order to increase the number of CalFresh recipients with access to supplemental benefits. Requires the Department of Food and Agriculture to conduct audits, as needed, to ensure that the fresh fruits and vegetables for which an individual is receiving supplemental benefits are California-grown fresh fruits and vegetables.	Click for current status: <a href="https://leginfo.legislature.ca.gov/faces/billStatusClient.xhtml?bill_id=202120220AB2153">https://leginfo.legislature.ca.gov/faces/billStatusClient.xhtml?bill_id=202120220AB2153</a>
AB 2331	Calderon	<b>Bridge to Recovery for Adult Day Services: COVID-19 Mitigation and Resilience Grant Program to Combat Senior Isolation:</b> Creates the Bridge to Recovery for Adult Day Services: COVID-19 Mitigation and Resilience Grant Program to Combat Senior Isolation to improve the health, safety, and well-being of vulnerable at-risk seniors through safe access to vital services in adult day health care and adult day program settings. Requires the department to administer the grant program and award grants for qualified entities for infection prevention and control and to address workforce shortages, as specified. Specifies that the program would be	Click for current status: <a href="https://leginfo.legislature.ca.gov/faces/billStatusClient.xhtml?bill_id=202120220AB2331">https://leginfo.legislature.ca.gov/faces/billStatusClient.xhtml?bill_id=202120220AB2331</a>

BILL #	AUTHOR	SUMMARY	STATUS
		operative for 2 years from an appropriation and would require the department to post on its internet website when the 2 years have passed.	
AB 2546	Nazarian	<b>Resident Designated Support Persons Act:</b> Mandates each resident in a long-term care facility the right to in-person, onsite access to a minimum of 2 resident-designated support persons during any public health emergency in which visitation rights are curtailed by a State or Local Order.	Click for current status: <a href="https://leginfo.legislature.ca.gov/faces/billStatusClient.xhtml?bill_id=202120220AB2546">https://leginfo.legislature.ca.gov/faces/billStatusClient.xhtml?bill_id=202120220AB2546</a>
AB 2547	Nazarian	<b>Housing Stabilization to Prevent and End Homelessness Among Older Adults and People with Disabilities Act:</b> Requires CDA to create and administer the Housing Stabilization to Prevent and End Homelessness Among Older Adults and People with Disabilities Program. Requires the department to offer competitive grants to nonprofit community-based organizations, continuums of care, and public housing authorities to administer a housing subsidy program for older adults and persons with a disability that are experiencing homelessness or at risk of homelessness. Requires the department, to prioritize communities where renters face high rates of poverty, displacement, gentrification, and homelessness. Requires an award recipient to use grant funds for specified activities, including, housing subsidies for up to the amount of reasonable rent until the participant is able to access a long-term subsidy or no longer requires the housing subsidy and relocation costs if a landlord decides not to continue participating in the program or evicts a tenant, as specified. Authorizes 30% of program funds to be used for administration and staffing costs, landlord incentives, and housing navigation and tenancy transition services, as those terms are defined.	Click for current status: <a href="https://leginfo.legislature.ca.gov/faces/billStatusClient.xhtml?bill_id=202120220AB2547">https://leginfo.legislature.ca.gov/faces/billStatusClient.xhtml?bill_id=202120220AB2547</a>
AB 2548	Nazarian	<b>Healthier Homes: Age in Place Nursing Program:</b> Dsemonstrates and evaluates the health outcomes of older adults residing in affordable housing and receiving critical health and wellness services by a Registered Nurse and Community Health Worker. Services will include, but not be limited to, health care system navigation, transitions home from hospital stays to independent living, medical education and wellness coaching. Building on the success from the Sacramento experience, AB 2548 establishes the Healthier Homes-Age in Place Nursing Program at the California Department of Aging.	Click for current status: <a href="https://leginfo.legislature.ca.gov/faces/billStatusClient.xhtml?bill_id=202120220AB2548">https://leginfo.legislature.ca.gov/faces/billStatusClient.xhtml?bill_id=202120220AB2548</a>
SB 107	Weiner	CalFresh: Provides option to apply, report, and recertify for CalFresh in person, by mail, online, or by telephone, and permit an individual to complete the interview requirement and client signature by telephone. Authorizes counties to implement any method of telephonic or electronic signature that is supported by county business practice and technology. Requires the department, with the input of stakeholders, to develop and execute a plan of support for counties that have not already implemented a	Click for current status: <a href="https://leginfo.legislature.ca.gov/faces/billStatusClient.xhtml?bill_id=202120220SB107">https://leginfo.legislature.ca.gov/faces/billStatusClient.xhtml?bill_id=202120220SB107</a>

BILL #	AUTHOR	SUMMARY	STATUS
		<p>telephone-based application and renewal process and to provide technical assistance and resources. Requires the application process to satisfy specified criteria, including simple, user-friendly language and instructions. Requires certain counties to comply with these provisions beginning on or before January 1, 2023, and requires the remaining counties to comply with the provisions beginning on or before January 1, 2024.</p>	
SB 861	Limón	<p><b>Dementia Care Navigator Grant Program:</b> Establishes the Dementia Care Navigator Grant Program, to be administered by the California Department of Aging, in partnership with organizations with expertise using community health workers, promotores, and health navigators. The bill would provide that the purpose of the program is to incentivize organizations that provide services to local communities to provide dementia care navigation training services. Authorizes organizations with expertise using community health workers, promotores, and health navigators to apply for a grant. Requires the department to award grants on a competitive basis. Requires an organization that receives a grant pursuant to these provisions to provide to the department an annual report on the services provided on or before December 31 of the year the grant is received. Also requires the department to provide a report to the relevant policy committees of the Legislature on or before December 1, 2025, and annually thereafter.</p>	<p>Click for current status:  <a href="https://leginfo.legislature.ca.gov/faces/billStatusClient.xhtml?bill_id=202120220SB861">https://leginfo.legislature.ca.gov/faces/billStatusClient.xhtml?bill_id=202120220SB861</a></p>

**HOME & FAMILY (/HOME-FAMILY/)**

## Your Home



# Consider a Roommate to Save on Soaring Housing Costs

With inflation at a 40-year high, it can be challenging to make rent on a fixed income

by Donna Fuscaldo, **AARP** (<http://www.aarp.org>), April 25, 2022



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[En español \(/espanol/hogar-familia/casa-jardin/info-2022/companero-para-bajar-coste-de-vivienda.html?intcmp=AE-HOME-TOESP-TOGL\)](#)

*The Golden Girls* were on to something. With rents and energy prices soaring, taking on a roommate or two doesn't seem like such a bad idea. Rose, Dorothy, Sophia and Blanche showed us how it's done. The pandemic and soaring housing costs are making it a reality.

It shouldn't come as a surprise with inflation hitting 8.5 percent in March, [a 40-year high \(/money/budgeting-saving/info-2022/how-much-prices-increased-in-10-years.html\)](#). The costs of energy, housing and food drove the surge, like in previous months.

Older adults on fixed incomes are particularly vulnerable to rising housing costs. After all, the 5.9 percent cost of living increase in Social Security benefits isn't keeping up with inflation. To free up cash, an increasing number of 50 and older Americans are opening their homes to roommates to share in the costs and/or help with the chores. It's a trend that's poised to continue in the years to come.

By 2035, 11.5 million renters will be 65 and older, according to the Joint Center for Housing Studies of Harvard University. Many will need help covering bills. "At this point, you have to think outside the box because housing costs are going up drastically and people on fixed incomes aren't keeping up," says Martha Shapiro, director of programs at Senior Concerns. "It's a great solution if done carefully."

## Money saver if done right

Opening your home or rental to roommates may seem overwhelming, especially if you've lived alone for a while, but it can be a big money saver. Not only is a portion of your rent or mortgage covered but you can split utilities, entertainment and food.

Depending on the health and age of your roommate, that person can share in the chores and can be a companion. All of it sounds great on paper but to make it work requires a lot of soul searching, due diligence and attention to detail. After all, you may have the best roommate in the world but if you prefer to be alone it likely won't work out.

The same goes with choosing a roommate who has a questionable financial history. Nothing can get acrimonious quicker than someone not paying their fair share. "It can be tough at times, especially if you are used to living alone and all of a sudden you have a roommate that is there all the time," says Brian Carberry, managing editor of Rent.com. "It's not going to be all roses the entire time. Disagreements will happen. The best way to circumvent them is to do your due diligence."

That means screening potential housemates, not just financially, but to determine their lifestyle, level of activity, personality and hobbies. An introvert who values alone time and likes to turn in early may not be best suited for an extrovert who stays up all night.

"Ask questions about their lifestyle both in terms of work and free time," says Carberry. You'll want to know if they are a smoker, enjoy a drink, [love pets \(/home-family/your-home/info-2022/pet-ownership-and-cognition.html\)](/home-family/your-home/info-2022/pet-ownership-and-cognition.html) and have friends they plan to entertain frequently, he says.



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## Do your due diligence

Running a background check can be a great way to get a sense of who your potential roommate is. It will set you back \$50 to \$100 but you'll find out a treasure trove of information including:

- Employment history
- Criminal activity
- Education
- Driving record
- Credit history
- Social media

If you don't feel comfortable checking the background of potential roommates there are matching services around the country focused on finding roommates for older adults.

The Ventura County Area Agency on Aging's Homeshare Program is one example. This free service for qualified residents matches people to share in housing costs. Background checks and interviews are conducted for you to find your perfect match. "We have a lot of older adults still in their own homes and now have an extra bedroom or are house poor," says Shapiro. "This helps get somebody in the spare room or to cohabitate and reduce rent."

If you decide to go it alone, Carberry says to create a roommate agreement, laying out all the terms of the contract. Spell out how the rent is split, who is responsible for cleaning, what utilities and expenses are being shared, and how groceries are handled. You may decide to split it down the middle or charge based on usage or size of the room.

Either way, put it in writing and have your roommate sign it. It's also important to determine who pays the bills and how the money is shared. Having a roommate contract that you can refer to can prevent arguments from getting out of hand. If your roommate does decide to skip paying the rent you are still on the hook but at least you have a document you can use to pursue legal action.

For older adults, it's also important to consider how long the arrangement will last. Is it temporary or permanent? If it's the latter, you have to factor in health care costs if you or your roommate gets sick or needs long-term care. "What happens when people start to need care? What's the five-year plan? All of that needs to be talked about," says Shapiro.

Is a roommate right for you? At the end of the day knowing yourself is the best way to avoid any roommate turmoil in the future. Saving money is important but if sharing your home is going to drive you crazy it's not worth it. Do some soul-searching to make sure you really want this before pursuing a roommate.

"It can work for anyone but certain personalities are more suited for roommates and other personalities are better suited for living alone," says Carberry. "My recommendation is don't live with someone exactly like you."

*Donna Fuscaldo is a contributing writer and editor focusing on personal finance and health. She has spent over two decades writing and covering news for several national outlets, including The Wall Street Journal, Forbes, Investopedia and HerMoney.*

## Also of Interest